

# Missouri Educators Unified Health Plan

A Missouri Non-Profit Corporation

www.meuhp.com

"For School Districts, By School Districts"



## October, 2012 Newsletter

### New Districts to be added to the MEUHP!

Effective January 1, 2013, the MEUHP will welcome 12 new Districts into our group. As members of the NEMO (Northeast Missouri) consortium, these districts will bring over **1,400 new members** into the MEUHP. The negotiations to bring the NEMO group into the MEUHP were lengthy and complex but the result was well worth the effort.



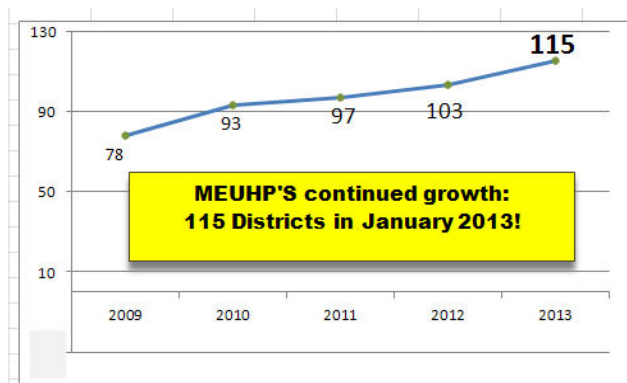
Tom Kayser and Julie Koirtyohann  
Sundvold Financial

As an added benefit, FTJ has formed a new strategic partnership with Sundvold Financial, the current broker for the NEMO consortium. Tom Kayser, Sundvold Employee Benefits Division Manager and Julie Koirtyohann, Sundvold Financial Account Service Coordinator, will partner with FTJ in the servicing and management of the existing NEMO Districts as part of the transition to the MEUHP.

Tom brings 26 years experience in Employee Benefit Management with management positions at AETNA, Caremark, and BCBS prior to joining Sundvold Financial in 2003. Julie will continue to provide the excellent daily service and claim resolution these 12 northeast districts have come to rely on over the past three years.

The larger our group becomes, the more efficiency and stability we will have for 2013 and beyond. We welcome these 12 new districts and look forward to our new partnership with Tom & Julie.

1. Canton R-V
2. Clark Co R-1
3. Green City R-1
4. Linn County R-1
5. Macon Co R-1
6. Milan C-2
7. Monroe City R-1
8. North Shelby
9. Palmyra R-1
10. Putnam Co. R-1
11. Schuyler Co. R-1
12. Scotland Co. R-1



## NEW Summary of Benefits and Coverage (SBC) Mandate

As we notified you last month, one of the new Affordable Care Act mandates became effective September 23, 2012.

All health plans and employers are subject to the new SBC requirements. The SBC must adhere to layout and language provided by the U.S. Department of Health and Human Services to ensure consistency from plan to plan.

The mandate states that that you must provide a new, standardized Summary of Benefits and Coverage (SBC) prior to the next open enrollment following September 23, 2012.

The next open enrollment for the MEUHP will be in the spring for the July 2013 renewal.

Once your District has chosen the plans for the 2013-2014 plan year, we will then add the SBCs to your District's website at [www.ftj.com/moed](http://www.ftj.com/moed).

If you do have questions about the SBC requirement, please give us a call at (800) 821-7303, ext. 1384 or email [info@meuhp.com](mailto:info@meuhp.com).

Sample Summary of Benefits and Coverage		
Insurance Company 1: Plan Option 1		Coverage Period: 01/01/2013 - 12/31/2013
Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual + Spouse   Plan Type: PPO		
<p><b>This is only a summary.</b> If you want more detail about your coverage and costs, you can get the complete terms as the policy or plan document at <a href="http://www.[insuree]">www.[insuree]</a> or by calling 1-800-[insuree].</p>		
Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$500 person / \$1,000 family. Doesn't apply to preventive care.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts (or, usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	Yes. \$200 for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family. For non-participating providers \$4,000 person / \$8,000 family.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Prescription, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. See <a href="http://www.[insuree].com">www.[insuree].com</a> or call 1-800-[insuree] for a list of participating providers.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your out-of-network doctor or hospital may use an out-of-network provider for some services. Plan use the terms in-network, preferred, or participating for providers in the network. See the chart starting on page 2 for how this plan pays different kinds of providers.

## Health Care Reform - What does it mean for the MEUHP?

That's a BIG question - especially with the November elections hanging in the balance. We've heard the mantra ... repeal, partial repeal, delay and / or deny tactics, both at the federal and state levels. Some sources are even encouraging employers to consider dropping health insurance, forcing their employees to navigate the ACA currently mandated state exchanges or be forced into Medicaid. Yes, there are many unknowns, including whether Missouri will even participate in ACA option of expanding Medicaid eligibility.



The fact of the matter is that almost everyone ... [download the full article](#)

## What's new with the W-2?

As outlined in the Affordable Care Act, employers will be responsible for reporting the total cost of [applicable employer-sponsored coverage](#) to employees on their W-2's. This requirement is informational only and does not mean that these coverages will become taxable.

If your District **generated 250 or more** W-2's in 2011, you must begin reporting the cost to each employee in Box 12, code DD beginning with the 2012 W-2.

**Districts who had fewer than 250** W-2's in 2011 do not have to comply in 2012, but may do so voluntarily.

It's important to note that the amount reported should include **both employer and employee** costs for the health care coverage. This is done to provide employees with a complete cost of

the health care. **HSA contributions** (either by the employer or employee) **should not be reported** as employer-sponsored coverage.

You are **not required** to issue a W-2 solely to report the value of the health care coverage for **retirees** or other employees or former employees to whom the employer would not otherwise provide a W-2.

Have questions? Check the [FAQs](#) from the IRS about the new reporting requirements.

### MEUHP West Central Regional Meeting Update

The West Central Region just completed their MEUHP meeting and elected a new Board Member and Vice Chair.

Dr. Jaret Tomlinson of Knob Noster School District was elected by the Regional Members to serve as the West Central Board Member. John Brinkley, East Lynne School District, was elected as Vice Chair.



Dr. Jaret Tomlinson, West Central Board Member.

John Buecker, the Underwriter at Anthem BCBS, provided an update on the status of the MEUHP. With the influx of 1,400 lives from the NEMO consortium, John was very pleased with the additional growth as it helps the predictability and stability of the pool. As a reminder, he asked the Superintendents to visit with neighboring schools and invite them to learn about what the MEUHP can offer their Districts. Bottom line: More lives = more stability.

While the growth is certainly good news, John Buecker also discussed the reality of additional taxes and fees mandated in the Affordable Care Act legislation. More information will be forthcoming as we move closer to the 7/1/2013 renewal.

### Top 20 Walking Work Districts!

Go Dunklin, Junction Hill, Bernie, and Alton - over 2,000 miles logged already.



Keep your pedometers going ... we are in the thick of the Walking Works contest. The number of miles that have been walked collectively is over 20,000 miles! Here are the top 20 Districts as of October 3, 2012.

#	Team Name	Total Miles	#	Team Name	Total Miles
1	Dunklin R-V	3,866	11	Avenue City R-IX	472
2	Junction Hill C-12	2,778	12	Knox County R-I	471
3	Bernie R-XIII	2,740	13	Kennett 39	469
4	Alton R-IV	2,385	14	Midway R-I	347
5	Gideon 37	772	15	Mid-Buchanan Co R-V	341
6	South Holt Co R-I	735	16	South Pemiscot Co R-V	309
7	Nodaway Holt R-VII	735	17	Bellevue R-III	304
8	Tarkio R-I	573	18	Senath Hornersville C-8	257
9	North Andrew R-VI	515	19	Pettis Co R-XII	178
10	Monett R-I	478	20	Rich Hill R-IV	154

And ... congratulations to the MYSTERY prize winners! Both Beverly Shifflett of Nodaway Holt and Holly Reese from Alton guessed the mystery prize answers correctly.

Each winner was presented with a \$100 gift card to help promote the wellness program. Thank you both for your participation!

### Mystery Quiz Questions and Answers

What year was the MEUHP Incorporated? **2009**

What year was FTJ founded? **1953**

How many minutes must the average person walk to burn 40 calories? **10 minutes**

Online Tool. Fill in the blank. Anthem Care: **Compare**

### 2013 New Limits for FSA and HSA

#### FLEXIBLE SPENDING

If your district offers a Flexible Spending Plan, you can use tax-free funds to cover unreimbursed medical expenses such as copays, deductibles, dental and vision expenses. Effective with January 1, 2013 renewals and later, there will be a new FSA medical reimbursement limit of \$2,500. While there was no IRS limit previously, most districts imposed their own maximums of \$2,500 or less.

#### Flexible Spending Limit for 2013

\$2,500 for unreimbursed  
medical expenses

#### HEALTH SAVINGS ACCOUNT

The IRS limits for contributions for individuals and families will increase for 2013. Catch up contributions for those age 55 and over will remain at \$1,000. (Catch up contributions can be made any time during the year in which the HSA participant turns age 55.)

#### HSA Contribution Limits For 2013



Individual - \$3,250



Family - \$6,450

For more information on Health Savings Accounts, you can download the guides updated for 2013:

[HSA Guide for Employers](#)

[HSA Guide for Employees](#)

### October Is Breast Cancer Awareness month!



Think pink! The ribbons, the walks, the fundraisers are in full force this month and for a good cause. With Breast Cancer Awareness month, it's a good time to get out the word about the second most common cancer among women in the United States. In fact, about one in eight women in the U.S. will get invasive breast cancer.

Feel free to distribute these flyers and links to your staff:

The [Facts](#) About Mammograms  
[Breast Cancer Awareness](#): Think Pink!  
[Links](#) to Breast Cancer sites