

# Bay Area Hospital

Health & Welfare Proposal 2019





# Current Plan Design – Medical & Rx

<i>2018 Current Plan Attributes</i>	<b>Bay Area Hospital HDHP Plan</b>	<b>Bay Area Hospital PPO Plan</b>
<b>Medical</b>		
<b>Eligibility</b>	24 Hours/Week; 1st of the Month Following DOH	24 Hours/Week; 1st of the Month Following DOH
<b>Deductible</b>	\$2,000 Individual \$4,000 Family (\$2,600)	\$600 Individual \$2,000 Family
<b>Individual Out of Pocket Maximum</b>	\$4,000 Individual \$8,000 Family	\$3,000 Individual \$6,000 Family
<b>HRA</b>	N/A	\$350 Individual \$500 EE plus child/spouse \$650 EE plus family
<b>HSA Monthly Employer Contribution</b>	\$2000/year	N/A
<b>Office Visit Copay</b>	N/A	\$20 Copay
<b>Coinsurance:</b>		
<b>at BAH</b>	10%	10% / 20%
<b>at Participating Provider</b>	20%	20% / 30%
<b>at Non Participating Provider</b>	40%	30% / 40%
<b>Emergency Room</b>	Deductible then 10% / 20% / 40%	\$100 copay
<b>Wellness Premium Rebate</b>	\$500	\$500
<b>Pharmacy</b>		
<b>Generic</b>	20%	\$10
<b>Preferred Brand</b>	20%	\$45
<b>Non-Preferred Brand</b>	20%	\$60
<b>Preventive Drugs</b>	\$0	\$0

# Proposed Plan Design – Medical & Rx

<i>2019 Proposed Plan Attributes</i>	<b>HDHP</b>	<b>Premium Plan</b>	<b>Basic Plan</b>
<b>Medical</b>			
<b>Eligibility</b>	20 Hours/Week; 1st of the Month Following DOH	20 Hours/Week; 1st of the Month Following DOH	20 Hours/Week; 1st of the Month Following DOH
<b>Deductible</b>	\$2,000 Individual \$4,000 Family (\$2,600)	\$250 Individual \$1,500 Family	\$500 Individual \$1,000 Family
<b>Individual Out of Pocket Maximum</b>	\$4,000 Individual \$8,000 Family	\$3,000 Individual \$6,000 Family	\$3,500 Individual \$7,000 Family
<b>HRA</b>	N/A	N/A	N/A
<b>HSA Monthly Employer Contribution</b>	\$2000/year	N/A	N/A
<b>Office Visit Copay</b>	N/A	\$15 Copay	\$20 Copay
<b>Coinsurance:</b>			
<b>at BAH</b>	10%	10% Inpatient / 20% Outpatient	10% Inpatient/ 20% Outpatient
<b>at Participating Provider</b>	20%	20%	20%
<b>at Non Participating Provider</b>	40%	30% / 40%	30% / 40%
<b>Emergency Room</b>	10% / 20% / 40%	\$150 copay, then 10% / 20% / 40%	\$150 copay, then 10% / 20% / 40%
<b>Wellness Premium Rebate</b>	\$500	\$500	\$500
<b>Pharmacy</b>			
<b>Generic</b>	20%	\$10	\$10
<b>Preferred Brand</b>	20%	\$35	\$35
<b>Non-Preferred Brand</b>	20%	\$50	\$50
<b>Preventive Drugs</b>	\$0	\$0	\$0

# Current Plan Vision & Dental

	Current Vision/Dental	Proposed Vision Changes
<b>Vision</b>		
<b>Exam</b>	\$20 Copay	\$20 Copay
<b>Frequency</b>	24 Months	12 Months
<b>Lenses &amp; Frames (Allowance)</b>	\$150	\$200
<b>Frequency</b>	24 Months	12 Months
<b>Dental</b>		<b>No Change</b>
<b>Deductible</b>	\$25	\$25
<b>Preventive</b>	0%	0%
<b>Basic</b>	20%	20%
<b>Major</b>	50%	50%
<b>Annual Maximum</b>	\$1,500	\$1,500
<b>Orthodontia</b>		
<b>Deductible</b>	\$0	\$0
<b>Coinsurance</b>	30%	30%
<b>Lifetime Maximum</b>	\$1,700	\$1,700

## Other Changes

- Remove employee discount
  - Change charged amounts to 125% of Medicare
  - Equal treatment of employee discounts for all employees
  - Discounts all charges instead of those not applied to deductible
- Remove HRA – Change deductible amounts

# Medicare Fee Schedule

Examples:

Procedure	BAH Current Charge	Medicare Fee Schedule	125% Medicare
MRI	\$2,210		
Inpatient Surgery	\$17,343		

# Insurance Plan Comparison – Examples

Patient Need:	ED Visit Level 3 (ankle injury)			
	Current UFCW Plan	Current ONA Plan	New BAH PPO Plans	BAH Employee Clinic
Deductible	Already Met \$150 copay	Already Met \$100 copay	Already Met \$150 copay	Already Met \$20 copay
Co-Insurance	+ 20%		+ 10%	+ 20%
Charge	\$ 802	\$ 802	\$ 802	\$ 595
Employee Disc.	\$ (100)			
Adjustment	\$ (97)	\$ (241)	\$ (396)	\$ (363)
Net Charges	\$ 605	\$ 561	\$ 406	\$ 233
Insurance Pays	\$ 364	\$ 461	\$ 230	\$ 170
<b>Patient Pays</b>	<b>\$ 241</b>	<b>\$ 100</b>	<b>\$ 176</b>	<b>\$ 63</b>

Patient Need:	MRI (OP)		
	Current UFCW Plan	Current ONA Plan	New BAH PPO Plans
Deductible	Already Met	Already Met	Already Met
Co-Insurance	20%	20%	20%
Charge	\$ 2,210	\$ 2,210	\$ 2,210
Employee Disc.	\$ (196)	\$ (155)	
Adjustment	\$ (265)	\$ (663)	\$ (1,470)
Net Charges	\$ 1,749	\$ 1,392	\$ 740
Insurance Pays	\$ 1,399	\$ 1,238	\$ 592
<b>Patient Pays</b>	<b>\$ 350</b>	<b>\$ 155</b>	<b>\$ 148</b>

Patient Need:	Endoscopy (OP)		
	Current UFCW Plan	Current ONA Plan	New BAH PPO Plans
Deductible	Already Met	Already Met	Already Met
Co-Insurance	20%	20%	20%
Charge	\$ 2,513	\$ 2,513	\$ 2,513
Employee Disc.	\$ (221)	\$ (176)	
Adjustment	\$ (302)	\$ (754)	\$ (1,807)
Net Charges	\$ 1,990	\$ 1,583	\$ 706
Insurance Pays	\$ 1,769	\$ 1,407	\$ 565
<b>Patient Pays</b>	<b>\$ 221</b>	<b>\$ 176</b>	<b>\$ 141</b>

Patient Need:	Coronary Angio Cath (OP)		
	Current UFCW Plan	Current ONA Plan	New BAH PPO Plans
Deductible	Already Met	Already Met	Already Met
Co-Insurance	20%	20%	20%
Charge	\$ 14,865	\$ 14,865	\$ 14,865
Employee Disc.	\$ (1,308)	\$ (1,041)	
Adjustment	\$ (1,784)	\$ (4,460)	\$ (10,310)
Net Charges	\$ 11,773	\$ 9,365	\$ 4,555
Insurance Pays	\$ 10,465	\$ 8,324	\$ 3,644
<b>Patient Pays</b>	<b>\$ 1,308</b>	<b>\$ 1,041</b>	<b>\$ 911</b>



# Insurance Plan Comparison – Examples

Patient Need:	GYN Surgery (IP)		
	Current UFCW Plan	Current ONA Plan	New BAH PPO Plans
Deductible	Already Met	Already Met	Already Met
Co-Insurance	20%	10%	10%
Charge	\$ 24,785	\$ 24,785	\$ 24,785
Employee Disc.	\$ (2,181)	\$ (867)	\$ -
Adjustment	\$ (2,974)	\$ (7,436)	\$ (16,730)
Net Charges	\$ 19,630	\$ 16,482	\$ 8,055
Insurance Pays	\$ 17,449	\$ 15,615	\$ 7,250
<b>Patient Pays</b>	<b>\$ 2,181</b>	<b>\$ 867</b>	<b>\$ 806</b>

Patient Need:	Nuclear Medicine (OP)		
	Current UFCW Plan	Current ONA Plan	New BAH PPO Plans
Deductible	Already Met	Already Met	Already Met
Co-Insurance	20%	20%	20%
Charge	\$ 4,984	\$ 4,984	\$ 4,984
Employee Disc.	\$ (439)	\$ (349)	
Adjustment	\$ (598)	\$ (1,495)	\$ (2,743)
Net Charges	\$ 3,947	\$ 3,140	\$ 2,241
Insurance Pays	\$ 3,509	\$ 2,791	\$ 1,792
<b>Patient Pays</b>	<b>\$ 439</b>	<b>\$ 349</b>	<b>\$ 448</b>

# Full Time Premium Rates

Monthly Employee Contributions	2018 Current - FT			2019 - FT		
	BAH HDHP	BAH PPO	UFCW - PPO	HDHP	PPO 1	PPO 2
<b>Medical &amp; Rx</b>						
Employee Only	\$71.00	\$148.00	N/A	\$68.00	\$141.00	\$120.00
Employee + Spouse	\$142.00	\$297.00	N/A	\$135.00	\$282.00	\$240.00
Employee + Child(ren)	\$139.00	\$289.00	N/A	\$132.00	\$275.00	\$169.00
Employee + Family	\$213.00	\$444.00	N/A	\$202.00	\$422.00	\$358.00
<b>Dental</b>						
Employee Only	\$7.00	\$7.00	N/A	\$7.00	\$7.00	\$7.00
Employee + Spouse	\$13.00	\$13.00	N/A	\$12.00	\$12.00	\$12.00
Employee + Child(ren)	\$13.00	\$13.00	N/A	\$12.00	\$12.00	\$12.00
Employee + Family	\$20.00	\$20.00	N/A	\$19.00	\$19.00	\$19.00
<b>Vision</b>						
Employee Only	\$5.00	\$5.00	N/A	\$5.00	\$5.00	\$5.00
Employee + Spouse	\$6.00	\$6.00	N/A	\$6.00	\$6.00	\$6.00
Employee + Child(ren)	\$6.00	\$6.00	N/A	\$6.00	\$6.00	\$6.00
Employee + Family	\$10.00	\$10.00	N/A	\$10.00	\$10.00	\$10.00
<b>Total</b>						
Employee Only	\$83.00	\$160.00	\$146.00	\$80.00	\$153.00	\$132.00
Employee + Spouse	\$161.00	\$316.00	\$292.00	\$153.00	\$300.00	\$258.00
Employee + Child(ren)	\$158.00	\$308.00	\$204.00	\$150.00	\$293.00	\$187.00
Employee + Family	\$243.00	\$474.00	\$415.00	\$231.00	\$451.00	\$387.00
<b>Wellness</b>						
Annual Wellness Premium Rebate	\$500.00	\$500.00	N/A	\$500.00	\$500.00	\$500.00

# Part Time Premium Rates

Monthly Employee Contributions	2018 Current - PT			2019 - PT		
	BAH HDHP	BAH PPO	UFCW - PPO	HDHP	PPO 1	PPO 2*
<b>Medical &amp; Rx</b>						
Employee Only	\$86.00	\$180.00	N/A	\$82.00	\$171.00	\$146.00
Employee + Spouse	\$172.00	\$359.00	N/A	\$164.00	\$342.00	\$290.00
Employee + Child(ren)	\$168.00	\$350.00	N/A	\$160.00	\$333.00	\$284.00
Employee + Family	\$258.00	\$538.00	N/A	\$246.00	\$512.00	\$435.00
<b>Dental</b>						
Employee Only	\$7.00	\$7.00	N/A	\$7.00	\$7.00	\$7.00
Employee + Spouse	\$13.00	\$13.00	N/A	\$12.00	\$12.00	\$12.00
Employee + Child(ren)	\$13.00	\$13.00	N/A	\$12.00	\$12.00	\$12.00
Employee + Family	\$20.00	\$20.00	N/A	\$19.00	\$19.00	\$19.00
<b>Vision</b>						
Employee Only	\$5.00	\$5.00	N/A	\$5.00	\$5.00	\$5.00
Employee + Spouse	\$6.00	\$6.00	N/A	\$6.00	\$6.00	\$6.00
Employee + Child(ren)	\$6.00	\$6.00	N/A	\$6.00	\$6.00	\$6.00
Employee + Family	\$10.00	\$10.00	N/A	\$10.00	\$10.00	\$10.00
<b>Total</b>						
Employee Only	\$98.00	\$192.00	N/A	\$94.00	\$183.00	\$158.00
Employee + Spouse	\$191.00	\$378.00	N/A	\$182.00	\$360.00	\$308.00
Employee + Child(ren)	\$187.00	\$369.00	N/A	\$178.00	\$351.00	\$302.00
Employee + Family	\$288.00	\$568.00	N/A	\$275.00	\$541.00	\$464.00
<b>Wellness</b>						
Annual Wellness Premium Rebate	\$500.00	\$500.00	N/A	\$500.00	\$500.00	\$500.00