



Trinity Health



Annual Open Enrollment For Benefits Effective Jan. 1, 2022

Medical Plans Overview

Presented by: Total Rewards Benefits and Well-Being Team

Nov. 1, 2021

Housekeeping items

- All lines will remain muted.
- Any benefit related questions should be submitted using the Q&A function with your name. This will allow us to reach back out to you if your question did not get answered during the session.
- This session will be recorded and shared in communications if you wish to review, or anyone is unable to attend live.
- These sessions are aimed to review the Trinity Health standard medical plans. If your medical plan is different than the standard, please refer to your Open Enrollment guide for additional details.

Reflection

There is something
so special in the early
leaves drifting from
the trees—as if we
are all to be allowed a
chance to peel, to
refresh, to start
again.

RUTH AHMED

In today's discussion, we will cover ...

- Important reminders
- The health and well-being plans available for Trinity Health colleagues
 - Option for families that need additional financial support for their health plan
 - Medical insurance terms
- Medical plan options
 - Review real-life examples to understand how to make the health plan work for you and your family
- What you should know about coverage for prescriptions



Important reminders

- Open Enrollment – **Oct. 28 through Nov. 11, 2021 by 11:59pm EST**
- Dependent Documentation and Essential Assist Application – **due Nov. 18, 2021**
- As of Jan. 1, 2022, telehealth/virtual visits will be covered at the applicable office visit cost share
- Health Savings Account (HSA)
 - \$3,650 Single (increase from \$3,600)
 - \$7,300 Family (increase from \$7,200)
- Health Reimbursement Account (HRA)
 - \$1,000 Single (increase from \$850)
 - \$2,000 Family (increase from \$1,700)
- Open Enrollment guides
 - HRSC supported ministries are available on HR4U at <https://hr4u.trinity-health.org>
 - Non-HRSC supported ministries are available on MyBenefits at <https://www.trinity-health.org/my-benefits/health-welfare/>

A photograph of four women in athletic attire laughing and talking together outdoors. The image is overlaid with a semi-transparent purple filter. The women are dressed in various styles of jackets and leggings, suggesting a fitness or active lifestyle. The background shows a blurred outdoor setting with a large white archway.

Colleague health plan options

Spending accounts comparison

	Health Savings Account (HSA)	Healthcare FSA	Health Reimbursement Account (HRA)
What health plan can this be used with?	Health Savings plan only	Traditional, Essential and Essential Assist plans	Essential Assist plan only
Who contributes to this account?	Trinity Health and colleague (optional)	Colleague only	Trinity Health only
What are the annual contribution limits?	\$3,650 for single coverage \$7,300 for other coverage levels (These amounts include both TH and colleague contributions)	Minimum \$130 Maximum \$2,750	\$1,000 for single coverage \$2,000 for other coverage levels
Are the contributions taken out on a pre-tax basis?	Yes – colleague contributions are pre-tax	Yes	Colleagues do not contribute
What happens to the funds if I leave Trinity Health and have a positive balance?	The colleague keeps the balance at time of separation	Colleague can submit claims for dates of service that occur prior to termination date, the remaining balance is forfeited unless COBRA is elected. This is a use-or-lose type of account.	If the colleague does not enroll in COBRA, the balance at time of separation is forfeited as the account is fully funded by Trinity Health

Spending accounts comparison

	Health Savings Account	Healthcare FSA	Health Reimbursement Account
Do unused funds carry over to the next year?	Yes, funds in the HSA carry over from year to year	Yes, funds have to be used by March 15 th of the following year	Yes, if you qualify and re-enroll in the Essential Assist plan the following plan year then funds will carry over
What expenses can be paid for with this account?	Can be used for qualified expenses including medical, prescription, dental and vision as well as future qualified expenses such as Medicare premiums	Can be used for qualified expenses including medical, prescription, dental and vision	Can only be used for eligible medical expenses
When are funds available to use?	Employer contribution is available after the first pay of the year	Available to use as of 1/1/22	Available to use as of 1/1/22
Does the plan use a health care card to pay for expenses?	You will receive a debit card to use but this is not required	You will receive a debit card to use but this is not required	Funds are automatically deducted from the account when expenses are incurred until funds are exhausted

Select the plan that's right for you and your family



Traditional Plan

-
- Pay more each paycheck, but less at the time of service
 - Choose this plan if you are interested in lower costs at the time you use the insurance



Health Savings Plan

(High Deductible Health Plan with Health Savings Account)

-
- Pay less each paycheck, but more at the time of service until you meet your deductible
 - Receive annual seed money in an HSA based on enrollment tier
 - Choose this plan to contribute to the HSA, and maximize your tax advantage as you save for current and future health care expenses



Essential Plan

(Health Reimbursement Account available for qualified colleagues)

-
- Pay the least amount each paycheck, but more at the time of service
 - **Essential Assist plan, including HRA with annual seed money based on enrollment tier, available for colleagues who meet certain income requirements**
 - Choose this plan if you are interested in lower payroll contributions

Plan option for families that need additional financial support for their health plan

- You may be eligible for the Essential Assist Plan (“Assist Plan”) if you meet certain income requirements
- Applications for the Essential Assist medical plan will be accepted during Open Enrollment or initial benefits eligibility.
- Colleagues approved for the Essential Assist Plan pay the lowest paycheck contribution but have the benefit of first dollar coverage - win-win for the colleague
 - Paycheck deductions are the same as the Essential Plan
 - Trinity Health sets up a health reimbursement account that pays your eligible medical expenses up to the amount funded in the account (\$1,000 for colleague only, \$2,000 for colleague plus dependents/spouses/family)

Family Size*	Annual Family Income** Must be less than ...
1	\$38,280
2	\$51,720
3	\$65,160
4	\$78,600
5	\$92,040
6	\$105,480
7	\$118,920
8***	\$132,360

*Family size is based on the number of exemptions reported on your most recent federal tax return

**Based on IRS guidelines and the adjusted gross income amount on your most recent federal tax form 1040

*** Use 8 even if family size is greater

Essential Assist Plan - continued

- To learn more, see the Essential Assist information in HR4U and apply by completing the electronic application within the HR4U portal. Be sure to include a copy of your most recent Federal Income Tax Form 1040 or 1040EZ by **Nov.18, 2021**.

<https://hr4u.trinity-health.org>

- Non-HRSC supported ministries can find their electronic application on MyBenefits:

<https://www.trinity-health.org/my-benefits/health-welfare/>

NOTES:

- The Essential Assist medical plan with HRA does not apply to prescriptions, dental or vision plan coverage. Any remaining money in the HRA is forfeited if you leave Trinity Health.
- Funds will transfer over year to year, IF you remain enrolled and are approved the following year
- If you think you qualify for the Assist Plan, you should elect the medical plan you think will be best for you – which could be the Traditional Plan, the Health Savings Plan, or the Essential Plan. If you qualify for the Assist Plan, you will be moved to the Assist Plan. Otherwise, you will remain in the plan you elected during open enrollment.

Three medical network tiers

- Each plan offers three network tiers
- Each plan offers choice in where to receive care
- Colleagues receive the highest benefits when they use the Tier 1 network and the lowest benefits when they use the Tier 3 network

TIER 1	Trinity Health network facilities and aligned providers — highest benefit
TIER 2	Medical plan's in-network providers (i.e., Aetna, BCBSM)
TIER 3	All other providers (out-of-network) — lowest benefit



Understanding provider networks

- Trinity Health's goal with the Tier 1 network is to include adult/pediatric primary care, OB/GYN, hospital-based physicians (radiologists, pathologists, hospitalists, etc.), and high-volume specialties (cardiology, gastro, ENT, etc.).
- All services may not be available at Tier 1. When combined Tier 1 and Tier 2, provide a comprehensive network and all services are available.
- Using Tier 1 providers, provides many benefits
 - Reduced out-of-pocket expenses,
 - Supporting Trinity Health as an organization
 - Helps minimize the rising cost of health care for all of us
- You may search for Tier 1 providers and locations online
 - Verify with the Tier 1 location prior to your visit
 - The online provider search tool will only return independent Tier 1 facilities
 - Inquire with your local Tier 1 hospital for any outpatient services such as labs, radiology or therapy
- Cancer Treatment Centers of America and affiliated hospitals are not covered providers.

Key terms you may hear

- **Clinically Integrated Networks (CIN)**
 - Local physicians and health care providers that have partnered with Trinity Health's Health Ministries to deliver services to colleagues
 - Focused on helping you access the right care, at the right time, in the right setting
 - All CIN physicians are part of the Tier 1 network, so you pay the lowest cost for the care you receive
- **Colleague per pay contribution**
 - The amount you pay toward your medical plan each pay period
 - Trinity Health pays the remaining cost of your health care

Key terms you may hear

- **Deductible**

- The amount you pay for covered health care services before your medical plan starts to pay
- Typically, you pay only a copayment or coinsurance for covered services once you pay your deductible

Example: If your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

- **Out-of-Pocket Maximum**

- The most you pay during a plan year before your medical plan starts to pay 100 percent of covered health benefits

Key terms you may hear

- **Coinsurance**

- Percentage of costs of a covered health care service you pay after you've paid your deductible

Example: If the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount

- **Copay**

- The fixed amount you pay for covered health care services

Example: you might pay \$20 or \$30 for a doctor's visit, lab work, or prescription. Copayments are usually between \$0 and \$50 depending on your insurance plan and the type of visit or service

Key terms you may hear

- **Explanation of Benefits (EOB)**

- A summary of health care charges that your health plan sends you after you see a provider or get a service
- It is not a bill
- It is a record of the health care you or individuals covered on your policy got and how much your provider is charging your health plan
- If you have to pay more for your care, your provider will send you a separate bill



1 Medical plan options

Medical plan options

Highlights	Network Tier	Traditional	Health Savings	Essential	Essential with Assist*
Deductible (single/family)	1	\$250/\$500	\$1,500/\$3,000	\$1,000/\$2,000	\$1,000/\$2,000
	2	\$750/\$1,500	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
	3	\$1,500/\$3000	\$3,500/\$7,000	\$4,000/\$8,000	\$4,000/\$8,000
HSA/HRA Contribution		N/A	HSA Single - \$650 HSA Family - \$1,300	N/A	HRA Single - \$1,000 HRA Family - \$2,000
Coinsurance (patient pays)	1	10%	10%	20%	20%
	2	20%	20%	30%	30%
	3	40% R&C	40% R&C	40% R&C	40% R&C
Out of Pocket Maximum Including deductible, copay and Rx (single/family)	1	\$2,500/\$5,000	\$2,600/\$5,200	\$3,500/\$7,000	\$3,500/\$7,000
	2	\$4,750/\$9,500	\$5,000/\$10,000	\$5,500/\$11,000	\$5,500/\$11,000
	3	\$9,500/\$19,000	\$7,000/\$14,000	\$9,000/\$18,000	\$9,000/\$18,000
Preventive Care	All	0%, No ded.	0%, No ded.	0%, No ded.	0%, No ded.

Medical plan options

Ded. = Deductible
 Coins = Coinsurance
 *Employer contribution (\$1,000 single/\$2,000 all other coverages)

Highlights	Network Tier	Traditional	Health Savings	Essential	Essential with Assist*
Office Visits	1	PCP \$20 copay; Specialist \$30 copay	10% coins. after ded.	20% coins. after ded.	20% coins. after ded.
	2	PCP \$30 copay; Specialist \$40 copay	20% coins. after ded.	30% coins. after ded.	30% coins. after ded.
	3	40% coins.	40% coins. after ded.	40% coins. after ded.	40% coins. after ded.
Inpatient admission	1	\$0 copay; 10% after ded.	\$0 copay; 10% after ded.	\$0 copay; 20% after ded.	\$0 copay; 20% after ded.
	2	\$500 copay; then ded. & 20% coins.	\$500 copay; then ded. & 20% coins.	\$750 copay; then ded. & 30% coins.	\$750 copay; then ded. & 30% coins.
	3	\$1,000 copay; then ded. & 40% coins.	\$1,000 copay; then ded. & 40% coins.	\$1,000 copay; then ded. & 40% coins.	\$1,000 copay; then ded. & 40% coins.
Emergency Room*	All	\$100 copay	10% coins. after Tier 1 deductible	\$100 copay	\$100 copay
Ambulance	All	10% after ded.	10% after Tier 1 ded.	20% after Tier 1 ded.	20% after Tier 1 ded.
Urgent Care	All	\$35 copay	10% coins. after ded.	20% coins. after ded.	20% after ded.

Health Savings Account

- Use it to pay for current or future health care costs such as medical, dental and vision expenses
- HSAs are a great way to save on taxes:
 - No taxes on the amount contributed through payroll deductions
 - No taxes on the amount withdrawn for qualified expenses
 - No taxes on the interest earned in the account (*up to amounts set by federal law*)
- Any money not used during the year is carried over, without any limits
- Change the amount contributed through payroll deductions at any time during the plan year
- HSA is portable - money is yours to keep even if you change jobs or retire
- If you are enrolled in a Health Savings Plan with HSA, you are not eligible to participate in a Healthcare Flexible Spending Account



Medical claim examples

How much the colleague/member pays if using Tier 1 physician

Service	Amount	Traditional	Health Savings	Essential	Essential with Assist*
Annual physical	\$120	\$0	\$0	\$0	\$0
Pediatrician visit for sore throat	\$100	\$20	\$0 if HSA is used or \$100 until deductible is met for the calendar year	\$100 until deductible is met for the calendar year	\$0 until health reimbursement account is exhausted
Visit with orthopedic specialist for knee	\$180	\$30	\$0 if HSA is used or \$180 until deductible is met for the calendar year	\$180 until deductible is met for the calendar year	\$0 until health reimbursement account is exhausted

How much the colleague/member pays if using Tier 2 physician

Service	Amount	Traditional	Health Savings	Essential	Essential with Assist*
Annual Physical	\$120	\$0	\$0	\$0	\$0
Pediatrician visit for sore throat	\$100	\$30	\$0 if HSA is used or \$100 until deductible is met for the calendar year	\$100 until deductible is met for the calendar year	\$0 until health reimbursement account is exhausted
Visit with orthopedic specialist for knee	\$180	\$40	\$0 if HSA is used or \$180 until deductible is met for the calendar year	\$180 until deductible is met for the calendar year	\$0 until health reimbursement account is exhausted

How much the colleague/member pays if using Tier 1 for Outpatient Services

Service	Amount	Traditional	Health Savings	Essential	Essential with Assist*
MRI or X-ray	\$300	\$255 (\$250 ded + \$5 coins.)	\$0 if HSA is used or \$300 until deductible is met for the calendar year	\$300 until deductible is met for the calendar year	\$0 until HRA is exhausted
Outpatient Surgery (facility + professional services)	\$3,100	\$580 (\$250 ded + \$50 copay + \$280 coins.)	\$1,010 (\$1,500 ded + \$160 coins. - \$650 HSA)	\$1,460 (\$1,000 ded + \$50 copay + \$410 coins.)	\$460 (\$1,000 ded + \$50 copay + \$410 coins. - \$1,000 HRA)
Lab work (preventive)	\$230	\$0	\$0	\$0	\$0
Lab work (non-preventive)	\$230	\$230 until deductible is met for the calendar year	\$0 if HSA is used or \$230 until deductible is met for the calendar year	\$230 until deductible is met for the calendar year	\$0 until HRA is exhausted

How much the colleague/member pays if using Tier 2 for Outpatient Services

Service	Amount	Traditional	Health Savings	Essential	Essential with Assist*
MRI or X-Ray	\$300	\$300 until deductible is met for the calendar year	\$0 if HSA is used or \$300 until deductible is met for the calendar year	\$300 until deductible is met for the calendar year	\$0 until HRA is exhausted
Outpatient Surgery (facility + professional)	\$3,100	\$1,300 (\$750 ded + \$100 copay + \$450 coins.)	\$2,050 (\$2,500 ded + \$100 copay + \$100 coins. - \$650 HSA)	\$2,750 (\$2,500 ded + \$100 copay + \$150 coins.)	\$1,750 (\$2,500 ded + \$100 copay + \$150 coins. - \$1,000 HRA)
Lab work (preventive)	\$230	\$0	\$0	\$0	\$0
Lab work (non-preventive)	\$230	\$230 until deductible is met for the calendar year	\$0 if HSA is used or \$230 until deductible is met for the calendar year	\$230 until deductible is met for the calendar year	\$0 until HRA is exhausted

How much the colleague/member pays for Inpatient Services

Tier 1

Service Type	Amount	Traditional	Health Savings	Essential	Essential with Assist*
Inpatient Stay: facility + professional services	\$11,000	\$1,325 (\$250 ded + \$1,075 coins.)	\$1,800 (\$1,500 ded + \$950 coins. - \$650 HSA)	\$3,000 (\$1,000 ded + \$2,000 coins.)	\$2,000 (\$1,000 ded + \$2,000 coins. - \$1,000 HRA)

Tier 2

Service Type	Amount	Traditional	Health Savings	Essential	Essential with Assist*
Inpatient Stay: facility + professional services	\$11,000	\$3,200 (\$750 ded + \$500 copay + \$1,950 coins.)	\$3,950 (\$2,500 ded + \$500 copay + \$1,600 coins. - \$650 HSA)	\$5,575 (\$2,500 ded + \$750 copay + \$2,325 coins.)	\$4,575 (\$2,500 ded + \$750 copay + \$2,325 coins. - \$1,000 HRA)

A photograph of four women in athletic attire laughing and talking together outdoors. The image is overlaid with a semi-transparent purple filter. The women are dressed in various styles of jackets and hoodies, suggesting a group of friends or a fitness community.

Prescription plan

Prescription plan highlights

Highlights	Network Tier	Traditional	Health Savings	Essential	Essential with Assist*
Retail Rx (34-day Supply)	Generic	\$10 copay	20% after Tier 1 ded.	\$10 copay	\$10 copay
	Brand Formulary	20% coins. (min \$30/max\$80)		25% coins. (min \$30/max \$80)	25% coins. (min \$30/max \$80)
	Brand Non Formulary	40% coins. (min \$60/max\$100)		50% coins. (min \$60/max \$100)	50% coins. (min \$60/max \$100)
Mail Order Rx (90-day supply)	Generic	\$25 copay	20% after Tier 1 ded.	\$25 copay	\$25 copay
	Brand Formulary	20% coins. (min \$75/max \$200)		25% coins. (min \$75/max \$200)	25% coins. (min \$75/max \$200)
	Brand Non Formulary	40% coins. (min \$150/max \$250)		50% coins. (min \$150/max \$300)	50% coins. (min \$150/max \$300)

Traditional Plan

Min/Max for brand drugs in asthma and diabetes classes are reduced to 50%

Essential Plan

Min/Max for brand drugs in asthma and diabetes classes are reduced to 50%

Health Savings Plan

Member cost share is 100% until deductible is met, then 20% coins

Member can use HSA dollars for prescription

Qualified generic preventive drugs and asthma/diabetes classes covered 100%, not subject to deductible as outlined in supporting documents

Prescription plan highlights

Service Type	Amount	Traditional	Health Savings	Essential	Essential with Assist*
		Trinity Health / Network pharmacy			
Generic Drug (Non-Maintenance)	\$35	\$8/\$10	\$35	\$8/\$10	\$8/\$10
Generic Drug (Maintenance)	\$90	\$24/\$25	\$90	\$24/\$25	\$24/\$25
Brand Formulary (Non-Maintenance)*	\$120	\$24/\$30	\$120	\$24/\$30	\$24/\$30
Brand formulary (Maintenance)*	\$300	\$72/\$75	\$300	\$72/\$75	\$72/\$75
Brand Non-Formulary (Non-Maintenance)*	\$120	\$48/\$60	\$120	\$48/\$60	\$48/\$60
Brand Non-Formulary (Maintenance)*	\$300	\$144/\$150	\$300	\$144/\$150	\$144/\$150

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