

“You’re Enrolled, Now What?”



Benefits Education Session
February/March 2025



Topics of Discussion

- BCBS Furman Medical & Pharmacy Plan Design Review
- BCBS Dental Plan Review
- Flexible Spending Accounts (F.S.A) Review
- Health Savings Account (H.S.A) Review
- Other Ancillary Benefits(Vision, Life, Disability, etc.)
- Additional Benefits & Perks Available to You
- Q & A



2025 Medical Plan Highlights

Medical Plan Options:

- **\$2,000 PPO[^] Plan**
- **\$6,000 PPO Plan**
- **\$4,000 HDHP* Plan**

Medical Plan Administrator:

Blue Cross Blue Shield of SC

Pharmacy Benefit Manager (PBM):

Optum Rx



**BlueCross BlueShield
of South Carolina**

[^]PPO – Preferred Provider Organization

*HDHP – High Deductible Health Plan

2025 Medical Plan Design

	\$2,000 PPO In-Network	\$6,000 PPO In-Network	\$4,000 HDHP In-Network
Primary Office Visit	\$30 Copay	\$35 Copay	20% after Ded
Specialist Visit	\$50 Copay	20% after Ded	20% after Ded
Urgent Care	\$50 Copay	20% after Ded	20% after Ded
Emergency Room	\$250 Copay Then 20% after Ded	20% after Ded	20% after Ded
Telemedicine	\$30 Copay	\$35 Copay	20% after Ded
Preventive Care	100% Covered	100% Covered	100% Covered
Deductible (Individual/Family)	\$2,000 / \$4,000	\$6,000 / \$12,000	\$4,000 / \$8,000
OOPM (Individual/Family)	\$6,500 / \$13,000	\$8,000 / \$16,000	\$7,750 / \$15,500
Coinsurance	80% In Network 50% Out of Network	80% In Network 50% Out of Network	80% In Network 50% Out of Network

Ded = Deductible

OOPM = Out of Pocket Maximum

2025 Pharmacy Plan Design

	\$2,000 PPO	\$6,000 PPO	\$4,000 HDHP
Prescriptions 31- Day Supply			
Generic	\$15 Copay	\$15 Copay	20% after deductible
Preferred Brand	\$40 Copay	\$40 Copay	20% after deductible
Non-preferred Brand	\$70 Copay	\$70 Copay	20% after deductible
Specialty	\$125 Copay	\$125 Copay	20% after deductible
Prescriptions 90-Day Supply			
Generic	\$25 Copay	\$25 Copay	20% after deductible
Preferred Brand	\$90 Copay	\$90 Copay	20% after deductible
Non-preferred Brand	\$175 Copay (31-Day Supply)	\$175 Copay (31-Day Supply)	20% after deductible
Specialty	Not Covered	Not Covered	Not Covered

Some drugs may experience tier changes, step therapy, prior authorization, etc. in conjunction with BCBS formulary changes.

2025 Medical Plan Highlights

Identification Cards: List only the Faculty/Staff member.



Resources & Tools:

- ❖ **My Health Toolkit: Review claims, EOBS, Find Providers, Download ID Card**
- ❖ **SmartShopper**
- ❖ **Blue Card on Demand**
- ❖ **BCBS One-on-One Sessions**
- ❖ **Prescription Cost: Continue to shop around, discuss options with your physician, access prescription discount cards, etc.**

MEDICAL PLAN MOBILE APP | MY HEALTH TOOLKIT



Mobile app for Blue Cross Blue Shield of South Carolina



**VIEW PLAN
INFORMATION**

**View deductibles and consult your
benefits**



ID CARDS

**Download or send an electronic
version of your ID card for you or a
family member**



**FIND DOCTORS
AND SERVICES**

**Valuable quality-of-care ratings
and procedure estimates**



**LOOK UP DRUGS AND
COMPARE PRICES**

**Research medications and
dosages**

Download today in the Apple App Store or in Google Play.



TELEMEDICINE | BLUE CARE ON DEMAND



What Conditions can be Treated?

- Allergies
- Colds & Flu
- Rashes
- Pink Eye
- Anxiety
- Depression
- Acne
- And more!

Care on the Go

- 24/7/365 on-demand access to board-certified physicians
- Average wait time of less than 15 minutes

Treats More than General Health

Your telemedicine provider gives you access to doctors specializing in primary care, dermatology, mental health, nutrition, and long-term care.

Cost Per Visit

- \$2,000 PPO: \$30 or \$50 Copay
- \$6,000 PPO: \$35 Copay or 20% after Deductible
- \$4,000 HDHP: 20% after Deductible

Get Started

Login to My Health Toolkit (BCBS SC mobile app)



Explanation of Benefits (EOB)

Your EOB shows you:

- 1 How much the doctor charged.
- 2 How much you saved through your health plan.
- 3 How much your health plan paid.
- 4 How much you may still owe.
- 5 How close you are to reaching your deductible and out-of-pocket maximum during this benefit period based on your in-network benefits.

On page 1, you'll find:

- A Helpful definitions.
- B How to reach us if you have questions.
- C Your member ID number.

THIS IS NOT A BILL

Claim
07/31/2023

PAYMENTS SUMMARY for PAUL MEMBER

Your health care providers' charges \$262.00

Amount you saved \$26.96

Total amount your plan paid \$55.91

AMOUNT YOU MAY OWE OR HAVE PAID PROVIDER(S) \$179.13

IN-NETWORK BENEFITS AT-A-GLANCE

Family		Member(s)	
Deductible	Out-of-Pocket	Deductible	Out-of-Pocket
\$4,200.00 Maximum	\$9,500.00 Maximum	\$3,000.00 Maximum	\$4,750.00 Maximum
Satisfied	\$5,163.31 Remaining	Satisfied	\$2,867.85 Remaining
\$4,200.00 Applied	\$4,336.69 Applied	\$1,697.73 Applied	\$1,792.15 Applied

A **Deductible** Each covered individual has a deductible that applies toward the family deductible. Once the family deductible is met, all deductibles are met.

B **Out-of-Pocket** The most you could pay during a benefit plan year for your share of the cost of covered services.

B **WE'RE HERE!** Web: Log on to www.MyHealthToolkit.com
Toll-free: 000-000-000 (Monday - Friday, 8:30 a.m. - 4:30 p.m.)
Local: 000-000-0000
Write: Your Health Plan, P.O. Box 123456, Anytown, USA 12345

Individual Claim Report
EXPLANATION OF BENEFITS

C Plan Holder: PAUL MEMBER
(ID # XYZ99999999999)
Benefit Plan Year: 01/01/2023 - 01/01/2024
Notice Date: 08/07/2023

On page 2, you'll find:

- A How close you are to reaching your deductible and out-of-pocket maximum during this benefit period based on your out-of-network benefits.
- B Tips on using and making the most of your benefits.

On page 3, you'll find:

- A Details about your claim, including the claim number and provider.
- B When the visit took place and if the provider is in or out of network.
- C A breakdown of what your health plan paid and how much you might owe your provider. The amount you might owe does not reflect any amount you may have already paid the provider.
- D Additional details about your claim, including why a claim may have been denied.

Individual Claim Report: EXPLANATION OF BENEFITS Plan Holder: PAUL MEMBER (ID # XYZ999999999)

OUT-OF-NETWORK BENEFITS AT-A-GLANCE

	Deductible			Out-of-Pocket		
	Maximum	Applied	Remaining	Maximum	Applied	Remaining
FAMILY	\$0,000.00	\$4,200.00	\$3,000.00	\$19,000.00	\$4,336.69	\$14,663.31
PAUL MEMBER	\$4,000.00	\$1,697.73	\$2,302.27	\$5,500.00	\$1,792.15	\$7,707.85

A **GETTING THE MOST FROM YOUR PLAN** Order an ID Card Online Getting a replacement ID card is easy. Simply log in to My Health Toolkit® and select the Benefits tab. Click on "ID Card Request," then select "Request ID Card." Your request will be processed and your ID card will be sent to your address on file within a few days.

B **Network Providers Save You Money** Seeing a physician who is part of your health plan's network can help lower your health care costs. You can easily locate in-network providers by using the Doctor and Hospital Finder on our website.

Deductible Each covered individual has a deductible that applies toward the family deductible. Once the family deductible is met, all deductibles are met.
Out-of-Pocket The most you could pay during a benefit plan year for your share of the cost of covered services.

Rate Your Doctor The "Rate Your Visit" tool allows you to help other members find the right providers by writing reviews for your doctor and hospital visits. You will soon be able to read reviews provided by other members. To access the tool, log in to My Health Toolkit® and click on the Resources tab at the top of the page or under the Quick Links section. Review the information and provide your rating for eligible claims.

Go Green. Go Paperless Less paper and more convenience. Sign up today to receive online Explanations of Benefits (EOBs). Visit our website and log in to My Health Toolkit®.

Information When You Need It Our website offers tools and information any time you need it. You can find a provider for health care services, access information regarding your benefits and find resources for a healthier lifestyle.

Individual Claim Report: EXPLANATION OF BENEFITS Plan Holder: PAUL MEMBER (ID # XYZ999999999)

MEDICAL CLAIMS for patient: PAUL MEMBER

Provider and Service Information		Charges and Insurance Payments			Breakdown of Member Responsibility				
Claim Number	Service Type Date of Service(s) Network	Provider Charges	Covered Expense	Your Plan Paid	Copy	Deductible	Coinsurance	Not Covered (see Comments below table)	Amount You May Owe or Have Paid
0000000000	OFFICE VISIT(S) 07/31/2023 In-Network	240.00	217.91	42.20	0.00	165.17	10.54	0.00	175.71
	OFFICE LAB/PATH 07/31/2023 In-Network	22.00	17.13	13.71	0.00	0.00	3.42	0.00	3.42
Statement Period Total		262.00	235.04	55.91	0.00	165.17	13.96	0.00	179.13

C **Comments**
1 HERE'S WHERE YOU'LL FIND COMMENTS ABOUT YOUR CLAIM, IF APPLICABLE.



Additional Tools Available



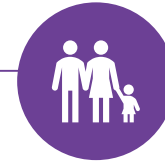
Employee Wellness Center

- Furman/Prisma Health
- Hours:
 - Mondays 8:30am – 12:30pm
 - Thursdays 12:30pm – 4:30pm
- All faculty, staff, and spouses/domestic partners can utilize the Wellness Center
- \$45 Fee for HDHP members



Prescription Plan Point Reminders

- Step Therapy
- Narcotic Management
- Dispense as Written
- Research Prescription Prices when able
- Discount Prescription Cards (Good Rx, etc.)



SmartShopper with Blue Cross Blue Shield

- The cost of health care services vary based upon where you go. SmartShopper rewards you when you choose better-value care while saving you money.
- When you use SmartShopper to choose a more cost-effective provider, you'll get a reward check in the mail. It could range from \$15 to \$750, depending on the procedure and provider.

2025 Dental Plan Highlights

Dental Plan Options:

- ❖ Standard Plan
- ❖ Premium Plan

Dental Plan Provider:

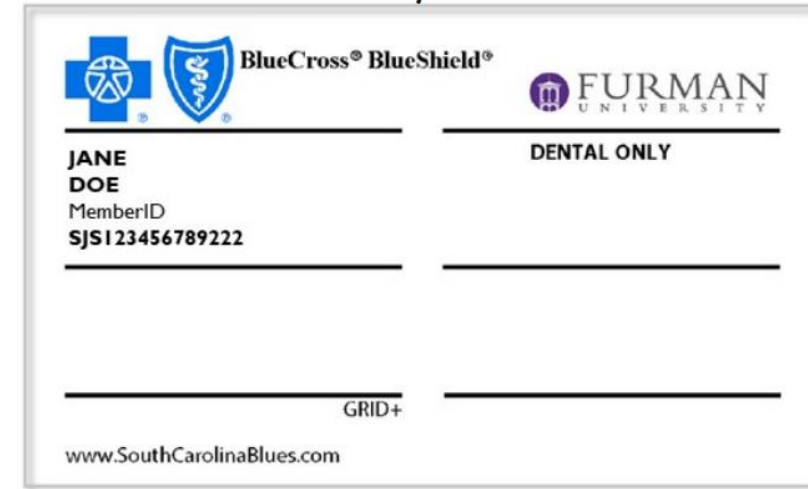
- ❖ Blue Cross Blue Shield of SC

Identification Cards:

- ❖ List only the Active faculty/staff member
- ❖ GRID+ displayed on card (represents BCBS Network)
- ❖ Cards downloadable from My Health Toolkit

My Health Toolkit:

- ❖ Review claims, EOBS, Find Providers, etc.



2025 Dental Plan Design

	Standard Plan	Premium Plan
Annual Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Preventive Services	100% Covered	100% Covered
Basic Services	20% after Ded	20% after Ded
Major Services	50% after Ded	50% after Ded
Orthodontia *Child Only	50% after Ded	50% after Ded
Orthodontia Lifetime Max	\$750	\$1,500
Annual Benefit Maximum	\$750	\$1,500

Ded = Deductible

2025 Flexible Spending Accounts (FSA)

- Three FSA options: A Health Care FSA, a Limited Purpose FSA, and a Dependent Care FSA
- These accounts have annual maximum contributions, must be used within the plan year, and save you money in taxes!

Healthcare FSA

- Qualified medical, dental, and vision expenses
- Not for HDHP members
- 2025 IRS Max: \$3,300
- Funds available immediately
- Roll-Over: Up to \$660
- You have until March 31st to submit receipts from the prior calendar year

Limited Purpose FSA

- Qualified dental and vision expenses
- Only for HDHP members
- 2025 IRS Max: \$3,300
- Funds available immediately
- Roll-Over: Up to \$660
- You have until March 31st to submit receipts from the prior calendar year

Dependent Care FSA

- Qualified daycare, preschool, after-school, day camp, eldercare for tax dependents
- Eligible regardless of medical plan enrollment
- 2024 IRS Max: \$5,000 per household
- Funds accumulate

2025 Health Savings Accounts (HSA)

- IRS-regulated Health Savings Account offered exclusively to HDHP members
- Pre-tax contributions must be spent on qualified medical, dental, vision, and prescription expenses
- Funds remain in your bank account until you spend them; they do not expire
- Annual contribution is broken out per pay period, and funds must accumulate before they can be spent
- You can't be covered by another health plan, claimed as a dependent on another individual's tax return, and you/your spouse cannot participate in a full-purpose flexible spending account
- Tax Advantages: Pre-tax funds, funds can gain interest, can be used for retirement
- If you enroll in Medicare at age 65, you can no longer contribute to your HSA. However, you will still have access to your remaining HSA funds.
- Anything you do not spend will continue to grow tax-free and roll over year to year.

	Individual	Family
2025 Contribution Maximum	\$4,300	\$8,550
2025 Employer Contribution	\$500	\$1,000
Age 55+ Catch Up	\$1,000	\$2,000 (if you each have separate HSAs)

Don't Forget About Other Benefits

- **Vision**
- **Legal Services & Identity Theft**
- **Life Insurance and AD&D Coverage**
- **Disability Benefit**
 - **Short Term & Long Term Disability**
- **Voluntary Benefits**
 - **Critical Illness, Accident, Hospital Indemnity, Whole Life Insurance**
- **Employee Assistance Program(EAP)**
- **Visit the Human Resources website for additional information.**

PERKS

- Staff AC - Purple Envelopes, various engagement efforts
- Wellness Program – Group Exercise, Wellness Release Time, Massages, etc.
- Physical Activities Center (PAC)
- Various Discounts - Dining Hall, Bookstore, etc.
- Athletic Tickets
- Time Off – Holidays, Vacation, Sick Time, Paid Leave
- Retirement
- Education Benefits
- Library Membership
- Paladin Perks/Working Advantage
- Other Intangible Benefits



Questions

