

Subject: TEA Health Care Committee Open Enrollment Information

Troy Education Association Communication - 2016-2017 - #4 - Special Health Care Communication:

1. Open Enrollment 2016

Open enrollment is the time for teachers to review their current health care coverages and to decide if they wish their coverages to remain the same or to change them for the next calendar year.

Currently, we have medical insurance, dental insurance, vision insurance, long-term disability insurance, and life insurance. We have bargained all of these insurances. Teachers can decide to purchase additional coverages during this open enrollment period.

The bargained medical insurance carrier is MESSA. Under our MESSA medical insurance plan we have three options: Choices, ABC1 and ABC2. During open enrollment teachers can choose to change plans or stay with the plan they are currently enrolled in.

2. Current Medical Insurance Plans

An important point to remember is that due to PA152 the District is capped at how much money they can pay towards our medical insurance. The current hard caps are: single - \$6,142.11, 2-person - \$12,845.04, and family-\$16,751.23. Whatever premium amount that is not paid by the District the employee has to pay.

Teachers contribute towards the cost of their medical insurance by having it deducted from their paychecks for 21 pays. The current amounts deducted from each paycheck for the three medical insurance options are:

Single

Choices - \$90.16 multiplied by 21 pays equals a total cost to employee of \$1,893.36

ABC 1 - \$51.98 multiplied by 21 pays equals a total cost of \$1,091.58

ABC 2 - \$29.95 multiplied by 21 pays equals a total cost of \$628.95

2-Person

Choices - \$248.16 multiplied by 21 pays equals a total cost to employee is \$5,211.36

ABC 1 - \$162.26 multiplied by 21 pays equals a total cost of \$3,407.46

ABC 2 - \$112.68 multiplied by 21 pays equals a total cost of \$2,366.28

Family

Choices - \$272.11 multiplied by 21 pays equals a total cost of \$5,714.31

ABC 1- \$165.22 multiplied by 21 pays equals a total cost of \$3,469.62

ABC 2 - \$103.51 multiplied by 21 pays equals a total cost of \$2,173.71

All three medical insurance options are the exact same medical insurance. There are some differences in the prescription drug plans attached to the plans, but the medical insurance plans are identical in coverages.

The difference is how you PAY for your plan.

3. Plan Options

Simply put, these are the plans' major differences:

Choices has a \$500 deductible for singles and a \$1,000 deductible for 2-person and families.

Choices has a \$20 office visit co-pay; \$25 urgent care co-pay; \$50 emergency room co-pay

Choices has a \$10 generic drug co-pay and a \$40 non-generic drug co-pay

ABC1 has a \$1,300 deductible for singles and a \$2,600 deductible for 2-person and families.

ABC1 does not have a co-pay. The member pays the entire cost of the office visit which is applied to the deductible. Once the deductible is met the plan pays the entire cost of the office visit.

For example, I am single with no dependents and I go to the doctor for an upper respiratory infection. The office visit costs \$100. I pay the \$100 and my deductible requirement goes from \$1,300 to \$1,200.

ABC1 has a \$10 generic drug co-pay and \$40 non-generic drug co-pay after my deductible has been met.

In the above example, my doctor proscribes me an antibiotic which costs \$50. I pay the full amount for the drug and my deductible requirement drops by \$50.

ABC1 has a list of maintenance prescriptions that are free with no deductible or co-pay.

ABC2 has a \$2,000 deductible for singles and a \$4,000 deductible for 2-person and families.

This plan functions the same as ABC1.

Both the ABC1 and ABC2 plans have a Health Savings Account (HSA) attached to the plan. A member can pay for the deductible requirements out of this account. The member can have the District deduct money from each paycheck to go into this HSA, they can write a check and put money into the HSA, or they can reimburse themselves for medical expenses they have paid out of pocket from the HSA. In any case, the contributions are tax deductible. Any money put into an HSA account and not used for deductibles is the member's money and stays in the account for the members use the following calendar year.

More communications about health care and insurance coverages will be sent out to help members to become knowledgeable consumers.