

METROCORP



Annual Enrollment
November 20 – November 26, 2014

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Metro Corp Benefits – 3 Health Care Options

Metro Corp's health insurance program is continuing with **United Healthcare** in 2015. Other than an approximate 5% increase in premiums (which believe it or not, is very small) there are no changes to plans or coverage options. The company will pay for approximately 80% of the increase on the base plan.

- Option 1- Health Savings Account (HSA) Plan with Prescriptions (Rx)
- Option 2- PPO Plan with Prescriptions (Rx)
- Option 3- Lower Deductible HSA Plan with Prescriptions (Rx)



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Who Is Eligible?

- **All Full-Time Employees (30 Hours per Week)**
- Eligible dependents
 - Spouse
 - Eligible Dependent Children
 - Domestic Partner (with affidavit)
- **Waiting Period for New Employees**
 - First of the month following 60 days

Open Enrollment is the time to change- Must be received by November 26th, 2014

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Important Phone Numbers

- **Alexandra Nodiff** **(215) 979-7494** anodiff@metrocorpmedia.com
- **Ed O'Brien** **(860) 656-7956** eobrien@cpatpa.com
- **Mary Armstrong** **(860) 656-7956** marmstrong@cpatpa.com
 (Creative Plan Administrators)
- **Wells Fargo Bank** **(866) 884-7374** **healthbenefits.wellsfargo.com**
 (HSA Bank)

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* **Option 1** – HSA Medical Plan with Rx

- Metro Corp helps offset the deductible by placing money into your HSA bank account. You may also make tax free contributions to this account.
- **The bank account is owned by you**, it is portable, rolls over, and is tax free. (Refer to IRS Publication 502 for eligible medical and dental expenses)
- **Good News for 2015 you can increase what you can put into the HSA bank account to \$3,350 for a single and \$6,650 for family.**

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Option 1 (HSA) Medical Plan Details

All services track to the deductible including Rx. Co-pays after deductible.

In network

Preventive Care Services (PCP/SPC/Lab) - 100% No Ded
Office Co-pay (PCP/SPC) - \$25/50, after Ded Per Visit
Urgent Care Facility Co-pay - \$100, after Ded
Emergency Room Co-pay - \$200, after Ded
Inpatient Co-Pay - \$500 per day (5 day max) after Ded
Rx Co-pay - \$10/35/60 - Specialty \$10/100/300 after Ded

Out of network

Deductible / Coinsurance
Deductible / Coinsurance
Deductible / Coinsurance
Deductible / Coinsurance
Deductible / Coinsurance
n/a

All other Expenses:

Deductible / Coinsurance

Single	\$2,000 / 100% Coinsurance	\$4,500 / 70% Coinsurance
Family	\$4,000 / 100% Coinsurance	\$9,000 / 70% Coinsurance

Out of Pocket Maximum

Single	\$5,000	\$15,000
Family	\$10,000	\$30,000

You should not pay anything at the providers office or facility until you receive an Explanation of Benefits (EOB). Only then should you pay from your HSA account.

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Metro Corp Tax Free Annual Contribution Amounts

	<u>Single</u>	<u>Single + 1</u>	<u>Family</u>
<u><1 YEAR EMPLOYED</u>	\$ 400	\$ 600	\$ 800
<u>1-9 YEARS EMPLOYED</u>	\$ 750	\$1,125	\$1,500
<u>10-24 YEARS EMPLOYED</u>	\$ 950	\$1,425	\$1,900
<u>25+ YEARS EMPLOYED</u>	\$1,200	\$1,800	\$2,400

NOTE: Metro's contribution to HSA is done at the beginning of the month. If there isn't enough money in your HSA account to cover a claim, you may have to pay up front and reimburse yourself after your account is funded the following month (s). Payment plans with providers of medical services is strongly recommended.

HSA contributions are based on tenure. The longer you are employed at Metro Corp, the greater the contribution. Years of employment as of January 1. If you were employed for at least 6 months prior to January 1 you will be credited for a full year of employment.

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HSA

How much can I contribute?

	<u>Single</u>	<u>Single + 1</u>	<u>Family</u>
<u><1 YEARS EMPLOYED</u>	\$2,950	\$6,050	\$5,850
<u>1-9 YEARS EMPLOYED</u>	\$2,600	\$5,525	\$5,150
<u>10-24 YEARS EMPLOYED</u>	\$2,400	\$5,225	\$4,750
<u>25+ YEARS EMPLOYED</u>	\$2,150	\$4,850	\$4,250

- These are the maximum amounts that can be contributed by the employee to the HSA in 2015
- Employees age 55 or older can contribute an additional \$1,000 per year.
- Employees can contribute to a 'limited' FSA during 2015 for certain expenses not covered under the HSA, such as the coinsurance and child care. See IRS Publication 502 for eligible medical and dental expenses.

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* **Option 2** – PPO Medical Plan with Rx

- Co-pays for office visits; urgent care facilities; emergency room and prescription drugs.
- All other expenses subject to deductible and coinsurance.
- Cost of PPO plan is higher than HSA plan.

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Option 2 (PPO) Medical Plan Details

In network

Preventive Care Services (PCP/SPC/Lab) - 100% No Ded
Office Co-pay (PCP/SPC) - \$30/60
Urgent Care Facility Co-pay - \$100
Emergency Room Co-pay - \$200
Inpatient – Deductible only - \$2000
Rx Co-pay - \$15/35/50 - Specialty \$15/100/300

Out of network

Deductible / Coinsurance
Deductible / Coinsurance
Deductible / Coinsurance
Deductible / Coinsurance
Deductible / Coinsurance
n/a

All other Expenses:

Deductible / Coinsurance

Single	\$2,000 / 100% Coinsurance	\$4,000 / 50% Coinsurance
Family	\$4,000 / 100% Coinsurance	\$8,000 / 50% Coinsurance

Out of Pocket Maximum

Single	\$3,000	\$10,000
Family	\$6,000	\$20,000

Employees can participate in the regular flexible spending account program.

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* **Option 3** – HSA Medical Plan with Rx – Lower Deductibles

- This plan is similar to Option 1; however it includes lower deductibles and lower maximum out of pocket insurance costs for in-network and out of network expenses.

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Option 3 (HSA) Medical Plan Details

Lower Deductibles (Similar Plan to Option #1)

In network

Preventive Care Services (PCP/SPC/Lab) - 100% No Ded
Office Co-pay (PCP/SPC) - \$25/50, after Ded Per Visit
Urgent Care Facility Co-pay - \$100, after Ded
Emergency Room Co-pay - \$200, after Ded
Inpatient Co-Pay - \$500 per day (5 day max) after Ded
Rx Co-pay - \$10/35/60 - Specialty \$10/100/300 after Ded

Out of network

Deductible / Coinsurance
Deductible / Coinsurance
Deductible / Coinsurance
Deductible / Coinsurance
Deductible / Coinsurance
n/a

All other Expenses:

Deductible / Coinsurance

Single	\$1,500 / 100% Coinsurance	\$3,000 / 70% Coinsurance
Family	\$3,000 / 100% Coinsurance	\$6,000 / 70% Coinsurance

Out of Pocket Maximum

Single	\$5,000	\$10,500
Family	\$10,000	\$20,000

You should not pay anything at the providers office or facility until you receive an Explanation of Benefits (EOB). Only then should you pay from your HSA account.

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What will my medical plan cost me out of my pay?

United Healthcare Plan
Per Pay Period Contributions

	Option 1	Option 2	Option 3
	HSA	PPO	HSA
Single	\$ 42.91	\$ 84.11	\$ 57.51
Single + 1	\$ 85.83	\$172.23	\$115.03
Family	\$128.74	\$261.84	\$172.54

Remember, your healthcare payroll deductions are taken from pre-tax dollars. Therefore, your actual out of pocket cost will be less.

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Emergency Services

- Emergency services are covered on all options as in network whether an in or out of network facility is used.
- When traveling out of the country, you should consider purchasing international travel insurance through a company like Seven Corners.

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Enrollment Reminders

All eligible employees must enroll by the deadline

November 26th, 2014 12:00PM or you will receive



“No Coverage” for Plan Year 2015

Plan changes for 2015 are only allowed during the open enrollment period unless you experience an IRS-qualified status change.