

State of Indiana Employee Health Benefits

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Indiana State
Personnel Department

State of Indiana Anthem Benefit Comparison

Summary of Benefits for 2020

	CDHP 1		CDHP 2		Traditional Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible						
Single	\$2,500		\$1,750		\$1,000	
Family	\$5,000		\$3,500		\$2,000	
Out-of-Pocket Maximum						
Single	\$4,000		\$3,000		\$2,500	
Family	\$8,000		\$6,000		\$5,000	
Office Visit	20%	40%	20%	40%	20%	40%
Inpatient	20%	40%	20%	40%	20%	40%
Emergency Room	20%	20%	20%	20%	20%	20%
Urgent Care	20%	20%	20%	20%	20%	20%
Wellness and Prevention	0% (no deductible)	40% (no deductible)	0% (no deductible)	40% (no deductible)	0% (no deductible)	40% (no deductible)

Prescription Drug Summary

Prescription Drug	CDHP 1		CDHP 2		Traditional Plan	
	Retail (up to 30 days)	Mail or CVS Pharmacy (up to 90 days)	Retail (up to 30 days)	Mail or CVS Pharmacy (up to 90 days)	Retail (up to 30 days)	Mail or CVS Pharmacy (up to 90 days)
Preventive (ACA mandated)	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible
Generic Medicines	\$10 co-pay	\$20 co-pay	\$10 co-pay	\$20 co-pay	\$10 co-pay	\$20 co-pay
Formulary: Preferred Brand-Name Medicines	20% Min \$30 Max \$50	20% Min \$60 Max \$100	20% Min \$30 Max \$50	20% Min \$60 Max \$100	20% Min \$30 Max \$50	20% Min \$60 Max \$100
Non-Preferred Brand-Name Medicines	40% Min \$50 Max \$70	40% Min \$100 Max \$140	40% Min \$50 Max \$70	40% Min \$100 Max \$140	40% Min \$50 Max \$70	40% Min \$100 Max \$140
Specialty Medicines	40% Min \$75, Max \$150 (30 day supply)		40% Min \$75, Max \$150 (30 day supply)		40% Min \$75, Max \$150 (30 day supply)	

2020 Rates

Plan	Coverage	Minimum Bi-Weekly Employee Rate	Maximum Bi-Weekly Employer Rate	Bi-Weekly Total Rate	Minimum Monthly Employee Rate	Maximum Monthly Employer Rate	Total Monthly Rate	Minimum Annual Employee Rate	Maximum Annual Employer Rate	Total Annual Rate
CDHP 1	Single	\$68.84	\$216.48	\$285.32	\$149.15	\$469.04	\$618.19	\$1,789.84	\$5,628.48	\$7,418.32
	Family	\$138.80	\$651.30	\$790.10	\$300.73	\$1,411.15	\$1,711.88	\$3,608.80	\$16,933.80	\$20,542.60
CDHP 1 W/ Non-Tobacco Use Incentive	Single	\$33.84	\$216.48	\$250.32	\$73.32	\$469.04	\$542.36	\$879.84	\$5,628.48	\$6,508.32
	Family	\$103.80	\$651.30	\$755.10	\$224.90	\$1,411.15	\$1,636.05	\$2,698.80	\$16,933.80	\$19,632.60
CDHP 2	Single	\$81.90	\$229.44	\$311.34	\$177.45	\$497.12	\$674.57	\$2,129.40	\$5,965.44	\$8,094.84
	Family	\$186.54	\$677.22	\$863.76	\$404.17	\$1,467.31	\$1,871.48	\$4,850.04	\$17,607.72	\$22,457.76
CDHP 2 W/ Non-Tobacco Use Incentive	Single	\$46.90	\$229.44	\$276.34	\$101.62	\$497.12	\$598.74	\$1,219.40	\$5,965.44	\$7,184.84
	Family	\$151.54	\$677.22	\$828.76	\$328.34	\$1,467.31	\$1,795.65	\$3,940.04	\$17,607.72	\$21,547.76
Traditional	Single	\$134.40	\$259.74	\$394.14	\$291.20	\$562.77	\$853.97	\$3,494.40	\$6,753.24	\$10,247.64
	Family	\$374.64	\$737.82	\$1,112.46	\$811.72	\$1,598.61	\$2,410.33	\$9,740.64	\$19,183.32	\$28,923.96
Traditional W/ Non-Tobacco Use	Single	\$99.40	\$259.74	\$359.14	\$215.37	\$562.77	\$778.14	\$2,584.40	\$6,753.24	\$9,337.64
	Family	\$339.64	\$737.82	\$1,077.46	\$735.89	\$1,598.61	\$2,334.50	\$8,830.64	\$19,183.32	\$28,013.96
Wellness Incentive Rates										
CDHP 1	Single	\$54.44	\$216.48	\$270.92	\$117.95	\$469.04	\$586.99	\$1,415.44	\$5,628.48	\$7,043.92
	Family	\$95.60	\$651.30	\$746.90	\$207.13	\$1,411.15	\$1,618.28	\$2,485.60	\$16,933.80	\$19,419.40
CDHP 1 W/ Non-Tobacco Use Incentive	Single	\$19.44	\$216.48	\$235.92	\$42.12	\$469.04	\$511.16	\$505.44	\$5,628.48	\$6,133.92
	Family	\$60.60	\$651.30	\$711.90	\$131.30	\$1,411.15	\$1,542.45	\$1,575.60	\$16,933.80	\$18,509.40
CDHP 2	Single	\$67.50	\$229.44	\$296.94	\$146.25	\$497.12	\$643.37	\$1,755.00	\$5,965.44	\$7,720.44
	Family	\$143.34	\$677.22	\$820.56	\$310.57	\$1,467.31	\$1,777.88	\$3,726.84	\$17,607.72	\$21,334.56
CDHP 2 W/ Non-Tobacco Use Incentive	Single	\$32.50	\$229.44	\$261.94	\$70.42	\$497.12	\$567.54	\$845.00	\$5,965.44	\$6,810.44
	Family	\$108.34	\$677.22	\$785.56	\$234.74	\$1,467.31	\$1,702.05	\$2,816.84	\$17,607.72	\$20,424.56
Traditional	Single	\$120.00	\$259.74	\$379.74	\$260.00	\$562.77	\$822.77	\$3,120.00	\$6,753.24	\$9,873.24
	Family	\$331.44	\$737.82	\$1,069.26	\$718.12	\$1,598.61	\$2,316.73	\$8,617.44	\$19,183.32	\$27,800.76
Traditional W/ Non-Tobacco Use	Single	\$85.00	\$259.74	\$344.74	\$184.17	\$562.77	\$746.94	\$2,210.00	\$6,753.24	\$8,963.24
	Family	\$296.44	\$737.82	\$1,034.26	\$642.29	\$1,598.61	\$2,240.90	\$7,707.44	\$19,183.32	\$26,890.76

Rate History

Plan	Coverage	2011	2012	2013	2014	2015	2016	2017	2018	2019
Wellness	Single					\$4,817.28	\$5,148.00	\$5,480.28	\$5,800.08	\$6,021.60
	Family					\$14,692.08	\$15,653.04	\$16,645.20	\$17,637.36	\$18,331.56
CDHP 1	Single	\$3,713.32	\$4,134.52	\$4,564.56	\$4,815.72	\$5,252.52	\$5,714.28	\$6,088.68	\$6,408.48	\$6,631.56
	Family	\$11,655.28	\$12,967.24	\$13,721.76	\$14,475.24	\$15,784.08	\$17,086.68	\$18,192.72	\$19,184.88	\$19,879.08
CDHP2	Single	\$4,822.48	\$5,229.64	\$6,026.28	\$6,377.28	\$7,190.04	\$8,099.52	\$8,689.20	\$9,118.20	\$9,383.40
	Family	\$13,995.28	\$15,691.00	\$17,476.68	\$18,493.80	\$20,846.28	\$23,538.84	\$25,245.48	\$26,490.36	\$27,262.56
Traditional PPO	Single	\$7,568.08	\$8,393.32	\$9,704.76	\$10,275.72	\$11,653.20	\$13,648.44	\$14,818.44	\$15,615.60	\$16,175.64
	Family	\$21,408.40	\$23,941.84	\$27,268.80	\$28,870.92	\$32,738.16	\$38,725.44	\$42,038.88	\$44,299.32	\$45,892.08

Rates base on the Non-Tobacco Rate

What Can Be Customized

Eligibility

- School corporations can define eligible employees as full-time, part-time or minimum number of hours/week.

The Rate Split

- School corporations shall not pay more than the State; the school corporation employees shall pay at least the amount paid by a State employee.

Contributions to an HSA

- Your school can decide if you will contribute, how much you will contribute and which financial institution(s) you will use.

Plan	2020 Initial Contribution	2020 Bi-weekly Contribution	2020 Annual Employer Contribution
HSA 1 Single	\$562.38	\$21.63	\$1,124.76
HSA 1 Family	\$1,124.76	\$43.26	\$2,249.52
HSA 2 Single	\$393.90	\$15.15	\$787.80
HSA 2 Family	\$787.80	\$30.30	\$1,575.60

**State Contribution Amount*

What Cannot Be Changed

Plan Design

- Plan designs are set by the State.
- You must offer all plans to all benefit eligible employees.

Inclusion

- All benefit eligible employees in your school corporation must be included. You cannot split out employees by classifications/groups.

Dependent Definition

- Definition of dependent is set by the State.



Eligible Dependents

“Dependent” means:

- (a) Spouse of an employee;
- (b) Any children, step-children, foster children, legally adopted children of the employee or spouse, or children who reside in the employee’s home for whom the employee or spouse has been appointed legal guardian or awarded legal custody by a court, under the age of twenty-six (26). Such child shall remain a “dependent” for the entire calendar month during which he or she attains age twenty-six (26).

In the event a child:

- i) was defined as a “dependent”, prior to age 19, and
- ii) meets the following disability criteria, prior to age 19:
 - (I) is incapable of self-sustaining employment by reason of mental or physical disability,
 - (II) resides with the employee at least six (6) months of the year, and
 - (III) receives 50% of his or her financial support from the parent

such child’s eligibility for coverage shall continue, if satisfactory evidence of such disability and dependency is received by the State or its third party administrator in accordance with disabled dependent certification and recertification procedures. Eligibility for coverage of the “Dependent” will continue until the employee discontinues his coverage or the disability criteria is no longer met. A Dependent child of the employee who attained age 19 while covered under another Health Care policy and met the disability criteria specified above, is an eligible Dependent for enrollment so long as no break in Coverage longer than sixty-three (63) days has occurred immediately prior to enrollment. Proof of disability and prior coverage will be required. The plan requires periodic documentation from a physician after the child’s attainment of the limiting age.

Fees

Information Fee

- Similar to a monthly premium

COBRA Administration

- \$0.35 per enrolled member per month



Plan Administration

State

- Notify school of any changes to plans (including Open Enrollment)
- Sample communications

Insurance Carriers

- Send billing inquiries and adjustments.
- Administer COBRA

School Corporation

- Administration of HIPAA
- Administration of FMLA
- Comply with ACA Reporting Requirements



Benefit Eligibility

Open Enrollment

- Occurs at the same time as Open Enrollment for State employees
- Benefit changes will be effective on January 1st

New Employees

- Benefits effective on the first day of the month following their date of hire.

Terminated Employees

- Benefits terminate on the last day of the month in which they separate employment.



School Benefit Coordinator Role

Communications

- Communicate benefit options and open enrollment information for current and new employees.

Enrollment

- Complete enrollment of current and new employees on medical plans.
- Paper applications or Anthem Employer Access.

Carrier Notification

- Update carriers with eligibility and plan enrollment information.

Payroll

- Inform school payroll of benefit adjustments and verify correct deductions for employees.



Additional Benefits

Anthem Health and Wellness Programs:

- Condition Care - assisting members in managing symptoms related to the most frequently diagnosed conditions.
- Case Management – working with members to achieve health goals designed for specific circumstances, such as a recent hospital stay.
- Future Moms: provides moms-to-be with telephone access to nurses to discuss pregnancy-related concerns.

Nurseline

- Nurseline provides anytime, toll-free access to nurses for answers to general health questions and guidance with health concerns.

Employee Assistance Program (EAP)

- Free 24-hour, 7 days per week phone access to immediate support
- Eight face-to-face counseling sessions, per issue with a licensed therapist.



Additional Benefits

LiveHealth Online

- 24-hours, 7 days per week, 365 days per year, access to in-network, board-certified doctors online for acute care needs.
- Average cost of a doctor visit using LiveHealth Online is \$49 or less
- Behavioral health services

ActiveHealth

- An online tool for employees to manage their well-being.
- Through ActiveHealth, employees can complete a health assessment, biometric screening, work with a health coach and much more.



Getting Started

Binder Agreements

- Term of three (3) years.
- Must be signed no later than 30 days prior to the start of the effective date of the school corporation.

Plan Information

- Provide current plan and enrollment information to State Personnel.
- Determine your rate split prior to employee education sessions. (this will also need to be done prior to each open enrollment period)

Enrollment

- Employee education sessions held no more than 30 days prior to effective date.
- Benefit applications or electronic enrollment must be submitted to the carrier no later than 30 days prior to the effective date.



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Additional Resources

Websites

Interested School Corporations

<http://www.in.gov/spd/2755.htm>

Participating School Corporations

<http://www.in.gov/spd/2756.htm>

Email

BenefitingSchools@spd.in.gov

