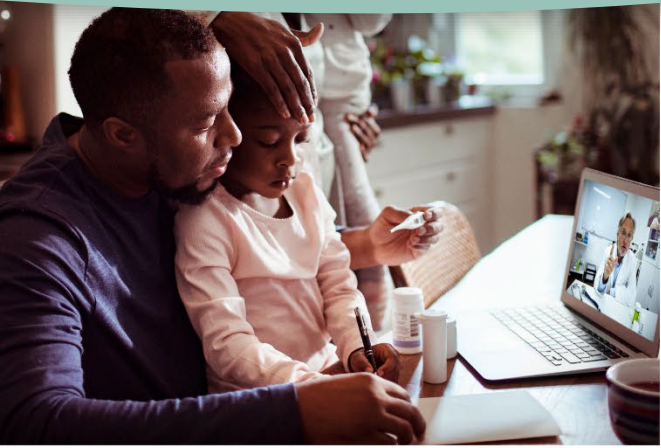




Benefits You Can Trust



Understanding Employee Benefits

Presenters: Melisa Briggs, Benefits Assistant Manager
Janet Foley, Member Relations Representative
David Salois, Benefit Services Manager
September 25, 2024



AGENDA

- Welcome
- Who is HealthTrust & Key Member Statistics
- Risk Pool Advantage
- New Hampshire Healthcare & Cost Drivers
- Medical, Prescription and Dental Coverage
- How Plan Deductibles Work
- HSA, HRA & FSA Strategies to Offset Higher Deductibles
- Transitioning Employees to Deductible or High Deductible Health Plans
- Future of Healthcare
- Rating & Renewals
- Affordable Care Act Updates
- Ancillary Coverages (Life, LTD & STD)
- Obtaining a Proposal
- Questions / Comments

HEALTHTRUST BOARD OF DIRECTORS

Who is HealthTrust?

A nonprofit, public risk pool dedicated to serving our Members – New Hampshire's schools, towns, cities, counties and other quasi-municipal entities.

- Exceptional service with a personal touch
- More than 71,000 unique NH public sector employees, retirees and covered dependents in one or more coverage lines



DANIEL ROSSNER
Chair
Business Administrator,
SAU #48 - Plymouth Schools



SUSAN HILCHEY
Vice Chair
Director of Human Resources,
SAU #25 - Bedford Schools



TROY BROWN
Town Manager,
Town of Littleton



MICHELLE CLARK
Business Administrator,
SAU #66 - Hopkinton
Schools



RUSSELL DEAN
Town Manager,
Town of Exeter



BRIAN RAPP
Deputy Chief,
Claremont Fire Department



TIMOTHY RUEHR
Chief Financial Officer,
SAU #29 - Keene



JILL SHEING
HR Payroll Coordinator,
Strafford County



CATHY ANN STACEY
Register of Deeds,
Rockingham County



SARAH TRAHAN
Social Studies Teacher,
Winnacunnet High School

THE HEALTHTRUST ADVANTAGE

HealthTrust's Mission, Vision and Values form the foundation of all we do. We are proud to be New Hampshire communities' most trusted partner in achieving optimum health through a culture of wellness. By helping to keep our public sector employees and their families healthy, **HealthTrust** strives to make New Hampshire a better place to live and work – and that's a goal we share with all our Members.

Mission

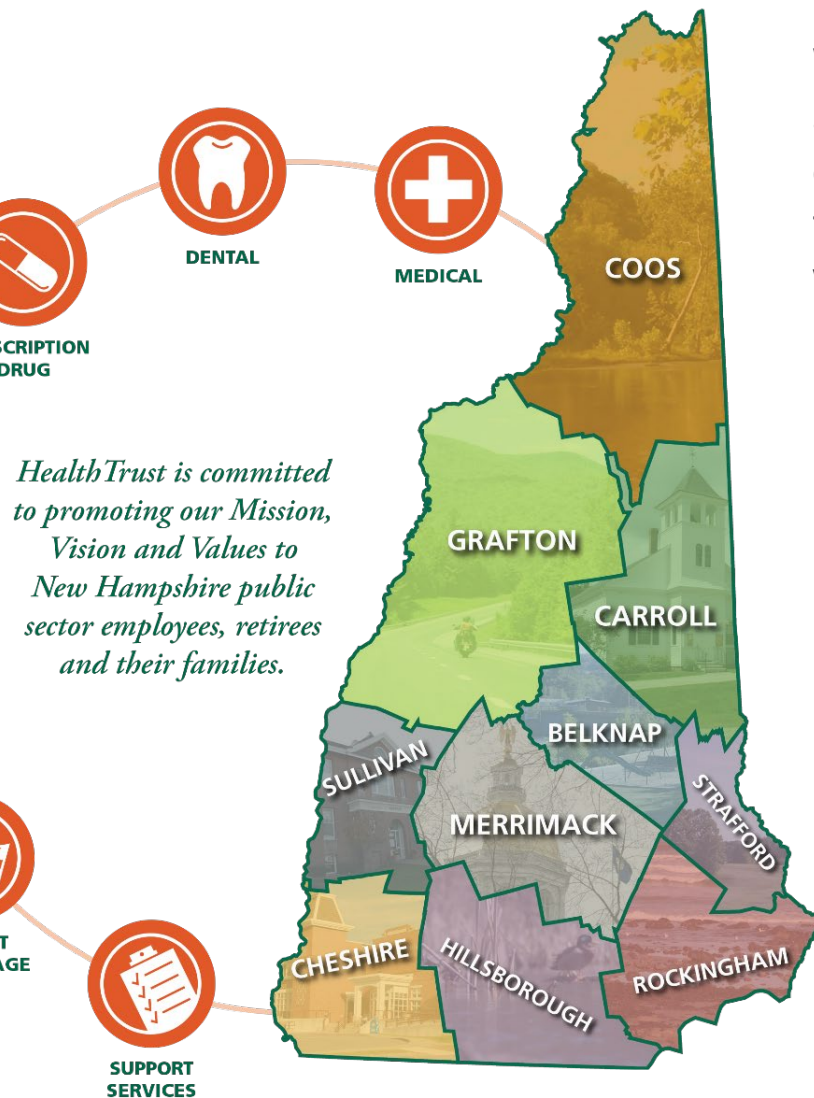
To provide high quality, cost-effective, employee benefit products and services for public employers and employees in New Hampshire in order to reduce costs through pooling strategies with a commitment to education, health promotion and disease prevention.

Vision

New Hampshire communities' most trusted partner in achieving optimum health through a culture of wellness.

Values

Integrity • Service • Innovation • Collaboration



MEDICAL OVERVIEW

As of September 2024

2024



52,463

TOTAL MEDICAL COVERED LIVES



25,739

TOTAL MEDICAL ENROLLEES

17,621 ACTIVE

7,849 RETIREES (Early Retirees + MC3)

TOTAL MEDICAL COVERED LIVES BY AGE BANDS

20%
< 18

26%
18 - 39

30%
40 - 59

21%
60 - 79

3%
80+

TOTAL MEDICAL ENROLLEES BY AGE BANDS

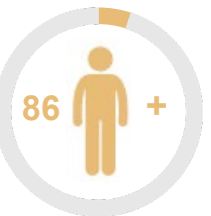
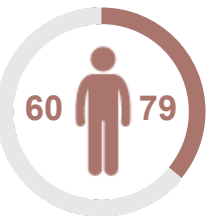
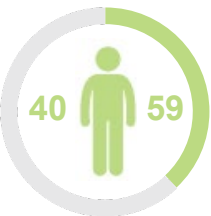
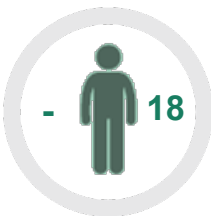
0%

22%

37%

34%

7%



Youngest Active Enrollee



18

Years
Old

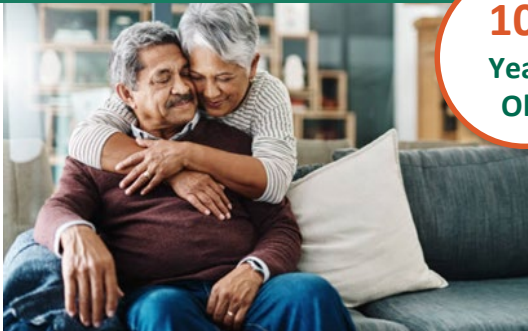
Oldest Active Enrollee



86

Years
Old

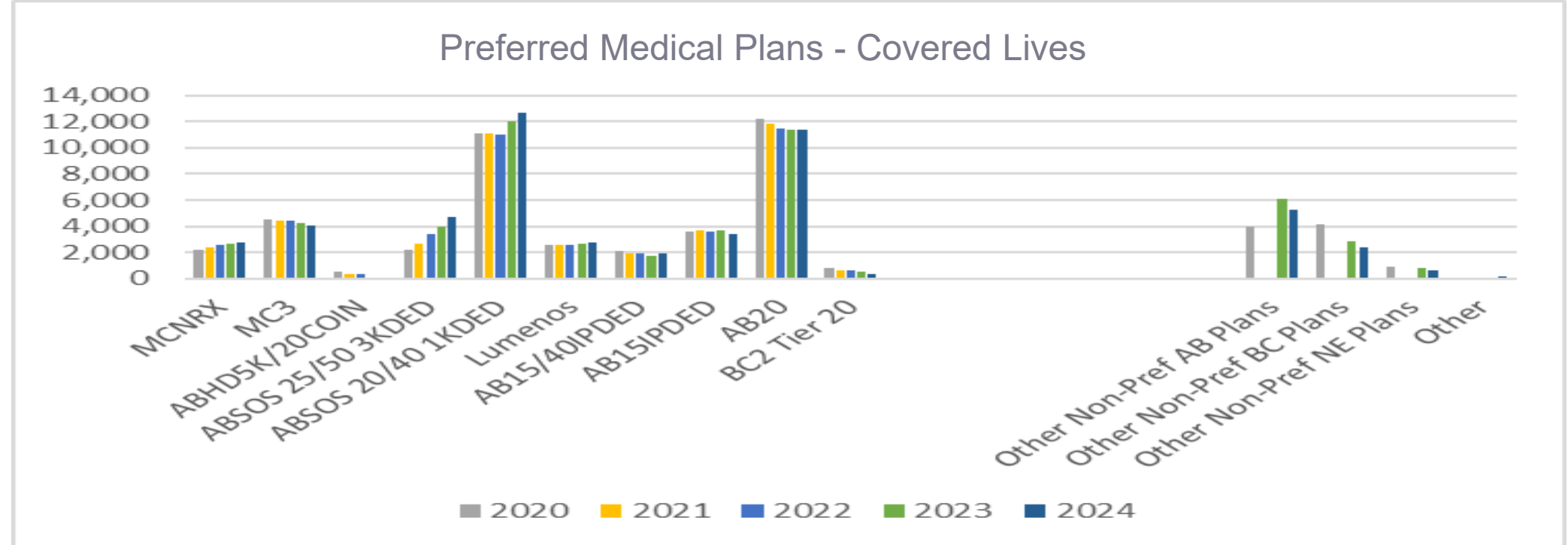
Oldest Covered Retiree



101

Years
Old

MEDICAL OVERVIEW



As of September 2024

RISK POOLS

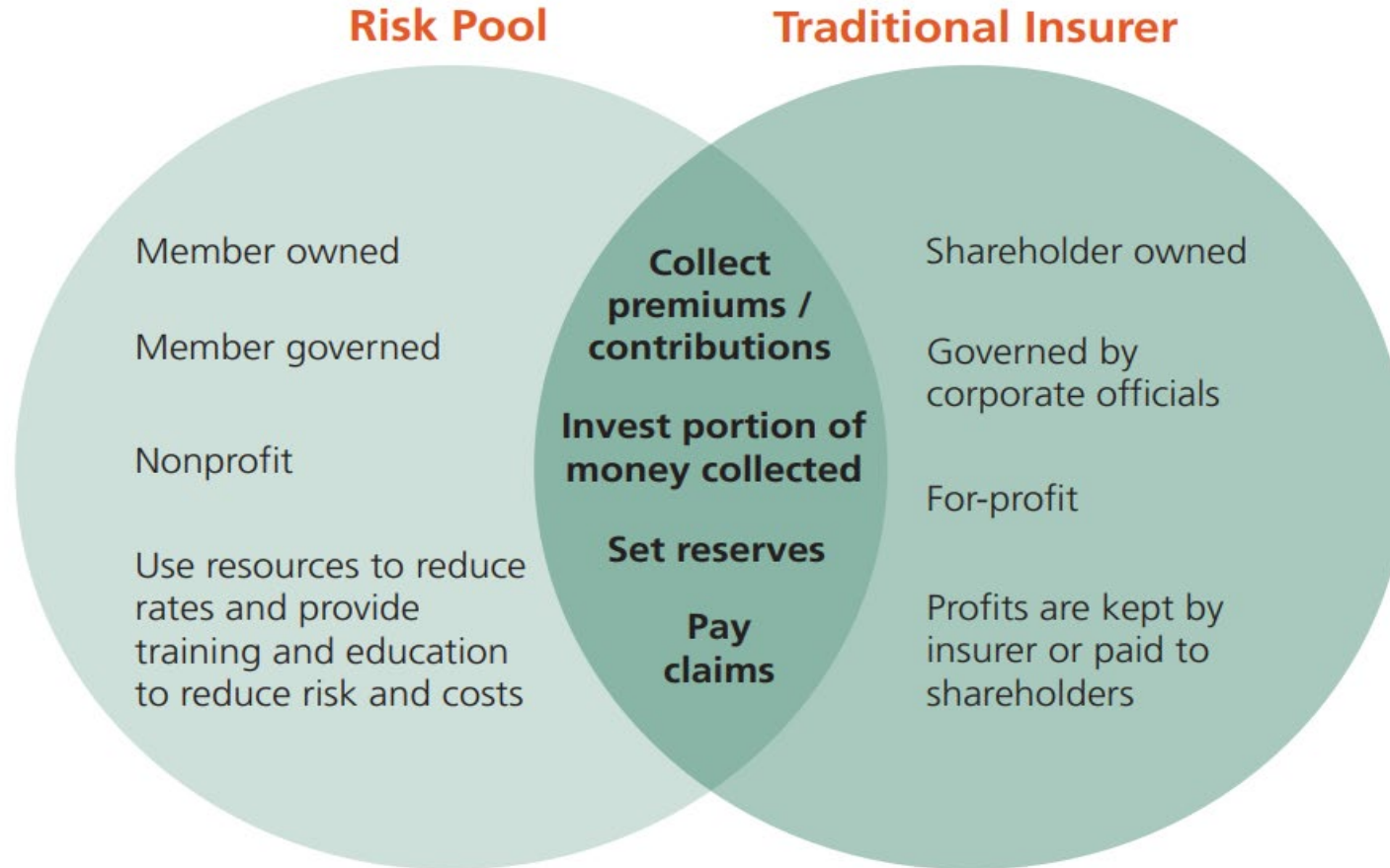


RISK POOL ADVANTAGE

In New Hampshire, RSA-5-B, the law that governs public risk pools, recognizes risk pooling as an essential governmental function that provides many advantages to people who work in the public sector. These advantages mean:

- A greater pool of resources
- Comprehensive employee benefit programs and unsurpassed services that meet public sector needs specifically
- Exceptional value
- Lower premiums and more stable pricing
- Tax savings
- Coverage for groups of all size

RISK POOL ADVANTAGE



NEW HAMPSHIRE HEALTHCARE



NH HEALTHCARE DELIVERY SYSTEM IS...

Healthcare System

Expensive

Average premium for health insurance coverage is 9th highest in the nation

Regional Competition

Hospital competition exists only in two cities (*Nashua and Manchester*)

Rural

13 of 26 hospitals are critical access

Hospital Employed Physicians

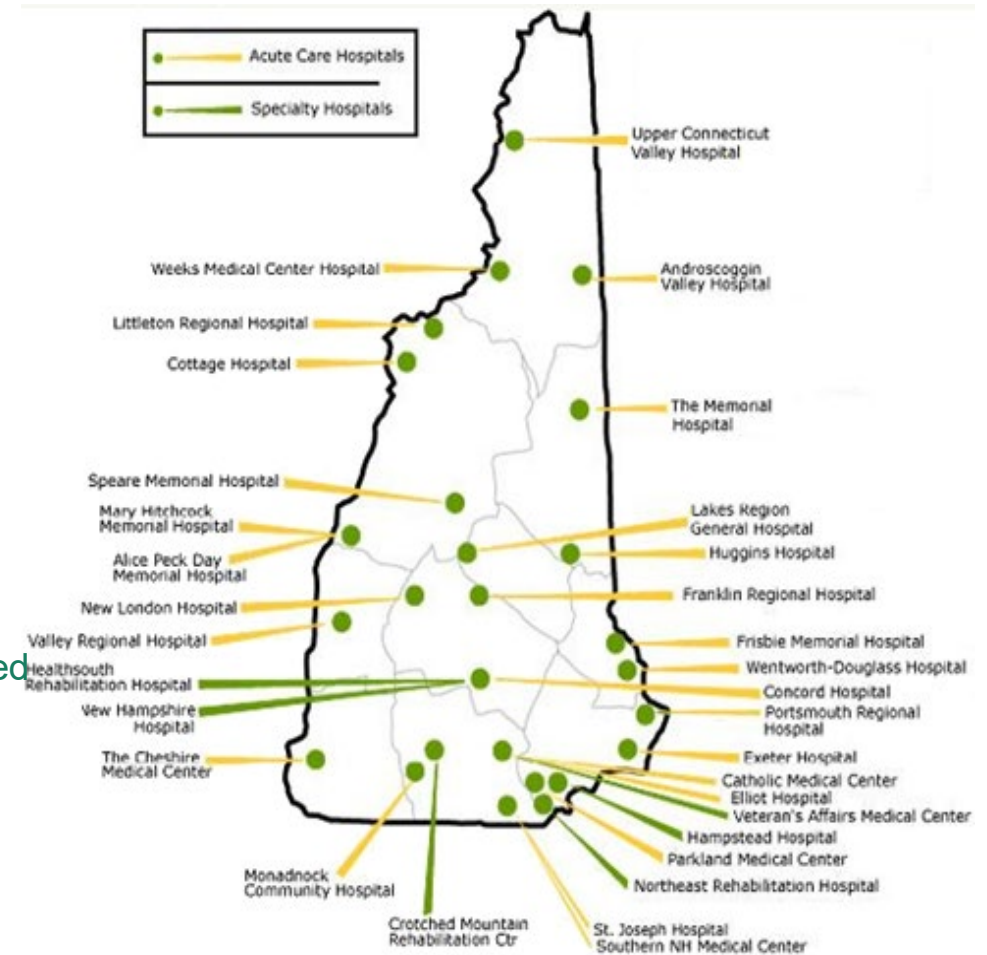
NH has extremely high rates of hospital physician employment

PCPs – 66%

Specialists – 59%

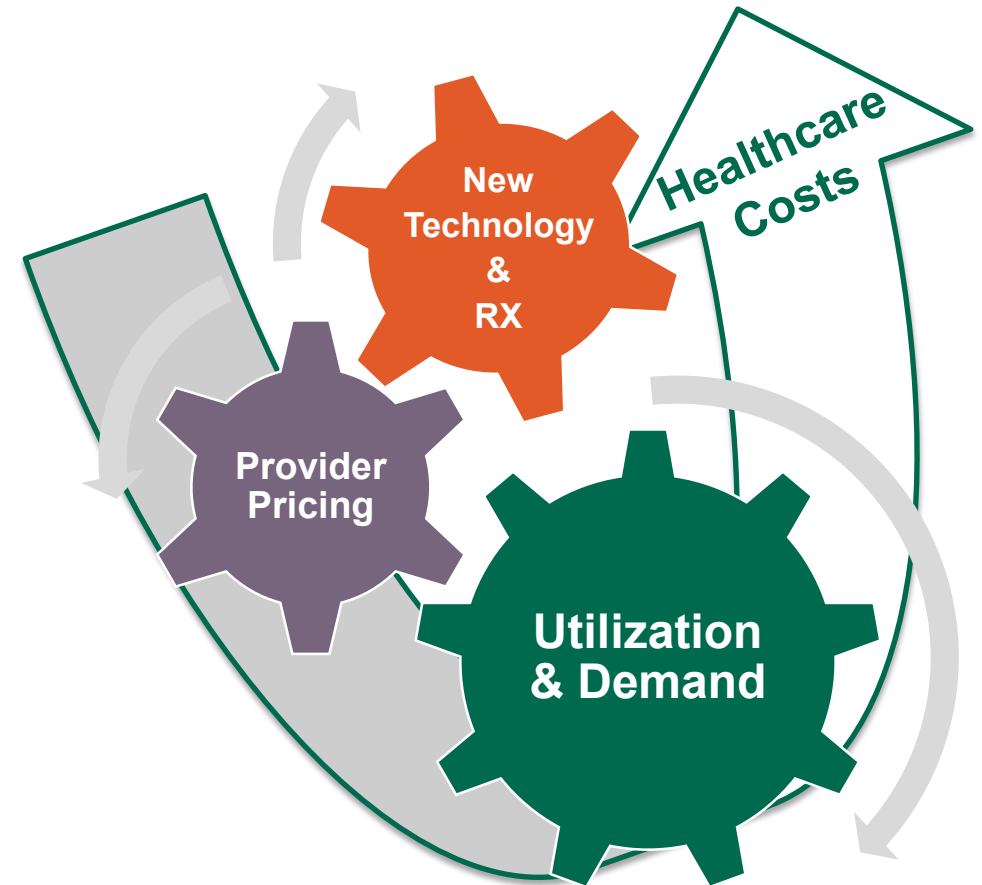
Affiliations

- Mergers and affiliations between hospitals, as well as between hospitals & health plans, are being established
- Payer/provider partnerships:
 - Harvard Pilgrim's ElevateHealth
 - Tufts Health Freedom Plan



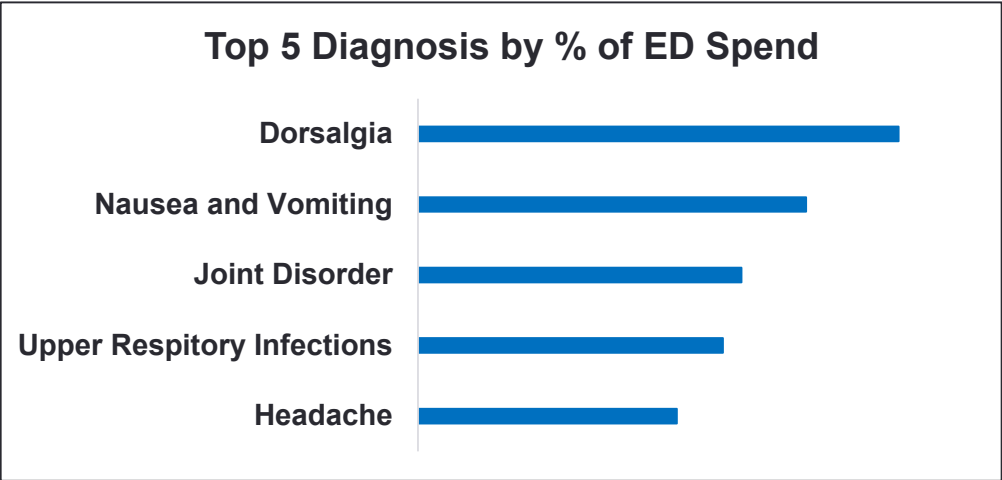
WHAT IS DRIVING COST?

- Provider pricing and increased utilization of services somewhat driven by COVID rebound
- More expensive new technologies and specialty prescription drugs
- Utilizing Higher Priced Providers
- Avoidable ER Visits
- Age of Enrollees & Condition Management

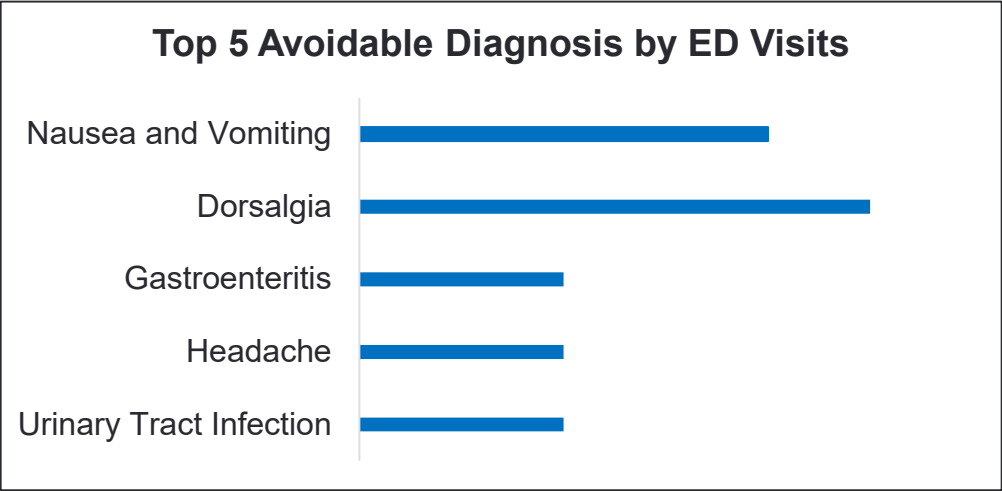


AVOIDABLE EMERGENCY DEPARTMENT VISIT COSTS

Emergency Department Total Spend: \$7,208,368	
12,110	total ED visits
6.8%	of total medical spend
87.9	visits per 1,000 members
\$1,568	average cost per ED

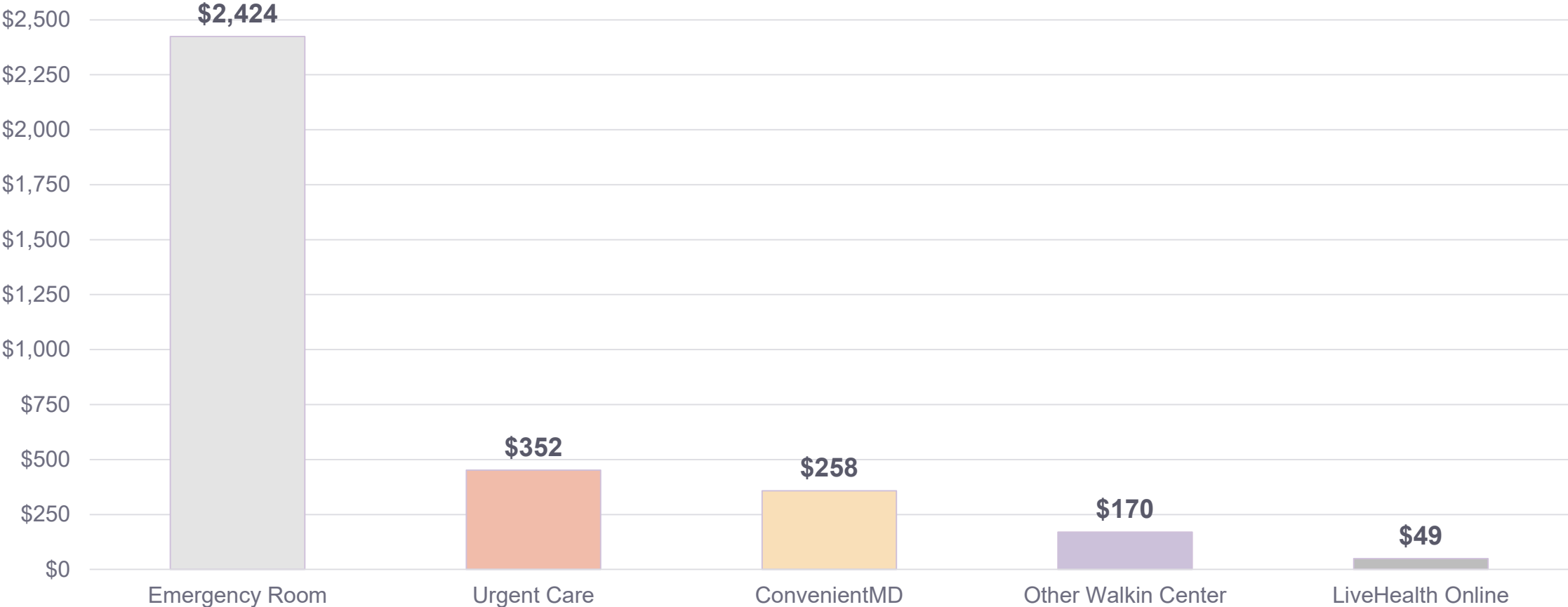


Avoidable ED Visits Total Spend: \$ 6,710,400	
5,163	avoidable ED visits
97.9	avoidable ED visits per 1,000 members
49%	of ambulatory ED visits were avoidable
\$1,396	average cost per avoidable ED visit



Based on Anthem Data - Potentially Avoidable ER Diagnosis

COMPARISON OF ER, URGENT CARE AND WALK-IN CARE COST/VISIT BY PAID QUARTER



MEDICAL PLANS



MEDICAL PLANS

Health Maintenance Organization (HMO) Plans

- By managing Enrollees' total healthcare within a network and emphasizing preventive care, HMO plans are easy-to-use and generally offer the least in out-of-pocket costs for individuals.
- A Primary Care Provider (PCP) must be selected from the network and coordinates the majority of an individual's care, ensuring consistency and continuity of care.
- On a HealthTrust HMO plan, individuals can choose a PCP from a network of providers throughout the six New England states. (CT, MA, ME, NH, RI, VT) As long as network providers are utilized, no referrals are needed. Referrals are required for out-of-network care.

Site of Service (SOS) HMO Plans

- ***The difference:*** These plans encourage medical consumerism by offering a preferred cost-effective network for medical labs, radiology services and certain outpatient surgeries.
- When preferred SOS network providers are utilized for certain services, individuals can reduce their out-of-pocket costs by avoiding paying deductible expenses.
- Individuals may still use the provider of their choice within the network, they will pay more, and the cost is subject to their deductible.

MEDICAL PLANS

Preferred Provider Organization (PPO)

- A PPO is a health plan that provides a broad network of providers and does not require a Primary Care Provider (PCP) or referrals to see specialists.
- PPO plans generally provide both network and out-of-network benefits. Out-of-pocket costs are usually higher and subject to deductible and/or coinsurance when out-of-network providers are utilized.

High Deductible Health Plan (HDHP)

- Provides access to care from any provider and the costs are lower if the individual sees network providers.
- All covered medical and prescription expenses, with the exception of in-network preventive care services, are subject to the deductible and/or coinsurance.
- Once the deductible and/or coinsurance maximums are satisfied, all covered medical and prescription expenses are paid in full.
- The costs are generally higher for individuals seeking care out-of-network.
- HDHP plans are qualified plans to be used in conjunction with a Health Savings Account (HSA).

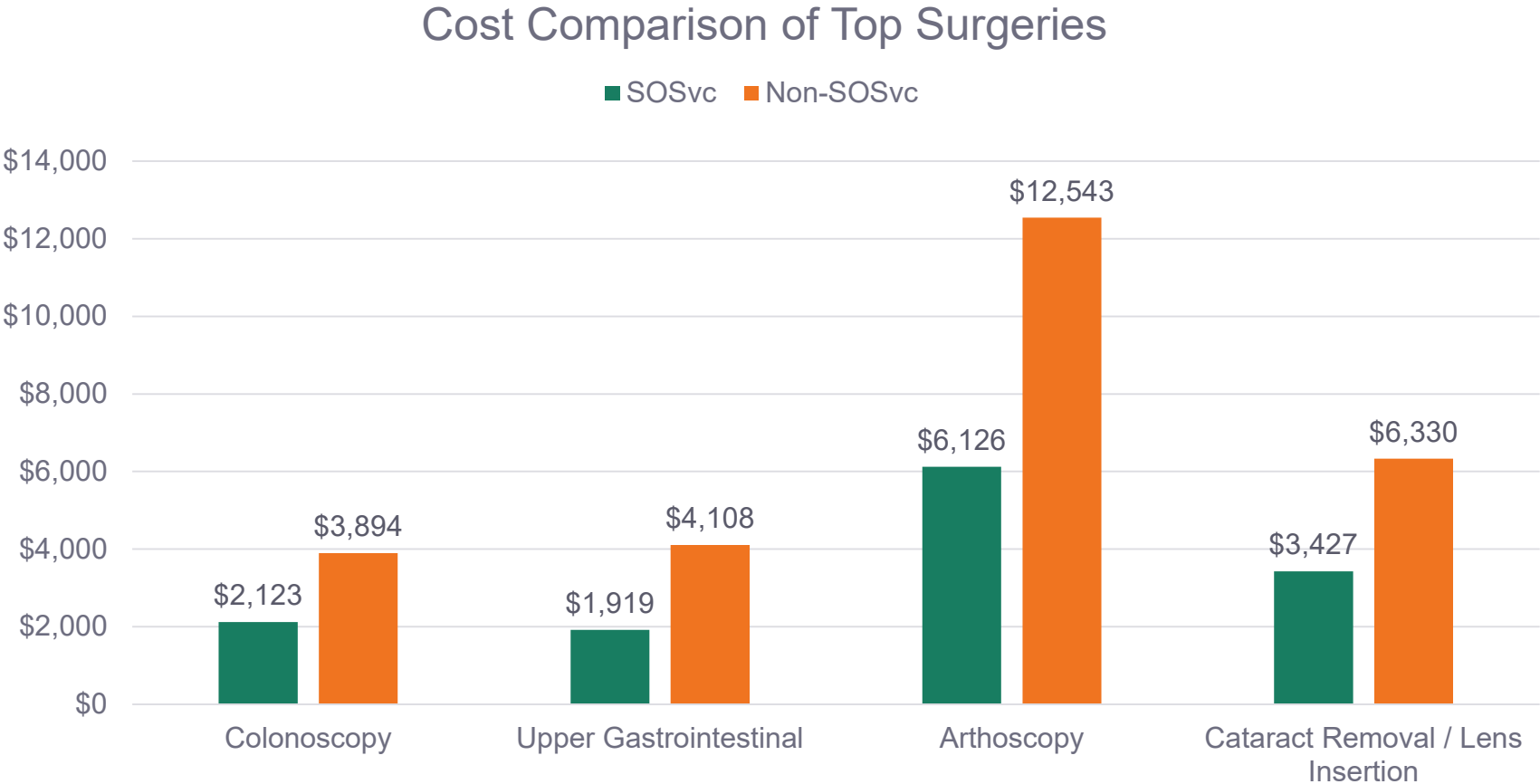
MEDICAL PLANS – HOW THEY WORK

HealthTrust Medical Plans	Access Blue New England HMO	Access Blue New England Site of Service	Open Access PPO Plans	Open Access HDHP
How the plan works:	You choose a Primary Care Provider (PCP) from a network of medical providers throughout the six New England states (CT, MA, ME, NH, RI and VT). You can choose one PCP for your family or different PCPs for each covered family member. You have access to in-network primary care, specialist care, urgent care, hospitals and other medical facilities anywhere in New England without a referral. PCP referral is required to see an out-of-network specialist.	This plan works similarly to the Access Blue New England HMO plan: You choose a Primary Care Provider (PCP) from a network of medical providers throughout the six New England states. The difference: This plan offers a preferred cost-effective network for medical labs, radiology services and certain outpatient surgeries. If you select a provider from the preferred cost-effective network, you can reduce your own costs. If you choose another provider within the network, you may pay more, and your cost will be applied toward your deductible. PCP referral is required to see an out-of-network specialist.	This plan includes a Nationwide Network and lets you choose care from any provider in the United States. Selecting a Primary Care Provider (PCP) is highly recommended, but not required. No referrals are required with this plan. To pay the lowest out-of-pocket expenses, you will want to use in-network benefits. Out-of-network benefits are also available.	You can access care from any provider; costs are lower if you see an in-network provider. This is a high deductible health plan that qualifies to be used in conjunction with a Health Savings Account (HSA). All covered medical and prescription expenses, with the exception of in-network preventive care services, are applied toward the deductible. Once you meet your standard deductible and coinsurance maximum, covered medical and prescription expenses are paid in full. If you seek care out-of-network, your out-of-pocket costs are higher.

SITE OF SERVICE DIFFERENCE

The difference: This type of plan offers a preferred cost-effective network for medical labs, radiology services and certain outpatient surgeries. If the individual selects a provider from the preferred cost-effective network, they can reduce their costs.

If the individual chooses another provider within the network, they will pay more, and the cost is subject to their deductible.



MEDICAL PLANS

HealthTrust Member Groups may choose ONE medical plan from each colored section with a maximum of three medical options per employee group. One prescription plan may be chosen per medical plan.

Medical Plan Type	Open Access PPO	Access Blue New England HMO	Access Blue New England HMO with Deductible			
Plan Name	OA20	AB20	AB15/40/PDED	ABSOS20/40/1KDED	ABSOS25/50/3KDED	ABSOS30/60/5KDED
Visit Copay	\$20	\$20	\$15	\$20	\$25	\$30
Specialty Visit Copay	\$20	\$20	\$40	\$40	\$50	\$60
Walk-In Center Copay	\$20	\$20	\$15	\$20	\$25	\$30
Urgent Care Copay	\$75	\$50	\$125	\$50	\$75	\$100
ER Copay	\$150	\$100	\$250	\$100	\$150	\$250
Standard Deductible (per person/per family)	\$1,000 / \$3,000 (Out-of-Network)	\$0	\$1,000 / \$3,000	\$1,000 / \$3,000	\$3,000 / \$9,000	\$5,000 / \$12,000
Standard Coinsurance	20% (Out-of-Network)	N/A	N/A	N/A	N/A	N/A
Chiropractic Visits/Copay	Unlimited / \$20	Unlimited / \$20	Unlimited / \$15	Unlimited / \$20	Unlimited / \$25	Unlimited / \$30
Therapy Visits (PT/OT/ST)/Copay	Unlimited / \$20	60 / \$20	60 / \$15	60 / \$20	60 / \$25	60 / \$30
Acupuncture Visits/Copay	Unlimited / \$20	Unlimited / \$20	Unlimited / \$15	Unlimited / \$20	Unlimited / \$25	Unlimited / \$30
Durable Medical Equipment	\$100 deductible, then you pay 20%	You pay 20%	\$100 deductible, then you pay 20%	\$100 deductible, then you pay 20%	\$100 deductible, then you pay 20%	\$100 deductible, then you pay 20%
MRI, CT scan, PET, MRA	You pay \$0 (In-Network)	You pay \$0	Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$125 at SOS providers. Otherwise, Standard Deductible
X-Rays and Ultrasounds	You pay \$0 (In-Network)	You pay \$0	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$125 at SOS providers. Otherwise, Standard Deductible
Labs (including allergy testing)	You pay \$0 (In-Network)	You pay \$0	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible
Maximum Out-of-Pocket (per person/per family; medical and RX expenses combined)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$7,150 / \$14,300



Disclaimer: This chart is intended for summary purposes only. Details of coverage are set forth in separate documents, which govern these plans.

MEDICAL PLANS

Medical Plan Type	High Deductible Health Plan (HSA Qualified)		
Plan Name	LUMENOS2500	ABHD/5K/20COIN	OAHD/2.5K/20COIN
Standard Deductible	\$2,500 per person / \$5,000 per 2-person or family (1)	\$5,000 per person / \$10,000 per family	\$2,500 per person / \$5,000 per family (In-Network); \$4,000 per person / \$12,000 per family (Out-of-Network)
Standard Coinsurance	0% (In-Network); 30% (Out-of-Network)	20%	20% (In-Network); 40% (Out-of-Network)
Coinsurance Maximum	N/A (In-Network); \$2,500 / \$5,000 (Out-of-Network) (1)	\$1,550 per person, per year; \$3,100 per family, per year	\$1,500 per person / \$3,000 per family (In-Network); \$10,000 per person / \$16,000 per family (Out-of-Network)
Chiropractic Visits	Unlimited / Standard Deductible and/or Coinsurance	Unlimited / Standard Deductible and/or Coinsurance	Unlimited / Standard Deductible and/or Coinsurance
Therapy Visits (PT/OT/ST)	60 Visits / Standard Deductible and/or Coinsurance	60 Visits / Standard Deductible and/or Coinsurance	60 Visits / Standard Deductible and/or Coinsurance
Acupuncture Visits	Unlimited / Standard Deductible and/or Coinsurance	Unlimited / Standard Deductible and/or Coinsurance	Unlimited / Standard Deductible and/or Coinsurance
Durable Medical Equipment	Standard Deductible and/or Coinsurance	Standard Deductible and/or Coinsurance	Standard Deductible and/or Coinsurance
Prescription Drugs	Standard Deductible and/or Coinsurance	Standard Deductible and/or Coinsurance	Standard Deductible and/or Coinsurance
Maximum Out-of-Pocket (per person/per family; medical and RX expenses combined)	\$2,500 / \$5,000 (In-Network); \$5,000 / \$10,000 (Out-of-Network) (1)	\$6,550 / \$13,100	\$4,000 / \$8,000 (In-Network); \$14,000 / \$28,000 (Out-of-Network)
(1) For LUMENOS2500: If you are enrolled at the 2-person or family level, eligible expenses incurred by you or any of your enrolled family members count toward satisfying the entire 2-person/family deductible and/or coinsurance.			



Disclaimer: This chart is intended for summary purposes only. Details of coverage are set forth in separate documents, which govern these plans.

MEDICAL PLANS

Medicare Supplemental Retiree Plans

- While Medicare provides a basic healthcare foundation for individuals age 65 and older and Medicare-disabled individuals, supplemental plans provide additional comprehensive coverage by lowering or eliminating out-of-pocket cost for care.
- Individuals can choose a provider who accepts Medicare assignment to receive the maximum benefits.
- Supplemental plans may consist of two parts:
 - **Medicare Complementary Benefits**, which picks up where Medicare leaves off, paying the required deductibles and coinsurance for Medicare-approved services, and
 - **Major Medical Benefits**, which may cover services that Medicare does not.
- These plans can be offered with or without prescription drug coverage to retirees.

MEDICAL PLANS

Medicare Advantage with Prescription Drug (MAPD) plan

New as of January 1, 2025

- **Our Medicare Advantage with Prescription Drug (MAPD) plan** is a custom plan starting at **\$409.23 per Retiree per month for calendar year 2025**, the HealthTrust MAPD plan cost is 30-70% less than the MC3 plan.
- **No deductibles. No coinsurance.** \$0 copayments for most medical services.
- **Lower prescription costs.** Low copays and maximum out-of-pocket costs of \$2,000 per plan year.
- **Additional benefits:** toward eye exams and eyewear, hearing services and hearing aids, acupuncture, chiropractic services, Healthy Meals post-hospitalization program, the Silver Sneakers wellness program, and HealthTrust's LifeResources Employee Assistance Program.

PRESCRIPTION COVERAGE



- Medical plans include benefits for short-term and long-term prescription needs that support overall health, treat illness or chronic disease, and manage pain. Preventive medications and vaccines are generally covered in full.
- 30-day or 90-day supply options for filling covered prescription medications through a network retail pharmacy or mail service.
- Most prescription plans include a formulary list of covered medications.
- Prescription plans may have certain dispensing or coverage limitations, such as:
 - Requiring the use of the mail service pharmacy or designated retail pharmacy for filling long-term medications.
 - Step therapy where a generic is required first before the brand name will be covered.
 - Quantity limits for certain medications, prior authorizations, and more.
- **Special Note for High Deductible Health Plans:** Although some preventive medications are covered in full, prescription medications will be subject to the deductible and/or coinsurance. Individuals may be paying the full cost of their prescriptions for a while, especially if it is in the beginning of the plan year.

DENTAL COVERAGE

[JANUARY – DECEMBER 2024]



HealthTrust
Dental Coverage



Why Offer Dental Benefits to Your Employees?
Good Oral Health = Good Health!

Regular professional cleanings to remove plaque and hard deposits such as calculus (tartar) and stains are important for maintaining good oral health and can help prevent the progression of periodontal (gum) disease, which can lead to active infections and tooth loss.

There is also evidence that periodontal disease may be linked to medical conditions, including diabetes, heart disease and low weight, preterm birth.

 DELTA DENTAL

We have collaborated with Northeast Delta Dental for over 30 years to provide our Member Groups and Enrollees with an extensive local and national network of participating dentists and comprehensive benefits. Member Groups have access to HealthTrust's exemplary Enrollee Services team and superior dental benefits.

Health through Oral Wellness® (HOW®)
HealthTrust Dental plans include Northeast Delta Dental's industry-leading Health through Oral Wellness® (HOW®) program at no additional charge. HOW® provides additional preventive benefits to covered individuals who are at risk for oral disease, thereby helping them achieve better oral and overall health. At-risk individuals are identified through the use of a clinical risk assessment tool. Eligible individuals receive additional benefits based on their oral health condition.

 **HOW** HEALTH through ORAL WELLNESS

Extensive Network of Participating Dentists
Northeast Delta Dental enjoys a unique relationship with nearly three out of every four dentists throughout the United States. These are dentists who participate with Northeast Delta Dental throughout New Hampshire, Maine and Vermont, as well as Delta Dental Premier participating dentists nationally.

Covered individuals are free to seek dental care from any dentist—participating or nonparticipating. They will get the best value from their dental benefits when accessing dental care from one of Delta Dental's PPO or Premier network participating dentists, including:

- **No Balance Billing** – Patients cannot be billed the difference between a participating dentist's submitted charge and Delta Dental's approved amount.
- **Less Paperwork** – Participating dentists complete and submit dental claim forms directly to Northeast Delta Dental.
- **Direct Payment** – Northeast Delta Dental pays the participating dentist directly so patients do not have to pay the covered amount up front and wait for reimbursement.

Vision Discount Program
Routine eye care is an important part of your overall health. That's why HealthTrust collaborates with Northeast Delta Dental to offer a vision discount program to all enrolled in dental plan coverage. These discounts are available at thousands of eye care providers nationwide including private practicing optometrists, ophthalmologists, opticians and leading optical retailers such as Target Optical, LensCrafters and Pearle Vision.

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Dental Coverage

- Plans can include coverage for services at differing percentage levels.
- May select to cover adult or children orthodontics.
- Benefit Maximums and Deductibles differ per plan.



BENEFITS
COVERAGE A (no deductible)* Diagnostic: Evaluations; X-rays Preventive: Cleanings (4x per Calendar Year); fluoride; space maintainers; sealants for children
COVERAGE B* Fillings - Amalgam (silver) and composite (white); extractions; root canal therapy; periodontal treatment; repair of a removable denture; emergency treatment
COVERAGE C* Prosthodontics: Removable and fixed partial dentures (bridges); crowns; dentures; onlays; implants
COVERAGE D*+ Orthodontics: Correction of crooked teeth for dependent children to age 19
DEDUCTIBLE (person/family) per Plan Year (for Coverages B & C)
Benefit Maximum per person, per Plan Year

DEDUCTIBLES

is an important part of Your Subscriber Certificate and is an outline of Your coverage. Do not rely on this outline
Schedule with Your Certificate because it contains important information about coverage and limitations. Please read Your
Certificate carefully as important terms and limitations apply.

Cost Sharing Summary	
Visit Copayment	
Applies each time You visit Your Network Primary Care Provider (PCP) or Network obstetrician/gynecologist (OB/GYN).	
Specialty Visit Copayment	
Applies each time You visit a Network specialist.	
Walk-In Center Copayment	
Urgent Care Facility Copayment	
Emergency Room Copayment	
Standard Deductible	
Standard Coinsurance	
Coinsurance Maximum	
Durable Medical Equipment, Medical Supplies and Prosthetics	
Deductible	
Coinsurance	
Out-of-Pocket Limit	
The Out-of-Pocket Limit includes all Deductible expenses under this medical plan and You do not have to pay additional amounts.	

YOUR COST	
	\$15 per visit
	\$15 per visit
	\$15 per visit
	\$50 per visit
	\$100 per visit
	\$500 per Member, per year
	\$1,500 per family, per year
	N/A

HOW DEDUCTIBLES WORK



- A deductible is the amount of money an individual will have to pay for their health care before the medical plan begins to pay.
- For example, if the plan has a \$1,000 deductible, each plan year the individual will need to pay the first \$1,000 of the covered medical expenses subject to the deductible before the plan begins coverage.
- Please note that copays are not applied to the deductible.

Often confused with:

- Out-of-Pocket Limit is the maximum amount an individual has to pay for covered medical and prescription expenses in a plan year.
- This includes all deductibles, coinsurance, and copayments. It does not include the premium, amounts over the Maximum Allowable Amount, penalties, or charges for non-covered services.
- Once the combined medical/prescription out-of-pocket limit is satisfied, the individual will not have to pay additional deductibles, coinsurance, or copayments for the rest of the plan year.

STRATEGIES TO OFFSET HIGHER DEDUCTIBLES



STRATEGIES TO OFFSET HIGHER DEDUCTIBLES



Department of the Treasury
Internal Revenue Service

Publication 969

Cat. No. 24216S

Health Savings Accounts and Other Tax-Favored Health Plans



HSA
Health Savings Account



HRA
Health Reimbursement Arrangement



FSA
Flexible Spending Account

STRATEGIES TO OFFSET HIGHER DEDUCTIBLES



Comprehensive Services
and Cost Savings Through
Smart Plan Designs

HealthTrust Benefit Advantage is our enhanced Flexible Spending Account (FSA) and Health Reimbursement Arrangement (HRA) administrative services, provided in collaboration with Voya. HealthTrust will help you evaluate and choose plan design options and provide support, administration and training for your employees.

What are FSAs and HRAs?

FSAs and HRAs are tax-favored arrangements for qualified expenses. They can be valuable tools for managing medical plan costs for both employers and employees.

- FSAs are primarily employee-funded accounts in which money is deposited pre-tax to pay for qualified medical expenses and/or dependent care expenses throughout the plan year.
- HRAs are employer-funded arrangements that reimburse employees for qualified medical expenses, such as deductibles, incurred under the employer's medical plan.

The HealthTrust Advantage for Member Groups

- Exceptional service and account administration
- Plan documents included at no cost
- Support and on-site training
- Tax savings for FSA contributions
- Benefit Advantage Debit Card featuring smart card technology, allowing Health FSA and Dependent Care Account on the same card
- Automatic participant deductible reimbursements for HRAs
- No pre-funding necessary for HRAs; monthly billing for claims reimbursements
- No administrative or participant fees for participants enrolled in the following HealthTrust medical plans: AB15/40IPDED, ABSOS20/40/1KDED, ABSOS25/50/3KDED, ABSOS30/60/5KDED, ABHD/5K/20COIN, LUMENOS2500, OA5*, OA10*, OA20*, and OAH/2.5K/20COIN
- User-friendly Benefit Advantage Web Portal and Mobile App



*Please note: These plans are not eligible for HRA services.

The HealthTrust Advantage for Participants

- FSA participant tax savings of 20-35% on contributions deducted from their pay
- No forms to fill out - automatic deductible reimbursement for HRAs
- Reimbursements provided three times a week via check or direct deposit
- Funds available for Health FSAs and HRAs on the first day of the new plan year
- User-friendly Benefit Advantage Web Portal and Mobile App



Contact your HealthTrust Benefits Advisor to learn more! See rate information on other side.

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HSAs, HRAs and FSAs are tax-favored arrangements for qualified expenses. They can be valuable tools for managing medical plan costs for both employers and employees.

- HSAs are employee or employer funded accounts to pay for qualified healthcare expenses, long-term care premiums, COBRA premiums, Medicare and other healthcare premiums at age 65, excluding Medicare Supplemental Plans.
- HRAs are employer-funded arrangements that reimburse employees for qualified healthcare expenses as allowed by plan terms, such as deductibles, incurred under the employer's medical plan.
- FSAs are primarily employee-funded accounts in which money is deposited pre-tax to pay for qualified healthcare expenses and/or dependent care expenses throughout the plan year.

HSA

Health Savings Account

- Combined Limit (CY2024) – \$4,150 single/\$8,300 2P or Fam; \$1,000 catch-up for age 55
- Employees must be enrolled in a HDHP in order for contributions to be made to the HSA
- Employees may contribute through pre- or post-tax payroll contributions. Employers may also contribute
- HSA contributions can be made at any time throughout the year, or all at once by the employee or employer
- Funds can be withdrawn with no taxes or penalties for qualified healthcare expenses
- Funds remain in Employee account

HRA

Health Reimbursement Arrangement

- Must be funded solely by an employer
- Employees are reimbursed tax free for qualified healthcare expenses as allowed by plan terms to a maximum dollar amount for a coverage period
- HRA may be offered with other health plans, including FSAs
- Unused funds are typically forfeited at the end of the plan year (but may be rolled to the following year if allowed by the plan terms)

FSA

Flexible Spending Account

- 2024 Health FSA Contribution Limits – **Employee:** Up to \$3,200; **Employer:** \$500 (unless employer matches employee contributions). Dependent Care FSA \$5,000
- Tax savings – 20% to 35% on qualified healthcare expenses paid for with the Health FSA
- Funds are deducted from paycheck in equal installments; available on day one of the plan year (Health FSA only)
- Unused funds are forfeited at end of plan year ("use-or-lose"). Only exceptions are either 2 1/2 month grace period or up to a \$640 carryover if available under plan terms

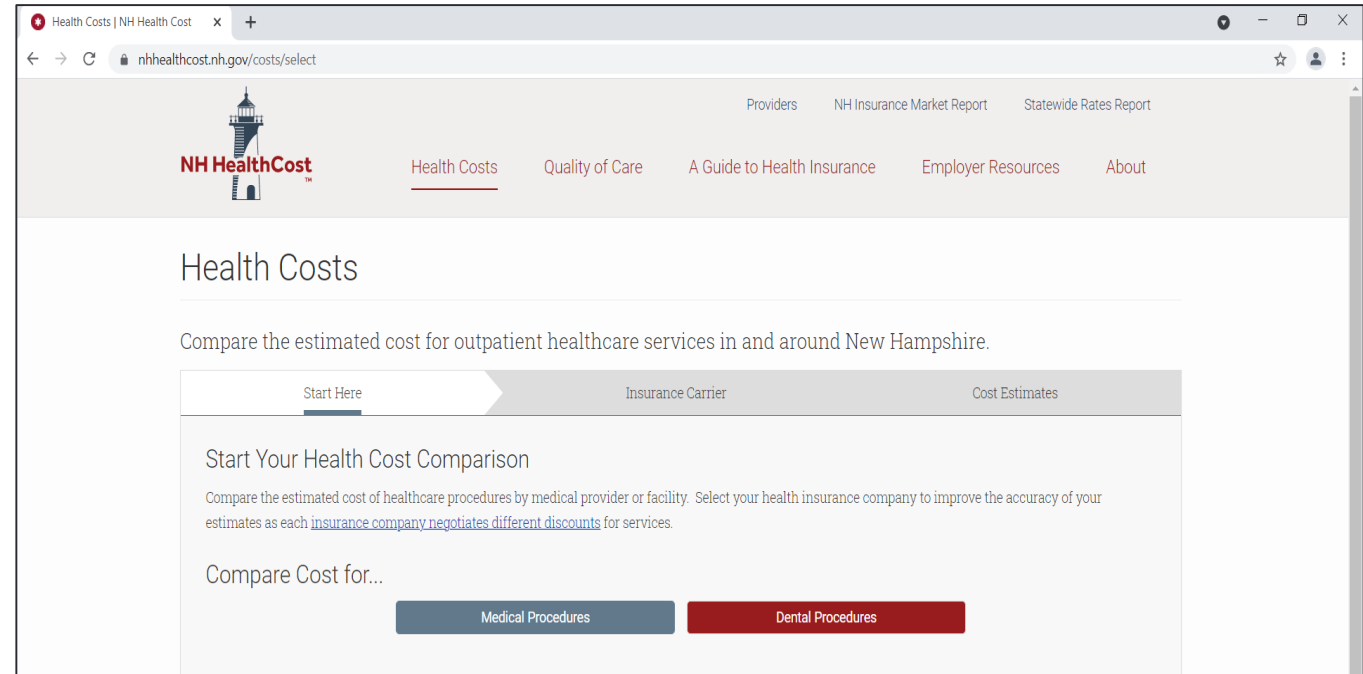
CONSUMERISM

Employers and Employees can influence claims costs and future rates

- Shop for services – create a savvy healthcare consumer
- Wellness – Biometrics, Coaching and condition management

Education is the key

- How to use the benefit plan
 - The Right Care at the Right Time
 - Proper use of ER/Urgent Care/PCPs
- Asking questions & Shopping
- Annual Exams & Biometrics
- Generic Drugs - Understanding the costs of prescriptions



Our Well-Being Programs provide the resources you and your covered family members need to achieve optimum health.

Slice of Life WELLNESS PROGRAM

Powered
by:  personify
HEALTH

*Live Healthy,
Earn Rewards*

Rewards Cash

Health Coaching

Health Check Survey

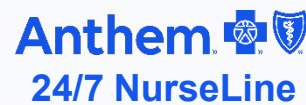
Social Platform

Healthy Habits
Trackers

Medical Care Access

*Access Care When and
Where You Need It*

 LiveHealth
ONLINE

 Anthem 
24/7 NurseLine

 convenientMD
URGENT CARE

 SmartShopper®
*Earn Rewards by Making
Cost-Effective Healthcare
Decisions*

Expert Medical Support

*Take Charge
of Your Health*

 Included
HEALTH

*Get a Second Opinion from
a World-Class Expert*

 CORIGEN™
Medication Safety Program
*Discover, through DNA
Testing, if the Medications
You Take Now – or in the
Future – are Right for You*

Disease Management

*Get Help Managing a
Chronic Condition or Disease*

 CVS caremark®
Transform Diabetes Care

 Accordant®
CVS specialty nurse care management

 lark
Diabetes Prevention Program

 AWARE
RECOVERY CARE

 Anthem 
Health Management Programs

Mental Health

*Find Support for Everyday
and Life-Impacting Issues*

 LifeResources
EMPLOYEE ASSISTANCE PROGRAM

Powered
by:  COMPpsych

Koa
 Care 360

 LiveHealth
ONLINE
(Psychology and Psychiatry)

 Aspire365
LIVE WORK THRIVE WHILE RECOVERING

 InStride Health.

Medicomp: Retirees enrolled in Medicomp Three coverage are not eligible to participate in the following Well-Being Programs – LiveHealth Online, Included Health, SmartShopper, Lark, Aware Recovery Care, InStride Health, and Aspire365.

Medicare Advantage: Retirees enrolled in the HealthTrust Medicare Advantage with Prescription Drug (MAPD) plan have access to Anthem's robust Silver Sneakers wellness program and HealthTrust's LifeResources Employee Assistance Program (EAP); they do not have access to the Slice of Life program or other HealthTrust Well-Being Programs.

CORIGEN[®] MEDICATION SAFETY PROGRAM

If you or someone in your family were taking medications that weren't safe or effective, wouldn't you want to know? Now you can!

Discover if the medications you take now – or could take in the future – are right for you.

How it works:

1. Eligible covered individuals complete the online enrollment form to have a DNA test kit shipped to their home.
2. Simply follow the instructions in the kit for taking a saliva sample and return the kit via the US Postal Service with the prepaid return shipping label.
3. Pharmacists from Coriell[®] Life Sciences' network will analyze your results to see how your DNA, combined with other factors, affects the medication(s) you take.
4. Once complete, you will receive a notification to schedule a phone call with a Coriell Life Sciences Program pharmacist who will receive your results and may make recommendations to you and your physician.



To check eligibility,
enroll, or for more
information, scan here



Learn more at coriell.com/healthtrust or by calling 888.456.9184.

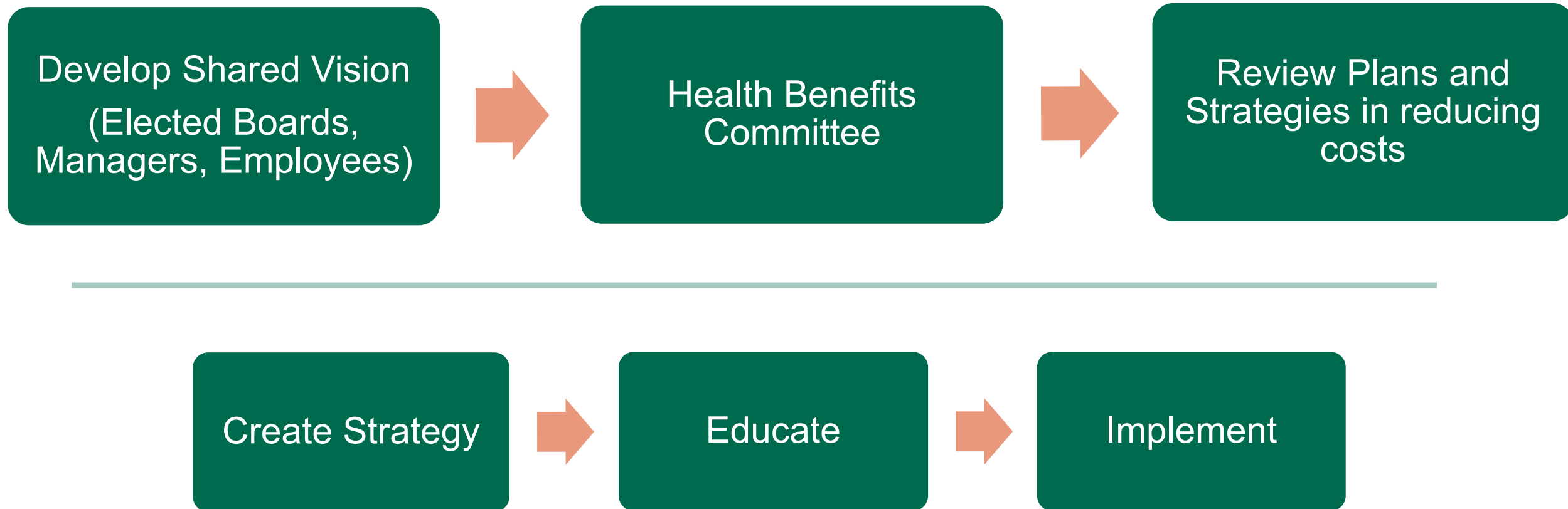
CORIGEN[™]

TRANSITIONING PLANS



EMPLOYEE BUY IN

Process



DESIRED OUTCOMES

Overall reduction in contribution – can impact both employer and employee share:

- Support from Elected Boards
- Support from Taxpayer

Provides comprehensive coverage with valuable resources:

- Creates buy-in
- Provides choices
- Increases consumerism

Increased consumerism can reduce claims – ripple effect:

- Stabilizes rates
- Reduces cost to employers
- Reduces cost to employee

FUTURE OF HEALTHCARE



FUTURE OF HEALTHCARE

Future of HealthCare:

- National Trend is increasing
- Further transition to higher deductible health plans
- Increased Consumerism
- Continued Growth of Telehealth
 - Medical
 - Behavioral
- Increased availability of Digital Tools and resources
- Connected Care



FUTURE OF HEALTHCARE



- Healthcare premiums continue to grow faster than employees' pay
- Affordability for employers and employees still a major issue
- Trend is largest component of annual cost projection
 - Trend is an estimate of the amount that medical costs and utilization will increase

MEDICAL INFLATION: THE NATIONAL & LOCAL PICTURE



- Healthcare trend rates over the last five years
 - National average: 5%
 - HealthTrust average: 5.2%
- 2023 – 2024 Trend Forecast
 - Nationally: 5.5% - 7%
 - HealthTrust: 7.5 (7.1% Medical; 9.0% Prescription Drugs)

RATING & RENEWALS



HEALTHTRUST RENEWAL



The anniversary date for a Group, also referred to as the renewal or open enrollment, is the first day of the month in which a Group renews their medical coverage with HealthTrust. It is also a time when contribution rates may be adjusted. The anniversary date for HealthTrust Member Groups is either January or July.

During the open enrollment period, employees may:

- Make changes to their enrollment (e.g., enroll a spouse who was not previously enrolled)
- Apply for group medical plan coverage if they previously declined coverage when first eligible to participate
- Change plan coverages (e.g., Open Access to Access Blue New England)

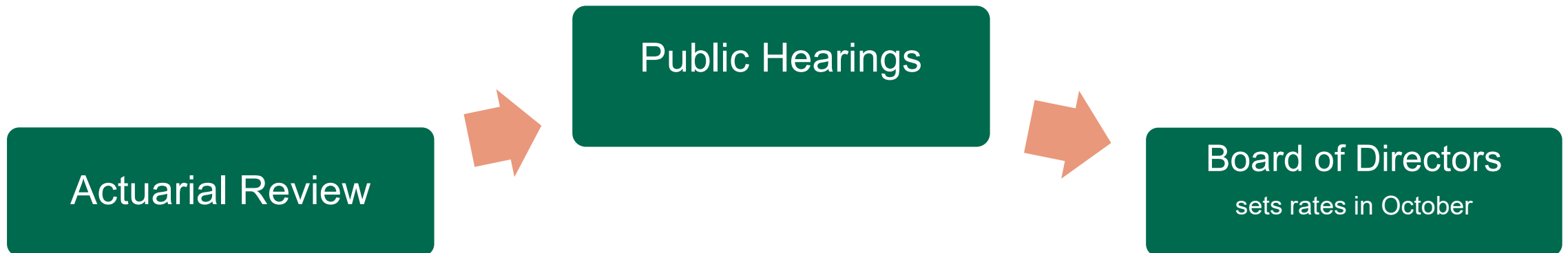
HEALTHTRUST MEDICAL RATING TIERS

Defines a Member's size for purposes of rating their medical coverage:

- Large Groups - 51 and over eligible employees for rating purposes - experience rated
- Small Groups - 50 and under eligible employees for rating purposes - community rated
- Eligible Employees includes: Active Employees, Retirees and COBRA beneficiaries

RATE DEVELOPMENT PROCESS

- Actuarial review of historical claims data projected forward using latest trend forecast.
- Public Hearings held on suggested renewal rates for feedback.
- Final Board of Directors meeting in the fall to consider feedback and finalize renewal rates.
- January & July rates are set in October.



AFFORDABLE CARE ACT UPDATES



AFFORDABLE CARE ACT

Recent changes:

- 2022 President Biden introduced legislation fixing the “Family Glitch”
- Individual Mandate Penalty is reduced to \$0 (Prior amount - \$695 or 2.5% of income for 2016-2018)
- Excise (“Cadillac”) Tax on High Cost Plans Repealed December 2019
- Review Collective Bargaining Agreement Language

Affordable Care Act provides certain rights and protections:

- Requires Insurance Plans to cover people with pre-existing health conditions without charging more.
- Free Preventive Care without cost sharing.
- Dependents can be covered to age 26.
- Summary of Benefits and Coverages to help make coverages easier to understand.
- Applicable Large Employers (ALEs) to offer affordable health coverages to full-time employees or pay penalties.
- IRS Reporting for ALE’s – offers and affordability of coverage for full-time employees.

** Affordable Care Act established other rights, protections and reporting requirements. See ACA Law for more details.*

ANCILLARY COVERAGES



LIFE COVERAGE

Life Coverage

We'll Be There When You Need Us Most

As a public employer, you make decisions that affect your employees every day. Offering them life coverage is one decision that can have a profound impact on the quality of life for your employees and their families.

HealthTrust



HealthTrust • 800.527.5001 • www.healthtrustnh.org

- An Accidental Death and Dismemberment (AD&D) benefit is provided automatically with any Life coverage and can often double the value of the coverage.
- Increased benefits are offered for beneficiaries of covered individuals who were wearing seatbelts at the time of death. Coverage allows terminally ill employees to receive part of their benefit for immediate use.
- A Life Waiver of Premium component is included with all plans. This waiver allows employees disabled prior to age 70 and who have been disabled for three months to keep their Life coverage free of charge for as long as they remain totally disabled, up to retirement or age 75.
- Conversion Benefit allows employees to take their policy with them if they leave your Group's employment.
- Customizable Options: Supplemental policies to give your employees the option to double or triple their coverage and Dependent Life at their own expense.

SHORT & LONG TERM

Short-term Disability Coverage (STD)

Purpose: When sick leave is not enough, STD provides employees a percentage of their salary if they become temporarily disabled and are unable to work for a short period of time.

Long-term Disability Coverage (LTD)

Purpose: LTD picks up where sick leave or STD ends to provide income over a longer period.

Why Provide Disability Coverage?

Most Americans live paycheck to paycheck. All it takes is one setback – one injury or illness – to put them on a path toward financial ruin. Medical problems contribute to 62 percent of all personal bankruptcies and more than half of all home foreclosures, according to the Council for Disability Awareness.

HealthTrust
800.527.5001
www.healthtrustnh.org

Disability coverage is a safety net that can prevent a health issue from becoming a financial crisis. By choosing HealthTrust you can offer your employees short-term disability and long-term disability coverage for low costs, making your benefits package more robust, and ensuring your employees have the protection they need.

- **Your employees need this coverage.** More than one in four people will experience a disability before reaching age 67, according to the Social Security Administration, and studies reveal nearly half of Americans don't have enough savings to cover an emergency.
- **Your employees want this coverage.** Providing disability coverage can help you recruit and retain the best employees. When surveyed, nearly **9 out of 10 workers** say having disability coverage is important to them and they would be willing to pay at least some of the monthly premiums to have it.
- **You can protect your employees for low costs to your group.** Disability coverage is a cost-effective way to make your benefits package more robust.
- **You can reduce "presenteeism."** Having your employees at work isn't enough; they also need to be productive. Presenteeism (sick, injured or otherwise distressed employees coming to work, but underperforming) accounts for as much as 75 percent of lost employee productivity in the U.S. Disability coverage can reduce presenteeism and allow your employees to recover from sickness and injury so they are fully productive when they return to work.
- **Your employees know you care.** Adding disability coverage to your benefits package shows your employees you want them to be protected, no matter what challenges arise.

CASE STUDY

Carol, **bookkeeper in a school office**

Disabling event: A complicated pregnancy caused her to be bedridden before delivery and required a Caesarean section.

Out of work: 16 weeks

Weekly salary: \$499.96

Short-term disability benefit: 66.67% of her weekly wage

Outcome: Carol received \$333.32/week, for a total of \$5,333.12 over 16 weeks and was able to recover completely before returning to work.

STD premium:
\$16.38 per month

HealthTrust's Short-Term Disability (STD) Coverage

Purpose: When sick leave is not enough, STD provides employees a percentage of their salary if they become temporarily disabled and are unable to work for a short period of time.

- Administered directly by HealthTrust. All claims are processed in-house within seven days, usually sooner.
- Several plan options are available that typically pay 60 or 66²/3 percent of an employee's income for up to 13 or 26 weeks, depending on the plan.
- Available for active employees who work at least 20 hours per week.
- We can customize benefits to your group's specific needs.
- HealthTrust sends the gross benefit check directly to you, the Member group. This process allows you to re-issue the benefit to the employee as payroll and deduct all applicable withholdings, such as retirement and insurance premiums.
- Existing employees of groups new to HealthTrust are covered beginning the first day the employer's HealthTrust coverage becomes active.
- New employees of HealthTrust groups can be eligible as soon as the first day of the month following the date of hire.
- Benefit waiting periods are customizable and can be set for both accident- and illness-related disabilities. One common example: Benefits can be payable one calendar day after an accident or eight calendar days after the onset of an illness.

CASE STUDY

Bill, firefighter

Disabling event: Fell off a ladder at home and hit his head, resulting in a subdural hematoma, traumatic brain injury.

Out of work: Indefinitely

Weekly salary: \$1,029.42.

Short-Term Disability Benefit: 66.67% of his weekly income. For the 26 weeks of his STD benefit, Bill received a total of \$17,844.06 or \$686.31/week.

Long-Term Disability Benefit: When his STD ran out, Bill transitioned to LTD, which provided 60 percent of his full-time monthly salary, or \$2,676.49 per month. He will receive this amount until he can return to work or becomes eligible for Social Security.

STD premium:
\$18.06 per month
LTD premium:
\$19.13 per month

Outcome: Although he has been unable to return to work, Bill's family is making ends meet with some savings and his disability payments.

HealthTrust's Long-Term Disability (LTD) Coverage

Purpose: LTD picks up where sick leave or STD ends to provide income over a longer period.

- Provided in partnership with National Insurance Services and Madison National Life Insurance Company, who, like HealthTrust, cover the public sector exclusively.
- Typically pays 60 percent of an employee's wages and may begin as early as 90 or 180 days after a disability-causing event.
- Can be coordinated to begin when short-term disability plan ends for uninterrupted benefits.
- Once the LTD claim is approved, there are no monthly premiums.
- Helps employees transition back to work, when possible.
 - All LTD plans offer a progressive partial benefit for employees who are able to return to work part-time.
 - LTD coverage includes a rehabilitation benefit including vocational training or education intended to assist the employees to return to work full-time.
- Employees who are completely disabled while completing the duties of a job and who cannot return to work can collect LTD benefits up to retirement age (subject to certain offsets).
- LTD coverage offers a survivor benefit.

CASE STUDY

George, DPW Worker

Disabling event: Suffered a heart attack while playing basketball with friends; required bypass surgery.

Out of work: 8 months

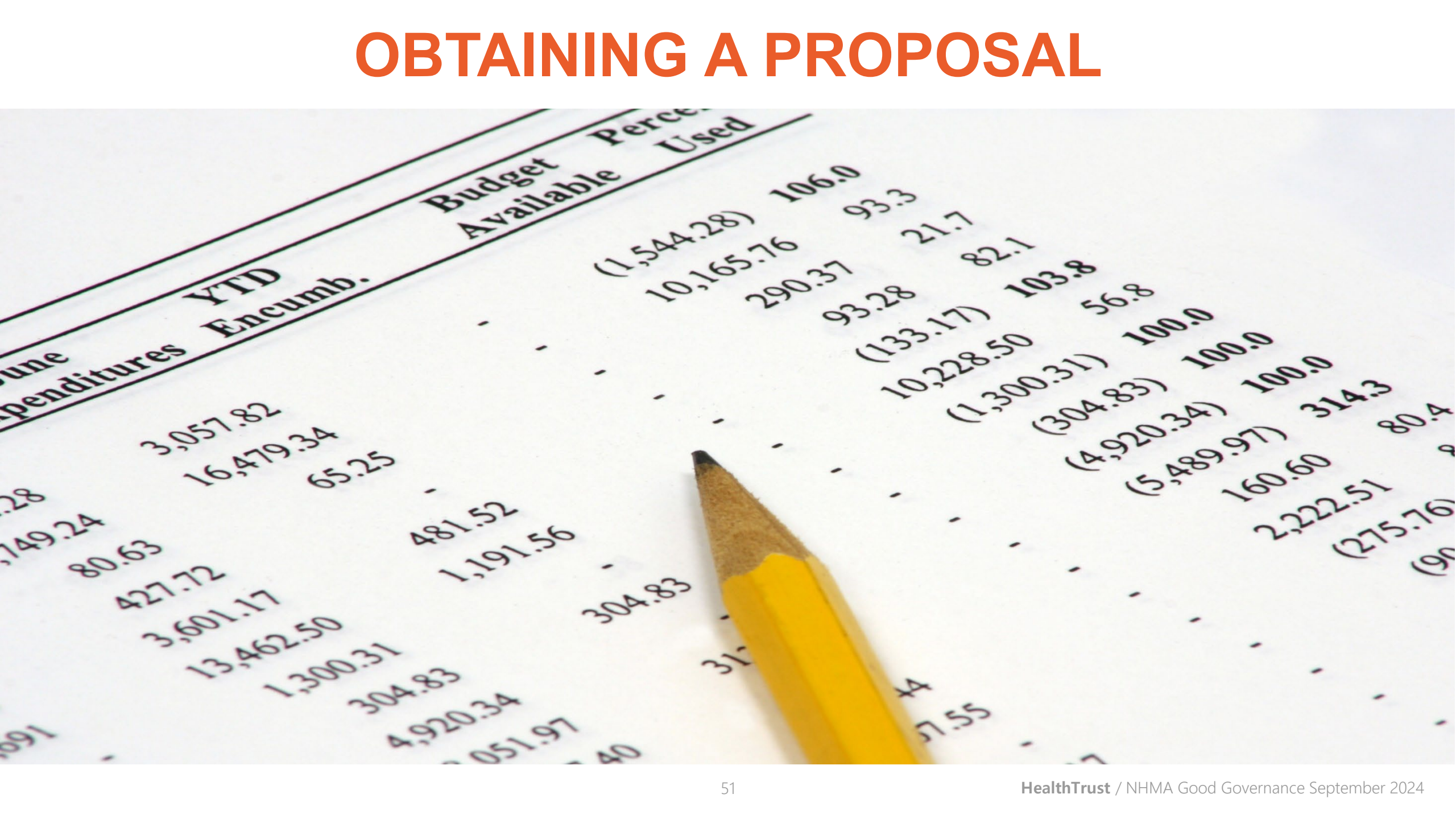
Weekly salary: \$801.60.

Long-term disability benefit: 60% of his monthly income or \$2,084.16 per month.

Outcome: Ninety days after his heart attack, his sick leave and savings depleted, George began receiving his long-term disability checks, which enabled him to pay his bills until he could return to work.

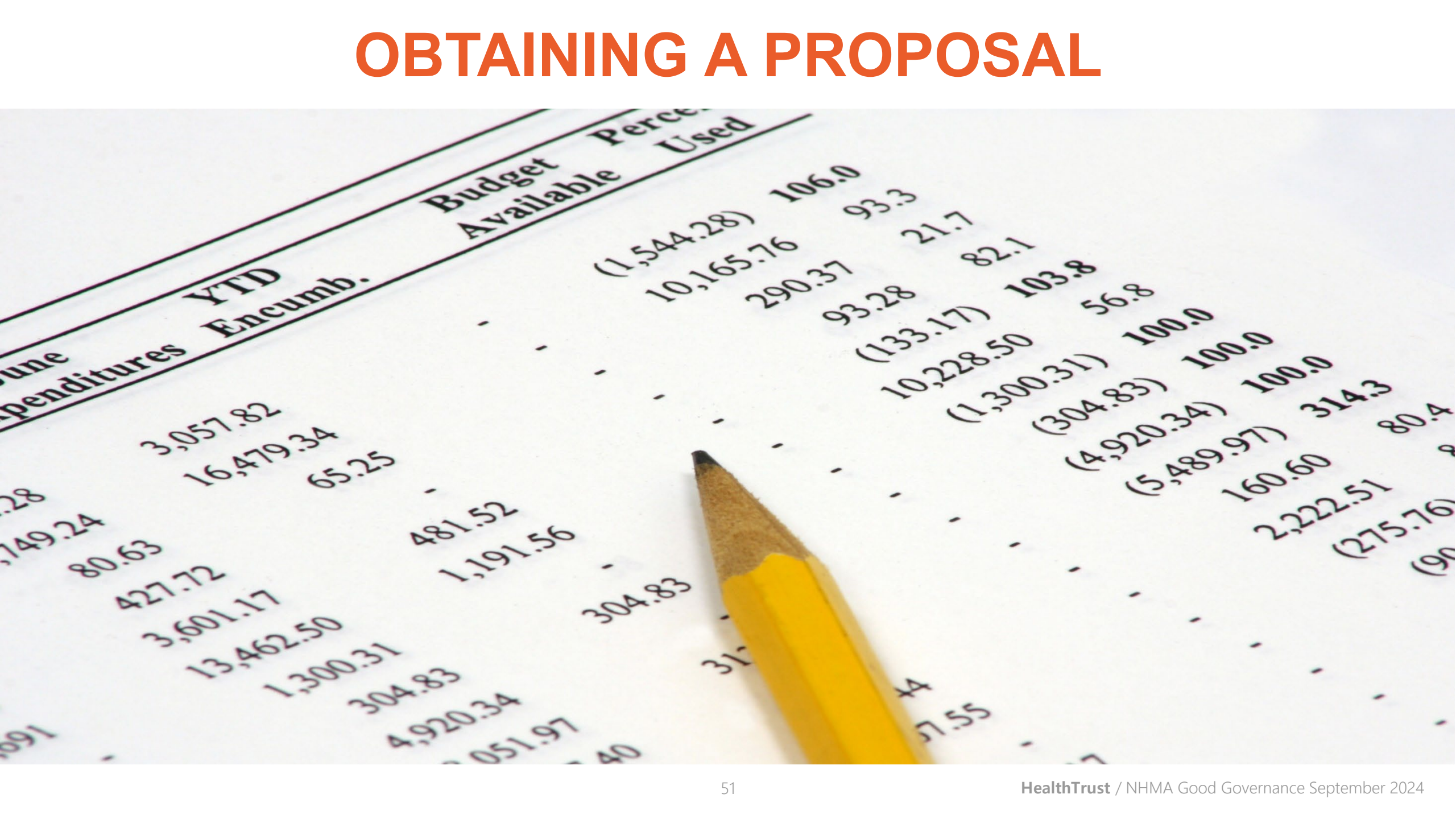
LTD premium:
\$16.58 per month

OBTAINING A PROPOSAL



June	Expenditures	YTD Encumb.	Budget Available	Percent Used
149.24	3,057.82	16,479.34	(1,544.28)	106.0
80.63	427.72	65.25	10,165.76	93.3
3,601.17	13,462.50	1,300.31	290.37	21.7
4,920.34	1,051.97	40	93.28	82.1
304.83	304.83	304.83	(133.17)	103.8
31	31	31	10,228.50	56.8
4	4	4	(1,300.31)	100.0
57.55	57.55	57.55	(304.83)	100.0
			(4,920.34)	100.0
			(5,489.97)	100.0
			160.60	314.3
			2,222.51	80.4
			(275.76)	(96)

OBTAINING A PROPOSAL



June	Expenditures	YTD Encumb.	Budget Available	Percent Used
149.24	3,057.82	16,479.34	(1,544.28)	106.0
80.63	427.72	65.25	10,165.76	93.3
3,601.17	13,462.50	1,300.31	290.37	21.7
4,920.34	1,051.97	40	93.28	82.1
304.83	304.83	304.83	(133.17)	103.8
31	31	31	10,228.50	56.8
4	4	4	(1,300.31)	100.0
57.55	57.55	57.55	(304.83)	100.0
			(4,920.34)	100.0
			(5,489.97)	100.0
			160.60	314.3
			2,222.51	80.4
			(275.76)	(96)

OBTAINING PROPOSAL / ISSUING RFP

- Provide Census
 - Active, Retirees, COBRA
 - De-identified
 - Include DOB, Gender, Zip Code, Plan, Membership type
- Provide Claims
 - Two years experience
 - Include Prescription Drugs and Large Claims
- Benefit Summaries or SBC's
- Current Rates



- HIPPA Considerations
 - Breaches
 - Consequences
 - Secure email process for sending / receiving
- RFP Response
 - Question period for clarification
 - Specify method of delivery
 - 2-3 week turnaround



A scenic mountain landscape with a valley and a blue sky with clouds. The word "QUESTIONS?" is overlaid in large, white, bold letters with a black outline.

QUESTIONS?