BLUE LION
SALON STUDIOS

2021 Benefits Enrollment Guide

It's time to make your 2021 health and insurance benefit elections.

Important reminders:

- The choices you make during your enrollment period will remain in effect through March 31st, 2022, unless you have a qualified status change – such as a marriage, divorce, birth, or adoption of a child. Remember, you must notify Amanda within 31 calendar days of the date of a new qualified status change.
- Unless you have a qualifying event, this is the only opportunity you will have this year to enroll on the insurance or make changes to existing coverage.
- Children:
    - Your children are eligible to be covered under your medical, dental and vision plans until age 26. Note if your child turns 26 in 2021 and he or she is covered under your plan, his or her coverage will end on the last day of his or her birthday month.
    - Newborns are automatically covered for the first 60 days under the medical plan that you are enrolled on. For continued coverage, you must enroll the newborn as a dependent within 60 days after delivery.
- The Company offers a $20,000 life insurance policy at no cost for each employee. To obtain this benefit, you must complete the application during the open enrollment period.

Your insurance application is due back no later than March 25, 2021.

If you are not enrolling, you are required to complete the insurance waiver form (CLICK HERE)

Providers:

Our insurance broker shopped the market to see which other companies will underwrite our group. Remember, even though we have a lot of locations, we are still considered a small company in the insurance companies' eyes, especially when you take into consideration that not every employee enrolls on the insurance.

This year, a new type of insurance plan was presented to us through Aetna, along with Blue Cross Blue Shield, United Healthcare and Humana. Aetna initially looked like a good option that was potentially *a little* less expensive, but we found that very few doctors knew what this plan was or accepted it. For this reason, we are choosing the next best option, which is to stay with our current carriers.

Medical Insurance

We will be renewing our insurance coverage with Blue Cross Blue Shield, offering the same 3 plans.

Dental, Vision, Life Insurance

We will be renewing our insurance coverage with Humana.

Plan 1 Highlights:

- Plan Name: G652CHC
- $1500 deductible
- Max out of pocket $5000
- Office Visit Copay $30
- Urgent Care $100
- Coinsurance 80/20 (Meaning you pay 20%, up to max out of pocket)
- Preventative care (such as immunizations, well woman exams, etc) are covered 100% regardless of deductible being met

	2020 Monthly Rate	Renewal Monthly Rate
Employee Only	$351.04	$413.99
Employee / Spouse	$954.51	$1,140.54
Employee / Child	$954.51	$1,140.54
Employee / Family	$1,557.98	$1,867.09

NOTE

This plan is the richest benefit plan offered this year, however it is the most expensive plan

Plan 2 Highlights:

- Plan 2 Name:
- $5000 deductible
- Max out of pocket $5000
- Office Visit: You pay full contracted rate until deductible is met (this counts toward your deductible)
- Coinsurance 100% after deductible is met
- Preventative care (such as immunizations, well woman exams, etc) are covered 100% regardless of deductible being met
- This plan is compatible with an HSA account (Health Savings Account) – you can set funds aside each pay period that you will never lose to pay for doctor visits, prescriptions, over the counter medications, etc.

	2020 Monthly Rate	Renewal Monthly Rate
Employee Only	$257.36	$315.77
Employee / Spouse	$767.15	$944.10
Employee / Child	$767.15	$944.10
Employee / Family	$1,276.94	$1,572.43

NOTE

This plan may be good for someone who rarely gets sick and just goes to the doctor for preventative care. This plan has a max out of pocket of $5000 – so if a major medical event did occur, that would be the most you would pay during that calendar year.

Plan 3 Highlights:

- Plan 3 Name: S660CHC
- $6000 deductible
- Max out of pocket $8150
- Office Visit: $40 Copay
- Coinsurance 90% after deductible is met (Meaning you pay 10%, up to max out of pocket)
- Preventative care (such as immunizations, well woman exams, etc) are covered 100% regardless of deductible being met
- Copays and prescriptions do not count toward the deductible
- This plan is NOT compatible with an HSA account (Health Savings Account)

	2020 Monthly Rate	Renewal Monthly Rate
Employee Only	$252.43	$312.56
Employee / Spouse	$757.28	$937.68
Employee / Child	$757.28	$937.68
Employee / Family	$1,262.12	$1,562.80

NOTE

This plan may be good for someone who sees a primary care doctor regularly and would benefit from having a low copay and otherwise seeks preventative care. This plan has a max out of pocket of $8150 – so if a major medical event did occur, that would be the most you would pay during that calendar year.

Smart Tips for Using Your Health Plan

Once you choose a health plan and start using your medical benefits, follow these tips to save time and money during the year.

- Use In-Network Providers – you pay less when you use an in-network provider.
- Use the Find a Doctor tool on the insurance carrier's website to search for health care providers in your area to help you get the best care at the best price.

Get Preventative Care

Preventative care is essential to staying healthy – and it's generally free if you use an in-network provider. Through annual exams and regular screenings, your doctor can identify health risks, monitor symptoms and help you manage health conditions before they become serious problems.

Know Where to Get the Right Care

- Urgent care centers and convenience care clinics (in Walgreens stores, for example) are a good alternative when you can't see your regular doctor and need care right away. These centers offer lower cost walk-in care than the ER and help you avoid long wait times.
- Our insurance carrier also offers access to health care online through telemedicine services, such as virtual visits. Find more details on specific telemedicine services in your area at (website)

COOL TOOL

Blue Cross Blue Shield has an app called BCBSTX that gives you instant access to your health information any time, anywhere. Access your ID card, compare and estimate costs, get claim information, find physicians, or connect with a representative. Available on the App Store and Google Play.

Compare To See Which Plan Is Right For You

On the following pages you will see a breakdown of how each medical plan we offer compares for the following situations:

- Managing Type II Diabetes
- Having a Baby
- Simple Fracture

Comparing Plans: Managing Type II Diabetes (*Cost Estimate)

$1500 Deductible Plan

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$1,500
Specialist copayment	$60
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	**$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$1,500
Copayments	$1,000
Coinsurance	$70
What isn't covered	
Limits or exclusions	$60
The total Joe would pay is	**$2,630**

$5000 Deductible Plan

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$5,000
Specialist	$0
Hospital (facility)	$0
Other	$0

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	**$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$5,000
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Joe would pay is	**$5,060**

$6000 Deductible Plan

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$6,000
Specialist copayment	$80
Hospital (facility) copay/coins.	$250 + 10%
Other coinsurance	10%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	**$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$1,900
Copayments	$1,100
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Joe would pay is	**$3,060**

Comparing Plans: Having a baby (*Cost Estimate)

$1500 Deductible Plan

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$1,500
Specialist copayment	$60
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	**$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$1,500
Copayments	$30
Coinsurance	$2,200
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$3,790**

$5000 Deductible Plan

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$5,000
Specialist	$0
Hospital (facility)	$0
Other	$0

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	**$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$5,000
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$5,060**

$6000 Deductible Plan

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$6,000
Specialist copayment	$80
Hospital (facility) copay/coins.	$250 + 10%
Other coinsurance	10%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	**$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$6,000
Copayments	$300
Coinsurance	$600
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$6,960**

Comparing Plans: Simple Fracture (*Cost Estimate)

$1500 Deductible Plan

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$1,500
Specialist copayment	$60
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	**$1,900**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$1,400
Copayments	$500
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,900**

$5000 Deductible Plan

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$5,000
Specialist	$0
Hospital (facility)	$0
Other	$0

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	**$1,900**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$1,900
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,900**

$6000 Deductible Plan

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$6,000
Specialist copayment	$80
Hospital (facility) copay/coins.	$250 + 10%
Other coinsurance	10%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	**$1,900**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$1,400
Copayments	$500
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,900**

What do you need to do now?

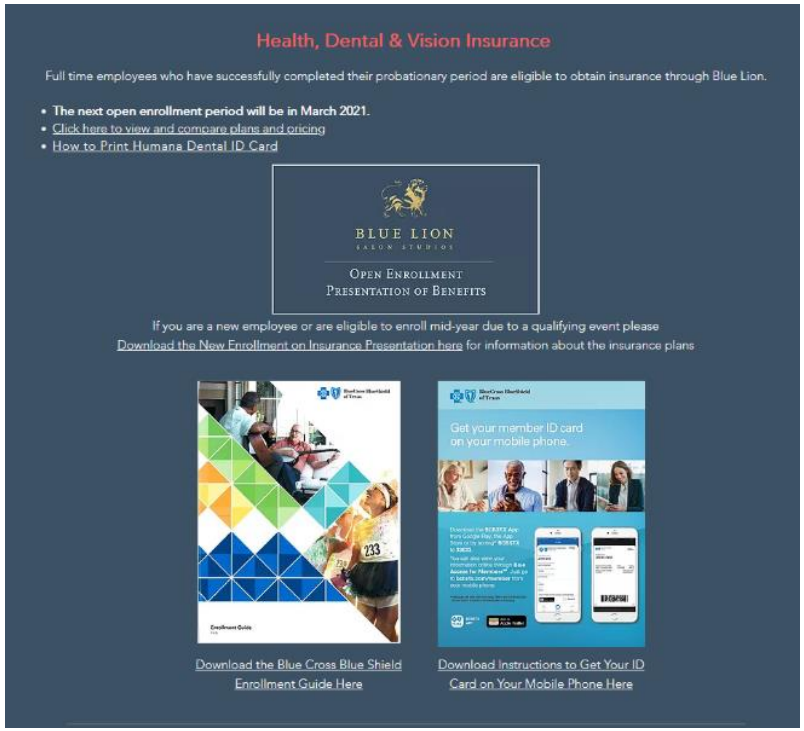
Your insurance application is due back no later than March 25th, even if you choose not to get the insurance!

Head over to the Employee Website, under the Employee Services section, choose Money & Benefits and scroll down to the Health, Dental & Vision Insurance section.

- Each plan offered has an additional information packet available, to access, click View Plan Information.
- The Application can be downloaded by clicking the Download Application button.
- To find the rates of each plan click the Pay Period Cost Calculator link.

If you are enrolling in Dental or Vision for the first time, you will also need to fill out the application for Humana.

If you are already enrolled, you will automatically be renewed on the plan, unless you cancel.



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