



NJ Car Annual Benefits Roundtable

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Agenda

1. NJ Car Survey Highlights
2. Mitigating Benefits Cost Drivers
3. Attracting and Retaining Employees
4. Role of Technology and Communications
5. Open Discussion and Q&A

A large blue circle containing the text "NJ CAR Annual Survey". To the left of the circle is a dashed teal line, and at the bottom right is a small purple circle.

NJ CAR Annual Survey

NJ CAR Benefits Survey 2023

- In 2023 we see a continuing trend of dealers offering more plans for employees to choose from, with 58% of responding dealerships offering three or more plans.
- Regarding carrier selection, Horizon and Aetna lost market share while Cigna and AmeriHealth gained.
- We also saw a significant shift to self-insured plans, up to 40% in 2022.



NJ CAR Benefits Survey 2023

- With High Deductible Health Plans (HDHP) now being offered two-thirds of all dealerships, it is important to address the funding of the deductible.
- We see an increase in dealerships funding a portion of the deductible, and a trend towards funding a higher percentage of the deductible, most often through a debit card program.



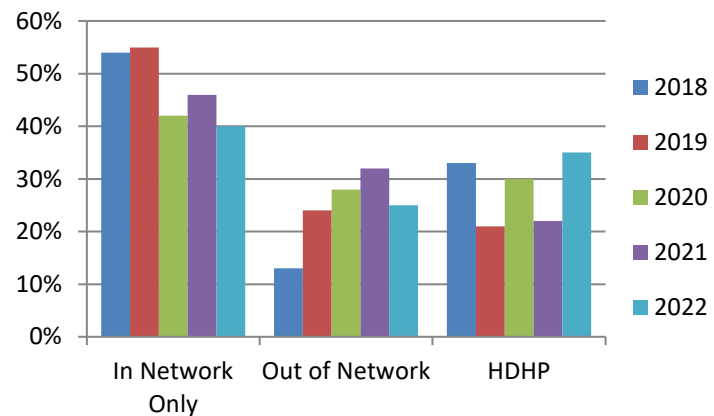
NJ CAR Benefits Survey 2023

- Ancillary benefit offerings had remained stable over the prior four years, though we saw meaningful trends in 2022.
- We saw significantly more dealers offering Life Insurance (100%), with an increase in employer funding across all lines of ancillary coverage.
- We saw less willingness to increase EE contributions in 2022, likely a response for the need to attract and retain employees.

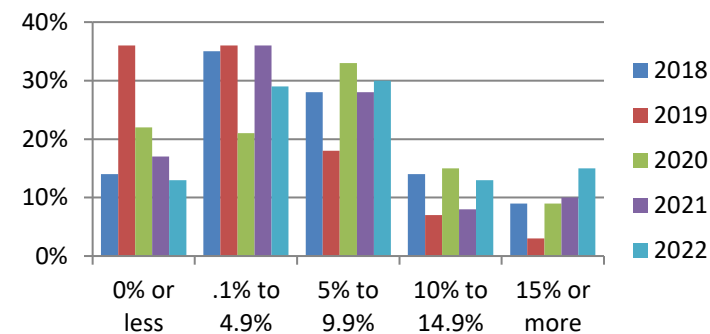


Benchmarking – NJ CAR

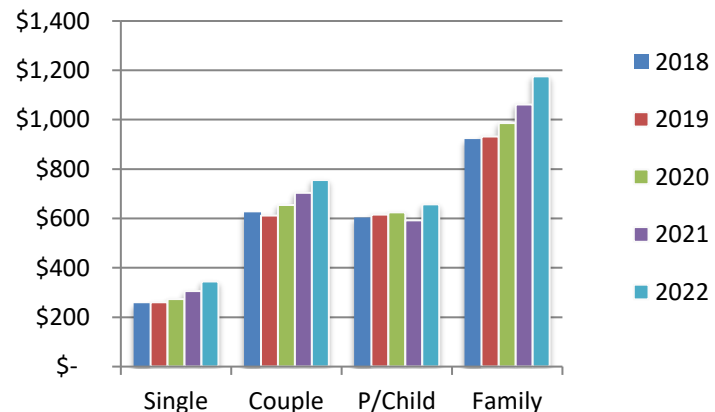
Plan Type (Most Popular)



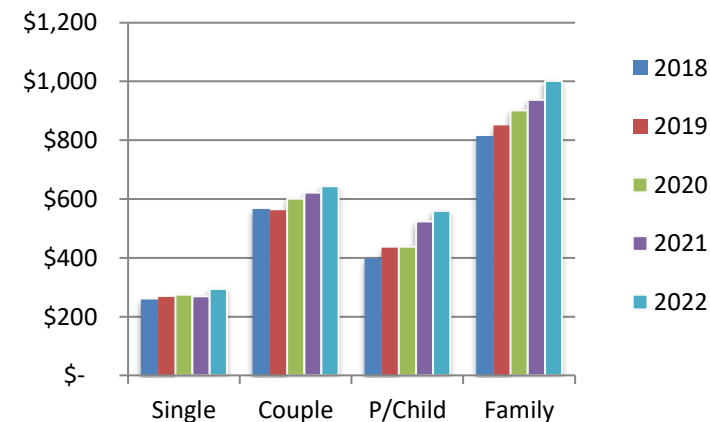
Final Renewal Levels



EMPLOYER Monthly Cost Sharing



EMPLOYEE Monthly Cost Sharing



NJ CAR Benefits Survey 2023

- Rather than focus solely on survey results, we want to treat our annual employee benefits webinar as an informative benefit round table – sharing ideas and talking about what has worked and what hasn't among NJ CAR members.
- As a result, we focus on the following benefits topics: mitigating the cost drivers of employee benefits including pharmacy, and how to attract and retain employees





Mitigating Medical Benefits Cost Drivers

Mitigating Cost Drivers

- Funding Alternatives
- Cost Components
- Education on Place of Service
- Pharmacy
- Plan Design



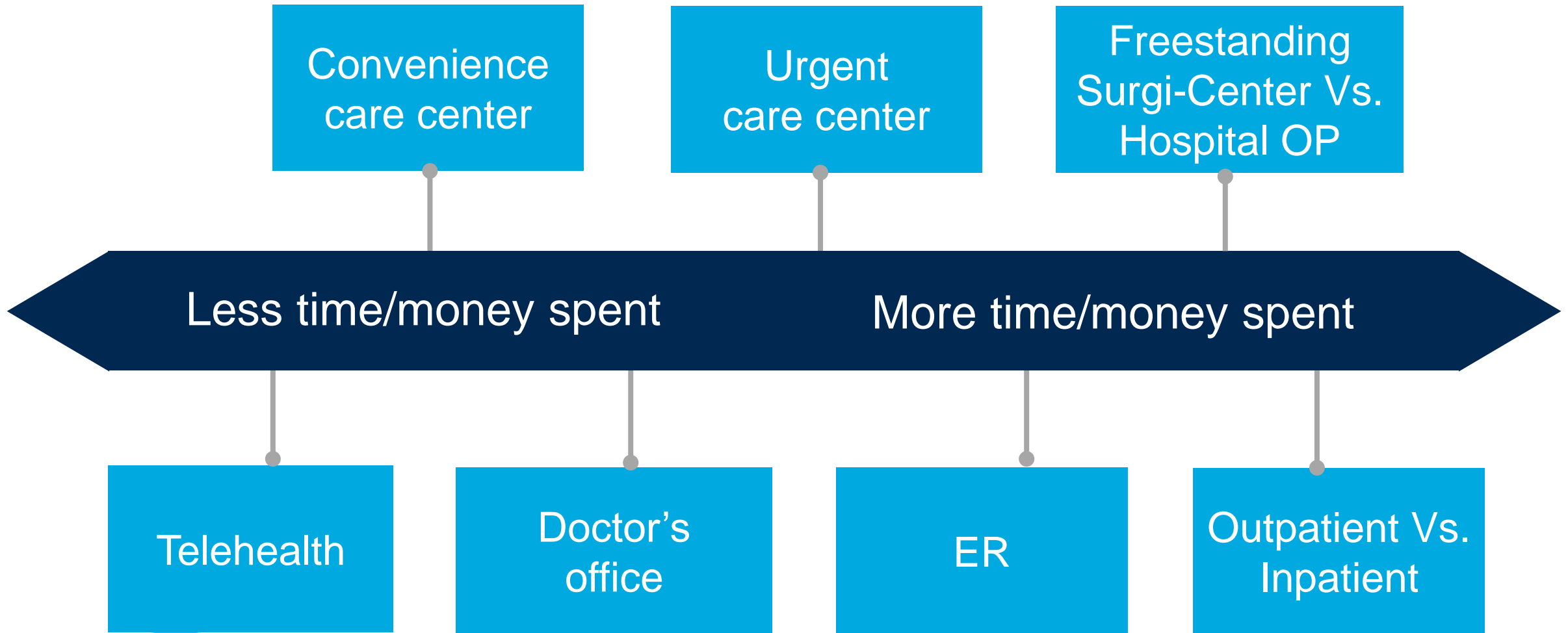
Health Insurance Funding Alternatives



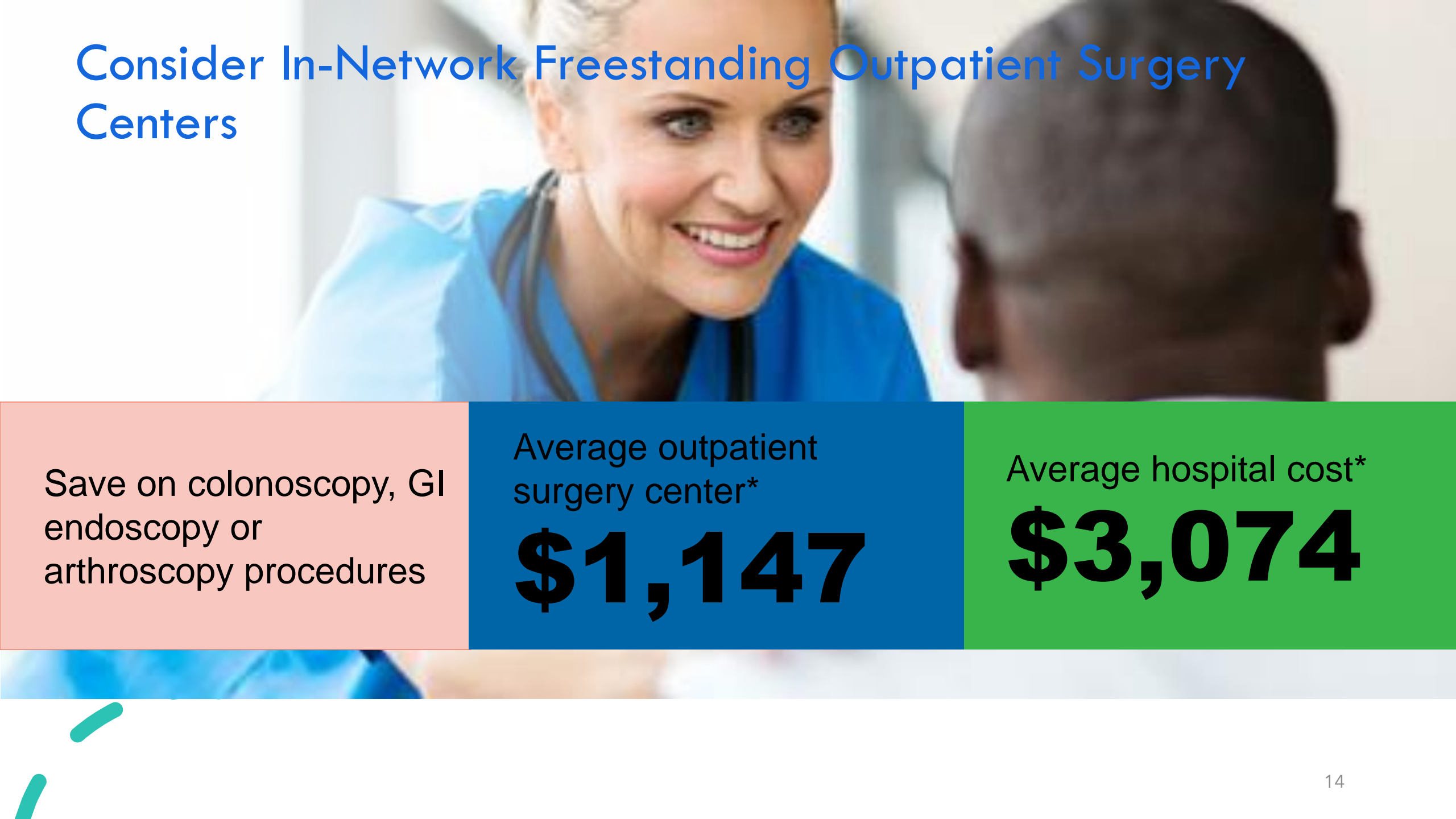
Cost Elements of Plan Funding Choices



Places of Service



Consider In-Network Freestanding Outpatient Surgery Centers



Save on colonoscopy, GI endoscopy or arthroscopy procedures

Average outpatient surgery center*

\$1,147

Average hospital cost*

\$3,074

Pharmacy Complexity

The U.S. Pharmacy Distribution and Reimbursement System for Patient-Administered, Outpatient Prescription Drugs

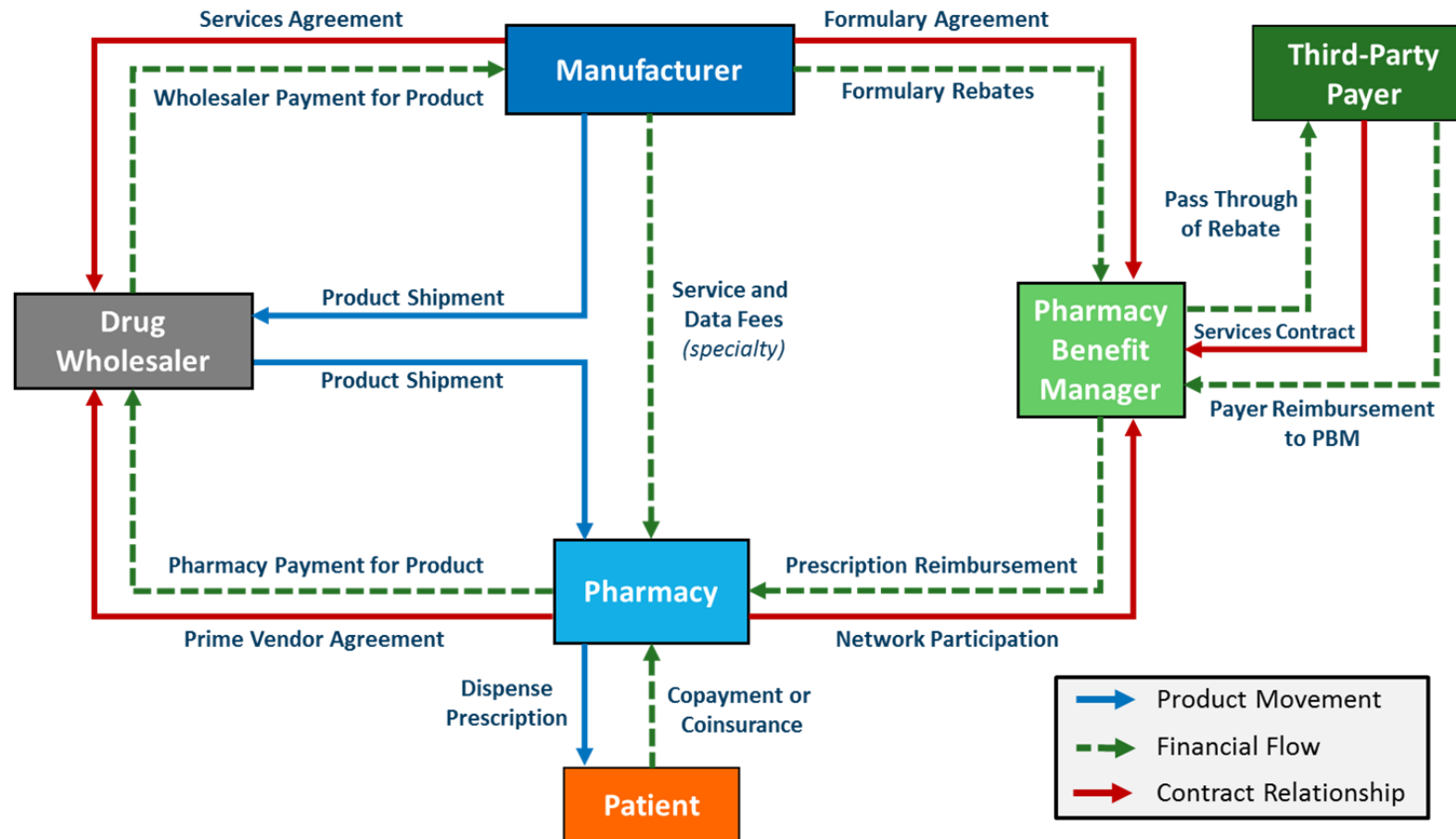


Chart illustrates flows for patient-administered, outpatient drugs. Please note that this chart is illustrative. It is not intended to be a complete representation of every type of financial, product flow, or contractual relationship in the marketplace.

Source: Fein, Adam. J., *The 2016 Economic Report on Retail, Mail and Specialty Pharmacies*, Drug Channels Institute, January 2016.

(Available at http://drugchannelsinstitute.com/products/industry_report/pharmacy/)

Pharmacy Strategy



An objective analysis using recent data is crucial to develop and measure a successful PBM strategy.



**Updated and
Competitive**
contract terms
and conditions



Clinical / UM
program
**inventory /
review**




Optimized
benefit design
that drives desired
behaviors



**Specialty
solutions** for
high-cost claims

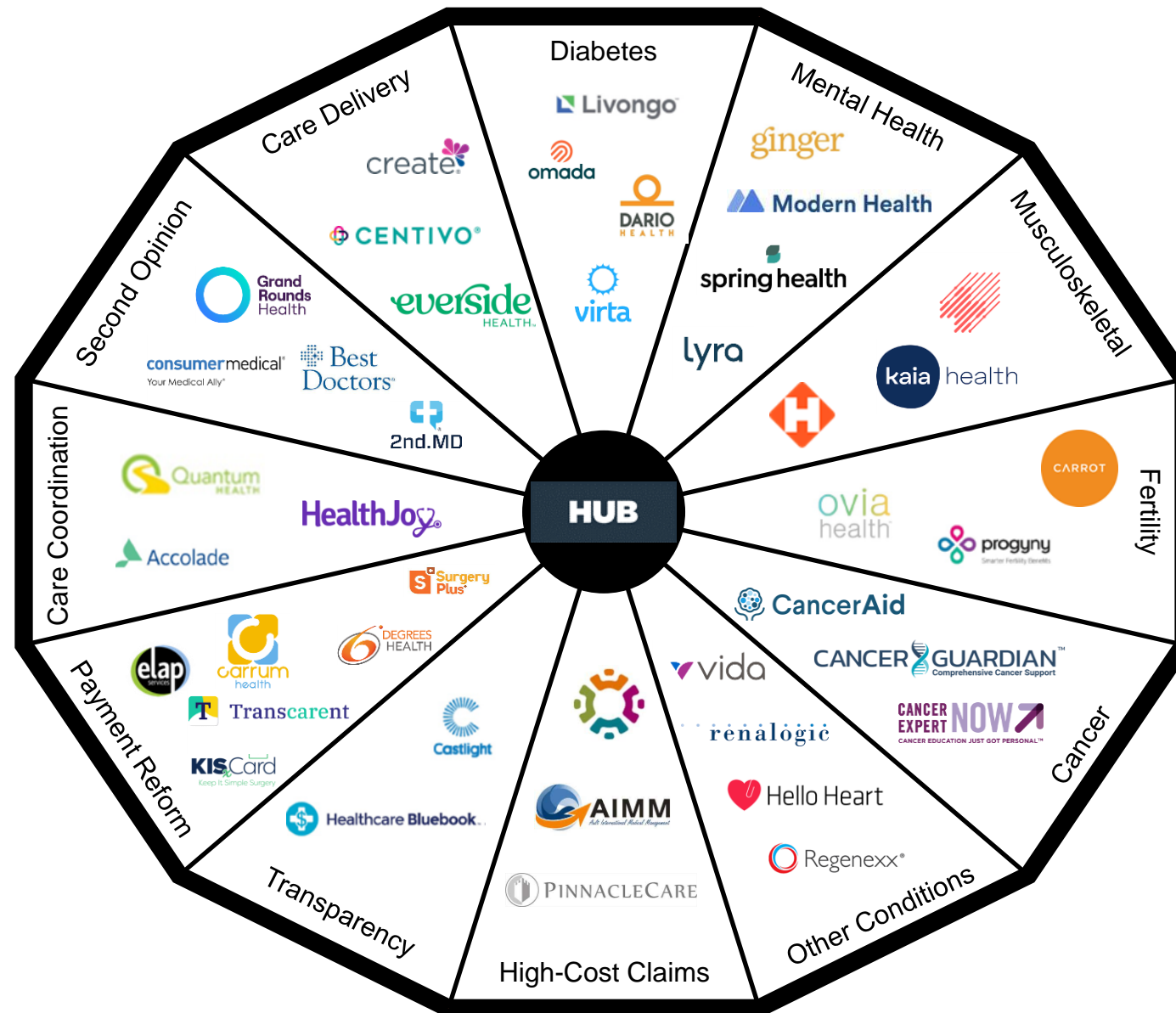



Plan Design

- Add Teladoc, \$0 Copay
 - Urgent Care Copay
 - Increase ER OOP
 - Promote In-network Labs
 - Differentiate Outpatient vs Inpatient
 - Increase the “spread” between Generic and Brand
 - Promote Mail Order
- 

Point Solutions to Mitigate Costs

1. Diabetes
2. Mental Health
3. Musculoskeletal
4. Fertility
5. Cancer
6. Other Conditions
7. High-Cost Claimants
8. Transparency
9. Payment Reform
10. Care Coordination
11. Second Opinion
12. Care Delivery





Attracting and Retaining Employees

Effectively Engage the Five Generations of Workers



Silent Generation

75 +
(1927 - 1945)



Baby Boomers

56 - 74
(1946-1964)



Gen X

40 - 55
(1965-1980)



Millennials

24 - 39
(1981- 1996)



Gen Z

< 24
(1997- Current)

% of Total Workforce	0%: 0 EEs	0%: 19 EEs	5%: 180 EEs	61%: 2356 EEs	33%: 1280 EEs
Most Common Plan	N/A	PPO Gold 2500: 42%	PPO Silver 1500: 44%	PPO Gold 2500: 47%	PPO Gold 2500: 52%
Of Enrolled: % Employee Only		58%	42%	79%	96%
Communication Strategy	Meet with Me	Meet/Mail me	Call Me	Email me	Text me
<i>Concerns & Well-being</i>	<i>Remain healthy and productive at work until ready to retire</i>	<i>Providing for family and retirement</i>	<i>Buying a home, supporting families, financial future</i>	<i>Concerned with finances and their future</i>	<i>Beginning their career</i>
Medical Benefits **	Likes choice (PPO) but can afford (HDHP); likes HSA retirement savings option		Likes choice (PPO)	HDHP or low cost option (HMO)	Likely still on parent's plan
Voluntary / Disability **	ID theft, permanent life, CI and LTD	Term life, CI, ID theft and LTC; Disability - Values coverage	CI, accident, 529 plan, home/auto; Needs Disability but must be educated on it's value	Home/auto, financial wellness, student loan repayment, accident, ID theft	
Gaps to Consider	Permanent Life Insurance, Retirement	Sabbatical, ER Paid LTD, IDI, Retirement	Paid Maternity/Paternity, Pet insurance, Child Care Support, ER paid LTD, IDI, Student Loan Repayment, 529 Savings Plan		

Millennials are estimated to make up **50%** of the national workforce by 2023*

SAMPLE

* Fisher, Felipe & Nolde, Dan. "Engaging Your Intergenerational Workforce." Benefits Quarterly Q4 2019

** "How Does Each Generation View Employee Benefits?" Medium.com, 12 May 2017.

What is a Quality Experience for Employees?



- ▶ **Offer Choice. Be Intentional**
- ▶ ***“What does “wellbeing” mean to you?”***
- ▶ **We can plan and implement, but success requires leadership support**
- ▶ **Benefits/Wellness/Policies all Drive Experience and Influence Trust & Engagement**

Components of Planning a Quality Employee Experience



Choosewell Online

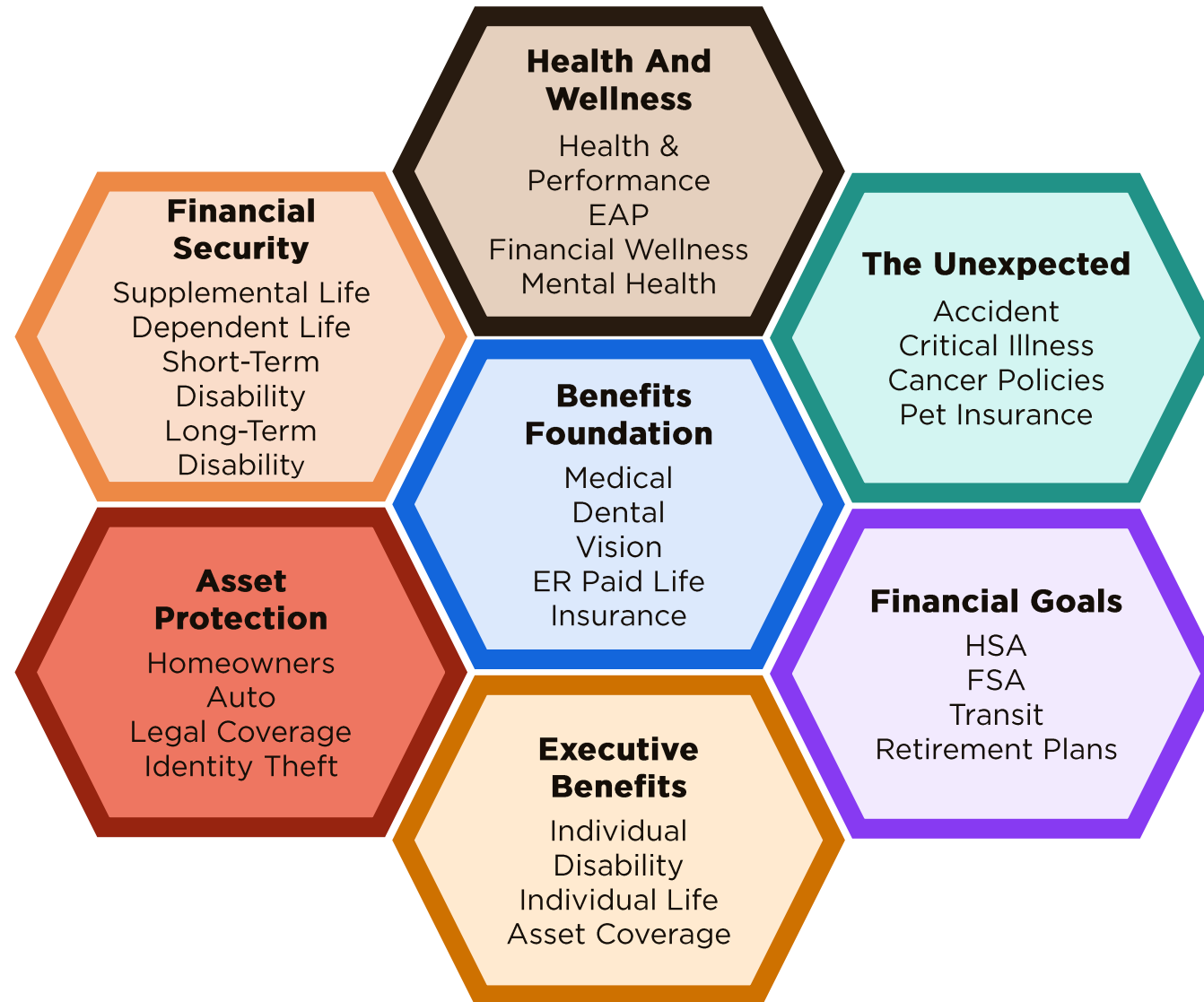
Employer-facing resource portal

- Planning Tools
- Challenges
- Awareness campaigns
- Newsletters
- Monthly email



Step	CWO Quick Start Action Steps	CWO Link
1	Watch short CWO intro video	Intro video
2	Leadership announcement to support effort	Sample leader email
3	Naming/logo contest w employees	Branding/Logo
4	Adopt planning calendar	Slides 14-16
5	Form a champion committee	Forming a champion team
6	Host champion kickoff meeting	Kickoff deck

Building Blocks of a Balanced Benefits Portfolio





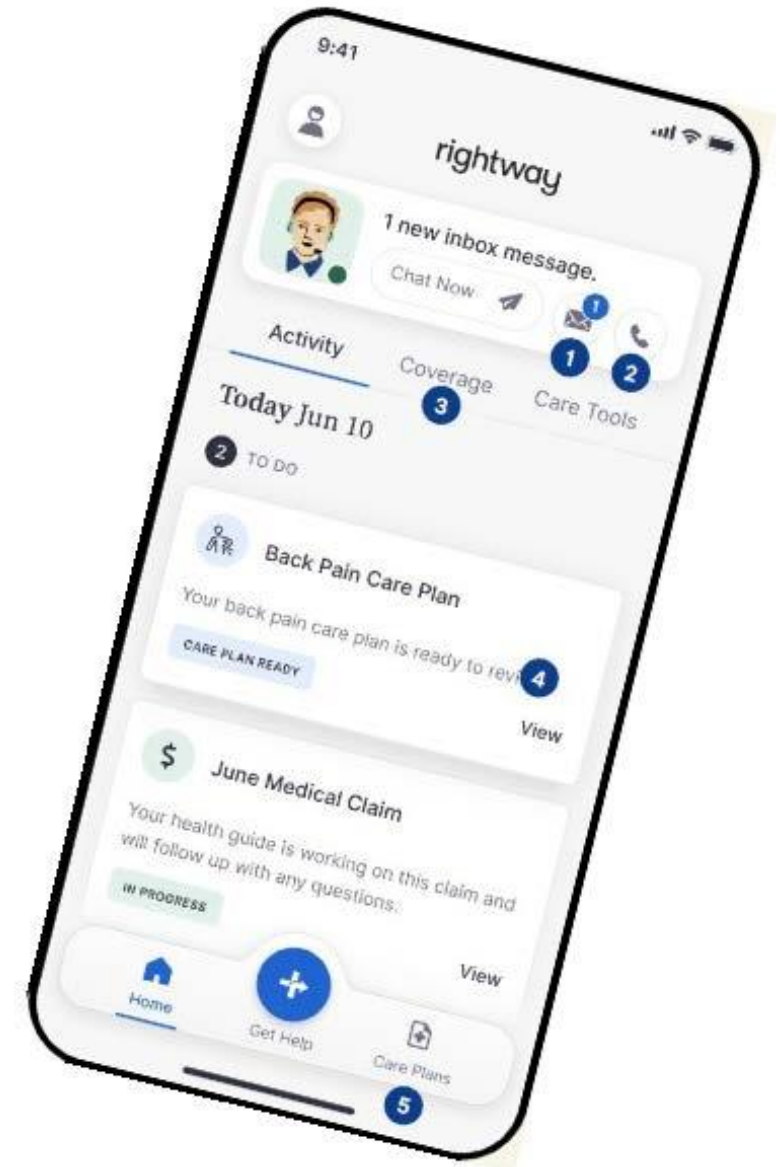
Role of Technology and Communications

Mobile App – Benefits at Your Fingertips

Powered by Rightway, this benefits mobile application gives plan participants direct access to their dedicated advocacy team and the tools and resources to help them better utilize their benefits.

Mobile App features include:

- One-click connection with their dedicated health advocate team
- Insurance Coverage
- Provider Search
- Appointment Scheduler
- Prescriptions
- Review or Dispute a Bill
- Price Tools
- Benefits Navigation



Employee Education & Communication

A Proactive Long-term Strategy

Our process to help our clients achieve a holistic communication solution includes discovery, planning, implementation and reevaluation. Like any successful process, we learn as we go. By consistently reevaluating the communication process we can help turn this into a proactive and successful tool.



DISCOVER

Barriers to communication

Communication channels and process

Present new channels of choice



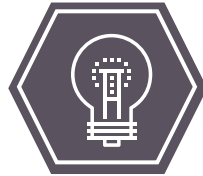
PLAN

Identify goals and objectives

Create a strategy

Ensure managers are engaged

Support the year-long strategy



DESIGN

Reflect company's logo and branding

Develop print & electronic deliverables

Design targeted campaigns

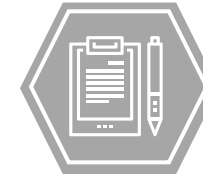


IMPLEMENT

Meet delivery deadlines

Review the process and identify changes

Introduce new products or services



REEVALUATE

Deliver to the right population at the right time

Reach the desired targets

Adjust the strategy if necessary

A+E
NETWORKS



2021 OPEN ENROLLMENT: OCTOBER 19 - NOVEMBER 2, 2020

What you need to know

Open Enrollment is your time to select the healthcare coverage that protects you and your eligible family members for the coming year. It is also the perfect time for you to take a closer look at benefit options provided by A+E and choose the plan(s) that best fit your health plan personality. If you want to keep the same coverage as you had in 2020 you do not have to take any action unless:

1. You are enrolled in the **Cigna Enhanced Plan**, whereupon you will be required to select a new plan for 2021. If you do not select a plan, you and any currently enrolled eligible dependents will automatically be enrolled in the Core Plan.
2. You plan on changing your **medical plan** option (e.g., moving from the Cigna Premier Plan to the Cigna Core Plan (or vice versa)) or adding/deleting your eligible dependents.
3. You are enrolled in a **Health Care and/or Dependent Care Flexible Spending Account (FSA)** and wish to continue with this benefit option in 2021. Remember, you must re-enroll in your FSA every year.

The following are key items that you need to know as we move into Open Enrollment season:

- There are **no changes** to the medical plan design.
- You will continue to receive a basic vision benefit to upgrade vision through a **new voluntary buy**.
- Your **prescription drug co-payments** will increase.
- To continue our philosophy of inclusion, your sick plans rules apply.
- Beginning with 2021, A+E will be sunsetting our waivers from the last 6 months of 2020.
- Between October 19 - November 2, 2020, A+E benefit offerings and answer any questions.
- The **SmartGuide** is your new, easy to navigate the new top and side navigation you can just

Questions
A+E has a new, confidential and powerful, one-stop contact center. You can contact your dedicated

leumi

WHAT YOU NEED TO KNOW

- Your benefits Open Enrollment (for coverage effective January 1, 2020), begins on **October 28th** and runs through **November 8th**.
- All Open Enrollment elections will be made through **UtiPro**.
- Look out for more information throughout the Open Enrollment period.

WHAT YOU NEED TO DO

- **Review** the 2020 Benefits Guide
- **Access** the Open Enrollment session in **UtiPro**
- **Update** your **Benefits and FSA**
- **Complete**

2020 OPEN ENROLLMENT

OCTOBER 28TH - NOVEMBER 8TH

BENEFITS GUIDE



PERKINS —
EASTMAN
Human by Design

TABLE OF CONTENTS



PERKINS —
EASTMAN

KNOW BEFORE YOU GO!

Understanding the difference between **TeleHealth**, **Urgent Care** and the **Emergency Room** can help you save money.

TeleHealth	Urgent Care	Emergency
NON-LIFE-THREATENING CONDITIONS TREATED Sore throat, headache, fever, stomachache, cold & flu, allergies, rash, acne, UTIs and more... PROS & CONS 24/7 available care anywhere via video chat or phone Lower cost Physical treatment will need to be in person	NON-LIFE-THREATENING CONDITIONS TREATED Minor cuts, sprains, burns and rashes Fever, flu symptoms and headaches Chronic lower back pain & joint pain Minor respiratory symptoms PROS & CONS Costs are lower than Emergency Room No appointment required Short wait times	LIFE-THREATENING CONDITIONS TREATED Uncontrolled bleeding Seizure or loss of consciousness Shortness of breath or chest pain Head injury/major trauma PROS & CONS Open 24/7 Costs are highest No appointment required

Below is a comparison based on Fox Rehabilitation's Health Plans and the three different care options. See the difference!

	\$800 Plan	\$1,850 Plan	\$2,850 Plan	\$5,000 Plan	\$6,500 Plan
TeleHealth	\$25 copay	\$50 after deductible	\$50 after deductible	\$25 copay	\$50 after deductible
Urgent Care	plan pays 80% after \$500 deductible is met	plan pays 80% after \$1,850 deductible is met	plan pays 70% after \$2,850 deductible is met	\$75 copay	plan pays 100% after \$6,500 deductible is met
Emergency Room	plan pays 80% after \$500 deductible is met	plan pays 80% after \$1,850 deductible is met	plan pays 70% after \$2,850 deductible is met	\$250 copay	plan pays 100% after \$6,500 deductible is met

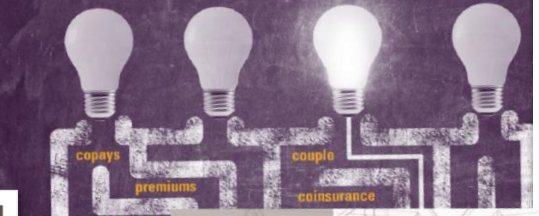
Register for one or both today and be ready to use a telehealth service when and where you need it.
 AmWellForCigna.com — 855-667-9722
 MDLIVEforCigna.com — 888-726-3171

NEED HELP DECIDING WHERE TO GO? Call your doctor or call the number on your Cigna ID card. If it's a medical emergency, go to the nearest hospital or call 911. Visit myCigna.com to find an urgent care center or PCP near you.



what is your health plan PERSONALITY?

Stop, shop and enroll in the health plan that is right for you



June 2020
BENEFITS
NEWSLETTER

NVR

Staying Healthy During a Pandemic



For all employees enrolled in the medical plan, your **Highmark BCBS** benefits cover behavioral health services. Services can be provided through an inpatient setting, outpatient or through telemedicine/virtual visits. **There is no cost for members to speak with a doctor or therapist when they use Teladoc's behavioral health service.**

PEACE OF MIND HAPPENS HERE

Speak with a licensed therapist from anywhere at no cost to you

Taking care of your mental health is an important part of your overall well-being. With Teladoc's Behavioral Health, all medical enrolled NVR members, age 18 and older, can now get care for anxiety, depression, grief, family issues, and more. Choose to see a psychiatrist, psychologist, social worker, or therapist and establish an ongoing relationship.

Why use Teladoc's Behavioral Health service?

- Confidential treatment
- Convenience to speak with a therapist from anywhere
- Flexible scheduling
- Quick access to the right provider for you

How to request a visit

Scheduling a phone or video appointment with a therapist is easy and convenient. Schedule your appointment online or via the Teladoc App. Appointments are confirmed within 72 hours. Appointments are available seven days a week from 7 a.m. to 9 p.m.

How to schedule a visit

1. Register your Teladoc account via web or app or log in to your account if you're already registered
2. Select "Request a visit"
3. Answer a few questions
4. Select your therapist or doctor
5. Request a time for your appointment

For assistance registering your account or scheduling a visit, contact 1.800.TELADOC, or the NVR Benefits Department at benefits@nvrinc.com for a step-by-step guide.

Confidential therapy on your terms

Go to Teladoc.com/Enter or download the app.



PRIORITIZE PREVENTIVE CARE

The **TIME** to focus on your health is **NOW**.



The COVID-19 pandemic led to a decrease in preventive screenings. More than 40% of people recently surveyed skipped medical care during the pandemic due to closed medical offices, fear of COVID-19 or because of financial

The screenings below represent just some of the in-network preventive care screenings* that your health plan covers at 100% for eligible employees and dependents:

- Blood pressure
- Cholesterol
- Diabetes
- Pap smear
- Breast cancer
- Colorectal cancer
- Prostate cancer
- Thyroid disease
- Glaucoma

Please contact your BenefitsVIP® team at [000.000.0000] or [team@benefitsvip.com] with questions.





Open Discussion Q&A



Thank You!

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