



2021 Health Plan Summary

PBA (HRA) ACCOUNT (provided by Bellin)	HEALTH ASSESSMENT (HA) AND WELLNESS STATEMENT COMPLETED	\$400/\$800
	HEALTH ASSESSMENT (HA) AND/OR WELLNESS STATEMENT NOT COMPLETED	NONE

MEDICAL PLAN HIGHLIGHTS

(Partial listing of covered services)	In-Network Tier 1 <i>(Bellin Health and ThedaCare ACO Network Providers, Froedtert and Children's Hospital)</i>	In-Network Tier 2 <i>(Aurora, UW Madison, Dickinson (DCH), Escanaba (OSF) and Cigna Wrap Providers)</i>	Out-Of-Network Tier 3
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Deductible and Out-of-Pocket			
Lifetime maximum	Unlimited	Unlimited	Unlimited
Annual deductible	\$2,250 per person; \$4,500 per family	\$4,000 per person; \$8,000 per family	\$ 5,000 per person; \$10,000 per family
Annual out-of-pocket maximum	\$4,500 per person; \$9,000 per family	\$ 5,300 per person; \$10,600 per family	\$ 9,000 per person; \$18,000 per family
Separate Rx out-of-pocket maximum	\$2,600 per person; \$5,200 per family		N/A – Not Covered

Preventive Health Care			
Routine physical and eye examinations	100% coverage	100% coverage	50% coverage after deductible
Routine Colonoscopy (outpatient) <i>HealthPartners Standard routine coverage, includes scopes with polyp removal</i>	100% coverage	100% coverage	50% coverage after deductible
Prenatal, postnatal care* and well child care <i>*Routine prenatal visits including routine labs/pregnancy tests and first ultrasound paid at 100% with In-Network provider. All other follows Office Visits for Primary, Specialty Care and Outpatient Care below.</i>	100% coverage	100% coverage	50% coverage after deductible
Immunizations	100% coverage	100% coverage	50% coverage after deductible

Office Visits			
Primary Care (Sick/Illness/Injury)	<u>Bellin Primary Care:</u> 100% coverage; no deductible (includes labs) <u>All other Tier 1 Primary Care:</u> 85% coverage after deductible	60% coverage after deductible	50% coverage after deductible
Specialty Care	75% coverage after deductible	60% coverage after deductible	50% coverage after deductible
Mental/chemical health care	85% coverage after deductible	60% coverage after deductible	50% coverage after deductible
Physical, occupational and speech therapy ¹ <i>Does not include Habilitation services, coverage same as for "Other Tier 1 providers", annual limits apply.</i>	<u>Bellin PT/OT¹:</u> 100% coverage; no deductible <u>All other Tier 1 providers:</u> 75% coverage after deductible	60% coverage after deductible	50% coverage after deductible

Also see "Additional Plan Information" on pages 3- 4.

More information about the plan including a listing of in-network providers is available online. Link to HealthPartners website available at BellinBenefits.org, or contact Member Services at 952-883-7000 or 866-443-9352 (7am – 7pm, Mon-Fri).



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	In-Network Tier 1 <i>(Bellin Health and ThedaCare ACO Network Providers, Froedtert and Children's Hospital)</i>	In-Network Tier 2 <i>(Aurora, UW Madison, Dickinson (DCH), Escanaba (OSF) and Cigna Wrap Providers)</i>	Out-Of-Network Tier 3
(Partial listing of covered services)			
Office Visits (cont'd)			
Chiropractic care (neuromusculo-skeletal conditions only)	75% coverage after deductible	60% coverage after deductible	50% coverage after deductible
Allergy injections <i>²Not available at all Bellin Primary Care offices.</i>	Bellin Primary Care: 100% coverage; no deductible² <u>All other Tier 1 Primary care:</u> 85% coverage after deductible <u>Other Tier 1 specialty care:</u> 75% coverage after deductible	60% coverage after deductible	50% coverage after deductible
Convenience Care			
Convenience clinics (retail clinics)	Bellin FastCare: 100% coverage, no deductible <u>All other Tier 1:</u> 85% coverage after deductible	60% coverage after deductible	50% coverage after deductible
Online care/Virtual Visits	Bellin E-Visits/Video Visits: 100% coverage, no deductible <u>All other Tier 1:</u> 85% coverage after deductible	60% coverage after deductible	No Coverage
Emergency Care			
Urgently needed care at an urgent care clinic or medical center <i>³Does not include Bellin Urgent Care at Oconto Hospital Medical Center. Coverage same as for "Other Tier 1 providers", annual limits apply.</i>	Bellin Urgent Care³ or Primary Care: 100%, no deductible (includes labs) <u>All other Tier 1:</u> 85% coverage after deductible	60% coverage after deductible	50% coverage after deductible
Emergency care at a hospital ER	85% coverage after deductible	See Tier 1 coverage	See Tier 1 coverage
Ambulance	85% coverage after deductible	See Tier 1 coverage	See Tier 1 coverage
Inpatient Hospital Care			
Illness or injury	85% coverage after deductible	60% coverage after deductible Emergency: See Tier 1 coverage	50% coverage after deductible Emergency: See Tier 1 coverage
Mental/chemical health care	85% coverage after deductible	60% coverage after deductible	50% coverage after deductible
Outpatient Care			
Scheduled outpatient procedures	85% coverage after deductible	60% coverage after deductible	50% coverage after deductible
Outpatient MRI and CT	85% coverage after deductible	60% coverage after deductible	50% coverage after deductible
Durable Medical Equipment			
Durable Medical Equipment and prosthetic devices	85% coverage after deductible	60% coverage after deductible	50% coverage after deductible

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Retail Pharmacy – Preferred Rx Formulary			
Generic from the formulary	\$10 copay at Bellin, Walmart and Meijer <i>(Meijer Green Bay location only)</i>	\$35 copay at all other in-network pharmacies	50% coverage after deductible
Brand from the formulary	\$30 copay or 35% whichever is greater, up to a \$165 max per script at Bellin, Walmart and Meijer <i>(Meijer Green Bay location only)</i>	\$80 copay or 40% whichever is greater, up to a \$200 max per script at all other in-network pharmacies	50% coverage after deductible
Specialty	\$300 copay		Not available
Mail Order Pharmacy – Preferred Rx Formulary (90-Day Supply)			
Generic from the formulary	\$25 copay		Not available
Brand from the formulary	\$75 copayment or 35%, whichever is greater, up to a \$495 max per script		Not available

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2021 HEALTH PLAN PREMIUMS

2021 Total Monthly Cost (Employer and Employee)		
Single		\$649.30
Employee + 1		\$1,443.59
Family		\$1,757.71
Employee Premiums	Regular Full-time	Regular Part-time
Premium A (Steps 1-3 of Bellin Wellness Rewards completed)	Monthly (per pay period)	Monthly (per pay period)
Single	\$103.89 (\$ 47.95/pp)	\$207.78 (\$ 95.90/pp)
Employee + 1	\$230.97 (\$106.60/pp)	\$461.95 (\$213.21/pp)
Family	\$281.23 (\$129.80/pp)	\$562.47 (\$259.60/pp)
Premium B (Steps 1 and 2 of Bellin Wellness Rewards completed)	Monthly (per pay period)	Monthly (per pay period)
Single	\$145.56 (\$ 67.18/pp)	\$249.45 (\$115.13/pp)
Employee + 1	\$272.64 (\$125.83/pp)	\$503.62 (\$232.44/pp)
Family	\$322.90 (\$149.03/pp)	\$604.14 (\$278.83/pp)
Premium C** (Step 1 or Step 2 of Bellin Wellness Rewards <u>not</u> completed)	Monthly (per pay period)	Monthly (per pay period)
Single	\$276.02 (\$127.39/pp)	\$379.91 (\$175.34/pp)
Employee + 1	\$403.10 (\$186.05/pp)	\$634.08 (\$292.65/pp)
Family	\$453.36 (\$209.24/pp)	\$734.60 (\$339.05/pp)

(Full-time = .8 – 1.0 FTE, Regular Part-time = .5 - .7 FTE)

Both employee and spouse (if enrolled) must earn the same premium level by participating in the Bellin Wellness Rewards.

Additional Plan Information:

Coverage is effective the first of the month following date of employment or change in status from an ineligible to eligible classification. Coverage ceases on the last day worked or last day worked in an eligible classification. To make changes to coverage due to a qualifying event during the calendar year, employees will need to submit a Life Event in Employee Space (Infor) within 30 days of date of the qualifying event.

****All employees will start in Premium Level C (highest cost without PBA/HRA funds). In order to move to a lower premium level and receive the PBA/HRA contribution from Bellin, employee and spouse (if enrolled) must participate in the Bellin Wellness Rewards. Note the PBA/HRA funds received are prorated at time of enrollment occurring after January 1st. See Bellin Wellness Rewards information the next page.**



Additional Plan Information (cont'd):

BELLIN WELLNESS REWARDS PROGRAM

New Hires/Newly Eligible in 2021:

Move from the highest cost premium with no PBA/HRA Funds (Premium C) to the lowest cost premium with PBA/HRA Funds (Premium A) by completing the Bellin Wellness Rewards as shown below. **Note: Steps 1 and 2 must be completed within 90 days of date of hire/date of eligibility in order to earn a lower premium and PBA/HRA funds for the remainder of 2021.** New Hires/Newly Eligible employees that complete Steps 1 and 2 within 90 days of date of hire/date of eligibility will move directly to Premium A (lowest cost) for the remainder of 2021.

2021 Health Plan Premium Levels

	Premium C	Highest Cost, no PBA Funds 	1) Health Assessment and/or 2) Wellness Statement <u>not</u> completed Complete steps 1 and 2 within 90 days of date of hire/date of eligibility.
	Premium A	Lowest Cost, with PBA Funds 	✓ 1) Health Assessment (100 points)+ ✓ 2) Wellness Statement+ ★ Move to Premium A, for remainder of 2021, if completed within 90 days of date of hire/date of eligibility.
	Premium A (for 2022)	Lowest Cost, with PBA Funds 	✓ 1) Health Assessment (100 points)++ ✓ 2) Wellness Statement++ ✓ 3) Wellness Activities (100 points)++ ★ Move to Premium A for next year (2022), if completed by annual deadline November 12.

+Steps 1) and 2) must be completed within 90 days of date of hire/newly eligible to earn Premium A for remainder of 2021.

++Steps 1-3 must be completed by November 12, 2021 (annual deadline), to earn Premium A for 2022.

Note: Program must be completed by both employee and spouse to earn lower premium.

See more information about completing the Bellin Wellness Rewards on the New Hires & Newly Eligible page on BellinBenefits.org. The Bellin Wellness Rewards is an annual program employees and spouses (if enrolled) may participate in to earn a lower premium for the next plan year.

PBA/HRA Funds

The Personal Benefit Account (PBA/HRA) Funds are a Health Reimbursement Account funded by Bellin. Employees earn HRA/PBA funds by participating in the Bellin Wellness Rewards program. HRA/PBA are automatically used to pay claims applied toward annual deductible. If you or your spouse are also covered by another insurance plan, you will need to turn off the auto-pay feature or PBA/HRA funds will be used prior to secondary coverage and may not be refunded. Unused PBA/HRA balances will rollover from year to year.

Spouse Fee

An additional fee of \$100.00 (Spouse Fee) per pay period will be charged if spouse is enrolled on Bellin's health plan and does not enroll in his/her employer health plan, if coverage is offered. No additional fee will be charged if spouse's employer does not offer health insurance, spouse is unemployed, spouse is retired, self-employed or if spouse enrolls in Bellin's health plan as secondary coverage (to be verified on the Spouse Medical Insurance Coverage Statement available on BellinBenefits.org).

Out-of-Network Services

Out-of-network (Tier 3) coverage is based on reasonable and customary charges and Plan members may be responsible for amounts that exceed usual and customary charges, even after meeting annual deductible/max out-of-pocket.

Other Information

Bellin's Health Plan is not considered a qualified High Deductible Health Plan and is not HSA (Health Savings Account) compatible.

This constitutes only a summary of the Health plan involved. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions. There is no guarantee, expressed or implied by Bellin Health or vendors of plan provisions or level of payments.

Link to HealthPartners website and additional plan information is available at BellinBenefits.org. Questions may be directed to the Human Resources Benefits Team at employeebenefits@bellin.org or (920) 445-7240.