



Ashland School District

First Choice Health™

Healthy Employees. Healthy Companies.™



Ashland School District
inspiring learning for life...



2018 – Benefit Highlights-What’s Changing?

Category	2017 Benefit	2018 Benefit
In-Network Deductible (copays, labs and x-rays do not apply to this deductible)	\$0	\$300/ Individual or \$900/ Family
Out-of-Network Deductible	\$300/ Individual or \$900/ Family	\$600/ Individual or \$1,800/ Family
In-Network co-insurance	\$2,500/ Individual or \$7,500/ Family	\$4,000/ Individual or \$12,000/ Family
Office Visit Copays	\$25	Primary Care Provider - \$25 Specialist - \$40
Urgent Care Copay	\$25	\$50
Emergency Room Copay	\$100	\$150
Prescription Drug Copays (mail order is 2x the retail copays)	Generic: \$15 Preferred: \$30 Non preferred: \$45 Specialty: \$45	Generic: \$15 Preferred: \$40 Non preferred: \$60 Specialty: \$80
Vision Hardware	\$350 every 12 months	\$350 every 24 months



2018 Medical Benefits

Administered by First Choice Health Administrators



Medical Plan - Definitions

Health benefits have a terminology all their own. As we discuss your benefits the following terms will be used frequently:

- **Deductible:** A deductible is a portion of money that you pay before the plan begins to pay benefits. Your plan only has a deductible if you choose to go out of the provider network
- **Copay:** A fee paid directly to a provider, facility or pharmacy at time of service. Copays due accrue toward your annual out of pocket maximum.
- **Coinsurance:** The portion of the bill you are responsible to pay.
- **Out of Pocket Maximum:** caps your member responsibility for in-network services.
- **Prior Authorization:** certain services require medical review in order to determine medical necessity. View the Prior Authorization listing at www.fchn.com or in your Open Enrollment Guide posted on the district website.



2018 Medical Benefits – Plan Highlights

	FCHN Network	Out of Network
Deductible	\$300 Individual \$900 Family	\$600 Individual \$1,800 Family
Coinsurance	80%	50%
Office Visit- Primary Care	100% after \$25 copay	50% after deductible
Office Visit- Specialist	100% after \$40 copay	50% after deductible
Preventive Office Visit	100%	50% after deductible
Emergency Room	80% after \$150 copay <i>(copay waived if admitted)</i>	
Inpatient Hospital	80%	50% after \$250 copay per confinement. <i>Deductible applies.</i>



2018 Prescription Benefits

Administered by MedImpact



2018 Prescription Benefit Highlights

- ◉ Example of Local MedImpact Participating Pharmacies:

Ashland Drug
Bi-Mart
Rite Aid
Savon

Wal-Mart
Fred Meyer
Walgreens
Safeway

**Contact MedImpact at :
(800) 788-2949
to locate a full list of
participating pharmacies**

- ◉ 90 day fills (Pharmacy & Mail Order): 90 day supply of your prescriptions are available at participating Choice90 pharmacies. You can also get a 90 day supply through the MedImpact mail order program.
- ◉ Mail order Prescription drug copays: There is no change to the mail order benefit of a 30 day supply for \$15 or a 90 day supply for \$30. **This is a cost savings for you, as a 90 day supply at a retail pharmacy would cost \$45.**
- ◉ Generic vs. Brand Name: Members pay the difference in cost between the brand and generic medication(s) anytime there is a generic available and a brand name medication is chosen when your prescribing physician allows for a generic substitution.



2018 Prescription Benefit Copays

	30 Day Supply	90 Day Supply <i>(Choice90 retail)</i>	90 Day Supply <i>(mail order)</i>
Generic	\$15 copay	\$45 copay	\$30 copay
Preferred Brand	\$40 copay	\$120 copay	\$80 copay
Non-Preferred Brand	\$60 copay	\$180 copay	\$120 copay
Specialty	\$80 copay	Not Applicable	Not Applicable



2018 Dental & Vision



2018 Dental Benefits

Annual Deductible	\$50 Individual \$150 Family (Waived for Preventive Services)
Annual Maximum	\$1,500 Per Covered Individual
Class A Expenses – <i>Preventive & Diagnostic</i>	100% of allowed amount
Class B Expenses – <i>Basic Services (fillings, root scaling)*</i>	80% of allowed amount
Class C Expenses – <i>Major Services (crowns, dentures)*</i>	50% of allowed amount

**Obtaining a benefits pre-determination is recommended prior to beginning extensive dental services.*



2018 Vision Benefits

	FCHA Network	Out of Network
Annual Routine Vision Exam	100%	100% of allowed amount
Vision Hardware*	100% up to \$350 every 24 months	
<i>Vision Hardware includes: Eyeglass lenses, frames, contact lenses and contact lens fitting.</i>		

**For those with vision hardware coverage.*



Special Programs

2018 Health Promotion Services



24/7 Nurse Line and Health Information Library

Available around the clock to answer your health questions!

- Have a sick child at 2 am?
- Unsure if you should go to the doctor or Emergency Room?
- Looking for an answer to a health question?
- Call the 24/7 Nurse Line to speak with a Registered Nurse who can answer your health questions at no cost to you.



Call the 24/7 Nurse Line and
Health Information Library at
(800) 756-7751



Maternity Management

For a healthy pregnancy and a healthy baby.

Available at no cost to you – even if you aren't a first time mom!

- One on one support from a Registered Nurse
- Regular telephone sessions with your nurse
- Sessions provide educational information and ways to minimize risks to you and your baby
- Your nurse can assist you with managing your diet, exercise and other ways to maintain a healthy pregnancy



Enroll Today by Calling
(800) 756-7751



2018 Flexible Spending Account
Administered by HealthEquity



Why FSAs?



Why FSAs?

A simple way to save

Take advantage of significant tax savings by participating in a flexible spending account (FSA). You can elect to have a portion of your paycheck contributed pre-tax to pay for qualified medical expenses such as deductibles, co-payments, dental and vision. A dependent care FSA (DCRA) may also be offered for similar tax savings on qualified dependent care expenses.

Significant savings

The scenarios below provide estimated savings if an FSA is used (assuming a 40% combined federal and state tax rate).

$\$1000 + \$500 + \$500$ | **\$800**
out-of-pocket medical expenses out-of-pocket vision expenses out-of-pocket dental expenses **tax savings**

$\$1000 + \$1000 + \$5000$ | **\$2800**
out-of-pocket medical expenses vision and dental expenses child care expenses **tax savings**

When you choose to participate in the ASD Flexible Spending Account Program you can set aside pre-tax dollars to:

- Cover medical, dental or vision expenses not covered by your health plan.
*Including copays, deductibles and prescriptions
- Pay for non-medical dependent care expenses.

2018 FSA Contribution Limits:

\$2,650 Healthcare FSA
\$5,000 Dependent Care FSA



How an FSA Works

1. Sign Up

Review your medical expenses for the last year and estimate your expenses for 2018.
Determine the amount you would like to contribute to your FSA on a pre-tax basis

2. Contribute

ASD will arrange to have the determined amount of your pre-tax earnings contributed to your FSA.

3. Use Your Funds

When you incur a qualified expense, you can either pay with the HealthEquity Visa debit card or submit the expenses through the HealthEquity online tool for reimbursement.
Save your receipts! You'll need them to submit reimbursements or to validate debit card expenses.



Qualified FSA Expenses

- Acupuncture
- Alcoholism
- Ambulance
- Amounts not covered under another health plan
- Annual physical examination
- Artificial limbs/teeth
- Birth control pills/prescription contraceptives
- Body scans
- Breast reconstruction surgery following mastectomy for cancer
- Chiropractor
- Contact lenses
- Crutches
- Dental treatments
- Eyeglasses/eye surgery
- Hearing aids
- Long-term care expenses
- Medicines (prescribed, not imported from other countries)
- Nursing home medical care
- Nursing services
- Optometrist
- Orthodontia
- Oxygen
- Stop-smoking programs
- Surgery, other than unnecessary cosmetic surgery
- Telephone equipment and repair for hearing-impaired
- Therapy
- Transplants
- Weight-loss program (if prescribed by a physician for a specific disease)
- Wheelchairs
- Wigs (if prescribed)

Examples of Non-Qualified Expenses:

- Concierge services
- Diaper service
- Elective cosmetic surgery
- Future medical care
- Hair transplants
- Non-prescribed drugs
- Nutritional supplements
- Health club memberships
- Insurance Premiums