

# 2020 Benefits Open Enrollment



# Agenda

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- Introduction
- Open Enrollment Choices
- Health Care
  - Medical
  - Dental
  - FSA
- Direct Path Advocacy Services
- Wrap Up/Enrollment Process



# 2020 Open Enrollment

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- This is your opportunity to make changes to benefit plan elections
- Eligibility
  - Full-time employees working at least 30 hours per week
  - Eligible dependents include your spouse and children up to age 26
- Current plans and elections continue through September 30, 2020.
- 2020 Medical and Dental elections remain in effect from October 1, 2020 through September 30, 2021

# 2020 Open Enrollment

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- After open enrollment, you may only make changes if you experience a qualified “Life Event.” Examples include:
  - ✓ Marriage or divorce
  - ✓ Birth of a child
  - ✓ A dependent’s employer’s open enrollment
- You must notify HR within 30 days of the change!



# Medical and Prescription Drug Benefits



| Plan Provision                                   | Direct Access Design 4  |                   |
|--|---|-------------------|
|  | In-Network  | Out-of-Network    |
| Calendar Year Deductible (Individual/Family)     | \$1,000/\$2,000   | \$2,000/\$4,000   |
| Out-of-Pocket Maximum (Includes Deductible)      | \$5,000/\$10,000  | \$10,000/\$20,000 |
| Lifetime Maximum                                 | Unlimited   |                   |
| Preventive Care                                  | 100%  | 70%               |
| Primary Physician Office Visit                   | \$20 copay  | Ded, then 70%     |
| Specialist Office Visit                          | \$40 copay  | Ded, then 70%     |
| X-Ray and Lab                                    | 100% in office or LabCorp/Quest<br>Ded, then 90% in Outpatient facility | Ded, then 70%     |
| Inpatient Hospital Services                      | Ded, then 90%   | Ded, then 70%     |
| Outpatient Hospital Services                     | Ded, then 90%   | Ded, then 70%     |
| Urgent Care                                      | \$40 copay  | Ded, then 70%     |
| Emergency Room Care                              | 90% after \$50 facility copay   |                   |
| Prescription Drug Deductible (Individual/Family) | N/A   |                   |
| Retail Prescription Drugs (30-day supply)        |   |                   |
| • Generic  | \$15 copay  |                   |
| • Brand Preferred                                | \$35 copay  |                   |
| • Brand Non-preferred                            | \$70 copay  |                   |
| Mail Order Prescription Drugs (90-day supply)    |   |                   |
| • Generic  | \$30 copay  |                   |
| • Brand Preferred                                | \$70 copay  |                   |
| • Brand Non-preferred                            | \$140 copay   |                   |

# Medical and Prescription Drug Benefits



| Plan Provision                                   | OMNIA 11 w/Blue Card   |  |
|--|--|--|
|  | Tier 1   | Tier 2   |
| Calendar Year Deductible (Individual/Family)     | \$1,000/\$2,000  | \$2,500/\$5,000  |
| Out-of-Pocket Maximum (Includes Deductible)      | \$3,500/\$7,000  | \$6,500/\$13,000   |
| Lifetime Maximum                                 | Unlimited  |  |
| Preventive Care                                  | 100%   | 100%   |
| Primary Physician Office Visit                   | \$20 copay   | \$40 copay   |
| Specialist Office Visit                          | \$40 copay   | \$50 copay   |
| X-Ray and Lab                                    | 100% in office or LabCorp/Quest Ded, then 90% in outpatient facility | 100% in office or LabCorp/Quest Ded, then 70% in outpatient facility |
| Inpatient Hospital Services                      | Ded, then 90%  | Ded, then 70%  |
| Outpatient Hospital Services                     | Ded, then 90%  | Ded, then 70%  |
| Urgent Care                                      | \$40 copay   | \$50 copay   |
| Emergency Room Care                              | \$100 facility copay then deductible then 90%                        | \$100 facility copay then deductible then 90%                        |
| Prescription Drug Deductible (Individual/Family) | N/A  |  |
| Retail Prescription Drugs (30-day supply)        |  |  |
| • Generic  | \$15 copay   |  |
| • Brand Preferred                                | \$35 copay   |  |
| • Brand Non-preferred                            | \$70 copay   |  |
| Mail Order Prescription Drugs (90-day supply)    |  |  |
| • Generic  | \$30 copay   |  |
| • Brand Preferred                                | \$70 copay   |  |
| • Brand Non-preferred                            | \$140 copay  |  |

# Medical and Prescription Drug Benefits

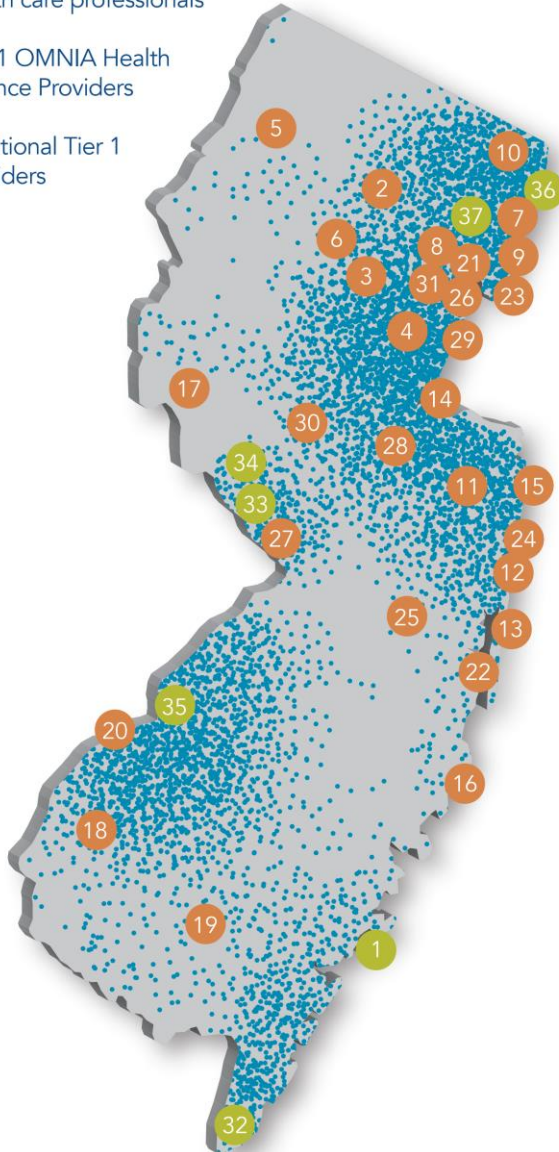


| Plan Provision  | OMNIA 4 w/Blue Card  |   |
|---|--|---|
|   | Tier 1   | Tier 2  |
| Calendar Year Deductible (Individual/Family) including Prescription   | \$500/\$1,000  | \$2,500/\$5,000   |
| Out-of-Pocket Maximum (Includes Deductible)   | \$2,500/\$5,000  | \$4,500/\$9,000   |
| Lifetime Maximum  | Unlimited  |   |
| Preventive Care   | 100%   | 100%  |
| Primary Physician Office Visit  | \$15 copay   | \$30 copay  |
| Specialist Office Visit   | \$25 copay   | \$50 copay  |
| X-Ray and Lab   | 100% in office or LabCorp/Quest<br>100% in outpatient facility | 100 office or LabCorp/Quest<br>60% after deductible outpatient facility |
| Inpatient Hospital Services   | Ded, then 90%  | Ded, then 60%   |
| Outpatient Hospital Services  | Ded, then 90%  | Ded, then 60%   |
| Urgent Care   | \$25 copay   | \$50 copay  |
| Emergency Room Care   | \$100 facility copay then deductible then<br>90%               | \$100 facility copay then deductible then<br>90%                        |
| Prescription Drug Deductible (Individual/Family)  | N/A  |   |
| Retail Prescription Drugs (30-day supply) <ul style="list-style-type: none"> <li>• Generic</li> <li>• Brand Preferred</li> <li>• Brand Non-preferred</li> </ul>     | \$15 copay<br>\$35 copay<br>\$70 copay                         |   |
| Mail Order Prescription Drugs (90-day supply) <ul style="list-style-type: none"> <li>• Generic</li> <li>• Brand Preferred</li> <li>• Brand Non-preferred</li> </ul> | \$30 copay<br>\$70 copay<br>\$140 copay                        |   |

# Horizon OMNIA Hospital & Physician Network



- Tier 1 doctors, specialists and other health care professionals
- Tier 1 OMNIA Health Alliance Providers
- Additional Tier 1 Providers



## OMNIA HEALTH ALLIANCE TIER 1 PROVIDERS

### AtlantiCare

1. AtlantiCare Regional Medical Center

### Atlantic Health System

2. Chilton Medical Center
3. Morristown Medical Center
4. Overlook Medical Center
5. Newton Medical Center
6. Hackettstown Medical Center

### Hackensack Meridian Health

7. HackensackUMC
8. HackensackUMC at Mountainside
9. HackensackUMC at Palisades
10. HackensackUMC at Pascack Valley
11. Bayshore Community Hospital
12. Jersey Shore University Medical Center
13. Ocean Medical Center
14. Raritan Bay Regional Medical Center
15. Riverview Medical Center
16. Southern Ocean Medical Center

### Hunterdon Healthcare

17. Hunterdon Medical Center

### Inspira Health Networks

18. Inspira Medical Center Elmer
19. Inspira Medical Center Vineland
20. Inspira Medical Center Woodbury

### RWJBarnabas Health System

21. Clara Maass Medical Center
22. Community Medical Center
23. Jersey City Medical Center
24. Monmouth Medical Center
25. Monmouth Medical Center Southern Campus
26. Newark Beth Israel Medical Center
27. Robert Wood Johnson University Hospital Hamilton
28. Robert Wood Johnson University Hospital New Brunswick
29. Robert Wood Johnson University Hospital Rahway
30. Robert Wood Johnson University Hospital Somerset
31. Saint Barnabas Medical Center

### Summit Medical Group

707 Physicians

## ADDITIONAL TIER 1 PROVIDERS

### Cape Regional Health System

32. Cape Regional Medical Center

### Capital Health

33. Capital Health Regional Medical Center
34. Capital Health Medical Center – Hopewell

### Cooper University Health Care

35. Cooper University Hospital

### Englewood

36. Englewood Hospital and Medical Center

### St. Joseph's Healthcare System

37. St. Joseph's Hospital and Medical Center

Find a provider near you at  
[HorizonBlue.com/DoctorFinder](https://HorizonBlue.com/DoctorFinder)





# Horizon Pharmacy Program



The Horizon Blue Cross Blue Shield of New Jersey Pharmacy program is committed to helping you get the care you need quickly and easily. We know your pharmacy benefit is important to you. Filling prescriptions is easy with your member ID card.

## Manage your medicines online

Sign in at [HorizonBlue.com](https://HorizonBlue.com) to find a network pharmacy, check medicine coverage and cost, set-up home delivery and much more.

## Save money on medicines

Your pharmacy benefit plan has a covered drug list (formulary). It includes an extensive list of medicines to treat almost all conditions. It is broken into tiers (cost level you pay). The tiers are generic, preferred brand and non-preferred brand. Choosing generics may save you money.

## Take advantage of home delivery

The AllianceRx Walgreens Prime home delivery service is convenient. It allows members taking long-term medicines to receive up to a 90-day supply delivered to their door.

You can fill a **30-day** supply of medicine for one copayment at a local retail pharmacy.



Get your maintenance medicines through our trusted home delivery pharmacy **AllianceRx Walgreens Prime**.



There are over **65,000** pharmacies across the United States in the retail pharmacy network.



Use home delivery to order up to a **90-day** supply for one mail order copayment.



Members **may even pay less** out of pocket for their medicine(s).



**Long-term medicines** are those you take regularly to treat chronic conditions, such as high cholesterol, asthma or diabetes.



The first prescription usually arrives within **10 business days** and refills can arrive **even sooner**.



## Taking a specialty medicine?

### Use the specialty pharmacy network.

Specialty medicines are handled with care and used to treat complex or rare conditions. Each of the participating specialty pharmacies provides personalized education and medicine instructions, support to help you manage your condition, and follow-up regarding refills and your medicine therapy progress.

## Know your plan

Your plan may require one or more of the following before you can fill your prescription:

### Prior authorization

Plan approval to get coverage for a medicine prior to being filled. This encourages safe, cost-effective medicine use and makes sure a prescription is medically necessary. It may also be required for brand name medicines when a generic equivalent is available.

### Quantity limits

Getting a certain amount of medicine. This makes sure your medicine is being used correctly and you're taking the correct amount over a period of time.

### Helpful tips

If a medicine requires prior approval for coverage or for the quantity, your doctor will need to provide information to us.

*Most over-the-counter medicines and those not approved by the U.S. Food and Drug Administration (FDA) are not covered.*

#### We're here to help

Prime Therapeutics LLC (Prime) is a pharmacy benefit manager that supports Horizon BCBSNJ in the administration of your pharmacy benefits.

#### Important Contact Information

##### Pharmacy Member Services

1-800-370-5088, 24 hours a day,  
seven days a week

##### AllianceRx Walgreens Prime home delivery

1-888-844-3828, 24 hours a day,  
seven days a week

##### Doctors can call Prime Clinical Review

1-888-214-1784, 24 hours a day,  
seven days a week

##### Find participating specialty pharmacies

[HorizonBlue.com/specialtyrx](https://HorizonBlue.com/specialtyrx)

# The BlueCard Program



## Across the country and around the world... we've got you covered.

As a Horizon Blue Cross Blue Shield of New Jersey member, you have a world of choice when it comes to choosing the doctors and hospitals that best suit you and your family. Within the United States, you're covered through the BlueCard® Program. Outside of the United States, you have access to doctors and hospitals in more than 200 countries and territories around the world through the BlueCard Worldwide® Program.

Finding participating BlueCard doctors and hospitals is easy. With your Horizon BCBSNJ member ID card handy, you can:

- Visit the Blue National Doctor & Hospital Finder at **provider.bcbs.com** to locate doctors and hospitals, along with maps and directions.
- Use the Blue National Doctor and Hospital Finder app<sup>1</sup> for iPhone®, iPad® and iPod touch® to quickly search for doctors and hospitals when you are on the go.
- Call BlueCard Access at **1-800-810-BLUE (2583)** for the names and addresses of doctors and hospitals in the area where you or a covered dependent need care.

### Designed to save you money.

If you're a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits. In most cases, when you travel or live outside of Horizon BCBSNJ's service area, you can take advantage of savings the local Blue Plan has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket expenses that you would normally pay.

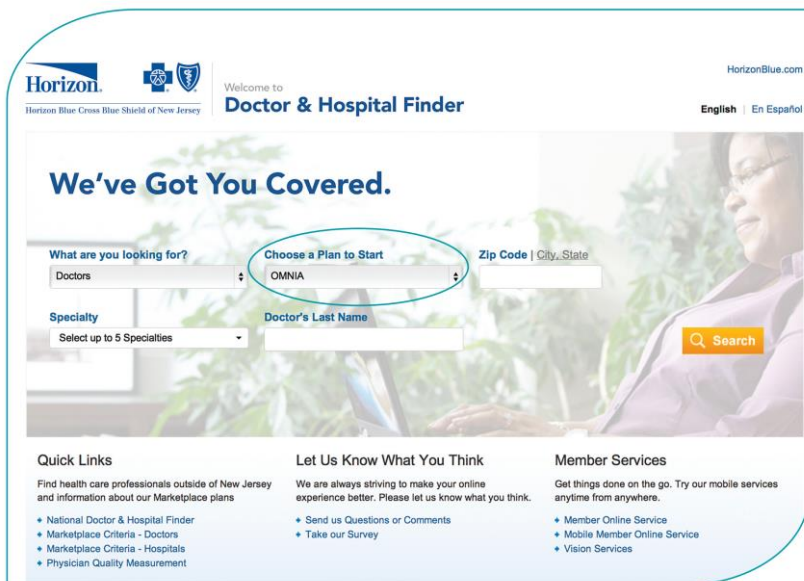
*In an emergency, go directly to the nearest hospital.*

# Horizon Doctor/Hospital Finder

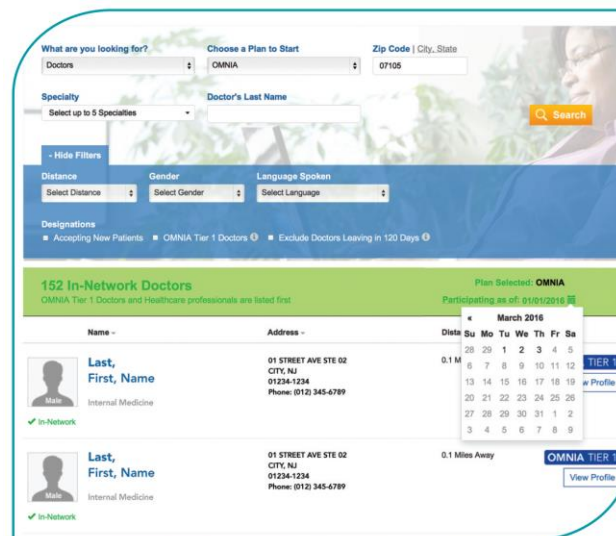


Our *Online Doctor & Hospital Finder* makes it easy to search for doctors, hospitals, specialists or other health care professionals who participate with your plan. Simply visit **HorizonBlue.com/doctorfinder** and:

- Select the type of health care professional you are looking for.
- Next, select your plan from the *Choose a Plan to Start* dropdown menu. You can filter by specialty and/or ZIP code to narrow your search.



The **results** page will show doctors, hospitals or other health care professionals who accept the plan you chose and meet the criteria you set. You can find out who is joining and leaving the plan. You can even select a future date to view participation status on that date.



All the features of our *Online Doctor & Hospital Finder* are also available on your smartphone. Access the **Horizon Blue app** or our mobile website for easy, on-the-go access. The Horizon Blue app can be downloaded from the App Store<sup>SM</sup> or Google Play<sup>TM</sup>.

# Need proof of coverage...

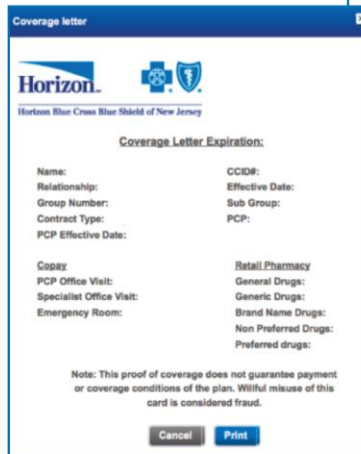
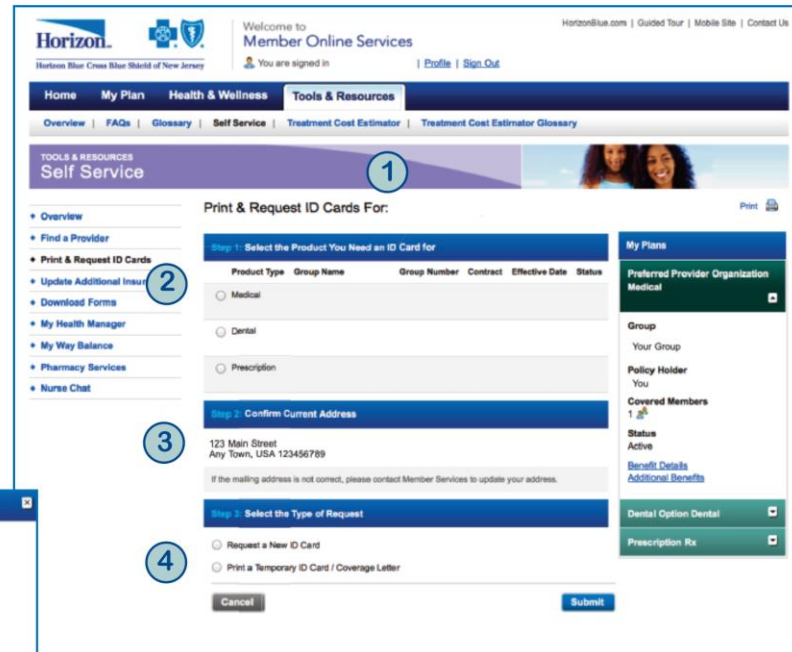
## ► Fast?

To use this feature, you must register as a subscriber on [HorizonBlue.com](https://HorizonBlue.com) through Member Online Services.

Once you have registered for Member Online Services, visit [HorizonBlue.com/members](https://HorizonBlue.com/members) and click *Sign In* within the Member Online Services box.

Once signed in, you can print your own temporary ID card by clicking *Print a Temporary ID Card* within the right-hand navigation and following these steps:

- 1 Verify the name of the person for whom you are requesting the temporary ID card.
- 2 Select the coverage type (Medical, Dental or Prescription).
- 3 Confirm your current mailing address.
- 4 Select *Print a Temporary ID Card / Coverage Letter*, and click *Submit*.



### Please note:

You can also have your ID card mailed to your home in five to 10 business days. To submit this request online, follow the same steps above, only select *Request a New ID Card*, and click *Submit*.

# Exercise Regularly, Get Rewarded



**HorizonbFit<sup>SM</sup>**, Horizon Blue Cross Blue Shield of New Jersey's fitness incentive program, rewards you for making your health and fitness a priority.

**HorizonbFit** rewards eligible Horizon BCBSNJ members for getting regular exercise.

Once you enroll, you become eligible to receive a \$20 reward for every month in which you:

- Visit a fitness facility 12 or more days a month
- Walk 10,000 steps a day for at least 12 days a month, or
- Complete any combination of visiting a fitness facility and/or walking 10,000 steps for a total of at least 12 days a month (for example, within the month, you visit a fitness facility for six days and walk 10,000 steps for six days).

With **HorizonbFit**, you can earn up to \$240 a year in rewards! Horizon BCBSNJ wants to help our members get and stay healthy.

## **ActiveFit<sup>TM</sup>** tracks visits, imports steps

**HorizonbFit** uses the free ActiveFit mobile app to make syncing your step count and reporting gym visits easy. ActiveFit imports your steps from a compatible health app (Apple Health, Google Fit<sup>TM</sup> and Fitbit<sup>®</sup>). It also uses your phone's GPS and Bluetooth services to detect when you've entered your gym and records and reports your activity for your monthly rewards.

Whether you're walking or hitting the gym, ActiveFit does the tracking for you. Download it free<sup>1</sup> from the App Store<sup>SM</sup> or Google Play<sup>TM</sup>.

## **How to enroll**

Enrolling is free and easy at **HorizonbFit.com**. Here you can verify your eligibility using your member ID card number and set up your account.

If you are eligible for **HorizonbFit**, any dependents age 18 and older covered under your Horizon BCBSNJ plan are eligible to enroll in the program.



## With Horizon CareOnline from Horizon Blue Cross Blue Shield of New Jersey, you can get the care you need through our convenient, confidential telehealth service.

Horizon CareOnline doctors can treat you for common health complaints, including:

- Colds and flu
- Abdominal pain
- Fever
- Ear infections
- Skin irritations
- Sinusitis

You can use Horizon CareOnline through video, chat or phone – it's up to you.

### A service you can trust

We work with telehealth leader American Well to bring you care that is:

- **Dependable:** You have 24/7/365 urgent care access.
- **Flexible:** You can read doctor profiles and patient reviews before choosing the right health care professional for you.
- **Confidential:** Horizon CareOnline is private, secure and complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### About the doctors

All Horizon CareOnline medical doctors are U.S. board-certified, licensed professionals who average 15 years experience in primary/urgent care.

Horizon CareOnline does not replace your relationship with the primary doctor you see on a regular basis, but Horizon CareOnline is available when you need it.

### Registering is easy

Register before you need care to save time when you need to see a doctor quickly.

- Visit **HorizonCareOnline.com**.
- Call **1-877-716-5657**.
- Download the Horizon CareOnline app from the App Store® or Google Play™.

## When you need care in a hurry, an Emergency Room (ER) may not be the best choice

When you or a covered dependent has an illness or injury that is not life threatening, getting care at the ER can be time consuming, and the out-of-pocket cost can be significant. You have other options. If Horizon CareOnline<sup>SM</sup> is included with your plan, you can use this convenient, lower cost telehealth service for 24/7 care. You can also use in-network urgent care and retail health centers for these situations.

| TYPE OF SITUATION  | EXAMPLES  | WHERE TO GET APPROPRIATE CARE  |
|--|---|--|
| <p><b>EMERGENCY</b></p> <p>A medical condition that is so severe, it poses a risk to a person's life or long-term health.</p>                                | <ul style="list-style-type: none"> <li>• Difficulty breathing</li> <li>• Heart attack or stroke</li> <li>• High fever</li> <li>• Loss of consciousness</li> <li>• Poisoning, severe burns or wounds that need stitches</li> </ul> | <p>Dial <b>911</b> (or your local emergency services number) or go to the nearest ER.<sup>1</sup></p>  |
| <p><b>URGENT</b></p> <p>An unexpected medical condition that is not life threatening but requires medical attention within 24 hours.</p>                     | <ul style="list-style-type: none"> <li>• Earache</li> <li>• Moderate fever</li> <li>• Sore throat</li> <li>• Sprains</li> </ul>   | <ul style="list-style-type: none"> <li>• Have a virtual visit through Horizon CareOnline<sup>1</sup>.</li> <li>• Visit a participating urgent care center or retail health center<sup>1</sup>.</li> <li>• Call your doctor to see if an appointment is necessary.</li> </ul> |
| <p><b>MINOR</b></p> <p>A medical condition that is not life threatening; may not need immediate medical attention; and/or may be treated with self-care.</p> | <ul style="list-style-type: none"> <li>• Mild headache</li> <li>• Minor cold</li> <li>• Seasonal allergies</li> <li>• Small cuts or bruises</li> <li>• Vaccinations</li> </ul>  | <ul style="list-style-type: none"> <li>• Have a virtual visit through Horizon CareOnline<sup>1</sup>.</li> <li>• Visit an in-network urgent care center or retail health center<sup>1</sup>.</li> <li>• Call your doctor to see if an appointment is necessary.</li> </ul>   |

*When you have a medical emergency, always go to the nearest ER.*



# Get an Estimate Before You Get Care



**No more sticker shock. Are you avoiding or delaying a doctor's visit, lab tests or even surgery because you don't know how much the services might cost? Horizon Blue Cross Blue Shield of New Jersey's Treatment Cost Estimator can help you plan ahead.**

Horizon BCBSNJ wants to help you make smart decisions about getting the care you need. Our Treatment Cost Estimator gives you important information about what you're likely<sup>1</sup> to pay for anticipated care based on claims Horizon BCBSNJ has received for those services.

## Using the Tool

To use the Treatment Cost Estimator, register or sign in at **HorizonBlue.com** and select *Benefits & Coverage*. From the icons at the top, choose *Treatment Cost Estimator*. Once you're in the Treatment Cost Estimator, you can search for the name of a procedure. For each service, you will see:

- A detailed explanation of the procedure.
- What you are likely to pay out of pocket for the service based on your health plan and whether you have met your annual deductible (if applicable).
- The average timeline from diagnosis to follow-up, and what portion of costs may apply to each phase of treatment.
- Which in-network health care professionals near you provide that service. You can refine this search by languages spoken, specialty and more.
- Questions to discuss with your doctor to prepare for your care and possibly lower your out-of-pocket costs.

## Blue365<sup>®</sup> is here for you.

We understand that helping you live a healthy life means more than regular doctor visits—it's helping you find time for the things that matter most. Blue365 is a national program that's part of your **Horizon Blue Cross Blue Shield of New Jersey** membership giving you exclusive access to information, discounts and savings, making it easier and more affordable to make healthy choices.

Explore all these healthy choices, discounts\* and more from Blue365 at [www.HorizonBlue.com/Blue365](http://www.HorizonBlue.com/Blue365).



# Dental Benefits



| Benefit  | In Network                               | Out of Network                           |
|--|--|--|
| Deductible   | \$100 per individual<br>\$200 per family | \$100 per individual<br>\$200 per family |
| Preventive<br>• Exams, Cleanings, X-rays, Fluoride                                     | 100%                                     | 100%                                     |
| Basic<br>• Fillings, Extractions, Endodontics,<br>Periodontics, Oral Surgery, Sealants | 50%                                      | 50%                                      |
| Major<br>• Crowns, Gold Restorations, Bridgework,<br>Full & Partial Dentures           | 50%                                      | 50%                                      |
| Calendar Year Maximum (per patient)  | \$1,000                                  |  |
| <b>Orthodontia</b> (Child to age 26)   | 50%                                      | 50%                                      |
| Lifetime Orthodontia Maximum   | \$1,000 per individual                   |  |

Members can be balanced billed with out-of-network services

# Dental Carryover Max Benefit



## Carryover MaxSM

A Delta Dental benefit feature that lets members carry over part of their unused standard annual maximum in one year to increase benefits for the following year and beyond.

## Qualifying for Carryover Max Benefits

Members must meet the following criteria to qualify for Carryover Max benefits:

- Enroll on or before the effective date of the Carryover Max benefit year. The benefit year to accumulate Carryover Max benefits are the same as the group's standard annual maximum (calendar year or contract year). Members enrolling after the effective date of the Carryover Max benefit period are not eligible to accrue carryover benefits until the start of the next benefit year.
- Use no more than 50% of the standard annual maximum during the benefit year.
- See a dentist during the benefit year for an exam or cleaning and submit a claim for these services. If a claim for an exam or cleaning is not received, any accumulated Carryover Max benefit will be lost.

Members meeting these criteria can accumulate 25% of the unused standard annual maximum. Members continuing to accumulate benefits can eventually have twice the standard annual maximum available. The accumulated amount can never exceed the standard annual maximum amount. Claims will always use the plan's annual maximum first. The accumulated benefit is applied when the standard annual maximum is exhausted.

# Dental Carryover \$1,000 Max Benefit



## An Example of Carryover Max Benefits – Buy Up \$1,000 Annual Maximum

| Benefit Year                   | Standard Annual Maximum | Usage Limit: 50% of Standard Annual Maximum | Accumulation Limit: 25% of the Standard Annual Maximum | Maximum That Can Be Carried Over |
|--------------------------------|-------------------------|---|--|----------------------------------|
| Calendar Year Beginning 1/1/XX | \$1,000                 | \$500                                       | \$250  | \$500                            |

### Year 1:

The member is eligible on 1/1/20XX. During the year, the member has a dental cleaning for \$80 and no other dental services. At the end of the year, the member has \$920 of the standard annual maximum remaining, and used less than the \$500 usage limit. This qualifies the member to accumulate a Carryover Max benefit for the following year. In this case, the member can accumulate 25% of the remaining maximum, or \$230 since \$230 does not exceed the carryover limit of \$500.

### Year 2:

The available annual maximum is now \$1,230 (\$1,000 standard annual maximum plus \$230 accumulated Carryover Max benefit). This year, the member has a dental cleaning for \$80 plus \$300 in other dental services, totaling \$380. At the end of the year, the member has \$620 of the maximum remaining. The member used less than the usage limit of \$500 and had a dental cleaning, and qualifies for a Carryover Max benefit again. In this case, the member can accumulate 25% of the remaining maximum, or \$155 since it does not exceed the carry over limit of \$500.

### Year 3:

The available annual maximum is now \$1,385 (\$1,000 standard annual maximum plus \$ 230 and \$155 accumulated Carryover Max benefit). Accumulations will continue in a similar manner unless:

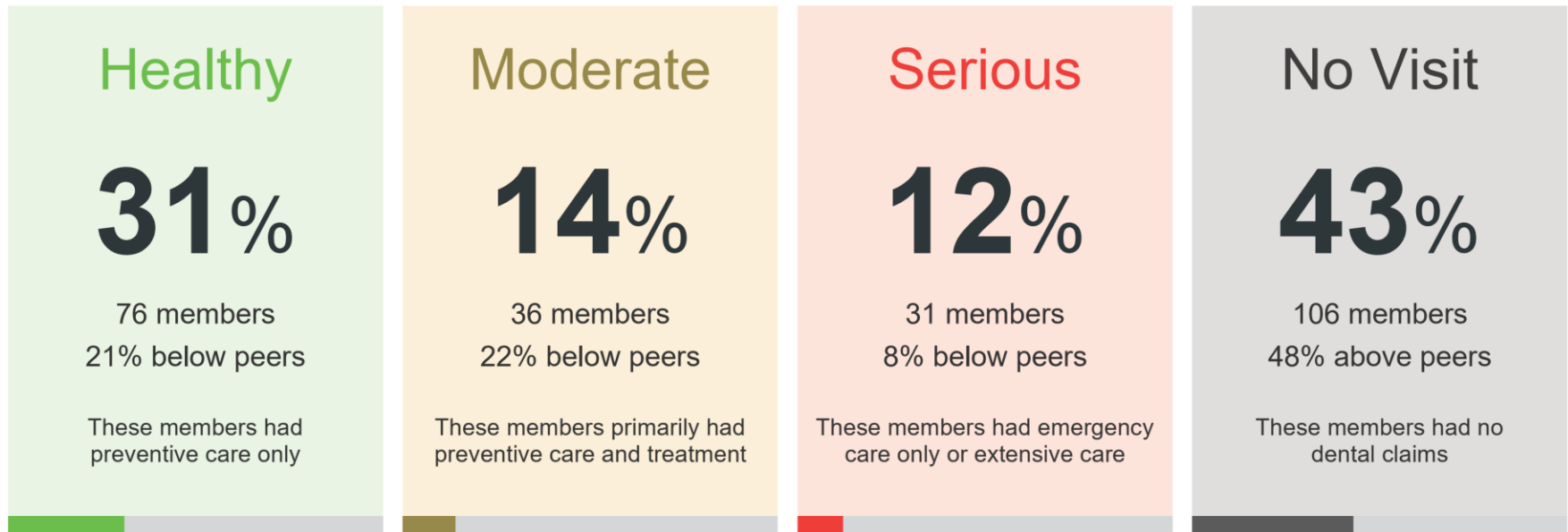
The member does not receive an exam or cleaning during the benefit period, in which case the entire accumulated benefit is lost;

The accumulated benefit equals the standard annual maximum (\$1,000 in this example), in which case the member will have a \$2,000 annual maximum available.

The member is no longer eligible with Delta Dental of New Jersey. Benefits are not transferable.



# Dental Action Report for 2019

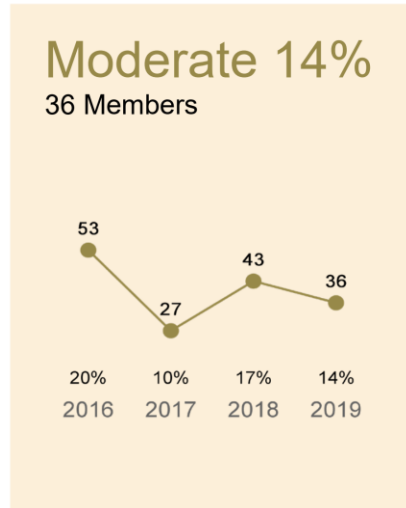
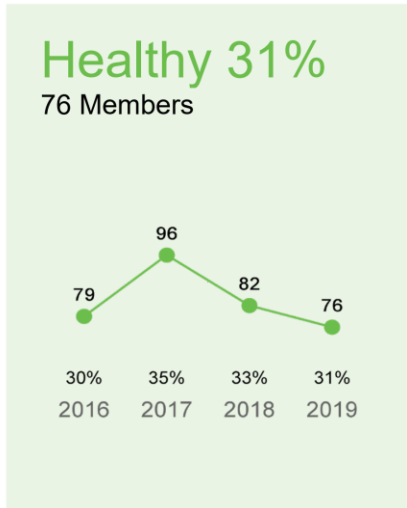


**4** children have not seen a dentist in the last two years.

**19** children have not seen a dentist in the last year.

**52** adults have not seen a dentist in the last two years.

# Dental Action Report for 2019



## Changes in the No Visit Category

### Positive

**6** previously *No Visit* saw a dentist and are *Healthy*

**4** previously *No Visit* saw a dentist and are *Moderate*

### Concerning

**10** previously *Healthy* have not seen a dentist.

**5** previously *No Visit* saw a dentist and are *Serious*.

**21** *No Visit* are new enrollees.

### Negative

**56** *No Visit* for two years in a row

**9** previously *Serious* have not seen a dentist

**10** previously *Moderate* have not seen a dentist

## Understanding Whole Health Risks

Gum Disease May Be Linked to  
a Number of Medical  
Conditions

Diabetes

Other Chronic Diseases

Pregnancy

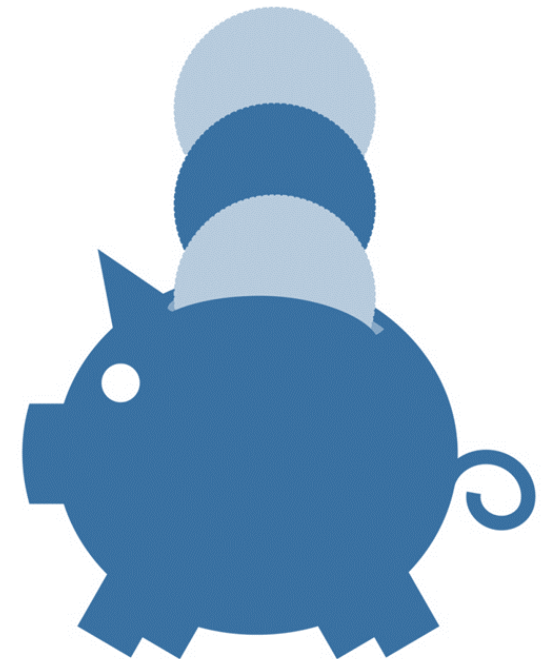
Cancer and Tobacco Use



# Your Flexible Spending Accounts

## Healthcare Account and Dependent Care Account

- Works like a savings account
- Contributions to your account deducted pretax each pay period
  - ✓ *\$2,750 Healthcare FSA*
  - ✓ *\$5,000 Dependent Care FSA*
- You use funds to pay for:
  - ✓ *Eligible health care (Medical, Rx, Dental, Vision)*
  - ✓ *Eligible dependent day care related costs (qualified daycare facility allowing parents to work or go to school full time)*
- Healthcare Balances <\$500 rollover to the new plan year
- Dependent Care Balances never roll over



## What is DirectPath?

- Here to help you navigate through the health care system and help you become a better health care consumer
- Totally independent – not affiliated with any insurance company
- Real people helping real people
- Free and confidential



## Using DirectPath Before Your Visit

- Explain how health plans work
- Help you find a Primary Care Physician
- Research facilities in-network
- Provide general education about what questions to ask your doctor
- Provide cost and quality information about tests and procedures




## Using DirectPath After Your Visit



- Solving billing/claims issues
- Clarifying prescription drugs after a new prescription
- Assisting with follow up questions after a visit
- Finding Specialists in your network
- Locating providers for second opinions

# DirectPath Advocacy Services

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**SO.  
MANY.  
QUESTIONS.**

DirectPath®

You have questions. DirectPath has answers.

**866-253-2273**

Monday – Friday 8am–9pm ET  
Saturday 9am–2pm ET  
advocate@directpathhealth.com  
*Se habla español*

# Wrap Up: Enrollment Logistics

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- Open Enrollment will end on September 23<sup>rd</sup>
- Please log onto EmployerXperience to complete the enrollment process, make changes or if waiving coverage.



**Please provide your benefit elections to HR by September 23<sup>rd</sup>.**

# Wrap Up: Enrollment Logistics

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QUESTIONS?