



## Preparing for Open Enrollment Your Tools and Resources

Open enrollment is right around the corner! Although you can't begin enrolling until **October 10**, you can take the time to review your options now. Use the available tools and resources to compare and understand your medical plan choices.

## myClaims Manager on www.myuhc.com

Review your current and historical claims to better understand what your usage and expenses will be in 2017. Use the claim information on the PPO/OOA plan as a general estimate for the cost of that claim under the HDHP. Download historical claims with the "Export Claims (csv)" feature to make it easier to view your usage over a specified time period.

Because you pay the cost of the service after the UHC discount for a network provider under the HDHP, you can take the **Amount Billed minus the Plan Discounts** as an indicator of how much that claim would cost under the HDHP.



Log on to www.myuhc.com and select "Manage my Claims"







Select your criteria for the information you want to view

Choose previous year

2

- Choose individual member or all family members
- Export claims to an Excel spreadsheet

myuhc.com <sup>®</sup>						U	UnitedHea	lthcare		
We'll Call You		Message Cer	nter i 🖻 Account S	ettings i 📑 Print	i 🗃 <u>Help</u> i 📑 <u>C</u>	<u>ontact Us</u> i <mark>∋</mark> <u>Feedback</u>	i 🖻 Sign Out 🔳	n Español		
Home Claims & Accounts	Physicians	& Facilities Pharma	cies & Prescription	s Benefits & Co	verage Pers	onal Health Record He	alth & Wellness			
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Submit FSA Claim Forms	1									
Medical Appeals and Grievances	John Doe	WALGREENS 1626	12/18/2015	\$3.54 <u>View Claim</u>	\$3.54	\$0.00	Processed 12/18/2015	$\checkmark$		
Dental Grievances								Add		
Automatic Payment Options	Jane Doe			\$7.27	\$7.27	\$0.00		Note		
Mailing and Email Preferences		WALGREENS 1626	10/30/2015				Processed			
Direct Deposit				View Claim		÷	10/30/2015			
Direct Deposit								Add		
Coordination of Benefits								Note		







The resulting Excel worksheet will show you an itemized list of your historical claims under the current UHC PPO or OOA medical plan. If you expect to have similar claims for 2017, you can use this list to estimate the cost for those same services under the UHC HDHP.

Under the HDHP, you pay for the actual cost of the service after the UHC discount for a network provider. Estimate the cost of the service under the HDHP:

## Amount Billed – Plan Discount = HDHP Cost Estimate

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	Α	В	С	D	E	F	G	н	I.	J	К	L
1	Claim Number	Patient Name	Date Visited	Visited	Claim Type	Claim Status	Date Processed	Amount Billed	Deductible	Your Plan Paig	Plan Discount	Your Responsibility
2	6152691565	Jane Smith	9/19/2016	S Niemi	Medical	Processed	9/21/2016	228	174.44	C	53.56	174.4
3	6029496279	Jane Smith	6/23/2016	J Binstock	Medical	Processed	6/29/2016	132.8	65.41	0	67.39	65.4
4	5987696933	Jane Smith	5/24/2016	J Binstock	Medical	Processed	5/28/2016	132.8	65.41	0	67.39	65.4
5	5812161229	Joe Smith	1/11/2016	California Pacific	Medical	Processed	2/2/2016	277	210.52	0	66.48	210.5
6	5787061075	Joe Smith	1/11/2016	California Pacific	Medical	Processed	1/15/2016	224	170.24	8	53.76	170.2
								$\smile$			$\checkmark$	





## Medical Plan Cost Comparison Calculator

Use this tool for a side-by-side estimation of your cost between the current UHC PPO/OOA vs. the new UHC HDHP for 2017. To start, you must know your monthly base salary and wellness tier based on the points you and your spouse earned under the Live Well program.

Check your wellness tier at: www.mywellsite.com/ip/crowley

Find salary info on your pay advice by logging into PeopleSoft Employee Self Service at: <a href="http://peoplesoftsso.crowley.com/">http://peopleSoft Employee Self Service at: <a href="http://peoplesoftsso.crowley.com/">http://peopleSoft Employee Self Service at:</a>

Open the cost calculator located on our SharePoint site: <u>https://crowley365.sharepoint.com/sites/HR/Benefits/Pages/default.aspx</u>

	Crowley Maritime Corporation ontribution Calculator - effettion		ıary 1, 201	17
Instructions: Select the Radio Buttons for your desire Enter your Base Monthly Salary where in	d coverage and plan.			
Select Desired Medical Coverage	Desired Medical Plan	Base Mor	thly Salary: \$	4,00
C Employee Only		Total Points Ac	cumulated:	799
	• HDHP	Contribution	Employ	
One Child		Period	Contribu	
<ul> <li>Spouse/Domestic Partner</li> </ul>		Semi-Monthly	\$	7
Children		Monthly		14
C Family Occline				
Select Desired Dental Coverage				
C Employee Only				
One Child				
O Spouse/Domestic Partner	Benefit	Monthly Cost E	Breakdown	
Children	Employee Medical	\$	50.00	
G Family G Decline	Dependent Medical Dental		81.20 8.00	
, i i i i i i i i i i i i i i i i i i i	Vision		1.00	
Select Desired Vision Coverage	Total	\$	140.20	
Employee Only				
Employee Only				
Employee Only     One Child				







Next, complete the yellow boxes on the "Medical Cost Estimate Worksheet"

- Your annual medical paycheck contributions will automatically populate based on the selections you made on the "Health Contribution Calculator" worksheet
- You can use the **myClaims Manager** tool on <u>www.myuhc.com</u> to complete "Your estimated 2017 healthcare expenses"
- Keep in mind your plan's calendar year out-of-pocket maximums but also, remember that Crowley is funding your HSA (\$1,500 individual / \$3,000 family) which can be used to offset your out-of-pocket expenses

Network OOP Maximum	PPO/OOA	HDHP
Individual	\$2,900	\$4,500
Family	\$8,700	\$6,850

What is the out-of-pocket maximum? It is a limit on what you'll pay each calendar year for covered expenses through deductible and coinsurance before UHC begins to pay 100% of covered medical expenses for the remainder of the calendar year.

	PPO/OOA with FSA		HDHP with HSA
2017 annual medical contribution	\$0.00		\$0.00
+ Your estimated 2017 healthcare expenses <sup>1</sup>	\$0.00		\$0.00
- Crowley's annual HSA contribution <sup>2</sup>	N/A		\$0.00
= Your estimated 2017 out-of-pocket cost	\$0.00		\$0.00
= Your Remaining HSA Funds for future expenses	N/A		\$0.00
Additional Tax Savings for You			
Your Federal tax rate <sup>3</sup>		0%	
Your additional contribution to the FSA or HSA <sup>4</sup>	\$0.00		\$0.00
Additional HSA contribution (only if 55-64 years old)	N/A		\$0.00
Your tax savings	\$0.00		\$0.00