



of providing employee benefits to New Hampshire public sector employees, retirees and their families









This presentation contains summary information as of April 2020 for Open Enrollment Plan Years beginning 2020

Get to know HealthTrust!

Who is HealthTrust?

A nonprofit, public risk pool dedicated to serving our Members – the people who work in and govern New Hampshire's schools, towns, cities, counties and other public entities.

- Exceptional service with a personal touch
- More than 70,000 NH public sector workers and their family members choose HealthTrust for their coverage

Our Board of Directors Represents You



Chair: Cathy Ann Stacey Register of Deeds, Rockingham County





Susan Hilchey





Sarah Trahan Social Studies Teacher Winnacunnet High School



K. Jeanne Beaudin, Town Administrator, Belmont



Brian Rapp Lieutenant, Claremont Fire Department





HR Payroll Coordinator, Strafford County





Adam Steel

Superintendent

SAU #39

James Fenn, Chief Financial Officer, SAU #60





Why HealthTrust?

Our focus is YOU!

- Quality, cost-effective, comprehensive benefit plans
- Innovative programs
- Enrollee Services Center
- Slice of Life
- Secure Enrollee Portal *www.healthtrustnh.org*
- Transition Care & Survivor Care
- Vision Discount Programs



53,247

TOTAL MEDICAL COVERED LIVES



As of January 1, 2020





Enhanced Secure Enrollee Portal (SEP) and easy to use HealthTrust Mobile

- Easy sign-on to eight vendor partner websites
- Secure Message Center
- Digital ID cards
- Access to your Coverage Documents
- Now easy to use on a computer, tablet or smartphone!
- Available for you, your covered spouse and covered dependents age 18 or older, log in today!





Complete your Health Assessment (1x/year)



Enrollees and Covered Spouses can earn up to \$475* in cash plus a \$100* fitness device credit! Per calendar year!

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Have a Biometric

Health Screening (1x/year)



\$75

Complete a Health Coaching Engagement (1x/quarter, up to 3x/year)

Order a Fitness Tracker, Smart Scale or Blood Pressure Monitor (1x voucher toward purchase)



Earn Personal Wellness Journey Rewards (1x/quarter, up to 4x/year)



- UP TO -TOTAL \$575!*



This Year

ESS PROGRAM

<u>HealthTrust</u>

*The amount of any cash and the value of any other wellness incentive rewards received from HealthTrust are taxable to the recipient for federal income tax purposes.



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HealthTrust SmartShopper®

SmartShopper*	www.healthtrustnh.org SmartShopper: 866.319.3706 M-TH: 8:00AM-8:00PM EST F: 8:00AM-6:00PM EST		
ligible Medical Services	Incentive [*] Amount (most cost-effective)	Incentive Amount (2nd most cost-effective)	Incentive Amount (3rd most cost-effective)
ariatric Surgery (Laparoscopic Gastric Bypass)	\$500	\$250	N/A
ladder Repair for Incontinence (Sling)	\$250	\$100	\$50
one and Joint Scan of Whole Body	\$150	\$75	\$50
one Density Study of Spine or Pelvis	\$50	\$25	N/A
reast Biopsy	\$150	\$75	\$50
reast Lumpectomy	\$150	\$75	\$50
unionectomy	\$150	\$75	\$50
arpal Tunnel	\$150	\$75	\$50
ataract Removal	\$150	\$75	\$50
olonoscopy	\$150	\$75	\$50
T Anglography	\$150	\$75	\$50
T Scan	\$150	\$75	\$50
all Bladder Removal (Laparoscopic)	\$250	\$100	\$50
ernia Repair	\$250	\$100	\$50
ip Replacement	\$500	\$250	N/A
ysterectomy	\$500	\$250	N/A
ysteroscopy	\$250	\$100	\$50
inee Replacement	\$500	\$250	N/A
inee Arthroscopy	\$250	\$100	\$50
ab (Blood Draw Only)	\$25	N/A	N/A
aminectomy – Inpatient (Back Surgery)	\$250	\$100	\$50
aminectomy – Outpatient (Back Surgery)	\$500	\$250	N/A
aparoscopic Tubal Block or Tubal Ligation	\$250	\$100	\$50
ithotripsy – Fragmenting of Kidney Stones	\$250	\$100	\$50
Aammogram, Digital	\$50	\$25	N/A
ARI	\$150	\$75	\$50
asal/Sinus – Septoplasty (Corrective) or Sinus Surgery (Endoscopy)	\$150	\$75	\$50
ET Scan	\$150	\$75	\$50
hysical Therapy	\$150	N/A	N/A
emicade Infusion Therapy	\$500	N/A	N/A
evision of Total Hip or Knee Replacement	\$500	\$250	N/A
houlder Arthroscopy	\$250	\$100	\$50
pinal Fusion (Anterior)	\$500	\$250	N/A
pinal Fusion (Posterior)	\$500	\$250	N/A
onsillectomy & Adenoidectomy	\$150	\$75	\$50
(mpanostomy and Myringotomy (Ear Surgery)	\$150	\$75	\$50
litrasound (non-maternity)	\$50	\$25	N/A
pper GI Endoscopy	\$150	\$75	\$50
rethra and Bladder Scope	\$250	\$100	\$50
-Ray	\$25	N/A	N/A
" where is uniford in change without notes. Please wise that covered individuals will be presented all transitive optimum andres will be offset. For our task implicit, providiars, only one incandive optime is provided. All shopping tasks in b he sensed of any cash rewards is tanded is the scopied if it federal income kat purpose.	EXCOPT when the second and/or third option to done bokes service are tendened either by o	is 19% higher than the most cost-effective option in t alling or logging in.	he area. In this situation, only the lop

Disclaimer: The amount of any cash rewards is taxable to the receipt for federal income tax purposes.

Shop before your medical service! You can shop as late as the day of your service, as long as you shop before the appointment.



Look before you Book! Log in to your secure account at <u>www.healthtrustnh.org</u> and click on the SmartShopper button, then "Search for a Procedure," and follow the prompts. You will see a list of providers in your area and how much they charge for the medical service you need.



SHOP BY PHONE. Call **866.319.3706** to talk with a SmartShopper Personal Assistant who can help you:

- Find a cost-effective option for your medical service.
- Assist with a referral, if needed.
- Schedule your appointment.

Enrollees with Medicomp Three coverage are not eligible to participate in SmartShopper.



Cash Reward

\$50

Cash Reward

\$25

Cash Reward

\$0

HealthTrust | SmartShopper[®]

MRI - Knee

Seacoast Orthopedics

Estimated Procedure Cost: **\$431 - \$527**

Access Sports Medicine

Estimated Procedure Cost: **\$438 - \$536**

Portsmouth Regional Hospital

Estimated Procedure Cost: **\$1,553 - \$1,899**



Cash Reward

Derry Imaging Center *Estimated Procedure Cost:* \$355 - \$434

Mammogram

Women's Life Imaging

Estimated Procedure Cost:

\$268 - \$328

\$75

Exeter Hospital Estimated Procedure Cost: \$504 - \$616

- Using 30-mile radius from 03801
- Ability to shop close to home or work

Colonoscopy

Portsmouth Ambulatory

Estimated Procedure Cost: **\$1,532 - \$2,754** Cash Reward



Wentworth Surgery Center

Estimated Procedure Cost: **\$1,695 - \$2,922** Cash Reward



Portsmouth Regional Hospital

Estimated Procedure Cost: **\$3,536 - \$4,786**

Cash Reward



l Hospital Cash Reward

\$0____

HealthTrust

Sign up for

LiveHealth Online before the first symptom

Because life won't wait for you to feel better

With LiveHealth Online, you can see a doctor 24/7 without an appointment, or a therapist or psychiatrist by appointment, from the privacy of your home or anywhere you have a computer or mobile device with a webcam. Doctors can answer questions, make a diagnosis and even prescribe basic medications when needed.* Best of all, online visits are covered by HealthTrust medical plans, other than Medicomp Three.

Cost for HealthTrust Enrollees and Covered Family Members for Most HealthTrust Medical Plans**

Medical Visits: Copay is just \$10 or less!

Behavioral Health Visits: Visit with a licensed psychologist/ therapist or board-certified psychiatrist by appointment – **New** cost is just a \$10 copay or less effective 7/1/2020 for July Plan Renewals and 1/1/2021 for January Plan Renewals.

With LiveHealth Online, you get:

- Immediate doctor visits through live video
- Your choice of board-certified doctors
- Private, secure and convenient online visits

When to use LiveHealth Online

Some of the most common uses include:

- Cold and flu symptoms
- Allergies
- Sinus infections
- Migraines
- Upper respiratory infections
- Bronchitis
- Family health questions
- Stress, depression, anxiety and other related issues

Sign up for LiveHealth Online today! **REGISTERING IS QUICK AND EASY**

Download the mobile app for free from the App Store[®] or Google Play[™], or sign up online.



OR

Set up your LiveHealth Online profile at WWW.LIVEHEALTHONLINE.COM so you are ready for your appointment

BEFORE YOU NEED IT.

Cost for HealthTrust Enrollees and Covered Family Members for most HealthTrust Medical Plans*

- Medical Visit: Copay just \$10 or less! ٠
- **Behavioral Health Visit**: New cost is just a \$10 copay or less.**

More care options from LiveHealth Online







Psychology Talk with a therapist from the privacy of your home in 4 days or less.

Psychiatry See a psychiatrist and discuss possible medication management needs.





l ive**Health**

*High Deductible Health Plan Cost: Up to \$59 per medical visit, or up to \$95 per visit with a therapist/psychologist, and up to \$175 for the initial evaluation visit with a psychiatrist, \$75 per follow up visit.

**Effective 7/1/20 for July Plan Renewals and 1/1/21 for January Plan Renewals.









A benefit available to individuals covered by a HealthTrust medical plan

Grand Rounds Services



Complex Medical Care. We'll find you the most appropriate physician in your area.



An expert.

Provide you with a second opinion or personalized care plan from a world-class expert.



A hand.

Help book doctors' appointments, gather medical records, and handle all the details.

Answers.

We'll help you understand a new diagnosis or existing condition.

+

Treatment decision support.

To help make the best choices for care.

Enrollees with Medicomp Three coverage are not eligible to participate in Grand Rounds.



Getting Started with Grand Rounds



Desktop

- 1. Log in to your secure account at <u>www.healthtrustnh.org</u> and click on the Grand Rounds button.
- 2. Enter your email and password, then input your personal information to create your account



Phone

Call **1.855.633.8341** to speak with a care coordinator and set up your account.



Mobile

- 1. Search "Grand Rounds" in the Apple App Store or Google Play Store.
- 2. Download the Grand Rounds App.
- 3. Enter your email and password, then input your personal information to create your account.



Enrollees with Medicomp Three coverage are not eligible to participate in Grand Rounds







Access the LifeResources EAP by:

Call LifeResources EAP at 800.759.8122 to talk to a LifeResources professional.

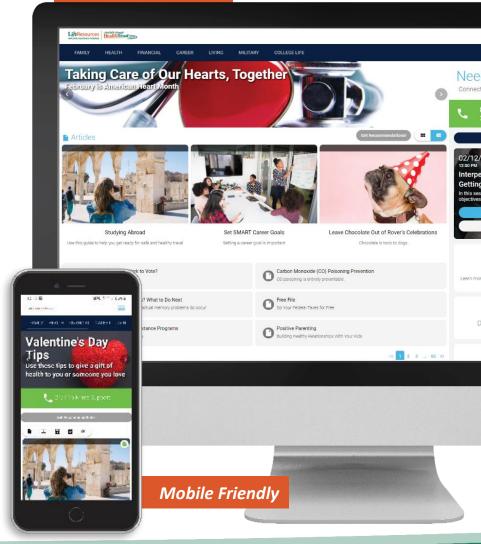
Enrollees can log in to their secure account on HealthTrust's Secure Enrollee Portal (SEP) at <u>www.healthtrustnh.org</u> and click on the LifeResources button.

Visit the LifeResources website at *mylifeexpert.com* Username: healthtrust | Password: resources

LifeResources EAP helps with issues – large or small – that can affect your health and happiness as well as your work and family life. Call the EAP at 800.759.8122 (24-7 / 365) for:

- Mental Health Counseling up to 6 free telephone or video counseling sessions per issue.
- Financial Resources one free 30 60 minute consultation with a financial planner.
- Legal Resources one 30 minute office or telephone consultation with attorney.
 - 25% off that attorney's hourly fee if you want to work together
- Life Coaching get help achieving your personal or professional goals!
- And much more!









Accordant®

◆CVS specialty[™] nurse care management















ESSENTIAL SERVICES ALL HEALTHTRUST MEDICAL PLANS COVER

Comprehensive Medical Coverage:

- Preventive Services (including, Routine Eye Exams)
- Physician Office Visits and Consultations
- Medical and Surgical Care
- Inpatient Hospital Care
- Durable Medical Equipment (DME)

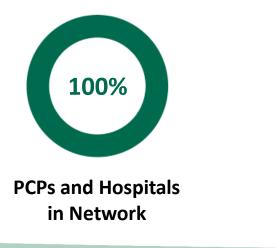
- Behavioral Health and Substance Use Care
- Emergency or Urgent Care
- Worldwide Coverage for Unforeseen or Emergency Care
- Prescription Medications

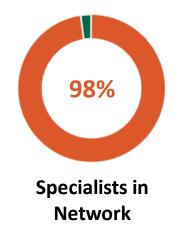


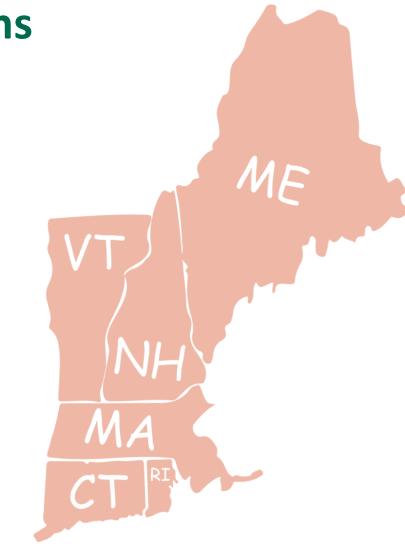
Access Blue HMO Plans

- Network includes all six New England States
- Choose a PCP from any New England State
- No PCP referral needed in Network
- PCP referral needed to see Out-of-Network specialists

New Hampshire Statistics:









COVERAGE ANYWHERE ANYTIME

Worldwide Coverage | www.bcbsglobalcore.com



Away From Home Care Program (HMO Plans)





Medical Benefit Options July Plan Year (7/1 through 6/30)

Medical Plan Type	Access Blue New England HMO	
Plan Name	AB20	
/isit Copay	\$20	
Specialty Visit Copay	\$20	
Nalk-In Center Copay	\$20	
Jrgent Care Copay	\$50	
ER Copay	\$100	
Standard Deductible (per person/per family)	\$0	
Chiropractic Visits/Copay	12 / \$20	
Therapy Visits (PT/OT/ST)/Copay	60 / \$20	
Acupuncture Visits/Copay	N/A	
Durable Medical Equipment	You pay 20%	
VRI, CT scan, PET, MRA	You pay \$0	
K-Rays and Ultrasounds	You pay \$0	
_abs (including allergy testing)	You pay \$0	
Naximum Out-of-Pocket (medical and RX expenses combined)	\$3,000 / \$6,000	



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



Prescription Benefit Options CVS caremark[®]

Prescription Plans	Your Cost Per RX
RX10/20/45	Retail/Maintenance Choice Copays: \$10 generics \$20 preferred brands \$45 non-preferred brands \$45 non-preferred brands \$0 for Certain Preventive Medications and Contraceptives

Retail Pharmacy: Up to a 34-day supply

Short-term medication needs (i.e. antibiotics, pain relief, creams, etc.)

Maintenance Choice (Mail Service or CVS Pharmacy): ONE Copay for Up to a 90-day supply

Long-term medications taken regularly for chronic conditions (i.e. high blood pressure, asthma, diabetes, high cholesterol, etc.)



CVS Caremark Mail Service Pharmacy – Enjoy convenient delivery to the location of your choice.



CVS Retail Pharmacy – Pick up your medication at a time that is convenient for you whether here in New Hampshire or nationwide (including Target locations).

Please note: You may fill your long-term medications (one initial plus two refills) at any network retail pharmacy for up to a 34-day supply, then you will need to use mail service or a CVS Pharmacy for additional supplies.



Prescription Benefits



Prescription

CVS caremark

Preventive Vaccines:

- Certain vaccines (i.e., flu, shingles, pneumonia) may be obtained at any network retail pharmacy location

 choose from over 64,000 locations!
- Show your prescription ID card to receive the vaccine, at no cost.

Tobacco Cessation Coverage:

• Prescription medications and some over-the-counter products designed to eliminate tobacco use are covered.

Prior Authorization:

• Required for Botox, Myobloc, Wellbutrin and its Generics, Specialty Medications, Compound Medications.

Specialty Medications:

- Exclusively filled by CVS Caremark's Specialty Pharmacy with access to dedicated nurses to help manage rare conditions and treatment.
- **Beginning 7/1/2020,** your plan provides coverage for the specialty medications included on the CVS Caremark Advanced Specialty Formulary list as amended from time to time.
- Log in to your secure account at <u>www.healthtrustnh.org</u> and click on the CVS Caremark button for the Advanced Specialty Formulary list.
- Questions or to get started with CVS Caremark's Specialty Pharmacy call 800.237.2767.



Benefit Enhancements and Updates

Infertility Treatment Effective January 1, 2020 for January Groups and July 1, 2020 for July Groups New coverage for medically necessary treatment of fertility-related conditions. Applies to all HealthTrust medical benefit options, with the exception of Medicomp Three. - Coverage is currently provided for diagnostic services related to determining the cause of infertility.

Autism Benefit

Effective January 1, 2020 for January Groups (was July 1, 2019 for July Groups)

- Enhanced coverage for the treatment of pervasive developmental disorder or autism, including Applied Behavioral Analysis therapy (ABA).
- Services for ABA must be medically necessary and furnished by, or under the supervision of, an individual who is professionally certified by a national board of behavioral analysts.
- Applies to all HealthTrust medical benefit options, with the exception of Medicomp Three.
- Autism Spectrum Disorder (ASD) Program Resources **1.844.269.0538**.

Emergency Room Boarding

Effective January 1, 2020 for both January and July Groups

- New coverage for boarding and non-medical care costs of a covered individual who is waiting in an acute care hospital in NH for an involuntary inpatient or other psychiatric admission, with no cost sharing for the individual.
- Applies to all HealthTrust medical benefit options, with the exception of Medicomp Three.



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For City Employees, Fire and Non-Union



Dental Benefit Options July Plan Year (7/1 through 6/30)

	Dental Plan Option	
Plan Coverage:	15C	
Coverage A - Diagnostic & Preventive: Evaluations (twice in a calendar		
year); Cleanings (four per calendar year); X-rays (complete series or		
panoramic film once in a five-year period, Bitewing x-rays once in a	100%	
calendar year); Fluoride (twice in a calendar year through age 18); Space		
Maintainers (through age 15); Sealants (once in a three-year period, per		
tooth, for children through age 18)		
Coverage B - Basic Care: Amalgam (silver) and/or Composite (white)	60%	
fillings; Surgical and routine extractions; Root canal therapy; Periodontal		
treatment; Denture repair; Emergency Treatment		
Coverage C - Major Care: Removable and fixed partial dentures (bridges);	50%	
Crowns; Dentures; Onlays; Implants		
Coverage D - Orthodontics: Correction of crooked teeth for dependent	N/A	
children up to the age of 19		
Coverage D - Orthodontics: Correction of crooked teeth for Adults age 19	N/A	
and over		
Orthodontic Lifetime Maximum: (Per Person/Per Lifetime; separate from	N/A	
Plan Year Maximum)		
Deductible (Coverage B and C Only): (Per Person/Per Family Per Plan Year)	\$0	
Plan Year Maximum: Per Person/Per Plan Year	\$750	

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



For PMA, SMA and Police



Dental Benefit Options July Plan Year (7/1 through 6/30)

	Dental Plan Option	
Plan Coverage:	3F	
Coverage A - Diagnostic & Preventive: Evaluations (twice in a calendar year);		
Cleanings (four per calendar year); X-rays (complete series or panoramic film		
once in a five-year period, Bitewing x-rays once in a calendar year); Fluoride	100%	
(twice in a calendar year through age 18); Space Maintainers (through age		
15); Sealants (once in a three-year period, per tooth, for children through age 18)		
Coverage B - Basic Care: Amalgam (silver) and/or Composite (white) fillings;		
Surgical and routine extractions; Root canal therapy; Periodontal treatment;	80%	
Denture repair; Emergency Treatment		
Coverage C - Major Care: Removable and fixed partial dentures (bridges);	50%	
Crowns; Dentures; Onlays; Implants		
Coverage D - Orthodontics: Correction of crooked teeth for dependent children up to the age of 19	N/A	
Coverage D - Orthodontics: Correction of crooked teeth for Adults age 19 and over	N/A	
Orthodontic Lifetime Maximum: (Per Person/Per Lifetime; separate from	N/A	
Plan Year Maximum)	IW/A	
Deductible (Coverage B and C Only): (Per Person/Per Family Per Plan Year)	\$0	
Plan Year Maximum: Per Person/Per Plan Year	\$1,500	

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





Stretch Your Dollars!

- Covered individuals are free to seek dental care from any dentist participating or not.
- You will get the best dollar value from your dental benefits when you choose one of **Delta Dental's PPO** dentists.
- You will also enjoy savings by using the expansive **Delta Dental Premier** Network.
- Since nearly 3 out of 4 dentists participate in one or both, you will have:
 - ✓ No Balance Billing
 - ✓ Less Paperwork
 - ✓ Direct Payment



Enhanced Secure Enrollee Portal (SEP)

New Single Sign-ons!



Available for you, your covered spouse and covered dependents age 18 or older, log in today!

Access your Enrollment & Membership information, Coverage Documents, Secure Message Center, ID Cards and more.





We are here for you!





Send a message directly from the Secure Enrollee Portal





(O) or by email <u>enrolleeservices@healthtrustnh.org</u>

Thank you!

