



Arthur J. Gallagher & Co.
BUSINESS WITHOUT BARRIERS®

Shaker Heights City Schools

EMPLOYEE MEETINGS: OCTOBER 10TH & 24TH

OPEN ENROLLMENT - BENEFIT ELECTIONS EFFECTIVE 1/1/18

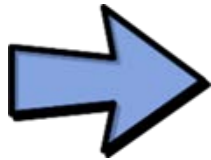
Agenda

- **Medical & Prescription Drug Plan – Carrier Change**
 - ❑ Overview, Timeline
- **Open Enrollment – Medical, Prescription Drug, Dental, FSA**
- **New Health Plan ID Cards**
- **Medical Mutual – Importation Information Regarding the Medical Plan**
 - ❑ Benefits, Provider Network, Member Website, Mobile App
- **Medical Mutual/ESI – Importation Information Regarding the Prescription Drug Plan**
 - ❑ Benefits, Mail Order, Specialty Medications, Pharmacy Network, Formulary
- **Additional Benefits**
 - ❑ Dental Plan
 - ❑ Flexible Spending Account
 - ❑ Basic Life Insurance
 - ❑ Voluntary Insurance: Life, Disability, Identity Theft
 - ❑ Health Advocate



Medical & Prescription Drug Plans – Carrier Change

Shaker Heights City Schools is moving the Medical & Prescription Drug Plans
from Anthem/Express Scripts
to Medical Mutual/Express Scripts effective January 1, 2018



Same Hospitals
Same Physicians
Same Pharmacies



There are minor changes to the medical provider network,
and no changes to the pharmacy network!

IMPORTANT: this presentation is an overview to assist you with the transition.
All employees will receive a separate handout providing additional details and
important information about the transition from Anthem to Medical Mutual.
The dental plan will remain with Anthem.

Medical & Prescription Drug Plans – Carrier Change

WHY CHANGE?

- **Medical Mutual (MMO) Offer:**
 - Highly competitive fixed costs (admin fees, stop loss insurance)
 - Substantial increase in Wellness Fund - \$30,000 for 2018
 - Improved pharmacy contract terms and performance guarantees
- Anthem unable to match MMO's offer
- The Shaker Insurance Committee **unanimously agreed** to the move to MMO
- **Reminder:** although Shaker was able to reduce fixed costs, the majority of our health plan costs are spent on medical and pharmacy claims, which continue to increase year over year.
- By moving to MMO, Shaker is able to **minimize the renewal rate increase** for 2018. The new rates will be approved at the December, 2017 Board meeting and are anticipated to be:
 - Medical Plan: Single/Family rates will increase 5%
Reminder: FTE's pay 12% of premium, so the increase is 5% of the 12% contribution
 - Prescription Plan: No change
 - Dental Plan: No change (**Dental Plan will remain with Anthem**)



Transition to Medical Mutual

Timeline: What to Expect and When

Item	Details	Date of Delivery
MMO ID Cards	New ID Cards for the Medical and Prescription Drug Plan	Mid-to-late December via U.S. Mail
ESI Welcome Letter	One page letter from ESI with introductory information & mail order form	Mid-to-late December via U.S. Mail
MMO SBC	Summary of Benefits & Coverage document providing an overview of Medical & Rx Drug benefits	Will be distributed by Shaker during Open Enrollment
MMO Benefit Book	Booklet providing details of the Medical & Rx drug plans	Mid-to-late January via U.S. Mail



Open Enrollment

Open Enrollment Dates:
Monday, October 30 – Friday, November 17, 2017



- **Open enrollment** is the time during which you can make changes to your medical and dental benefit elections. This is also the time to make your 2018 FSA elections.
- **IMPORTANT:**
 - ❑ Medical/Rx Drug & Dental: If you are NOT making changes, NO ACTION IS REQUIRED, unless you are enrolling or making a change.
 - ❑ Flexible Spending Account (FSA): You **MUST TAKE ACTION** to enroll in the Health Care and/or Dependent Care FSA. Your current elections will NOT automatically rollover to 2018.
- **HOW TO ENROLL OR MAKE CHANGES:**
 - Self-enroll online via the Shaker Benefits Website; or
 - Contact SMBO Call Center

→ *You will receive a separate flyer with detailed instructions for both methods*

NEW ID CARDS

- ❑ You will receive your new MMO/ESI ID cards on or about January 1, 2018.
→ Remember to present your new ID card to health care providers and pharmacies on or after 1/1/18

- ❑ Medical & Pharmacy information will now be combined on one card.

- ❑ If you do not receive your MMO ID card by January 1st, do not panic!
MMO provided a letter that you can give to your doctors and pharmacies containing the information needed to ensure you receive health care services and prescription drugs.



- ❑ Whether enrolled for single or family medical and prescription drug cards, each employee will receive a set of two MMO ID cards. Additionally, employees with children ages 18 and older will receive extra ID cards for such children.

- ❑ If you need additional ID cards, on/after January 1st, you can
 - Order online by registering on *My Health Plan* at www.medmutual.com, or
 - Access your ID card on your phone or mobile device by downloading the MedMutual Mobile app.

IMPORTANT:

→ Continue to use your current Anthem and ESI ID cards through December 31, 2017.

If you use your Anthem ID or ESI card after January 1st, your claims will be denied.

→ Do NOT discard your Anthem dental ID card as the dental plan is remaining with Anthem.

Medical Plan Information

Even with the move to MMO, **BENEFITS ARE NOT CHANGING**

- Deductibles, Coinsurance, Copays and Out-of-Pockets will remain the same
- There are always a few differences in how benefits are administered when transitioning carriers, but overall the plan remains the same

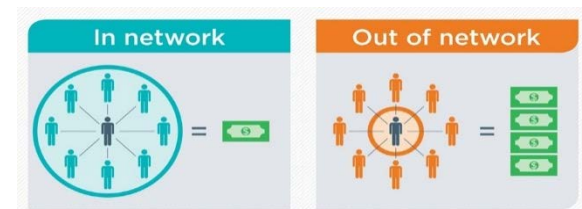


Provider Network Information:

- MMO has a large network of providers (hospitals, doctors, facilities, labs, etc.)
- In Ohio: SuperMed PPO Network
- Outside of Ohio: First Health Network

All University Hospitals and Physicians are now in the MMO Network including UH Main Campus, UH Seidman Cancer Center, Rainbow Babies & Children's Hospital and UH Bedford Medical Center!

IMPORTANT: although the network provider disruption is minimal, we recommend verifying that your medical care providers are in the MMO network by using the provider search on www.medmutual.com or the Medical Mutual mobile app.

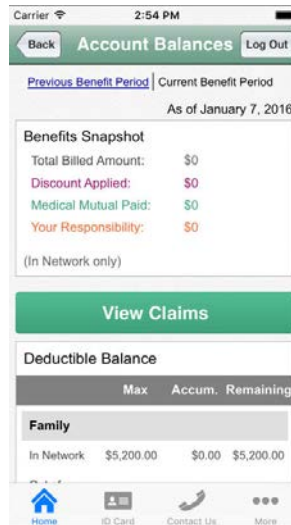
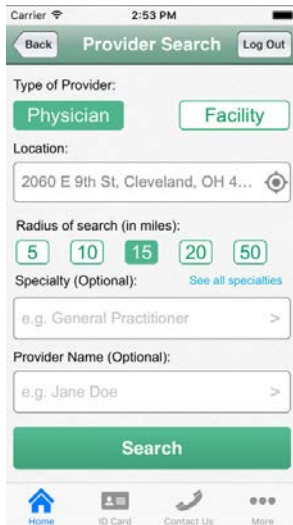
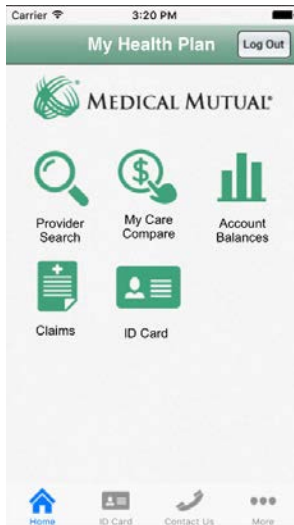


Medical Plan Information, continued

MMO's member website is a quick, easy and secure way to take care of all of your health plan needs, 24/7. You can order ID cards, contact online customer service, view your claims and plan information, and access many health and wellness program discounts and resources!

How to Register for an Account on My Health Plan

1. Visit MedMutual.com/member
2. Click on "Register for an Account"
3. Type in your ID Number from your MMO ID Card
4. Enter the Date of Birth
5. Create a secure username and password
6. Check the "Terms and Agreement" Box
7. Click "Continue"



MEDICAL MUTUAL®

Search "MedMutual" on
iTunes or Google Play to
download the free MMO app!

Prescription Drug Plan Information

Even with the move to MMO/ESI, **BENEFITS ARE NOT CHANGING**



- Pharmacy Benefit Manager remains Express Scripts (ESI)
(No longer a direct contract, but under the MMO “umbrella”)
- Rx Drug Copays and Out-of-Pocket will remain the same
- Open refills currently on file with ESI will transfer to MMO/ESI, including:
 - Retail Refills
 - Mail Order Refills
 - Specialty Drug Refills
- Prior authorizations will transfer

NO CHANGES FROM CURRENT PROGRAM

- ESI's National Pharmacy Network**
CVS, Walgreen's, Costco, Walgreen's, etc.
- ESI National Preferred Formulary**
- Required Use of ESI's Specialty Pharmacy for specialty medication**

Reminder: there are always a few differences in how benefits are administered when transitioning carriers, but overall the plan remains the same.

Additional Reminders

Sometimes it's easy to forget what the basics of a medical plan are, so below are definitions of the various components as a refresher:

- **Copay:** A flat dollar amount that is paid at the time of service
- **Deductible:** Annual amount member must pay before benefits are paid at the Coinsurance percentage
- **Coinsurance:** A percentage that a member pays for services received after they have met their deductible
- **Out-of-Pocket Maximum:** The most an employee would pay in Deductible, Coinsurance and Copays during a plan year



Overview of Additional Benefits

Shaker offers a comprehensive benefit package, including these additional benefits:

➤ DENTAL PLAN

- No change to carrier – will remain with Anthem
- No change to benefits or rates



➤ FLEXIBLE SPENDING ACCOUNT

- Each year, you **must re-elect** the healthcare and dependent care FSA during open enrollment
- Maximum Annual Contribution: \$2,550 healthcare / \$5,000 dependent care

➤ BASIC LIFE INSURANCE:

- Full-time employees are provided basic life insurance, paid for by the District

➤ VOLUNTARY INSURANCE (insurance coverage paid for by the employee, and is optional)

- Universal Life Insurance
- Short Term and Long-Term Disability
- Critical Illness
- Identity Theft – employees ***are permitted*** to enroll during open enrollment

IMPORTANT: *there is no open enrollment for basic life insurance or voluntary insurance, except Identity Theft. If you don't enroll when first eligible, you may apply subsequently, but will be required to answer health questions and you may be declined coverage. See your Human Resource Department for further information.*

Overview of Additional Benefits, continued

Health Advocate

- ❖ **A healthcare concierge/advocacy service** with professionals to help employees and family members make the right healthcare decision, and navigate the complicated health care and benefits system.
- ❖ Offered by Shaker at **no cost** to employees
- ❖ **Eligible to employees enrolled in the health plan**
 - Includes spouse, children, parents, parents-in-law
- ❖ **Services Available:**
 - Compare Providers – Cost & Quality
 - Help Finding Doctors
 - Scheduling Physician Appointments
 - Resolve Claim and Billing Issues
 - Answer Benefit Questions
 - And More!



HealthAdvocate™

The Fine Print

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

This document is an outline of the coverage proposed by the carrier, based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies or benefit books themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by legal counsel who specialize in this practice area.