Medical Plans

Benefits Design and Management
Benefits eligibility

Faculty and staff
- Regularly scheduled to work 20 hours or .5 FTE or more per week for at least 90 consecutive days.

Eligible dependents
- Your child under age 26.
- Your disabled child age 26 or older, if eligible.
- Your spouse.
**Health insurance terminology**

**Paycheck deduction**
Amount you pay for insurance each pay period.

- **Deductible**
  Expenses you pay out-of-pocket before the health plan pays.
  - Individual or family.
  - Separate in and out-of-network amounts.
  - Accumulate toward out-of-pocket maximum.

- **Copayment**
  Fixed dollar amount.
  - You pay at the time of service after the deductible is met.
  - Plan pays remaining charges.
  - Accumulate toward out-of-pocket maximum.

- **Coinsurance**
  Percentage of allowed amount.
  - Plan pays 100% of covered services after out-of-pocket max is met.
  - Individual or Family.
  - Separate in and out-of-network amounts.

- **Out-of-Pocket Maximum**
  The most you will pay in combined deductibles, health care and pharmacy copayments, and coinsurance.
**Health insurance terminology**

- **Health Savings Account, HSA:** A savings account that allows employees to put aside pretax dollars to pay for out of pocket medical expenses.

- **In-network:** Providers or health care facilities that are part of a health plan’s network. The insurance negotiates a discount with these providers which usually results in lower costs to the member.

- **Out-of-network:** A provider that is outside of the network of doctors, hospitals or health care providers. Usually results in higher costs to the member.

- **Plan year:** Period of coverage under a group health plan. ASU’s plan year runs from January 1 through December 31.
Medical and pharmacy plans

Benefits guide | Employee healthcare
cfo.asu.edu/benefits-guide-health

See plan document for exclusions and limitations.
Overview of medical plans

The networks available for both plans are Blue Cross Blue Shield and United Healthcare.

**Triple Choice Plan | TCP**
- Copayments for non-preventative services.
- In and out of network providers available.
- This is a single plan with three tiers.

**High Deductible Health Plan with HSA**
- Allows participants to use in or out of network providers.
- Coinsurance after deductible is met.
- Out of pocket expenses can be paid with funds in the HSA account.
Triple Choice Plan
**Triple Choice Plan | TCP**

- **Tier 1** – The network of providers will be limited to providers designated as **Tier 1** in-network providers.
  - Tier 1 providers will have the following designations:

- **Tier 2** – Providers will be in-network but not considered **Tier 1** providers.

- **Tier 3** – Out of network providers with higher deductibles. No copays but there will be co-insurance.
Benefits

- In-network and out-of-network provider options.
- Nationwide coverage.
- No pre-existing condition restrictions.
- Mayo Clinic is in-network for UHC and BCBS.

Copays and deductibles

- Copays apply after the plan deductible is met.
- Copays and deductibles apply to out-of-pocket maximum.
- Payments toward Tier 1 deductible apply towards Tier 2 deductible, conversely funds paid toward Tier 2 deductible apply to Tier 1.
- Plan pays 100% after the out-of-pocket maximum is met.
- Prescription drug copays do not count toward the medical deductible.
# Triple Choice Plan | TCP

## Triple Choice Plan

<table>
<thead>
<tr>
<th></th>
<th>Tier 1, in network</th>
<th>Tier 2, in network</th>
<th>Tier 3, out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee only</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>$200</td>
<td>$1,000</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Employee only</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>out-of-pocket maximum</td>
<td>$7,350</td>
<td>$7,350</td>
<td>$8,700</td>
</tr>
<tr>
<td>includes deductible</td>
<td></td>
<td>includes deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>deductible</td>
<td>$400</td>
<td>$2,000</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>out-of-pocket maximum</td>
<td>$14,700</td>
<td>$14,700</td>
<td>$17,400</td>
</tr>
<tr>
<td>includes deductible</td>
<td></td>
<td>includes deductible</td>
<td></td>
</tr>
</tbody>
</table>

Blue Cross Blue Shield or UnitedHealthcare

- Employee only deductible
- Family deductible
- Out-of-pocket maximum

Deductible amounts vary across different tiers and plans.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Tier 1, in network</th>
<th>Tier 2, in network</th>
<th>Tier 3, out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative Services, Durable medical equipment, lab and x-ray services</td>
<td>$0</td>
<td>$0</td>
<td>50%</td>
</tr>
<tr>
<td>PCP,OB/GYN, Telehealth</td>
<td>$20</td>
<td>$20</td>
<td>50%</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40</td>
<td>$40</td>
<td>50%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$200</td>
<td>$200</td>
<td>$200</td>
</tr>
<tr>
<td>Inpatient Hospital Admission</td>
<td>$250</td>
<td>$250</td>
<td>50%</td>
</tr>
<tr>
<td>Outpatient facility, Major radiology services</td>
<td>$100</td>
<td>$100</td>
<td>50%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$75</td>
<td>$75</td>
<td>50%</td>
</tr>
</tbody>
</table>
How to use the Triple Choice plan

1. Choose a provider
Look for the Tier 1 symbol for the lowest cost.

2. Meet the deductible
Pay out of pocket or enroll in the Healthcare FSA.

3. Pay a copayment
You pay a flat fee. Your plan pays the rest.

3. Pay up to out-of-pocket max
Your plan pays 100% of services for remainder of the year.

Providers:
- Hospitals
- Physicians
- Radiology and Laboratory
- Rehabilitation centers
- Surgical centers
- Urgent care facilities
High Deductible Health Plan
Benefits

- In-network and out-of-network provider options.
- Nationwide coverage.
- No pre-existing condition restrictions.
- Works in conjunction with a health savings account.
- Mayo Clinic is in-network for both UHC and BCBS.

Coinsurance and deductibles

- Coinsurance applies after the plan deductible is met.
- Coinsurance and deductibles apply to out-of-pocket maximum.
- In-network and out-of-network deductibles must be met separately.
- Plan pays 100% after the out-of-pocket maximum is met.
- Prescription drug copays do not count toward the medical deductible.
# 2023 High deductible health plan | HDHP

<table>
<thead>
<tr>
<th></th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross Blue Shield or UnitedHealthcare</td>
<td></td>
<td>Out of Network providers</td>
</tr>
<tr>
<td><strong>Employee only deductible</strong></td>
<td>$1,500</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Employee Only out of pocket maximum</strong></td>
<td>$3,500 includes deductible</td>
<td>$8,700 includes deductible</td>
</tr>
<tr>
<td><strong>Family deductible</strong></td>
<td>$3,000</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Family out of pocket maximum</strong></td>
<td>$7,000 includes deductible</td>
<td>$17,400 includes deductible</td>
</tr>
</tbody>
</table>
# 2024 High deductible health plan | HDHP

<table>
<thead>
<tr>
<th></th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross Blue Shield or UnitedHealthcare</td>
<td></td>
<td>Out of Network providers</td>
</tr>
<tr>
<td><strong>Employee only</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>deductible</td>
<td>$1,600</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Employee Only</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>out of pocket maximum</td>
<td>$3,500</td>
<td>$8,700</td>
</tr>
<tr>
<td>includes deductible</td>
<td>includes deductible</td>
<td>includes deductible</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>deductible</td>
<td>$3,200</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>out of pocket maximum</td>
<td>$7,000</td>
<td>$17,400</td>
</tr>
<tr>
<td>includes deductible</td>
<td>includes deductible</td>
<td>includes deductible</td>
</tr>
</tbody>
</table>
### High deductible health plan | HDHP

**Coverage after deductible is met**

<table>
<thead>
<tr>
<th>Service</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross Blue Shield or UnitedHealthcare</td>
<td></td>
<td>Out of Network providers</td>
</tr>
<tr>
<td>Preventative Services</td>
<td>$0</td>
<td>50%</td>
</tr>
<tr>
<td>PCP, OB/GYN, Telehealth</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Specialist</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
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</tr>
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<td>50%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>10%</td>
<td>50%</td>
</tr>
</tbody>
</table>
Health Savings Account
Health Savings Account | HSA

- University makes a biweekly contribution to the health savings account of each employee enrolled in the HDHP regardless of the employee's contribution.

- Can only use the available funds in the account.

- Funds can be used for eligible medical, dental and vision expenses.

- HSA administrator is Optum.

- HDHP enrollees are ineligible for the HSA if enrolled in any parts of Medicare or Tricare.

- Invest a portion of your funds after balance reaches $1,000.
## 2023 HSA contribution limits

<table>
<thead>
<tr>
<th>Coverage level</th>
<th>2023 voluntary employee before-tax contribution</th>
<th>2023 automatic university contribution</th>
<th>2023 combined contribution limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single coverage</td>
<td>Up to $3,130</td>
<td>$720</td>
<td>$3,850</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$27.70 per pay period</td>
<td></td>
</tr>
<tr>
<td>Other than single coverage</td>
<td>Up to $6,310</td>
<td>$1,440</td>
<td>$7,750</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$55.39 per pay period</td>
<td></td>
</tr>
</tbody>
</table>

Age 55 and older may contribute an additional $1,000.

Participants are responsible for managing contributions in accordance with federal guidelines and limits. **2023 automatic university contribution is based on 26 pay periods.**
## 2024 HSA contribution limits

<table>
<thead>
<tr>
<th>Coverage level</th>
<th>2024 voluntary employee before-tax contribution</th>
<th>2024 automatic university contribution</th>
<th>2024 combined contribution limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single coverage</td>
<td>Up to $3,430</td>
<td>$720</td>
<td>$4,150 ($300 increase)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$27.70 per pay period</td>
<td></td>
</tr>
<tr>
<td>Other than single coverage</td>
<td>Up to $6,860</td>
<td>$1,440</td>
<td>$7,750</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$55.39 per pay period</td>
<td></td>
</tr>
<tr>
<td></td>
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<td>Age 55 and older may contribute an additional $1,000.</td>
<td></td>
</tr>
</tbody>
</table>

Participants are responsible for managing contributions in accordance with federal guidelines and limits. **2023 automatic university contribution is based on 26 pay periods.**
How to use the HDHP with HSA

1. Fund your Health Savings Account
   Automatic payroll contributions by you and the University.

2. Choose a provider
   Select an in-network provider for lower cost.

3. Meet the deductible
   Use available HSA funds or pay out of pocket for services and some prescriptions.

4. Pay coinsurance
   You pay 10%
   Your plan pays 90%

5. Pay up to out-of-pocket max
   Your plan pays 100% of services for remainder of the year.

6. Build your HSA balance
   Your funds will continue to grow and roll over.

HSA funds can help you pay for your expenses

Determine amount you want in your account − University contribution ÷ 26 pay periods = Your contribution per paycheck
What to consider when choosing a plan

**Benefits**
- All plans cover the same services.
- Consider you and your family’s needs.
- No preexisting condition exclusions.
- Preventive services are covered at 100% for in-network providers.

**Networks**
- All plans have nationwide networks.
- Provider networks vary among carriers.
- Make sure your providers are on the plan.
- Look for the symbols.

**Cost**
- Consider paycheck deductions.
- Costs are higher for out-of-network providers.
- Understand how deductibles and copays work for your budget.
Pharmacy benefits
Pharmacy benefit for all medical plans

MedImpact

- Large national network of providers.
- Prescription drugs are covered in-network only.
- Prescription drugs cannot be shipped outside of the United States.

MedImpact Direct mail order pharmacy

- Mail order through MedImpact Direct Mail Service only.
- Specialty prescription services.
# Pharmacy benefit for all medical plans

<table>
<thead>
<tr>
<th></th>
<th>Generic</th>
<th>Preferred brand name</th>
<th>Nonpreferred brand name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail 30-day supply</td>
<td>$15</td>
<td>$40</td>
<td>$60</td>
</tr>
<tr>
<td>Retail 90-day supply</td>
<td>$37.50</td>
<td>$100</td>
<td>$150</td>
</tr>
<tr>
<td>Mail order 90-day supply</td>
<td>$30</td>
<td>$80</td>
<td>$120</td>
</tr>
</tbody>
</table>

**For HDHP participants:** Subject to plan deductible before copay applies for nonpreventative prescriptions.

**For all plans:** Pharmacy costs apply to out-of-pocket maximum.
Paycheck deduction
# Medical and pharmacy rates per pay period

<table>
<thead>
<tr>
<th>Coverage level</th>
<th>Triple Choice Plan</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$26.17</td>
<td>$10.15 + HSA</td>
</tr>
<tr>
<td>Employee plus spouse</td>
<td>$71.49</td>
<td>$30.46 + HSA</td>
</tr>
<tr>
<td>Employee plus one child</td>
<td>$57.30</td>
<td>$25.89 + HSA</td>
</tr>
<tr>
<td>Family</td>
<td>$121.61</td>
<td>$56.35 + HSA</td>
</tr>
</tbody>
</table>
Health care accounts comparison

Health care FSA

• $3,050 annual before-tax employee contribution limit.
• TCP or no medical coverage.
• Medical, dental, and vision expenses.
• Minimum annual election of $100.
• Requires enrollment each calendar year.
• **Use it or lose it** with $610 carryover provision.

Limited health care FSA

• $3,050 annual before-tax employee contribution limit.
• Available only to HDHP participants.
• Dental and vision expenses only.
• Minimum annual election of $100.
• Requires enrollment each calendar year.
• **Use it or lose it** with $610 carryover provision.
Online tools – Benefits Guides

Enrollment & Administration
- Affordable Care Act benefits.
- Glossary.
- HIPAA notice.
- Plan contacts.
- Qualified life events.

Employee Healthcare
- Dental plans.
- Healthcare accounts.
- Medical plans.
- Pharmacy plans.
- Vision program details.

Financial Security
- Disability insurance program.
- Life insurance program.
- Child and adult day care FSA.
- Voluntary benefits plan.

Retirement Resources
- Mandatory retirement programs.
- Voluntary retirement programs: 403(b) and 457.
- Retirement advisor.

Family Resource Guide
- Employee discounts.
- Working Parent Network.
- Summer camp programs
- Mirabella ASU

cfo.asu.edu/hr
Questions?

Employee services
855-278-5081
Monday – Friday
8 a.m. to 5 p.m.
Arizona time

Faculty services
480-727-9900
Monday – Friday
8 a.m. to 5 p.m.
Arizona time

Email: HRESC@asu.edu

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