



2010 Benefit Enrollment

Carleton College

2010 Medical Insurance Options

- Options Blue (Aware)
- Aware PPO
- Accord HRA

Options Blue (Aware)

HEALTH PLAN		In-network	Out-of-network
Deductible	Individual	\$1,000	\$1,000
	2-Party/Family	\$1,500/\$2,000	\$1,500/\$2,000
Out-of-pocket maximum	Individual	\$1,900	\$1,900
	2-Party/Family	\$2,550/\$3,800	\$2,550/\$3,800
Coinsurance		80%	80%
Lifetime maximum		5 million	5 million
HRA	Contribution	\$500 Individual, \$750 2-Party, \$1000 Family	\$500 Individual, \$750 2-Party, \$1000 Family
	Rollover	Unused portions of your HRA account balance will be rolled over to subsequent plan year	
	Covered expenses	Health Plan Eligible Expenses	Health Plan Eligible Expenses

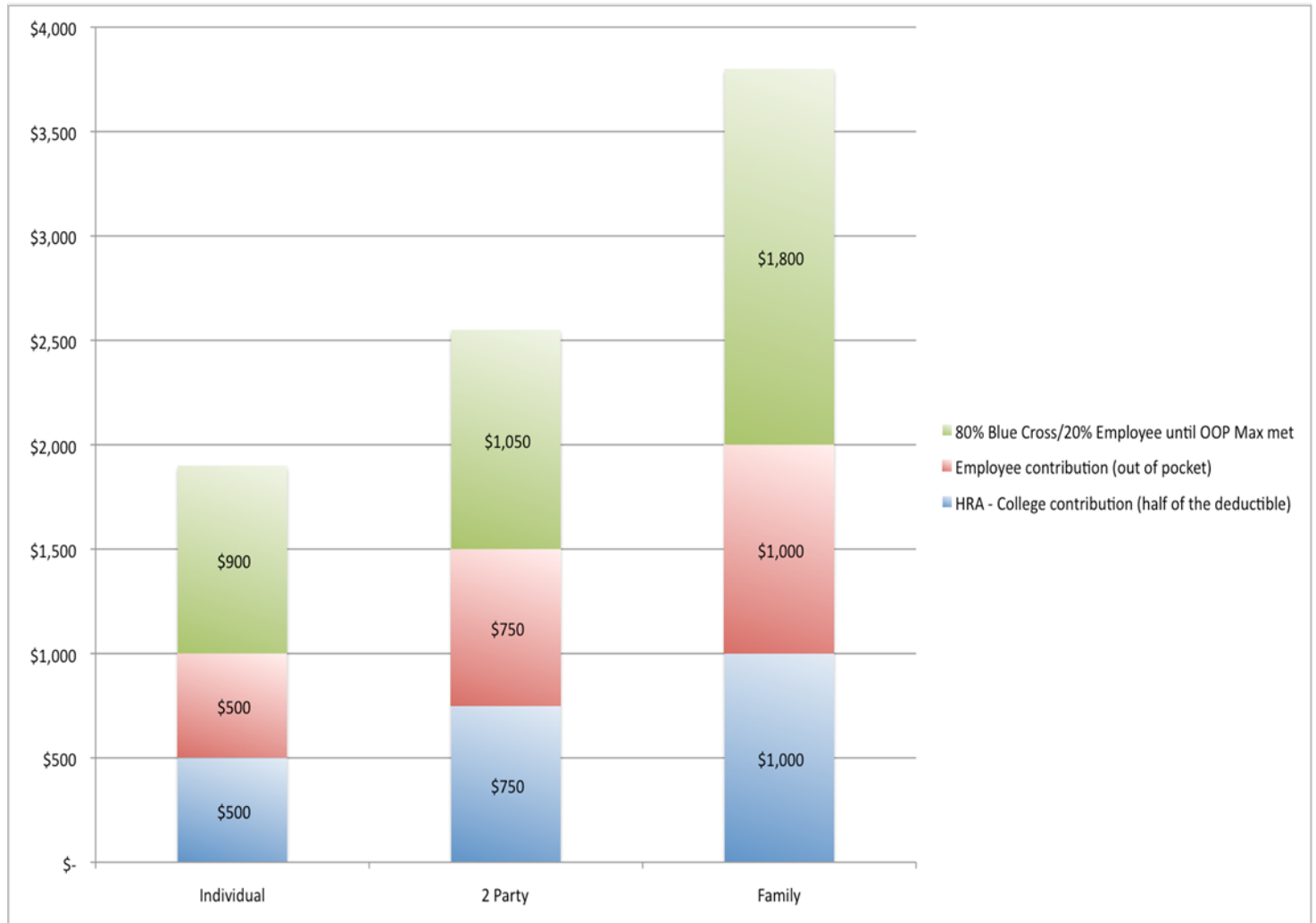
Options Blue (Aware) Cont'd.

Covered services		In-network	Out-of-network
Preventive care	Routine cancer screening	100%	100%
	Routine physical exams	100% to max of \$500. Once maximum has been reached, claims will continue to pay at 80% after deductible.	100% to max of \$500. Once maximum has been reached, claims will continue to pay at 80% after deductible.
	Routine hearing exams		
	Lab and x-ray services		
	Immunizations		
	Routine vision exams		
	Well-child care (up to age 6)	100%	80% after deductible
	Immunizations (up to age 18)	100%	80% after deductible

Options Blue (Aware) Cont'd.

Covered services		In-network	Out-of-network
Services received	Inpatient care		
	• Facility services	80% after deductible	80% after deductible
	• Professional services	80% after deductible	80% after deductible
	Outpatient care		
	• Facility services	80% after deductible	80% after deductible
	• Professional services	80% after deductible	80% after deductible
	• Lab and x-ray services	80% after deductible	80% after deductible
	Physician's office		
	• Office visits for illness	80% after deductible	80% after deductible
	• In-office surgery	80% after deductible	80% after deductible
	• Allergy-related services	80% after deductible	80% after deductible
	• Urgent care	80% after deductible	80% after deductible
	• Lab and x-ray services	80% after deductible	80% after deductible
	Emergency room care		
	• Emergency room	80% after deductible	80% after deductible
	• Physician services	80% after deductible	80% after deductible
	Ambulance services	80% after deductible	80% after deductible

Options Blue (Aware)



Aware PPO

Covered services		In-network benefits	Out-of-network benefits
Deductible	Individual	\$500	\$1,000
	Family	\$1,000	\$2,000
Out-of-pocket maximum	Individual	\$2,000	\$4,000
	Family	\$4,000	\$8,000
Lifetime maximum		\$5 million	\$5 million
Coinsurance		80%	60%

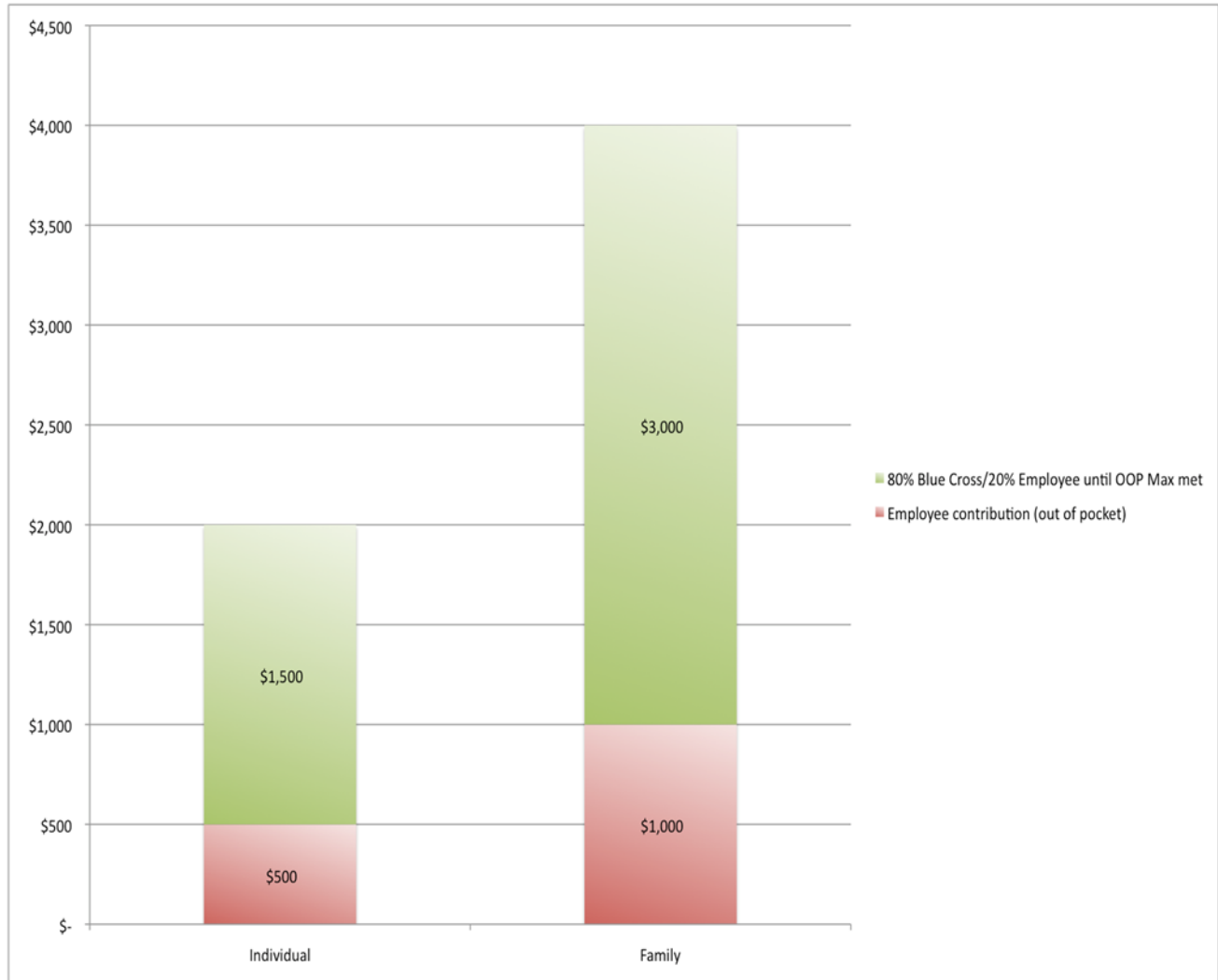
Aware PPO cont'd.

Covered services		In-network benefits	Out-of-network benefits
Preventive care			
	Routine physical exams	100%	60% after deductible
	Routine cancer screening	100%	60% after deductible
	Routine hearing exams	100%	60% after deductible
	Lab and x-ray services	100%	60% after deductible
	Immunizations	100%	60% after deductible
	Routine vision exams	100%	60% after deductible
	Well-child care (up to age 6)	100%	60% after deductible
	Immunizations (up to age 18)	100%	60% after deductible

Aware PPO cont'd.

		In-network benefits	Out-of-network benefits
Services received	Inpatient care		
	• Facility services	80% after deductible	60% after deductible
	• Professional services	80% after deductible	60% after deductible
	Outpatient care		
	• Facility services	80% after deductible	60% after deductible
	• Professional services	80% after deductible	60% after deductible
	• Lab and x-ray services	100%	60% after deductible
	Physician's office		
	• Office visits for illness	100% after \$35 copay	60% after deductible
	• In-office surgery	80% after deductible	60% after deductible
	• Allergy-related services	100%	60% after deductible
	• Urgent care	100% after \$35 copay	60% after deductible
	• Lab and x-ray services	100%	60% after deductible
	Emergency room care		
	• Emergency room	100% after \$75 copay	100% after \$75 copay
	• Physician services	100%	100%
Ambulance services	80% after deductible	80% after deductible	

Aware PPO



Accord HRA

Summary of Providers not included in Accord:

- Mayo Clinic Providers
 - Mayo Clinic
 - St. Mary's Rochester
 - Rochester Methodist
 - Kasson Mayo Family Practice (contracted under Mayo Clinic)
 - Kenyon Mayo Family Practice (contracted under Mayo Clinic)
- Hazelden Providers
 - Hazelden
 - Hazelden OP CD Treatment
 - Youth and Family & extended residential CD treatment
 - Mental health clinics

Note: All Mayo **Health System** clinics (Faribault, Northfield, Owatonna, etc.) **are in** the Accord network

Accord HRA cont'd.

HEALTH PLAN		In-network	Out-of-network
Deductible	Individual	\$1,000	\$1,000
	2-Party/Family	\$1,500/\$2,000	\$1,500/\$2,000
Out-of-pocket maximum	Individual	\$1,900	\$5,000
	2-Party/Family	\$2,550/\$3,800	\$7,500/\$10,000
Coinsurance		80%	60%
Lifetime maximum		5 million	5 million
HRA	Contribution	\$500 Individual, \$750 2-Party, \$1000 Family	\$500 Individual, \$750 2-Party, \$1000 Family
	Rollover	Unused portions of your HRA account balance will be rolled over to subsequent plan year	
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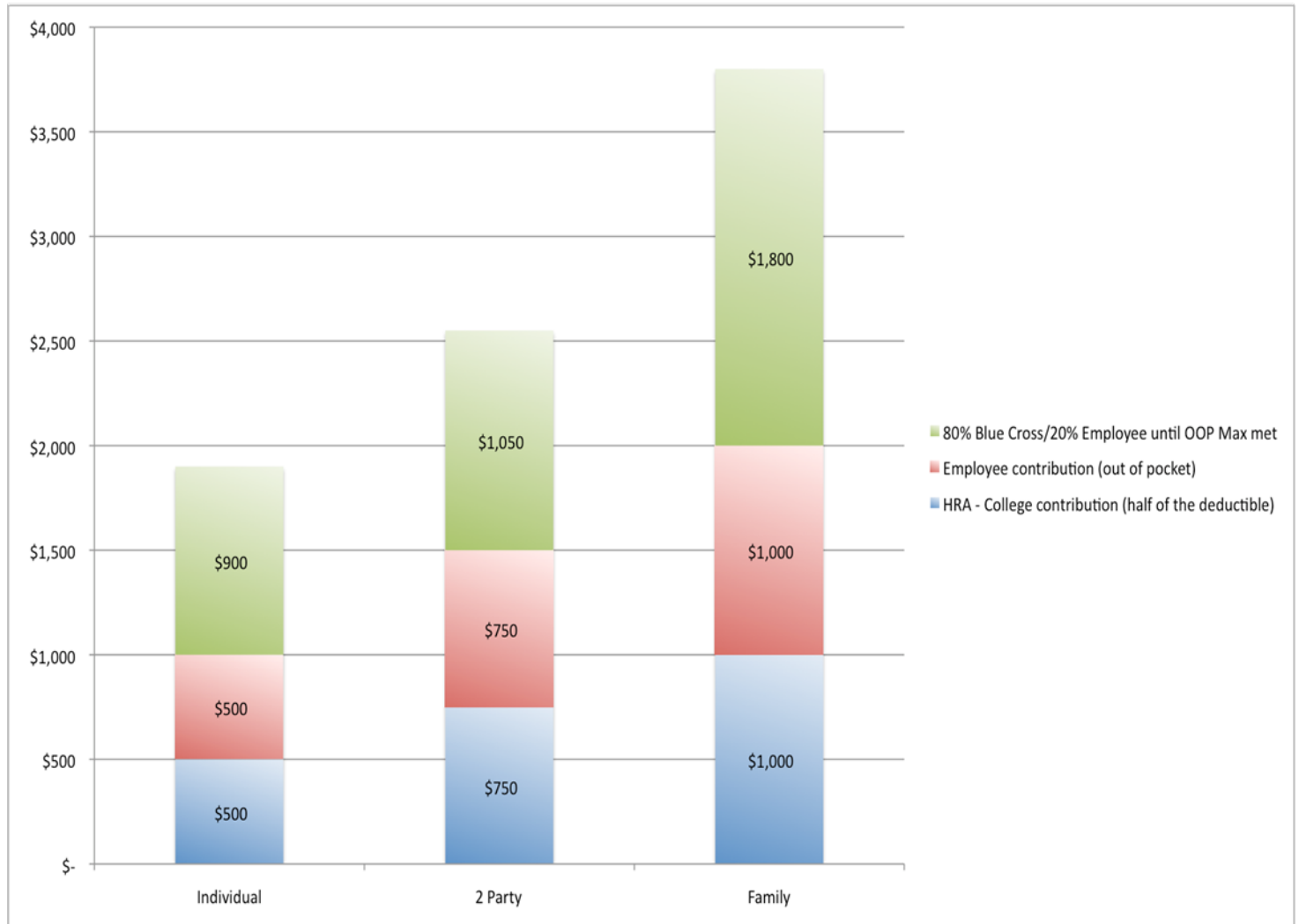
Accord HRA cont'd.

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Accord HRA cont'd.

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	Emergency room care		
	• Emergency room	80% after deductible	60% after deductible
	• Physician services	80% after deductible	60% after deductible
	Ambulance services	80% after deductible	60% after deductible

Accord HRA



Medical Premiums

<u>Medical Insurance</u>	<u>Monthly Premium</u>	<u>Bi-weekly Premium</u>
<u>Options Blue (Aware)</u>		
Employee	\$82.03	\$37.86
Employee +1	\$167.80	\$77.45
Family	\$253.64	\$117.06
<u>Aware-PPO</u>		
Employee	\$121.34	\$56.00
Employee +1	\$256.36	\$118.32
Family	\$404.67	\$186.77
<u>Accord HRA</u>		
Employee	\$72.74	\$33.57
Employee +1	\$148.24	\$68.42
Family	\$223.88	\$103.33

Prescription Drugs

<ul style="list-style-type: none">• Retail pharmacy (31-day supply)	<p>\$15 Generic Drugs</p> <p>\$35 Brand Name Formulary Drugs</p> <p>\$55 Brand Name Non-formulary Drugs</p>	<p>\$15 Generic Drugs</p> <p>\$35 Brand Name Formulary Drugs</p> <p>\$55 Brand Name Non-formulary Drugs</p>
<ul style="list-style-type: none">• 90dayRx (retail or mail)	<p>\$30 Generic Drugs</p> <p>\$70 Brand Name Formulary Drugs</p> <p>\$110 Brand Name Non-formulary Drugs</p>	<p>\$30 Generic Drugs</p> <p>\$70 Brand Name Formulary Drugs</p> <p>\$110 Brand Name Non-formulary Drugs</p>

Prescription Drug Out of pocket maximum:

Options Blue (Aware)	\$750 Individual \$1,000 Family
Accord HRA	\$750 Individual \$1,000 Family
Aware PPO	\$500 per person

Step Therapy

Background

- Effective January 1, 2010 BCBS will mandate step therapy in pharmacy offering.
- Carleton uses the **FlexRx** formulary (which is the current standard Blue Cross formulary). Its focus is to provide the highest standard of therapeutic safety and effectiveness through a combination of name brand and generic drugs, including specialty drugs. The step therapy categories included are as follows:
 - Antidepressants
 - (Used to treat depression)
 - Cholesterol lowering
 - Diabetic glucometers and strips
 - Proton pump inhibitors
 - (Used to reduce production of stomach acid)

Step Therapy, cont'd.

How does the step therapy program work?

- A member presents a new prescription for a drug requiring step therapy (Drug B) at the pharmacy
- The pharmacist enters the prescription information into their system
- The claim is submitted for processing – the claims system automatically looks back at the member's claims history (generally 90 days), if available, to see if the member had a prescription filled in that time period for the prerequisite drug (Drug A)
- If a claim for Drug A is found, the claim will automatically process
- If there is no history of a prescription being filled for Drug A, the prescription claim will be rejected
- The pharmacist can either contact the member's physician to see if Drug A or another alternative is acceptable or advise the member to contact their physician.
- The physician can then provide a prescription for Drug A or an acceptable alternative drug. If the physician strongly feels that Drug B will best treat your condition then they can submit a step therapy authorization request. If the request meets pre-specified clinical criteria Drug B will be covered.

Step Therapy, cont'd.

Is there a grandfather option for any of the drug categories?

- There is an auto-grandfather that will occur for antidepressants. This means that the prescription will automatically process when the member refills an antidepressant and there is another claim for the same medication in the claims history during the specified look-back period. If there is no history of the member filling a prescription for that antidepressant, completion of the step process is required.

Dental Coverage

<u>Dental Insurance</u>	<u>Monthly Premium</u>	<u>Bi-weekly Premium</u>
<i><u>Value Plan</u></i>		
Employee	\$31.40	\$14.49
Employee + spouse	\$63.00	\$29.08
Employee + children	\$59.30	\$27.37
Family	\$101.90	\$47.03
<i><u>Premier Plan</u></i>		
Employee	\$39.85	\$18.39
Employee + spouse	\$80.05	\$36.95
Employee + children	\$75.30	\$34.75
Family	\$129.35	\$59.70

Medical/Dependent Care Flexible Spending

- Medical Flex Spending Limit= \$5,000
- Dependent Care Flex Spending Limit = \$5,000

Both accounts have risk of forfeiture. Please be conservative when making your election.

Resources

- Health Plan Selector tool and other resources available on HR web site
- BlueCross and BlueShield web site – <http://www.bluecrossmn.org>
- BlueCross and BlueShield Customer Service – (866) 870-0348
- One on One appointments can be scheduled with Kerstin or Andrea during the open enrollment period