

Ware Renewal Option

7/1/2021

BCBSMA + NonStop Wellness

- Access Blue NE 5000 HMO &
- Preferred Blue Saver 5000 PPO
- Nonstop Wellness MERP Funding

AGENDA



- Access Blue NE Saver 5000 + MERP Preferred
Blue PPO Saver 5000 + MERP
- Allison Genetelli, Maplewood Benefits
- Nonstop Wellness MERP Provider
- Lori Hubler, Nonstop Wellness
- Questions



Please Mute Yourself

Please be aware this presentation is being recorded

Ware Renewal

Goals

- Lower the Cost Barriers to Care
- Eliminate Hospital & Doctor Tiers
- Achieve Better Value For Health Care Premium
- Minimal Disruption to Employees and Retirees

ACCESS BLUE NE SAVER + MEDICAL EXPENSE REIMBURSEMENT PLAN

Blue Cross Blue Shield of MA + Nonstop Wellness



Access Blue NE Saver 5000 + MERP

- **\$4000/\$8000 first dollar funding to pay up front health plan expenses**
 - No Tiered Network of Hospitals & Doctors
 - Approximately 80% enrolled will not exceed \$4,000/\$8,000 funding

	INDIVIDUAL	FAMILY
BCBSMA DEDUCTIBLE	\$5,000	\$10,000
FIRST DOLLAR FUNDING	\$4,000	\$8,000
MEMBER DEDUCTIBLE, IF INCURRED AFTER FUNDING	\$1,000	\$2,000
CONTRIBUTION SAVINGS	\$90	\$265

ACCESS BLUE NE 5000 +MEDICAL EXPENSE REIMBURSEMENT PLAN



- Approximately 20% of Employee Subscribers may exhaust the \$4k/\$8k funding and move into deductible and copay spending
- Total employee costs are comparable to the current BCBS plan.

BCBSMA Deductible	INDIVIDUAL \$5,000 per person	FAMILY \$10,000 max per family
YOUR ACTUAL DEDUCTIBLE	\$1,000	\$2,000
AFTER Expenses Exceed 4k/8k Nonstop Wellness Funding	Copays only, after Deductible	Copays only, after Deductible
If you know you will exceed \$ Plan with the FSA Payroll Deduction	\$19.23 per week= \$1,000	\$38.46 per week = \$2,000
Maximum 2021 FSA	\$2,750	\$2,750

PREVENTATIVE SERVICES



No charge to Deductible No Need to Pay with Nonstop Wellness Funds

covered by BCBSMA at no cost:

- Well-child care visits
- Routine adult physical exams
- Routine GYN exams (one per calendar year)
- Routine hearing exams
- Hearing aids up to \$2,000 per ear, every 36 months for member up to age 21
- Routine vision exam (one every 24 months)
- Family planning services, office visits
- HMO Only – Diabetic Management, first 2 visits per calendar year

MEDICAL PLANS COMPARISON

In-Network Medical Services

CURRENT OPTIONS V.
HMO & PPO

Tiered Network*

ACCESS BLUE NE SAVER
5000 HMO & PPO

No Tiering Hospitals & Doctors

MEDICAL SERVICES

MEMBER COST SHARING

*Deductible
*Tiered Network Standard & Basic

*\$500 individual
*\$1,000 family

Retail Rx \$100 individual / \$200 family

\$5,000 individual
\$10,000 family
Visa to Cover First Dollar Expenses
\$4,000 individual
\$8,000 family

DOCTOR
OFFICE
VISITS

Preventative Care
*PCP, OB/GYN, Behavioral Health visits
Specialist office visits
Physical, Speech Therapy, Cardiac Rehab

\$0
\$25, \$35, \$45
\$45
\$45

\$0 HMO Adds 2 Visits for Diabetic Care
Fully Covered up to \$4k/8k copay after deductible \$25
Fully Covered up to \$4k/8k copay after deductible \$40
Fully Covered up to \$4k/8k copay after deductible \$40

EMERGENCY AND URGENT
CARE

Emergency Room visits
Urgent Care facilities

\$150
\$35

\$150
Fully Covered up to \$4k/8k

EQUIPMENT

Prosthetics, Durable Medical Equip.

20% after deductible

Fully Covered up to \$4k/8k after deductible 20%

DIAGNOSTIC
TESTING

Diagnostic Labs & X Rays
MRI's, PET & CT Scans

\$0 after deductible
\$75, \$150, \$250 after deductible

Fully Covered up to \$4k/8k
Fully Covered up to \$4k/8k

HOSPITAL

Hospital Day Surgery
Inpatient Admissions

\$150, \$250, \$500 after deductible
\$250, 500, \$1,000 after deductible

Fully Covered up to \$4k/8k
Fully Covered up to \$4k/8k

PRESCRIPTION DRUGS

TIER 1

TIER 2

TIER 3

TIER 1

TIER 2

TIER 3

PRESCRIPTION DRUGS

Retail pharmacy (30-day supply)

\$10 after deductible
\$30 after deductible
\$65 after deduct

\$10 after deductible
\$25 after deductible
\$45 after deductible

EXAMPLES: INDIVIDUAL WITH NONSTOP \$4000 VISA FUNDING
99 ENROLLED IN INDIVIDUAL PLANS = 80 /19



LOW LEVEL

2 Allergist Visits
1 Dermatologist
2 Antibiotics Rx
2 Sick Visits
2 Inhalers Rx

= Approx Claims \$1,200
No Member Cost with up to \$4,000 Funding

MEDIUM LEVEL

26 Behavioral Health Visits
2 Routine Monthly Rxs
8 Physical Therapy Visits

= Approx Claims \$3,640
No Member Cost with up to \$4,000 Funding

HIGH LEVEL

Hip Replacement Surgery
4 Orthopedic Visits
16 P.T. Visits

= Approx Claims \$45,000
Member uses 4K Funding first, then \$1,000 deductible, then \$800 copays after deductible

EXAMPLES: INDIVIDUAL WITH OPTIONS PLAN



LOW LEVEL

2 Allergist Visits
1 Dermatologist
2 Antibiotics Rx
2 Sick Visits
2 Inhalers Rx

= Approx Member Cost
\$245 - \$285 depending on
PCP Tier and Rx Tier

MEDIUM LEVEL

26 Behavioral Health Visits
2 Routine Monthly Rxs
8 Physical Therapy Visits

= Approx Member Cost
\$1,070 - \$1,590 depending
on Rx tier /Retail or Mail

HIGH LEVEL

Hip Replacement Surgery
4 Orthopedic Visits
16 P.T. Visits

= Approx Member Cost
\$1,210 - \$2,605
depending on Hospital
Tier

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

EXAMPLES: FAMILY WITH NONSTOP \$8000 FUNDING
136 ENROLLED IN FAMILY PLANS = 109 / 27



LOW LEVEL

4 Allergist Visits
1 Dermatologist
2 Antibiotics Rx
2 Sick Visits
4 Inhalers Rx

= Approx Claims \$1,780
No Member Cost with up
to \$8,000 Funding

MEDIUM LEVEL

26 Speech Therapy Visits
2 Routine Monthly Rxs
8 Physical Therapy Visits
1 CT Scan
12 Chiropractic Visits

= Approx Claims \$6,660
No Member Cost with up
to \$8,000 Funding

HIGH LEVEL

ER Visit + X-Ray
Surgery for Broken Bone
Appendix Removal
2 Post Surgical Visits
2 Routine Monthly Rxs

= Approx Claims Over
\$8,000 Visa Funding,
Family pays \$2,000
deductible, \$240 copays

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

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EXAMPLES: FAMILY WITH OPTIONS PLAN



LOW LEVEL

4 Allergist Visits
1 Dermatologist
2 Antibiotics Rx
2 Sick Visits
4 Inhalers Rx

= Approx Member Cost
\$375 - \$615

Depending on PCP Tier,
Rx Retail or Mail

MEDIUM LEVEL

26 Speech Therapy Visits
2 Routine Monthly Rxs
8 Physical Therapy Visits
1 CT Scan
12 Chiropractic Visits

= Approx Member Cost
\$1,665 – 3,640
Depending on Tier for
Hospital, Tier Rx, Mail or
Retail Rx

HIGH LEVEL

ER Visit + X-Ray
Surgery for Broken Bone
Appendix Removal
2 Post Surgical Visits
2 Routine Monthly Rxs

= Approx Member Cost

\$655 –\$2755 depending
on Hospital tier and retail
Rx

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

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SUMMARY

Access Blue NE + Nonstop wellness

- Remain on Blue Cross Blue Shield of MA plans
- Approximately 80% will have fully funded access to care
- Comparable member costs for most of the 20% exceeding the Nonstop Wellness funding
- Eliminates higher costs based on hospital tiers
- Better Value For Health Care Premium Dollars
- Minimal Disruption, with no change to retiree Medex plans

QUESTIONS



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