



Understanding your benefits.

2023-2024 Open Enrollment

US Employee Benefits
Services Group.

Agenda



- **What's new for 2023-2024?**
- **Your Support Team**
- **HealthJoy & ABA**
- **HST -RBP Process**
- **Your Plan Summaries & Rates**
- **Accessing your Benefit**
 - Benefit Websites
 - Enrollment Process
- **Vendor Contact Information & Websites**



What's new this year?

- ✓ United HealthCare Options
- ✓ HealthJoy
- ✓ Lab and X-ray cover in Doctor's office or for a and additional copay at a free-standing lab.
- ✓ Lower deductible on Basic plans
- ✓ Assured Benefits Administrators taking over Plan Administration and Customer Service
- ✓ RxBenefits with Optum are the new Pharmacy Benefit Providers



Your Support Team for West Texas



Paul Morris

Sr. Account Executive

Responsible for managing day-to-day operations in the Region 14 and Region 15, overseeing successful account management functions, and supporting client delivery & satisfaction.



Jilli Black

Account Manager

Responsible for the day-to-day customer service and communications with the client and their employees.



Your Support Team for North, East and South Texas



Jordan Noel

Director of Agency Operations

Responsible for managing day-to-day operations in the Texas market, overseeing successful account management functions, and supporting client delivery & satisfaction.





Benefit options for wherever you are in life.

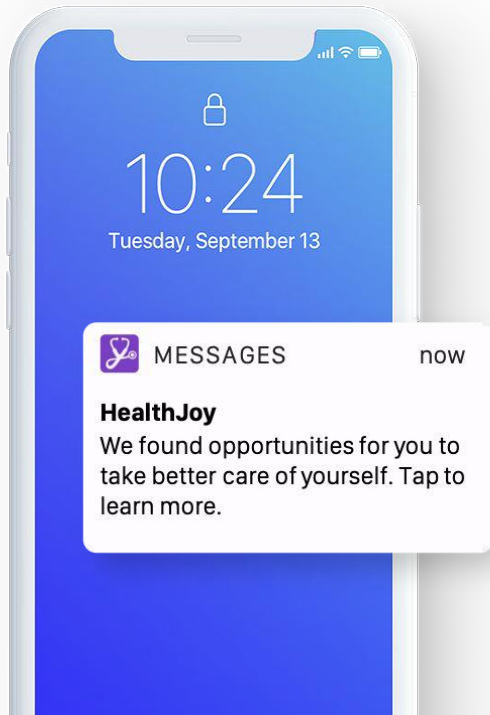
HealthJoy, ABA, HST



Making benefits easy.

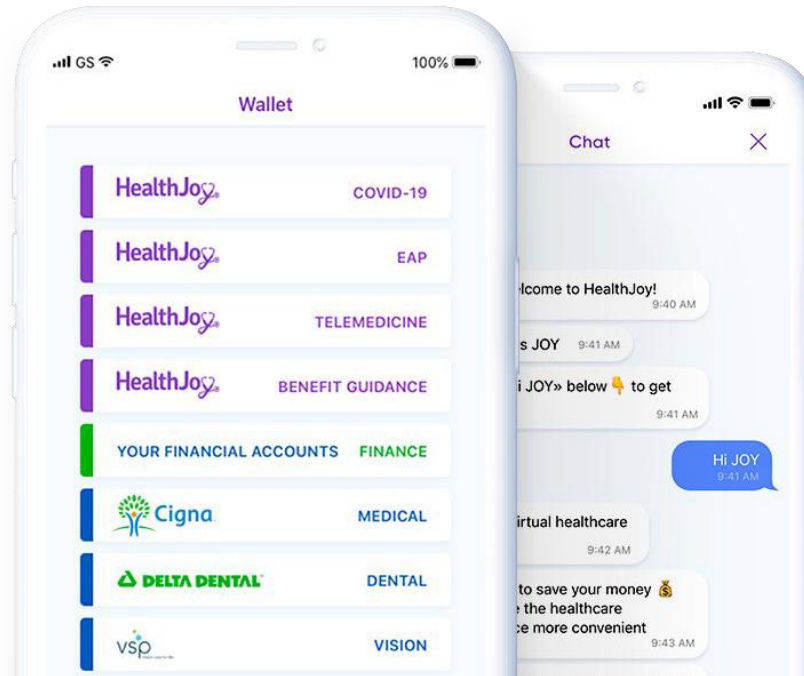
Communication

Year-round proactive engagement and awareness



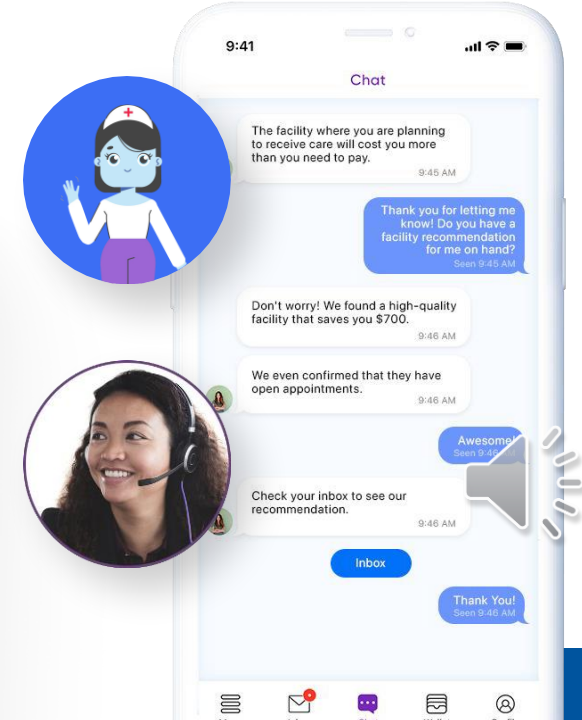
Centralization

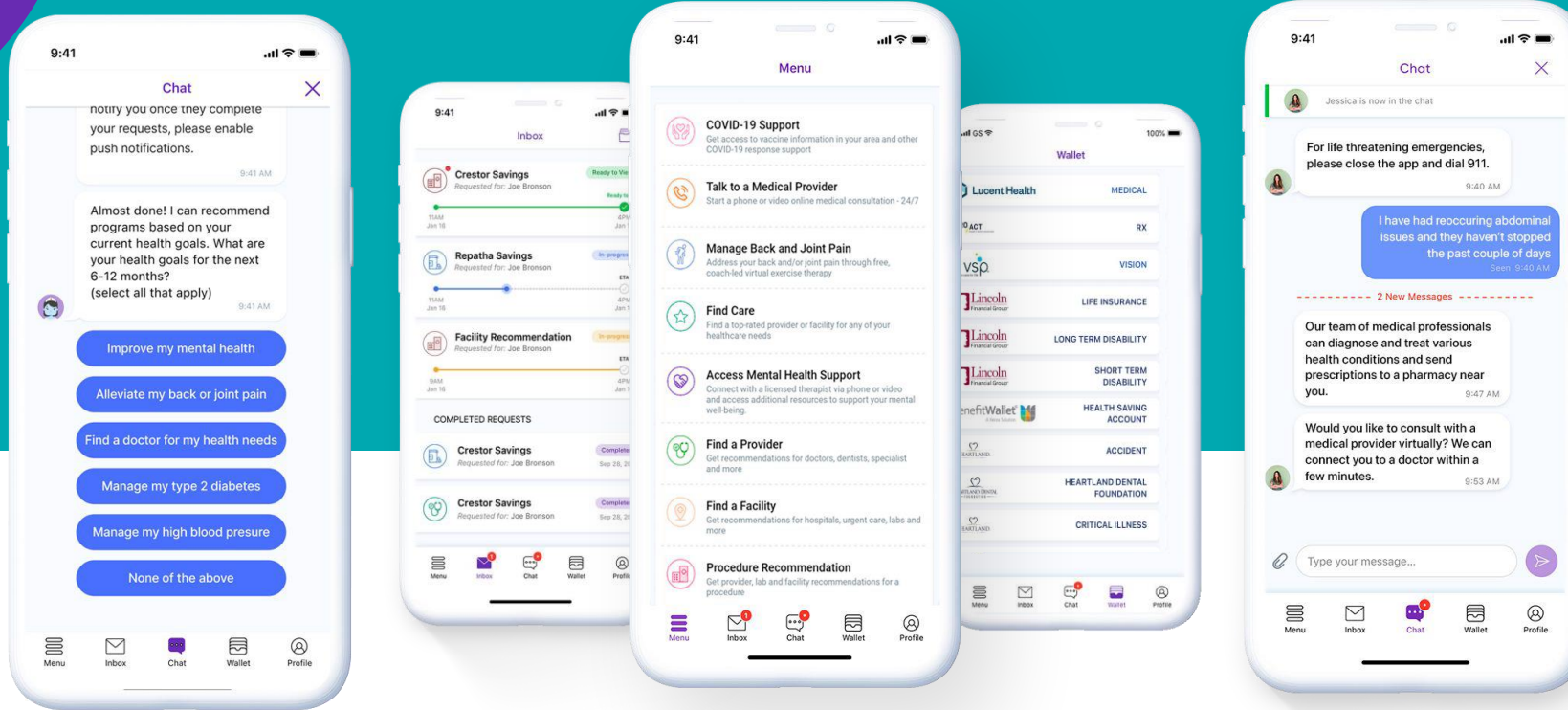
Employees have one place to go for ongoing information.



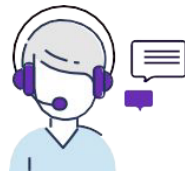
Navigation

HealthJoy is now the primary contact for benefits support.





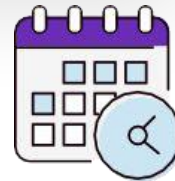
**Benefits
Wallet**



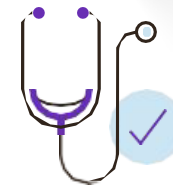
**Healthcare
Concierge**



**RX Savings
Review**



**Appointment
Booking**



**Provider
Recommendations**



**HSA / FSA
Support**



Texas-Born with Global Reach

Headquartered in Dallas, TX and founded in El Paso, TX, Assured Benefits is part of a global healthcare management group which provides integrated healthcare services and the highest quality of care across the U.S. and around the world.



500+ Employees
across 10 locations globally



\$1B+ Claims
Processed annually



250K Members
Served globally



600+ Clients
Under Level-Funded Plans

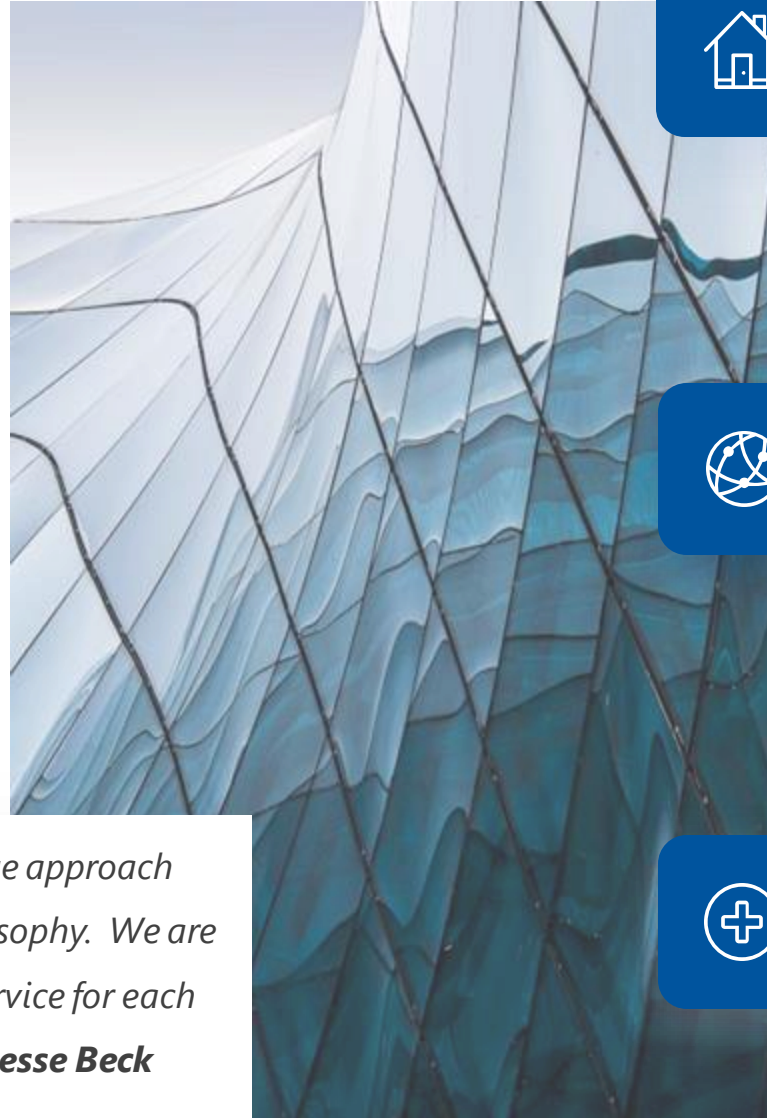


What makes ABA different

We provide proactive, value-added services to ensure our clients' full needs are being met. This means a more customized approach tailored to each client's specific requirements, rather than a one size fits all.



*"Assured Benefits utilizes a boutique approach while following a service first philosophy. We are committed to providing top-tier service for each client." - **Chief Growth Officer, Jesse Beck***



Experience in Level-Funding

ABA currently supports medical plans for over 600 clients under level-funded arrangements.



Access to Proprietary and National Networks, and RBP Solutions

Assured Benefits has its own proprietary network (IMS) and is the only independent TPA with accredited access to UHC Choice Plus.



Integrated Solutions with Flexible Designs

ABA has integrations with over 200 outside vendors that allow for customized health plan solution stacks



Reference Based Pricing Plans with the PHCS Network.

What is a RBP?

- Establishes price for services by reimbursing facilities based on the value and quality of care.
- Transparent process.
- Based on Medicare & Cost information plus a percentage.

How does it impact you?

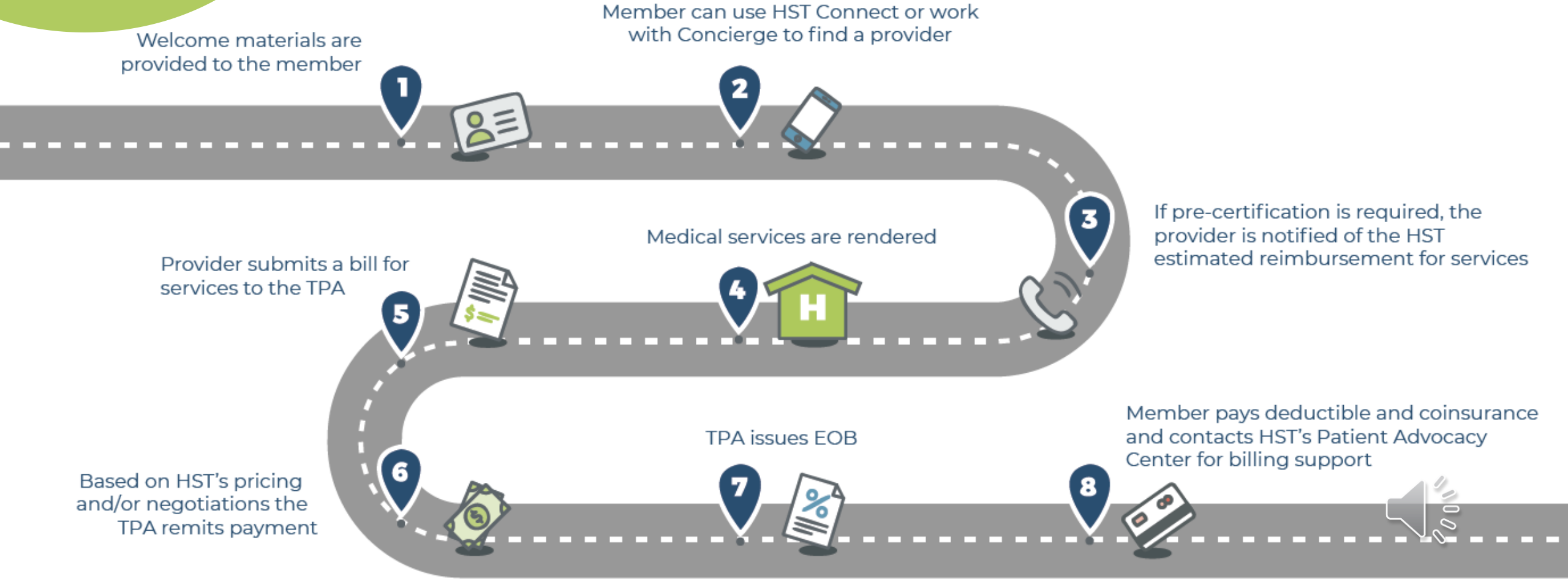
- Revolutionizes the way you shop for healthcare by bringing transparency & affordability to the consumer.
- Members enjoy lower out-of-pocket costs at facilities, reflected in coinsurance payments, and are well educated on how to handle unexpected medical bills.





How does a RBP Plan work?

Click the link
<https://www.hstechnology.com/members>





How does a PPO Plan work?

[Click the link
https://www.hstechnology.com/members](https://www.hstechnology.com/members)

Welcome materials are provided to the member



Member can use HealthJoy app or UHC.com to find a provider.



Medical services are rendered



Provider submits a bill to ABA to be repriced by UHC

ABA issues EOB





Spotlight on Physicians

The PHCS Network for Reference Based Plans will still be utilized for physician and other non-hospital provided services. Your out-of-pocket expenses will be less when you see a physician within the network.

Here are a few examples of covered services:

- Primary Care Physician
- Chiropractor
- OB/GYN
- Urgent Care
- Specialist
- Dermatologist
- Therapist
- Laboratory





2023-2024 Plan Summaries & Rates



Rates and plan designs are subject to change based on final underwriting and claims review.

General Details

	Basic Plan - RBP		Basic Plan- UHC		High Deductible - RBP		Select Plan - RBP		Select Plan - UHC	
General Features										
Network	PHCS/Multiplan Primary and Ancillary Network w/HST		United Health Care Choice Plus Network		PHCS/Multiplan Primary and Ancillary Network w/HST		PHCS/Multiplan Primary and Ancillary Network w/HST		United Health Care Choice Plus Network	
Deductible & Coinsurance										
	In Network	Non-Network	In-Network	Non-Network	In Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible-Individual	\$5,000	\$10,000	\$5,000	\$10,000	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Deductible-Family	\$10,000	\$20,000	\$10,000	\$20,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000
Coinsurance	80% after deductible	60% after deductible	70% after deductible	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Out-of-Pocket Maximum (includes deductible, coinsurance and copays)										
	In Network	Non-Network	In-Network	Non-Network	In Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Individual	\$7,500	\$15,000	\$9,100	\$18,200	\$7,050	\$14,100	\$7,500	\$15,000	\$9,100	\$18,200
Family	\$15,000	\$30,000	\$18,200	\$36,400	\$14,100	\$28,200	\$15,000	\$30,000	\$18,200	\$36,400

Rates and plan designs are subject to change based on final underwriting and claims review.



Medical Plan

		Basic Plan - RBP		Basic Plan- UHC		High Deductible - RBP		Select Plan - RBP		Select Plan - UHC	
		Member Pays		Member Pays		Member Pays		Member Pays		Member Pays	
		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Physician Services											
Primary Care Office Visit	No	\$30 Copay	40% after deductible	\$30 copay	50% after deductible	20% after deductible	40% after deductible	\$30 Copay	40% after deductible	\$30 copay	40% after deductible
Specialist Office Visit	No	\$70 Copay	40% after deductible	\$70 copay	50% after deductible	20% after deductible	40% after deductible	\$70 Copay	40% after deductible	\$70 copay	40% after deductible
Services provided in a Physicians Office (other than the office visit)	No	Included in OV Copay	40% after deductible	Included in OV Copay	50% after deductible	20% after deductible	40% after deductible	Included in OV Copay	40% after deductible	Included in OV Copay	40% after deductible
Urgent Care	No	\$50 Copay	40% after deductible	\$50 copay	50% after deductible	20% after deductible	40% after deductible	\$50 Copay	40% after deductible	\$50 Copay	40% after deductible
Telemedicine Services (1 800 MD)	No	\$0	no coverage	\$0	no coverage	\$0	no coverage	\$0	no coverage	\$0	no coverage
Preventive & Wellness Services (ACA required preventive services only)		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Services at Physician Office	No	\$0 Copay	40% after deductible	\$0 copay	50% after deductible	\$0 Copay	40% after deductible	\$0 Copay	40% after deductible	\$0 copay	20% after deductible
Outpatient Hospital Free Standing Facility Services	Yes	\$0 copay		\$0 copay		\$0 copay		\$0 copay		\$0 copay	

Rates and plan designs are subject to change based on final underwriting and claims review.



Medical Plan

		Basic Plan - RBP	Basic Plan- UHC		High Deductible - RBP	Select Plan - RBP		Select Plan - UHC	
		Member Pays	Member Pays		Member Pays	Member Pays		Member Pays	
		Open Access*	In-Network	Non-Network	Open Access*	Open Access*		In-Network	Non-Network
Hospital/Facility Services	Prior Auth Required?								
Inpatient Hospitalization	Yes	20% after deductible	30% after deductible	50% after deductible	20% after deductible	20% after deductible		20% after deductible	40% after deductible
Inpatient Surgery <i>(Second surgical opinion may be required)</i>	Yes	20% after deductible	30% after deductible	50% after deductible	20% after deductible	20% after deductible		20% after deductible	40% after deductible
Outpatient Hospital Free Standing Facility Services and Surgery	Yes	20% after deductible	30% after deductible	50% after deductible	20% after deductible	20% after deductible		20% after deductible	40% after deductible
Anesthesia	No	20% after deductible	30% after deductible	50% after deductible	20% after deductible	20% after deductible		20% after deductible	40% after deductible
Emergency Room Services <i>(Life threatening Services)</i>	No	20% after deductible	30% after deductible	50% after deductible	20% after deductible	20% after deductible		20% after deductible	40% after deductible
Emergency Room Services <i>(Non-Emergent Care)</i>	No	Not Covered/100% Paid by Member	Not Covered/100% Paid by Member	Not Covered/100% Paid by Member	Not Covered/100% Paid by Member	Not Covered/100% Paid by Member		Not Covered/100% Paid by Member	Not Covered/100% Paid by Member
Diagnostic Services (Outpatient)		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Laboratory Services	No	\$50 copay		\$50 copay		20% after deductible	40% after deductible	\$30 copay	
Radiology (x-ray, ultrasound)	No	\$50 copay		\$50 copay		20% after deductible	40% after deductible	\$30 copay	
CT / MRI / MRA / PET Scan	Yes	20% after deductible	40% after deductible	30% after deductible		20% after deductible	40% after deductible	20% coinsurance / no deductible	



Rates and plan designs are subject to change based on final underwriting and claims review.



Medical Plan

		Basic Plan - RBP		Basic Plan- UHC		High Deductible - RBP		Select Plan - RBP		Select Plan - UHC	
		Member Pays		Member Pays		Member Pays		Member Pays		Member Pays	
		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Pregnancy Benefits											
Physician Visits	No	\$30 Copay	40% after deductible	\$30 Copay	50% after deductible	20% after deductible	40% after deductible	\$30 Copay	40% after deductible	\$30 Copay	40% after deductible
Testing/Childbirth/Delivery	No	20% after deductible		30% after deductible		20% after deductible		20% after deductible		20% after deductible	
Mental & Nervous; Chemical Dependency		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Office Visits (outpatient)	No	\$30 Copay	40% after deductible	\$30 Copay	50% after deductible	20% after deductible	40% after deductible	\$30 Copay	40% after deductible	\$30 Copay	40% after deductible
Inpatient (Facility)	Yes	20% after deductible		30% after deductible		20% after deductible		20% after deductible		20% after deductible	
Outpatient (Facility)	Yes	\$30 Copay		\$30 Copay		20% after deductible		\$30 Copay		\$30 Copay	



Medical Plan

		Basic Plan - RBP		Basic Plan- UHC		High Deductible - RBP		Select Plan - RBP		Select Plan - UHC	
		Member Pays		Member Pays		Member Pays		Member Pays		Member Pays	
		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Other Services; Network Requirements											
Allergy Office visits <i>(The copay applies for the office visit only)</i>	No	\$100 Copay	40% after deductible	\$100 Copay	50% after deductible	20% after deductible	40% after deductible	\$100 Copay	40% after deductible	\$100 Copay	40% after deductible
Allergy Services Testing / injections	Yes	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Rehabilitation/Habilitation Services <i>(limited to 30 visits per plan year)</i>	No	20% after deductible	40% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Other Services		Open Access*		In-Network	Non-Network	Open Access*		Open Access*		In-Network	Non-Network
Emergency Medical Transportation	No	20% after deductible		30% after deductible		20% after deductible		20% after deductible		20% after deductible	
Air Ambulance Transportation - Emergency <i>(Pre-cert as soon as reasonably possible)</i>	Yes	20% after deductible		30% after deductible		20% after deductible		20% after deductible		20% after deductible	



*Benefits may change. Please check your districts benefit website for the most up to date plan summaries.

Pharmacy Benefits

	Basic Plan - RBP	Basic Plan- UHC	High Deductible - RBP	Select Plan - RBP	Select Plan - UHC
	Participating Pharmacies	Participating Pharmacies	Participating Pharmacies	Participating Pharmacies	Participating Pharmacies
PREVENTIVE Prescriptions ONLY <i>(Subject to Formulary & ACA requirements)</i>	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Pharmacy Retail – up to a 30 day supply	Generic ONLY: \$0 Copay Brand Drugs: Not Covered	Generic ONLY: \$0 Copay Brand Drugs: Not Covered	Generic ONLY: \$0 Copay Brand Drugs: Not Covered	Generic ONLY: \$0 Copay Brand Drugs: Not Covered	Generic ONLY: \$0 Copay Brand Drugs: Not Covered
Pharmacy Mail Order – up to a 90 day supply	Generic ONLY: \$0 Copay Brand Drugs: Not Covered	Generic ONLY: \$0 Copay Brand Drugs: Not Covered	Generic ONLY: \$0 Copay Brand Drugs: Not Covered	Generic ONLY: \$0 Copay Brand Drugs: Not Covered	Generic ONLY: \$0 Copay Brand Drugs: Not Covered
NON-PREVENTIVE Prescriptions - <i>(Subject to Formulary)</i>	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Retail Pharmacy– (up to a 30 day supply)	Generic: \$10 Copay Preferred Brand: \$35 Copay Non-Preferred Brand: Not Covered; Member pays 100%	Generic: \$10 Copay Preferred Brand: \$35 Copay Non-Preferred Brand: Not Covered; Member pays 100%	Generic: 30% after deductible Preferred Brand: 30% after deductible Non-Preferred Brand: 30% after deductible	Generic: \$10 Copay Preferred Brand: \$35 Copay Non-Preferred Brand: 30% to \$125 Max	Generic: \$10 Copay Preferred Brand: \$35 Copay Non-Preferred Brand: 30% to \$125 Max
Mail Order Pharmacy (90 day supply)	Generic: \$25 Copay Preferred Brand: \$87.50 Copay Non-Preferred Brand: Not Covered; Member pays 100%	Generic: \$25 Copay Preferred Brand: \$87.50 Copay Non-Preferred Brand: Not Covered; Member pays 100%	Generic: 30% after deductible Preferred Brand: 30% after deductible Non-Preferred Brand: 30% after deductible	Generic: \$25 Copay Preferred Brand: \$87.50 Copay Non-Preferred Brand: 30% to \$125 Max	Generic: \$25 Copay Preferred Brand: \$87.50 Copay Non-Preferred Brand: 30% to \$125 Max
SPECIALTY MEDICATIONS	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Amwins Patient Assurance Program	\$0 Copay*	\$0 Copay*	50% after deductible; \$500 Maximum	\$0 Copay*	\$0 Copay*
Retail Pharmacy– (up to a 30 day supply)	50% Copay; \$500 Maximum	50% Copay; \$500 Maximum	50% after deductible; \$500 Maximum	50% copay; \$500 Maximum	50% copay; \$500 Maximum
Mail Order Pharmacy (90 day supply)	50% Copay; \$500 Maximum	50% Copay; \$500 Maximum	50% after deductible; \$500 Maximum	50% Copay; \$500 Maximum	50% Copay; \$500 Maximum

Rates and plan designs are subject to change based on final underwriting and claims review.



Premium Totals

	Basic Plan - RBP	Basic Plan- UHC	High Deductible - RBP	Select Plan - RBP	Select Plan - UHC
Total Premiums					
Single	\$478.48	\$538.62	\$516.24	\$513.60	\$578.84
Employee + Spouse	\$1,333.72	\$1,512.32	\$1,389.86	\$1,386.28	\$1,572.52
Employee + Child(ren)	\$829.55	\$937.61	\$866.82	\$875.59	\$990.35
Family	\$1,642.89	\$1,863.23	\$1,709.45	\$1,716.84	\$1,947.92





Accessing your benefits.

Your Benefits Website

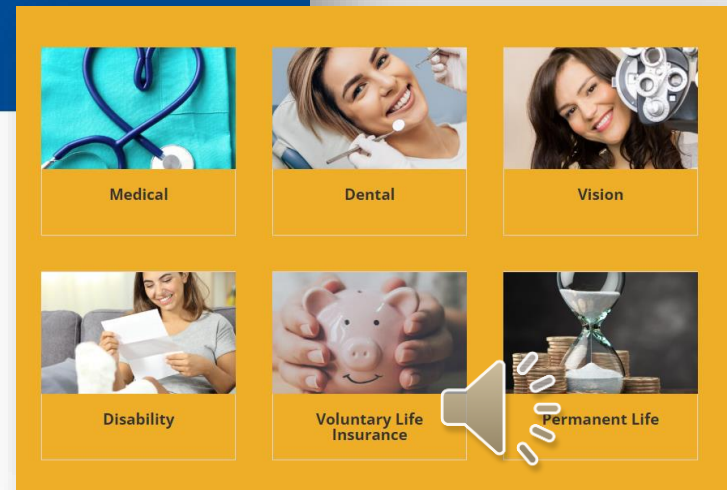
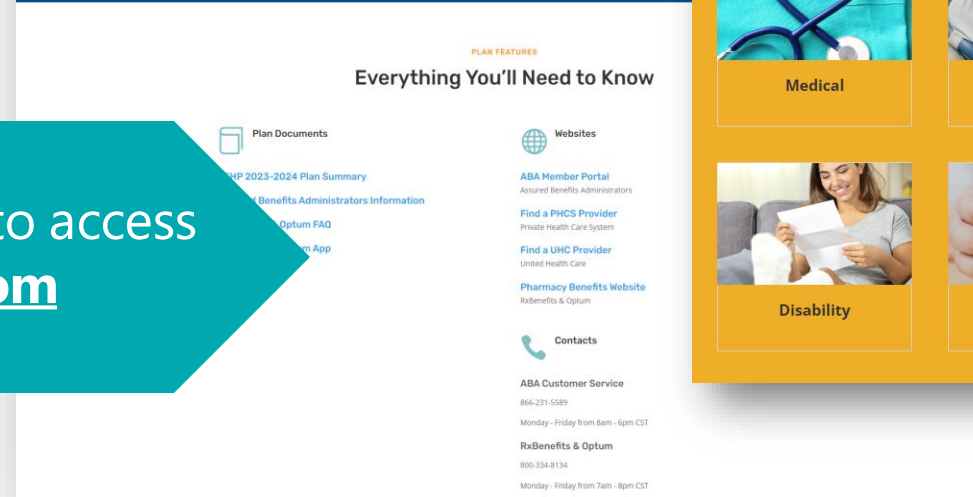
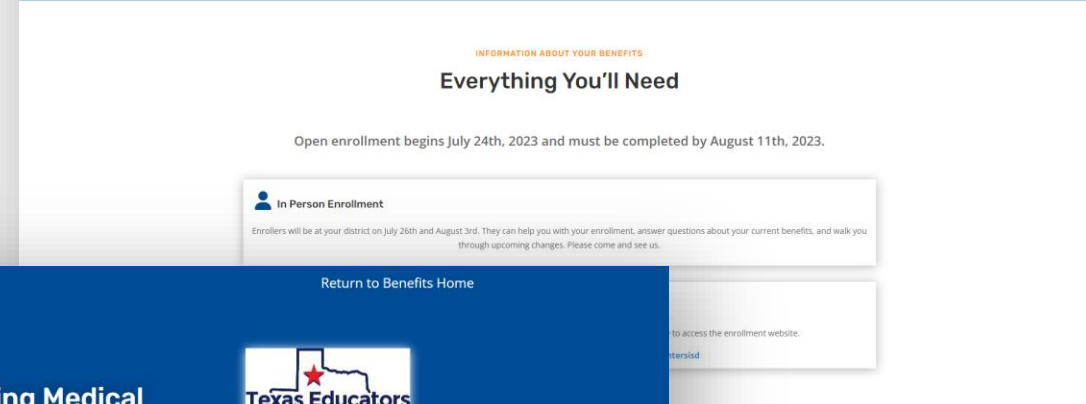
■ Access Enrollment Information

- Enrollment dates
- Benefits website link
- Call Center phone number

■ Download & View Benefit Resources

- Plan summaries
- Claim forms
- Providers' websites and phone numbers

Enter your district's name into the link below to access your website: exampleisd.mybenefitsinfo.com



Enrollment Support Designed for You



Onsite Enroller

- Dedicated, onsite enroller
- 1:1 enrollment support
- Education tailored to what employees need
- **Visit your district's Benefits Website to view a calendar of onsite enroller dates.**



Self-Enroll

- Visit your district's Benefits Website
- Go to Online Enrollment
- Click the link to the enrollment platform
- **Need help?** Some districts will have a call center available to answer any questions you may have during self-enrollment. The phone number is located on the home page of the benefits website for eligible districts.





Vendor Contacts

- **Assured Benefits Administrators**
 - 866-231-5589
- **RxBenefits & Optum**
 - 800-334-8134
- **HST Technology**
 - 800-440-7427
- **Health Joy**
 - 877-500-3212



Quick Links

Assured Benefits Administrators

[Healthspace \(abadmin.com\)](https://www.healthspace.com/abadmin.com)

Find a Provider PHCS Primary and Ancillary Network

<https://www.multiplan.com/webcenter/portal/ProviderSearch>

Find a Provider UHC Choice Plus Network

<https://www.whyuhc.com/uhss>

HST Technology

<https://www.hstechnology.com/members>

Health Joy

[Meet JOY \(healthjoy.com\)](https://www.healthjoy.com)

