



#### WHY HEALTHTRUST?

#### Who is HealthTrust?

A nonprofit, public risk pool dedicated to serving our Members – New Hampshire's schools, towns, cities, counties and other quasi-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 focus is YOU!

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



















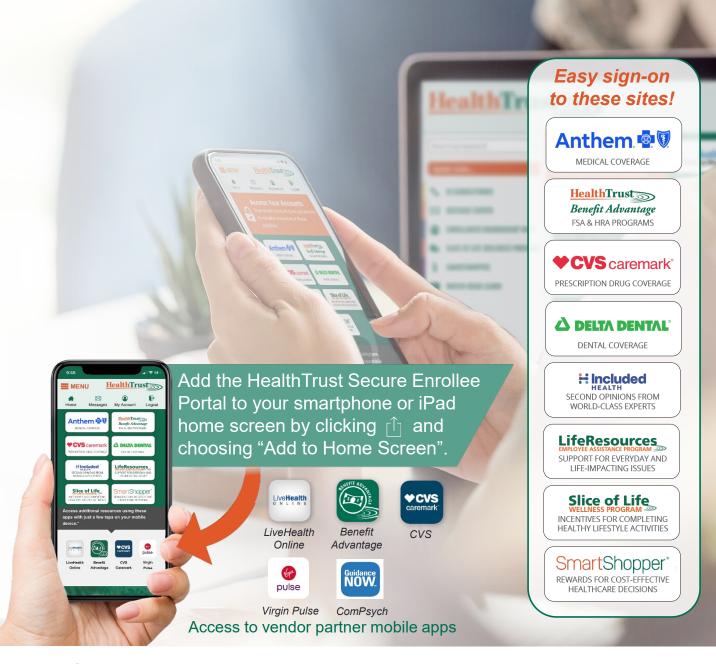




## **Engage!** Get the Most from Your Benefits

### 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
- Find a network provider or pharmacy
- 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!





### Our Well-Being Programs provide the resources you and your covered family members need to achieve optimum health.



Live Healthy, Earn Rewards

**Pulse Cash Rewards** 

**Health Coaching** 

Health Check Survey

Social Platform

Healthy Habits
Trackers

### Medical Care Access

Access Care When and Where You Need It

Live**Health**®

Anthem 20 24/7 NurseLine



#### SmartShopper®

Earn Rewards by Making Cost-Effective Healthcare Decisions

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

### **Expert Medical Support**

Take Charge of Your Health



Get a Second Opinion from a World-Class Expert

#### CORIG N"

**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











#### Mental Health

Find Support for Everyday and Life-Impacting Issues







KOA Foundations Mobile App

Live Health o N L I N E (Psychology and Psychiatry)





Medicomp: Retirees enrolled in Medicomp Three coverage are not eligible to participate in the following Well-Being Programs – LiveHealth Online, Included Health, SmartShopper, Lark, Aware Recovery Care, InStride Health, and Aspire365.

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 Employee Assistance Program

#### **LET'S DO THIS TOGETHER!**

#### Are you ready for some fun?

- Who is Eligible: HealthTrust Medical Enrollees, covered spouses and Retirees are eligible to participate and earn up to \$475 in Pulse Cash each year.
- To Register: Log in or create your HealthTrust Secure Enrollee Portal account at www.healthtrustnh.org and click on the Slice of Life tile or download the Virgin Pulse app.
- Rewards your way! You decide when and what to redeem Pulse Cash for including gift cards, a health and wellness item from the Virgin Pulse store or donate to charity.









#### **HEALTHY ACTIONS = REWARDS!**

Effective January 2024



#### How to earn rewards:

It's simple! Do healthy things, earn points and get rewards! The points you earn will accumulate each quarter. As you reach a new level, your rewards grow!

<b>Quarterly Earning</b>	<b>Opportunities</b>
Points	Pulse Cash

	Points	Pulse Cash
LEVEL 1	3,000	\$10
LEVEL 2	8,000	\$20
LEVEL 3	15,000	\$35
LEVEL 4	24,000	\$45
Maximum	rewards per quarter	\$110

#### 2024 Annual Key Action Rewards: \$35

- Complete the Health Check for \$10 Pulse Cash & 500 Points
- Complete three Health Coaching Sessions to earn \$25 Pulse Cash
- Complete a Biometric Screening and earn 1,000 points





# 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)

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

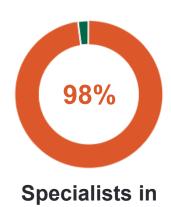
#### **ACCESS BLUE HMO AND SITE OF SERVICE PLANS**

- 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:**



PCPs and Hospitals in Network

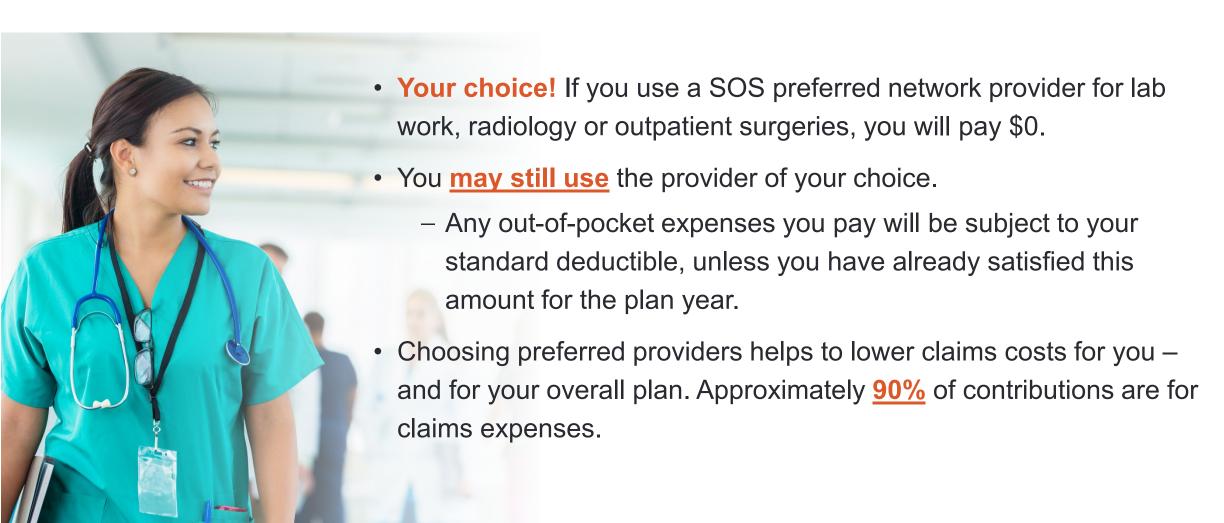


**Network** 



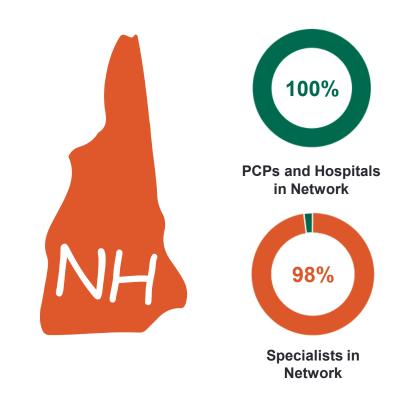
#### **ACCESS BLUE SITE OF SERVICE PLANS (SOS)**

#### Get the care you need – and pay less!



#### **BLUECHOICE POINT OF SERVICE (POS) PLANS**

- Selecting a PCP is highly recommended, but not required.
- All PCPs in New Hampshire and some in the border states participate.
- To pay the lowest out-of-pocket expenses, you will need a PCP referral to access Network or Out-of-Network specialists for most services.
- You may access care without a referral, however, your costs will be higher.





#### **MEDICAL BENEFIT OPTIONS**

#### July 1, 2024 – August 31, 2024

Medical Plan Type	BlueChoice POS	Access Blue New England HMO	Access Blue New England HMO with Deductible
Plan Name	BC2T20	AB20	AB15/40IPDED
Visit Copay	\$20	\$20	\$15
Specialty Visit Copay	\$20	\$20	\$40
Walk-In Center Copay	\$20	\$20	\$15
Urgent Care Copay	\$50	\$50	\$125
ER Copay	\$100	\$100	\$250
Standard Deductible (per person/per family)	\$250 / \$500 (Self-Referred Only)	\$0	\$1,000 / \$3,000
Standard Coinsurance	20% (Self-Referred Only)	N/A	N/A
Chiropractic Visits/Copay	35 / \$0	Unlimited / \$20	Unlimited / \$15
Therapy Visits (PT/OT/ST)/Copay	Unlimited / \$0	60 / \$20	60 / \$15
Acupuncture Visits/Copay	N/A	Unlimited / \$20	Unlimited / \$15
Durable Medical Equipment	\$100 deductible, then you pay 20%	You pay 20%	\$100 deductible, then you pay 20%
MRI, CT scan, PET, MRA	You pay \$0 (PCP-Referred Only)	You pay \$0	Standard Deductible
X-Rays and Ultrasounds	You pay \$0 (PCP-Referred Only)	You pay \$0	You pay \$0
Labs (including allergy testing)	You pay \$0 (PCP-Referred Only)	You pay \$0	You pay \$0
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



#### **MEDICAL BENEFIT OPTIONS**

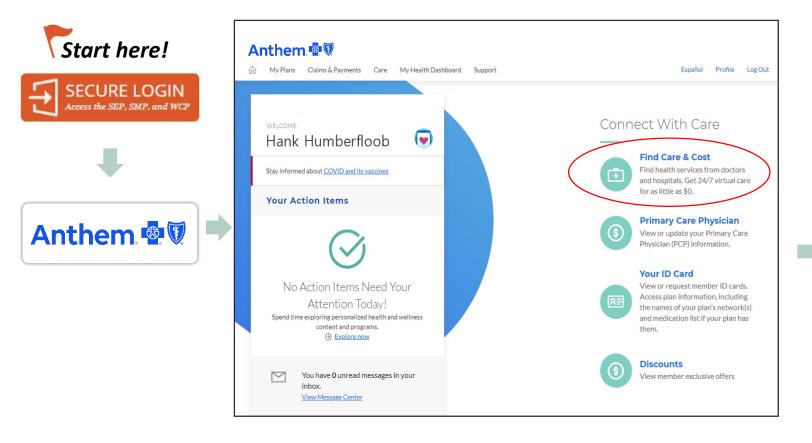
#### **September 1, 2024 – June 30, 2025**

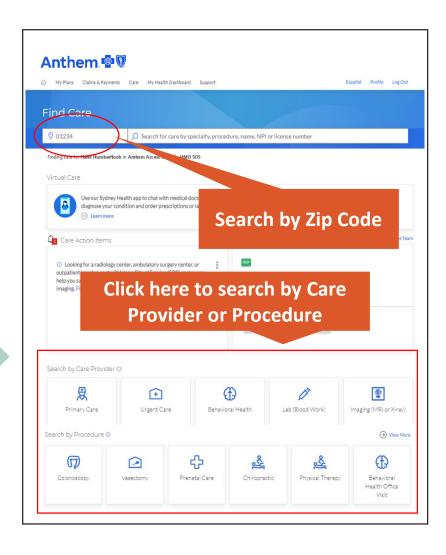
Medical Plan Type	Access Blue New England HMO	Access Blue New England HMO with Deductible
Plan Name	AB20	ABSOS20/40/1KDED
Visit Copay	\$20	\$20
Specialty Visit Copay	\$20	\$40
Walk-In Center Copay	\$20	\$20
Urgent Care Copay	\$50	\$50
ER Copay	\$100	\$100
Standard Deductible (per person/per family)	\$0	\$1,000 / \$3,000
Standard Coinsurance	N/A	N/A
Chiropractic Visits/Copay	Unlimited / \$20	Unlimited / \$20
Therapy Visits (PT/OT/ST)/Copay	60 / \$20	60 / \$20
Acupuncture Visits/Copay	Unlimited / \$20	Unlimited / \$20
Durable Medical Equipment	You pay 20%	\$100 deductible, then you pay 20%
MRI, CT scan, PET, MRA	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible
X-Rays and Ultrasounds	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible
Labs (including allergy testing)	You pay \$0	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	\$5,000 / \$10,000



#### HOW TO FIND AN ANTHEM NETWORK PROVIDER

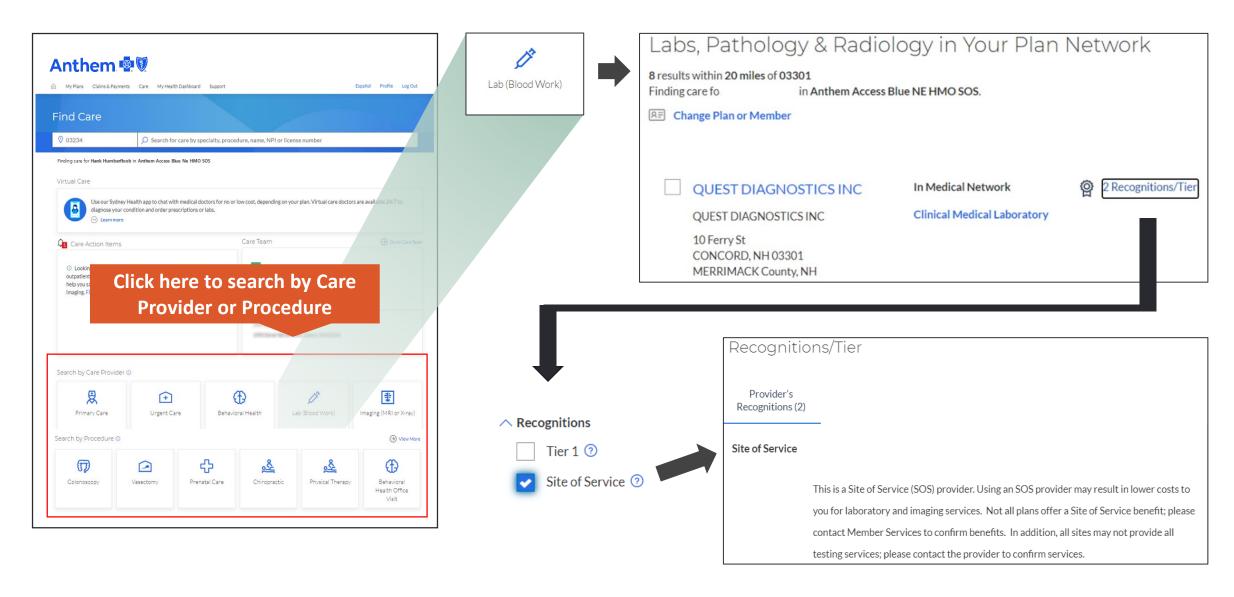
Log in to your Secure Enrollee Portal (SEP) account at www.healthtrustnh.org and click on the Anthem button.





Please always contact the provider directly to confirm the services available are Site of Service (SOS) for the location.

#### HOW TO FIND AN ANTHEM NETWORK PROVIDER

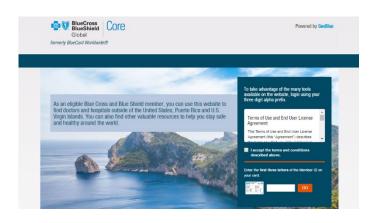


#### **COVERAGE ANYWHERE ANYTIME**

#### **Worldwide Coverage**

You have convenient access to your medical benefits and coverage all around the world!

www.bcbsglobalcore.com 800.810.2583





**BCBS Global Core** 





#### Away From Home Care Program (HMO & SOS Plans)

- This program allows Enrollees and their covered family members to have a Guest Membership in **select states** when residing outside the network service area for 90 consecutive days or more.
- For availability, information on how to enroll and the states that participate, contact Anthem using the phone number on your ID card.

A Guest Membership is designed to address your healthcare needs if you have one of the following situations:

- Students Typically used for students requiring ongoing medical care while they are away at school.
- **Families Apart** Available to qualified spouses and dependents residing in different HMO service areas.
- Long Term Travelers Available to qualified Enrollees, spouses and dependents who are temporarily away from their home HMO service area.



#### PRESCRIPTION BENEFIT OPTION



Prescription Plan	Your Cost Per RX	
R10/25/40 M10/40/70	Retail Copays: \$10 generics \$25 preferred brands \$40 non-preferred brands \$0 for Certain Preventive I	Maintenance Choice Copays: \$10 generics \$40 preferred brands \$70 non-preferred brands  Medications and Contraceptives

Retail Pharmacy: Up to a 34-day supply - Choose from over 68,000 network pharmacies nationwide! Short-term medication needs (i.e. antibiotics, pain relief, creams, etc.)

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

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<sup>\*</sup>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

#### **Covered Medications**



- Your coverage is based on a list of covered medications known as a formulary.
- A prescription drug formulary is a list of preferred drugs established to encourage the use of safe, effective generic and brand-name medications while helping to control prescription drug costs.
- Certain prescription drugs, such as those that have a direct generic or brand-name therapeutic equivalent medication available, may be excluded from coverage.
- The formulary list will be reviewed quarterly and is amended from time to time.

#### **How It Works?**

- Providers will have electronic access to the formulary at the point of prescribing and will be able to prescribe covered medications based on this information.
- If there are documented medical reasons why you must take a medication that is not on the formulary, your provider can request a coverage review by calling **855.240.0536.**
- Log in to your Secure Enrollee Portal (SEP) at www.healthtrustnh.org to access the most up-to-date coverage and formulary information.



#### PRESCRIPTION BENEFITS

#### **Specialty Medications:**



- Specialty medications are used for the treatment of complex conditions, such as cancer, multiple sclerosis, rheumatoid arthritis, and are often injected or infused.
- Exclusively filled by CVS Specialty Pharmacy<sup>®</sup> with 24/7 access to specifically trained pharmacists and nurses to help manage complex conditions and treatment.
- You can have your specialty medications available for pickup at any CVS Pharmacy retail location, or you
  can have your medications delivered to your home or location of your choice.
- To get started, call a CVS Specialty representative at 800.237.2767 or register online at CVSspecialty.com.

#### **Prior Authorization:**

- Prescriptions for certain medications require a prior authorization also known as a coverage review to
  ensure the medication is cost-effective and clinically appropriate.
- Required prior authorizations are subject to change from time to time.
- Your doctor will contact CVS Caremark directly for you to initiate the Prior Authorization process.

#### **Preventive Vaccines:**

- Certain vaccines (i.e., flu, shingles, pneumonia) may be obtained at any network retail pharmacy location choose from over 68,000 locations!
- Show your prescription ID card to receive the vaccine, at no cost.

## DENTAL BENEFIT OPTION July 1, 2024 – August 31, 2024

	<b>Dental Plan Option</b>
Plan Coverage:	1A
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 (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)	100%
Coverage B - Basic Care: Amalgam (silver) and/or Composite (white) fillings; Surgical and routine extractions; Root canal therapy; Periodontal treatment; Denture repair; Emergency Treatment	80%
Coverage C - Major Care: Removable and fixed partial dentures (bridges); Crowns; Dentures; Onlays; Implants	50%
Coverage D - Orthodontics: Correction of crooked teeth for dependent children up to the age of 19	50%
Coverage D - Orthodontics: Correction of crooked teeth for Adults age 19 and over	N/A
Orthodontic Lifetime Maximum: (Per Person/Per Lifetime; separate from Plan Year Maximum)	\$1,000
<b>Deductible (Coverage B and C Only):</b> (Per Person/Per Family Per Plan Year)	\$0
Plan Year Maximum: Per Person/Per Plan Year	\$1,000



## **DENTAL BENEFIT OPTION**September 1, 2024 – June 30, 2025

	<b>Dental Plan Option</b>
Plan Coverage:	1\$
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 (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)	100%
Coverage B - Basic Care: Amalgam (silver) and/or Composite (white) fillings; Surgical and routine extractions; Root canal therapy; Periodontal treatment; Denture repair; Emergency Treatment	80%
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Orthodontic Lifetime Maximum: (Per Person/Per Lifetime; separate from Plan Year Maximum)	\$1,000
<b>Deductible (Coverage B and C Only):</b> (Per Person/Per Family Per Plan Year)	\$0
Plan Year Maximum: Per Person/Per Plan Year	\$2,000



#### STRETCH YOUR DOLLARS





## go green!

- 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
- Log in to your SEP account at www.healthtrustnh.org to find participating dentists.

#### **BENEFIT ADVANTAGE - FSA**

- Flexible Spending Accounts (FSAs) can help you manage your qualifying health and childcare and/or eldercare expenses while providing tax-saving benefits.
- Contributions are taken pre-tax from your paycheck in equal installments and reimbursements are tax-free (typically a <u>20-35% savings</u> for most participants).
- Your **Health FSA** election amount is available on day one! The full amount of your election is available on the first day of the plan year, giving you the peace of mind of knowing you have money available when you need it.
- Dependent Care Account funds are only available as they accumulate through payroll deductions.

Quick access to your FSA through the Secure Enrollee Portal!



#### **Pelham School District Specifics:**

- You can contribute up to \$3,200 to Health FSA and \$5,000 to Dependent Care Account in 2024
- 2 ½ month grace period for Dependent Care FSA
- \$640 dollar carryover for Health FSA
- Funds are deducted from your paycheck in equal installments

#### **BENEFIT ADVANTAGE - FSA**

#### **Health FSA:**

- You can use your funds for many eligible expenses, such as:
  - Copayments, deductibles and coinsurance
  - Prescriptions
  - Dental and orthodontia services
  - Eyeglasses and contact lenses
  - Over-the-counter medications and supplies
  - And more!

#### **Dependent Care Account:**

- You can use your funds to pay for:
  - Childcare
  - Before-school and after-school programs (kindergarten and grade school expenses are not eligible)
  - Summer day camps
  - Adult daycare
- The care provided must be for a qualifying dependent (such as a child), and the payment made to a qualifying provider (an individual or dependent care center that is in compliance with state and local law).
- The expenses must enable a single parent or both spouses to work, look for work, or to attend school full-time.





#### **BENEFIT ADVANTAGE - FSA**

#### There are two ways you can pay for eligible expenses:

- You can use a HealthTrust Benefit Advantage Debit Card.
- You can pay for services then get reimbursed by submitting a claim reimbursement request either electronically or using a paper form.

#### Benefit Advantage Debit Card:

- Allows you to pay at the time of service with automatic debit from your FSA. You will be notified if a copy of the receipt is required for your purchase.
- Charges made to the debit card are only conditionally reimbursed until any required receipts are received and approved by HealthTrust per IRS regulations.

#### Electronic and Paper Claims Requests:

- Reimbursements are made payable to you, either by direct deposit or paper check. You can submit claims in a variety of ways:
  - Online Log in to your SEP account and click on the Benefit Advantage button.
  - Benefit Advantage mobile app.
  - Complete a paper claim form to submit via the secure Message Center in the SEP or send by mail.

#### **SAVE YOUR RECEIPTS!**

You should keep all receipts for purchases associated with your FSA expenses. HealthTrust may request copies of your documentation to verify a debit card purchase.

#### 5 Things Every Receipt Needs to Have

All receipts submitted to HealthTrust should include the following IRS-required Information:

- 1. Name and address of service provider.
- 2. Date service and expense were incurred.
- 3. Name of person receiving the service.
- 4. Detailed description of service provided.
- 5. Amount charged for service.







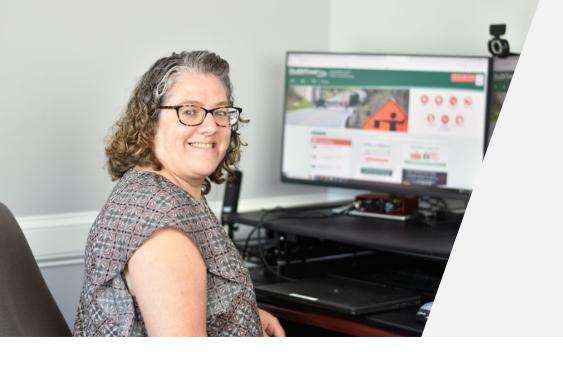


Already have the app?
You can access it through *HT Mobile!* 



#### **YOUR 8-STEP ACTION PLAN!**

- 1. Connect! Create your HealthTrust Secure Enrollee Portal (SEP) Account today! You can access all your benefit information (including digital ID cards!) and Well-Being programs in the SEP.
- 2. Save this number 800.527.5001 The HealthTrust team is here to help! Or contact us by sending a secure message in the SEP.
- 3. Get Checked It's important! Preventive care services, such as screenings, routine check-ups, vaccines, eye exams, are covered in full when you see network providers and these services keep you healthy!
- 4. Know Your Options. You are covered for unforeseen, urgent and emergency care no matter where you are.
- 5. See a Doctor without Leaving Home for medical and behavioral health care. Through LiveHealth Online\*, you can consult a board certified medical doctor, therapist or psychiatrist from the privacy and comfort of home.
- **6. Engage in your wellness!** Participate in Slice of Life and Well-Being programs for tools and resources to help you achieve optimum health.
- 7. Get Support with your LifeResources Employee Assistance Program available 24/7 By calling this number 800.759.8122.
- **8. Learn and Earn with SmartShopper\***. If your doctor recommends a screening test, surgery or other medical service, use SmartShopper to view your provider options and earn a reward if you choose a cost-effective facility.



### WE ARE HERE FOR YOU!



Call 800.527.5001



Send a message directly from the Secure Enrollee Portal





or by email enrolleeservices@healthtrustnh.org

Thank you!















