HealthTrust

UNDERSTANDING EMPLOYEE BENEFITS

Providing employee benefits to New Hampshire public sector employees, retirees and their families for 40 years!







Benefits You Can Trust







Presenters: Janet Foley, Member Relations Representative
Debie Clayton, Benefits Coordinator
September 9, 2026



AGENDA

- Welcome
- Who is HealthTrust & Key Member Statistics
- Risk Pool Advantage
- New Hampshire Healthcare & Cost Drivers
- Medical, Prescription and Dental Coverage
- Ancillary Coverages (Life, LTD & STD)
- 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
- Obtaining a Proposal
- Questions / Comments

HEALTHTRUST BOARD OF DIRECTORS

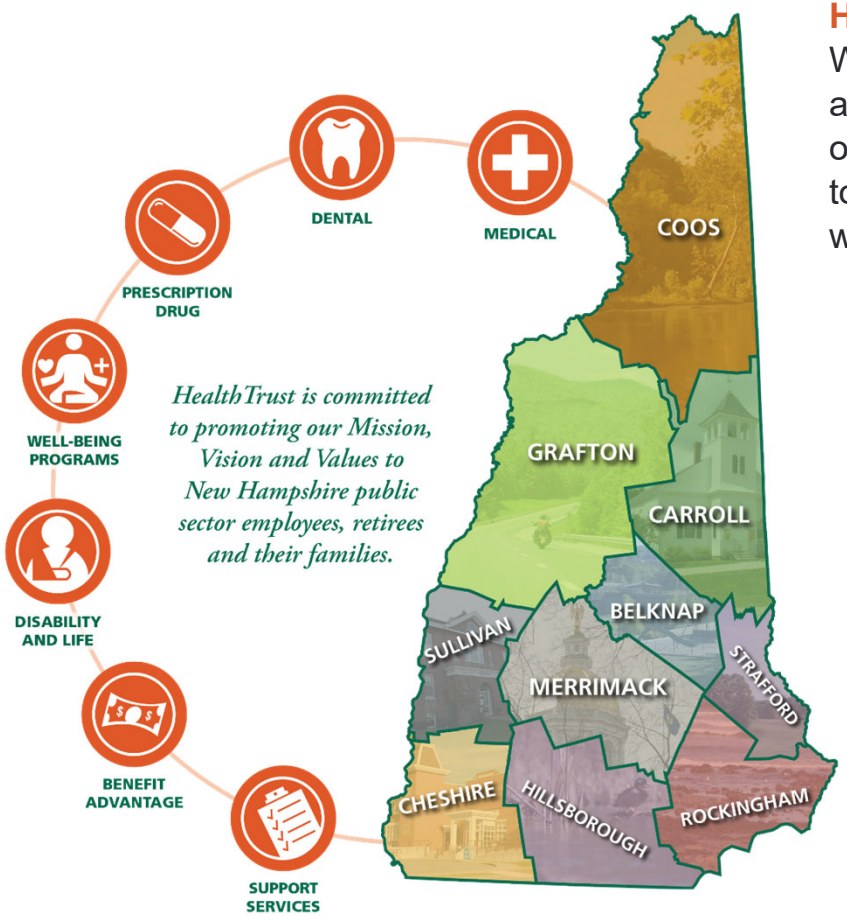
Who is HealthTrust?

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 68,000 unique NH public sector employees, retirees and covered dependents in one or more coverage lines



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



Serving New Hampshire Communities

Membership: As of August 2026, HealthTrust provides coverage for 68,000 unique Covered Individuals participating in at least one of our coverage lines. These Covered Individuals live in nearly every New Hampshire community and represent employees, Retirees, spouses, and dependents.

348 Member Groups

MUNICIPALITY	SCHOOL	COUNTY	GROUP OTHER
189	82	3	74

RISK POOLS

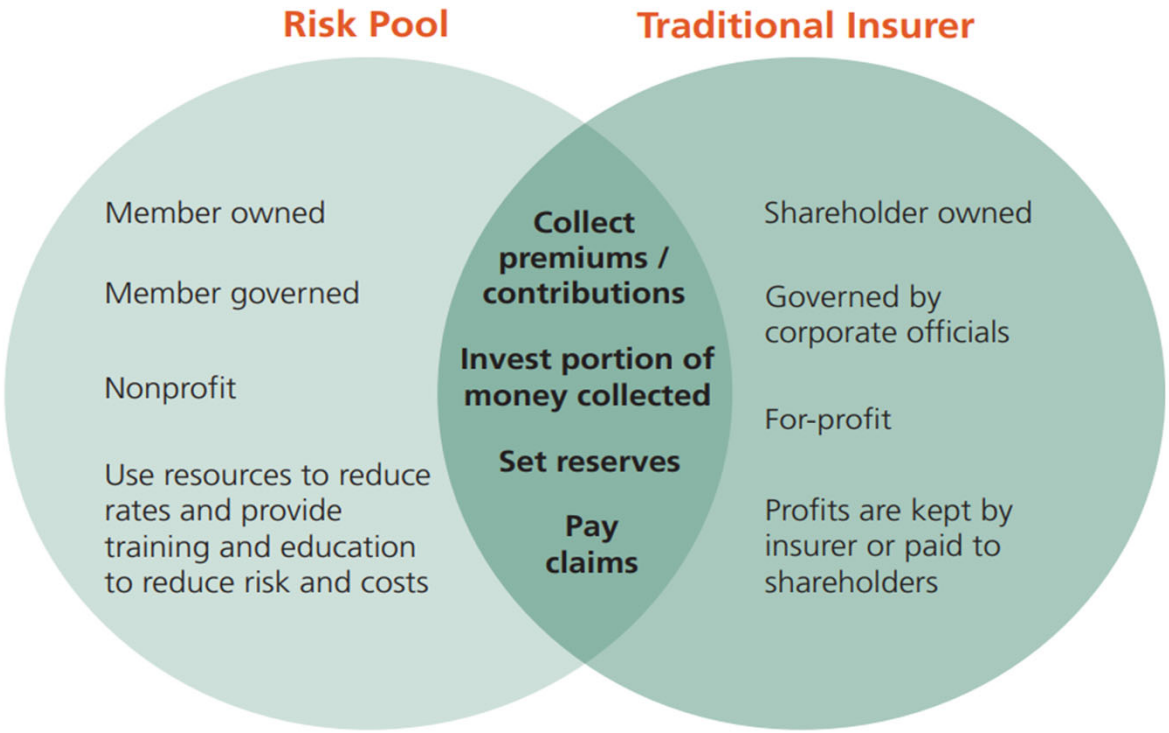


RISK POOL ADVANTAGE

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

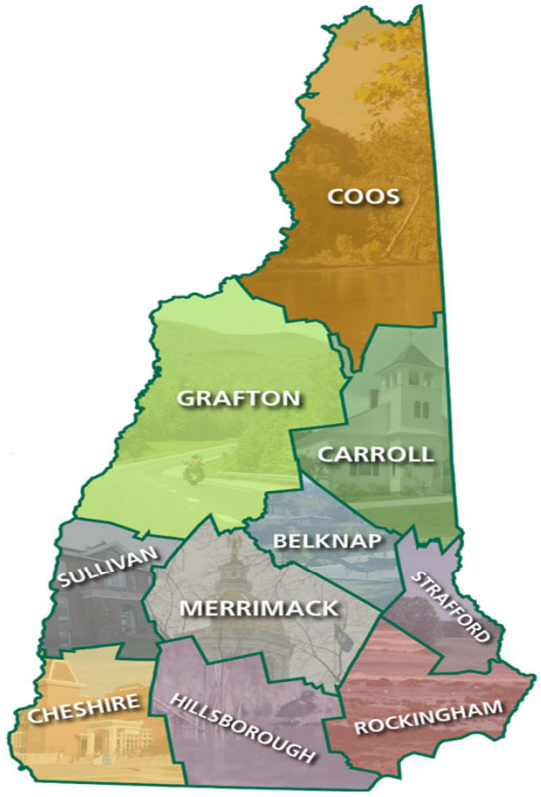
RISK POOL ADVANTAGE



HealthTrust

NEW HAMPSHIRE HEALTHCARE





NH HEALTHCARE DELIVERY SYSTEM IS…

What consolidation means for us:
referral patterns, leakage, and total cost

Dartmouth Health
- Dartmouth-Hitchcock Medical Center
- Alice Peck Day Memorial Hospital
- Cheshire Medical Center
- Littleton Regional Hospital (Pending)
- Mount Ascutney Hospital, VT
- New London Hospital
- Valley Regional Hospital

Hospital Corporation of America (HCA)*
- Catholic Medical Center (CMC)
- Frisbie Memorial Hospital
- Parkland Medical Center
- Portsmouth Regional Hospital

North Country Healthcare
- Androscoggin Valley Hospital
- Upper CT Valley Hospital
- Weeks Medical Center

Covenant Health*
- St. Joseph Hospital

Concord Hospital
- Concord Hospital
- Concord Hospital-Laconia
- Concord Hospital-Franklin

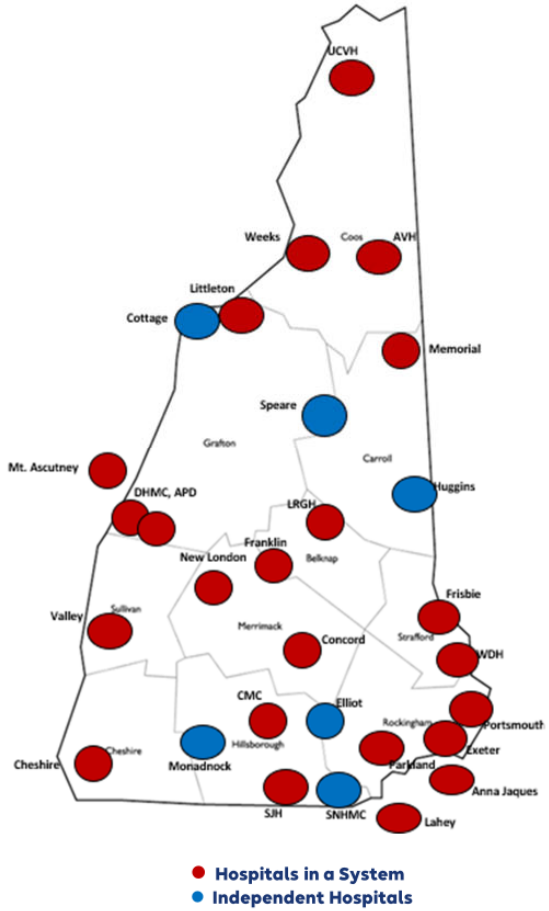
MaineHealth*
- Memorial Hospital

Mass General Brigham*
- Wentworth-Douglass Hospital

Beth Israel Lahey Health*
- Exeter Hospital
- Anna Jaques Hospital (MA)
- Lahey Hospital & Medical Center (MA)

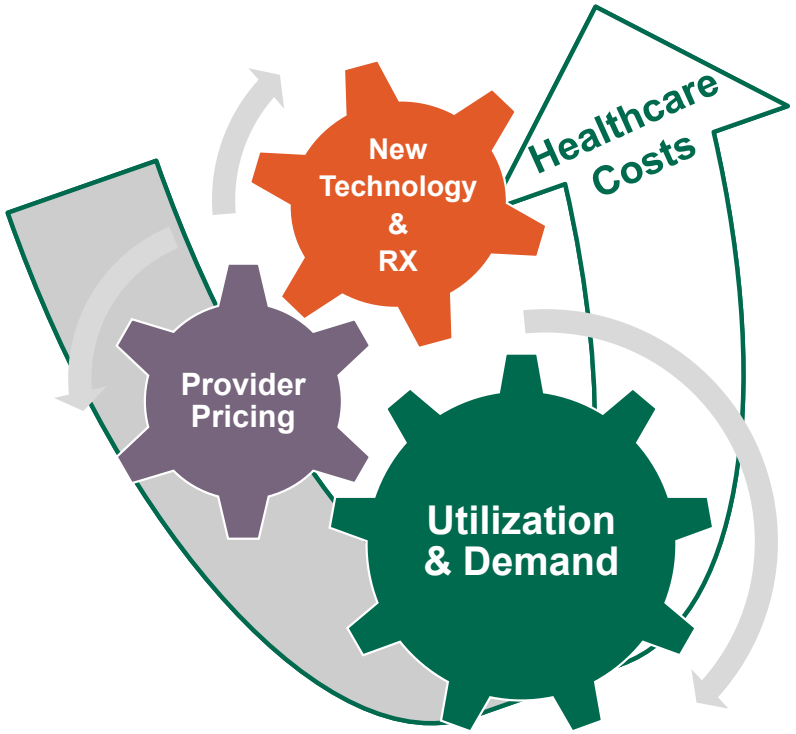
Hospitals Operating Independently
- Cottage Hospital
- Elliot Health System
- Huggins Hospital
- Monadnock Community Hospital
- Southern NH Health
- Speare Memorial Hospital

NH Health System Landscape as of March 2026
* Indicates the organization is headquartered out of state



WHAT IS DRIVING COST?

- Mergers and affiliations between hospitals, as well as between hospitals & health plans, are being established and expected to continue.
- More expensive new technologies and specialty prescription drugs
- Utilizing Higher Priced Providers
- Avoidable ER Visits
- Age of Enrollees and Condition Management



Avoidable Emergency Department Visit Costs

Emergency Department

Total spend:

$25,509,593

% of medical spend: 7.8%

Emergency Dept. Visits: 8,710

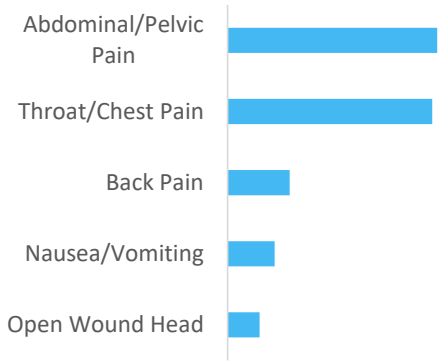
Visits per 1000: 206

Cost per visit: $2,929

Top 5 Diagnosis

% of ED spend

18%



Avoidable ED Visit

Total spend:

$7,897,717

Avoidable Visits: 3,648

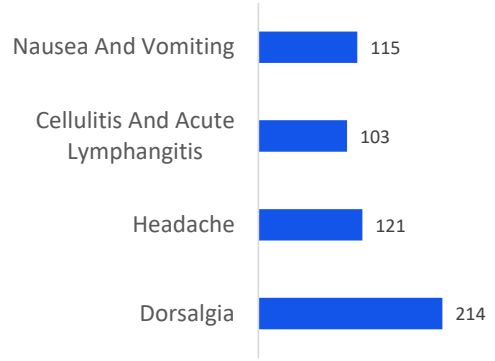
Avoidable Visits per 1,000 members: 86.4

Ambulatory ED Visits were avoidable: 45.8%

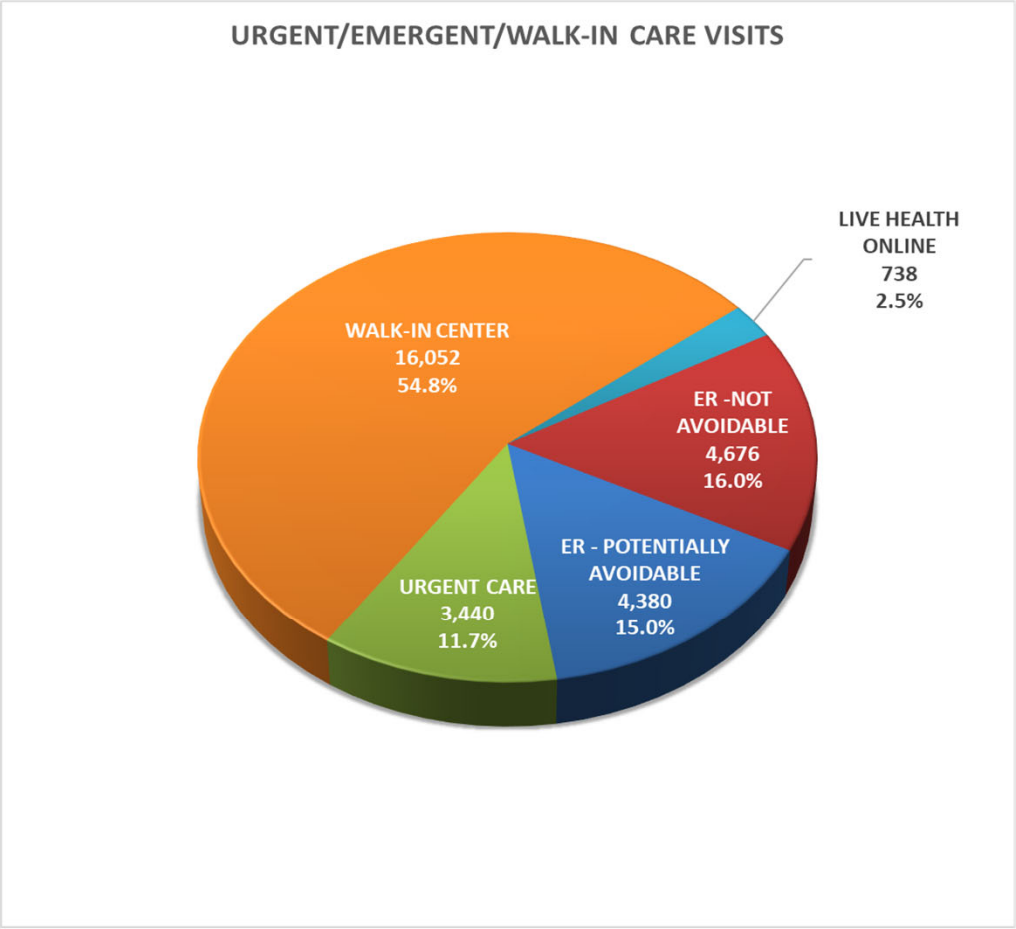
Average Cost per avoidable ED visit: $2,165

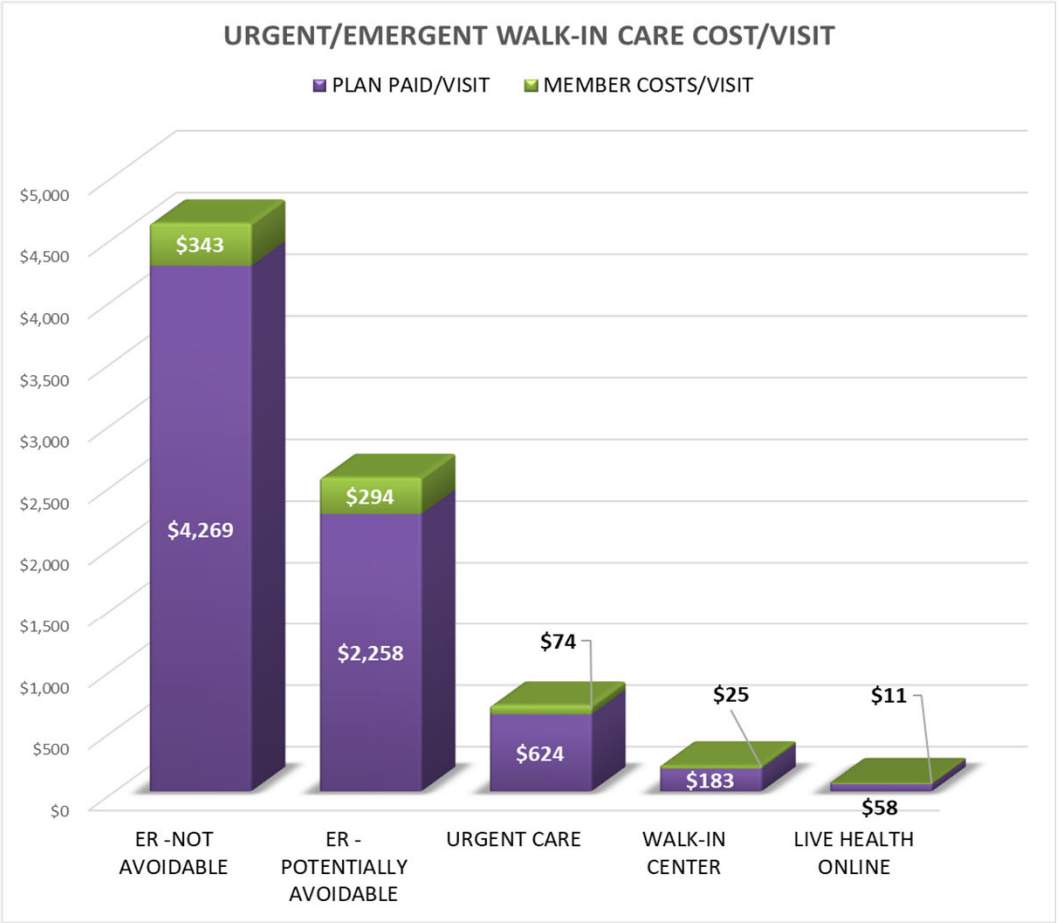
Top 5 Diagnosis

By Avoidable ED visits



Comparison of ER, Urgent Care and Walk-In Care Cost/Visit





Current Period: Paid 12 Months Ending Dec 2025

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) is 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.

HealthTrust 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).

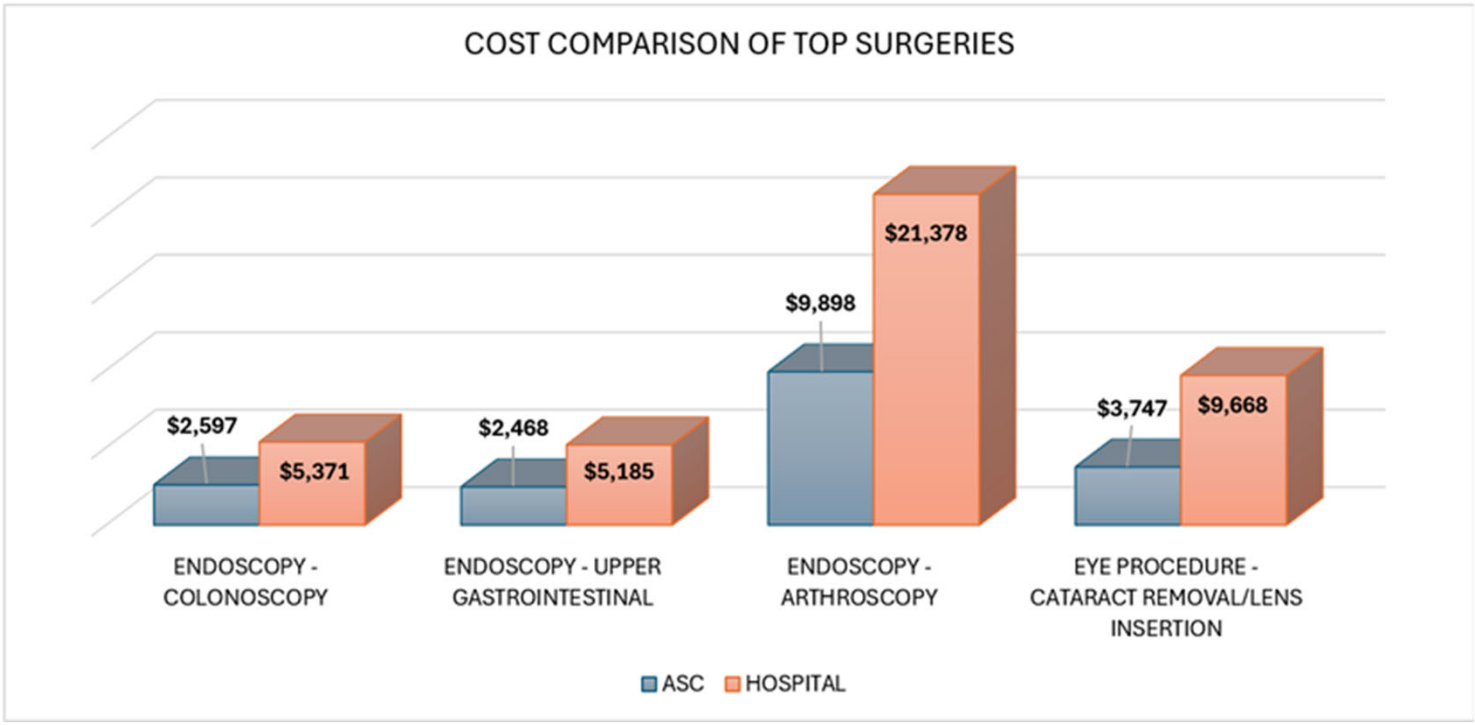
MEDICAL PLANS – HOW THEY WORK

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	AB15/40IPDED	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

Anthem

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.			

Anthem

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 Advantage with Prescription Drug (MAPD) plan

New as of January 1, 2027

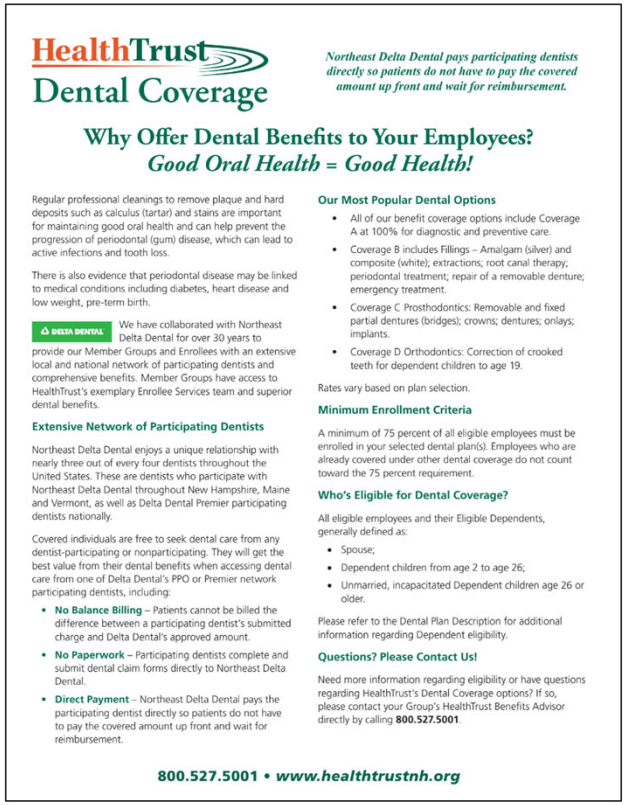
- **Our Medicare Advantage with Prescription Drug (MAPD) plan** is a custom plan starting at **$502.00 per Retiree per month for calendar year 2027.**
- **No deductibles. No coinsurance.** $0 copayments for most medical services.
- **Lower prescription costs.** Low copays and maximum out-of-pocket costs of $2,400 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



HealthTrust
Dental Coverage

Northeast Delta Dental pays participating dentists directly so patients do not have to pay the covered amount up front and wait for reimbursement.

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, pre-term 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.

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.
- **No 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.

Our Most Popular Dental Options

- All of our benefit coverage options include Coverage A at 100% for diagnostic and preventive care.
- Coverage B includes 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.

Rates vary based on plan selection.

Minimum Enrollment Criteria

A minimum of 75 percent of all eligible employees must be enrolled in your selected dental plan(s). Employees who are already covered under other dental coverage do not count toward the 75 percent requirement.

Who's Eligible for Dental Coverage?

All eligible employees and their Eligible Dependents, generally defined as:

- Spouse;
- Dependent children from age 2 to age 26;
- Unmarried, incapacitated Dependent children age 26 or older.

Please refer to the Dental Plan Description for additional information regarding Dependent eligibility.

Questions? Please Contact Us!

Need more information regarding eligibility or have questions regarding HealthTrust's Dental Coverage options? If so, please contact your Group's HealthTrust Benefits Advisor directly by calling **800.527.5001**.

800.527.5001 • *www.healthtrustnh.org*

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.

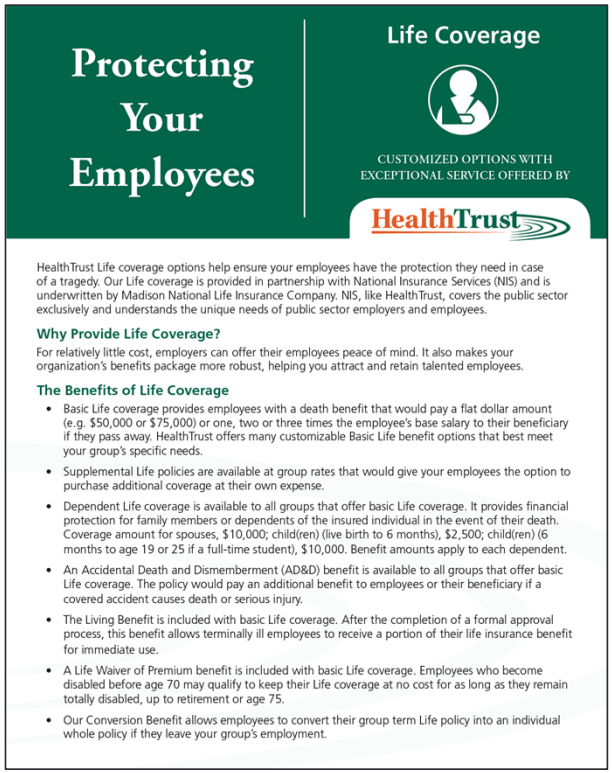
DELTA DENTAL®

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

ANCILLARY COVERAGES



LIFE COVERAGE



Protecting Your Employees

Life Coverage

CUSTOMIZED OPTIONS WITH EXCEPTIONAL SERVICE OFFERED BY

HealthTrust

HealthTrust Life coverage options help ensure your employees have the protection they need in case of a tragedy. Our Life coverage is provided in partnership with National Insurance Services (NIS) and is underwritten by Madison National Life Insurance Company. NIS, like HealthTrust, covers the public sector exclusively and understands the unique needs of public sector employers and employees.

Why Provide Life Coverage?

For relatively little cost, employers can offer their employees peace of mind. It also makes your organization's benefits package more robust, helping you attract and retain talented employees.

The Benefits of Life Coverage

- Basic Life coverage provides employees with a death benefit that would pay a flat dollar amount (e.g. $50,000 or $75,000) or one, two or three times the employee's base salary to their beneficiary if they pass away. HealthTrust offers many customizable Basic Life benefit options that best meet your group's specific needs.
- Supplemental Life policies are available at group rates that would give your employees the option to purchase additional coverage at their own expense.
- Dependent Life coverage is available to all groups that offer basic Life coverage. It provides financial protection for family members or dependents of the insured individual in the event of their death. Coverage amount for spouses, $10,000; child(ren) (live birth to 6 months), $2,500; child(ren) (6 months to age 19 or 25 if a full-time student), $10,000. Benefit amounts apply to each dependent.
- An Accidental Death and Dismemberment (AD&D) benefit is available to all groups that offer basic Life coverage. The policy would pay an additional benefit to employees or their beneficiary if a covered accident causes death or serious injury.
- The Living Benefit is included with basic Life coverage. After the completion of a formal approval process, this benefit allows terminally ill employees to receive a portion of their life insurance benefit for immediate use.
- A Life Waiver of Premium benefit is included with basic Life coverage. Employees who become disabled before age 70 may qualify to keep their Life coverage at no cost for as long as they remain totally disabled, up to retirement or age 75.
- Our Conversion Benefit allows employees to convert their group term Life policy into an individual whole policy if they leave your group's employment.

- May be offered in either a flat dollar amount or a multiple of an employee's salary.
- Customizable Options: Supplemental and Dependent Life policies provide an added level of protection and benefits for employees at their own expense.
- An Accidental Death and Dismemberment (AD&D) benefit is generally 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 most plans. This waiver allows employees disabled prior to keep their Life coverage free of charge for as long as they remain totally disabled.
- Conversion Benefit allows employees to take their policy with them if they leave employment.

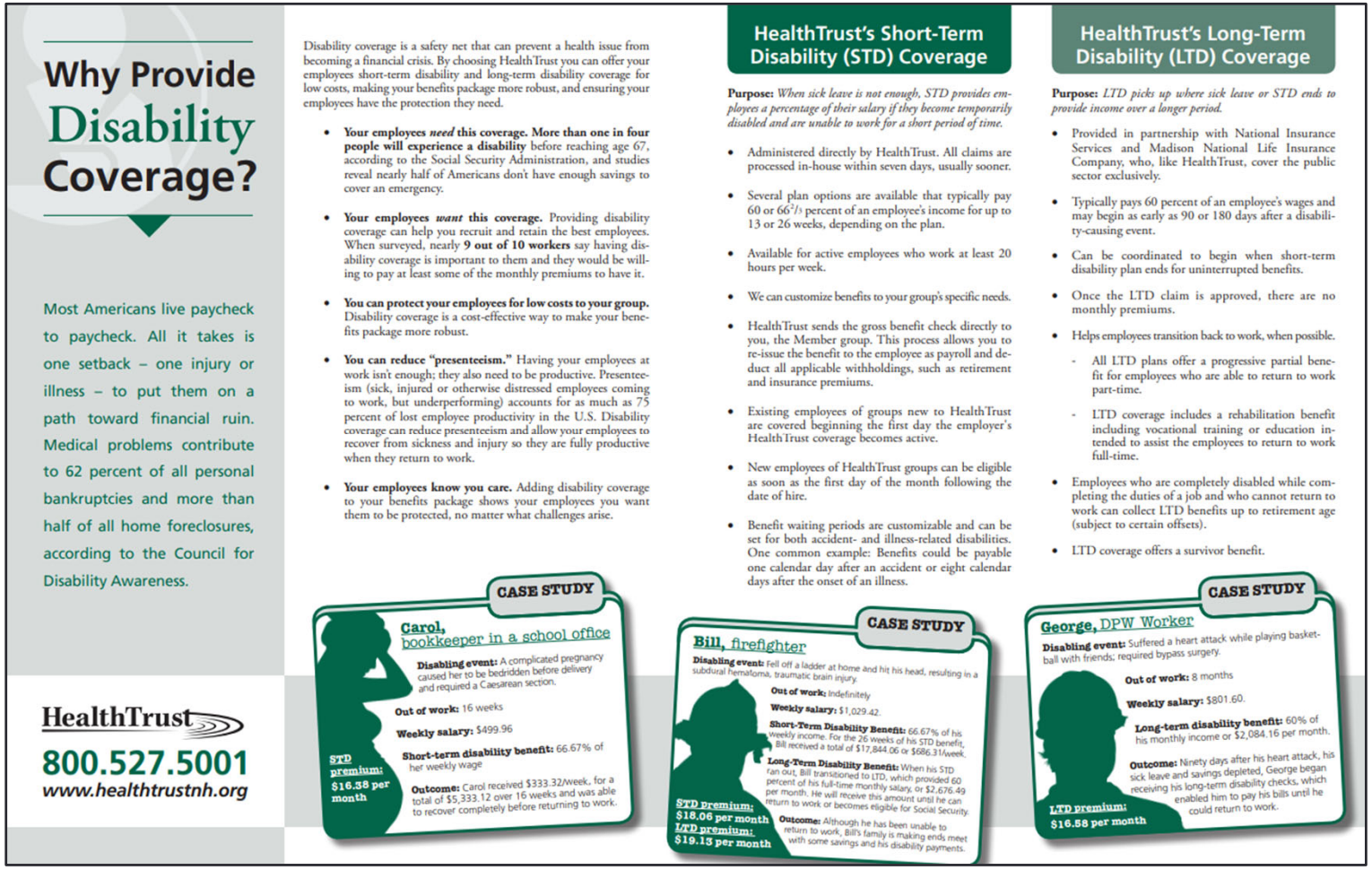
SHORT & LONG TERM

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. LTD also provides employees a percentage of their salary.



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.

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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.

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 66⅔ 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 could be payable one calendar day after an accident or eight calendar days after the onset of an illness.

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

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: $16.58 per month

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 $17,884.06 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.

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

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

CASE STUDY

George, DPW Worker

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

Out of work: 8 months

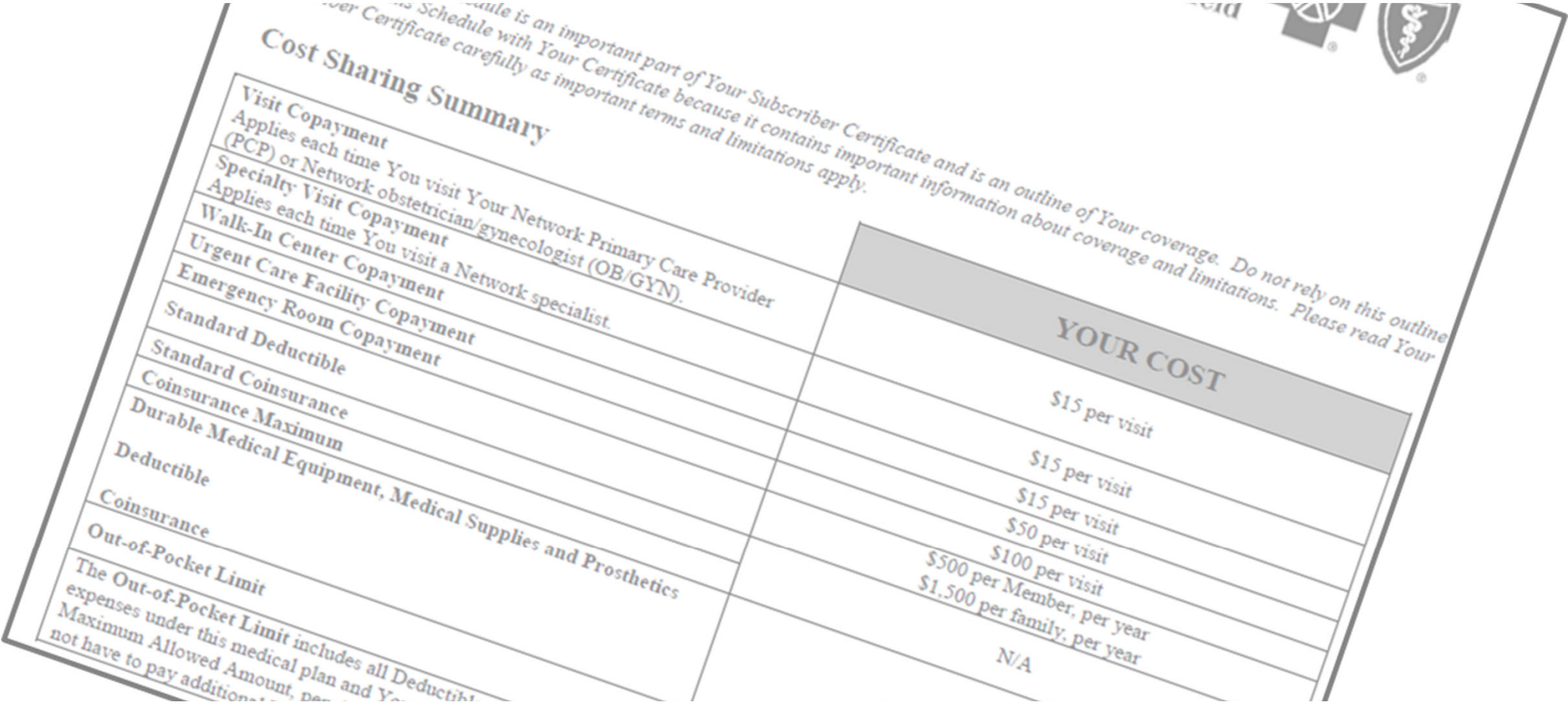
Weekly salary: $801.60.

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

DEDUCTIBLES



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

Cost Sharing Summary

	YOUR COST
Visit Copayment Applies each time You visit Your Network Primary Care Provider (PCP) or Network obstetrician/gynecologist (OB/GYN).	$15 per visit
Specialty Visit Copayment Applies each time You visit a Network specialist.	$15 per visit
Walk-In Center Copayment	$15 per visit
Urgent Care Facility Copayment	$50 per visit
Emergency Room Copayment	$100 per visit
Standard Deductible	$500 per Member, per year $1,500 per family, per year
Standard Coinsurance	N/A
Coinsurance Maximum	
Durable Medical Equipment, Medical Supplies and Prosthetics	
Deductible	
Coinsurance	
Out-of-Pocket Limit	
The Out-of-Pocket Limit includes all Deductibl... expenses under this medical plan and Yo... Maximum Allowed Amount, Per... not have to pay additional...	

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.

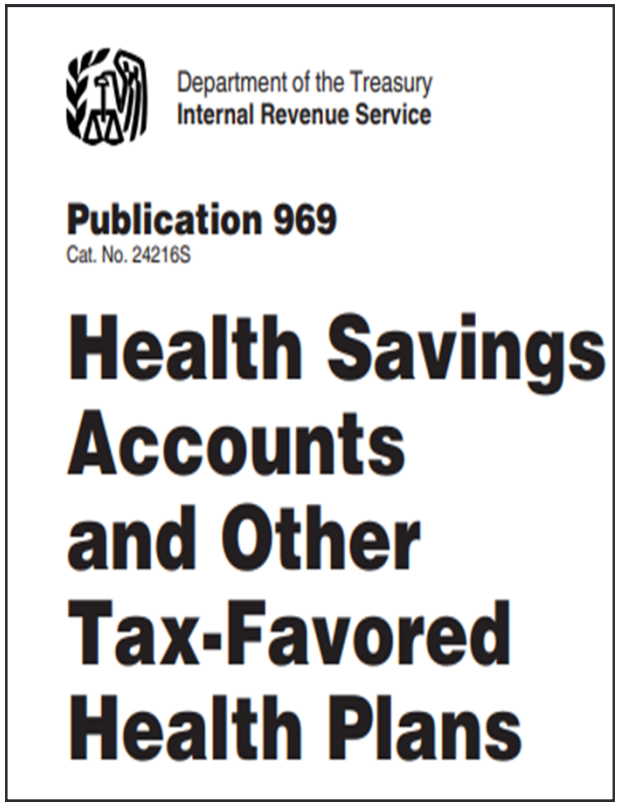
Often confused with:

- 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



HealthTrust Benefit Advantage

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 OAHD/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.*

800.527.5001 • *www.healthtrustnh.org*

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 (CY2027) – $4,500 single/$9,000 two-person or family; $1,000 catch-up for age 55+
- Employees must be enrolled in a high deductible health plan 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

- Plan Year 2027 Health FSA Contribution Limits – **Employee:** Up to $3,500; **Employer:** $700 (unless employer matches employee contributions). Dependent Care FSA $7,500
- 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 $680 carryover if available under plan terms

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 reduces 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: 7.2%
  - HealthTrust average: 6.2%
- 2025 – 2026 Trend Forecast
  - Nationally: 9.0-10.0%
  - HealthTrust: 8.4% (7.9% Medical; 10.0% Prescription Drugs)

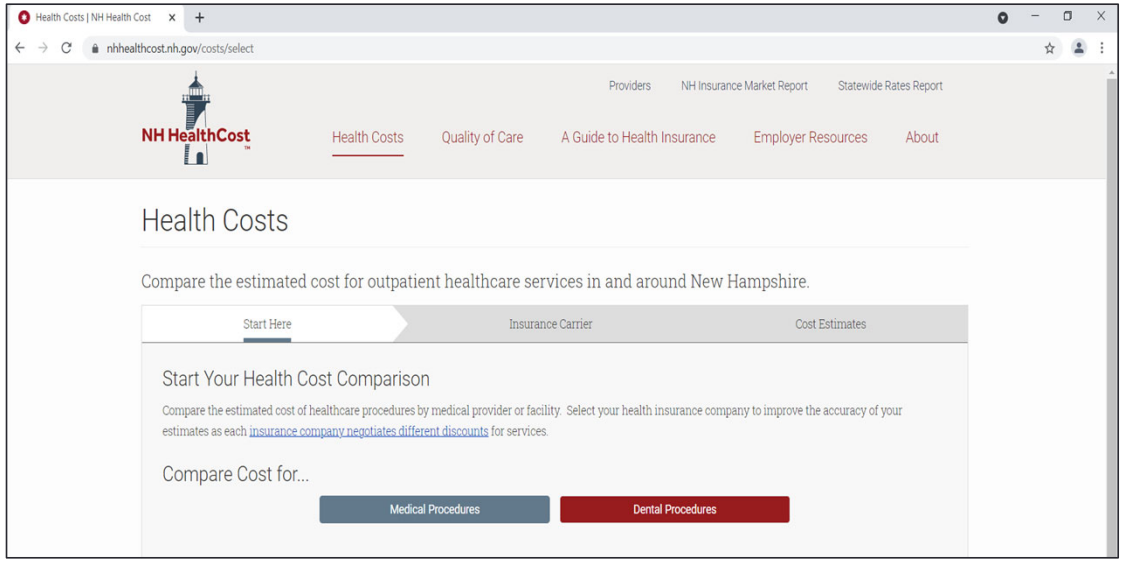
CONSUMERISM

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



HealthTrust Well-Being Programs

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

- Health Coaching
- Health Check Survey
- Social Platform
- Healthy Habits Trackers
- headspace

Medical Care Access

Access Care When and Where You Need It

- LiveHealth ONLINE
- Anthem 24/7 NurseLine
- convenientMD URGENT CARE
- Hinge Health™

Expert Medical Support

Take Charge of Your Health

- Included HEALTH — *Get a Second Opinion from a World-Class Expert*
- InformedDNA Genetics, Decoded — 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
- AWARE RECOVERY CARE
- Anthem — Health Management Programs
- lark — Diabetes Prevention Program

Mental Health

Find Support for Everyday and Life-Impacting Issues

- LifeResources EMPLOYEE ASSISTANCE PROGRAM — Powered by: ALLONE HEALTH
- Headway
- LiveHealth ONLINE (Psychology and Psychiatry)
- Aspire365
- InStride Health

Please Note: HealthTrust Well-Being Programs are subject to change.

Medicomp: *Retirees enrolled in the Medicomp Three with no Prescription Coverage (MCNRX) plan are eligible to participate only in the Slice of Life program, LifeResources EAP, and Anthem Health and Wellness Programs.*

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 EAP; they do not have access to the Slice of Life program or other HealthTrust Well-Being Programs.*

HealthTrust Secure Enrollee Portal – Your Gateway to Well-Being Programs

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)

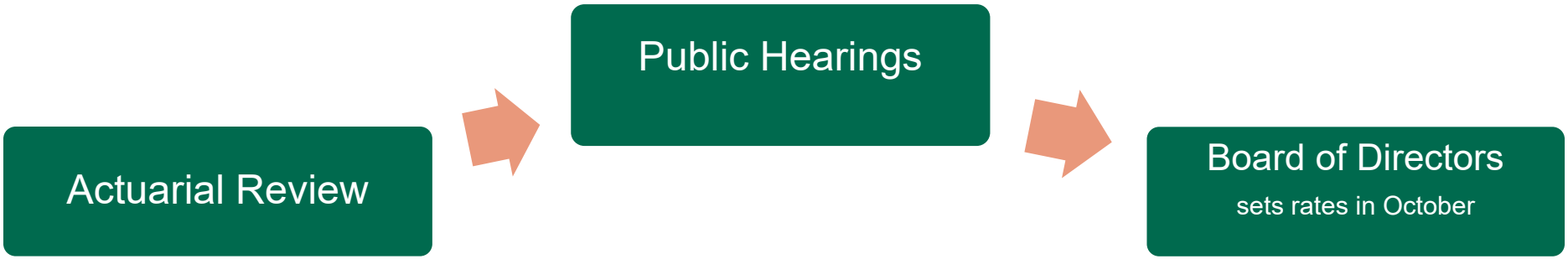
HEALTHTRUST MEDICAL RATING TIERS

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

- Large Groups - 51 and over enrolled employees for rating purposes - experience rated
- Small Groups - 50 and under enrolled employees for rating purposes - community rated
- Enrolled 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

Past changes:

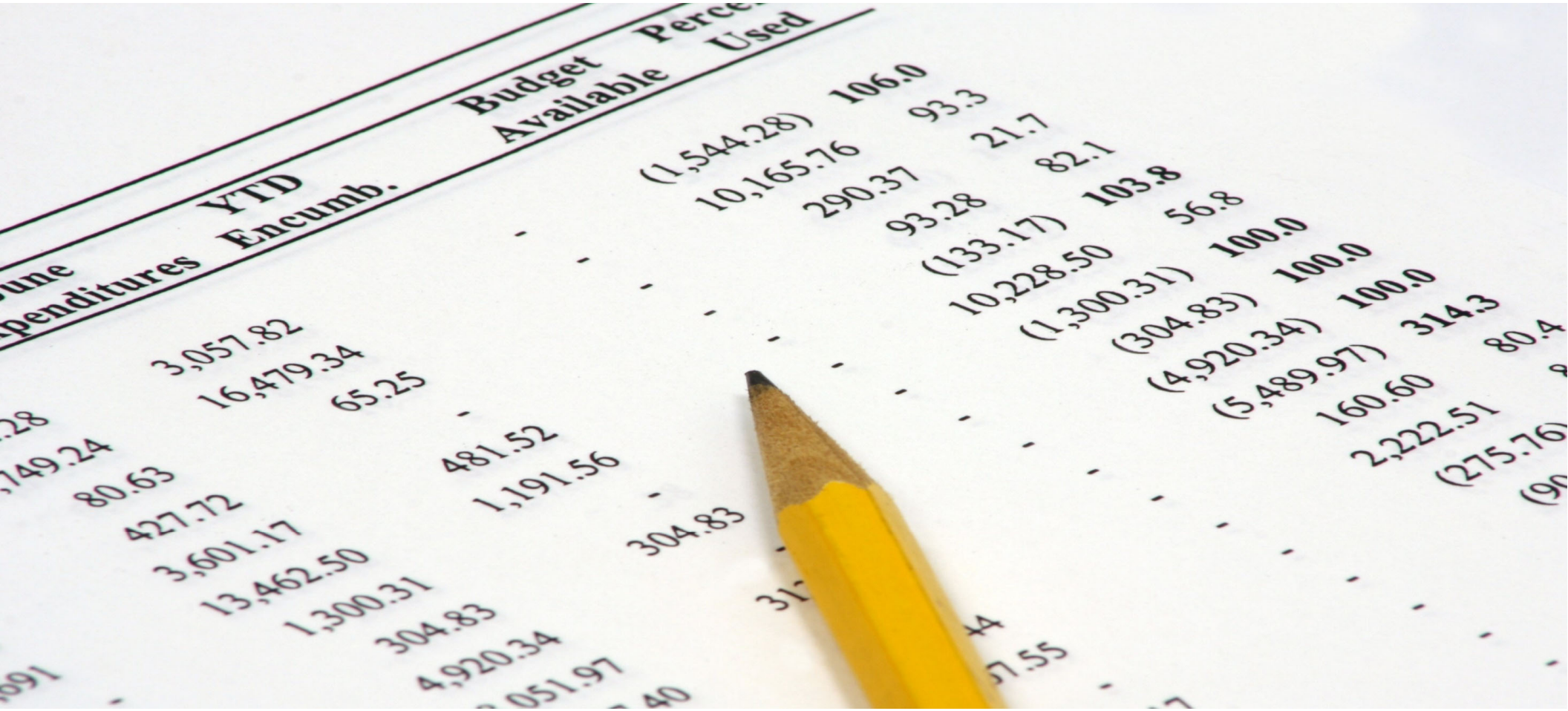
- 2022 Legislation introduced fixing the “Family Glitch”
- Individual Mandate Penalty is reduced to $0 (Prior amount - $695 or 2.5% of income for 2016-2018)
- Excise (“Cadillac”) Tax on High Cost Plans Repealed December 2019
- Review Collective Bargaining Agreement Language

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.*

OBTAINING A PROPOSAL



OBTAINING PROPOSAL

- 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




QUESTIONS?