



Reimagine · Rediscover Benefits

Lakeland Provider Conference 2022 October 19, 2022

We're Here to Help!



- Member Health & Wellness at Whirlpool
- Benefits and Incentives
 - ✓ ID Cards
- Customer Service
 - ✓ Provider Network verification
 - ✓ IVR- Available 24/7
 - ✓ 1st Level Appeals
- Precertification Procedures
- EOBs



800-660-6212

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Whirlpool Medical Plan Options for 2023







Savings Plan (HDHP)

- Lower premiums, higher deductible
- Rewards from biometric screening deposited into a Health Savings Account (HSA)



Rewards Plan

- Higher premiums, lower deductible
- Rewards from biometric screening deposited into an I-Account
 - Employee can't contribute their own funds

Prescription Coverage





- Automatic part of medical insurance
- Members are encouraged to get scripts filled by Walgreens
- Archimedes Specialty RX PBM

Whirlpool's HealthSCOPE Benefits ID card



NEW ID CARDS TO BE ISSUED WITH NEW MEMBER ID AND CLAIM SUBMISSION INFORMATION!

Front



Back



2023 Highlights:

- Member ID's and claims submission address HAS CHANGED!
 - Claims: EDI # 40026,
 - HealthSCOPE Benefits, PO Box 30962, Salt Lake City, UT 84130
- United Healthcare Choice Plus Network for Lakeland
- Preferred labs include Quest and LabCorp.
- CAA compliance and transparency out-of-pocket amounts.
- Copays highlighted for providers on the front of card.
- Dependent names will be listed on card if covered

2023 Benefit Plan Options



HSB is changing claims processing platforms to UMR effective 1/1/2023. Everything will still be branded HealthSCOPE but platform & portals are changing.



No Benefit Changes for 2023

Reminders: Copays for Rewards Plan

- \$20 PCP office visit
- \$50 Specialist office visit
- \$100 preferred lab (Quest/LabCorp)
- \$20 copay, mental/behavioral health office visit
- \$20 copay PT/ST/OT
- No changes in deductibles or coinsurance amounts

2023 Benefit Plan Options

	Savin	gs Plan	Rewards Plan			
	The Savings Plan has a higher deductible but lower pay-period premiums than the Rewards Plan.		The Rewards Plan has a lower deductible but higher pay-period premiums than the Savings Plan.			
	Save money for future out-of-pocket healthcare expenses, even in retirement, by contributing pre-tax dollars to your HSA.		You can contribute pre-tax money to a healthcare Flexible Spending Account (FSA) to spend on out-of-pocket healthcare costs.			
Premium	Lowest		Highest	Highest		
	You pay less per paycheck but more out- of-pocket for care you receive		You pay more per paycheck but less for care you receive			
Account	Health Savings Account (HSA) Health incentives you earn go into the account You may contribute money, too Use funds to pay for qualifying out-of-pocket medical, dental and vision care, and prescriptions		I-Account			
			Health incentives you earn go into the account			
			You may not contribute to the I- Account			
			Use funds to pay only for qualifying out -of-pocket medical and prescription drug expenses. You may not use your I- Account for dental or vision expenses.			
	(includes medical car	e and prescriptions) ear before Whirlpool s	tarts to pay.	, , , , , , , , , , , , , , , , , , , ,		
Employee only	\$2,600 in-network	\$5,200 out-of-network	\$1,200 in-network	\$4,900 out-of-network		
Family	\$5,200 in-network	\$10,400 out-of-network	\$2,400 in-network	\$9,800 out-of-network		
Annual out-of-poc						
	d in one year for care will pay 100% of cov	; includes deductible. (ered expenses.	Once you've met your	out-of-pocket		
Employee only	\$4,600 in-network	\$12,700 out-of-network	\$3,200 in-network	\$12,900 out-of-network		
Family (includes employee + spouse and employee + children coverage)	\$9,200 in-network (\$7,450 individual ¹)	\$25,400 out-of-network	\$6,400 in-network	\$25,800 out-of-network		

	Savings Plan		Rewards Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Doctor Visits				
Primary care provider (PCP)	15% coinsurance	50% coinsurance	\$20 copay ⁶ (no deductible for office visit)	50% coinsurance
Specialist	15% coinsurance	50% coinsurance	\$50 copay ⁶ (no deductible for office visit)	50% coinsurance
Doctor on Demand	15% coinsurance	50% coinsurance	No cost to you	
Preventive care – No charge for	r age-appropriate in-r	network preventive care		
Adult annual wellness visit	No charge	50% coinsurance	No charge	50% coinsurance
Well-woman exam	No charge	50% coinsurance	No charge	50% coinsurance
Well-child visit	No charge	50% coinsurance	No charge	50% coinsurance
Value-based care	No charge	50% coinsurance	No charge	50% coinsurance
Mammograms	No charge	50% coinsurance	No charge	50% coinsurance
Pap smears	No charge	50% coinsurance	No charge	50% coinsurance
Colorectal cancer screening and prostate-specific Antigen (PSA) screening	No charge	50% coinsurance	No charge	50% coinsurance
Hospitalization ^{1,2} Inpatient, outpatient	15% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Surgery ² Inpatient	15% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Surgery ^{1,2} Outpatient	Surgery Center: \$150 copay ^{4,6} Other: 15% coinsurance	50% coinsurance	Surgery Center: \$150 copay ⁶ (deductible does not apply) Other: 20% coinsurance	50% coinsurance

2023 Benefit Plan Options

	Savings Plan		Rewards Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency room	Emergency: 15% coinsurance + \$150 copay ^{4,6} Non-Emergency: 50% coinsurance + \$150 copay ^{4,6}		Emergency: 20% coinsurance + \$150 copay ^{3,6} Non-Emergency: 50% coinsurance + \$150 copay ^{3,6}	
Urgent Care	15% coinsurance	50% coinsurance	\$75 copay ⁶ (no deductible for office visit)	50% coinsurance
Mental Health/Substance Abuse ¹ : Inpatient	15% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Mental Health/Substance Abuse: Outpatient	15% coinsurance	50% coinsurance	Outpatient office visit: \$20 copay ⁶ / office visit (deductible does not apply) Outpatient facility: 20% coinsurance	50% coinsurance
Chiropractic care Limit: 24 visits per calendar year	15% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Lab work	Preventive: No charge Other: 15% coinsurance	50% coinsurance	Preventive: No charge Preferred Lab: \$100 copay ⁵ (deductible does not apply) Other: 20% coinsurance	50% coinsurance
High-Tech Imaging (MRI, MRA, CT, PET)	15% coinsurance	50% coinsurance	Free-standing facility: \$100 copay ⁶ (deductible does not apply) Other: 20% coinsurance	50% coinsurance
Physical Therapy, Occupational Therapy, Speech Therapy	15% coinsurance	50% coinsurance	\$20 copay ⁶ (deductible does not apply)	50% coinsurance
Home healthcare (limit 120 visits per calendar year)	15% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Lifetime maximum	None	None	None	None

Rewards plan features more copays including:

- > \$20 PCP / \$50 Specialists OV
- Preferred Lab \$100
- Mental/Behavioral Health OV \$20
- > PT/ST/OT \$20 per visit
- ➤ MRI/CT/PET \$100 at a free standing facility
- Outpatient Surgery Center \$150

2023 Prescription Drug Coverage

	Tier 0
How much you pay	No charge (deductible doesn't apply)
Your minimum copay	\$0
Your maximum copay	\$0

Tier 1 10% coinsurance after you meet deductible \$10 retail \$25 mail order \$30 retail \$75 mail order

Tier 2 20% coinsurance after you meet deductible \$40 retail \$100 mail order \$150 retail \$375 mail order

Tier 3 50% coinsurance after you meet deductible \$70 retail \$175 mail order \$300 retail \$750 mail order





Customer Care from HealthSCOPE Benefits



Customer Care Representatives are available at the Whirlpool Service Line Monday – Friday, 8 a.m. till 6 p.m. EST

- Pre-certification/Pre-authorization
- Claim Status
- Eligibility
- Benefit Information
- Provider Network verification
- IVR- Available 24/7
- 1st Level Appeals



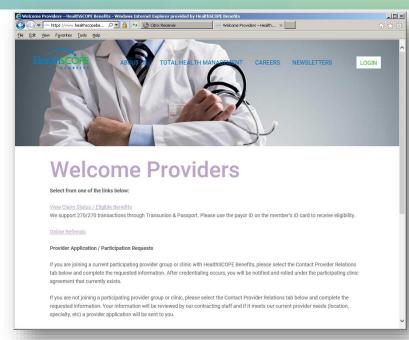
800-660-6212

www.healthscopebenefits.com for Providers

- 1. Go to www.healthscopebenefits.com.
- 2. Click Login.
- 3. Click Provider.
- 4. Click either View Claims Status/Eligible Benefits or Online Referrals.
- 5. Enter WHIRL for group name and Submit.
- 6. Select if prior to 1/1/2023
 - 7. After 1/1/23, set up or use your One Healthcare ID on new UMR base portal.

Check on:

- Claim Status/Eligibility
- Benefit Information
- Precert Information
- Copies of EOBs





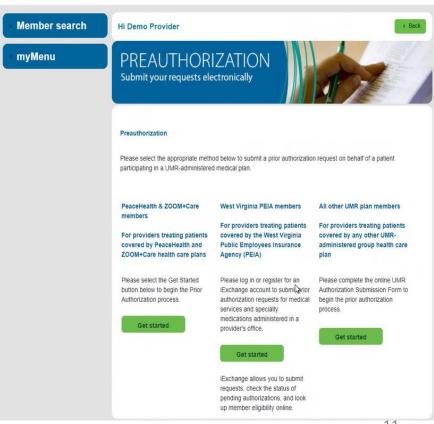
Precertification Procedures

All members, along with their providers, will be required to pre-certify all:

- Non-emergency inpatient admissions
- Major outpatient surgical procedures
- Non-stat MRI, PET and CT Scans
- Outpatient mental health facility admits or visits
- Dialysis
- Chemotherapy

Contact HealthSCOPE Benefits for pre-certification a **1-800-660-6212**

The member's ID card has a reminder statement regarding pre-certification.



Provider Claims Submission & EFT/RA

Effective 1/1/2023: Member ID's and claims submission address changing!

Claims: EDI # 40026

HealthSCOPE Benefits PO Box 30962 Salt Lake City, UT 84130

