

MEUHP Payroll Supervisor and Wellness Ambassador Meetings

Spring 2020



3/17 UPDATE

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Coronavirus / COVID-19 Update

- MEUHP will cover the Coronavirus **TEST** at 100% - no copays
- **Treatment costs associated with the TEST** (UC/ Emergency Room Telehealth etc) are also at no cost to the member.
- Other costs for treatment will be covered based on plan benefits. Deductibles, copayments and coinsurance apply
- Amwell for Cigna and MDLive for Cigna available for virtual visits at NO COST to the member for Coronavirus testing.
- Nurse Hotline – NO COST – 800-244-6224

MEUHP

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MEUHP Renewal

- No voluntary plan changes to the health plan
- Only change mandated by ACA HSA2700 to HSA2800
- New genetic drug benefit – provides MEUHP affordable access to two new **life changing** but very expensive gene therapy drugs

Luxturna® - treatment for an inherited form of progressive blindness

Zolgensma® - treatment for children under 2 with spinal muscular atrophy

Complete Cure!

Expense is spread among Cigna's entire book of business



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MEUHP Renewal Update

- HSA participation >80% = savings to members
- Wellness incentives and members services
- Preventive Rx for all HSA participants
- Employee Assistance Program (EAP) – included
- Low total administrative expenses < 10%
- > 90% of premiums dedicated to member benefits

MEUHP

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Features of the MEUHP plan with mycigna.com

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Find costs for doctors, procedures and RX

[Home](#) [Find Care & Costs](#) [Coverage](#) [Claims](#) [Prescriptions](#) [Wellness](#)

Find Care & Costs for Test in Columbia, MO

-  Doctor by Type
-  Doctor by Name
-  Reason for Visit
-  Locations
-  Price a Medication

 Important Messages regarding your plan

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Telehealth amwellforcigna.com

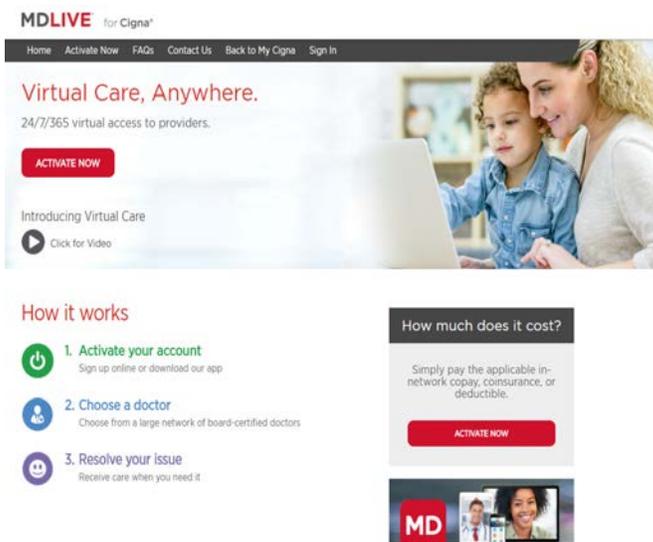


- \$55 per visit (\$0 for COVID-19 testing)
- Easy sign up – no cost to sign up
- See the doctor from your home or office

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Telehealth mdliveforcigna.com



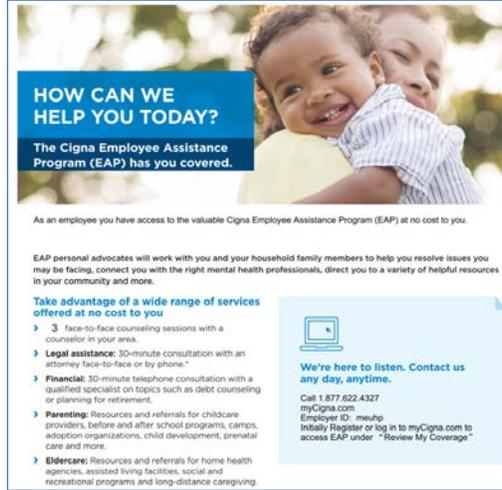
- Same features as amwellforcigna.com

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EAP Program Call 877-622-4327 or login to mycigna

- Unlimited telephone support
- 3 face to face counseling sessions
- Household Benefit
- Includes resources for:
 - Emotional support
 - Legal
 - Financial
 - Elder Care
 - Identity Theft
 - And more



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Preventive RX Drug List Updated 1/1/2020



Preventive medications are used to prevent conditions like high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke and prenatal nutrient deficiency.

This document shows the most commonly prescribed preventive generic and preferred brand medications covered as of January 1, 2020.¹² **The Preventive Generics and Preferred Brand Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers.** Also, your specific plan may not cover all of the medications in this document.

Here's some helpful information about this drug list:

Coverage for preventive medications.

Some plans have specific coverage requirements for preventive medications. For example, some plans may:

- Require you to pay a copay, coinsurance (the percentage you pay after you meet your deductible) and/or deductible (the amount you pay before your plan starts to pay) to receive coverage for a preventive generic medication.

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Mycigna Mobile App



- View Identification card information
- Review plan deductibles and max out of pocket.
- Store and organize all important contact info for doctors, hospitals, and pharmacies.
- Look up the cost of procedures and prescriptions.

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Preferred Labs – SAVE when having lab work done



Keep the cost of lab work low with these savings**:

Description	National labs average cost	Other outpatient lab average cost	Outpatient hospital lab average cost
General health panel*	\$21.85	\$43.59	\$191.32
Complete blood count (CBC)	\$5.34	\$11.67	\$42.26
Prostate screen (PSA)	\$12.62	\$27.58	\$71.26
Strep throat	\$8.34	\$15.01	\$44.92
Cholesterol	\$2.96	\$6.45	\$22.26
Hemoglobin A1C	\$6.65	\$15.17	\$47.48

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MOTIVATE ME Incentives 2020-2021

- All incentives same as last year PLUS one new incentive added
- Incentives run July 1 through June 30
- If you didn't redeem from last year, they will not expire
- Once you receive your gift card, there is an expiration date (shown on the front of the card)
- Spouses are eligible for same incentives as last year

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Wellness Update

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Health Risk Assessment – \$25 - Starter Goal

Employee and Spouse Eligible

MY WELLNESS SCORE

Hi Test! It's time to retake your health assessment.

You're eligible to earn awards if you complete your health assessment between 07/01/2018 and 06/30/2019!

82

100

RETAKE MY HEALTH ASSESSMENT

FAMILY INCENTIVES

You haven't completed any incentives yet - it's not too late to start!

Debit Card

\$0

\$550

VIEW MY INCENTIVE DETAILS

HEALTH SNAPSHOT

You'll see your biometric numbers below when you complete your health assessment or get a health screening through a participating lab.

Needs Improvement Healthy

- Body Mass Index 20.1
- Total Cholesterol --
- Blood Pressure --/--

VIEW MY HEALTH DASHBOARD

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Biometric Health Screening – \$50 - Starter Goal

Employee and Spouse Eligible



If you participated in on site screening, incentive automatically applies to mycigna

OR have screenings during your regular physical.

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Physical or OB/GYN \$75

Employee and Spouse Eligible

Preventive care - help you stay healthy and prevent diseases.

Detecting a problem at the earliest stage makes it much easier to treat and may provide a better outcome.



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Telephone Coaching Program - \$50

Employee and Spouse Eligible



All coaching programs are by telephone 800-244-6224

- Weight management
- Tobacco Cessation
- Stress Management

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BMI less than 30 - \$50



Employee Eligible

If BMI is over 30, you can join a coaching program to reduce your weight by 10%

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Healthy Moms / Healthy Babies

Employee or covered spouse eligible



1st Trimester - \$150

Or

2nd Trimester - \$75

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Incentive Awards

Total Dollars for Debit Cards:	EARNED \$50	REDEEMED \$0	REMAINING \$50	Redeem your dollars
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PROGRAM PERIOD: Current

OVERVIEW GOALS

Earn \$550 toward your 2018 awards

Your MotivateMe® program is designed using specific goals that reward you for healthy actions you take.

My Family Maximum

MotivateMe Core Goals
\$550
Debit Card

Everyone on the plan who's eligible to participate has a specific amount they can contribute toward the family maximum.
[View all goals](#)

View Awards Earned by **Family**

MotivateMe Core Goals
\$50
Debit Card

\$0 \$550

Earnings as of 08/30/2017

My Family Recent Activity

VIEW RECENT ACTIVITY FOR:

- Test completed "Get a personalized health assessment" \$50 toward debit card 07/24/2017

NEED HELP

- Visit the Support Center
- For help finding something on the site please call 1-800-853-2713
- For help with plan and coverage information please call 1-800-244-6224
- Note: For TTY/TDD service for hard of hearing and deaf callers, call 711 for Telecommunications Relay Service.
- Language Assistance: For help in your language, call 800-244-6224 to speak with an interpreter at no cost. [Learn more](#)

RELATED LINKS

- FAQ

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New Centers of Excellence - \$250 Incentive – July 1 2020

Doctor by Type

Doctor by Name

Reason for Visit

Locations

Price a Medication

Enter a health care facility name or type

- Hospital / Medical Center
- Hospital / Medical Center: Cigna Center of Excellence
- Imaging (Radiology) Facilities - Advanced (MRI, CT, CTA, SPECT)
- Imaging (Radiology) Facilities - Mammograms
- Imaging (Radiology) Facilities - Simple (X-ray, Ultrasound)
- Lab Testing Facility
- Outpatient Surgery Center
- Pharmacy
- Physical Therapy (PT)

You can find and visit Centers of Excellence (COE) now.

The new \$250 incentive will take effect for any qualified procedure at a COE **after July 1, 2020.**

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What is a Center of Excellence



CENTER OF EXCELLENCE

- Top rated hospital for cost and health outcomes
- Centers of Excellence earns five or six stars for conditions regarding cost or quality
- 18 common conditions and procedures such as:
 - Heart Surgery
 - Joint Replacement
 - Cancer Conditions
 - Delivery / C-Section

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Examples of Centers of Excellence:

SEDALIA

27 In-Network results for Hospital / Medical Center: Cigna Center of Excellence near Sedalia, MO 65301, USA

Sort: Distance | Results for: Cynthia | More Options

Western Missouri Medical Center 27 mi

403 Burkarth Rd # A Warrensburg, MO 64093 | (660) 747-2500

Facility Type: Hospital | See Affiliated Doctors

Center of Excellence for Joint Replacement (Hip Replacement, Knee Replacement), Respiratory (Pulmonary) Conditions (COPD, Pneumonia)

Know before you owe.
[View procedures and cost information](#)

Ray County Memorial Hospital 55 mi

904 Wollard Blvd Richmond, MO 64085 | (816) 470-5432

Facility Type: Hospital | See Affiliated Doctors

Center of Excellence for Respiratory (Pulmonary) Conditions (COPD, Pneumonia)

Know before you owe.
[View procedures and cost information](#)

St. Mary's Medical Center 60 mi

201 NW R D Mize Rd Blue Springs, MO 64014 | (816) 228-5900

Facility Type: Hospital | See Affiliated Doctors

Center of Excellence for Cardiac Catheterization and Angioplasty, Joint Replacement (Hip Replacement, Knee Replacement)

Know before you owe.
[View procedures and cost information](#)

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Examples of Centers of Excellence: DEXTER

17 In-Network results for Hospital / Medical Center: Cigna Center of Excellence near Dexter, MO 63841, USA

Sort: Distance Results for: Cynthia More Options

Piggott Community Hospital

31.1 mi

1206 Gordon Duckworth Dr Piggott, AR 72454 | (870) 598-3881

Facility Type: Hospital See Affiliated Doctors

Center of Excellence for Respiratory (Pulmonary) Conditions (COPD, Pneumonia)

Know before you owe.

View procedures and cost information

Southeast Missouri Hospital Association

40.6 mi

10 Doctors Park Cape Girardeau, MO 63703 | (573) 335-6208

Facility Type: Hospital See Affiliated Doctors

Center of Excellence for Cardiac Catheterization and Angioplasty, Joint Replacement (Hip Replacement, Knee Replacement)

Know before you owe.

View procedures and cost information

St. Francis Medical Center

40.9 mi

211 Saint Francis Dr Cape Girardeau, MO 63703 | (573) 331-3000

Facility Type: Hospital See Affiliated Doctors

Center of Excellence for Bariatric Surgery, (Gastric Bypass, Weight Loss Surgery), Cardiac Catheterization and Angioplasty, Joint Replacement (Hip Replacement, Knee Replacement), Respiratory (Pulmonary) Conditions (COPD,

Know before you owe.

View procedures and cost information

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Examples of Centers of Excellence: BUTLER

32 In-Network results for Hospital / Medical Center: Cigna Center of Excellence near Butler, MO 64730, USA

Sort: Distance Results for: Cynthia More Options

Via Christi Hospital Pittsburg Inc

37.4 mi

401 Woodland Hills Blvd Fort Scott, KS 66701 | (620) 223-7070

Facility Type: Hospital See Affiliated Doctors

Center of Excellence for Respiratory (Pulmonary) Conditions (COPD, Pneumonia)

Know before you owe.

View procedures and cost information

AdventHealth Shawnee Mission

43.9 mi

7820 W 165th St Overland Park, KS 66223 | (913) 373-1100

Facility Type: Hospital See Affiliated Doctors

Center of Excellence for Cardiac Catheterization and Angioplasty, Colon Surgery, Gallbladder Removal, Laparoscopic (Inpatient), Joint Replacement (Hip Replacement, Knee Replacement), Respiratory (Pulmonary) Conditions (COPD, Pneumonia)

Know before you owe.

View procedures and cost information

St. Luke's East Hospital

47.3 mi

100 NE Saint Lukes Blvd Lees Summit, MO 64086 | (816) 347-5000

Facility Type: Hospital See Affiliated Doctors

Center of Excellence for Delivery (C-Section, Vaginal Delivery)

Know before you owe.

View procedures and cost information

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Examples of Centers of Excellence: MARYVILLE

32 In-Network results for Hospital / Medical Center: Cigna Center of Excellence near Maryville, MO 64468, USA

- Harrison County Community Hospital (45 mi)
Cameron Regional Medical Center (54.7 mi)
Atchison Hospital (57.4 mi)
Nebraska Medicine-Bellevue (78.4 mi)

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Examples of Centers of Excellence: SPRINGFIELD

11 In-Network results for Hospital / Medical Center: Cigna Center of Excellence near Springfield, MO, USA

- Texas County Memorial Hospital (73.6 mi)
Premier Surgical Institute (73.8 mi)
Mercy Hospital Northwest Arkansas (74.4 mi)

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District Incentive Update 2019-2020

- 88 districts completed the superintendent survey
- 35 have had an education session
- 32 districts have qualified for the district incentive

\$ Amount	Wellness Activity 7-1-19 to 6-30-20 MEUHP Plan Year
\$15	60% of Primary Insured Employees Complete a Biometric Screening (Verified via Cigna report)
\$5	60% of Primary Insured Employees Complete a Health Risk Assessment (Verified via Cigna Report)
\$5	60% of Primary Insured Employees Attend In-service Plan Education Session (Verified by sign in sheet) OR 60% of Primary Insured Employees Complete 2 EAP Webinars

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2020-2021 Wellness Initiative

Each District can earn up to \$25 per covered employee-retiree by completing four criteria



- Superintendent wellness survey
- Staff education meeting
- Wellness ambassador position
- 60% participation of employees in biometric screening and health risk assessment

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Biometric Wellness Screenings

Quest Diagnostics

- **Lead time** 10 weeks to schedule event
- **No MINIMUM** requirement
- **15 to 20 minutes** per appointment
- **Covered MEUHP** receive a \$50 Gift Card
- Screenings covered at **100%** for members
- **No show fees** - estimate conservatively when projecting.
- **District** receives summary report of screening results



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Immediate results – given to employee

Your Results and Definitions

DM
Normal Range: 100 to 125 mg/dL

BMI
Normal Range: 18.5 to 24.9

WAST CIRCUMFERENCE
Normal Range: 35.5 to 40.0 inches

WAST-TO-HP RATIO
Normal Range: 0.85 to 1.0

BLOOD PRESSURE
Normal Range: 120/80 mmHg

RESULTS AND DEFINITIONS

DM
Diabetes Mellitus (DM) is a chronic condition characterized by high blood sugar levels. It is caused by either a deficiency of insulin or the body's inability to use insulin effectively. There are two main types of diabetes: Type 1 and Type 2. Type 1 is an autoimmune disease where the body's immune system attacks the insulin-producing cells in the pancreas. Type 2 is more common and is often associated with obesity and insulin resistance. Both types can lead to serious complications if not managed properly.

BMI
Body Mass Index (BMI) is a measure of body fat based on height and weight. It is calculated by dividing your weight in kilograms by your height in meters squared. A BMI of 18.5 to 24.9 is considered a healthy weight range. A BMI of 25 to 29.9 is considered overweight, and a BMI of 30 or higher is considered obese.

WAST CIRCUMFERENCE
Waist circumference is a measure of abdominal fat. It is measured by a tape measure around the narrowest part of the waist, just above the hip bones. A waist circumference of 35.5 to 40.0 inches for men and 35 to 39.9 inches for women is considered high, indicating an increased risk of heart disease and other health problems.

WAST-TO-HP RATIO
Waist-to-hip ratio (WHR) is a measure of body fat distribution. It is calculated by dividing your waist circumference by your hip circumference. A WHR of 0.85 to 1.0 for men and 0.85 to 0.99 for women is considered high, indicating an increased risk of heart disease and other health problems.

BLOOD PRESSURE
Blood pressure is the force of blood pushing against the walls of your arteries. It is measured in millimeters of mercury (mmHg). A normal blood pressure is 120/80 mmHg. A blood pressure of 130/80 mmHg or higher is considered high, indicating an increased risk of heart disease and other health problems.

The results below are designed to give you a comprehensive assessment of your physical measures, heart health and pancreas health. Share these results with your physician to determine what lifestyle changes, if any, are needed to keep you on the journey to good health.

TOTAL CHOLESTEROL
Normal Range: 125 to 199 mg/dL

HDL CHOLESTEROL
Normal Range: 40 to 100 mg/dL

TRIGLYCERIDES
Normal Range: 0 to 150 mg/dL

LDL CHOLESTEROL
Normal Range: 100 to 159 mg/dL

NON-HDL CHOLESTEROL
Normal Range: 100 to 159 mg/dL

TOTAL CHOL/HOL RATIO
Normal Range: 2.0 to 3.5

FASTING GLUCOSE
Normal Range: 70 to 100 mg/dL

NON-FASTING GLUCOSE
Normal Range: 70 to 100 mg/dL

RESULTS AND DEFINITIONS

TOTAL CHOLESTEROL
Total cholesterol is the sum of all cholesterol in your blood. It is measured in milligrams per deciliter (mg/dL). A total cholesterol level of 125 to 199 mg/dL is considered normal. A level of 200 mg/dL or higher is considered high, indicating an increased risk of heart disease and other health problems.

HDL CHOLESTEROL
High-density lipoprotein (HDL) cholesterol is often referred to as "good" cholesterol. It is measured in milligrams per deciliter (mg/dL). An HDL level of 40 to 100 mg/dL is considered normal. A level of 100 mg/dL or higher is considered high, indicating a lower risk of heart disease and other health problems.

TRIGLYCERIDES
Triglycerides are a type of fat found in your blood. They are measured in milligrams per deciliter (mg/dL). A triglyceride level of 0 to 150 mg/dL is considered normal. A level of 150 to 199 mg/dL is considered high, and a level of 200 mg/dL or higher is considered very high, indicating an increased risk of heart disease and other health problems.

LDL CHOLESTEROL
Low-density lipoprotein (LDL) cholesterol is often referred to as "bad" cholesterol. It is measured in milligrams per deciliter (mg/dL). An LDL level of 100 to 159 mg/dL is considered normal. A level of 160 to 199 mg/dL is considered high, and a level of 200 mg/dL or higher is considered very high, indicating an increased risk of heart disease and other health problems.

NON-HDL CHOLESTEROL
Non-HDL cholesterol is the sum of LDL cholesterol and triglycerides. It is measured in milligrams per deciliter (mg/dL). A non-HDL level of 100 to 159 mg/dL is considered normal. A level of 160 to 199 mg/dL is considered high, and a level of 200 mg/dL or higher is considered very high, indicating an increased risk of heart disease and other health problems.

TOTAL CHOL/HOL RATIO
The total cholesterol to HDL cholesterol ratio is a measure of the amount of cholesterol in your blood. It is calculated by dividing your total cholesterol by your HDL cholesterol. A ratio of 2.0 to 3.5 is considered normal. A ratio of 3.6 or higher is considered high, indicating an increased risk of heart disease and other health problems.

FASTING GLUCOSE
Fasting glucose is the amount of glucose in your blood after you have fasted for at least 8 hours. It is measured in milligrams per deciliter (mg/dL). A fasting glucose level of 70 to 100 mg/dL is considered normal. A level of 100 to 125 mg/dL is considered high, and a level of 126 mg/dL or higher is considered very high, indicating an increased risk of diabetes.

NON-FASTING GLUCOSE
Non-fasting glucose is the amount of glucose in your blood at any time of the day. It is measured in milligrams per deciliter (mg/dL). A non-fasting glucose level of 70 to 100 mg/dL is considered normal. A level of 100 to 125 mg/dL is considered high, and a level of 126 mg/dL or higher is considered very high, indicating an increased risk of diabetes.

Health & Wellness

Quest Diagnostics

MyFingerstick Screening Results

Confidential Fingerstick results for:

FIRST and LAST NAME
This report contains valuable personal health information. Please keep this report in your possession.

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Employee Communications:**Total Responses:**

· August	175
· September	156
· October	154
· November	268
· December	224
· January	248
· February	218

Total = 1443

206 responses/month

\$ 4,200 in total payouts through Feb.

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Sample email responses

I realized that my equilibrium was off due to the sinus infection now spreading to my ears. I decided to enroll in amwellforcigna and give it a try since the nearest urgent care was 20 miles away.

Within 20 minutes of starting the process at home I had talked to a Doctor, had my prescription called in and was on medication in less than 2 hours. I could not have gone to a Doctor and received results that quick.

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MEUHP – A few of the Email Communication Winners



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Voluntary Plans Update

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Ameritas Dental

Your employee dental benefits can help you save on out-of-pocket expenses.

Premium Plan

- New \$1,500 annual benefit maximum
- Dental rewards may increase a member's benefits up to \$2,000
- Preventive care does NOT count towards annual benefit limit
- Ortho benefit for children increasing to \$1,500

Basic plan

- Rates reduced by \$1 a month

Achieving and maintaining a bright and healthy smile can be expensive. You can help offset these expenses by enrolling in one of the dental plans offered by your employer.

Preventive PlusSM

Type 1 preventive services, such as cleanings and exams, are covered in full and not deducted from the plan's annual maximum benefit. This way, the entire annual maximum benefit goes towards covered Type 2 basic and Type 3 major procedures.

Benefit Summary	Premium Plan
Type 1 Preventive Procedures Exams, cleanings, bitewing & periapical x-rays, space maintainers, fluoride for children	100%
Type 2 Basic Procedures Fillings, simple extractions, panoramic x-rays, denture repair, sealants for children	80%
Type 3 Major Procedures Crowns, onlays, dentures, endodontics, periodontics, anesthesia, complex extractions	50%
Deductible	\$50/calendar year no deductible for Type 1
Allowance	90th USC
Annual Maximum Benefit	\$1,500
Child Orthodontia Per person per calendar year (under age 19)	12 month waiting period for new enrollees only
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,500
Monthly rates	
Employee	\$34.00
Employee & Spouse	\$66.00
Employee & Children	\$84.00
Employee & Family	\$117.00

Dental Rewards

By visiting a dental provider each year and submitting a claim, you can qualify to carry over benefit dollars and increase your annual maximum benefit over time. This way, it'll be there to help pay for more expensive procedures in the future. When you visit an Ameritas Dental Network provider, you earn additional rewards to add to your annual carryover amount.

Benefit Threshold	\$500
Dental benefits received for the year cannot exceed this amount.	
Annual Carryover Amount	\$250
This amount is added to the following year's maximum	
Annual PPO Bonus	\$100
Additional bonus earned if you see a network provider	
Maximum Carryover	\$500
Maximum possible accumulation for Dental Rewards and PPO Bonus combined	

LASIK Advantage[®]

Your dental plan includes LASIK Advantage benefits, making it more affordable for you to access a number of popular, well-established laser vision correction procedures. It provides a lifetime benefit that pays once per eye, and per-eye benefits cannot be combined to treat a single eye. For the biggest payout, you can let your benefit increase over time. Plus, you can take advantage of special offers to make your benefit go further. The minimum age for laser vision correction is 18.

Lifetime benefit per eye:		
Year 1: \$175	Year 2: \$175	Year 3: \$175

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Cigna Dental

New Rates effective 7/1

Employee \$34.46

No Benefit Changes

Dental insurance keeps you smiling

Take care of your teeth and gums with flexible, affordable dental insurance plans from Cigna

[GET A QUOTE](#) or call us at 1-855-340-9388



Why choose Cigna dental plans?



\$0 preventive care¹

No copays or deductibles for cleanings, routine x-rays, and more with in-network dentists. Maintaining dental health is easier!



Nationwide network

Visit dentists from our national network of over 90,000 dentists at over 286,000 locations² for maximum savings and zero paperwork.



Brighter ScoreSM

Compare dentists based on scores for affordability, professional history, and patient experience.



24/7/365 support

Customer service around the clock - call or chat whenever it's most convenient for you.

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Eyemed Vision Plan – Excellent Value



The EyeMed Vision Plan makes it easy and affordable to get a yearly vision exam for you and your family. Premiums start at just \$12.27 per month and include coverage for glasses or contact lenses. Premiums can be paid pre-tax through your employer's Section 125 plan for you, your spouse and dependent children under age 26 until the end of the calendar year in which they turn 26.

Monthly Premiums	
Employee	\$12.27
Employee + 1 Dependent	\$17.15
Employee + Family	\$29.61

Names You Trust

EyeMed offers convenient access to both private practice and optical retail providers. Using EyeMed's largest "Access" vision provider network, members can choose from a panel that includes optometrists, ophthalmologists, opticians and some leading optical retail centers, including

EyeMed Benefits In-Network Reimbursement Amounts	
Exam with dilation, as necessary	Paid-in-Full
Exam Options*	
• Standard** contact lens fit & follow-up	Up to \$65
• Premium** contact lens fit & follow-up	10% off retail price
Frames	
Any available frame at provider location: \$120 allowance + 20% off balance over \$120; \$0 Copay	
Standard Plastic Lenses	
• Single Vision	\$15 Copay
• Bifocal	\$15 Copay
• Trifocal	\$15 Copay
• Premium Progressive	\$15 Copay, \$120 allowance
• Standard Progressive	\$15 Copay
• Lenticular	\$15 Copay

- No copays for Exam
- Low copays for lenses
- Frame allowance \$120
- Low Rates – Start at \$12.27 per month

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Ameritas VSP Plan

Your employee vision benefits can help you save on out-of-pocket expenses.

Your VSP vision plan details

	In-network	Out-of-network
Benefit frequencies		
Exam	Every 12 months	Every 12 months
Contact lenses or contacts	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months
Deductible*	\$0 Exam	\$10 Exam
(Per person per calendar year)	\$25 Eye Glass Lenses	\$25 Eye Glass Lenses
Amount the plan pays after applicable deductible:		
Annual Eye Exam (with dilation as necessary)	100%	Up to \$45
Lenses (per pair)		
Single vision	100%	Up to \$80
Bifocal	100%	Up to \$80
Trifocal	100%	Up to \$85
Lenticular	100%	Up to \$100
Progressive	See lens options	No coverage
Frame Allowance	\$130**	Up to \$170
Contact		
Fit & follow-up exam	Member cost up to \$60	No coverage
Standard	70% off retail	No coverage
Premium	Up to \$130	Up to \$105
Elective	Covered in full	Up to \$210
Medically necessary		
Lens Options (member cost)		
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Standard	Covered in full for dependent children \$20 adults	No coverage
Soft polycarbonate	\$15-\$17 (except PWR) & \$9	No coverage
Tints & style (except pink I & B)	\$21-\$82	No coverage
Photochromatic Lenses (Base & Plastic)	\$21-\$82	No coverage
Specialty treatment	\$17-\$23	No coverage
Anti-reflective	\$43-\$95	No coverage
Ultrasoft	\$16	No coverage
Coat or PWR	Average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PWR. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,200 for custom LASIK using Wavefront technology and \$1,600 for PWR.	No coverage
Monthly Rates		
Employee	\$9.00	
Employee and spouse	\$18.00	

- \$10 copay for exam
- Low copays for lenses
- Frame allowance \$130
- Rates decreased from \$9.90 to \$9.00 per month

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Unum Voluntary Life Insurance

NEW Guaranteed Issue for ALL eligible employees for the 2020-21 Open Enrollment

- Employee - **Up to \$200,000** – not to exceed 5 times salary
- Spouse – **up to \$50,000** (not to exceed employee's coverage amount)
- Children – up to **\$10,000**
- New Hires – Guaranteed Issue within 30 days of date of hire
- Portable – no health questions
- Employees can change beneficiaries at any time on ftjconnect.



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UNUM Dependent Life – 7/1/2020

The dependent life under the **BOARD PAID LIFE** plan will end 7/1/2020. (\$5,000 for spouse and \$2,000 for children for \$2 a month.)

Any employee who has the dependent life **WILL NEED TO ENROLL** in the the spouse / child portion of the voluntary life plan on 7/1/2020 if they wish to continue the coverage for their dependents.

FTJ MM

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UNUM Dependent Life – 7/1/2020

FTJ will audit the enrollment after to ensure employees who HAD dependent coverage under the Board Paid plan were successfully added to the Voluntary Dependent Life.

We will contact the Payroll Supervisor if we find dependents who had not been added to the voluntary dependent life to insure that was the employee's intent.

FTJ MM

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Senior Products

- Medicare Supplements
- Part D Prescription Plans
- Life Insurance
- Home Health Care



Bruce Kallmeyer, MBA
FTJ Senior Products Manager
800-821-7303 ext 1644

FTJ MM

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Renewal Paperwork

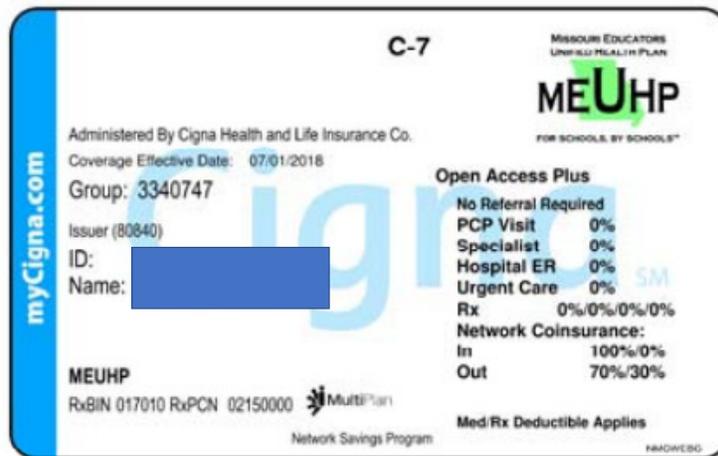
- **Due by April 30**
 1. Participation Agreement
 2. Membership Agreement
- Enrollments completed by Mid-May
- FTJ will contact / enroll retirees
- New coverage begins July 1, 2020

FTJ MM



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All MEUHP employees and retirees will receive new ID Cards



FTJ MM

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Administration

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Reminder: No Automatic 31 Day Coverage for Newborns

If employee wants to add their baby to the plan, coverage would begin the date of birth and premium would be due for that month.

Example: baby born 4/23/20 – Premium is due for month of April.

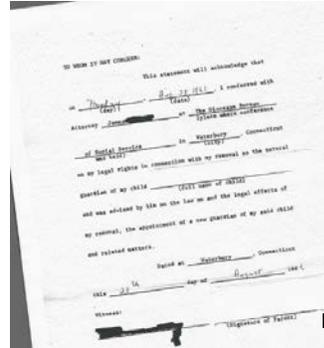
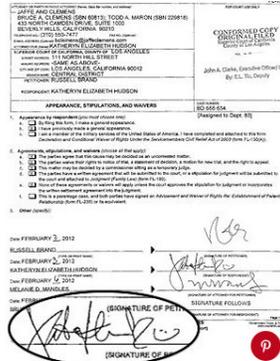


FTJ JD

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Qualified Events

We must have **documentation** of qualified events in order to make mid-year change. Employee has 30 days from the date of the qualified event to make the change.



FTJ JD

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Deductible and Coinsurance

- January 1 – Deductibles and coinsurance reset
- Out of pocket runs calendar year
- July 1 – New Plan year Any deductible met from January through June will be credited for the remainder of the year.

FTJ JD

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HSA Contribution Rules – IRS Governed

1. You must be covered by an HSA qualified HDHP
(All MEUHP HSA Plans are qualified)
2. You cannot be enrolled in Medicare Part A or B.
(**Note:** this usually involves employee's 65+ years of age)
3. You cannot be claimed as a tax dependent on someone else's taxes
4. You cannot have any other non-permissible coverage
(Example: be on a spouse's non-qualified plan)

IRS Publication 969 has more details

FTJ JD

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New Question for HSA Plans

The questions below are important to answer correctly for your personal tax situation. If you have questions, please refer to the HSA Primer in the resource library or contact your benefit administrator. You are responsible for seeking your own tax advice.

Medical

Are you covered by another health plan such as an HMO, PPO?

No

Are you enrolled in Medicare?

No

Are you claimed as a dependent on someone else's tax return?

No

If they answer YES to any of these questions, the HSA will be waived.

FTJ JD

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UNUM Salary Updates

Make sure updated salary information is sent
BEFORE open enrollment

UNUM voluntary benefits are based on salary

FTJ JD

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Review of FTJ Connect procedures

**For Retirees
and COBRA**



FTJ JD

MEUHP **ftj connect**
SERVICES

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How to change member to Retiree

Pull up employee under User Admin and click on last name. Once the View/Edit screen comes up, click on Terminate Employment at the bottom left.

DISTRICT
MANAGER

Search for User
Add User
Impersonate User
View/Edit
Life Events
Employee File
Family Information
Benefit Coverages
Billing History
Special Enrollment
Terminate Employment

Demographics Employment Compensation Benefits

Tammy Jacobson

Demographic Information Edit

First Name Tammy
Middle Initial
Last Name Jacobson
Last Name Effective Date
Suffix
Social Security Number 025-69-8413
Date of Birth 2/14/1965
Age 52
Gender Female

FTJ JD



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How to change member to Retiree

Enter the termination reason as retirement and enter termination date. The date in the second box should be the date that the school paid benefits will end.

DISTRICT
MANAGER

Search for User
Add User
Impersonate User
View/Edit
Life Events
Employee File
Family Information
Benefit Coverages
Billing History
Special Enrollment
Terminate Employment

Demographics Employment Compensation Benefits

Tammy Jacobson > Edit Employment Termination Information

Termination Reason Retirement
Last Day Worked 5/22/2017
Termination Date 8/31/2017

Save Cancel

FTJ JD



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How to change member to Retiree

The next screen will allow you to edit the last day of coverage dates for any benefits that may be different than the others.

Terminate	Benefit Plan	Last Day of Coverage
<input checked="" type="checkbox"/>	HSA 3000 Embedded Preferred Care Blue	08/31/2017
<input checked="" type="checkbox"/>	Health Savings Account 3000	08/31/2017
<input checked="" type="checkbox"/>	Anthem Dental	08/31/2017
<input checked="" type="checkbox"/>	EyeMed Vision	08/31/2017
<input checked="" type="checkbox"/>	Unum Basic Life	08/31/2017
<input checked="" type="checkbox"/>	Unum Basic Dependent Life	08/31/2017
<input checked="" type="checkbox"/>	Unum Voluntary Employee Life	08/31/2017
<input checked="" type="checkbox"/>	Unum Voluntary Child Life	08/31/2017
<input checked="" type="checkbox"/>	Unum Voluntary Spouse Life	08/31/2017

FTJ JD



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How to change member to Retiree

Once you have hit save, you should see the successful message in green.

✓ Employment Termination information was saved successfully.

Demographics Employment Compensation Benefits

Tammy Jacobson > Edit Employment Termination Information

Termination Reason: Termination

Last Day Worked: 5/22/2017

Termination Date: 8/31/2017

FTJ JD



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How to change member to Retiree

Click back on Search for User and member's employment status should show "Not Active".

Search for an Existing User or Add a New User

Search

Advanced Search

Search Reset Fields Add a New User

Last Name	First Name	MI	Suffix	SSN	Employee ID	Employment Status	Benefit Class
Jacobson	Tammy			025-69-8413		Not Active	Full Time Employee-Class I

FTJ JD



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How to change member to Retiree

Click back on last name and once you are in View/Edit, go to the Employment tab and click on Edit next to Employment Status Information.

DISTRICT MANAGER

Demographics Employment Compensation Benefits

Search for User Add User Impersonate User View/Edit

Life Events Employee File Family Information Benefit Coverages Billing History Special Enrollment Terminate Employment

Tammy Jacobson

Employment Information Edit

Employee ID
Hire Date 4/1/2015
Original Hire Date
Employee on Hold
Overtime Standard OT (Non-Exempt)
HCE Flag No
Supervisor Code No
Secondary Zip for Plan Eligibility

Termination Information Edit

Termination Reason Termination
Last Day Worked 5/22/2017
Termination Date 8/31/2017

Employment Status Information Edit

Effective Date 9/1/2017
Employment Status Not Active

FTJ JD



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How to change member to Retiree

On the next screen, the effective date should be the date that the retiree begins paying for his/her own benefits. Then change the Employment Status to Retiree. Then click Save.

DISTRICT MANAGER

- Search for User
- Add User
- Impersonate User
- View/Edit**
- Life Events
- Employee File
- Family Information
- Benefit Coverages
- Billing History
- Special Enrollment

Demographics Employment Compensation Benefits

Tammy Jacobson > Edit Employment Status Information

* Effective Date

* Employment Status

* Fields are required

Save Cancel

FTJ JD



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How to change member to Retiree

Now click on the Benefits Tab at the top and click on Edit next to Benefit Class Information.

DISTRICT MANAGER

- Search for User
- Add User
- Impersonate User
- View/Edit**
- Life Events
- Employee File
- Family Information
- Benefit Coverages
- Billing History
- Special Enrollment
- Terminate Employment
- End Retirement

Demographics Employment Compensation Benefits

Tammy Jacobson

Benefit Class Information

Benefit Class Full Time Employee-Class I (Full Time Employee-Class I)

Effective Date 4/1/2015

In the Benefit Class dropdown, Select the appropriate retiree benefit class, enter benefit class effective date (i.e., the date the retiree should begin paying their own benefits). Click Save.

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How to change member to Retiree

Click on Plan Selection. Enter the benefit changes date as the retirement date and reason for change "COBRA Activation".

Plan Selection

Tammy Jacobson

1. Make benefit changes effective as of:

09/01/2019

2. Select a reason for change:

COBRA Activation

(+) Expand All (-) Collapse All

FTJ JD



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How to change member to Retiree

Select the coverages that they want to retain and hit "SAVE" for each plan coverage.

Dental

Plan Selection:

- Ameritas Premium Dental
- Cigna Dental PPO
- Waive Dental

Cost Effective Date: 09/01/2019

Dependents:

Relationship	Name	Coverage	Coverage Effective Date
(Employee)	Tammy Jacobson	<input checked="" type="radio"/> Cover <input type="radio"/> Ineligible	9/1/2019
(Spouse)	Jeremiah Jacobson	<input checked="" type="radio"/> Cover <input type="radio"/> Waive <input type="radio"/> Ineligible	9/1/2019

FTJ JD



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How to change member to Retiree

Additional Notes/Information:

- If you want, you can send the retiree listing to admingroupmoed@ftj.com and we will be glad to do this process for you. We will need a list of retirees, their effective dates, eligible dependents, covered dependents, and the plans that they are wanting to keep into retirement.
- As soon as you complete Step 4 of this process and terminate the employee, they will stop showing on your FTJConnect bill.
- The FTJConnect support team is available for questions or to help you with this process Monday – Friday from 8:30 am to 5:00 pm CST. They can be reached at 800-821-7303 ext. 1316.

FTJ JD



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How to change member to COBRA

Pull up employee under User Admin and click on last name. Once the View/Edit screen comes up, click on Terminate Employment at the bottom left.

A screenshot of the FTJConnect user management interface. On the left is a sidebar menu for a 'DISTRICT MANAGER' with options: Search for User, Add User, Impersonate User, View/Edit (highlighted), Life Events, Employee File, Family Information, Benefit Coverages, Billing History, Special Enrollment, and Terminate Employment. The main area shows tabs for Demographics, Employment, Compensation, and Benefits. Below the tabs is the name 'Tammy Jacobson' and a 'Demographic Information' section with fields: First Name (Tammy), Middle Initial, Last Name (Jacobson), Last Name Effective Date, Suffix, Social Security Number (025-69-8413), Date of Birth (2/14/1965), Age (52), and Gender (Female). An 'Edit' button is visible in the top right of the Demographic Information section.

FTJ JD



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How to change member to COBRA

Enter the termination date. Benefits will end as of midnight on the date that you enter in the second box, the termination date, not the last day worked.

Demographics Employment Compensation Benefits

Tammy Jacobson > Edit Employment Termination Information

Termination Reason: Termination

Last Day Worked: 05/22/2017

Termination Date: 08/31/2017

Save Cancel

FTJ JD

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How to change member to COBRA

The next screen will allow you to edit the last day of coverage dates for any benefits that may be different than the others.

Terminate	Benefit Plan	Last Day of Coverage
<input checked="" type="checkbox"/>	HSA 3000 Embedded Preferred Care Blue	08/31/2017
<input checked="" type="checkbox"/>	Health Savings Account 3000	08/31/2017
<input checked="" type="checkbox"/>	Anthem Dental	08/31/2017
<input checked="" type="checkbox"/>	EyeMed Vision	08/31/2017
<input checked="" type="checkbox"/>	Unum Basic Life	08/31/2017
<input checked="" type="checkbox"/>	Unum Basic Dependent Life	08/31/2017
<input checked="" type="checkbox"/>	Unum Voluntary Employee Life	08/31/2017
<input checked="" type="checkbox"/>	Unum Voluntary Child Life	08/31/2017
<input checked="" type="checkbox"/>	Unum Voluntary Spouse Life	08/31/2017

Save Cancel

FTJ JD

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How to change member to COBRA

Once you have hit save, you should see the successful message in green.

A screenshot of the FTJ Connect system interface. On the left is a navigation menu with options like 'Search for User', 'Add User', and 'Impersonate User'. The main content area shows a green success message: 'Employment Termination information was saved successfully.' Below this are tabs for 'Demographics', 'Employment', 'Compensation', and 'Benefits'. The 'Employment' tab is active, showing the 'Edit Employment Termination Information' form for 'Tammy Jacobson'. The form includes a 'Termination Reason' dropdown set to 'Termination', a 'Last Day Worked' field with '5/22/2017', and a 'Termination Date' field with '8/31/2017'. At the bottom of the form are 'Save' and 'Cancel' buttons.

FTJ JD



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How to change member to COBRA

District completes and provides to employee Cobra form, found on FTJ Connect homepage for your convenience.

A screenshot of the 'Forms' section in the FTJ Connect system. The list includes: 'Unum Conversion Form 2017 Voluntary or Board Paid Life', 'Unum Voluntary Life Portability Form 2017', 'Unum Board Paid Life Portability Form 2017', 'COBRA Continuation Coverage Election Notice' (circled in red), and 'UNUM MEUHP EOI Form'.

FTJ JD



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How to change member to COBRA

Payroll supervisor uploads copy of form given to Employee into FTJConnect under employee's file, and click "save":

Employee File

AMY D KELLYTEST5

* Title cobra form 9/28/2016

Description

* Document Type Other

* File Choose File cobra_notice_10_2013.pdf

Employee Viewable

* Fields are required

Save Cancel

FTJ JD



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How to change member to COBRA

- Employee returns completed form to FTJ if they want to elect COBRA.
- FTJ Administration department will setup the employee with the COBRA election in FTJConnect once the form is received.
- If form is received back by district, payroll supervisors can upload the completed form to the Employee File in FTJConnect and/or send to admingroupmoed@ftj.com for processing.

FTJ JD



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How to change member to COBRA

- Provide UNUM Portability Form along with COBRA form if your district has Board Paid Life Insurance through UNUM

TERM LIFE INSURANCE ELECTION OF PORTABILITY COVERAGE

unum

Important Information When Considering Portability Coverage

When your group term life insurance coverage ends, either because your employment has terminated or you no longer are eligible to participate in your employer's group life policy, you have two choices for continuing your life insurance coverage: Portability or Conversion. While there are a number of differences between portability and conversion, some key considerations are:

- **Portability** allows you and your dependents to continue (or "port") your Life and/or AD&D coverage at group rates. The ported coverage will be subject to the same provisions contained in your employer's group life insurance policy. **Importantly, you cannot port coverage for anyone who has an injury or sickness which has a material effect on life expectancy.**
- **Conversion** allows you and your dependents to purchase individual life insurance policies (but not AD&D) at rates that may be higher than portability rates. The conversion policies you choose will not contain the exact same coverage you had under your employer's group life insurance policy. Unlike portability, conversion is available even if you or your dependents have a sickness or injury which has a material effect on life expectancy.

If you believe Portability is right for you, read the information below to determine whether you and your dependents are eligible to port your coverage.

PORTABILITY COVERAGE IS NOT AVAILABLE FOR ANYONE WITH AN INJURY OR SICKNESS WHICH HAS A MATERIAL EFFECT ON LIFE EXPECTANCY. This means individuals diagnosed with, or having received medical advice or sought treatment for, any of the following injuries or sicknesses in the past 10 years cannot elect this coverage:

<ul style="list-style-type: none"> • Acquired immune deficiency syndrome (AIDS) • Amyotrophic lateral sclerosis (ALS) • Cerebral palsy with cognitive impairment • Chronic renal disease • Chronic lung disease, including emphysema • Cirrhosis of the liver • Congestive heart failure • Coronary artery disease, heart surgery, or transient ischemic attack (TIA) • Cystic fibrosis • Dementia, including Alzheimer's disease • Diabetes other than gestational or diet controlled • Drug or alcohol abuse • Hepatitis B or C • High blood pressure concurrently treated with three or more medications 	<ul style="list-style-type: none"> • Leukemia, lymphoma or any cancer other than basal or squamous cell carcinoma of the skin • Morbid obesity defined as a Body Mass Index (BMI) greater than 40 <p>Calculate a BMI using the Center for Disease Control's BMI Calculator online at http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/bmi_calculator.html, calculator.nhlbi.nih.gov/ or call us with height/weight information and we'll calculate it for you.</p> <ul style="list-style-type: none"> • Muscular dystrophy • Psychiatric hospitalization • Quinsy • Stroke • Systemic lupus erythematosus or any other rheumatologic disease
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If you are not sure whether anyone applying for this coverage has an injury or sickness in the list above, then attach to this election form the names of the individual with the injury/sickness, the date/relationship to you, a description of the condition, and any current medications. Unum will review the information provided and let you know whether portable coverage is an option.

FTJ JD



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How can I receive a clean, accurate bill?

- Enter your new employees as soon as possible.
- Make changes to existing employees timely.
- Process terminations as soon as you are aware of them. These can be done in advance.
- Make any changes you are aware of before you run your bill.
- Send backup when you aren't paying as billed for accurate reconciliation of premiums.

FTJ JD



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MEUHP **ftj** connect
BENEFITS