

# Group Insurance Trust

2019

Annual Renewal/Enrollment



# 2019 GIT Annual Renewal/Enrollment

## Agenda

- Welcome
- Telemedicine
- Medical/HDHP Plan Benefit Changes
- Rx Options - Changes
- Benefit Plan Choices
- Process/Timing

# January 1<sup>st</sup>, 2019

All members of the Group Insurance Trust will be receiving Telemedicine benefits as a built in benefit. This new service is included with all health plans.



# 2019 GIT Annual Renewal/Enrollment

## Medical/HDHP Plan Benefit Changes

- Maximum Out Of Pocket Amounts
  - Changing/Increasing depending on Plan
- Co-pays (how it applies/changing)
  - ER, In-patient, Outpatient – depending on Plan
- Deductibles
  - In-net work/Out-of-Network – depending on Plan

Review Summaries &  
Contact GIT Team For More Detail

# 2019 GIT Annual Renewal/Enrollment

## Rx Options – Changes

- Simplified Number of Options/Choices
  - Eliminated 3 Choices:
    - \$10/25/40
    - \$5/25/50%, \$125 Max
    - \$5/25/50%, \$125 Max, \$100 Ded
- 7 Options/Choices Now Available

# 2019 GIT Annual Renewal/Enrollment

## Benefit Plan Choices

1. Medical/High Deductible Plans available; up to 8 plans available depending on Region in New York; a max of 4 Medical/HDHP Plans a dealer can choose
2. Prescription drug options, simplified choices; 7 options available
3. Three High Deductible Health Plans (HSA eligible)
4. All plans are very competitively rated in each of the 6 regional markets



# 2019 GIT Annual Renewal/Enrollment

## Ancillary Benefits from the GIT

### GIT Dental Plans (Can choose up to 2 plans)

a. **Guardian PPO Plan**

Orthodontia (up to age 19, \$1500 life-time benefit)

See any dentist

Maximum Benefit: \$1,500 annually per person

Greater Benefit inside Guardian network

b. **Indemnity Schedule (Fee) Plan**

Benefits are paid by procedure code according to fee(s) listed in Summary

Orthodontia (up to age 19, \$1200 life-time benefit)

Maximum Benefit: \$2200 annually per person

c. **Dental DHMO**

In-network plan only

Must have a dentist chosen to access/utilize benefits

Note: All Plans have “Carry-Over Benefit”



# 2019 GIT Annual Renewal/Enrollment

## Ancillary Benefits from the GIT

### Standalone Full Feature (Voluntary) Vision Plan

Covers: Glasses  
Frames  
Contact lenses  
Discounted laser correction surgery  
VSP Network

### **NYS Disability/Paid Family Leave**







NEW YORK STATE AUTOMOBILE DEALERS ASSOCIATION
GROUP INSURANCE TRUST (GIT)



2019 DEALER APPLICATION TO PARTICIPATE IN THE GIT
FOR EXCELLUS BLUECROSS BLUESHIELD; (SYRACUSE/SO. TIER-ROCHESTER)
MEDICAL/HDHP RATES GUARANTEED FOR 1 YEAR FROM EFFECTIVE DATE

Dealer Group# \_\_\_\_\_

The undersigned NYSADA member hereby applies to participation in the New York State Automobile Dealers Association Group Insurance Trust (GIT) for the Group benefit plans offered as indicated/selected below:

Grid of benefit plan options including Medical Plans, Other Benefit Plans, Dental Plans, and Voluntary Vision Plans.

Select only 1 Prescription Option (options reflect 30 day supply tier 1-3), for each medical (EPO, PPO, Hybrid) plan chosen. Check off choice next to medical plan in column for RX Option selected for that plan.

Table with 8 columns (OPTION 1-8) and 6 rows (Medical Plans, PPO Plan, EPO Co-Pay Plan, EPO 80/20 Coinsurance Plan, EPO \$1500/3000 Ded., HDHP Hybrid \$30 Copay).

The above Benefit Plan(s) selected is/are to be effective for employees on \_\_\_\_\_ (Please provide date requested)

Dealership: \_\_\_\_\_ (Show Full/Corporate and d/b/a Name)

Mailing Address: \_\_\_\_\_ (Number and Street Address, or P.O. Box where monthly premium bill/mail is to be sent)

\_\_\_\_\_  
(City, State and Zip) (County) (FEIN/Tax ID#)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dealer Contact Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Email: \_\_\_\_\_ Business Cell: \_\_\_\_\_

The Dealer is: (Please check off the appropriate choice(s) below and indicate the required information)

Replacing Benefit Plan(s) purchased through: \_\_\_\_\_

Adding/changing other GIT Benefit Plan(s) now offered as indicated above

\_\_\_\_\_

AUTO-RENEWAL - Check this box if you are not making any changes from 2018. Please execute below if this applies to you and only return this page.

If new application or making any benefit changes, contribution change or change to ee waiting period, please execute your signature on page 3 instead and send back all pages so GIT can update your coverage on file.

The GIT benefits coverage program is understood/agreed to be the sole Employee Group Benefit Program offered by the dealer/entity to all eligible employees, including owner(s).

\_\_\_\_\_  
Authorized Representative's Signature (Auto Renewal) Date

\_\_\_\_\_  
Print Name/Title Authorized Representative's Signature (Auto Renewal)

\_\_\_\_\_  
Formal Mailing Address for Bills and All Notices & Communications (Include City/Town, State & Zip Code)

NOTE: This is not a coverage document. This document is the Agreement between the GIT and Dealer/Entity Group(s).



# 2019 QTR 1 RATES

# Excellus



| GIT Medical Plans<br>2019 - QTR 1 Rates                          | RX OPTION 1<br>\$15/\$30/\$50 | RX OPTION 2<br>\$10/\$35/\$70 | RX OPTION 3<br>\$15/\$30/\$50<br>\$100 Deductible | RX OPTION 4<br>\$15/\$30/\$50<br>\$250 Deductible | RX OPTION 5<br>\$10/\$35/\$70<br>\$250 Deductible | RX OPTION 6<br>\$5/\$50/\$100<br>\$500 Deductible | RX OPTION 7<br>\$10 GENERIC<br>Rx ONLY |
|--|-------------------------------|-------------------------------|---|---|---|---|--|
| <b>PPO In/Out of Network Benefits</b>                            | <b>RX OPTION 1</b>            | <b>RX OPTION 2</b>            | <b>RX OPTION 3</b>                                | <b>RX OPTION 4</b>                                | <b>RX OPTION 5</b>                                | <b>RX OPTION 6</b>                                | <b>RX OPTION 7</b>                     |
| Employee Only  | \$ 833                        | \$ 819                        | \$ 817  | \$ 782  | \$ 774  | \$ 752  | \$ 711                                 |
| Employee w/Spouse  | \$ 1,669                      | \$ 1,640                      | \$ 1,635  | \$ 1,567  | \$ 1,551  | \$ 1,506  | \$ 1,425                               |
| Employee w/Child(ren)  | \$ 1,419                      | \$ 1,394                      | \$ 1,390  | \$ 1,332  | \$ 1,318  | \$ 1,280  | \$ 1,211                               |
| Family   | \$ 2,378                      | \$ 2,337                      | \$ 2,330  | \$ 2,232  | \$ 2,210  | \$ 2,146  | \$ 2,030                               |
| <b>EPO Copay Plan In-Network<br/>\$250/\$500 Embedded Ded.</b>   | <b>RX OPTION 1</b>            | <b>RX OPTION 2</b>            | <b>RX OPTION 3</b>                                | <b>RX OPTION 4</b>                                | <b>RX OPTION 5</b>                                | <b>RX OPTION 6</b>                                | <b>RX OPTION 7</b>                     |
| Employee Only  | \$ 778                        | \$ 765                        | \$ 763  | \$ 731  | \$ 723  | \$ 702  | \$ 664                                 |
| Employee w/Spouse  | \$ 1,557                      | \$ 1,530                      | \$ 1,525  | \$ 1,461  | \$ 1,447  | \$ 1,405  | \$ 1,329                               |
| Employee w/Child(ren)  | \$ 1,322                      | \$ 1,299                      | \$ 1,295  | \$ 1,241  | \$ 1,228  | \$ 1,193  | \$ 1,128                               |
| Family   | \$ 2,216                      | \$ 2,178                      | \$ 2,171  | \$ 2,080  | \$ 2,060  | \$ 2,000  | \$ 1,892                               |
| <b>EPO 80/20 Plan In-Network<br/>\$750/\$1,500 Embedded Ded.</b> | <b>RX OPTION 1</b>            | <b>RX OPTION 2</b>            | <b>RX OPTION 3</b>                                | <b>RX OPTION 4</b>                                | <b>RX OPTION 5</b>                                | <b>RX OPTION 6</b>                                | <b>RX OPTION 7</b>                     |
| Employee Only  | \$ 657                        | \$ 646                        | \$ 644  | \$ 617  | \$ 611  | \$ 593  | \$ 561                                 |
| Employee w/Spouse  | \$ 1,306                      | \$ 1,283                      | \$ 1,279  | \$ 1,226  | \$ 1,213  | \$ 1,178  | \$ 1,114                               |
| Employee w/Child(ren)  | \$ 1,110                      | \$ 1,091                      | \$ 1,088  | \$ 1,042  | \$ 1,032  | \$ 1,002  | \$ 948                                 |
| Family   | \$ 1,865                      | \$ 1,833                      | \$ 1,828  | \$ 1,751  | \$ 1,733  | \$ 1,683  | \$ 1,592                               |
| <b>EPO \$1,500/\$3,000 Embedded Ded.<br/>In-Network</b>          | <b>RX OPTION 1</b>            | <b>RX OPTION 2</b>            | <b>RX OPTION 3</b>                                | <b>RX OPTION 4</b>                                | <b>RX OPTION 5</b>                                | <b>RX OPTION 6</b>                                | <b>RX OPTION 7</b>                     |
| Employee Only  | \$ 647                        | \$ 636                        | \$ 634  | \$ 608  | \$ 601  | \$ 584  | \$ 552                                 |
| Employee w/Spouse  | \$ 1,360                      | \$ 1,336                      | \$ 1,332  | \$ 1,276  | \$ 1,263  | \$ 1,227  | \$ 1,160                               |
| Employee w/Child(ren)  | \$ 1,027                      | \$ 1,009                      | \$ 1,006  | \$ 964  | \$ 954  | \$ 927  | \$ 876                                 |
| Family   | \$ 1,812                      | \$ 1,781                      | \$ 1,776  | \$ 1,701  | \$ 1,684  | \$ 1,635  | \$ 1,547                               |
| <b>Simply Blue Hybrid</b>  | <b>RX OPTION 1</b>            | <b>RX OPTION 2</b>            | <b>RX OPTION 3</b>                                | <b>RX OPTION 4</b>                                | <b>RX OPTION 5</b>                                | <b>RX OPTION 6</b>                                | <b>RX OPTION 7</b>                     |
| Employee Only  | \$ 625                        | \$ 614                        | \$ 612  | \$ 586  | \$ 581  | \$ 564  | \$ 533                                 |
| Employee w/Spouse  | \$ 1,227                      | \$ 1,206                      | \$ 1,202  | \$ 1,152  | \$ 1,140  | \$ 1,107  | \$ 1,048                               |
| Employee w/Child(ren)  | \$ 1,065                      | \$ 1,047                      | \$ 1,044  | \$ 1,000  | \$ 990  | \$ 961  | \$ 909                                 |
| Family   | \$ 1,814                      | \$ 1,783                      | \$ 1,778  | \$ 1,703  | \$ 1,686  | \$ 1,637  | \$ 1,549                               |

### High Deductible Health Plan Options

| PPO HDHP (Low)<br>\$2,600 Individual/\$5,200 Family Ded. | RX \$5/\$35/\$70<br>After Ded. | PPO HDHP (High)<br>\$3,500 Individual/\$7,000 Family Ded. | RX \$5/\$35/\$70<br>After Ded. | Bronze Plan - In/Out of Network<br>\$6,350 Individual/\$12,700 Family Ded. | RX<br>After Ded. |
|--|--------------------------------|---|--------------------------------|--|------------------|
| Employee Only  | \$ 540                         | Employee Only   | \$ 495                         | Employee Only  | \$ 408           |
| Employee w/Spouse  | \$ 1,113                       | Employee w/Spouse   | \$ 1,007                       | Employee w/Spouse  | \$ 814           |
| Employee w/Child(ren)                                    | \$ 946                         | Employee w/Child(ren)                                     | \$ 846                         | Employee w/Child(ren)  | \$ 728           |
| Family   | \$ 1,580                       | Family  | \$ 1,520                       | Family   | \$ 1,150         |

#### Underwriting/Benefit Requirements:

NYS-45 required with documentation indicated on it; 75% Net Eligibles with waivers required; 2019 "Dealer Application To Participate Form" submitted; Active NYSADA membership paid is required at time of renewal or effective date of new coverage with the GIT; 1yr. Participation; Pay by the 10th of each month; 2% late fee on day 21 or \$25.00 flat fee, whichever applies. Participation lapses for non/partial payment on day 30/31; Max 30 day refund credit if applicable; Max 30 days retro add/drop per ACA; 30 hr/FT = eligible FTE per ACA.

**Specialty Drug Benefit:** The 7 GIT prescription options contain a 4th Tier for Specialty Drug copays. Specialty Copays are: Generic Specialty - \$300; Brand Formulary Specialty - \$500; and, Non-Brand Formulary- \$1000.

This rate sheet is for informational purposes only. Medical Benefits do NOT change based on RX option(s) selected. These rates are only applicable for dealers with up to 99 employees as according to the Federal ACA Regulations as executed and adopted by NYS up to this maximum employee count. Medical & High Deductible Plan deductibles are calendar year regardless of effective date and will reset 1/1 each year.



## 2019 GIT DENTAL PLANS & RATES

### RATES FOR DEALERS WITH > (MORE THAN) 40% PARTICIPATION

| <b>PPO HIGH OPTION PLAN, 100/80/50 &lt;40%</b>  |          | <b>SCHEDULE PLAN &lt;40%</b>   |         |
|---|----------|--|---------|
| Individual:   | \$40.71  | Individual:  | \$29.44 |
| Employee/ Spouse:   | \$83.37  | Family (2+):   | \$90.87 |
| E/Employee/Child(ren):  | \$86.70  |  |         |
| Family:   | \$136.03 |  |         |
| <small>Regional Adjusted Fee Paid To Dentists For Covered Dental Services: Out of Pocket Expenses Apply</small> |          | <small>Flat Fee Paid For Dental Procedures: Out of Pocket Expenses Apply</small> |         |

### RATES FOR DEALERS WITH > (LESS THAN) 40% PARTICIPATION

| <b>PPO HIGH OPTION PLAN, 100/80/50 &gt;40%</b>  |          | <b>SCHEDULE PLAN &lt;40%</b>   |          |
|---|----------|--|----------|
| Individual:   | \$46.52  | Individual:  | \$34.23  |
| Employee/ Spouse:   | \$95.26  | Family (2+):   | \$105.66 |
| Employee/ Child(ren):   | \$105.14 |  |          |
| Family:   | \$155.46 |  |          |
| <small>Regional Adjusted Fee Paid To Dentists For Covered Dental Services: Out of Pocket Expenses Apply</small> |          | <small>Flat Fee Paid For Dental Procedures: Out of Pocket Expenses Apply</small> |          |

### Pre-Paid DHMO Dental Plan: Assigned Dentist Required\*

\*A Dentist **must** be selected after enrollment to access benefits/coverage

| Employee          | Employee/Spouse   | Employee/Child(ren) | Family            |
|-------------------|-------------------|---------------------|-------------------|
| \$19.90 (per mos) | \$39.75 (per mos) | 52.60 (per mos)     | \$68.83 (per mos) |

### **Pediatric Dental (ACA – Health Care Reform Plan)**

|                                       |   |
|---------------------------------------|---|
| Individual (child): \$21.33 (monthly) | Max 3 Children Charged: \$63.99 (monthly) |
|---------------------------------------|---|

FOR MORE INFORMATION, PLEASE CONTACT THE GIT (518) 463-1148, OR GIT@NYSADA.COM



**Vision Benefit Summary**  
Group Number: 00537978

**About Your Benefits:**

Eye care is a vital component of a healthy lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

Visit any doctor with your Full Feature plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network.

| Your Vision Plan  | Full Feature  |                       |
|---|---|-----------------------|
| Your Network is   | VSP Network Signature Plan  |                       |
| Copay   |   |                       |
| Exams Copay   | \$ 10   |                       |
| Materials Copay (waived for elective contact lenses)          | \$ 20   |                       |
| <b><u>Sample of Covered Services</u></b>                      | <b><u>You pay (after copay if applicable) (for In-Network &amp; Out-of-Network)</u></b> |                       |
|   | <b>In-network</b>   | <b>Out-of-network</b> |
| Eye Exams   | \$0   | Amount over \$46      |
| Single Vision Lenses  | \$0   | Amount over \$47      |
| Lined Bifocal Lenses  | \$0   | Amount over \$66      |
| Lined Trifocal Lenses   | \$0   | Amount over \$85      |
| Lenticular Lenses   | \$0   | Amount over \$125     |
| Frames  | 80% of amount over \$120 <sup>1</sup>   | Amount over \$47      |
| Contact Lenses (Elective)                                     | Amount over \$120   | Amount over \$120     |
| Contact Lenses (Medically Necessary)                          | \$0   | Amount over \$210     |
| Contact Lenses (Evaluation and fitting)                       | 15% off UCR   | No discounts          |
| Cosmetic Extras   | Avg. 30% off retail price   | No discounts Glasses  |
| (Additional pair of frames and lenses)                        | 20% off retail price <sup>2</sup>   | No discounts          |
| Laser Correction Surgery Discount                             | Up to 15% off the usual charge or 5% off promotional price                              |                       |
| <b>Service Frequencies</b>                                    |   |                       |
| Exams   | Every 12 months   |                       |
| Lenses (for glasses or contact lenses) <sup>1</sup>           | Every 12 months   |                       |
| Frames  | Every 24 months <sup>1</sup>  |                       |
| Network discounts (cosmetic extras, glasses and contact lens) | Limitless within 12 months of exam  |                       |
| <b><u>Professional service)</u></b>                           |   |                       |
| Dependent Age Limits  | 26  |                       |

**Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com) and click on "Find a Provider"**

VSP

<sup>1</sup> Benefit includes coverage for glasses or contact lenses, not both.

Turn Over →

# 2019 GIT Annual Renewal/Enrollment Process/Timing

- GIT Renewals Mailed
  - Excellus Regions
  - Blue Shield/Health Now Regions
- Auto Renewal Option
  - Keep Everything The Same (No Changes)
  - Execute Page 1 (Only) Dealer Application
- Standard Renewal Option
  - Complete All 3 Pages of Dealer Application
- Timing
  - Submit Dealer App, (By November 30)
  - NYS 45 (Qtr 4 '18) with appropriate notations (No later than February 15<sup>th</sup>, 2019)

# 2019 GIT Annual Renewal/Enrollment

## GIT Team

- Jen Cole, Insurance Administrator
  - [jenc@nysada.com](mailto:jenc@nysada.com)
- Kathy Atchinson
  - [Kathryn@nysada.com](mailto:Kathryn@nysada.com)
- Analisa Sanchez
  - [Analisa@nysada.com](mailto:Analisa@nysada.com)
- Brenda Bumpers
  - [Brendab@nysada.com](mailto:Brendab@nysada.com)
- Erica Hacker
  - [Erica@nysada.com](mailto:Erica@nysada.com)

**Contact GIT: 518-463-1148**

# 2019 GIT Annual Renewal/Enrollment

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Thank You!

