

Missouri Educators Unified Health Plan

A Missouri Non-Profit Corporation
www.meuhp.com

"For School Districts, By School Districts"



July, 2012 Newsletter

2012-13 MEUHP MEMBERSHIP UPDATE

100% RETENTION + 7

Thanks to all MEUHP Board members, district superintendents and payroll supervisors for your cooperation and assistance in completing a successful membership renewal. 100% of the active MEUHP Districts have renewed their membership in the MEUHP.

The MEUHP also gained 7 NEW member districts effective July 1, 2012. The total number of MEUHP Districts is now 103 statewide, with over 10,000 covered members. New member districts include:

Central Region: Bowling Green, Montgomery Co., Pike Co., and Ralls Co.
NW Region: North Platte
SC Region: Greenville
SW Region: Junction Hill

MEUHP members have reiterated that quality, affordable and stable health insurance is a true long term need for school districts, their employees and retirees. **We are glad to report MEUHP benefits remain strong and premium increase trend lines continue to go down.** When comparing July 1, 2012 premiums for all MEUHP districts versus July 1, 2011 premiums, the July 1, 2012 premiums are 3% lower. Although this reduction is in part due to higher participation in Consumer Driven Health Plans, it is also from a successful renewal negotiation bolstered by the strength and efficiency of "unity" in large numbers.

As the largest "statewide" health program for Missouri school districts, the MEUHP is committed to working together on long range planning, wellness and benefit education to continue the positive trends. A prime example of this is reflected in the way MEUHP members have increasingly embraced Consumer Driven Health

Plans, specifically Health Savings Accounts to help control claim utilization.

HSA High Deductible Plans Surpass Traditional PPO



MEUHP Health Savings Account Participation on the Rise

This year more MEUHP Members have enrolled in Consumer Driven Health Plans with Health Savings Accounts than in traditional PPO plans (plans that feature office visit and prescription copays). *The 2012-13 renewal is the first year where HSA participation (47%) surpasses the traditional PPO (38%).* Health Incentive Account participation held steady at 3% (another form of Consumer Driven Health Plan). Health Maintenance Organization participation declined from 12% to 10% and Point of Service and Essential plan participation held steady at 1% each.

MEUHP members are being proactive to better control health care expenses.

Those enrolled in Consumer Driven Health Plans are more likely than others to make sustainable, positive behavior changes leading to significant health plan spending reductions year over year, according to data studied by Health Care Service Corporation. It just makes sense that members who learn about and enroll in these plans tend to be more directly involved with the selection and use of health care services, helping reduce their health care spending. With over 5 years of experience in marketing Consumer Driven Health Plans with Health Savings Accounts, FTJ representatives are passionate in their assistance to members with their plan education, implementation and ongoing service--key ingredients to both short term and long term satisfaction.

One Size Doesn't Fit All. MEUHP member districts can choose 1, 2 or 3 health plans to offer to their employees and retirees out of the 17 health plans available statewide. There are 9 Consumer Driven Health Plans offered, 7 of which are compatible with Health Savings Accounts. Best of all, every MEUHP Consumer

Driven Health Plan has an annual in-network maximum individual out of pocket limit of \$5,000. For more information and interactive resources on Consumer Driven Health Plans and Health Savings Accounts, please visit the MEUHP website at www.meuhp.com.

All of us at FTJ are looking forward to the start of the new school year and assisting you with your employee benefit administration, and in working together with you for another successful MEUHP membership year.

Have a safe and healthy summer.

Forrest T. Jones & Company
MEUHP Plan Administrator
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AFFORDABLE CARE ACT MINIMUM LOSS RATIO REBATES

As part of the Affordable Care Act (Obamacare), beginning with plan years in 2011, insurance carriers must meet minimum medical loss ratio spending limits. The ratios set in the law are 80% for employer groups with less than 51 eligible lives, 80% for individual health insurance buyers, and 85% for employer groups with 51 or more lives. If carriers spend less on claims than the mandated ratios on their "global" book of customers by segment, rebates are mandated by the law.

At the time of this newsletter, it is our understanding that only MEUHP groups with less than 51 lives may be receiving rebates. All MEUHP member superintendents need to know that the potential rebates have nothing to do with a district's participation in the MEUHP. They are strictly a function of which market segment (small vs. large group) a district falls within and whether the carrier must issue rebate checks to each buying unit in that market segment.

At this time, the MEUHP nor Forrest T. Jones & Company does not have specifics on which MEUHP groups may be receiving rebate checks or the amount of the potential rebates. This information is highly regulated by Health and Human Services and information on rebates will come directly from the health insurance carrier.

It is also our understanding that Health and Human Services has strict rules on how rebates must be used by employers. If your group does receive a rebate check, please read all of the correspondence carefully. We suggest that you email or fax a copy of the information to Missy Maxwell at mmaxwell@ftj.com or 816-968-0550, or contact your FTJ Regional Director.

HEALTH CARE REFORM: SUPREME COURT DECISION IMPACT

With the recent Supreme Court decision handed down on the Affordable Care Act, Health Care Reform will continue to be a major topic of discussion through the November elections. Although the court ruled 5-4 in the affirmative on the legality of the Act, nothing is set in stone for the enactment of main provisions of the Act beginning in 2014, including the State Insurance Exchanges and the expansion of Medicaid eligibility. Hundreds of administrative rules and details must be worked out at the Federal and State levels before full and final implementation can be completed. As an example, the law granting COBRA rights (continuation rights for health plan participants) was only completed over the course of two decades.

Most of the key elements of the Affordable Care Act are already in place for MEUHP members, and they include:

- 100% recommended preventative care with no copays (in-network)
- Age 26 child age eligibility
- No Pre-X on children under age 19
- No Pre-X for new hires (not mandated for all plans until 2014)
- No annual benefit maximums
- No lifetime benefit maximums
- Minimum Medical Loss Ratios (see article above)

The Affordable Care Act decision and Health Care Reform updates will be discussed at the upcoming MEUHP fall regional meetings. Until then, if you have specific questions, please contact your FTJ Regional Director.

Whether you are a proponent or opponent, the bottom line is that reform in one shape or another is here to stay. The MEUHP Board of Directors and Forrest T. Jones & Company will closely monitor Affordable Care Act developments.

New HSA Maximums for 2013

The IRS has announced the new HSA maximums for 2013.

Our **HSA Guide** has been updated with the new limits.
HSA contribution limits:

- Individuals (self-only coverage) - \$3,250 (up \$150 from 2012)
- Family coverage - \$6,450 (up \$200 from 2012)

High Deductible Health Plans (HDHP) minimum required deductibles:

- \$1,250 for self-only coverage
- \$2,500 for family coverage

Out-of-pocket maximum:

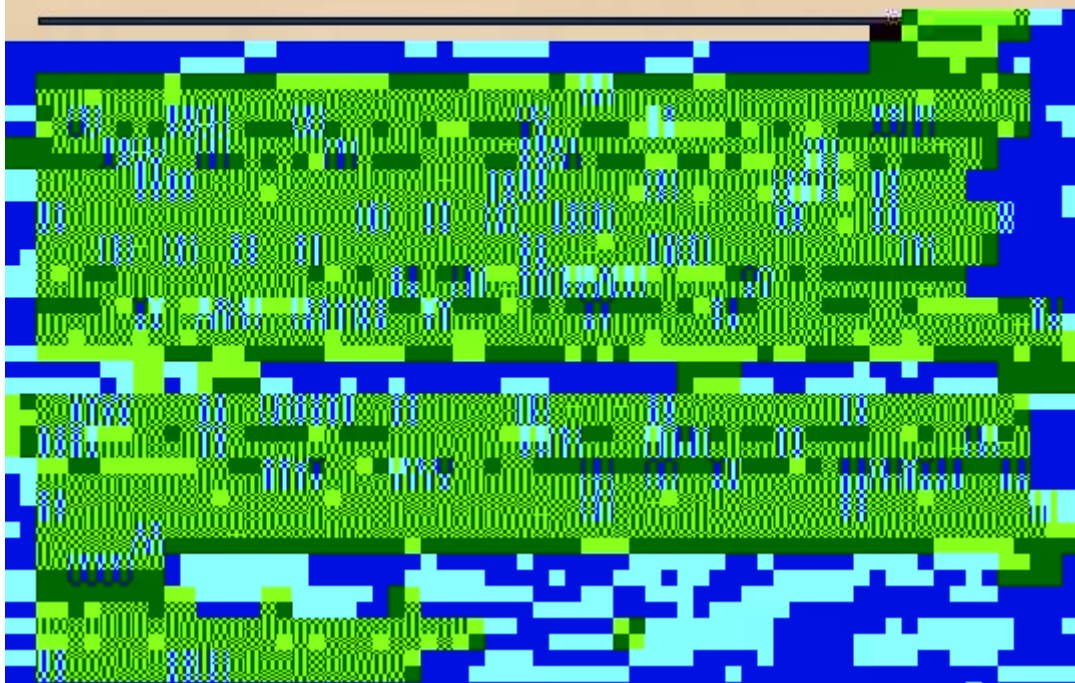


(Out-of-pocket expenses include deductibles, co-payments, and other amounts, but not premiums)

- \$6,250 for self-only coverage
- \$12,500 for family coverage

The catch-up provision for those 55 and over remains the same: \$1,000. The catch-up can be made any time during the year in which the HSA participant turns 55.

A note from our MEUHP Board Member, Dr. Bill Redinger



Walking Works Program to Begin this Fall

As part of the MEUHP Program, your employees can access the Walking Works program starting in August of 2012. All of our district "teams" have been set up and we will be updating you with details as we roll out the program. Kudos to the first 5 districts who have already expressed an interest:

- Alton R-IV
- Belleview R-III
- Nodaway Holt R-VII
- North Daviess R-III
- Phelps County R-III

Below is a screen shot of the new program...complete details will be forthcoming before the school year begins.

Walking Works!

All employees will sign up under Missouri, Anthem Blue Cross Blue Shield.



The Group is MEUHP.
The Program is Fall2012.

Walking Works
Sign in!

Login or **sign up** to get started with your walking program, set your goals, and track your progress.

Email Address:

Password:

[Sign Up](#) | [Forgot Password?](#) | [Help](#)

Please click "Forgot Password?" link only once.

Please select your Plan

Please select your Group

Please select your Program

Please select your Team



You'll then select your District from the list of teams and enter your name and email address.

First Name

Last Name

Email Address

Confirm Email

NEW IRS LIMIT ON FLEXIBLE SPENDING PLANS 1-1-13

Beginning January 1, 2013, **the IRS maximum for flexible spending medical accounts will be capped at \$2,500.** The new maximum will go into effect on your Section 125 cafeteria plan renewal date on or after January 1, 2013. Most of the MEUHP School Districts' flexible spending plans renew on July 1 or October 1.

If your District has selected an amount over \$2,500, your Plan Document and Summary Plan Description will be amended to show the new maximum on your renewal date. (We currently have 28 Districts who will be affected by the new limit).

All employees will be notified during the enrollment of the new maximums. This new maximum will also affect the "*Limited Expense*" flexible spending plans. As a reminder, the limited expense plans are designed specifically to compliment HSAs, allowing only for out of pocket dental and vision expenses to be covered.



If your District's maximum for unreimbursed medical expenses is already at \$2,500 or lower, **no changes** will be needed to your plan. If you have questions, please contact your Regional Director.

Amp it up - what you can do to get your employees engaged in health and wellness

Wondering how you can engage your employees in health and wellness activities? You'll hear about best practices and case studies from clients who are seeing results.



Date: Wednesday, July 18, 2012

[Register Now](#)

Time: 2:00 p.m.

Available for: All MEUHP groups

[Forward email](#)



Try it FREE today.

This email was sent to moeducators@ftj.com by info@meuhp.com | [Update Profile/Email Address](#) | Instant removal with [SafeUnsubscribe™](#) | [Privacy Policy](#).

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