

Annual Benefits Enrollment 2023 Highlights





2023 Annual Enrollment Highlights

October 19th to November 4th, 2022



What's Changing:

- Plus Plan and QHDHP plan design changes to help control costs
- Medical employee premiums increase
- High earner salary band for employees with annual earnings of \$150,000 or more; decrease from \$200,000
- Long-Term Disability minimal premium increase. Example: employee earning \$50,000 annually would see their monthly premium increase from \$3.21 to \$3.74

What's Staying the Same:

- Continued partnership with SLUCare/SSM Health in Tier 1 Medical Plans
- No administrator, network or carrier changes
- Maintaining wellness premium discount
- Enrollment through Workday
- Evidence of Insurability (EOI) required to enroll or increase supplemental life

Medical and Prescription Drug Plan



Medical: UnitedHealthcare

- Continue to offer two plan options: Plus Plan and QHDHP Plan
- Continued partnership with SLUCare/SSM Health in Tier 1
- Tier 1 (SLUCare/SSM) and Tier 2 (UHC In-Network) plan design adjustments (single/family) to help control costs:
 - Plus Plan:
 - Deductibles (single/family): Tier 1 \$400/\$800 to \$500/\$1,000, Tier 2 \$1,000/\$2,000 to \$1,200/\$2,400, Tier 3 \$3,000/\$6,000 to \$3,600/\$7,200
 - OOP (single/family): Tier 1 \$2,500/\$5,000 to \$2,700/\$5,400, Tier 2 \$3,050/\$6,100 to \$3,300/\$6,600, Tier 3 \$8,000/\$16,000 to \$9,900/\$19,800
 - Coinsurance: Tier 1 10% to 15%
 - PCP/Specialist Visit: Tier 1 PCP Copay \$10 to \$20, Tier 1 Specialist Copay \$20 to \$40

HDHP:

- Deductible (single/family): Tier 1 \$1,500/\$3,000 to \$1,750/\$3,500, Tier 2 \$2,000/\$4,000 to \$2,500/\$5,000, Tier 3 \$4,000/\$8,000 to \$5,000/\$10,000
- OOP (single/family): Tier 1 \$2,600/\$5,200 to \$3,000/\$6,000, Tier 2 \$4,500/\$9,000 to \$5,000/\$9,100, Tier 3 \$9,000/\$18,000 to \$10,000/\$20,000
- Coinsurance: Tier 1 10% to 15%

2023 Medical Plan Options



инс	Plus Plan			QHDHP Plan		
	SLUCare+SSM	In-Network	Out-of-Network	SLUCare+SSM	In-Network	Out-of-Network
Deductible				Non-Embedded: (One member can satisfy entire family deductible)		
Individual	\$500	\$1,200	\$3,600	\$1,750	\$2,500	\$5,000
Family	\$1,000	\$2,400	\$7,200	\$3,500	\$5,000	\$10,000
Coinsurance	15%	20%	40%	15%	20%	50%
Out-of-Pocket Maxin	num (includes medical de	ductibles and medic	al copays)	(One member	Non-Embedded: can satisfy entire fa	mily OOP Max)
Individual	\$2,700	\$3,300	\$9,900	\$3,000	\$5,000	\$10,000
Family	\$5,400	\$6,600	\$19,800	\$6,000	\$9,100	\$20,000
Physician Office Visit	s					
Primary Care	\$20 copay	20% after ded.	40% after ded.	0% after ded.	20% after ded.	50% after ded.
Specialist Care	\$40 copay			15% after ded.		
Preventive Care	100%	100%	100%	100%	100%	100%
Inpatient Hospital			10			
	15% after ded.	20% after ded.	40% after ded.	15% after ded.	20% after ded.	50% after ded.
Emergency Room						
	\$250 copay	\$250 copay	\$250 copay	15% after ded.	20% after ded.	20% after ded.
Urgent Care Center						
	\$60 copay	\$60 copay	40% after ded.	15% after ded.	20% after ded.	50% after ded.

2023 Pharmacy Plan Options



	Plus	Plan	QHDHP Plan		
Express Scripts	Retail (34-day supply)	Mail Order (90-day supply)	Retail (34-day supply)	Mail Order (90-day supply)	
Prescription Drug Costs					
Tier 1	\$10	\$25	Medical deductible, then 10% coinsurance		
Tier 2	25% coinsurance \$30 min-\$50 max	25% coinsurance \$75 min-\$125 max	Medical deductible, then 10% coinsurance		
Tier 3	50% coinsurance \$50 min-\$100 max	50% coinsurance \$125 min-\$250 max	Medical deductible, then 25% coinsurance		
Tier 4	20% coinsurance up to \$200 max	N/A	Medical deductible, then 10% coinsurance	N/A	
Preventive Medications	Priced according to the	e tier in which they fall	Covered at 100%, no deductible		
Out-of-Pocket Maximum (Includes Rx Copays and Coinsurance)					
Individual	\$1,	500	Combined with Medical		
Family	\$3,	000	Combined with Medical		

REMINDER - ESI Smart 90:

Member must purchase 90 day maintenance meds from Walgreens or ESI home delivery. 3 courtesy fills allowed at other pharmacies, but after 3 if filled at wrong pharmacy, member pays 100%

2023 Cost Sharing: Monthly & Bi-Weekly



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Plan	Monthly Premium	Monthly Premium	Bi-Weekly Premium	Bi-Weekly Premium	
Plus Plan	Non-Wellness	Wellness	Non-Wellness	Wellness	
Employee Only	\$190.00	\$140.00	\$87.69	\$64.62	
Employee and Spouse	\$508.00	\$433.00	\$234.46	\$199.85	
Employee and Child(ren)	\$443.00	\$393.00	\$204.46	\$181.38	
Family	\$698.00	\$623.00	\$322.15	\$287.54	
Plus Plan—Employees Earning up to \$40,060	Ç038.00	\$023.00	\$322.13	\$287.54	
Employee Only	\$70.00	\$0.00	\$32.31	\$0.00	
Employee and Spouse	\$370.00	\$295.00	\$170.77	\$136.15	
Employee and Child(ren)	\$308.00	\$258.00	\$170.77	\$119.08	
Family	\$553.00	\$478.00	\$255.23	\$220.62	
Plus Plan—Employees Earning \$150,000 & over		Ç476.00	Ų233.23	\$220.02	
Employee Only	\$206.00	\$156.00	\$95.08	\$72.00	
Employee and Spouse	\$555.00	\$480.00	\$256.15	\$221.54	
Employee and Child(ren)	\$483.00	\$433.00	\$222.92	\$199.85	
Family	\$760.00	\$685.00	\$350.77	\$316.15	
QHDHP Plan	4 20.00	7000.00	4 000.77	7020.20	
Employee Only	\$110.00	\$60.00	\$50.77	\$27.69	
Employee and Spouse	\$341.00	\$266.00	\$157.38	\$122.77	
Employee and Child(ren)	\$292.00	\$242.00	\$134.77	\$111.69	
Family	\$459.00	\$384.00	\$211.85	\$177.23	
QHDHP Plan—Employees Earning \$150,000 & over					
Employee Only	\$128.00	\$78.00	\$59.08	\$36.00	
Employee and Spouse	\$383.00	\$308.00	\$176.77	\$142.15	
Employee and Child(ren)	\$326.00	\$276.00	\$150.46	\$127.38	
Family	\$518.00	\$443.00	\$239.08	\$204.46	

Note: Rates will be reduced \$50 for employees completing their biometric screening and an additional \$25 for covered spouses

Wellness



Wellness Program Discount

- Saint Louis University is requiring biometric screening for anyone that wishes to receive a wellness premium discount in 2023
- New for 2023 2022 new hires that completed a biometric screening upon hire will not be required to complete an additional Fall 2022 screening to receive the 2023 premium discount
- Biometric screening must be completed by December 31, 2022
- Wellness discount will remain the same
 - \$50 for employees and \$25 additional for covered spouses
 - If you make less than \$40,060, complete a biometric screening and have employee only coverage, your healthcare will continue to be free of charge

Employees of Saint Louis University

- Screenings will include height, weight, blood pressure, calculation of body mass index (BMI), glucose, hemoglobin A1C (this is a measurement of your average blood sugar over the past 3 months) and a cholesterol screening (HDL, LDL, and triglycerides).
- Glucose and cholesterol testing requirements: fast for 8 hours prior to your screening appointment (no food or liquids other than water; take medications as normal)

Decision Support Tools



ALEX by Jellyvision

- Benefit assistance tool using interactive, online applications to walk members through plan design decision-making. Information provided to ALEX is confidential.
 - Helps compare options between SLU's Plus Plan and QHDHP Plan based on individual member needs
- Available to all members during Open Enrollment period

