



HEALTH AWARENESS

January 2024

HEALTHY LOCAL GOVERNMENTS, RENEWED COMMITMENTS: 2024 MEMBERSHIP RENEWAL

The County Health Pool (CHP) held its annual Board of Directors and Membership renewal meeting on September 7, 2023. Due to the growth of Membership enrollment, high inflation, and the rise of healthcare costs, the meeting was very well attended with a robust discussion. The Board reinforced their commitment to balancing the need for quality healthcare with affordability for Members by exploring cost-sharing options, favorable rate negotiations, and implementing cost-control measures. Historically, the CHP has experienced less than the national average increase and as a result, maintained a nominal growth average over the past few years.

CHP RATE INCREASE FOR MEDICAL, DENTAL, VISION, AND LIFE

The CHP rate net increase for 2024 medical plans is 13%, which is inclusive of all costs within the pool, i.e. medical, prescriptions, ASO (Administrative Services Only agreement with Anthem), and Stoploss coverage. Necessary adjustments also required an 8% increase to our dental plans, but life and vision had no rate increase. Inflation, a rise in medical costs, delays in care during the pandemic, and the pool's claims utilization nearly doubling were all contributing factors in the CHP experiencing a higher-than-normal increase in 2024.

2024 MEMBER INPUT

As part of our ongoing commitment to providing the best possible health benefits, CTSI sends out an annual request to our entities for input on health benefits for the upcoming year. The feedback helps us explore our offerings to better meet the diverse healthcare needs of our community and ensure ongoing improvement. For 2024, we received requests for hearing aid coverage, bariatric surgery, infertility, and different tiers from our 2-3 tier options we currently offer. Due to the high cost of inflation and rising costs in healthcare, the CHP has determined to not make any benefit or plan changes for 2024. The seven health plans and tiers currently offered will continue to be available.

LEGISLATION UPDATES

- The Affordable Care Act (ACA) includes an employer affordability rate provision which saw a decrease in cost for the second year in a row. This amount will lower from 2023's 9.12% to 8.39% in 2024. The affordability percentage is used to determine the overall compliance with the employer mandate.
- The CHP will continue to pay the PCORI fee on behalf of our members for 2024. The Patient-Centered Outcomes Research Institute (PCORI) fee is imposed on certain health insurance policies and plan sponsors of self-insured health plans. The 2024 fee is \$3.22 per covered life for plan years ending October 2024 through December 2024.



- The CAA Gag Clause is a federal law requirement that stems from the Consolidated Appropriations Act of 2021. It prohibits health plans and issuers offering group health insurance from entering into agreements with providers or other service providers that include a “gag clause.” This could be a contractual term that directly or indirectly restricts specific data and information that a plan or issuer can make available to another party.
 - CTSI did opt into this clause as the CHP meets the definition of a non-federal governmental plan. We are in compliance and Anthem will report on our behalf.

ADVANTAGES OF MEMBERSHIP

County ownership of the Pool, combined with effective management, has made the CHP the best alternative for funding health benefits. The CHP is a non-profit, membership owned and operated pool, that is focused on long-term cost containment and patient access to quality healthcare. The CHP is not an insurance carrier, and we are able to provide exceptional, individualized customer service.

The advantage of pooling resources to meet health benefit needs has become even more important as health care costs soar. Unlike the private sector, profits are not drained out of the Pool. Instead, surplus is returned to CHP Members through equity credited to plan enhancements and cost containment. CTSI offers educational training annually on our operating policies, as well as orientation services and open enrollment training every year.

HOW TO MITIGATE RISING COSTS

Offsetting rising healthcare costs can be a complex challenge, but there are various strategies that individuals and employers can consider to manage and reduce these expenses. Here are some approaches:

- **Take advantage of HDHPs** – If you are in a HDHP plan, you have the opportunity to utilize a Health Savings Account (HSA) which can help offset costs in premiums/out of pocket expenses, while paying a lower monthly premium. Adding money to an HSA account with pre-tax dollars also lowers your taxable income.
- **Telemedicine** – Offered by Anthem and several providers, telehealth access provides the ability to meet with your provider virtually via video chat rather than going into a medical office. There are still office visit fees, but this option is often more accessible given busy schedules.
- **Care Cost Finder** – Free to Members and available through Anthem.com, the Care & Cost Finder tool offers convenient, easy access to finding providers and services at low-costs.
- **Preventative care** – Focus on preventive care to avoid major health issues that can be more expensive to treat. Adopting a healthy lifestyle can also reduce the risk of chronic diseases and the associated healthcare costs. Exercise regularly, maintain a balanced diet, and avoid risky behaviors.
- **Wellness programs** – Opportunities for wellness programs and incentives for healthy behaviors can be found through the Anthem.com website.
- **Rx programs** – STEP therapy, mail order, and dose optimization all help to lower costs in your prescription medication needs.

BENEFITS CORNER

A new year means health insurance deductibles reset. All deductibles and out-of-pocket maximums for medical, prescriptions, dental, and vision plans started anew on January 1, 2024. Once you meet your deductible, your insurance coverage typically begins, and you'll usually be responsible for copayments or coinsurance instead of the full cost of the service.

Members on PPO plans have a separate outpatient deductible for prescriptions; \$50 for PPO Plan A and \$75 for all other PPO Plans. A Summary of Benefits for 2024 is available [online](#) under the member only section.

NEW ID CARDS

There will be a delay in receiving new ID cards for 2024, which will be mailed as quickly as possible. ID cards are also available electronically at Anthem.com. Follow the steps below to create an account and access helpful resources:

- Go to Anthem.com and at the top right of the page, click the blue “Log In” button
- “For Members” should be highlighted, and below the orange “Log In” button is a “Register Now” link for those not yet signed up
- Use the Member ID option to create an account (select your identification type)
- Once registered, you can use your Anthem login to track your coverage, view claims and EOBs, check to see if certain medications and/or types of care are covered, track your deductible and OOP amounts, find in-network providers, order prescriptions, view referral statuses, etc.

As always, we are here to assist you with your health, dental, vision, or life insurance coverage. For more information, contact CTSI at (303) 861-0507.