



**Pyramid Healthcare**

AN INTEGRATED BEHAVIORAL HEALTHCARE SYSTEM



# 2024 Employee Benefits Enrollment

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# Quantum Health

**Quantum Health Care Coordinators are here for you!** Your dedicated team of benefit experts are here to help you save time and make the most of your benefits.

Quantum can help you get the most out of you benefits by:

- Reviewing Your Care Options – **Yes, during Open Enrollment too!**
- Answering claims, billing and benefits questions
- Finding United Healthcare In-Network Providers
- Contacting Providers and Coordinate Your Treatment

**How to contact Quantum:** 

Call 844-460-2782 8:30 am-10 pm (EST) | visit [pyramid.quantum-health.com](https://pyramid.quantum-health.com) | Download the mobile app by scanning the QR code



# Pyramid Benefit Website

This website provides a one stop shop for all your needs, including benefits, wellness programs, contacts, leaves, and much more!

The benefits website is available 24/7, 7-days per week from your computer or smart phone. Bookmark the site and visit it as often as you have a benefits question.



<https://pyramidhcbenefits.com>



Administered by  
UMR and EmpiRx

# MEDICAL/RX



# Medical/Rx – Definitions

<b>Copay</b>	Flat dollar amount member is responsible for at the time of service. The plan usually pays 100% of the remaining balance.
<b>Deductible</b>	Amount member is responsible for <u>before</u> the plan pays for certain services.
<b>Coinsurance</b>	Percentage of payment shared between the member and the plan for certain services after the deductible has been met.
<b>Out-of-Pocket Maximum</b>	Member total payments for deductible, coinsurance and copays to stated maximum per plan year. Once reached, the plan will pay 100% for eligible expenses for the rest of the plan year.
<b>High Deductible Health Plan (HDHP)</b>	Qualified plan as defined by the IRS. No first dollar benefits, all services are subject to the deductible before the plan will pay. Exception is Routine Preventive Care as defined by the IRS.
<b>HSA – Health Savings Account</b>	Tax Free account that is established by the employee that is covered by a High Deductible Health Plan (HDHP).
<b>Network Provider</b>	Medical and pharmacy providers that have contracted with the plan to provide lower out-of-pocket costs for members.

# Plan Deductibles

FAMILY DEDUCTIBLE:  
Premium **PPO** and **Value Plan** vs. **Base Health Savings Plan**

If you are enrolled in the Premium **PPO Plan** or **Value Health Savings Plan** with dependents, each family member must only satisfy the individual deductible before the plan pays coinsurance

If you are enrolled in the **Base Health Savings Plan**, the whole family must meet the family deductible before the plan pays coinsurance

# Medical/Rx – Plan Highlights

Administered by **UMR**, a United Healthcare Company

	UMR		
	Value HSA Plan	Base HSA Plan	Premium PPO Plan
<b>Annual Deductible</b>			
Individual	\$5,000	\$2,500	\$2,000
Family	\$10,000	\$5,000	\$4,000
Coinsurance	You pay 30%	You pay 20%	You pay 10%
<b>Maximum Out-of-Pocket*</b>			
Individual	\$6,900	\$6,900	\$6,600
Family	\$13,800	\$13,800	\$13,200
<b>Physician Office Visit</b>			
Primary Care	30% after deductible	20% after deductible	\$30 copay
Specialty Care	30% after deductible	20% after deductible	\$45 copay
<b>Preventive Care</b>			
Adult Periodic Exams	Covered 100%	Covered 100%	Covered 100%
Well-Child Care	Covered 100%	Covered 100%	Covered 100%
<b>Diagnostic Services</b>			
X-ray and Lab Tests	30% after deductible	20% after deductible	10% after deductible
Complex Radiology	30% after deductible	20% after deductible	10% after deductible
Urgent Care Facility	30% after deductible	20% after deductible	\$55.00 copay
Emergency Room Facility Charges	30% after deductible	20% after deductible	100% after \$200.00 copay (waived if admitted)
Inpatient Facility Charges	30% after deductible	20% after deductible	10% after deductible
Outpatient Facility and Surgical Charges	30% after deductible	20% after deductible	10% after deductible
<b>Mental Health</b>			
Inpatient	30% after deductible	20% after deductible	10% after deductible
Outpatient	30% after deductible	20% after deductible	10% coinsurance, deductible does not apply
<b>Substance Abuse</b>			
Inpatient	30% after deductible	20% after deductible	10% after deductible
Outpatient	30% after deductible	20% after deductible	10% coinsurance, deductible does not apply



# Prescription Plan Highlights

Administered by **EmpiRx**

	EmpiRx		
	Value HSA Plan	Base HSA Plan	Premium PPO Plan
Generic (Tier 1)	\$10 after deductible	\$10 after deductible	\$10
Preferred (Tier 2)	\$80 after deductible	\$80 after deductible	\$80
Non-Preferred (Tier 3)	\$130 after deductible	\$130 after deductible	\$130
Preferred Specialty (Tier 4)	\$180 after deductible	\$180 after deductible	\$180
<b>Mail Order Pharmacy (90 Day Supply)</b>			
Generic (Tier 1)	\$20 after deductible	\$20 after deductible	\$20
Preferred (Tier 2)	\$160 after deductible	\$160 after deductible	\$160
Non-Preferred (Tier 3)	\$260 after deductible	\$260 after deductible	\$260
Preferred Specialty (Tier 4)	N/A	N/A	N/A



# Preventive Care

**PREVENTIVE CARE** – Covered at 100% on all medical plan options. The following services are covered at 100% by UMR prior to your preventive care visit:

## **Routine preventive for Children\***

Appropriate screenings based on gender and age

- » Newborn visits
- » Tuberculosis testing
- » Anemia testing
- » Lead exposure
- » Pelvic exam and pap test
- » Development and behavior
- » Lipid profile
- » Depression
- » Obesity and counseling
- » Nutrition counseling

\*Birth to age 18

## **Routine preventive for Adults**

Appropriate screenings based on gender and age

- » Lipid profile
- » Diabetes
- » Pelvic exam and pap testing
- » Breast exam and mammogram
- » Bone density testing
- » Colonoscopy
- » Aortic aneurysm

# What Plan Do I Choose?

- Review your prior year's medical expenses
- Review your total claim costs
- Ask yourself these questions:
  - » Do I anticipate any surgeries or hospitalizations for me or my family in the upcoming year?
  - » Do I prefer a higher deductible with a lower payroll deduction?
  - » Am I prepared to pay the high deductible in case of an unexpected medical event?

# HDHP vs. Health Savings Account (HSA)

## **High Deductible Health Plan**

- Medical Plan
- Deductibles
- No Medical Copays
- Provides Insurance Protection



## **Health Savings Account**

- Bank Account
- You Own It
- You Keep It
- It Rolls Over To Future Years



# Am I Eligible For An HSA?

Are you covered on a High Deductible Health Plan?

**YES**

**NO**----->

Have you been enrolled in Medicare, Tricare, VA in the last 3 months?

**NO**

**YES**----->

Are you claimed as a dependent on another person's tax return?

**NO**

**YES**----->

Do you or your spouse have a Flexible Spending Account (FSA)?

**NO**

**YES**----->

**You qualify for A Health Savings Account!**

Sorry!  
You are not eligible for an HSA

An HSA is a tax benefit heavily regulated by the IRS. There are certain requirements to be considered qualified

You are still eligible to participate in an HDHP, but you are not able to fund an HSA

# About your HSA

Administered by **Wex**

Here is a list of some of the items you can use your HSA funds for:

- ✓ Prescription drugs and copays
- ✓ Eyeglasses
- ✓ Flu shots
- ✓ Doctor's office visits and copays
- ✓ Breast pumps
- ✓ Chiropractor
- ✓ Dental treatments

To see a complete listing visit: [www.wexinc.com](http://www.wexinc.com)

# How Much Can I Contribute to my HSA?

2024 HSA	Employee Only	Family Coverage
<b>IRS</b> Contribution Limits	\$4,150	\$8,300
Pyramid Healthcare Contribution	\$400*	\$750*
<b>Your</b> Maximum Contribution	\$3,750	\$7,550
Age 55-65 Catch Up Contribution	\$1,000	\$1,000

*\* Pyramid Healthcare will contribute to employees' HSA accounts evenly across 24 pay periods annually.*

Administered by WEX

# SPENDING ACCOUNTS



# Flexible Spending Accounts (FSA)

Administered by **Wex**

A flexible spending account (FSA) is an account that you can use to pay medical and dependent care.

- » This account helps offset your medical and dependent care costs by giving you tax advantages, allowing your income to stretch farther by using the dollars that would have otherwise been paid in taxes.

BUT there are still a few rules:

- » You must be eligible to have an FSA
- » You must spend the dollars on qualified expenses and keep itemized receipts.

Two Types of Flexible Spending Accounts:

- » Health Care
- » Dependent Care



# Health Care FSA

- Helps to reduce out-of-pocket expenses for medical, dental and vision expenses
- Maximum annual contribution of \$3,200 per year
- Up to \$640 can carry over to the following year

**\$640 Carryover**



For:  
Premium **PPO Plan**

# Dependent Care FSA

- Dependent Care FSA annual maximum - \$5,000
- This program lets you pay for certain IRS-approved dependent daycare expenses with pre-tax dollars.
- ONLY amounts payroll deducted to date is available for distribution
- Rollover provision does not apply. Use it or lose it rule applies.
- Eligible for care while parents are at work or school.
- Some examples include:
  - » Daycare for dependent children to age 13
  - » Adult daycare
  - » Before and after school programs
  - » Camps



For:  
Premium **PPO Plan**

Administered by United Healthcare

# DENTAL

# Dental Plan Highlights

Administered by **United Healthcare**

Services	United Healthcare High Plan	United Healthcare Low Plan
Annual Deductible (Basic & Major Services) Individual Family	\$50 \$150	\$75 \$225
Preventative Services	100%	80%
Basic Services	Plan pays 80%	Plan pays 80%
Major Services	Plan pays 50%	Plan pays 50%
Annual Benefit Maximum	\$2,000	\$1,500



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Administered by  
National Vision Administrators (NVA)

# VISION



# Vision Plan Highlights

Administered by **National Vision Administrators (NVA)**

Services	In-Network	Out-Of-Network
Exams	\$10 copay	Up to \$30 reimbursement
Frames	Up to \$150 retail allowance, then 20% discount off the remaining balance	Up to \$30 reimbursement
Lenses <ul style="list-style-type: none"> <li>• <b>Single</b></li> <li>• <b>Lined Bifocal</b></li> <li>• <b>Lined Trifocal</b></li> <li>• <b>Lenticular</b></li> </ul>	\$10 copay	Up to \$25 reimbursement Up to \$35 reimbursement Up to \$45 reimbursement Up to \$60 reimbursement
Contacts: Elective	Up to \$150 retail allowance	Up to \$75 retail allowance
Evaluation/Fitting	<b>Daily Wear:</b> 100% covered <b>Extended Wear:</b> 100% <b>Covered Specialty:</b> 100% after \$20 copay	<b>Daily Wear:</b> \$20 <b>Extended Wear:</b> \$30 <b>Covered Specialty:</b> \$30

Administered by Lincoln Financial Group

# LIFE AND AD&D DISABILITY



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# Basic Life and AD&D Highlights

Pyramid Healthcare is pleased to provide an Employer Paid Life and Accidental Death and Dismemberment (AD&D) benefit to all eligible employees.



**Don't forget to update your beneficiary in UKG**

Paid for by Pyramid Healthcare!



# Voluntary Life and AD&D Highlights

## **Supplemental Life:**

Purchase additional coverage in increments of \$10,000 up to the lesser 5 times your salary or \$500,000

Guarantee Issue Amount is the lesser of 3 times your salary or \$250,000

## **Supplemental Spousal Life:**

Purchase coverage for your spouse in increments of \$5,000 up to \$250,000, not to exceed 50% of the employee's supplemental election

Guarantee Issue Amount is \$25,000

## **Supplemental Child Life:**

Purchase coverage for your dependent child aged 6 months to 1 year up to \$1,000

Purchase coverage for your dependent child over 1 year of age up to \$10,000

Guarantee Issue Amount is \$10,000

**NOTE: Lincoln will offer a 1-time open enrollment up to the guarantee issue amount for the initial enrollment**

Optional Coverage - Paid by Employee



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# Voluntary Short-Term Disability Highlights

## Voluntary STD (paid by you through payroll deduction)

Weekly benefit amount	60% of your weekly salary, limited to \$1,500 per week
Maximum coverage period	13 weeks

### Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.
- Benefits are payable after a period of 14 calendar days due to injury or sickness.

Optional Coverage - Paid by Employee



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# Voluntary Long-Term Disability Highlights

<b>Voluntary LTD</b> (paid by you through payroll deduction)	
Monthly benefit amount	65% of your monthly salary, limited to \$3,000 per month
Elimination period	After the end of your short-term disability or a period of 90 days of disability, whichever is greater

## Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.

## Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness; 24 months for substance abuse.

Age at Disability	Maximum Benefit Period
Less than age 60 -----	Greater of Social Security Normal Retirement age or to age 65 (but not less than 5 years)
60 -----	60 months
61 -----	48 months
62 -----	42 months
63 -----	36 months
64 -----	30 months
65 -----	24 months
66 -----	21 months
67 -----	18 months
68 -----	15 months
69 and over -----	12 months

Optional Coverage - Paid by Employee



Administered by Lincoln Financial Group

# ADDITIONAL BENEFITS



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# Voluntary Accident Insurance Highlights

Below is an example of some of the payouts you will receive if you elect this plan\*:

- Emergency Care/Treatment \$200
- Finger Fracture \$125
- Leg Fracture (knee to ankle) \$2,250
- Concussion \$200
- Dislocated Hip \$2,625
- Accident Hospital Admission \$1,250
- Emergency Ambulance \$300

\*Benefits listed are based on the High Plan



Optional Coverage - Paid by Employee

# Voluntary Critical Illness Insurance Highlights

	Employee	Spouse	Dependent Child(ren)
Guaranteed Coverage Amount	\$15,000 or \$30,000	\$7,500 or \$15,000 <i>(up to 50% of employee covered amount)</i>	\$7,500 or \$15,000 <i>(up to 50% of employee covered amount)</i>

This plan also includes a \$50.00 wellness benefit

Optional Coverage - Paid by Employee



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# Voluntary Hospital Indemnity Highlights

You can receive lump-sum cash benefits for the following\*:

- Hospital Admission
- Hospital Confinement
- ICU Admission
- ICU Confinement
- Newborn Care

\*This list is not all inclusive



Optional Coverage - Paid by Employee

# ENROLLMENT PROCESS





# How to Enroll using UKG

Log into <https://pyramidhc.ultipro.com/> or use the quick link on your Okta Dashboard.

- » Menu → Myself → Benefits → Manage My Benefits
- » Select “Get Started” and the My Profile Page will appear
- » On the My Profile page confirm your information is accurate
- » Review My Family and confirm dependents information
- » Next “Shop For Benefits”>New Enrollments>Shop Plans
- » Select your plans (UPDATE CART) or decline coverage
- » Update/Confirm your Beneficiaries
- » Select “Review and Checkout”



# Life Event Plan Changes

You are **only** able to add or drop coverage during the plan year if you have a federal qualified event such as:

- » Change in marital status
- » Change in number of dependents
- » Change in employment status
- » Change in eligibility status

Any changes made must be consistent and correspond with the change in status.

Documentation is required for any mid-year status changes.

If you are making a mid-year plan change you must notify Human Resources within 30 days of the qualifying event.

# Dependent Verification

To ensure we are providing **you** with the best quality and most affordable employee benefits, Pyramid Healthcare will be partnering with **BMI** to conduct a dependent verification.

If you have a dependent on the Pyramid Healthcare medical plan you will receive a letter in the mail from **BMI** requesting information such as birth certificates or marriage licenses to verify dependent eligibility for Pyramid Healthcare's medical benefits.

It will be your responsibility to send in the verification documents requested to **BMI** in a timely manner.

# QUESTIONS





**Pyramid Healthcare**

AN INTEGRATED BEHAVIORAL HEALTHCARE SYSTEM



**THANK YOU**



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