



Human Resources Department

MEMO

To: Healthcare Eligible Retirees and Beneficiaries

From: St. Clair County Human Resources Department

Date: Friday, October 30th, 2020

Re: Retirement Healthcare Plan Changes effective January 1st, 2021

In 2018, The St. Clair County Board of Commissioners reviewed a number of Blue Cross Blue Shield plan change options. There was one change implemented to the retiree health care for both Medicare Advantage members and under 65 Commercial members for the 2020 plan year. There will be <u>one change</u> for 2021. As of January 1st, 2021 the annual deductible amount will increase from \$750 to \$1,000. Again, this will be the only plan change for 2021. Information has also been included in the monthly retiree newsletter. An overview of the benefit changes for both plans for the upcoming year can be found on the reverse side of this page.

Information regarding the plan changes, including the materials that were presented in 2018 can be found at the St. Clair County website www.stclaircounty.org under Departments, Retirement System, Retiree Health Care—Talking Points.

Please note:

- * The Medtipster discount drug program will continue for all eligible members.
- * Members will <u>not</u> be receiving new ID cards. You will continue to use the same Blue Cross Blue Shield ID card
- * The plan benefit changes will be implemented on January 01, 2021 by Blue Cross Blue Shield to all individuals currently enrolled with no action to be required by retirees and/or beneficiaries.

St Clair County					St Clair County		
2021 BCBS <u>Medicare Advantage Plan</u> Option Plans/Rates: MAPD Current Effective 01/01/2021					2021 BCBS Early Retiree-Under 65 Option		
Plans/Rates: Medical Benefits:	In-	Out-of- Network	In- Network	Out-of- Network	Plans/Rates:	Current	2021
РРО	Active		Active		In Network Medical Benefits: Effective 01/01/2021		
Deductible	\$750		\$1,000		Deductible	\$750/\$1,500	\$1,000/\$2,000
% Сорау	10%	20%	10%	20%	Percent Coinsurance	20%	20%
OOPM	\$2,500	\$5,000	\$2,500	\$5,000	Annual Percent Coinsurance Maximum-applies to coinsurance for all covered services-including mental health and substance use disorder services-but does not apply to fixed dollar copays and private duty nursing coinsurance.	\$1,750/\$3,500	\$1,500/\$3,000
Office Visit	\$25	\$40	\$25	\$40			
Chiropractic Office Visit	\$20	\$40	\$20	\$40			
Specialist Services	\$25	\$40	\$25	\$40			
Urgent Care	\$25	\$25	\$25	\$25			
Emergency Room	\$75	\$75	\$75	\$75	Physician Office Visit Copay	\$25	\$25
Ambulance Services	\$75	\$75	\$75	\$75	Urgent Care Copay	\$25	\$25
Surgical Services	Ded, Coins, OOPM		Ded, Coins, OOPM		Emergency Room Copay	\$75	\$75
Preventive Services	Covered 100%		Covered 100%		Chiropractic Office Visit Copay	\$20	\$20
Silver Sneakers	Included		Included		# of Chiro Visits Annually Per Member	24	24
Enhanced Chriopractic Services	Not Included		Not Included				
Prescription Drug Benefits:	Standard	Preferred	Standard	Preferred	# of Outpatient Physical, Speech and Occupational	60	60
Tier 1: Preferred Generic up to 31 days	\$15	\$10	\$15	\$10	Therapy Visits Annually Per Member		
Tier 2: Non Preferred Generic up to 31 days Copay	\$15	\$10	\$15	\$10			
Tier 3: Preferred Brand up to 31 days Copay	\$50	\$45	\$50	\$45	Prescription Drug Ben	efits:	
Tier 4: Non Preferred Brand Drugs up to 31 days Copay	\$100	\$95	\$100	\$95	Tier 1: Generic Copay up to 30 days	\$15	\$15
Tier 5: Specialty Drugs up to 31 days Copay, 90 day supply not available	\$100	\$95	\$100	\$95	Tier 2: Preferred Brand Copay up to 30 days Copay	\$50	\$50
90 Day RX Copays	2x (not available for tier 5)		2x (not available for tier 5)		Brand Copay up to 30	\$100	\$100
JU Day NA COPAYS					90 Day Prescription	Two Times	Two Times