

Stacey Cockroft

From: Stacey Cockroft
Sent: Wednesday, November 11, 2020 4:33 PM
To: Anne McCabe; Dave Jones; David Brighton; Dylan Hooper; Elizabeth Hayes; Janette Latimer; Jeffrey Moore; Jimmy Love; Joel Burns; John Sanborn; Jordan Chilson; Nicolette Corbett; Vaughn Dosko
Subject: Specific Stop Loss 10/31/2020

Good Afternoon,

Below is the specific stop loss report through 10/31/2020. Please note the first two members have been lasered, so there will be no reimbursement for those individuals. There are three members over the \$250,000 threshold at this time.

Subscriber	Total Amt	Amt over Spec	Amt Requested	Amt Reimbursed	Non Reimbursed Expenses	Amt Open
1 - LASERED	\$ 1,240,824.78					
2 - LASERED	\$ 1,229,694.50					
3	\$ 298,325.21	\$ 48,325.21	\$ 48,325.21			\$ 48,325.21
4	\$ 281,598.09	\$ 31,598.09	\$ 31,598.09	\$ 31,598.09		\$ -
5	\$ 265,458.18	\$ 15,458.18	\$ 15,458.18			\$ 15,458.18
6	\$ 237,053.26					
7	\$ 216,678.73					
8	\$ 197,256.41					
9	\$ 183,238.45					
10	\$ 176,784.76					
11	\$ 174,422.97					
12	\$ 156,588.30					
13	\$ 153,957.24					

14	\$ 144,467.02					
15	\$ 135,691.38					
16	\$ 130,564.24					
	\$ 5,222,603.52	\$ 95,381.48	\$ 95,381.48	\$ 31,598.09	\$ -	\$ 63,783.39

Thank you,

Stacey Cockroft

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MARSH & McLENNAN
AGENCY

Kenai Peninsula Borough School District (KPBSD)

January 01, 2021
Stop Loss Marketing Results

November 12, 2020

COUNT ON US!



It's our business
to be there for you in the

**MOMENTS
THAT
MATTER.**

WORLD CLASS. LOCAL TOUCH.

Background

Stop Loss RFP

At your request, MMA Alaska completed a full marketing of your stop loss coverage. The following vendors were included in the RFP process:



MMA Alaska requested that both medical and prescription drug coverage be included in the coverage. Below is a recap of the vendors and their response.

Carrier	Result
Berkley	Declined to quote due to uncompetitive rates
HMIG	Declined to quote due to unapproved TPA
Optum	Failed to quote
QBE	Declined to quote due to ongoing claims
Sun Life (Incumbent)	Provided renewal
Swiss Re	Declined to quote due to uncompetitive rates
Symetra	Provided quote
TMHCC	Declined to quote due to uncompetitive rates
Unum	Failed to quote
Voya	Provided quote

Executive Summary

(This summary is only evaluating the stop loss proposal and does not take into account the TPA renewal costs)

- Kenai Peninsula Borough School District (KPBSD)'s initial stop loss renewal from Sun Life is calling for a 0% increase to current fixed costs. Sun Life has included 1 laser at \$1,550,000 and 1 laser at \$1,500,000. When the additional claims liability due to lasers is included, the renewal is a 1% decrease to current maximum annual liability. Sun Life included the no new laser at renewal provision with a 50% renewal rate cap. As part of our standard practice, MMA completed a detailed RFP process to get Kenai Peninsula Borough School District (KPBSD) the best contractual terms and pricing.
 - It is important to understand the current risk to weigh the competitiveness of the offers provided by the market. Kenai Peninsula Borough School District (KPBSD)'s 2020 year to date through September (9 months) stop loss ratio (reimbursements/premium) is 92%.
 - Carriers consider historical large claims experience, as well as, ongoing large claims, when determining their renewal/proposals.
- This deck provides the detailed results of the RFP, as well as, more information/background on stop loss for your consideration.
- Voya presented the most aggressive pricing terms as of today, with an offer that is a 9.4% decrease to current fixed costs and a 6.6% decrease to current maximum annual liability when the additional claims liability due to lasers is included. Voya included 2 lasers at \$1,500,000 each.
 - Voya included a no new laser at renewal, with a 50% renewal rate cap in their proposal. This helps ensure that future increases are mitigated if experience were to increase dramatically.
 - Symetra also provided a competitive proposal, with a 7.8% decrease to current fixed costs. Symetra has included a no new laser at renewal with a 50% renewal rate cap. Symetra also included 2 lasers at \$1,700,000 each. When the additional claims liability due to lasers is included, the renewal increase is 2% to current maximum annual liability.
- Blinded market feedback was provided to the field. The results reviewed in this deck reflect any additional concessions obtained.
- Carriers provided a FIRM proposal with expiration dates listed in the summary. After this date, updated claims data will be required and their proposal is subject to change.

Basics of Stop Loss

Specific and Aggregate Stop Loss

Specific Stop Loss



- Provides protection for against a high claim on any one individual **rather than abnormal frequency of claims in total.**
- Specific stop loss is also known as individual stop loss.
- Rates are based on Single/Family.

Aggregate Stop Loss



- Ceiling on the dollar amount of eligible expenses that the client pays, **in total, during a contract period, otherwise known as an attachment point.**
- The carrier reimburses for claims exceeding the attachment point. In general, attachment points are set at 125% of expected claims for traditional self funding.
- Rates are composite.

Specific Stop Loss Leveraged Trend

- Leveraged Trend occurs in Stop Loss as a result of:
 - Medical Trend.
 - Changes in Utilization.
 - Catastrophic claims may occur more or less frequently due to advances in care.
 - Leveraging due to deductible level.
 - Fixed deductible level versus rising medical costs (see example below).



	Year 1	Year 2	Change
Claimant	\$200,000	\$220,000	10%
Specific Deductible	\$100,000	\$100,000	0%
Claim Reimbursement	\$100,000	\$120,000	20%

One way of offsetting the effect of leveraging is to incrementally increase the Specific Deductible over time.

Important Proposal Terms

24/12 Contracts Proposals Contract Overview

- 24/12 contracts pay for claims incurred 12 months before the effective date and incurred during the policy period.
- Contract for protection of claims that may have been incurred in previous plan year and paid in current plan year — this is considered a “mature” contract.

- **Contract basis RFP was based on:**



Rate Caps

- Limit to the renewal increase for the following plan year.
 - For 2021, rate caps have been offered by the market and are included in the analysis by deductible level.

Reporting Fees

- There are no current data reporting fees if Rehn and Associates has to provide medical information to a third-party stop loss carrier.
 - This charge is excluded in the summaries on the following pages.

Specific Stop Loss Lasering

- If an individual is known to have an on-going high risk condition, he/she may be lasered at an individual stop loss level which is higher than the rest of the group.
- What does this mean for Kenai Peninsula Borough School District (KPBSD)?
 - **Benefits:**
 - Without lasering, the stop loss rate would increase to reflect the cost of known high claimants.
 - The Employer is funding the known risks inherent in the plan, so if the costs of a lasered claim are lower than expected, the Employer retains those savings.
 - **Risks:**
 - The potential for lasering generates greater uncertainty in cost from year to year.
 - ◆ What happens to a newly emerging large claimant at renewal?
 - ◆ Can the Employer absorb the cost of an ongoing severe high claimant?
- The need for Lasers is not typically assessed until the carrier has completed their final medical review with 9-10 months of experience. Illustrative quotes are always subject to change and lasers can change the competitiveness of the quotes. Ongoing claimants may not be fully reviewed by a Stop Loss Carrier until the case is firm.



Specific Stop Loss

No New Laser at Renewal with Renewal Rate Cap Provision

- No New Laser at Renewal provision.
 - The carrier has the right to laser initially, however, this provision removes the risk of new lasers being added to the contract at renewal.
 - Higher rates than a contract without this provision.
- No new laser at renewal provision often offered with a renewal rate cap (typically 40-50%).
 - Having the no new laser provision without a renewal rate cap provides no financial protection to an employer, since the stop loss carrier can build the liability that would have been required with a laser into the renewal premium since there is no cap on the increase.
- The no new laser and renewal rate cap provision is predicated on similar contract terms.
 - If there is a material change in lives (greater than 10-15%), change in contract length, or change in contract provisions, the no new laser and renewal rate cap can be removed.
- Generally, if the plan has an aggregating specific deductible, this may be increased by the renewal rate cap as part of the annual renewal.
- The carriers load their rates slightly for this provision, but the potential risk of not having a no new laser and rate cap provision far outweighs the small increase in premium.
- Each carrier's offer will vary. It is important to weigh the benefit vs. the risk of having lasers applied or the renewal option to avoid new lasers being applied.

Background

Stop Loss RFP

Quotes were requested at the following individual specific stop loss levels:

Specific Deductible	Specific Contract Basis	Aggregate Corridor	Aggregate Maximum	Aggregate Contract Basis
\$250,000	36/12	125%	\$1,000,000	36/12
\$275,000	36/12	125%	\$1,000,000	36/12

- These results are FINAL.
 - Carriers provided FIRM proposals with a final decision needed by the date listed in the summary. The first upcoming expiration date is 11/13/2020. We noted the applicable expiration date for each carrier proposal.

Plan Design

	2020 Sun Life Current	2021		
		Sun Life	Symetra	Voya
		Renewal	Proposal	Proposal
Plans Covered	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Contract Basis	24/12	Paid	24/12	24/12
Check Basis (issued/cleared/etc.)	Issued	Issued	Issued	Issued
Coinsurance (%)	100%	100%	100%	100%
Commissions	0.0%	0.0%	0.0%	0.0%
Individual Specific SL				
Deductible (amount)	\$250,000	\$250,000 \$275,000	\$250,000 \$275,000	\$250,000 \$275,000
Annual Maximum (amount)	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum (amount)	Unlimited	Unlimited	Unlimited	Unlimited
Medical Reimbursement (Y/N)	Yes, When Filed	Yes, When Filed	Yes, When filed	Yes, When filed
Rx Reimbursement (Y/N)	Yes, When Filed	Yes, When Filed	Yes, When filed	Yes, When filed
Lasering for Renewal Plan Year	1 Claimant at \$1,600,000 1 Claimant at \$1,500,000	1 Claimant at \$1,550,000 1 Claimant at \$1,500,000	2 Claimants at \$1,700,000	2 Claimants at \$1,500,000
Aggregate Stop Loss				
Plans Covered	Medical/Rx/ Dental/Vision	Medical/Rx/ Dental/Vision	Medical/Rx/ Dental/Vision	Medical/Rx/ Dental/Vision
Aggregate Contract Basis	24/12	Paid	24/12	24/12
Aggregate Corridor (%)	125%	125%	125%	125%
Annual Maximum (amount)	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Aggregate Run-In Limit	\$0	\$0	\$0	\$0
Reimbursement	YE	YE	YE	
No New Lasers	Yes	Yes	Yes	Yes
Rate Cap	50%	50%	50%	50%
No New Laser and Cap Renewable (Perpetual or Re-evaluated)	Re-evaluated	Re-evaluated	Re-evaluated	Re-evaluated
Illustrative/Firm		Firm	Firm	Firm
Firm Through		11/18/2020	11/17/2020	11/13/2020

Financial Overview

With Alternative Deductible Options Included

		Sun Life	Sun Life	Symetra	Voya
		Current	Renewal	Proposal	Proposal
Deductible:					
Renewal					
	Specific Stop Loss Premium	\$2,496,620	\$2,495,440	\$2,296,123	\$2,253,309
	Aggregate Stop Loss Premium	\$27,571	\$28,966	\$31,540	\$32,399
Specific Deductible:	\$250,000	Lasering Impact	\$2,600,000	\$2,550,000	\$2,900,000
		Estimated Effective Annual Cost	\$5,124,191	\$5,227,664	\$4,785,708
		vs. Current (\$)		\$103,472	(\$338,483)
		vs. Current (%)		2.0%	-6.6%
Alternative 1					
	Specific Stop Loss Premium		\$2,296,865	\$2,112,123	\$2,051,945
	Aggregate Stop Loss Premium		\$28,966	\$35,939	\$33,793
Specific Deductible:	\$275,000		\$2,500,000	\$2,850,000	\$2,450,000
			Estimated Effective Annual Cost	\$4,825,830	\$4,998,062
		vs. Current (\$)		(\$126,129)	(\$588,453)
		vs. Current (%)		-2.5%	-11.5%

* Stop Loss Interface/Reporting fees applied by ASO Vendor - either a load to the ASO fee or flat fee

Financial Overview at the \$250,000 Deductible Level

	Lives	2020 Sun Life Current	2021		
			Sun Life	Symetra	Voya
			Renewal	Proposal	Proposal
Single Specific Rate PEPM	174			\$78.60	
Family Specific Rate PEPM	720	-	-	\$246.76	-
Composite Specific Rate PEPM	894	\$232.72	\$232.61	\$214.03	\$210.04
Annual Specific Premium Cost		\$2,496,620	\$2,495,440	\$2,296,123	\$2,253,309
Aggregate Rate PEPM		\$2.57	\$2.70	\$2.94	\$3.02
Annual Premium Cost (Aggregate)		\$27,571	\$28,966	\$31,540	\$32,399
Combined Rate PEPM		\$235.29	\$235.31	\$216.97	\$213.06
Combined Annual Premium Cost		\$2,524,191	\$2,524,406	\$2,327,664	\$2,285,708
vs. Current Annualized Cost			\$215	(\$196,528)	(\$238,483)
			0.0%	-7.8%	-9.4%
Combined Annual Premium Cost		\$2,524,191	\$2,524,406	\$2,327,664	\$2,285,708
Additional Claims Liability due to lasers		\$2,600,000	\$2,550,000	\$2,900,000	\$2,500,000
Maximum Annual Liability (total annual premium, fees and additional claims liability in excess of regular deductible point)		\$5,124,191	\$5,074,406	\$5,227,664	\$4,785,708
vs. Current Annualized Cost			(\$49,785)	\$103,472	(\$338,483)
			-1.0%	2.0%	-6.6%
Monthly Aggregate Factor					
Single:	174			\$1,417.52	
Family:	720	-	-	\$3,107.55	-
Composite PEPM	894	\$2,916.89	\$2,916.89	\$2,778.62	\$2,768.11
Carrier Annual Expected Claims:		\$25,033,917	\$25,033,917	\$23,847,211	\$23,757,027
Annual Attachment Point:		\$31,292,396	\$31,292,396	\$29,809,014	\$29,696,284
Total Maximum Liability (potential claims and premium):		\$36,416,587	\$36,366,802	\$35,036,677	\$34,481,992

Financial Overview at the \$275,000 Deductible Level

	Lives	2020 Sun Life Current	2021		
			Sun Life	Symetra	Voya
			Alternative 1	Alternative 1	Alternative 1
Single Specific Rate PEPM	174			\$70.96	
Family Specific Rate PEPM	720	-	-	\$227.31	-
Composite Specific Rate PEPM	894	\$232.72	\$214.10	\$196.88	\$191.27
Annual Specific Premium Cost		\$2,496,620	\$2,296,865	\$2,112,123	\$2,051,945
Aggregate Rate PEPM		\$2.57	\$2.70	\$3.35	\$3.15
Annual Premium Cost (Aggregate)		\$27,571	\$28,966	\$35,939	\$33,793
Combined Rate PEPM		\$235.29	\$216.80	\$200.23	\$194.42
Combined Annual Premium Cost		\$2,524,191	\$2,325,830	\$2,148,062	\$2,085,738
vs. Current Annualized Cost			(\$198,361) -7.9%	(\$376,129) -14.9%	(\$438,453) -17.4%
Combined Annual Premium Cost		\$2,524,191	\$2,325,830	\$2,148,062	\$2,085,738
Additional Claims Liability due to lasers		\$2,600,000	\$2,500,000	\$2,850,000	\$2,450,000
Maximum Annual Liability (total annual premium, fees and additional claims liability in excess of regular deductible point)		\$5,124,191	\$4,825,830	\$4,998,062	\$4,535,738
vs. Current Annualized Cost			(\$298,361) -5.8%	(\$126,129) -2.5%	(\$588,453) -11.5%
Monthly Aggregate Factor					
Single:	174			\$1,426.27	
Family:	720	-	-	\$3,126.73	-
Composite PEPM	894	\$2,916.89	\$2,946.68	\$2,795.77	\$2,784.90
Carrier Annual Expected Claims:		\$25,033,917	\$25,289,586	\$23,994,399	\$23,901,126
Annual Attachment Point:		\$31,292,396	\$31,611,983	\$29,992,999	\$29,876,407
Total Maximum Liability (potential claims and premium):		\$36,416,587	\$36,437,813	\$34,991,061	\$34,412,145

Estimated Total Plan Liability at the Current Deductible Level (Administration, Stop Loss Premium and Potential Claims)

Lives	2020	2021		
	Sun Life	Sun Life	Symetra	Voya
	Current	Renewal	Proposal	Proposal
Administration Fees				
Rehn & Associates Bundled Administration Fee PEPM	\$14.92	\$15.67	\$15.67	\$15.67
Aetna Network/Coalition Fees PEPM (2/1 renewal)	\$22.93	\$23.60	\$23.60	\$23.60
Combined Administration Fees PEPM	\$37.85	\$39.27	\$39.27	\$39.27
Combined Annual Administration Cost	\$406,055	\$421,289	\$421,289	\$421,289
vs. Current Annualized Cost		\$15,234 3.8%	\$15,234 3.8%	\$15,234 3.8%
Stop Loss Premiums				
Combined Composite Specific & Aggregate Rate PEPM	\$235.29	\$235.31	\$216.97	\$213.06
Combined Specific and Aggregate Annual Premium Cost	\$2,524,191	\$2,524,406	\$2,327,664	\$2,285,708
vs. Current Annualized Cost		\$215 0.0%	(\$196,528) -7.8%	(\$238,483) -9.4%
Annual Fixed Costs/Liability				
Combined Annual Fixed Costs	\$2,930,246	\$2,945,694	\$2,748,952	\$2,706,996
Additional Claims Liability due to Lasers	\$2,600,000	\$2,600,000	\$2,900,000	\$2,500,000
Maximum Annual Fixed Costs/Liability (total administration fees, annual premium, fees and additional claims liability in excess of regular deductible point)	\$5,530,246	\$5,545,694	\$5,648,952	\$5,206,996
vs. Current Annualized Cost		\$15,448 0.3%	\$118,706 2.1%	(\$323,250) -5.8%
Monthly Aggregate Factor				
Composite PEPM	\$2,916.89	\$2,916.89	\$2,778.62	\$2,768.11
Annual Attachment Point:	\$31,292,396	\$31,292,396	\$29,809,014	\$29,696,284
vs. Current Total Attachment Cost		\$0 0.0%	(\$1,483,382) -4.7%	(\$1,596,112) -5.1%
Total Maximum Liability (potential claims and annual liability):	\$36,822,642	\$36,838,090	\$35,457,966	\$34,903,280
vs. Current Total Maximum Annualized Cost		\$15,448 0.0%	(\$1,364,676) -3.7%	(\$1,919,362) -5.2%

Notes:

1) Rehn & Associates bundled administration fee excludes FSA/HRA/HSA/Aetna Administration Fees. Aetna Network/Coalition Fee renews 2/1/2021 and includes the Aetna JCA base rate as well as managed behavioral health, Teladoc, and alternate stockpiling PEPM fees. Ad hoc / per use fees are not included above. MMA's professional services fee is billed separately.

2020 Large Claim Activity

All Claimants Exceeding \$125,000 Through September

#	Total Amount Paid	Condition/Diagnosis
1	\$1,104,893	Pain in right knee
2	\$1,092,373	Other disorders of phosphorus metabolism
3	\$281,636	Spinal stenosis, cervical region
4	\$219,310	Malignant neoplasm of brain, unspecified
5	\$214,712	Paroxysmal atrial fibrillation
6	\$199,095	Encounter for antineoplastic chemotherapy
7	\$183,138	Other persistent atrial fibrillation
8	\$178,467	Malignant (primary) neoplasm, unspecified
9	\$173,971	Unilateral primary osteoarthritis, left knee
10	\$156,330	Other intervertebral disc degeneration, lumbar region
11	\$153,486	Other intervertebral disc displacement, lumbar region
12	\$147,688	Sepsis due to Escherichia coli [E. coli]
13	\$135,002	Athsc heart disease of native cor art w unstable ang pctrs
14	\$130,843	Hemolytic-uremic syndrome

Break Even Analysis

The analysis below compares how much Kenai Peninsula Borough School District (KPBSD) would have been reimbursed at the various deductible levels using historical high claimant information and proposed annual premium. It is important to note that large claimants are very unpredictable and that prior years high claimant activity does not predict future year high claim activity.

Voya	Current	Alternative 1
Deductible Level	\$250,000	\$275,000
Annual Premium	\$2,326,045	\$2,118,136
\$\$ Premium Increase to Change Pooling Level	-	(\$207,909)
# Claimants over Pooling Level to Breakeven	-	8.32
Historical Average Above Pooling Level*	6.00	5.00

What this means:

- The premium difference between the \$250k and \$275k options is \$207,909. Historically, the group has averaged 5.00 claims over \$275k ($5.00 \times \$25,000 = \$125,000$). In order for the group to breakeven on the increased deductible level, Kenai Peninsula Borough School District (KPBSD) could not exceed 8.32 claimants over the \$275,000 deductible level ($8.32 \times \$25,000 = \$208,000$).
- Because the premium reduction of \$207,909 is greater than the additional average claim liability of \$125,000, Kenai Peninsula Borough School District (KPBSD) would have to have at least 3 more claimants before they were taking more risk vs the premium reduction.
- Please note that none of the historical claim totals were trended forward, the reported claim amount was used for this analysis.

Disclaimer: The Breakeven Analysis is based on your specific historical claims which do not include any incidence or impact of COVID-19 claims. COVID-19 is an unprecedented pandemic with multiple variables which could increase your exposure or claims liability. As such Plan Sponsors should consider 2020 and potentially 2021 (or a portion thereof) to be an outlier from an historical claims perspective. Results of the breakeven analysis may be skewed when considering the period of time beginning February 1, 2020 through a yet to be defined projected end date. Cost impact specific to COVID-19 is available through the MMA COVID-19 Health Cost Impact Model, this analysis in no way replaces that model.

What is The Appropriate Stop Loss Deductible Level?

It All Depends on Your Risk Tolerance

Sun Life		Current	Alternative 1
Deductible Level		\$250,000	\$275,000
Annual Premium		\$2,495,440	\$2,296,865
\$\$ Premium Increase/(Decrease) to Change Pooling Level		-	(\$198,575)
# Claimants over Pooling Level to Breakeven		-	7.94
Historical Average Above Pooling Level*		6.00	5.00
Symetra		Current	Alternative 1
Deductible Level		\$250,000	\$275,000
Annual Premium		\$2,296,123	\$2,112,123
\$\$ Premium Increase to Change Pooling Level		-	(\$184,000)
# Claimants over Pooling Level to Breakeven		-	7.36
Historical Average Above Pooling Level*		6.00	5.00
Voya		Current	Alternative 1
Deductible Level		\$250,000	\$275,000
Annual Premium		\$2,253,309	\$2,051,945
\$\$ Premium Increase to Change Pooling Level		-	(\$201,365)
# Claimants over Pooling Level to Breakeven		-	8.05
Historical Average Above Pooling Level*		6.00	5.00

* Based on prior 3 plan years trended at 0% annual trend

Understanding Disclosure

Common process in the stop loss marketplace requires a Disclosure Form in attempt to identify all known and emerging claims.



- Required information varies by carrier, but usually seeks diagnosis, current/planned treatment (if known), prognosis and a signature from an officer of the company.
- It is important for every self-funded employer to understand disclosure and what you need to do if required by the carrier:
 - By signing the Disclosure Statement Form, the Employer is attesting that all “Known” potential large claimants have been disclosed to the carrier.
 - A claimant is “Known” if, when completing the form, the Employer had actual information about the claim or would have had such information if it had conducted a Diligent Review (or could have reasonably been assumed to have had such information, had it conducted a Diligent Review).
 - It is important to understand how the carrier is defining what you need to disclose as there could be limitations or exclusions for claimants not disclosed.
 - For example if they are confined in a hospital or other treatment facility.
- MMA has attempted to negotiate that this requirement be waived from all quoting carriers, but All Carriers have noted that their proposal is subject to disclosure requirements.

Understanding Your Responsibilities as a Plan Sponsor

Managing Eligibility and Following Plan Rules

- Traditionally, the stop loss carrier requires certain information at time of claim, including: medical and Rx claims detail, confirmation of enrollment, etc.
- Recently, the stop loss market started a much more aggressive approach to confirming only eligible members claims are paid, including asking Employers to provide:
 - Proof that medical premiums were continued to be paid while a member was on leave if applicable;
 - Copies of any internal leave policies or employee handbooks;
 - Screen shots/Documentation of Enrollment/COBRA paperwork.
- Exceptions happen (i.e. member missing an enrollment window, adding a new subsidiary or acquisition, a plan wanting to cover a specific benefit like IVF mid year), make sure the stop loss carrier is consulted and approves any eligibility exception or mid-year plan change to avoid having a claim denied later.
 - Some carriers require proof of good health prior to agreement to cover.
- As a best practice, employers should follow the golden rule of compliance: establish the rules, and then apply the rules consistently to all members.
 - FMLA, Leave, and Disability policies should be clearly defined in the Plan Document.



Stop Loss Benchmarking

How Are Other Employers Insuring Their Risk?

Specific Coverage	< 1,000 employees	1,000-4,999 employees	5,000+ employees
< \$100,000	27%	4%	2%
\$100,000-\$249,999	50%	31%	6%
\$250,000-\$499,999	16%	48%	28%
\$500,000-\$999,999	5%	13%	36%
\$1,000,000+	2%	5%	28%
Median Attachment Point	\$127,500	\$275,000	\$600,000

Source: PwC 2019 Health & Wellbeing Touchstone Survey.

Stop loss Coverage	<1,000 employees	1,000-4,999 employees	5,000+ employees	All
Aggregate stop loss only	4%	8%	4%	5%
Individual stop loss only	26%	57%	33%	41%
Both aggregate and individual stop loss	68%	29%	12%	29%
No stop loss coverage	2%	6%	50%	25%

Source: PwC 2019 Health & Wellbeing Touchstone Survey.

Sun Life's Top 10 High Cost Claims Conditions

Rank	Medical Condition	Value of Stop Loss Claims Reimbursements 2015-2018	% Of Total Stop Loss Claims Reimbursements 2015-2018	% of Employers With At Least One Stop Loss Claim For This Condition
1	Malignant Neoplasm (cancer)	\$674.0M	19.3%	51.9%
2	Leukemia/Lymphoma/Multiple Myeloma (cancers)	\$262.3M	7.5%	19.6%
3	Chronic/End Stage Renal Disease (kidneys)	\$159.3M	4.6%	16.0%
4	Congenital Anomalies (conditions present at birth)	\$141.9M	4.1%	11.4%
5	Transplant	\$117.1M	3.3%	7.8%
6	Septicemia (infection)	\$104.5M	3.0%	13.3%
7	Liveborn	\$93.7M	2.7%	5.7%
8	Complications of surgical and medical care	\$89.9M	2.6%	15.6%
9	Hemophilia/bleeding disorder	\$76.7M	2.2%	3.5%
10	Cerebrovascular disease (brain blood vessels)	\$70.9M	2.0%	10.9%
Top 10 Total		\$1.8B	51.2%	72%

Source: 2019 Sun Life Stop Loss Research Report.

Marsh & McLennan Agency, LLC •

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Stop Loss Benchmarking For Your Industry

How Are Other Employers Insuring Their Risk?



All Employers²



Employer Size	Most Common Deductible
Under 200 lives	\$50K
200-499 lives	\$100K
500-999 lives	\$150K
1,000+ lives	\$300K

\$225K median stop loss deductible level for Services (Education) Employers with 500+ employees¹

	National All Employers	Services 500+ Employees	Services <500 Employees
Funding Method For Most Prevalent Plan			
Fully insured	80%	33%	71%
Self-funded with stop loss	14%	60%	24%
Self-funded without stop loss	5%	7%	5%
Type of Stop Loss Coverage Used			
Specific / individual stop loss only*	35%	43%	30%
Both aggregate and specific stop loss*	65%	57%	70%
Median per-person stop loss deductible, among those with specific stop loss	\$100,000	\$225,000	\$120,000

Top Ten High Cost Claims ²

Education

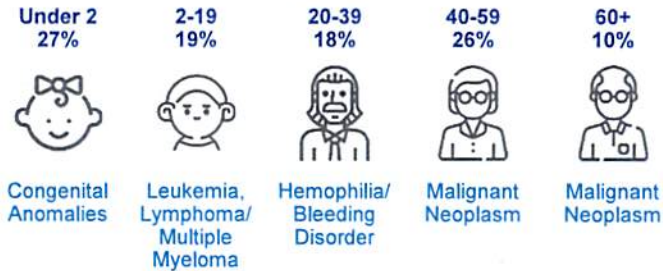
- 1 Malignant neoplasm
- 2 Leukemia, lymphoma, and/or multiple myeloma
- 3 Septicemia
- 4 Chronic/end stage renal disease
- 5 Transplant
- 6 Liveborn (with secondary complications)
- 7 Congenital anomalies
- 8 Other metabolic and immunity disorders
- 9 Hemophilia/bleeding disorder
- 10 Complications of surgical and medical care

Source: 1. Mercer's National Survey of Employer-Sponsored Health Plans 2019, * 2018 survey data. 2. Sun Life 2020 High-cost Claim Conditions Analysis.

The Million Dollar Claim

Why Are They More Common Now?

paid claims for million dollar+ claimants by age

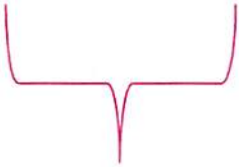


24% of Employers had at least one member with claims over

\$1M



In 2019, **\$306.2 million** was spent on injectable medications..



46%

of million dollar claims are for claimants under 20 years old

Highest Cost Million Dollar Claimant Conditions 2016-2019

- 1** Malignant neoplasms (cancer)
- 2** Leukemia, lymphoma and or multiple myeloma (cancers)
- 3** Chronic/end stage renal disease (kidneys)

Claimants With Million Dollar Claims

\$1-\$1.5M	152
\$1.5-\$2M	46
\$2-\$3M	23
\$3M+	14
Total	235

Since 2016 the number of members with claims over \$3M has doubled.

Cancer accounts for **26%** of all total stop loss claims

Next Steps

- Each carrier's respective proposal status and required decision date are listed below. Kenai Peninsula Borough School District (KPBSD) should note that carriers may request additional claims data if the requested decision date is missed. This could result in an increase to current positions if claims were adverse.

Carrier	Proposal Status	Proposal Firm Through
Sun Life	Firm	11/18/2020
Symetra	Firm	11/17/2020
Voya	Firm	11/13/2020

- Once results are final, we need to select the Carrier and begin implementation.
 - MMA Agency reports on claimants exceeding 50% of the selected Specific Deductible level so Kenai Peninsula Borough School District (KPBSD) can understand the status of potential large claimants.
- Please note this presentation is no guarantee of coverage. Coverage must be mutually agreed upon by both Kenai Peninsula Borough School District (KPBSD) and selected Carrier subject to the terms and conditions detailed in the Stop Loss Policy.

Disclaimer

- *This marketing results analysis contains a review of each quoting carrier's stop loss proposal offered in response to our RFP. While every employer needs to weigh the cost of coverage, it is also important to understand the key terms and conditions, including standard policy exclusions.*
- *The RFP responses provide an offer of coverage based on information provided by your Company (i.e. census data, confirmation of actively at work status, etc.). It does not include all the contractual detail that will govern your coverage. While MMA completes a review of the selected carriers policy during implementation and makes every effort to assure accuracy, your company should also review the proposed contract terms, as the ultimate responsibility resides with you.*
- *While MMA makes every effort to provide all the data available for you to make a decision surrounding appropriate deductible levels, we must note that large claimants are the least predictable aspect of your claim experience and prior loss ratios do not predict future loss ratios.*
- *The MMA Stop Loss Center of Excellence makes every effort to provide timely updates on the status of the RFP/ Renewal process. Your full disclosure of known details will help avoid potential issues in understanding coverage limitations under the plan(s). Any requests for additional health information or eligibility status requests, such as actively at work confirmations, will be disseminated to the quoting vendors as soon as possible.*
- *The MMA Stop Loss Center of Excellence does not guarantee placement of coverage. No coverage should be assumed bound unless there is an executed policy in place.*



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Stacey Cockroft

From: Stacey Cockroft
Sent: Monday, November 16, 2020 10:36 AM
To: Anne McCabe; Dave Jones; David Brighton; Dylan Hooper; Elizabeth Hayes; Janette Latimer; Jeffrey Moore; Jimmy Love; Joel Burns; John Sanborn; Jordan Chilson; Nicolette Corbett; Vaughn Dosko
Subject: HCPC Meeting Agenda Item
Attachments: -NEW PLAN SPONSOR FLYER- MentalHealth.pdf; Member Experience for Mental Health Teladoc services.pdf; -NEW PLAN SPONSOR FLYER- Dermatology.pdf; Member Experience for Dermatology Teladoc services.pdf

Good Morning,

Please add Teladoc changes & new options to the agenda.

- The Teladoc Admin fee will be reduced from \$0.95 PEPM to \$0.85 PEPM.
- The general Teladoc visit cost is increasing from \$40 to \$47 per visit effective 2/1/2021.
- ***NEW*** Mental Health services are now available through Teladoc. The cost is as follows:
 - \$85 Therapist Visit – 7 days a week 7 a.m. to 9 p.m. local time)
 - \$190 Psychiatrist first visit
 - \$95 Psychiatrist ongoing visit
- ***NEW*** Dermatology – Upload images of a skin issue online and get a treatment plan within two days.
Eczema • Acne • Rashes • And more
 - \$75 per visit

I talked with Dave about the Teladoc options and we are in favor of implementing the Mental Health Teladoc option. We aren't sure if the Dermatology option will offer any value or benefit to our members.

Thank you,

Stacey Cockroft

Kenai Peninsula Borough School District

Employee Benefits Manager

148 N. Binkley St. Soldotna, AK 99669

Phone: (907) 714-8879 Fax: (907) 262-9645

scrockroft@kpbsd.k12.ak.us



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HDHP (HRA & HSA) - July 1, 2020 through June 30, 2021

Kenai Peninsula Borough School District
Health Care Committee Monthly recap
as of October 31, 2020.

<u>Reserve Account</u>	<u>As of 6-30-19</u>	<u>As of 6-30-20</u>	FY21 Monthly Contribution
Employee Share	471,065.27	1,406,512.43	HDHP - July - June
Employer Share	1,572,408.17	4,870,282.48	Employee Share * 392.44
			Employer Share 2,223.83
			<u>2,616.27</u>

This document is provided to the Health Care Committee as a work paper to recap the contributions to and expenditures from the Health Care Plan each month. It is to be used primarily as an aid in estimating costs of the plan to determine if changes should be made in employee contribution amounts. Every effort is made to provide current and accurate information, but this information is not audited until after the end of the fiscal year.

	Number of Employees	YTD Employees	Current Month Obligations	YTD Obligations	Contributions Current Month Collected	Contributions YTD Collected
Employees						
KPEA Employees - HDHP	555	2,173	\$ 217,804.20	\$ 852,772.12	\$ 287,471.63	\$ 576,614.03
KPESA Employees - HDHP	320	1,262	125,580.80	495,259.28	163,587.13	346,373.49
Administrators - HDHP	56	224	21,976.64	87,906.56	27,913.14	63,959.02
Board Members - HDHP	3	12	1,177.32	4,709.28	775.00	4,413.75
Exempt Employees - HDHP	25	100	9,811.00	39,244.00	9,958.36	38,064.16
Total Employees on Payroll	959	3,771	376,349.96	1,479,891.24	489,705.26	1,029,424.45
COBRA HD Payers (FY21 = \$2055.94)	2	14	4,111.88	28,783.16	2,055.94	19,826.26
Total Employees	961	3,785	Total 380,461.84 *	1,508,674.40	491,761.20	1,049,250.71
Total Employer	959	3,771	<u>2,132,652.97</u>	<u>8,386,062.93</u>	<u>2,775,699.79</u>	<u>5,847,561.19</u>
Total Employees + Employer			\$ 2,513,114.81	\$ 9,894,737.33	\$ 3,267,460.99	\$ 6,896,811.90

* Current month employee obligations are a calculation of "Number of Employees" eligible for health care coverage during that month times the "Employee Share" (shown in the upper right corner of the sheet).

** Affordable Care Act (ACA) coverage is offered to employees once eligibility is determined. Eligibility is based on number of hours worked during the measurement period.

Kenai Peninsula Borough School District

Health Care Committee Monthly recap
as of October 31, 2020.

Expenditures

Since the health care plan is self-funded, both employee and employer contributions are collected and bills are paid from the accumulated funds.

HDHP

Claims	October	Year-To-Date
Health Care Claims paid by TPA (Rehn)	\$ 1,584,485.47	\$ 5,678,531.37
Prescription Claims paid by Caremark	501,963.27	1,607,508.31
HRA	37,870.89	173,672.13
HSA	3,333.34	71,200.01
Total Claims Paid	2,127,652.97	7,530,911.82
Administration		
TPA (Rehn) fees and costs	20,882.40	92,117.67
Aetna Administration Fees	21,966.94	85,391.32
Consultant Fees	4,933.33	19,733.32
Stop Loss Premiums	228,937.17	888,690.33
RX Health	-	-
Affordable Care Act Fee	21,650.13	43,317.02
Total Administration	298,369.97	1,129,249.66
Total Claims plus Administration	2,426,022.94	8,660,161.48
Adjustments		
Stop Loss reimbursements	-	(31,598.09)
Prescription Rebates	-	(227,334.33)
Health Care Claims refund	-	-
Claims reimbursements	(50.00)	(1,598.17)
Other adjustments - Legal Opinion	-	-
Total Adjustments	(50.00)	(260,530.59)
Total Expenditures	\$ 2,425,972.94	\$ 8,399,630.89

Obligations/Contributions

Health care obligations and contributions provide employee and employer amounts of health care contributions using different calculation methods.

Obligations are estimates of funds that employees and the district will be obligated to contribute, based on the plan year (July through June).

Returning employees are covered by the health care plan for the entire plan year, meaning the 12 month period July through June; both employee and employer are obligated to pay for 12 months of coverage. New employees pay for coverage from date of hire through June, the end of the plan year. If an employee works at all during a month, both employee and employer pay for the entire month of coverage.

Actual Contributions made by employees and benefits paid by the employer during the payroll process are shown on the sheet in the columns labeled "Collected." The division of payments is governed by the Collective Bargaining Agreements and Memorandums of Understanding between the district and the employee groups.

Employee-paid contributions are deductions from payroll checks. Employees who work 12 months make contributions each pay period. Many school district employees do not work 12 months, so contributions are collected for those employees during the 9 month period from September through May.

For this reason, contributions are generally larger than obligations for September through May and contributions are generally smaller than obligations for June, July and August.

The "Collected" columns show what is actually available for paying health care costs. The "Obligations" show what is estimated to be available by month, based on number of employees at the current rate of contributions.

HDHP (HRA & HSA) - July 1, 2020 through June 30, 2021

**Kenal Peninsula Borough School District
Healthcare Expenditures Split
as of October 31, 2020.**

YTD Participants	3,785
Net Expenditures	\$ 8,399,630.89
ER - Employer portion (85%)	<u>7,139,686.26</u>
EE - Employee portion (15%)	<u>1,259,944.63</u>
Total ER & EE Expenditures	\$ 8,399,630.89

Through Current Month	YTD EXP	YTD REV	REV Less EXP
Employer	\$ 7,139,686.26	\$ 5,847,561.19	\$ (1,292,125.07)
Employee	<u>1,259,944.63</u>	<u>1,049,250.71</u>	<u>(210,693.92)</u>
Totals	\$ 8,399,630.89	\$ 6,896,811.90	\$ (1,502,818.99)

Obligation per Employee FY21		Year-to-date	Current Variance
392.44/2223.83ER Split	2,616.27	2,616.27	
Monthly Cost per Employee - ER		1886.31	337.52
Monthly Cost per Employee - EE + Cobra		<u>332.88</u>	<u>59.56</u>
		2219.19	
		397.08	397.08

Obligations indicate the funds that will be accumulated per employee per month. Expenditures are amounts that have been paid through the plan.

A positive number for "current variance" represents the amount per employee per month that is estimated to be collected above the amount spent year-to-date. A negative number represents the amount of expenditures (per employee per month) that are more than what is estimated to be collected for payment of those expenditures.

MEMORANDUM TO FILE*

To: Saul Friedman
From: Kendra Bowman
Date: November 17, 2020
Matter: KPBSD Health Insurance
Re: Application of ADA and AS 18.80.220 to Health Plan Decisions

I. Health Benefit Plans and the Americans with Disabilities Act of 1964.

Title I of the ADA prohibits discrimination against individuals on the basis of disability in regard to employment compensation and other terms, conditions, and privileges of employment, including “fringe benefits available by virtue of employment ...”. 42 U.S.C. 12112(a); 29 CFR 1630.4(a)(1)(vi). Insurance terms, provisions, and conditions concerning dependent coverage are subject to the same ADA standards by virtue of a health insurance plan provided to the employee because of his or her employment. 29 CFR 1630.8.

Exclusion of a drug that is medically necessary to treat a disabling condition may result in the plan violating the ADA if there are no other drugs remaining to treat the condition. *See* 42 U.S.C. §12201(c)(2) and *EEOC’s Interim Enforcement Guidance on Disability-Based Distinctions in Employer-Provided Health Insurance*. EEOC’s informal guidance states that there is no safe harbor provision for the exclusion of prescription medicine because of its high cost. Thus, the EEOC has clarified that exclusions of treatments utilized exclusively, or nearly exclusively, by individuals with disabilities constitute disability-based distinctions. An employer or health plan would have to demonstrate that such a distinction is not a subterfuge to evade the purposes of the ADA in the manner described in the EEOC’s Interim Guidance.

While this is an informal opinion from the EEOC, the views of agencies charged with implementing a statute are entitled to deference. *See Chevron U.S.A., Inc. v. Natural Res. Def. Council*, 467 U.S. 837, 842-43 (1984).

II. Health Benefit Plans and AS 18.80.220

Like the ADA, Alaska law protects against unlawful employment discrimination. AS 18.80.220(a)(1) provides that it is an unlawful employment practice to discriminate against a person in compensation or in a term, condition, or privilege of employment because of

the person's physical or mental disability. Health care benefits are incorporated into the statute by reference, as set out in subsection (c)(1). In *Miller v. Safeway, Inc.*, 102 P.3d 282, 290 (Alaska 2004), the Alaska Supreme Court noted that the statute provides *more* protection than federal law, stating in relevant part:

The Alaska Human Rights Act, AS 18.80.220, was modeled on federal law, thus making federal case law relevant to this court's interpretation of the statute. *But we have repeatedly articulated that AS 18.80.220 is intended to be more broadly interpreted than federal law to further the goal of eradicating discrimination.* We therefore review an employee's claims of [race] discrimination in light of federal Title VII case law, mindful of “the strong statement of purpose in enacting AS 18.80 and our legislature's intent to put as many teeth into the statute as possible.” (emphasis added).

There is little question that the Court would look to the application of the ADA and rely on the EEOC's informal decision in determining whether the exclusion was discriminatory.

III. Self-Funded Plans Compliance with Federal and State Laws.

Governmental self-insured group health plans are governed by a variety of federal laws including (but not limited to): HIPAA, COBRA, the U.S. tax code and federal anti-discrimination laws including the ADA, Pregnancy Discrimination Act, and the Age Discrimination in Employment Act. Compliance with HIPAA's nondiscrimination provisions does not reflect compliance with the state and federal nondiscrimination laws discussed above. In other words, authority that allows a self-insured health plan to reduce or eliminate prescription drug coverage at the start of a new plan year, does not protect against claims that such action constitutes impermissible discrimination. *See U. S. Department of Labor Employee Benefits Security Administration, FAQs on HIPAA Portability and Nondiscrimination Requirements for Employers and Advisers.*

4th Quarter Carry Over – HDHP/HSA Plan IRS Implications

KPDS’s plan currently has the following language pertaining to the deductible. This is commonly referred to as a 4th quarter carryover provision.

Covered Expenses that are incurred during the last three months of a Calendar Year, which are applied to an individual’s Calendar Year Deductible for that Calendar Year will also be allowed as credit toward the individual’s Calendar Year Deductible amount in the next Calendar Year.

4th quarter carryover is explicitly **permitted** in official IRS guidance, however it requires plans to modify the minimum annual statutory deductibles applicable to the HDHP/HSA plan to reflect the greater deductible accumulator period. The change needed only applies to the HSA qualified plan.

Based on the calculations listed below, KPBSD’s minimum deductibles would need to be at least \$1,750.05 Individual/\$3,499.95 if the plan would like to continue offering 4th quarter carry-over. The current deductible are \$1,500 individual/ \$3,000 family, which is not HSA compliant at this time.

	Individual	Family
2020 and 2021 minimum annual statutory deductibles	\$1,400	\$2,800
Pro-rated monthly	$\$1,400/12 = \116.67	$\$2,800/12 = \233.33
Number of months counting toward deductible	15	
Revised minimum HDHP deductible for affected participants	\$1,750.05	\$3,499.95



Mental Health Care

Access to convenient, confidential, and quality treatment by video.

With Mental Health, members can speak with a board-certified licensed therapist for a wide range of issues, such as anxiety, depression, stress, and more, from wherever they feel most comfortable. They can schedule a video appointment from 7 a.m. to 9 p.m. local time with a therapist of their choosing. They can then build an ongoing relationship with the same mental health professional by requesting follow-up appointments through the secure online message center.

16M

Americans live with major depression¹

70%

of mental health patients have a medical comorbidity²

\$201B

spent annually on mental health in the U.S.³

When individuals suffering from physical issues also have mental health conditions, their costs are two- to three-times greater than those without mental health concerns.⁴

How Mental Health Care works



Choose a provider

The member chooses a care provider by reviewing provider profiles. May use the same provider through course of care.



Select date & time

The member selects a date and time of visit from 7 a.m. to 9 p.m., 7 days a week.



Meet with provider (video only)

The care provider meets with the member by video and provides treatment and goal-setting.



Ongoing treatment as needed

The member can schedule future appointments with the same provider on the secure online message center.

Benefits

Convenience

Members have access to a licensed therapist from wherever they feel most comfortable.

Access

Members can schedule an appointment seven days a week from 7 a.m. to 9 p.m. local time.

Resolution

More than 75% of members with depression or anxiety reported improvement after their third or fourth virtual care visit.⁵

Common conditions treated

- Anxiety
- Depression
- PTSD
- Stress
- Panic disorder
- Family/marriage issues
- Grief
- Eating disorders
- Substance abuse
- Trauma resolution
- Work pressures
- ADHD



"My experience was seamless—I scheduled an appointment through the Teladoc app, the therapist was right on time, and I was able to have my session without ever leaving work! What I loved most was that I was able to see the same therapist throughout my care. What a great service!"

Emma S., Teladoc member

¹The National Institute of Mental Health
Centers for Disease Control and Prevention
<https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2015.1659>
²The National Council for Behavioral Health
³Study using Teladoc Health data

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About Teladoc Health

Teladoc Health is the global virtual care leader, helping millions of people resolve their healthcare needs with confidence. Together with our clients and partners, we are continually modernizing the healthcare experience and making high-quality healthcare a reality for more people and organizations around the world.

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Request a visit through web



dy registered, you can log into
ccount by visiting
c.com/aetna

our username and password
he section labeled "Talk to a
"

**We've connected patients like
with doctors over 2 million times**
Speak to a licensed doctor by phone or video in under 10 minutes.

Talk to a doctor

USERNAME

PASSWORD

SUBMIT

[Forgot your Password?](#)

Setup your account

FIRST NAME

LAST NAME

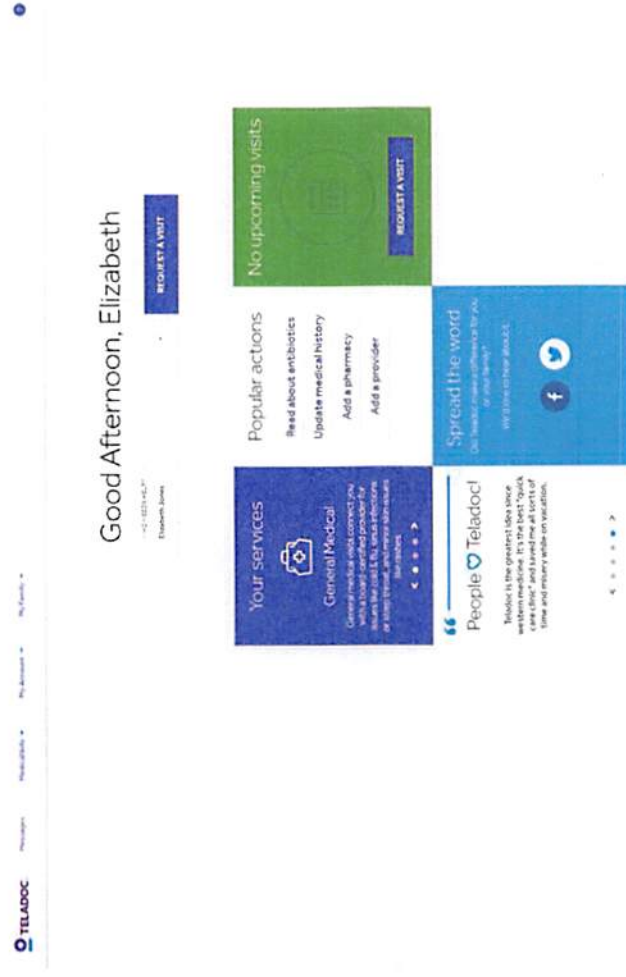
DATE OF BIRTH

SUBMIT

succinct top navigation
it easy to move around the

evant information about the
s available to you

ccess the request a visit
s from home page



the state you will be in for the visit, as well as the visit type (Behavioral Health)



1. Visit details 2. Billing information 3. Review & submit

Request a Visit

If this is a **medical emergency**, please dial 911 or go to your nearest medical facility immediately

*All fields are required unless otherwise noted

i Note: Dependents 18 years and older must create their own account to complete their medical history and request visits with a provider.

Who is this visit for?
Prior to this visit, please ensure medical history is updated with the most current information.

ELIZABETH IONES

Where will you be located during this visit?

United States Of America

New York

Visit Type

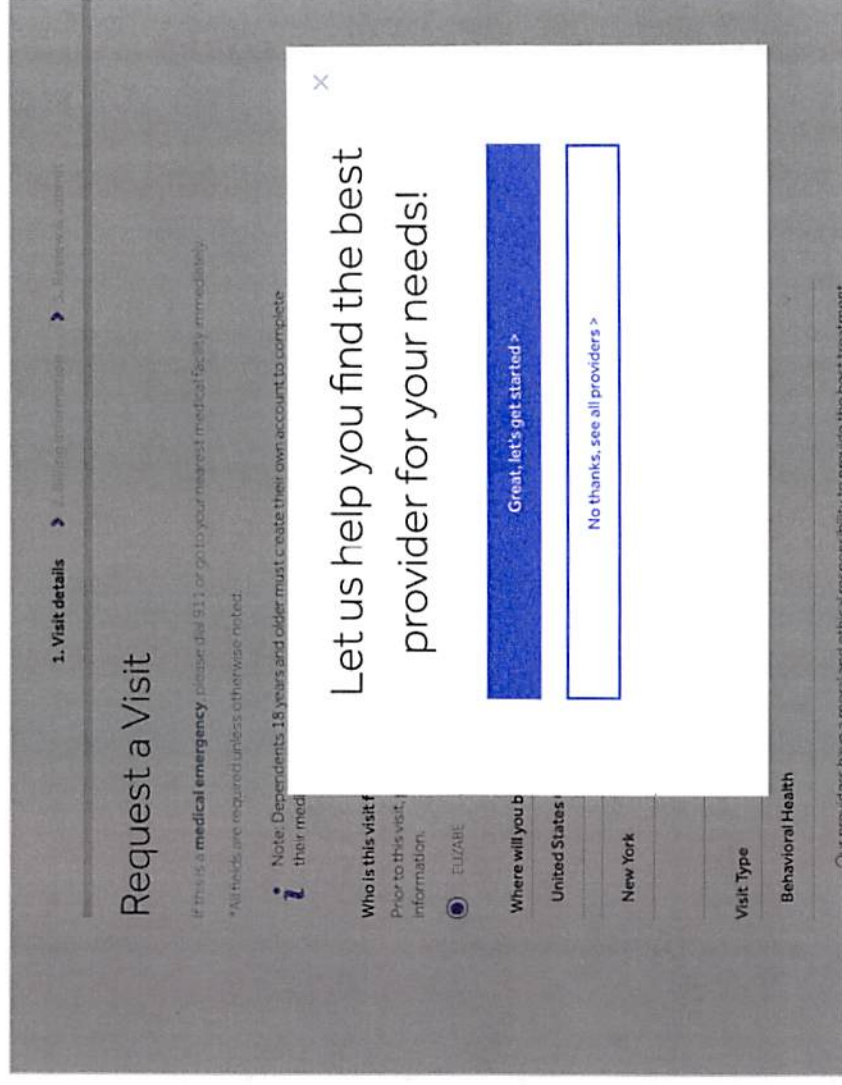
Behavioral Health

i Our providers have a moral and ethical responsibility to provide the best treatment to all our members, regardless of gender, sex, sexual orientation, gender identity and/or expression. We embrace our patients' diversity and strive for excellent quality of care for all.

your reason for visit and time zone you will be in during the visit

Reason for Visit
Depression/Anxiety
What time zone will you be in during this visit?
Eastern Time (US & Canada)
Current: 9:19 AM EDT

Selecting Behavioral Health, you are prompted to use our 'matching wizard'-like experience that helps you in selecting the best provider for your needs. In addition, you can also answer 5 quick and light clinical questions and your responses are used to set filters on the provider selection page.



Whether you used the Matching Tool, or whether you bypassed the Tool, you'll see a list of the providers that are available in your state

Members can typically request a visit with a psychiatrist, psychologist, or other licensed therapist

If the Matching tool was used, filters would be applied based on your responses


Members typically choose a therapist or psychologist first, and are then referred to a psychiatrist, if the therapist feels an appointment for medication is appropriate

Members can begin with a psychiatrist, the member may be referred to a therapist for talk therapy if appropriate



Please Select

Male Female Rx Language [More Filters](#) [Clear Filters](#)

i Note: Only Behavioral Health Psychiatrists can prescribe medications.



[View profile](#)

JANE SMITH LMSW  

Clinical Social Worker

Specialties: Anxiety Disorders, Bereavement-Grief Counseling, Cognitive Behavioral Therapy, Eating Disorders, Mood Disorders, Substance Abuse Professional, Womens Issues

Languages: English

Gender: Female

This provider is usually available at these times:

Sunday: 5:00 PM-6:00 PM
Monday: 7:30 AM-5:00 PM
Tuesday: 7:00 AM-5:00 PM
Wednesday: 7:00 AM-5:00 PM
Thursday: 8:00 AM-5:00 PM
Friday: 8:00 AM-5:00 PM
Saturday: 4:30 PM-6:00 PM

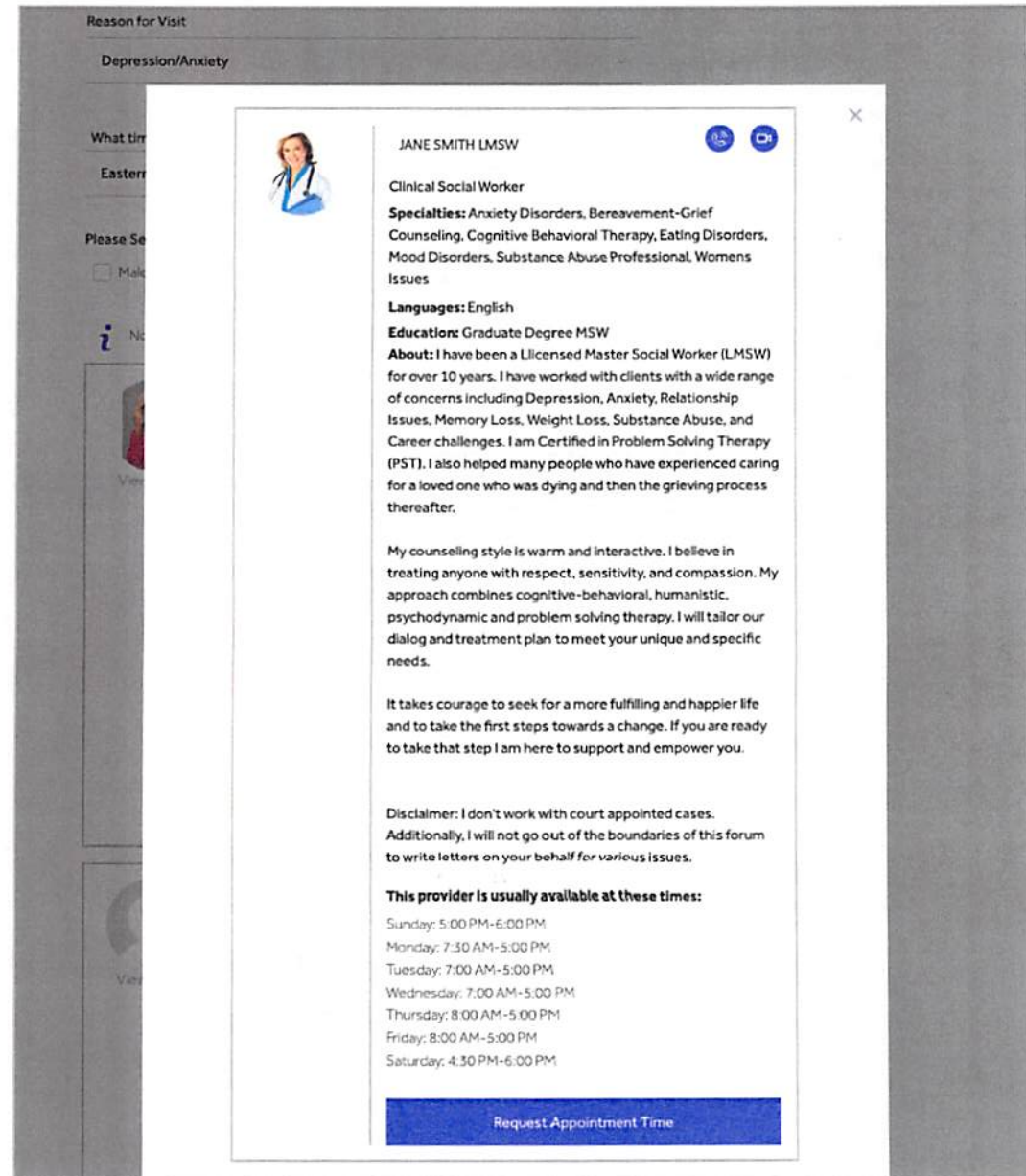
[Request Appointment Time](#)



[View profile](#)

ng on the 'View profile' found
he provider's photo, you can see a
etailed profile view



vider's profile will also show times
generally available, for when you
an appointment time



Reason for Visit
Depression/Anxiety

What time
Eastern

Please Se
 Mak
i No
View
View

 JANE SMITH LMSW 

Clinical Social Worker

Specialties: Anxiety Disorders, Bereavement-Grief Counseling, Cognitive Behavioral Therapy, Eating Disorders, Mood Disorders, Substance Abuse Professional, Womens Issues

Languages: English

Education: Graduate Degree MSW

About: I have been a Llicensed Master Social Worker (LMSW) for over 10 years. I have worked with clients with a wide range of concerns including Depression, Anxiety, Relationship Issues, Memory Loss, Weight Loss, Substance Abuse, and Career challenges. I am Certified in Problem Solving Therapy (PST). I also helped many people who have experienced caring for a loved one who was dying and then the grieving process thereafter.

My counseling style is warm and interactive. I believe in treating anyone with respect, sensitivity, and compassion. My approach combines cognitive-behavioral, humanistic, psychodynamic and problem solving therapy. I will tailor our dialog and treatment plan to meet your unique and specific needs.

It takes courage to seek for a more fulfilling and happier life and to take the first steps towards a change. If you are ready to take that step I am here to support and empower you.

Disclaimer: I don't work with court appointed cases. Additionally, I will not go out of the boundaries of this forum to write letters on your behalf for various issues.

This provider is usually available at these times:

Sunday: 5:00 PM-6:00 PM
Monday: 7:30 AM-5:00 PM
Tuesday: 7:00 AM-5:00 PM
Wednesday: 7:00 AM-5:00 PM
Thursday: 8:00 AM-5:00 PM
Friday: 8:00 AM-5:00 PM
Saturday: 4:30 PM-6:00 PM

[Request Appointment Time](#)

can propose 3 appointment times
to provider

The first available visit time will always be
72 hours from the current day/time

You may request a visit with a
primary care physician, a psychologist, or other
health therapist

The first available visit time is 72 hours from now. This allows enough time for the provider you chose to review your request and respond.

If you require immediate assistance, please call 911 or go to your nearest emergency medical facility.

This provider is usually available at these times:

Sunday: 5:00 PM-6:00 PM
Monday: 7:30 AM-5:00 PM
Tuesday: 7:00 AM-5:00 PM
Wednesday: 7:00 AM-5:00 PM
Thursday: 8:00 AM-5:00 PM
Friday: 8:00 AM-5:00 PM
Saturday: 4:30 PM-6:00 PM

What is your first preferred appointment time?

June 26, 2020 7:30 AM

What is your second choice?

July 3, 2020 7:30 AM

What is your third choice?

If you need to change any of your requested times, please click on the calendar below.

First Choice: June 26, 2020 7:30 AM EDT

Second Choice: July 3, 2020 7:30 AM EDT

Third Choice:

June 2020							Time
Su	Mo	Tu	We	Th	Fr	Sa	
							9:30 AM
							10:00 AM
							10:30 AM
							11:00 AM
28	29	30	1	2	3	4	
				25	26	27	

In case your provider is unable to confirm any of your times above, please provide additional scheduling information that would be helpful (Optional).

0 / 250

I be prompted to test your
iter to ensure it supports video
y elect to do this at a later time,
will be joining from a different



Video

Test Your Video Capabilities

For the best video experience, we suggest you use your mobile device and app. If you do not have access to a mobile device, you may use your personal computer. If you are using your personal computer, your device must **pass** the [Video Test](#) in order to request a video visit. Not all computers support video visits. If your computer's video test is unsuccessful, please use a device that can complete a successful test or if phone visits are available, you may elect to change your request.



I plan to have this visit from another device that I will test prior to the visit.

how you would like to be notified about your visit

includes: visit confirmation message, notification when provider is ready to start your visit, etc.

the best way to contact you

includes: the provider will use the number you select to contact you in the event they have trouble connecting with you in the video visit Waiting Room

any additional files that you like to share with the provider



How would you like to be notified about your visit?

Email notifications will be sent to:

elizabethjones@test.com

Text notifications will be sent to: (Optional)

Please Select

If the provider starts the visit and I'm not there, notify me with a call at: (Optional)

Please Select

By providing a cell phone number, I consent to receive updates about my visits, including reminders, cancellations, account and healthcare messages at the number above. Text messages and prerecorded calls are subject to the Terms of Use. Message and data rates may apply.

What is the best way to contact you for this visit?

Please join your video visit from your visit confirmation email. You can also join from your homepage or mobile app. If either you or the provider have trouble connecting to the video, the provider will attempt to contact you at the number(s) you provided.

Primary Phone

Please Select

Secondary Phone (Optional)

Please Select

Comments (Optional)

Would you like to add any attachments to share with the provider? (Optional)

Add File

st complete the APA's DSM-5 Self-level 1 Cross-Cutting Symptom s, which assesses 13 mental health s across psychiatric diagnoses and ve clinicians additional areas of

l as both an initial assessment and changes in symptom presentation

respond that you have had thoughts ig yourself, you will be prompted to emergency assistance

Emotional Health Questionnaire

During the past TWO (2) weeks, how much, (or how often) have you been bothered by the following problems?

None Not at all	Slight Rare, less than a day or two	Mild Several days	Moderate More than half the days	Severe Nearly every day
1. Little interest or pleasure in doing things?				
none	slight	mild	moderate	severe
2. Feeling down, depressed, or hopeless?				
none	slight	mild	moderate	severe
3. Feeling more irritated, grouchy, or angry than usual?				
none	slight	mild	moderate	severe
4. Sleeping less than usual, but still have a lot of energy?				
none	slight	mild	moderate	severe
5. Starting lots more projects than usual or doing more risky things than usual?				
none	slight	mild	moderate	severe
6. Feeling nervous, anxious, frightened, worried, or on edge?				
none	slight	mild	moderate	severe
7. Feeling panic or being frightened?				
none	slight	mild	moderate	severe
8. Avoiding situations that make you anxious?				
none	slight	mild	moderate	severe
9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?				
none	slight	mild	moderate	severe
10. Feeling that your illnesses are not being taken seriously enough?				
none	slight	mild	moderate	severe

a few additional questions,
ing where you would have gone if
were not an option

Are you currently pregnant?

Please Select

Are you currently breastfeeding?

Please Select

Without virtual care, where would you have gone to seek care?

Primary Care Doctor

Cancel

Continue

the information provided in
quest process and agree to
ms & Conditions

Continue' to submit the
t



TELADOC

3. Review & submit

Review & submit

My Visit Details

[EDIT](#)

Patient	ELIZABETH JONES
Contact Number	Primary Phone +1 (555) 555-5555
Visit Alternative	Primary Care Doctor
Visit Location	District of Columbia, United States Of America
Visit Type	Behavioral Health
Visit Method	Phone
Visit Mode	Scheduled
Provider	JANE SMITH
Time zone	America/New_York
First Preferred Appt Date:	06/27/20 Requested Time: 08:00 AM EDT
Second Choice Date:	06/28/20 Requested Time: 07:30 AM EDT
Third Choice Date:	07/03/20 Requested Time: 08:00 AM EDT
Share visit info with PCP	No

The first available visit time is 72 hours from now. This allows enough time for the provider you chose to review your request and respond.

This is not an on-demand service and should not be used in situations where immediate access to a provider is required. If you require immediate assistance, please call 911 or go to your nearest emergency medical facility.

Web and Mobile Informed Consent

Today you are requesting Teladoc's telemedicine services ("Services"). Telemedicine is the practice of medicine that involves the use of electronic communications to diagnose or treat patients who are in different locations from their healthcare providers. Telemedicine can be used for diagnosing, treating, and prescribing medication.

When using the Services, you will be treated by and will enter into a clinician-patient relationship with a physician of Teladoc (Physicians, PA, or a psychologist/psychiatrist of Teladoc Behavioral Health, PA ("Teladoc Clinician") who is licensed in your state. Teladoc, inc. does not provide the Services, it performs administrative, payment, and other activities for Teladoc Clinicians in support of the Services they provide to you.

I understand the statements above and consent, on my own behalf or on behalf of my minor dependents, to receive Services by a Teladoc Clinician.

I understand that I may access [Teladoc's Notice of Privacy Practices](#) and acknowledge that I have been provided access to such Notice of Privacy Practices.

(Optional) I agree to the release of my medication history, if available, for review by a clinician or provider for this visit.

Disclaimer: If you have a medical emergency, dial 911 immediately or go to your nearest emergency room.

[Previous](#) [Continue](#)

Provider will review your appointment request and can either accept one of the requested times or propose alternate times back

I receive an email when 1) your appointment has been submitted and 2) the provider accepts or proposes alternate times back

When a provider proposes alternate times in the email you receive will allow you to accept one of the new times or propose alternate times

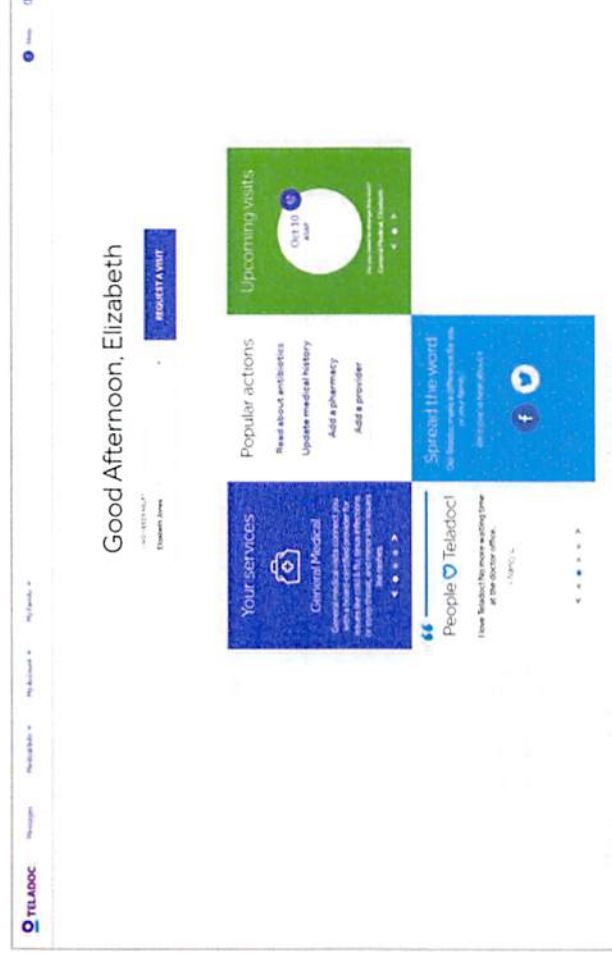
The image shows two screenshots from the TELADOC platform. The top screenshot is an email notification with a purple header containing the TELADOC logo. The text reads: "ELIZABETH, You have a new member message which requires action." Below this, it states: "Your Teladoc provider has proposed new times for your visit. Select the time below that works best for you." Three time slots are listed: "Thursday 04/02/20 01:00 AM AKDT", "Thursday 04/02/20 01:15 AM AKDT", and "Thursday 04/02/20 01:45 AM AKDT". A note at the bottom says: "If none of the above times are convenient for you, please log in now to propose a new visit time."

The bottom screenshot is a patient portal message. The header includes the TELADOC logo and navigation links for "Messages", "Medical Info", "My Account", and "My Family". The message title is "A message about your May 6 Behavioral Health consultation". It identifies the patient as "May 3 Demo" and the doctor as "Carole Romasco". The message content includes: "Doctor: Carole Romasco", "May 3, 2017 5:14 pm EDT", and "Response From The Doctor:". The doctor's response states: "Carole Romasco was not able to meet at your preferred time, but is suggesting the following times based on the ot when you requested the appointment. Please select a time that works best for you by clicking ACCEPT or suggest". A date and time stamp "Wednesday 05/03/17 06:00 PM EDT" is shown. At the bottom, there are buttons for "ACCEPT", "SUGGEST NEW TIME", "Print", and "Back".

home page, you will see your tails on the 'Upcoming visits' tile

I have the option to click and Waiting Room right from this tile

I also receive an email, text or app push reminder, depending on communication preferences and during the request process



When you receive a video visit, you will receive a notification when the provider is ready and a link to join the visit.

If you would like, you can join the waiting room before the provider joins as well.

Upcoming visits are scheduled during the visit; simplifying the appointment process. Members receive notification and the visit is added to website profile page.

The screenshot shows a mobile interface for a video waiting room. At the top, it displays a signal strength icon, the name "Elizabeth Jones", and the Teladoc logo. Below the logo, it says "Video visit for Elizabeth Jones" and "Status: Waiting for provider to join." There is a "Helpful tips" section with three paragraphs: "Before your visit", "During your visit", and "After your visit". At the bottom, there are two buttons: "Mute" (with a microphone icon) and "End Call" (with a red background and a white 'X' icon). A black square is visible in the bottom right corner, likely representing a video feed that is currently off.

Elizabeth Jones

TELADOC

Video visit for Elizabeth Jones

Status: Waiting for provider to join.

Helpful tips

Before your visit: Your provider will be with you as soon as possible. Be sure you're in an area with strong internet connection or Wi-Fi signal and stay near your phone so that the visit can begin right when the provider joins. You will get a notification by text or email when the visit starts.

During your visit: If your connection is lost, the system will attempt to re-connect. If they aren't successful, you will be notified by text or email and you will be able to re-join at the phone number you provided.

After your visit: We will send you a visit summary. You can also view your visit with notes from the provider on your treatment plan. After the visit, you can:

- Send a message to our clinical staff (for urgent concerns)
- View invoices and visit summaries
- Update your providers and pharmacies

Mute End Call



Dermatology

Access licensed dermatologists without leaving the house.

Dermatology gives members convenient and reliable skincare for a wide range of conditions—without the wait.

Members simply upload images and provide details regarding their skin issue before receiving a response from a licensed dermatologist in only two business days. The dermatologist can recommend a treatment plan, write prescriptions, and provide follow-up care for seven days to answer any questions.



2 days to diagnosis versus 32.3 days for major metropolitan areas.¹



Approved medications can be prescribed right over the app or web.

How Dermatology works



Register

The member provides basic information about skin issue through web or mobile app.



Upload images

Upload a minimum of 3 pictures of the skin issue for the dermatologist to review.



View online results

Within two business days, the licensed dermatologist will respond through the online message center with a diagnosis, treatment, or prescription, if necessary.



Follow up

Follow up with the doctor through the message center within 7 days of the initial visit.

Benefits

Convenience

Members have 24/7 access to care for a wide variety of skin issues by web or mobile app.

High-quality care

A licensed dermatologist will review images, make a diagnosis, and provide a personalized treatment plan right in the app.

Follow-up

Interact with the same dermatologist for the next seven days for any follow-up needs.

Features

- Access board-certified dermatologists by web or mobile app
- Treat acute or ongoing skin conditions like psoriasis, skin infection, rosacea, and more
- Share high-quality images and receive a diagnosis within 2 business days (on average within 8 hours)
- Consult includes one follow-up question within 7 days
- Select the provider of choice
- Providers can prescribe approved medications
- Offered at no additional cost to the client in conjunction with the General Medical product



"I noticed a small dark spot on the side of my leg that was asymmetrical in shape. I took a few photos, requested a consult, and shared them right through the app. The very next day, Dr. Levine had reviewed my photos and determined the spot was benign. Instead of waiting weeks to see a dermatologist, I had peace of mind in less than 24 hours! Thank you, Teladoc!"

Adam W.

1 Merritt Hawkins. 2017. "2017 Survey of Physician Appointment Wait Times." September 22, 2017. <https://www.merrithawkins.com/news-and-insights/thought-leadership/survey/survey-of-physician-appointment-wait-times/>.

ENHANCE YOUR BENEFITS

Contact your Aetna account manager today

About Teladoc Health

Teladoc Health is the global virtual care leader, helping millions of people resolve their healthcare needs with confidence. Together with our clients and partners, we are continually modernizing the healthcare experience and making high-quality healthcare a reality for more people and organizations around the world.

Teladoc
HEALTH

TeladocTM
HEALTH

made available through
aetnaTM

Request a visit through web



dy registered, you can log into
ccount by visiting
c.com/aetna

our username and password
he section labeled "Talk to a
"

**We've connected patients like
with doctors over 2 million times**

Speak to a licensed doctor by phone or video in under 10 minutes.

Talk to a doctor

USERNAME

PASSWORD

SUBMIT

Forgot your Password?

Setup your account

FIRST NAME

LAST NAME

DATE OF BIRTH

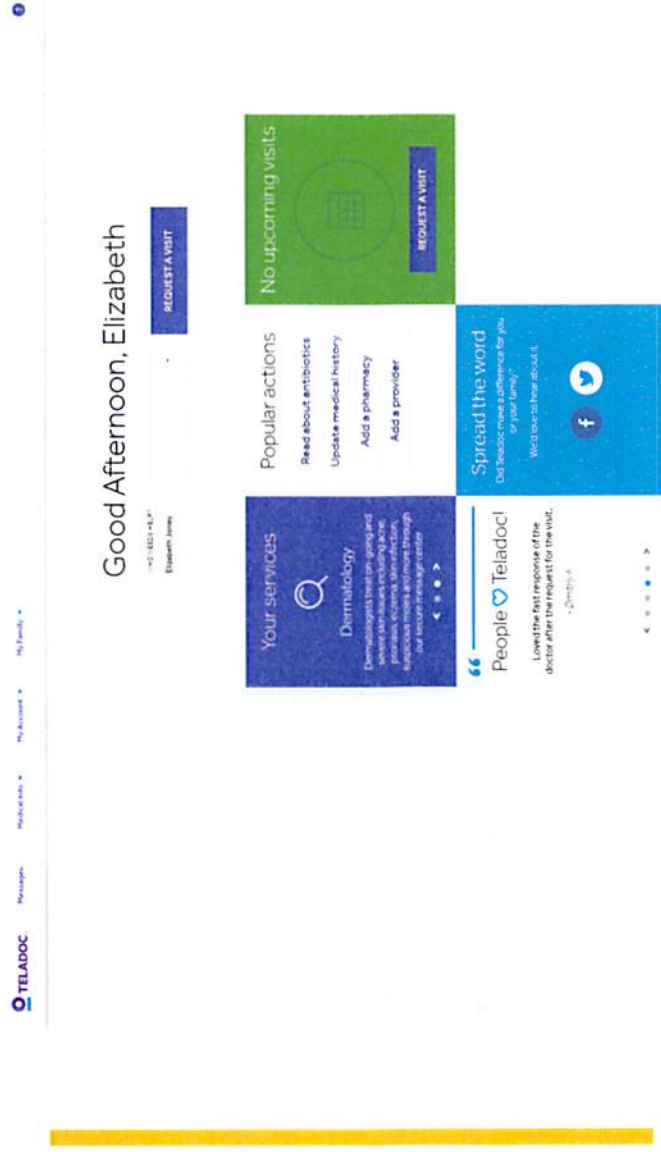
AETNA ID

SUBMIT


succinct top navigation
it easy to move around the

evant information about the
s available to you

ccess the request a visit
s from home page



the state you will be in for the visit, as well as the visit type (Dermatology)



1. Visit details 2. Billing information 3. Review & submit

Request a Visit

If this is a **medical emergency**, please dial 911 or go to your nearest medical facility immediately.
*All fields are required unless otherwise noted.

i Note: Dependents 18 years and older must create their own account to complete their medical history and request visits with a provider.

Who is this visit for?
Prior to this visit, please ensure medical history is updated with the most current information.

Elizabeth Jones

Where will you be located during this visit?

United States Of America

New York

Visit Type

Dermatology

i Our providers have a moral and ethical responsibility to provide the best treatment to all our members, regardless of gender, sex, sexual orientation, gender identity and/or expression. We embrace our patients' diversity and strive for excellent quality of care for all.

your reason for visit for skin issues
eczema, psoriasis, infections, raised
and more.

minimum of 3 images; your
dermatologist will review the images
replied to your request; the
images should be clear, with good

Reason for Visit

Acne, blemishes, moles

At least three uploaded images are required for Dermatology visits.

Add File

the which type of skin problem
are seeking care for and
appropriate questions will populate

once chosen, you will be prompted
with ever related questions

Description of your current problem
Please select which type of skin problem you are seeking care for:
<input type="radio"/> Rash
Rash Intake Form
Please describe the nature of your skin problem
<input type="text"/>
Have you previously been given a diagnosis for this skin problem by another dermatologist?
<input type="radio"/> Yes
What was the diagnosis given to you?
<input type="text"/>
What area(s) of the body is your skin problem located? (ex. eyelids, face, arms, tops of hands, etc)
<input type="text"/>

Please rate the intensity of the following symptoms as it relates to your skin problem:

- Itching
 Not at all Minimal Moderate Severe
- Burning
 Not at all Minimal Moderate Severe
- Tingling
 Not at all Minimal Moderate Severe
- Numbness
 Not at all Minimal Moderate Severe
- Pain
 Not at all Minimal Moderate Severe
- Flaking/Scaling of skin
 Not at all Minimal Moderate Severe
- Drainage of fluid or pus
 Not at all Minimal Moderate Severe

How long have you had this skin problem? (ex. 2 days, 3 weeks, 3 years, 1 week but had a similar episode 3 years ago, etc)

Does the skin problem come and go or is it persistent?

Can you identify any possible triggers for your condition? (ex. new makeup, recent travel, etc)

the which type of skin problem
are seeking care for and
appropriate questions will populate

or skin growth is chosen, you
prompted to answer related
questions

Description of your current problem

Please select which type of skin problem you are seeking care for.

Mole or Skin Growth

Mole or Growth on the Skin Intake Form

Please describe the nature of your skin problem

Have you previously been given a diagnosis for this skin problem by another dermatologist?

Yes

What was the diagnosis given to you?

What area(s) of the body is your skin problem located? (ex. eyelids, face, arms, tops of hands, etc)

When did you first notice this growth or mole? (ex. 1 week ago, 1 year ago, has been present for as long as I can remember, etc.)

What prompted you to seek advice or treatment regarding this growth or mole?

Please describe how the mole or growth has been changing

Please rate the intensity of the following symptoms as it relates to your skin problem:

- Itching
 Not at all Minimal Moderate Severe
- Burning
 Not at all Minimal Moderate Severe
- Tingling
 Not at all Minimal Moderate Severe
- Numbness
 Not at all Minimal Moderate Severe
- Pain
 Not at all Minimal Moderate Severe
- Flaking/Scaling of skin
 Not at all Minimal Moderate Severe
- Drainage of fluid or pus
 Not at all Minimal Moderate Severe

Please describe any current OR past treatments you have tried for this condition. How effective were the previous treatments? (You can include both prescription or over the counter products)

[Add Another Medication...](#)

Is there anything else you would like your doctor to know about this condition?

Do you have any specific questions you would like answered?

When the user selects which type of skin problem they are seeking care for and appropriate questions will populate

When acne or rosacea is chosen, you will be prompted to answer related questions



Description of your current problem

Please select which type of skin problem you are seeking care for:

Acne or Rosacea ▼

Acne Intake Form

Please describe the nature of your skin problem

What areas of the body are involved and bothering you? (multiple selections ok)

Face

Jaw line or chin

Chest

Back

Are you developing any of the following?

Redness or flushing

None ▼

Whiteheads and blackheads

None ▼

Red bumps

None ▼

Painful bumps that seem deep

None ▼

How long have you had this problems? (ex: 1 year, 3 months, 1 year but getting worse in the past 2 months, etc.)

Does your acne/rosacea flare with your menstrual cycle?

Yes

▼

Comments:

Are you currently taking birth control?

Yes

▼

Which birth control are you currently taking?

How long have you been taking this birth control?

Can you identify any triggers for your skin condition?

(Common triggers for acne include starting or stopping certain birth control, other medications, stress. Common triggers for rosacea include alcohol, spicy foods, and extreme temperatures)

Description of your current problem

Please select which type of skin problem you are seeking care for:

I'm not sure

Rash Intake Form

Please describe the nature of your skin problem

Have you previously been given a diagnosis for this skin problem by another dermatologist?

Yes

What was the diagnosis given to you?

What area(s) of the body is your skin problem located? (ex. eyelids, face, arms, tops of hands, etc)

Please rate the intensity of the following symptoms as it relates to your skin problem:

Itching

Not at all Minimal Moderate Severe

Burning

Not at all Minimal Moderate Severe

Tingling

Not at all Minimal Moderate Severe

Numbness

Not at all Minimal Moderate Severe

Pain

Not at all Minimal Moderate Severe

Flaking/Scaling of skin

Not at all Minimal Moderate Severe

Drainage of fluid or pus

Not at all Minimal Moderate Severe

How long have you had this skin problem? (ex. 2 days, 3 weeks, 3 years, 1 week but had a similar episode 3 years ago, etc)

Does the skin problem come and go or is it persistent?

Can you identify any possible triggers for your condition? (ex. new makeup, recent travel, etc)

... a few
... details about
... current or past
... treatments, as well as
... additional
... symptoms

Please describe any current OR past treatments you have tried for this condition. How effective were the previous treatments? (You can include both prescription or over the counter products)

Name and dose (ex: Tretinoin 0.05%, doxycycline 100mg)

Formulation (was it pill/tablet, cream, ointment, etc?)

Frequency (ex: Were you taking it twice a day, once per day, etc?)

Duration (ex: Did you take it for 3 months, 2 weeks, etc)

Are you currently using it?

Yes

How effective was it? (ex: Very effective, no effect, made it worse)

Are you having any of the following symptoms? (Please check)

- Fevers
- Swollen lymph nodes
- Flu-like symptoms in the past 2 months
- Chills
- Sore Throat

Other (please describe below)

Is there anything else you would like your doctor to know about this condition?

Do you have any specific questions you would like answered?

Are you currently pregnant?

Please Select

Are you currently breastfeeding?

Please Select



I have the opportunity to share
parts of the visit with your Primary
physician

When medically necessary, the
pharmacist may prescribe
medication and send to the pharmacy
during this step


Would you like to send visit information to your primary care physician?

- Yes
- No

By selecting Yes, I authorize Teladoc to send my continuity of care record (CCR) to my primary care physician. I understand that my CCR contains personal medical information that was obtained during my Teladoc visit.

Where is the most convenient pharmacy near you?

Important: Our policy does not guarantee that medication will be ordered or refilled during a visit.

 Our providers can prescribe antibiotics, when medically necessary. However, taking antibiotics when they are not needed can be harmful to your overall health. Your provider may prescribe other medicine, or give you alternative tips to treat symptoms like fever and cough. Click here for more information about the common cold and antibiotics.

Note: The pharmacy you select must be in the state you selected for your visit, in the event your provider prescribes medication.

Before choosing a pharmacy, make sure that your benefit plan will cover prescriptions at that pharmacy.

-

[Add new pharmacy](#)

Review the information provided
and request process and agree
to the Terms and Conditions

Continue to submit the
request

1. Visit details 2. Billing information 3. Review & submit

Review & submit

My Visit Details

[EDIT](#)

Patient	COLLEEN WHITEHOUSE
Contact Number	
Visit Alternative	Emergency Room
Visit Location	Connecticut, United States Of America
Visit Type	Dermatology
Visit Method	Message Center
Visit Mode	N/A
Pharmacy	CVS/pharmacy # 2258 537 Canal St , CT 06902
Share visit info with PCP	No

Web and Mobile Informed Consent

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When using the Services, you will be treated by and will enter into a clinician-patient relationship with a physician of Teladoc Physicians, PA, or a psychologist/psychiatrist of Teladoc Behavioral Health, PA, ("Teladoc Clinician") who is licensed in your state. Teladoc, Inc. does not provide the Services; it performs administrative, payment, and other activities for Teladoc Clinicians in support of the Services they provide to you.

I understand the statements above and consent, on my own behalf or on behalf of my minor dependents, to receive Services by a Teladoc Clinician.

I understand that I may access [Teladoc's Notice of Privacy Practices](#) and acknowledge that I have been provided access to such Notice of Privacy Practices.

(Optional) I agree to the release of my medication history, if available, for review by a clinician or provider for this visit.


Disclaimer: if you have a medical emergency, dial 911 immediately or go to your nearest emergency room.

[Previous](#) [Continue](#)

I receive a notification by email when the dermatologist has responded to your t

Messages Medical Info ▾ My Account ▾ My Family ▾ ? 🔒 [Profile]

ways on call!
eladoc your
ymptoms
4/7/365



request a consultation anytime »

Message Center

A message about your Care Recipient Account Oct. 3, 2017	View
A message about your Care Recipient Account Oct. 3, 2017	View
A message about your Jul 26 Dermatology consultation Jul. 26, 2017	View

A message about your Jul 26 Dermatology consultation

Patient: ELIZABETH JONES

Doctor: Norman Levine [PROFILE](#)

Diagnosis: Other seborrheic keratosis

Doctor: Dr. Levine

Jul. 26, 2017 3:34 pm EDT

Dear ELIZABETH JONES,

Thanks For Using Teladoc!

I have carefully reviewed the information and images you submitted for this consultation. Based on my review, below is my assessment:

Seborrheic keratosis, which is also known as an age spot or liver spot

The following is the treatment plan that I would like you to follow:

No treatment is indicated for this totally benign lesion.

Follow Up Needed:

Your provider recommends you no longer have an issue.

Please seek medical attention if you develop any new symptoms or if your current symptoms worsen.

[Images](#)

[Print](#)

[Back](#)



2021 OPEN ENROLLMENT

NOVEMBER 19th to DECEMBER 15th 2020

- ✓ **ENROLLMENT DEADLINE:** You MUST enroll no later than 4:30 pm AKST on December 15, 2020. All legal documents and other required documents must be turned in to Stacey Cockcroft at the District Office by the deadline of 4:30 pm AKST on December 15, 2020.
- ✓ **CURRENT ENROLLEES - NO CHANGES:** No action is required from you; your current enrollment will remain the same.
- ✓ Enrollment forms are included in this packet and will also be available online at <http://www.kpsbd.k12.ak.us/employees.aspx?id=5232>.
- ✓ All changes made during Open Enrollment will be effective **January 1, 2021**.

YOUR MEDICAL OPTIONS

Choice of Two High Deductible Plans:

MEDICAL BENEFITS	HSA PLAN	HRA PLAN
Annual Medical Deductible Individual Family	\$1,500 **\$3,000 <i>**Aggregate Family Deductible applies to any policy with more than one enrollee per IRS regulations – individual deductible will not apply.</i>	\$1,500 \$3,000
Out-of-Pocket Maximum (Not including deductible) Individual Family	\$2,000 \$4,000	
HSA / HRA CREDITS	\$800 / fiscal year	
Reimbursement Percentage after Deductible	Plan pays 80% of allowable charges for most services; Plan pays 60% for Non-PPO facility charges	
Preventive Care as required by the ACA	Plan pays 100% of allowable charge – not subject to Deductible	
Prescriptions	Subject to Major Medical Deductible – once met current Rx copays will apply	Current Rx copays apply – not subject to Major Medical Deductible
Surgery through Bridge Health Program	Deductible must be met; coinsurance waived	You pay \$0 - Deductible and coinsurance waived
Teladoc Consultations	\$0 \$47 Copay per IRS regulations	You pay \$0 - Deductible and coinsurance waived
Monthly Contribution (July – June) Prorated (Sept-May paychecks)	*\$392.44 *\$523.25	

*These amounts are subject to change by the Health Care Plan sub-committee

HSA PLAN

An HSA (Health Savings Account) lets you set aside money to pay for future medical costs through your own tax-deferred contributions. The HSA account will be administered by Rehn & Associates and is regulated by the IRS.

- You may make pre-tax contributions through payroll deductions, which reduces the amount of taxable income
- The money stays in your HSA account from year to year. The HSA is yours to keep even if you leave employment with KPBSD
- KPBSD will contribute \$800 per fiscal year to your HSA account every July 1st. If you switch from the HRA Plan to the HSA Plan during Open Enrollment, you will **not** receive a contribution to your HSA Plan for the FY21 School Year as you have already received the FY21 funds in your HRA account. If you were not enrolled on the KPBSD Health Plan prior to your enrollment on 1/1/2021, you will receive a \$400 contribution to your HSA account as there are 6 months remaining in the FY21 School Year
- When your HSA balance exceeds \$2,000, you may choose to invest your funds. Rehn & Associates will provide you with those options if you choose to invest
- If you and your Spouse are both KPBSD employees and enrolled on KPBSD Health Plans, you **MUST BOTH** choose the same plan type (HRA OR HSA). Per IRS Regulations you may not have one enrolled on the HRA Plan and one enrolled on the HSA Plan

FOR YOU (THE EMPLOYEE) TO BE ELIGIBLE TO OPEN AN HSA, PER IRS REGULATIONS YOU **MUST**:

- Be enrolled in a qualified high deductible health plan (HDHP)
- NOT be enrolled in a non-HDHP including a spouse's plan, Medicare, Tricare or prescription drug only plan
- NOT be claimed as a dependent on another individual's tax return, other than your spouse's
- NOT have received any health benefits from the Veterans Administration or one of their facilities, including prescription drugs, in the last three months, except for preventive care. If you have a disability rating from the VA, this exclusion does not apply
- NOT have received any health benefits through the Indian Health Services in the last three months
- NOT be enrolled in a General Purpose medical Health Flexible Spending Account (Health FSA) or Health Reimbursement Arrangement (HRA) (your spouse cannot have an FSA or HRA either)

Other restrictions and exceptions may also apply. We recommend that you consult a tax, legal or financial advisor to discuss your personal circumstances that may affect your HSA eligibility. KPBSD cannot consult you about your HSA eligibility.

HSA CONTRIBUTION LIMITS

2021 Calendar Year Maximum Contribution	
Annual Contribution Limit For Employee Only	\$3,600
Annual Contribution Limit for Family	\$7,200
Additional "catch-up" if 55 or older	\$1,000

Remember that your HSA is IRS regulated. IRS Publication 502 provides the detailed list for medical, dental and vision expenses. If you enroll in the HSA plan and you are not eligible, the IRS will penalize you. That issue is between you and the IRS. ***KPBSD is not a tax consultant. If you are unsure of your HSA eligibility, we recommend that you consult a tax, legal or financial advisor to discuss your personal circumstances that may affect your HSA eligibility. KPBSD cannot consult you about your HSA eligibility.***

HRA PLAN

WHAT IS A HEALTH REIMBURSEMENT ARRANGEMENT (HRA)?

An HRA allows KPBSD to set aside funds for you to spend on qualified health care expenses. Money not used in one calendar year will be rolled over from year-to-year. KPBSD will credit \$800 per fiscal year to your HRA account every July 1st. If you switch from the HSA Plan to the HRA Plan during Open Enrollment, you will not receive a contribution to your HRA Plan for the FY21 School Year as you have already received the FY21 funds to your HSA account. If you were not enrolled on the KPBSD Health Plan prior to your enrollment on 1/1/2021, you will receive a \$400 contribution to your HRA account as there are 6 months remaining in the FY21 School Year.

You may use these funds for you and your dependents who are enrolled in the HDHP. If you terminate KPBSD employment, the funds will be forfeited.

Your HRA funds can be used towards medical, prescription, dental, and vision expenses. The HRA will be administered by Rehn & Associates. A claim form is available to submit for HRA reimbursements.

HOW THE HRA WORKS WITH A HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA):

You may have both an HRA and enroll in a Health Care Flexible Spending Account. Expenses are paid from the Health Care FSA first, because that account is “use it or lose it.” A Flexible Spending Account is available to employees through American Fidelity. It is not a part of the health plan. For questions relating to the Flexible Spending Account, please contact Nate Leslie at nate.leslie@americanfidelity.com.

PRESCRIPTION DRUG BENEFITS

Retail & Mail Order Pharmacy (up to a 100 day supply per fill)	*HSA OR HRA PLAN
Generic Copay	\$5
Preferred Brand Copay	\$25
Non-Preferred Brand Copay	\$50
Specialty Copay	\$100 (limited to a 30-day supply)

***Major Medical Deductible for the HSA plan must be met prior to these copays taking effect. \$3,000 Aggregate Family Deductible applies to any HSA policy with more than one enrollee per IRS regulations – individual deductible will not apply for a Family Plan.**

DENTAL AND VISION COVERAGE OPTIONS

DENTAL	HSA OR HRA PLAN
Annual Deductible	
Individual	\$50
Family	\$150
Reimbursement Percentage	
Preventive	Plan pays 100% (not subject to the deductible)
Basic	Plan pays 100%
Major	Plan pays 50%
Calendar Year Benefit Maximum	\$2,500

VISION	HRA OR HSA PLAN
Eye Exam	Plan pays 80%
Frames	Plan pays 80% up to \$100 every two years
Lenses	Plan pays 80%
Contacts	Plan pays 80%

Allowable charges and all plan provisions apply. Please see the Summary Plan Description for more information.

YOU MAY BE ABLE TO DECLINE COVERAGE

- You may decline coverage if you have other health coverage outside of the KPBSD health plan that meets the minimum requirements of the Affordable Care Act (ACA). If you decline coverage, you pay no employee contribution. ***Please start this process early to ensure you are able to obtain the necessary Certificate of Coverage and Summary of Benefits and Coverage (SBC) from your current health plan by the deadline of 4:30 pm AKST on December 15, 2020.***
- If you are double covered within the KPBSD health plan because you are both a KPBSD employee and a spouse or dependent of a KPBSD employee, you may not decline coverage.
- **DECLINING DENTAL/VISION COVERAGE:** ***You may decline coverage in the dental/vision plan, but your employee contribution amount will not change.*** The dental/vision plan is separate from the medical and prescription plan. If you enroll in medical and prescription coverage, you are automatically enrolled in the dental/vision plan.

HOW DO I ENROLL?

- **STEP 1:**
Review your options. Select the option that is best for you and your family. If you are currently enrolled in the KPBSD Health Plan and do not want to make any changes, you do not need to submit a form.
- **STEP 2:**
Complete an enrollment form with applicable changes and submit documentation to Stacey Cockroft at the District Office by the 4:30 pm AKST on December 15, 2020 deadline. For newly enrolled dependents, legal documentation is required (copy of marriage certificate for spouse and birth certificate for dependent child). The enrollment form is included in this packet. Forms are also available online at:
<http://www.kpbsd.k12.ak.us/employees.aspx?id=5232>
- **STEP 3:**
If you are selecting the HSA Plan, you must also complete an HSA enrollment form and submit to Stacey Cockroft at the District Office by the 4:30 pm AKST December 15, 2020 deadline. Rehn requires you to return pages 1, 2 & 6. This packet is attached to the Open Enrollment email.

FOR MORE INFORMATION:

- Go to our website: <http://www.kpbsd.k12.ak.us/employees.aspx?id=5232>
All documents and forms will be posted on the website.
- **QUESTIONS?** Contact Stacey Cockroft, Employee Benefits Manager, at 907-714-8879 or scockroft@kpbsd.k12.ak.us.