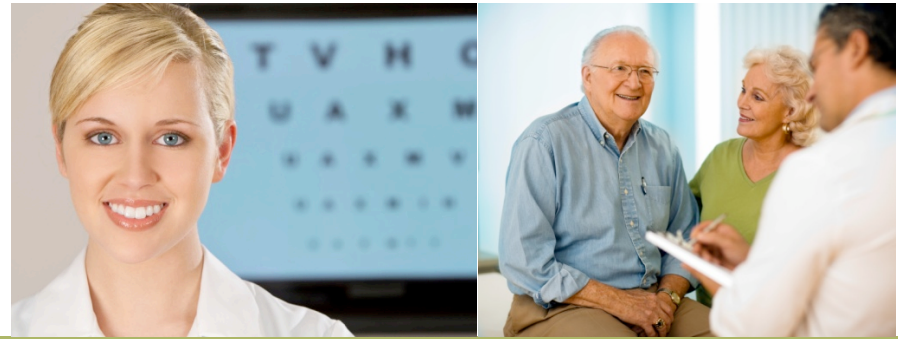


{ Holmes Murphy & Associates }



We're for you.



IKM-Manning CSD

July 1, 2012 Employee Benefits



Des Moines | Cedar Rapids | Dallas | Davenport | Denver | Kansas City
Oklahoma City | Omaha | Peoria | Scottsdale | Sioux Falls | St. Louis

Open Enrollment

It's that time of year again!

- Opportunity to review current benefit elections & make necessary changes
- Benefit plan year starts on July 1, 2012 and runs through June 30, 2013
- Plan elections made during open enrollment will remain in place through the plan year
- Qualified life event (i.e. marriage, divorce, death, birth, adoption, etc.) allows you to make changes during plan year within 30 days of the qualifying event. 60 days for Birth, Adoption, placement of adoption, or for eligibility or loss of eligibility for Medicaid or CHIP.
- Must notify Amy Osborne or Mary Heller of your change



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Renewal Summary

- Life, Voluntary Term Life, and Long Term Disability – will remain with Mutual Of Omaha. No Changes in benefit.
- Medical – Remaining with Wellmark.
- Dental – will change to Wellmark Blue Dental
- Flexible Spending- will continue to be administered through TASC.
- Open Enrollment process



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Medical Renewal Summary

- Received a substantial rate increase from Wellmark. Did a market check and decided Wellmark was still the best option.
- Decision was made to offer two plans for employees to choose from :
 - \$2,000 Traditional Plan
 - IKM-Manning CSD will Partial Self-Fund (PSF) through TASC to match current \$1,000 Deductible Plan
 - \$2,500 HDHP Plan – HSA compatible



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Alliance Select Plan Design Basics – \$2,000 Deductible Plan



	In-Network	Out-of-Network
PPO Office Visit	\$20 Copayment	40% coinsurance, after deductible
Deductible <i>Dual deductibles are separate – do not apply to each other</i>	\$2,000 Single (PSF to \$1,000) \$4,000 Single (PSF to \$3,000)	\$2,000 Single \$6,000 Family
Coinsurance	20%	40%
Out-of-Pocket Maximum (OPM) <i>Dual OPMs are separate – do not apply to each other</i>	\$4,000 Single \$8,000 Family	\$4,000 Single \$8,000 Family
Preventive Care	No cost share	40% coinsurance, after deductible
Chiropractic Services	\$20 Copayment	40% coinsurance, after deductible
Emergency Room Services For true medical emergencies, in-network benefits apply even if provider is out-of network.	20% coinsurance, after deductible	40% coinsurance, after deductible

Non-covered services and copayments (including drug copayments) do not count toward out-of-pocket maximum.

Health Reimbursement Account

- Amounts:
 - \$1,000 per Participant with Single coverage
 - \$1,000 per Participant with Family coverage

How does the reimbursement work?

Wellmark will automatically transmit claims to TASC.



Employees pay the first \$1,000 for single and \$3,000 for family in deductible expenses.



Once you have met your required amount TASC will reimburse **you (the employee)** for deductible expenses, up to the next \$1,000.



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Blue Rx Preferred--\$2,000 deductible plan only



	Retail (30 days)	Mail Order (90 days)
Tier 1 Drug Copay	\$10 Copay	\$25 Copay
Tier 2 Drug Copay	\$25 Co pay	\$62.50 Co pay
Tier 3 and 4 Drug Copay	\$50 Co pay	\$125 Co pay
Self Administered Specialty Drugs	\$100	

Tier 1: Most generic drugs and some brand-name drugs that have no generic equivalent.

Tier 2: Drugs appear on this tier because they either have no generic equivalent or are considered less cost-effective than Tier 1 drugs.

Tier 3: Drugs appear on this tier because they are less cost-effective than Tier 1 and Tier 2 drugs.

Tier 4: Drugs available as combination products, lifestyle drugs, or drugs with more cost-effective options available on Tiers 1, 2, or 3.

•If you choose a brand-name drug when an A-rated generic is available, in most cases, you will pay your cost share plus the difference in cost between the generic and brand-name drug.

Alliance Select Plan Design Basics – HSA Plan



	In-Network	Out-of-Network
PPO Office Visit	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Deductible <i>Duel deductibles are separate – do not apply to each other</i>	\$2,500 Single \$5,000 Family <i>*Full family ded. must be met before benefits pay at 0%</i>	\$5,000 Single \$10,000 Family <i>*Full family ded. must be met before benefits pay at 30%</i>
Coinsurance	0%	30%
Out-of-Pocket Maximum (OPM) <i>Duel OPMs are separate – do not apply to each other</i>	\$2,500 Single \$5,000 Family	\$5,000 Single \$10,000 Family
Preventive Care	No cost share to EE	Deductible waived 30% coinsurance
Chiropractic Services	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Emergency Room Services For true medical emergencies, in-network benefits apply even if provider is out-of network.	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance

- **Full Family Deductible must be met before the benefits will pay at 100%, this is DIFFERENT than the \$2,000 plan**
- **Non-covered services and copayments (including drug copayments) do not count toward out-of-pocket maximum.**

Comparing Medical Plan Options:



<i>In-Network Benefits</i>	<u>\$2,000 Deductible/HRA</u>	<u>\$2,500 HDHP / HSA</u>
Preventive Care	No cost share to EE	No cost share to EE
Deductible	\$2,000 Single (PSF to \$1,000) \$4,000 Single (PSF to \$3,000)	\$2,500 Single \$5,000 Single
Coinsurance - after deductible	20%	0%
Out-of-Pocket Maximum	\$4,000 Single \$8,000 Family <i>Excludes OV & RX Copayments</i>	2,500 Single \$5,000 Family <i>Full Family must be met before benefits pay at 0%</i>
PPO Office Visit	\$20 Copayment	Deductible, then 0%
Chiropractic Services	\$20 Copayment	Deductible, then 0%
Emergency Room Services	Deductible, then 20%	Deductible, then 0%
Prescription Drugs	\$10/ \$25/ \$50	Deductible, then 0%

****On HDHP, Single contracts are subject to the single deductible. For family contracts, benefits are not available for any family members until the entire family deductible has been met (or until two-person deductible is met if it differs from the family deductible). Out-of-pocket administration is based on the same accumulation***

Health Savings Accounts

- An HSA is a tax-sheltered savings account similar to an IRA
 - Triple tax advantage
 - Funds go in pre-tax (your payroll deduction)
 - Funds grow tax free (investment options available through the institution of your choice)
 - Funds are taken out tax free as long as they are used for qualified medical expenses (same as FSA eligible expenses)
- Unused balances carry forward to future years – No use it or lose it!
- HSAs are portable and the money in the HSA belongs to employee, not the employer,
- To save for current and future medical expenses



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HSA Guidelines

- 2012 maximum contributions:
 - \$3,100 single (based on your HDHP enrollment)
 - \$6,250 family (based on your HDHP enrollment)
- Age 55+ eligible for “catch-up contribution of an additional \$1,000 annually
- IRS typically indexes the maximums annually.
- You can make changes to your \$\$ elections anytime throughout the year
- *If funds are withdrawn for non-eligible expenses, subject to taxation and 20% penalty (if age 65+, only subject to taxation)



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HSA: Who is eligible?

An HSA can be established by an individual who:

- Is covered under an HDHP and
- Is not covered by any other health plan that is not an HDHP and
- Is not enrolled for benefits under Medicare (including Part A) and
- Is not claimed as a dependent on another person's tax return

You cannot contribute to an HSA if:

- You participate in a health FSA unless it is a:
 - Limited purpose FSA for dental and/or vision only
 - Dependent care FSA only
 - *If a spouse has a full purpose FSA, the employee cannot contribute to an HSA*
- Blue forms available to make your election for 2012-2013 and/or establish your HSA



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HSA Reminder

- As part of the Patient Protection and Affordable Care Act (PPACA)
 - Effective January 1, 2011
 - Certain over-the-counter drugs are no longer eligible for reimbursement without a prescription or letter of medical necessity
 - The penalty for withdrawing funds from your HSA for an ineligible expense increased from 10% to 20%



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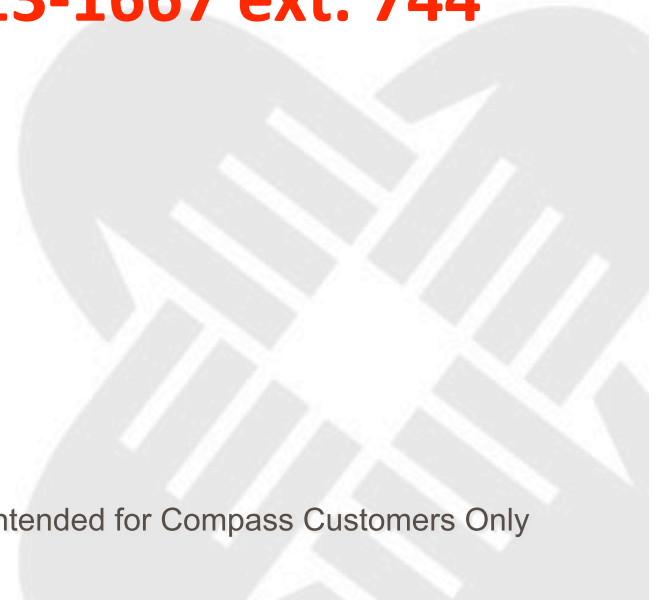
Jane Slusher

janes@compasshs.com

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- **Assistance with Dental and Vision also**



IKM-Manning CSD - \$2,000 Deductible Plan

Employee Medical Premiums 2012-2013

Monthly Premium	Total Renewal Premium for \$2,000 Deductible Plan	Amount School pays for \$2,000 Deductible Plan	Amount employee pays for \$2,000 Deductible Plan*
Employee	\$631.79	\$585.27	\$46.52
Employee & Spouse	\$1,263.80	\$585.27	\$678.53
Employee & Child(ren)	\$1,170.32	\$585.27	\$585.05
Family	\$1,879.52	\$585.27	\$1,294.25

*If you elect either the \$2,000 ded. plan or \$2,500 ded. plan, you will receive \$46.52 monthly allotment as part of your salary.

IKM-Manning CSD - \$2,500 Deductible Plan

Employee Medical Premiums 2012-2013

Monthly Premium	Total Renewal Premium for \$2,500 Deductible Plan	Amount School pays for \$2,500 Deductible Plan	Amount employee pays for \$2,500 Deductible Plan*
Employee	\$585.27	\$585.27	\$0
Employee & Spouse	\$1,198.63	\$585.27	\$613.36
Employee & Child(ren)	\$1,107.92	\$585.27	\$522.65
Family	\$1,796.19	\$585.27	\$1,210.92

*If you elect either the \$2,000 ded. plan or \$2,500 ded. plan, you will receive \$46.52 monthly allotment as part of your salary.

IKM-Manning CSD- Important note on Medical premiums

If you elect either the \$2,000 deductible plan or \$2,500 deductible plan, you will receive \$46.52 monthly allotment as part of your salary.

- ❑ Retirees are eligible for Medical coverage only**
- ❑ Must work 30 hrs/week to qualify for insurance**
 - Employees working 30.1-34.9 hrs/week - can elect insurance - employee pays 50% of single plan***
 - Employees working 35+ hrs/wk - district pays 100% single plan***

Wellmark Online

Get Access to Personalized Health & Wellness Information:

1. Visit www.myWellmark.com
2. Click “Register now” or
3. Click “Log in” if already registered

HEALTH & WELLNESS ABOUT WELLMARK Member Employer Broker Provider

Register for myWellmark

Our secure member website gives you quick, easy access to check claims, review your benefits, and track your health care expenses. You'll also find tools to help you learn about your health and reach your health goals.

- You will need your Wellmark ID card.
- The entire process will take 5 to 10 minutes.

[Register now](#)

Log in to Wellmark

User ID

Password

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[Forgot User ID or Password?](#)

[Not yet registered? Register now »](#)

Technical Assistance

Need help with registration?
Call us toll-free:
1-800-407-0267
Monday through Friday
7:00 a.m. – 5:30 p.m. CST


Wellmark Blue Cross and Blue Shield

Why Register?
7 reasons to register now.

Take a Tour
Take a tour of myWellmark.

myWellmark Homepage




Customer Service: 1-800-355-203
Technical Assistance: 1-800-407-026

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Ronda, welcome to your personal health site.



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 **MY CLAIMS SUMMARY**  


Patient First Name	Service Date	Provider	Status	Details
Ronda	07/25/11	Walgreens 07967	Paid	Details
Ronda	06/30/11	Walgreens 07967	Paid	Details
Ronda	06/29/11	Dermatology Pc	Paid	Details
Ronda	06/29/11	Walgreens 05060	Paid	Details
Ronda	06/29/11	Walgreens 05060	Paid	Details




[See all claims](#)

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Doctors & Hospitals
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Urgent Care Centers
[Iowa](#) 
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 **MESSAGE CENTER**  


Messages from Wellmark:

 *Posted on: Mon 08/08/2011*
Welcome to myWellmark! We want to know what you think. [Share your feedback.](#)

Posted on: Thu 07/28/2011
Trouble finding an EOB? [Here's help.](#)



[See all messages](#)

 **PRESCRIPTION DRUG TOOLS**  

[Look Up a Drug \(Wellmark Drug List\)](#) 

Wellmark Blue Dental Plan

Dental coverage changing to Wellmark Blue Dental

Payment Category	Deductible	Coinsurance	Benefit Period Max
Diagnostic & Preventive <i>-Cleaning/Exams (2x cal. year)</i>	Waived	0%	\$1,000 per covered person (excludes straighter teeth)
Routine & Restorative <i>- Cavity Repair</i>	\$50 single \$150 family	20%	
Periodontal Services <i>-Gum & Bone Disease</i>		20%	
Endodontic Services <i>-Root Canals</i>		50%	
Cast Restorations <i>- Crowns, Inlays, Onlays</i>		50%	
Prosthetics <i>-Bridges, Dentures, Implants</i>		50%	
Orthodontics (unmarried children 8 to 19)			50%

You will receive a new ID card. Show new card to Dental providers.



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IKM-Manning CSD

Employee Dental Premiums 2012-2013

Monthly Premium	Total Renewal dental plan	Amount School pays for dental plan	Amount employee pays for dental plan
Employee	\$33.14	\$15.00	\$18.14
Employee & Spouse	\$67.96	\$15.00	\$52.96
Employee & Child(ren)	\$81.54	\$15.00	\$66.54
Family	\$116.35	\$15.00	\$101.35

Flex Plan - TASC

- Allows you to pay with pre-tax dollars:
 - *Certain out of pocket medical, dental, vision expenses*
 - *Dependent Daycare expenses*
- Saves you \$0.25 to \$0.30 on every \$1
- 2012 Plan year: *July 1, 2012 through June 30, 2013*
- Direct deposit is available
- Claims are processed daily
- **Effective January 1, 2011 Over-the-Counter medications no longer an eligible expense unless prescribed by a doctor. TASC has form online at www.tasconline.com.**



Flex Plan (continued)

Two Flexible Spending Accounts available:

1. Dependent Daycare FSA:

- May set aside up to \$5,000 (married filing jointly, head of household)
- May set aside up to \$2,500 (married filing single)
- Daycare for dependent children up to age 13
- Daycare for dependent adults or disabled children over age 13 (must claim as a dependent on your taxes)

2. Unreimbursed Medical FSA:

- May set aside up to \$5,000
- Out of pocket medical, dental, and vision expenses, not covered by insurance



Flex Plan – How does it work?

- Estimate what you expect to pay in medical and dependent care for the coming year.
 - Estimate conservatively
 - You can only change elections during the plan year with a qualified event (birth, death, marriage, divorce, etc.)
- Each paycheck, your election gets put into your Flex account.
- You incur an eligible expense (from 7/1/12 through 6/30/2013).
- You have 90 days after 6/30/2013 to request reimbursement for expenses incurred by 6/30/2013.



Flex Plan Guidelines

- “Use it or Lose it” still applies
- Must make elections now for the 2012 plan year
- Claims Filing options:
 - Debit Card
 - On-line
 - Mail
 - Fax
- **NEW Mobile App!**



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Enrollment Guidelines

1. Review benefit information
2. Make benefit decisions for 7/1/2012
3. Mandatory Forms:
 - Wellmark Dental Enrollment form
 - TASC Flex Enrollment Form - yellow
4. Optional forms-available after meeting
 - HSA Enrollment form (Mandatory if Enrolling in the HDHP/HSA plan)
 - Wellmark Medical Enrollment/Change form
 - Mutual of Omaha Voluntary Term Life forms
 - TASC – FSA Additional claim card form
 - Beneficiary Designation form
5. Forms are due: **May 11th to the Business Office**



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Questions



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