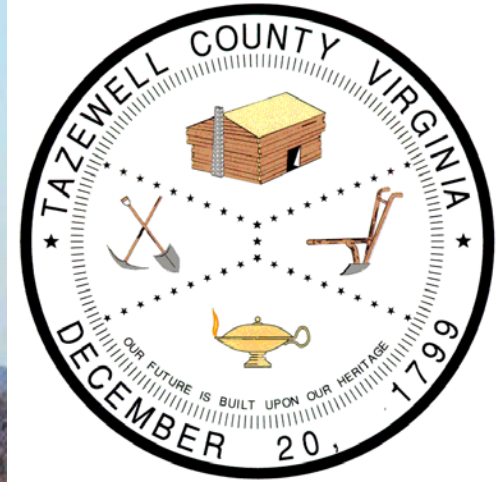


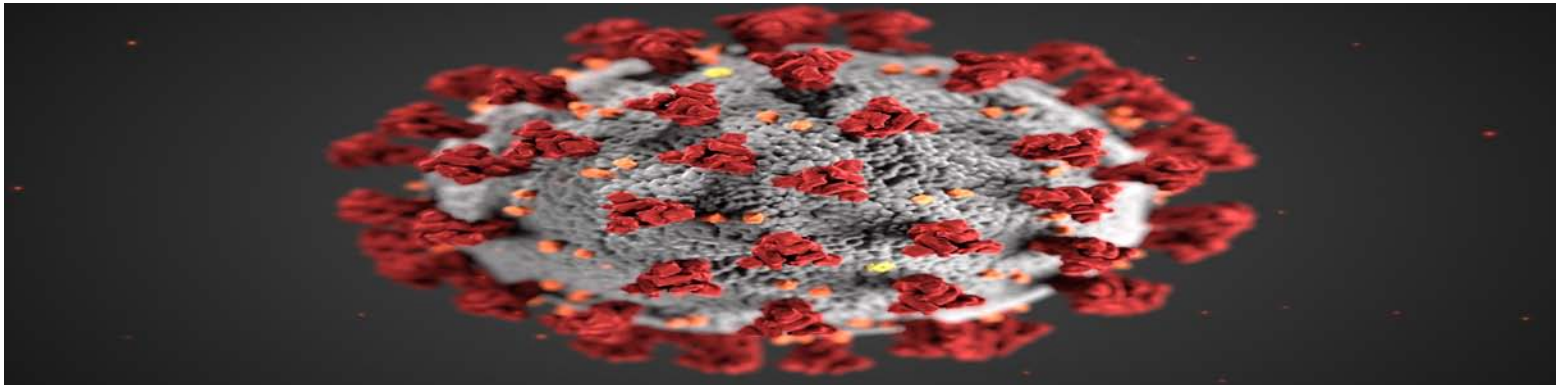
Employee Benefits Open Enrollment July 1, 2021- June 30, 2022



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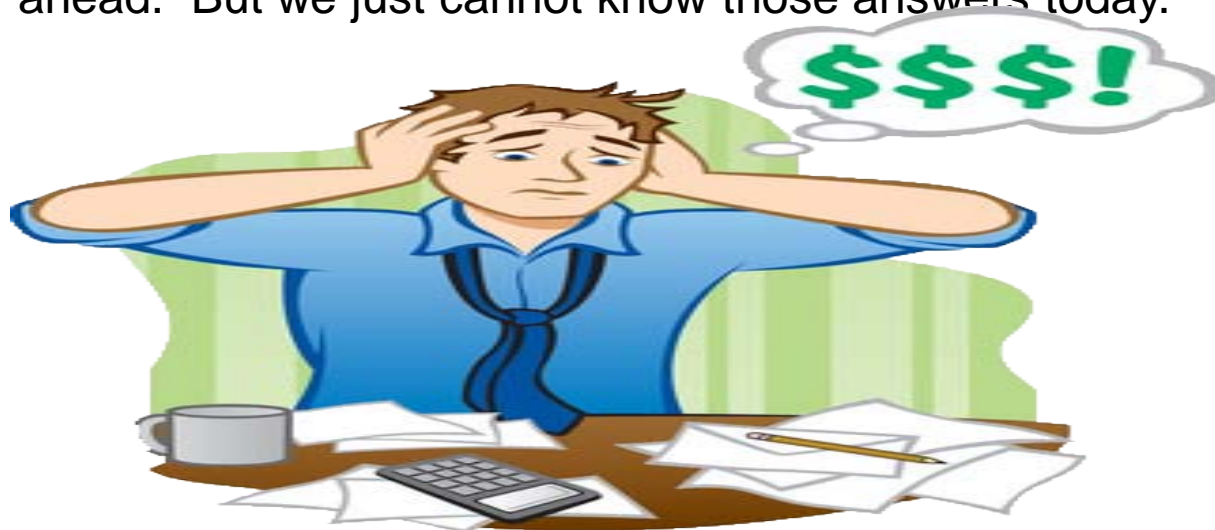
IS OUR HEALTH INSURANCE COST GOING UP NEXT YEAR?

- Each year the Board sets the next year's health insurance rates based on our consultant's recommendation, which they make by looking at the current year. Of course, 2020 was a little different for everyone.
- Due to the COVID-19 Pandemic many medical visits and procedures were cancelled or rescheduled in 2020 and the first quarter of 2021. This meant fewer medical bills being sent to our health insurance plan during 2020 and early 2021.
- Our consultant, USI, recommends no increase in premiums for the plan next year, based on those 2020-21 numbers. We all know those bills were artificially low due to shutdowns and the fear of COVID. But we just don't know how fast the medical industry will take to make up for lost time.



No one can really know what to expect in the last half of 2021 and first half of 2022. **Will there be a surge in bills to make up for last year?** Will hospitals and doctors catch up on appointments they cancelled? Will members still have elective procedures or check-ups that were put off? If members and doctors try to make up all the medical services that were delayed or cancelled, how long will it take them to do it?

The answers to these questions will determine what our insurance costs will be in the year ahead. But we just cannot know those answers today.



Because we are self-insured we are planning more cautiously and want to be prepared for a surge in expenses as doctors and patients make up for 2020. **To prepare for this possibility the Board funded a \$55,000.00 contingency account for health insurance. They also decided to increase plan premiums by 2% to cover any unexpected cost surge.**

However, the Board will pay nearly all of the premium increase by paying an amount equal to 2% of the Key Care 300 premium.

This means the employees' rates for the Key Care 300 Plan will not increase in FY22!



Please note, the Board pays the same contribution for all plans. Because 2% of the Key Care 20 Plan is more than 2% of the Key Care 300 plan, there will be a slight increase for employees with Key Care 20 Plans to pay the difference. That increase is still less than 2%.

For example:

Single Key Care 20: \$11,152.08 (FY21 premium) X 2% = \$223.04 (annual premium increase)

Single Key Care 300: \$ 9,946.32 (FY21 premium) X 2% = \$198.96 (Board's contribution)

24.08 per year difference

For Key Care 20 single plans that is approximately a \$1 per payday increase. For dual plans the increase is about \$2 per payday and about \$3 per payday for a family plan.

I hope everyone understands these are extraordinary times. No one really knows what the short-term future of healthcare costs will be. There may be a huge surge in health care costs as people try to catch up from where they postponed treatment due to COVID concerns or COVID related delays. If that happens our plan will have to pay those unexpected costs.



In consultation with USI we are watching the spending trends monthly and will continue to manage the plan to minimize premium increases in the future. As the plan year progresses, if we see a surge that threatens the fund's stability, we may have to review rates mid-year to avoid a much larger rate increase next summer.



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The **GOOD NEWS** is no rate increase for the Key Care 300 plan and a small increase for the Key Care 20 plan.

The **BAD NEWS** is our confidence in this projection is much lower than in typical years, so there may be a larger increase next year depending on what happens in the months ahead.

Agenda

- What is Open Enrollment
- Benefit Plan Overview
- Enrollment Process
- Questions & Answers

Key Information

- The 2021 Benefit Open Enrollment Period is May 17, 2021 – May 28, 2021
- All benefit elections and changes will take effect 7/1/2021.
- All payroll deductions will begin June 15, 2021.
- The deadline to enroll is May 28, 2021.

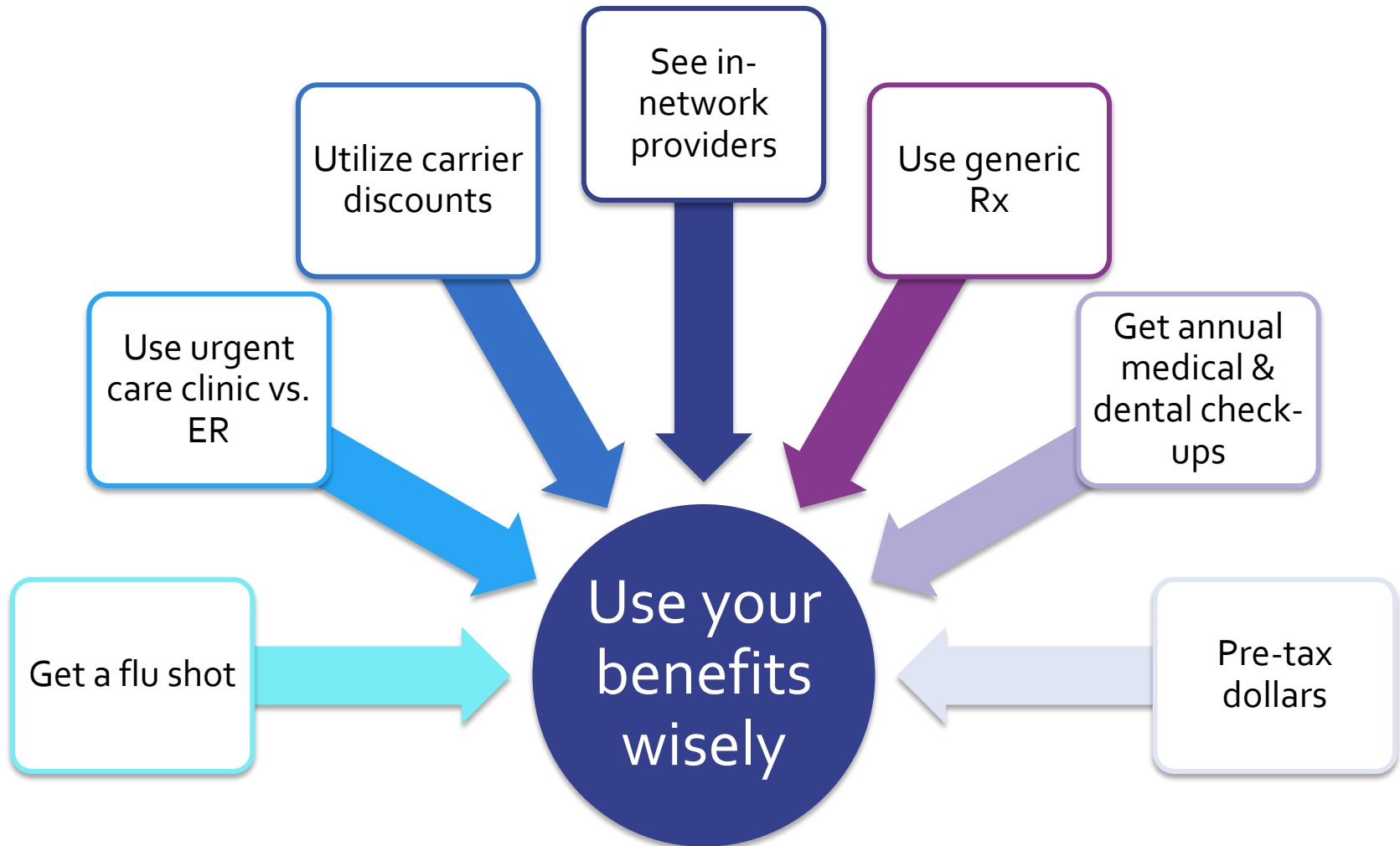
Open Enrollment

- Opportunity to make changes to your benefit elections and to review which dependents you will cover
- Elections made during this period will remain in effect 7/1/21 to 6/30/22
- Approved qualifying events include:
 - Marriage or Divorce
 - Death
 - Birth or adoption of a dependent
 - Change in employment status
 - Change in dependent's eligibility status
 - Loss of or significant change to your current coverage
 - Judgment, decree or court order
- You have 30 days from the date of the event (varies by state) to notify the Benefits Coordinator

Who is Eligible?

- Employee
 - Full-Time working 30 Hours per Week
 - First of Month Following DOH
- Spouse / Domestic Partner
 - Legally married Spouse
 - Domestic Partner - Not Applicable
- Child(ren)
 - Covered up to age 26

How Can You Control Costs?





Wellness Packet Acknowledgement 2021-2022

- ▀ I hereby acknowledge the receipt of the Tazewell County Board of Supervisors 2021-2022 Voluntary Wellness Annual Preventive Physical Packet.

Date: _____

Signature: _____

Please return this page to your Supervisor to submit to Jessica Hicks.

NEW



Tazewell County Board of Supervisors Voluntary Annual Physical Preventive Exam **2021 WELLNESS**

PROGRAM GOAL

The Tazewell County Board of Supervisors Voluntary Wellness Program is designed to encourage members to create and maintain a relationship with their primary care physician. In doing this, Tazewell County Board of Supervisors hopes that members will be better able to manage their health and be rewarded for doing so. The employee on the group medical plan is the only member that needs to have the Voluntary Annual Physical Preventive Exam to receive the incentive award.

Earn 1 PTO Day off!

Steps for Participation:

1. FIND A PROVIDER

If you do not have a primary care provider (PCP), you can log onto www.anthem.com for help locating a quality physician.

2. SCHEDULE A PHYSICAL

- Schedule an appointment for an annual physical with your PCP between **April 1, 2021 and March 31, 2022.**
- Bring this Provider Form with you to your appointment.
- Your doctor will need to sign the form to confirm that you have completed your annual physical.
- If you already had an annual physical that was on or after **4/1/2021**, you meet the program requirement. Contact your Physician to have them complete and sign the form for that visit.

3. GET REWARDED

- Return the Provider Form to **Jessica Hicks by March 31, 2022.**
- Employees should claim SICK LEAVE when they go for the physical and have the attached confirmation form signed by the physician. Forms must be returned to Jessica Hicks by March 31, 2022.

The incentive achieved will be **1 paid PTO Day Off. The PTO day must be taken off between April 1, 2022 - June 30, 2022. The day will not carry over if not taken.**

Questions

Who can participate?

Employees enrolled in the group medical plan are eligible to participate in the wellness program.

Is the program mandatory?

No. We hope you participate willingly to improve your health and well-being, but participation in the wellness program is completely voluntary.

For more assistance, please contact Jessica Hicks at Tazewell County Board of Supervisors office.



Tazewell County Board of Supervisors

2021 Voluntary Annual Physical

Preventive Exam

CONFIRMATION FORM

Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. **It is the participant's responsibility to submit the Confirmation Form to Jessica Hicks by March 31, 2022.** Please retain a copy for your records.

Patient Contact Information

Company Name: Tazewell County Board of Supervisors

First Name: _____ Last Name: _____

Date of Birth: _____ Male: _____ Female: _____

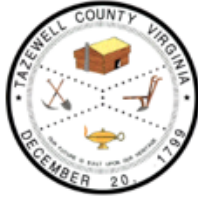
Contact Phone Number: _____ Email: _____

Physician Information

Physician Office/Name: _____

Physician Signature: _____ Date Signed: _____

Submit your completed form by March 31, 2022 to Jessica Hicks



Important Note About Preventive Visits

How to Ensure that your Annual Preventive Physical is 100% Covered with No Out-of-Pocket Expense to You:

When making your appointment-

1. Be sure to clarify that you are scheduling your free annual preventive physical.
2. Mention that you will be bringing a form from your employer as part of your Employee Wellness Program requirements.

At your appointment-

1. When asked for the reason for your visit, explain that you would like a routine annual preventive physical.
2. Give the wellness form you received from your employer to your doctor so he/she can sign and date it.
3. Before you leave, verify with the office staff that your visit is being coded as "preventive".

Please note that any additional tests done during your visit may be subject to additional charges if they are not considered preventive. Talk to your doctor if you have any questions or concerns about additional testing.

More Information

For more information on preventive care, visit www.anthem.com

NOTICE REGARDING WELLNESS PROGRAM

Tazewell County Board of Supervisors Employee Wellness Program is a voluntary wellness program available to all employees that are enrolled in the Anthem group medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary annual preventive screening at your primary care provider of choice. You are not required to complete this physical or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of 1 PTO paid day off between April 1, 2022-June 30-2022.

If you are unable to participate in the annual wellness preventive exam required to earn an incentive, you may be entitled to a reasonable accommodation. You may request a reasonable accommodation by contacting Jessica Hicks.

No health information is being collected by your employer. **Please do not provide the results of any screenings to your employer.** You are encouraged to discuss your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program is not expressly collecting personal health information, in the event that personal health information is shared, 1st will never disclose any of your personal information publicly except as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Jessica Hicks.

Anthem Health Plans of Virginia

MEDICAL/RX

Anthem Medical – Plan Highlights

*The deductible includes all eligible copays and coinsurance amounts.

*The deductible is calculated on an aggregate basis.

**The out-of-pocket maximum includes the deductible all eligible copays and coinsurance amounts.

	Anthem Health Plans of Virginia Medical PPO KeyCare Plus 20/20%/4,000	Anthem Health Plans of Virginia Medical PPO KeyCare 300/20%/4,000
Annual Deductible*	\$0 per individual \$0 per family	\$300 per individual \$600 per family
Annual Out-of-Pocket Maximum**	\$4,000 per individual \$8,000 per family	\$4,000 per individual \$8,000 per family
Plan Coinsurance	80% in most cases	80% in most cases
Office Visit	\$20 copay	\$20 copay
Lab & X-ray	80%	80%
Complex Radiology	100% after \$300 copay	80%, after deductible is met
Inpatient Hospital	\$300 copay, 80% thereafter	80%, after deductible is met
Emergency Room	\$300 copay (copay waived if admitted); 80% for ER Physician	\$300 copay (copay waived if admitted), 80% thereafter

Anthem Medical – Plan Highlights

PREVENTIVE CARE – Covered at 100% on all medical plan options.

Know what services are covered at 100% by Anthem Health Plans of Virginia prior to your preventive care visit

Routine preventive for Children*

Appropriate screenings based on gender and age

- Newborn visits
- Tuberculosis testing
- Anemia testing
- Lead exposure
- Pelvic exam and pap test
- Development and behavior
- Lipid profile
- Depression
- Obesity and counseling
- Nutrition counseling

Routine preventive for Adults

Appropriate screenings based on gender and age

- Lipid profile
- Diabetes
- Pelvic exam and pap testing
- Breast exam and mammogram
- PSA testing
- Bone density testing
- Colonoscopy
- Aortic aneurysm

*Birth to age 18

Anthem Rx – Plan Highlights

	Anthem Health Plans of Virginia Medical PPO KeyCare Plus 20/20%/4,000	Anthem Health Plans of Virginia Medical PPO KeyCare 300/20%/4,000
Rx Deductible	\$0	\$0
Retail Prescription Drugs		
Generic	\$15 copay	\$15 copay
Preferred Brand Name	\$50 copay	\$50 copay
Non Preferred Brand Name	\$85 copay	\$85 copay
Preferred Specialty	\$150 copay	\$150 copay
Mail-Order Prescriptions		
Generic	\$38 copay	\$38 copay
Preferred Brand Name	\$125 copay	\$125 copay
Non Preferred Brand Name	\$213 copay	\$213 copay
Preferred Specialty	\$375 copay	\$375 copay

What Plan Do I Choose?

- Review your prior year's medical expenses
- Review your total claim costs
- Ask yourself these questions:
 - Do I anticipate any surgeries or hospitalizations for me or my family in the upcoming year?
 - Do I prefer a higher deductible with a lower payroll deduction?
 - Am I prepared to pay the high deductible in case of an unexpected medical event?

How do I Maximize my Benefits?

- Am I using in-network facilities and providers?
- Do I know the urgent care facilities near my home for minor emergencies?
- Utilize Anthem LiveHealth – 24/7 access to Board Certified Physicians
- Have I asked my doctor or pharmacist for lower cost prescription alternatives or shopped around pharmacies for lower prices?
- Has my family and I had our annual preventive services performed?
- Do I know where I stand regarding my deductible and coinsurance before services are received?
- Have I checked my Explanation of Benefits (EOB) to compare it to provider charges?

Medical/Rx - Network Considerations

- Anthem KeyCare In-Network – No change
- Blue Care National Network – No Change

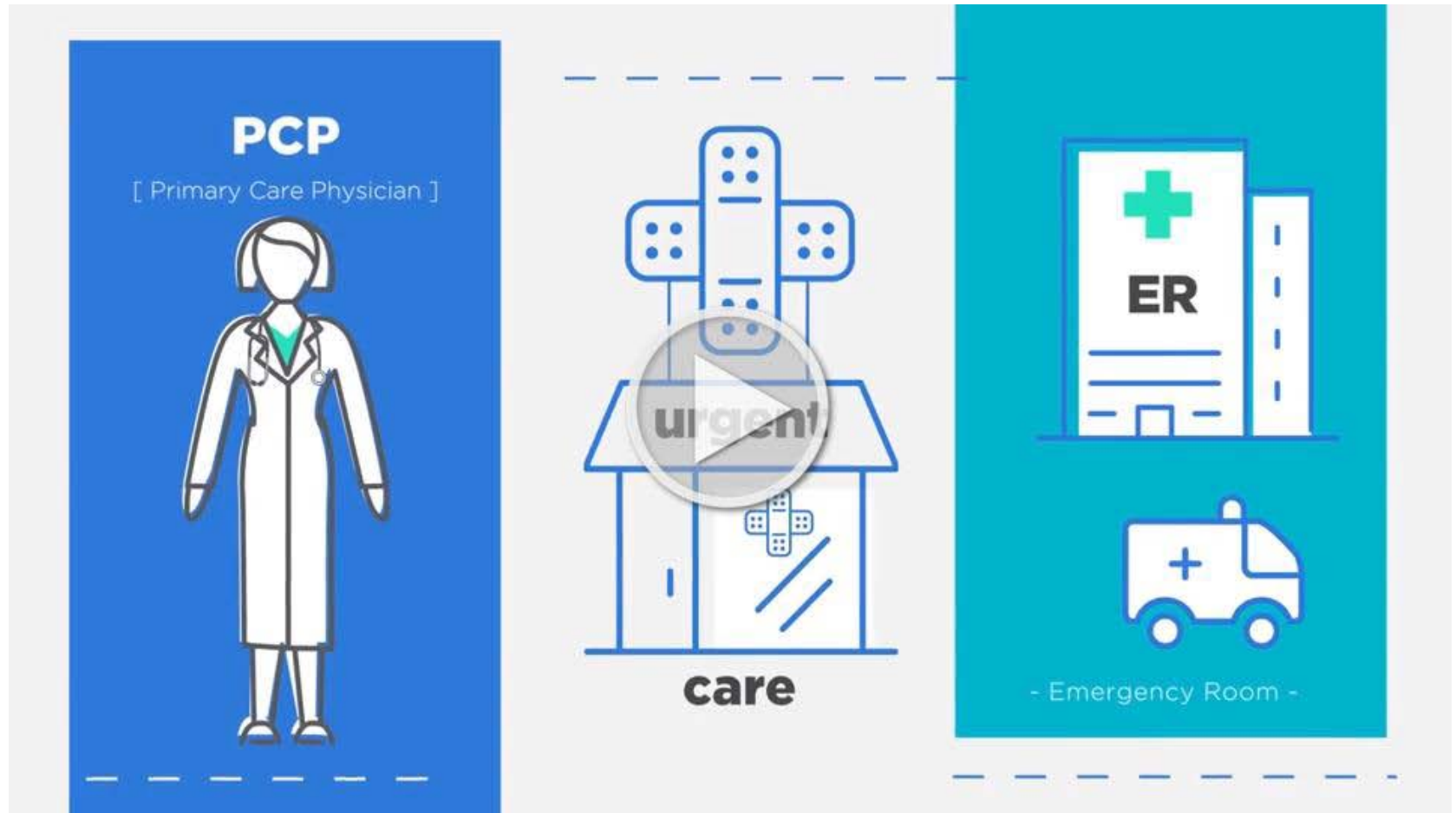
Managing Prescription Costs



Preventive Care



Primary Care/Urgent Care/ER



Anthem Health Plans of Virginia

DENTAL

Dental - Benefit Highlights – Higher Benefit Maximum Maximum Out-of-Pocket Increased

Anthem Health Plans of Virginia Dental PPO Complete Classic	
Annual Deductible	\$25 per individual \$75 per family
Benefit Maximum	\$2,000
Deductible Waived for Preventive Care	Yes
Preventive Care	100%
Basic Services*	80%
Major Services*	50%
Orthodontia Services	\$2,000

Dental Insurance



Anthem Health Plans of Virginia

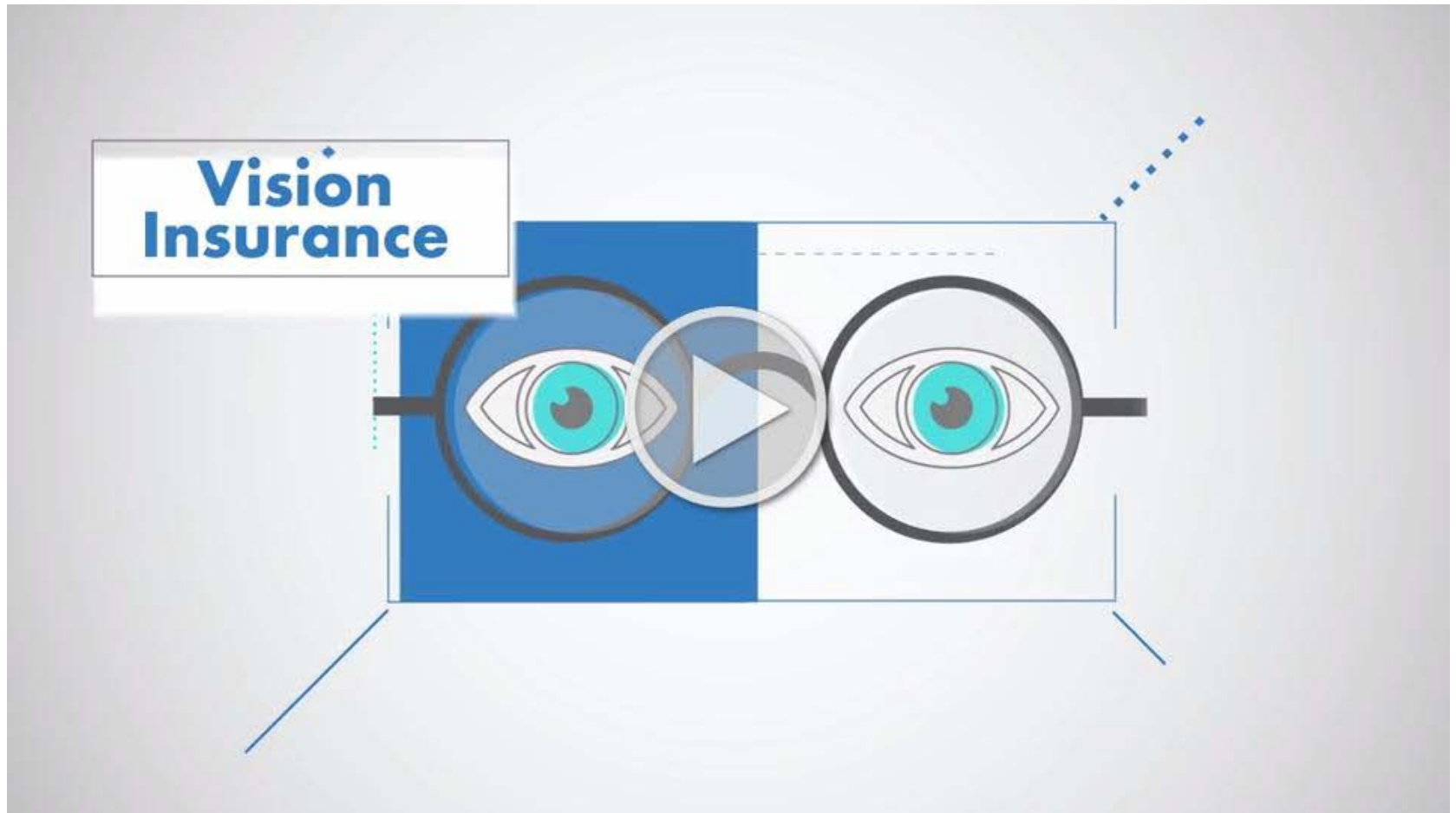
VISION

Vision – Benefit Highlights

No Change

Anthem Health Plans of Virginia Vision o69760 Blue View 130	
Exam Copay	\$15 copay
Materials Copay	\$25 copay
Benefits & Frequency	
Exam	Covered every 12 months
Lenses	100% after copay every 12 months
Frames	\$130 allowance every 12 months
Elective Contacts (in lieu of lenses)	100% every 12 months (in lieu of frames/lenses)

Vision Insurance

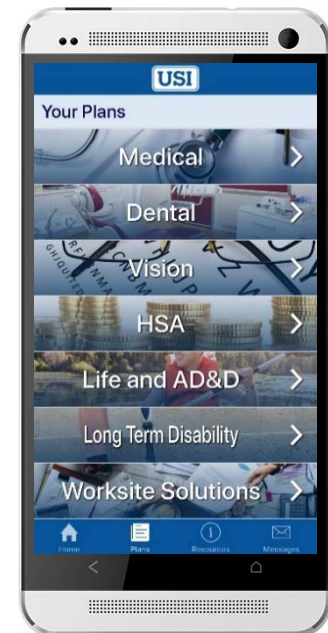


Benefits Mobile App – Access Code 749901

The **USIeb** app gives on-the-go access to all of your benefit and insurance policy details, HR contact information and more!

Our mobile benefits app provides a quick and simple way for you and your benefit plan participants to access benefit summaries and other important information about your group plans. The app also offers the ability to take photos of ID cards to store on the phone, as well as a way to easily locate carrier and HR contact information—all in one place—24/7 and on the go. Our app is free, available for iPhone and Android and the benefits include:

- **Staying Organized**
The app gives employees access to all of their benefit plan information and ID cards—all in one place.
- **Lightening Wallets**
The app allows you to take and access images of your ID cards. Images are stored on the phone itself; no personal health information is transmitted or saved.
- **Getting In Touch**
The app provides you with a single location to find contact information for your Human Resources team and the **Benefit Resource Center** as well as insurance carriers.



2021 Enrollment Process

- If you do not want to make any changes to coverage or dependents, you do not have to do anything.
- **ONLY IF YOU MAKE CHANGES**, Medical and applicable Dental ID Cards will be sent to your home address.
- No benefit enrollments or changes accepted after the open enrollment period unless due to a family status change (qualifying event)
- Questions?

Mid-Year Plan Changes

- You are **only** able to add or drop coverage during the plan year if you have a federal qualified event such as:
 - Change in marital status
 - Change in number of dependents
 - Change in employment status
 - Change in eligibility status
- Any changes made must be consistent and correspond with the change in status.
- Documentation is required for any mid-year status changes.
- If you are making a mid-year plan change you must notify HR within 30 days of the qualifying event.

USI Benefit Resource Center

QUESTIONS & RESOURCES

Benefit Resource Center

Contact the USI Benefit Resource Center (BRC) for free, confidential help!

- Benefit coverage levels
- Carrier information
- Claims assistance
- Billing issues

855-874-6699

BRCEast@usi.com

Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time

Employer Contacts

Tazewell County BOS

Jessica Hicks jhicks@tazewellcounty.org 276-385-1207

Tazewell County PSA

Regina Whitt rwhitt@tcpsa.org 276-385-1980

Thank you!!

Thank you for your participation in this year's open enrollment presentation.



All election changes are due by: Friday May 28, 2021