



2024 - 2025

# Group Benefits PRESENTATION



**Building Champions In and Out of the Classroom**

# Overview



Through market analysis and negotiation, along with increased claims utilization, resulted in a 6% increase to the FloridaBlue medical renewal.



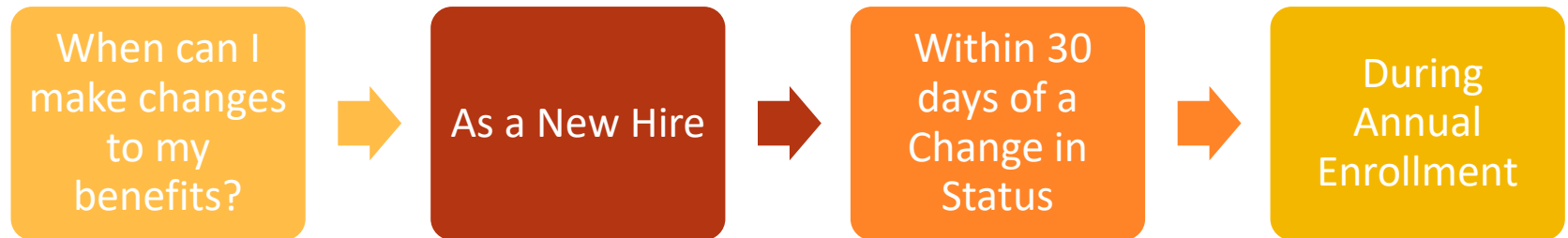
There are changes to the High Deductible Health Plan offered.



Dental, Vision, Life and Disability and HIP Plans remain the same.



# Enrollment Opportunities



Open Enrollment changes will be effective  
10/1/2024

# Medical Plan Provisions



## Deductible (PYD)

Amount member owes before the plan begins to pay for covered services.

## Coinsurance

After the PYD is met, coinsurance is the cost sharing between member and plan.

## Out of Pocket Maximum

The most the member will pay within a plan year for covered health expenses and Rx expenses.

# BlueOptions Plan 05774

BlueOptions Network–Mayo Included

Services either  
fall PYD &  
coinsurance or  
Copay

PAD – Per  
Admission  
Deductible

**Deductible  
Ind./Family**

- In-Network - \$3,000/\$9,000
- Out-of-Network – \$6,000/\$18,000

**Coinsurance**

- In-Network - Plan pays 80%
- Out-of-Network – Plan pays 50%

**Out of  
Pocket  
Maximum**

- In-Network - \$6,350/\$12,700
- Out-of-Network - \$15,000/\$30,000

**Copay**

- Family Physician (PCP)- \$40
- Specialist - \$100
- Urgent Care - \$100
- Emergency Room - \$400
- Inpatient Hospital - \$500 PAD+PYD+20%
- Outpatient Hospital – PYD+20%

# Prescription Coverage



## Mail Order

90 day supply for 2.5 times copay

Tier 1 - \$25

Tier 2 - \$150

Tier 3 - \$250

# BlueCare (HMO) Plan 62

BlueCare Network—Mayo Not Included

Services either  
fall PYD &  
coinsurance or  
Copay

**Deductible  
Ind./Family**

- In-Network - \$6,350/\$12,700
- Out-of-Network – N/A

**Coinsurance**

- In-Network - Plan pays 100%
- Out-of-Network – N/A

**Out of  
Pocket  
Maximum**

- In-Network - \$6,350/\$12,700
- Out-of-Network – N/A

**Copay**

- Family Physician (PCP)- \$35
- Specialist - \$65
- Urgent Care - \$100
- Emergency Room - \$300
- Inpatient Hospital - PYD
- Outpatient Hospital - PYD

**No Out-of-Network Benefits except true emergencies**

# Prescription Coverage



## Mail Order

90 day supply for 2.5 times copay

Tier 1 - \$25

Tier 2 - \$125

Tier 3 - \$200



# BlueOptions Plan 05301

BlueOptions Network—Mayo Included

Services either  
fall PYD &  
coinsurance or  
Copay

**Deductible  
Ind./Family**

- In-Network - \$2,500/\$7,500
- Out-of-Network - \$5,000/\$15,000

**Coinsurance**

- In-Network - Plan pays 70%
- Out-of-Network - Plan pays 50%

**Out of  
Pocket  
Maximum**

- In-Network - \$6,350/\$12,700
- Out-of-Network - \$13,000/\$26,000

**Copay**

- Family Physician (PCP)- \$25
- Specialist - \$45
- Urgent Care - \$50
- Emergency Room - \$300
- Inpatient Hospital - PYD&30%
- Outpatient Hospital - PYD&30%

# **Prescription Coverage**

## **Tier 1 Only Covered**

Tier 1 Only - \$10

### **Mail Order**

90 day supply for 2.5 times  
copay – Tier 1 Only = \$25

**\* Co-pays and Mail Order apply for Tier 1 Medications Only**

# BlueCare HMO Plan 134/35 (HSA)

Services fall  
Plan Year  
Deductible &  
coinsurance

BlueCare Network—Mayo Not Included

**Deductible  
Ind./Family**

- In-Network - \$3,500/\$7,000\*
- Out-of-Network – N/A

**Coinsurance**

- In-Network - Plan pays 80%
- Out-of-Network – N/A

**Out of  
Pocket  
Maximum**

- In-Network - \$6,850/\$7,000 per person;  
\$14,000 max
- Out-of-Network - N/A

\*The deductible for covering with family members on the plan is an aggregate deductible. This means the plan will not begin to pay until the \$7,000 plan year deductible has been met.

# Prescription Coverage



## Mail Order

90 day supply for 2.5 times copay

Tier 1 - \$25

Tier 2 - \$125

Tier 3 - \$200

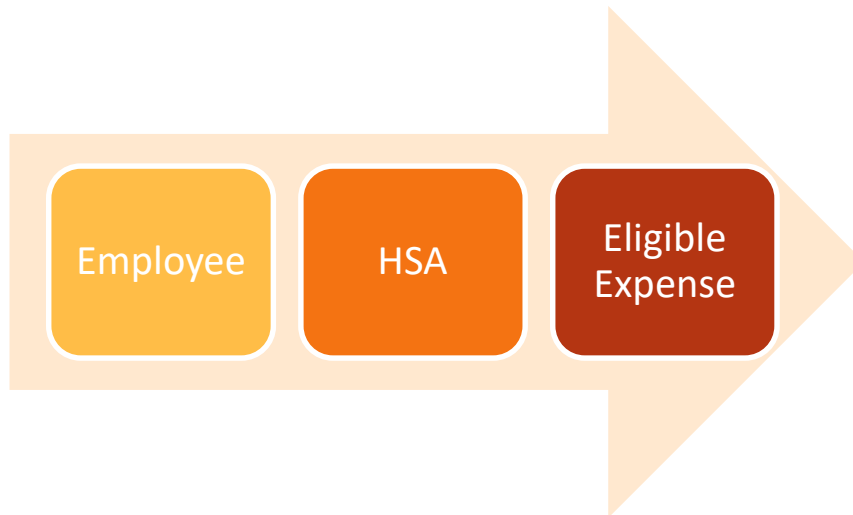
**\* Co-pays and Mail Order apply after medical deductible has been satisfied**

# Health Savings Account - HSA

## Who is eligible?

Anyone who is:

- Enrolled in the Blue Care 134/35 Medical Plan
- Not enrolled in Medicare
- Not covered under other health insurance
- Not claimed as a dependent on someone else's tax return



- Use the funds in your HSA to pay for eligible medical expenses or save for future expenses.
- Employees can contribute up to \$4,150 with single coverage or up to \$8,300 with dependents covered.
- Catch up contribution for those over age 55 is an additional \$1,000.

# Advantages of an HSA



Once the funds are deposited, they are owned by the member.



Funds roll over if they are not used.



Funds can be used for qualified medical, dental or vision expenses.

\*Employees enrolling in the HSA will have to make their contribution election annually during open enrollment.

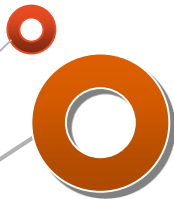
# BlueCare HMO Network



The BlueCare plans 62 and 134/35 do not have out-of-network benefits, BUT they do have a large network with many provider choices. Check your doctors and hospitals to compare.



If you have an emergency out-of-network it can be covered under the plan.



You choose a Primary Care Physician. If you don't choose, one is designated for you. You can change your Primary Care Physician.



Open Access Network – you do NOT need a referral to see any provider within the network – including a specialist.

# Important to Know

## **Rx Prior Authorizations**

**Medications requiring a prior authorization  
will have to go through the FloridaBlue  
Process**

## **Mail Order Pharmacy**

**Mail Order is available – save money by using  
the mail order benefit – 2.5 times the Rx  
copay for a 90 day supply.**

## **Medication Guide**

**You can reference the FloridaBlue  
medication guide online**



# Medical Premiums

## 24 Pay Periods

	BlueOptions 05774	BlueCare HMO 62	BlueOptions 05301	BlueCare HSA 134/35
Employee	\$259.30	\$209.90	\$185.91	\$66.85
Employee & Spouse	\$604.74	\$515.72	\$472.51	\$257.96
Employee & Child(ren)	\$535.66	\$454.60	\$415.25	\$219.90
Family	\$851.75	\$734.25	\$677.20	\$394.05
E/E Family	\$647.29	\$529.79	\$472.74	\$189.59
E/E Spouse	\$467.22	\$378.20	\$334.99	\$120.44

# Scenario 1 – Employee in Good Health

Sandy is a full-time employee. During Open Enrollment, she elects **Employee coverage** for 2024. Sandy considers herself very healthy and typically visits the doctor for preventative care recommended for her age. She plans to have the following routine screenings in 2024-2025.

- Routine Wellness Exam
- Gynecological Exam
- Mammogram

The above example is for illustration purposes only. Actual costs could vary and are dependent upon how the provider bills claims.



# Here's what Sandy would pay **in-network**....

## Scenario 1 - Employee Coverage

Medical Services Received	BlueOptions 05774	BlueCare 62 HMO	BlueOptions 05301	BlueCare HMO 134/35
Annual Deductible	\$3,000	\$6,350	\$2,500	\$3,500
Routine Wellness Exam	\$0	\$0	\$0	\$0
Routine Gynecological Exam	\$0	\$0	\$0	\$0
Routine Mammogram	\$0	\$0	\$0	\$0
Sandy's Out-of-Pocket Costs	\$0	\$0	\$0	\$0
Sandy's Annual Employee Contribution (paid through payroll deductions)	\$6,223.20 (\$259.30 a pay)	\$5,037.60 (\$209.90 a pay)	\$4,461.84 (\$185.91 a pay)	\$1,604.40 (\$66.85 a pay)
What Sandy pays for medical services (Out-of-Pocket costs + annual contribution)	\$6,223.20	\$5,037.60	\$4,451.84	\$1,604.40

# Save Me Money

## Wellness Coverage

Most preventive services are covered at 100%

Your claim must be coded as preventive

The key is in the code

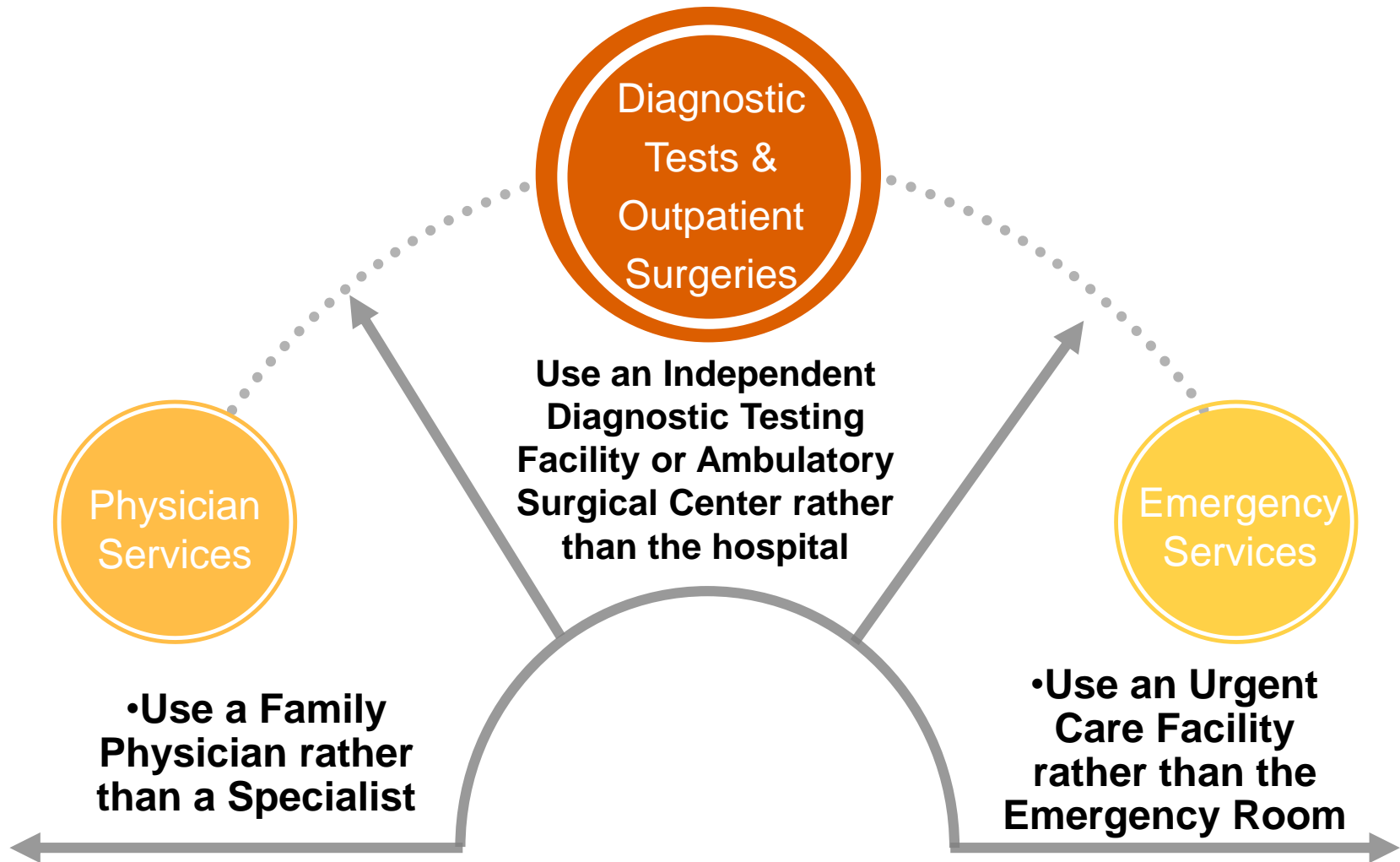
## Colonoscopy

Routine colonoscopies can be covered at 100%

All plans – Independent Clinical Lab (Quest)

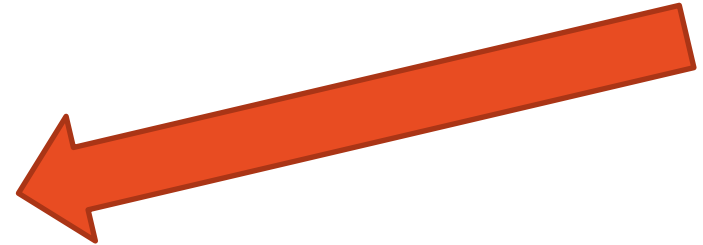
Labs

# Save Me Money



# Provider Directory

*Florida Blue*



Florida Blue

Find a Doctor Find an Agent Find a Center Health Care Reform About Us

Find a Doctor & More

Get Started Search for doctors, dentists, medical facilities, pharmacies, specialists, and other providers

Select a Plan

Find a provider that accepts your plan by selecting from the dropdown list below, or log into your Member Account, and we will access your plan for you.

Select...

Continue

1 Select a Provider in Florida

Primary Care Health Care Facility Specialist

Lab Testing X-Ray Support Service

Why should I select a plan?

Log on to  
floridablue.com



Choose Find a  
Doctor



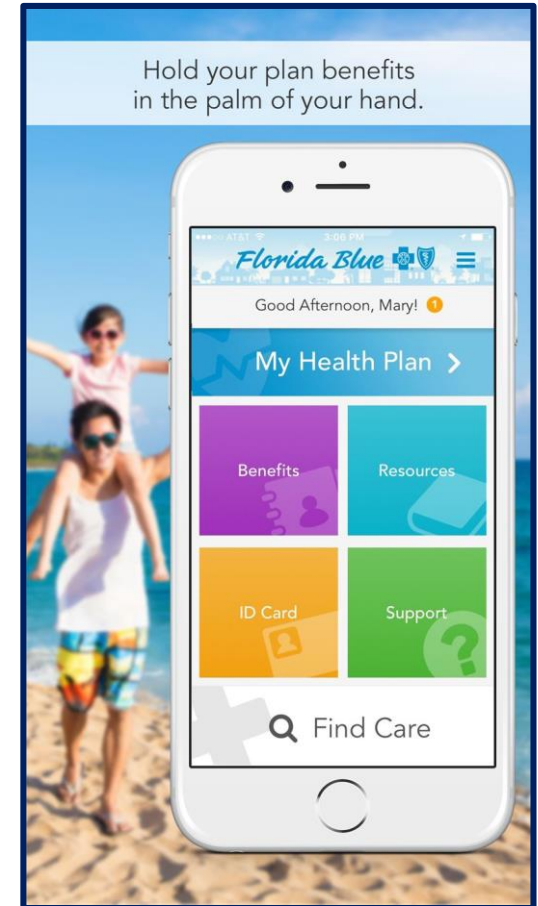
Search for Doctors  
by Plan:  
BlueOptions or  
BlueCare

# Know Before You Go

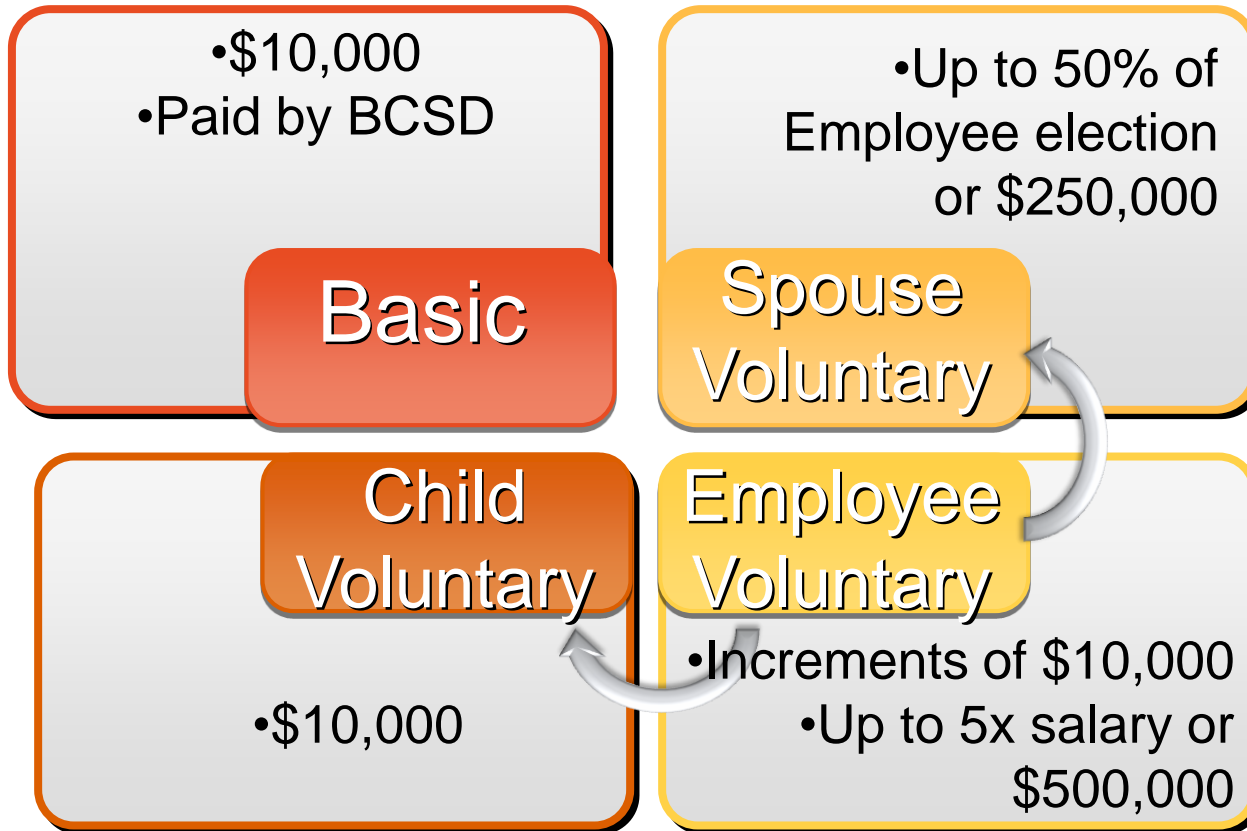
- The quality and price of medical services can vary depending on where you go
- Shop, compare, and estimate your medical costs
- Ways to compare:
  - Member Website – [www.floridablue.com](http://www.floridablue.com)
  - Care consultants – 888-476-2227
- Compare Drug Prices
- A Mobile App is available too!



✓ Quality    ✓ Cost    ✓ Savings



# Group Life Insurance - The Hartford

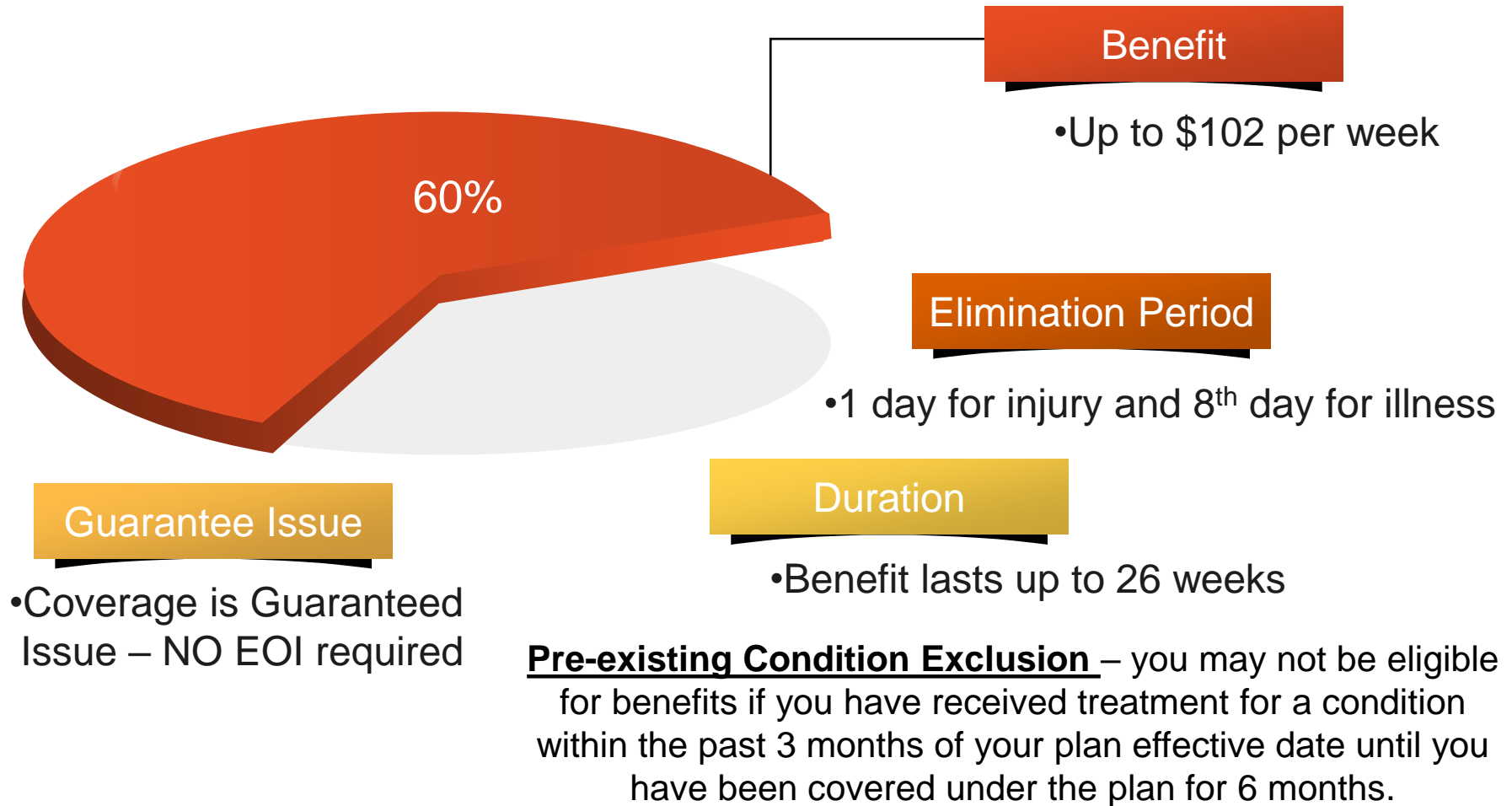


New Hires Only can elect up to the Guarantee Issue Amount without having to complete Evidence of Insurability (EOI).  
All other elections and increases will require EOI.

\*Age reduction schedules apply to Basic and Voluntary Life



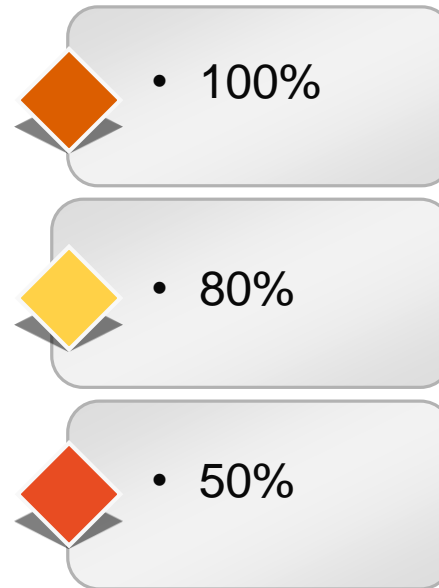
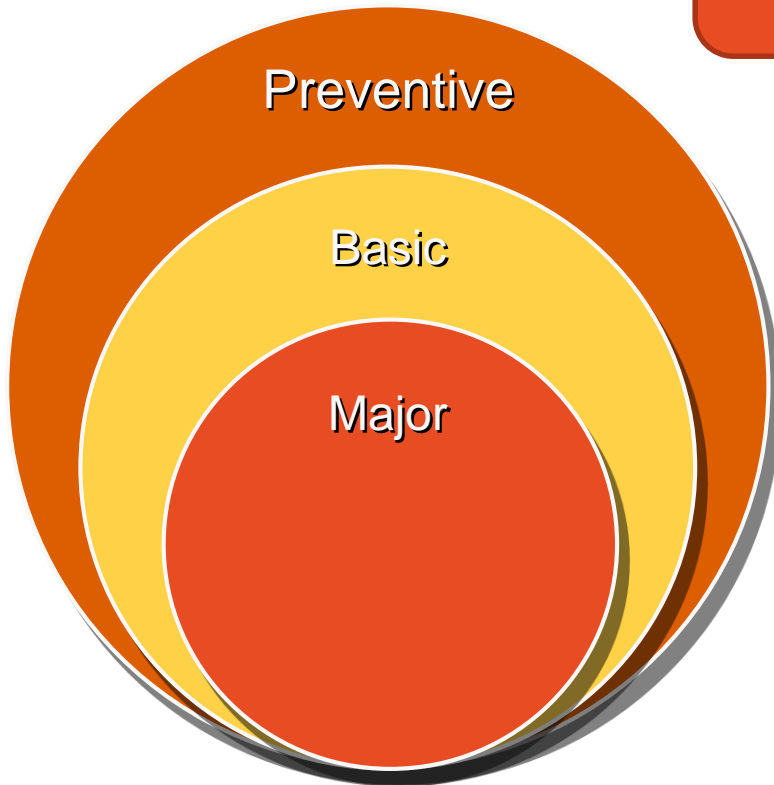
# Group Short Term Disability – The Hartford



# Dental – SunLife

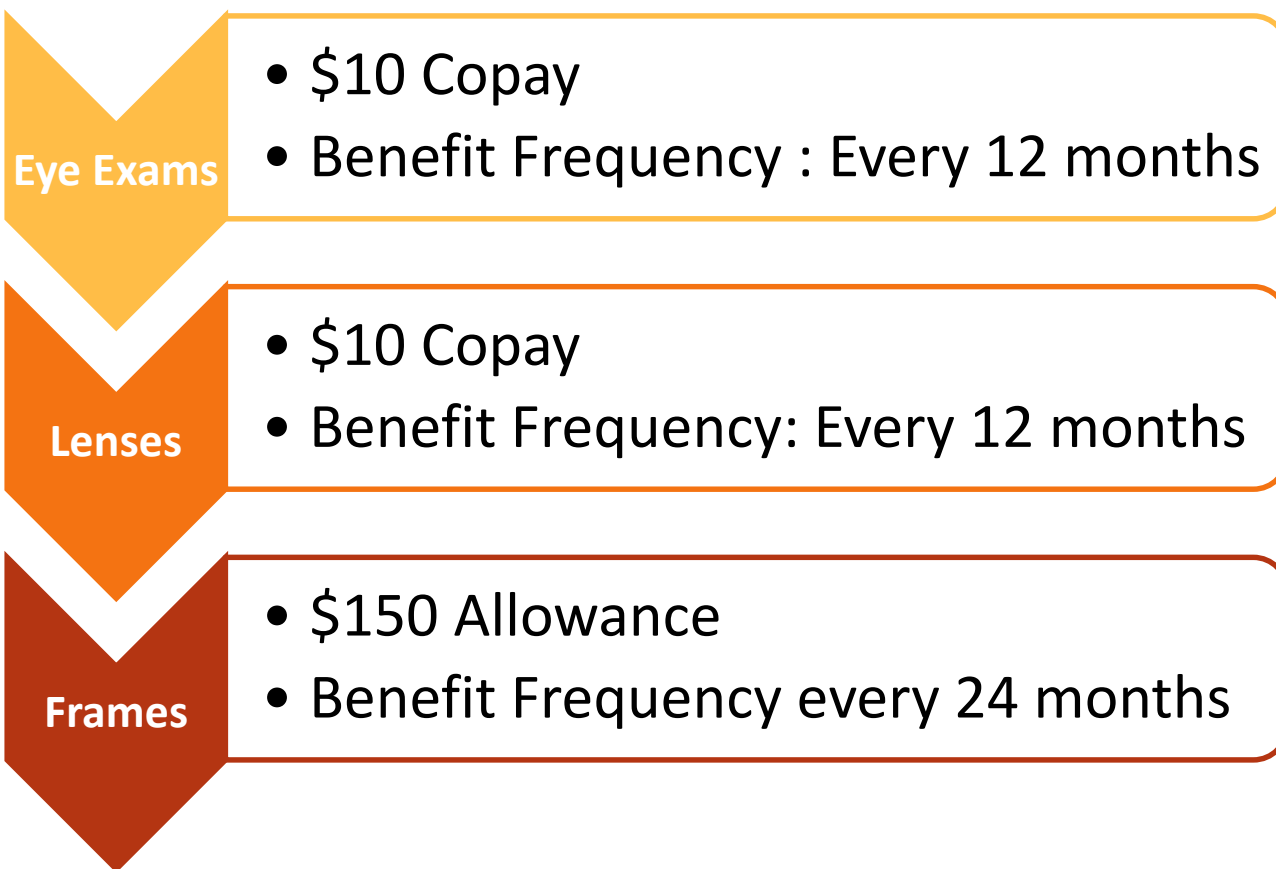
\$75 – Deductible  
Capped at \$150 per  
family

\$1,000 Benefit  
Maximum per person  
enrolled



Balance billing may occur when out of network.

# Vision – VSP



Contact Lens in lieu of glasses - **\$130 allowance**  
Out of network benefits available

# HIP Plan – Colonial Life

**For Full  
Time Employees  
who waive  
BCSD  
Medical Coverage**

→ Emergency Room Benefit

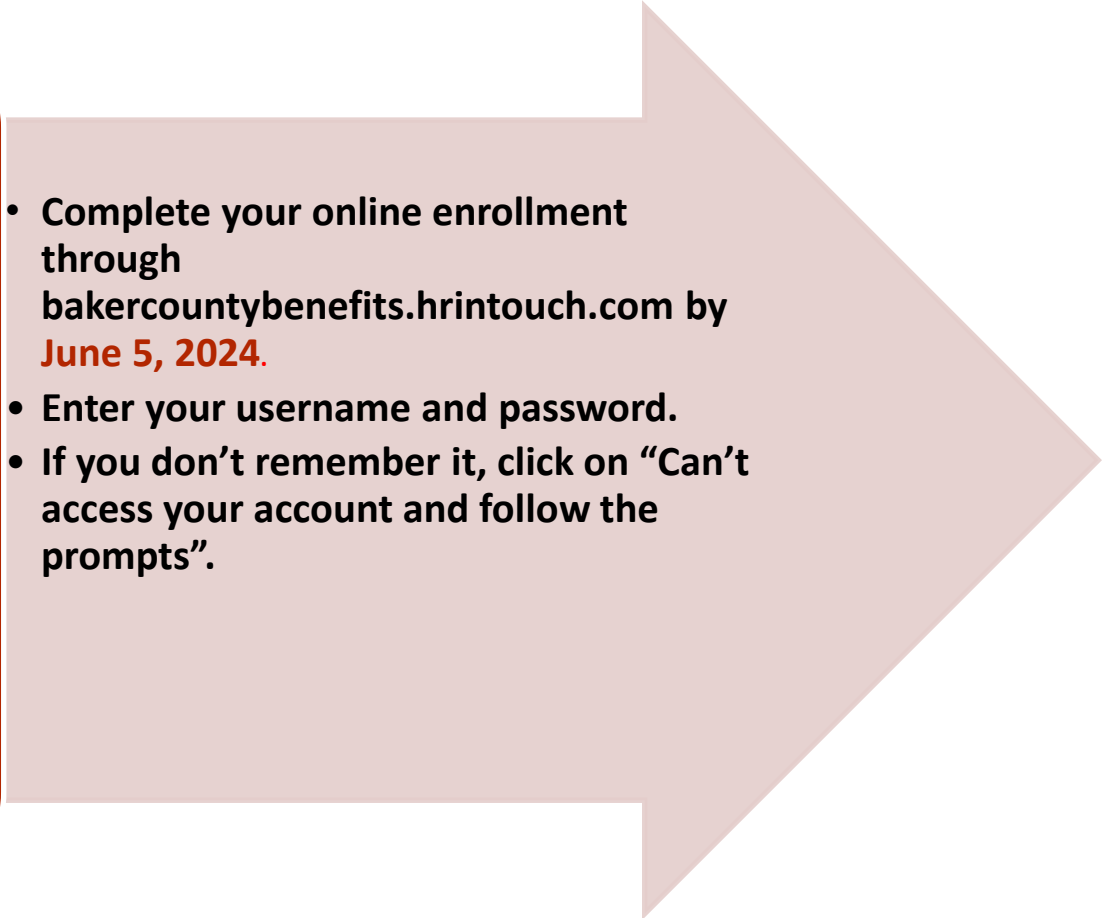
→ Hospital Indemnity Plan Benefit  
→ Outpatient Surgery Benefit

→ Ambulance Benefit  
→ Diagnostic Procedure Benefit

# Next Steps



Enroll

- 
- Complete your online enrollment through [bakercountybenefits.hrintouch.com](https://bakercountybenefits.hrintouch.com) by **June 5, 2024**.
  - Enter your username and password.
  - If you don't remember it, click on "Can't access your account and follow the prompts".



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