



Open Enrollment

Key RHA benefit changes starting 1/1/19

RHA owes its success to the strength and talents of you! To take great care of our clients, you first need to take great care of yourselves and your loved ones. Thus, we offer a strong benefits package to support every aspect of your health and wellness. We continually reassess the benefits we offer, ensuring they remain competitive and meet your needs while keeping cost down for you and for RHA. With this in mind, a few changes will be made effective January 1, 2019.

Silver & Bronze Medical Plans/Anthem – Blue Cross Blue Shield

- No premium increases. Plans offered in all states.
- LiveHealth Online available for Mental Health Visits/ Sessions, subject to \$10 copay
- Emergency Room changed to a 3-tier copay based on utilization.
 - \$250 Copay/first visit – per plan year
 - \$350 Copay/second visit – per plan year
 - \$500 Copay/three or more visits – per plan year
- The ER should be used for EMERGENCY services only and your primary care physician or Urgent Care for other services. If you do not have a primary care physician, contact Health Advocate Gateway to assist with locating a provider.

NEW - Livongo Hypertension Condition Management Program (in addition to the Livongo Diabetes Program for Silver/Bronze plan participants)

- Our vision is to empower our members diagnosed with chronic conditions to live better and healthier lives. This program will assist you with chronic conditions, starting with diabetes and hypertension. It creates personalized experiences for members to receive the right information to better understand the conditions, and offers telephonic and online support and tools, as needed. The approach is to help our eligible members with better financial and clinical outcomes while creating a better experience when living with these chronic conditions for you, your family and your medical professionals.

Prescription Drug Program/ OptumRx (Anthem Silver/Bronze plan participants)

Mail Service Saver Plus (Mail Order for Maintenance Drugs)

- The plan will cover a maintenance prescription twice at a participating retail pharmacy. After the allowed fill, you will be notified to switch to the mail saver home delivery program. The benefits of this program are: the medication(s) is sent directly to your home and you may pay less for your medication with a three-month supply.

Premium Formulary

- The plan covers medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications will be excluded from coverage if similar alternatives are available at a lower cost or based on therapy classes. Examples include medications with the same active ingredients that work the same way, but one is much more expensive than the other. There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower cost product may be covered. If you currently receive a prescription that falls under the formulary, OptumRX will contact you to assist with alternative options.



New - UNUM Voluntary Worksite Products:

Accident

When you or your family members receive treatment after a covered accident, the last thing you want to worry about is how out-of-pocket expenses associated with treatment are adding up. The Accident Insurance can provide benefits paid directly to you for the following:

- Urgent care and emergency room visits
- Ambulance and other transportation to the hospital
- Initial care and surgery
- Hospital stay and lodging expenses related to the accident
- Follow-up care, such as doctor's office visits and physical therapy appointments Available for you, your spouse and your dependents, Unum Accident Insurance can be there for you during challenging times.
- A \$50 wellness benefit payable to you for each family member that gets a covered health screening to encourage better overall health management.

Specified Disease/Critical Illness

When you are diagnosed with a covered illness like cancer or you encounter certain catastrophic health events, the plan will pay a lump-sum benefit directly to you, to use however you need. Depending on the plan specifics, Critical Illness Insurance can provide a lump-sum benefit for diagnoses such as:

- Heart attack
- Stroke (when effects are confirmed at least 30 days after the event)
- Major organ failure
- Blindness
- Cancer
- Occupational HIV
- End-stage renal (kidney) failure
- Permanent paralysis due to covered accident
- A \$50 wellness benefit payable to you for each family member that gets a covered health screening to encourage better overall health management.

To help promote a healthy lifestyle, our plans can also pay a benefit when you take a covered health screening test.

Hospital Indemnity

Hospital Indemnity coverage is available in the event of a major illness or injury that results in hospitalization and that offers significant financial protection. The coverage pays you a lump sum regardless of the cost of care, which can be used to cover co-payments, deductibles and everyday expenses.

- Hospital admission benefit of \$1,000 for a covered admission. And \$100 for each day of your hospital stay, up to 60 days – one visit per year.
- No physical exam is required for eligibility

Short-Term Disability and Long-Term Disability (MetLife)

- A Statement of Health (SOH) is no longer required to be completed and approved before you can enroll in coverage.

New - Health Advocate Gateway

- A personalized, vendor service that assists our members quickly and efficiently, through a single telephone number. Health Advocate Gateway extends personalized help by providing one-on-one support to efficiently connect you to all benefit assistance that is needed, from medical, dental and prescription, to disability and even EAP benefits.
- When you call, you will receive personalized assistance with healthcare and insurance-related questions or issues.
- Assistance with locating network providers...all through the same toll-free number.
- Coordinate services related to all aspects of your care and offer support for every medical condition.
- Answer questions on health conditions, diagnoses and treatments as well as research the latest treatment options.
- Identify and connect you with leading Specialists and Centers of Excellence, if needed.
- Arrange for the transfer of medical records, lab results and x-rays.
- Review medical bills to find errors or duplicate charges; resolve complicated claims and billing issues.

The Benefit Service Center assists with Workday Benefits: enrollment, navigation, eligibility, coverage questions and password resets. Contact information is:

- Benefits Line: 855-RHA-BENS (742-2367)
- Benefits Email: RHAbenefits@rhanet.org