


Nebraska State Bar Association Health Insurance Consortium

Prepared by Michaela Valentin & Pat Bourne





Empower Results®

1

AGENDA: LET'S GET STARTED

<ul style="list-style-type: none">→ Consortium Benefits→ Consortium Eligibility→ Product Overview→ Employers→ Sole Proprietors→ Plan Designs→ Networks	<ul style="list-style-type: none">→ Dental→ Wellness→ Ancillary Benefits→ Adding New Employees→ Next Steps→ Contact Information
--	--






Empower Results®

2

CONSORTIUM BENEFITS

Why choose the Consortium for your health insurance needs?

-  Affordable Coverage:
Variety of Plan designs and networks
-  Flexibility & Leverage of the Large Group Market:
Variety of strategies to control rising costs
-  A Stable Pool:
Size helps to stabilize rate increases





3



3

HEALTH INSURANCE CONSORTIUM ELIGIBILITY

To participate in the Health Insurance Consortium, you have to be:

-  Dues-paying member of the Nebraska State Bar Association
-  A Nebraska-domiciled employer providing legal services



4



4

PRODUCT OVERVIEW

- ✓ Fully-insured
- ✓ No financial risk to the NSBA or participating employer groups
- ✓ Guaranteed issue and guaranteed renewable
- ✓ Standard large group product offerings



5



5

EMPLOYERS

- ✓ New groups applying for coverage in the Association are only eligible if they meet standard underwriting guidelines determined by BCBSNE.
- ✓ The rate tier for each employer will be reviewed annually with the potential to be moved to another rate tier. A group can only move one tier at renewal time. The healthier your group, the better your rate.
- ✓ Voluntary group terminations from the Association require 60 days advance written notification to BCBSNE. A group terminating voluntarily may have a waiting period before eligible to reenter the Consortium.





6





6

EMPLOYERS CON'T

 Employers can determine the minimum hours per week to be eligible for coverage subject to a minimum of 17.5 hours per week.

 Each employer must meet minimum participation requirements of 75% of eligible employees less valid waivers and 50% of total eligible employees. (Valid waivers: other coverage including Medicare, spouse's insurance, etc.)

 Example: Two attorneys in a firm (100% eligible). One is on Medicare (valid waiver). The other wants Consortium coverage. Meets 50% minimum participation requirement.

 Example: One attorney and paralegal in firm. Attorney is on Medicare and wants coverage for his spouse and legal assistant. Spouse cannot get coverage because attorney is not getting coverage. Legal assistant can get coverage because she meets the 50% minimum participation requirement.





7



7

EMPLOYERS CON'T

 Example: Three attorneys in a firm. One is on Medicare. One is on her husband's insurance. One wants coverage in the Consortium. Does not meet 50% minimum participation requirement.

 Example: One attorney and one paralegal in a firm. The paralegal gets insurance through his spouse. The attorney wants coverage through the Consortium. Meets the 50% minimum participation requirement.






8





8

EMPLOYERS CON'T

-  Each employer must contribute a minimum of 50% of the employee cost of the health plan for all eligible employees in their office.
-  Apply anytime. There is continuous enrollment in the Consortium program.
-  Deductible carryover credits. This means if you are with a different insurance carrier and have already incurred deductibles and coinsurance payments, BCBSNE will honor what has already been paid for the year. You don't have to start over.



SOLE PROPRIETORS

-  Sole Proprietors are defined by insurance carriers to mean one attorney without support staff. Solos are not eligible to participate in the Consortium plan.
-  If you are a sole proprietor with an employee who works at least 17.5 hours a week, your firm is considered a group of two and is eligible for participation in the Consortium.



PPO PLAN DESIGNS

	PPO Option 1		PPO Option 2		PPO Option 3	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Individual	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000
Family	\$2,000	\$4,000	\$4,000	\$8,000	\$6,000	\$12,000
Type of Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance (Amount member pays)						
Hospital/medical/surgical/other	20%	40%	20%	40%	20%	30%
Out-of-Pocket Limit (Includes Deductible, Coinsurance and Co-pay)						
Individual	\$2,000	\$4,000	\$4,000	\$8,000	\$6,000	\$12,000
Family	\$4,000	\$8,000	\$8,000	\$16,000	\$12,000	\$24,000
Type of out-of-pocket limit	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Preventive Care						
Preventive Care Services	0%	Deductible & Coinsurance	0%	Deductible & Coinsurance	0%	Deductible & Coinsurance
Physician Office						
Primary Care Physician Office	\$30 Copay	Deductible & Coinsurance	\$25 Copay	Deductible & Coinsurance	\$30 Copay	Deductible & Coinsurance
Specialist Physician Office	\$45 Copay	Deductible & Coinsurance	\$50 Copay	Deductible & Coinsurance	\$50 Copay	Deductible & Coinsurance
Telehealth	\$10 Copay	Not covered	\$10 Copay	Not covered	\$10 Copay	Not covered
Emergency Care						
Urgent Care Facility Services	\$60 Copay	Deductible & Coinsurance	\$75 Copay	Deductible & Coinsurance	\$75 Copay	Deductible & Coinsurance
Emergency Care Services	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance Services	Deductible & Coinsurance	In-Network Deductible & Coinsurance	Deductible & Coinsurance	In-Network Deductible & Coinsurance	Deductible & Coinsurance	In-Network Deductible & Coinsurance
Mental Illness and/or Substance Dependence and Abuse Services						
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Office Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Care Services	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Telehealth	Deductible & Coinsurance	Not covered	Deductible & Coinsurance	Not covered	Deductible & Coinsurance	Not covered

Groups with 2+ enrolled employees:

Select up to two medical plans and any combination of the three network options



HDHP/HSA PLAN DESIGNS

	HSA Option 1		HSA Option 2		HSA Option 3		HSA Option 4	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible								
Individual	\$2,000	\$5,000	\$2,000	\$6,000	\$3,500	\$7,000	\$6,750	\$13,500
Family	\$5,000	\$10,000	\$6,000	\$12,000	\$7,000	\$14,000	\$13,500	\$27,000
Type of Deductible	Aggregate	Aggregate	Aggregate	Aggregate	Embedded	Embedded	Embedded	Embedded
Coinsurance (Amount member pays)								
Hospital/medical/surgical/other	20%	40%	0%	20%	20%	40%	0%	0%
Out-of-Pocket Limit (Includes Deductible, Coinsurance and Copay)								
Individual	\$3,875	\$8,000	\$3,000	\$10,000	\$5,500	\$11,000	\$6,750	\$13,500
Family	\$7,750	\$16,000	\$6,000	\$20,000	\$11,000	\$22,000	\$13,500	\$27,000
Type of out-of-pocket limit	Aggregate	Aggregate	Aggregate	Aggregate	Embedded	Embedded	Embedded	Embedded
Preventive Care								
Preventive Care Services	0%	Deductible & Coinsurance	0%	Deductible & Coinsurance	0%	Deductible & Coinsurance	0%	Deductible
Physician Office								
Primary Care Physician Office	Deductible & Coinsurance	Deductible & Coinsurance	Deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible	Deductible
Specialist Physician Office	Deductible & Coinsurance	Deductible & Coinsurance	Deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible	Deductible
Telehealth	Deductible & Coinsurance	Not covered	Deductible	Not covered	Deductible & Coinsurance	Not covered	Deductible	Not covered
Emergency Care								
Urgent Care Facility Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible	Deductible
Emergency Care Services	Deductible & Coinsurance	In-Network Deductible & Coinsurance	Deductible	In-Network Deductible	Deductible & Coinsurance	In-Network Deductible & Coinsurance	Deductible	In-Network Deductible
Ambulance Services	Deductible & Coinsurance	In-Network Deductible & Coinsurance	Deductible	In-Network Deductible	Deductible & Coinsurance	In-Network Deductible & Coinsurance	Deductible	In-Network Deductible
Mental Illness and/or Substance Dependence and Abuse Services								
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible	Deductible
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible	Deductible
Office Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible	Deductible
Emergency Care Services	Deductible & Coinsurance	In-Network Deductible & Coinsurance	Deductible	In-Network Deductible	Deductible & Coinsurance	In-Network Deductible & Coinsurance	Deductible	In-Network Deductible
Telehealth	Deductible & Coinsurance	Not covered	Deductible	Not covered	Deductible & Coinsurance	Not covered	Deductible	Not Covered

Groups with 2+ enrolled employees:

Select up to two medical plans and any combination of the three network options



Network BLUE



NETwork BLUE is our statewide network, made up of 95% of Nebraska's doctors and 100% of the state's non-governmental acute care hospitals.*

For a complete list of hospitals and providers, visit: www.nebraskablue.com/networks



13



13

Premier Select Blue Choice



Our Premier Select BlueChoice network is a regional two-tier network available to groups headquartered in Omaha, Lincoln and surrounding communities (680, 681, 683, 684 and 685 ZIP codes). All other Nebraska providers are out of network.

Some of the key hospitals and health care providers include:

- Methodist Hospital System
- Nebraska Medicine
- Bryan Health
- Boystown National Research Hospital
- Children's Hospital and Medical Center

For a complete list of hospitals and providers, visit: www.nebraskablue.com/networks

➔ *Designed to achieve a 4-6% savings over broad PPO network*



14



14

Blueprint Health



Our Blueprint Health network is a regional two-tier network available to groups headquartered in Omaha, Lincoln and surrounding communities in ZIP codes 680, 681, 683, 684 and 685, as well as Adams, Buffalo, Hall, Kearney and Phelps counties. All other Nebraska providers are out of network.

Some of the key hospitals and health care providers include:

- CHI Health System
- Alegent Creighton Health Services
- Nebraska Spine Hospital LLC
- Boystown National Research Hospital
- Children's Hospital and Medical Center

For a complete list of hospitals and providers, visit: www.nebraskablue.com/networks

→ *Designed to achieve a 12-14% savings over broad PPO network*



15



15

BlueCardSM



Out-of-State Networks

BCBSNE members have access to a national network called the BlueCardSM Program. If Blue members live or travel outside of Nebraska, they may take their health care benefits with them. The BlueCard Program gives members access to doctors and hospitals almost everywhere within the United States. Members are covered whether they need care in urban or rural areas.

Outside of the United States, members have access to doctors and hospitals in nearly 200 countries and territories around the world through the Blue Cross Blue Shield Global Core Program.

To locate providers nationwide: Members should visit nebraskablue.com or call (800) 810-2583.



16



16

Network BLUE Dental

Option 5 Premier		
Groups of 10-50 and 51+		
	In-Network	Out-of-Network
Calendar year deductible		
Individual	\$50	\$100
Family	\$100	\$200
Coinsurance benefits (% plan pays)		
Coverage A	100%	60%
Coverage B	80%	50%
Coverage C	50%	50%
Calendar year maximum for Coverage A, B, and C		
Amount per person	\$2,000	\$2,000
Endodontic and periodontic services		
	Coverage C	Coverage C
Orthodontic dentistry		
Coverage D: Child Ortho	Not Covered	Not Covered
Coverage D: Adult Ortho	Not Covered	Not Covered
Lifetime maximum per person	\$0	\$0

Coverage to fit your business

Offering dental coverage increases the quality of your overall benefits package, helping you retain your most valued employees. Proper dental care can help improve your employees' overall health, which can help control your health care costs in the long run.

- Employees are not responsible for charges in excess of our allowed amount for covered services
- Dental claims are filed for your employees, saving them time
- Dentists in our network are credentialed



AFFORDABLE OPTIONS

Affordable, flexible and convenient coverage.

Select a plan that best meets your coverage needs and budget.



EASE OF ADMINISTRATION

Receive a single bill for both your medical and dental benefits and make one payment.

Members carry one ID card that displays all the information needed for both medical and dental services.



LARGE NETWORKS

Members have access to a leading national dental network solution, providing lower out-of-pocket costs and broad access to participating dentists in Nebraska and throughout the nation.



17



17

WELLNESS OFFERINGS

Blue Health Advantage

Using a consultative model-approach, we will assist you in designing, implementing, and evaluating an affordable, evidence-based employee wellness initiative. A key component of the program includes administering a comprehensive personal health assessment to collect important information about your employees health.

Following the assessment, we will work closely with you to develop a targeted wellness action plan aimed at improving the health status of your employees. This approach is extremely flexible, and is tailored to meet your company's unique needs.

Learn more at nebraskablue.com/blue365.

Benefits of Aon's Strategic Consulting

Aon has extensive experience working with large employer groups. We develop annual strategies designed to maximize performance for these groups that have been previously unavailable to small groups.

By joining the Consortium, you are joining a large employer group where Aon's extensive experience can be leveraged on your behalf.

Aon has an in-house financial manager that reviews your plan's performance regularly. Your local Aon consulting team uses that analysis to develop programs and benefit changes designed to maximize member experience while controlling costs.

Based on plan performance, we will implement wellness offerings to support targeted programs such as diabetes control, weight management, hypertension and holistic wellness to improve health outcomes and reduce claims.




18




18


ANCILLARY BENEFITS




Flexible Spending Accounts




Health Savings Accounts




COBRA




Health Reimbursement Arrangements



Commuter Benefits







19




19

ADDING NEW EMPLOYEES

-  Can be added first day of hire
-  Can be added first day of first month after first day of hire
-  Employer choice as long as you meet the ACA requirements of not waiting longer than 90 days after employee eligibility for insurance to become effective.





20




20

NEXT STEPS

-  Contact Aon

-  Information to Have Ready:
 - Name of Firm
 - Address of Firm
 - Number of Employees in Firm
 - Number of Employees Seeking Coverage

-  Aon will send you information via email and request that you send information back to us. Please send information back to us in a timely manner so that we can process your application.



21



21

QUESTIONS



22



22

Aon CONTACT LIST



Michaela Valentin, JD, CFE
Health & Benefits and Risk Management Consultant
Aon
402.697.5254
Michaela.Valentin@aon.com



Jody Gilcrist,
Account Specialist
Aon
402.697.5256
Jody.Gilcrist@aon.com



Pat Bourne, JD
SVP/Local Practice Leader
Aon
Health & Benefits
402.697.5260
Pat.Bourne@aon.com



Jerome Rewolinski
Account Executive
Aon
Health & Benefits
402.697.5240
Jerome.Rewolinski@aon.com

Business Unit/Tier 2 (Mandatory) | Market/Division/Tier 3 (Optional) | Practice Group/Tier 4 (Optional)
Proprietary & Confidential (Optional) | Date (Optional) EDIT THIS TEXT ON THE MASTER SLIDE

23

