

**MARSHALLTOWN COMMUNITY SCHOOL DISTRICT**  
**HEALTH INSURANCE**  
**Frequently Asked Questions**  
**Updated 04/07/2019**

- Q1.** How much will be deducted from my monthly paycheck for each of the different plans offered next year?
- A1.** See the following chart. The blue column shows the monthly amount deducted from each monthly paycheck for existing employees who currently elect coverage .

FY20 INSURANCE RATES - "GRANDFATHERED" EMPLOYEES Effective July 1, 2019 through June 30, 2020 EMPLOYEES WHO ARE CURRENTLY EMPLOYED AND ELECTING HEALTH INSURANCE COVERAGE			
1 person employed by District	Total Monthly Premium	Employer Contribution	Employee Contribution (deducted from paycheck per month)
Standard Single PPO	\$ 584.05	\$ 584.05	-
Standard Employee +1	\$ 1,080.50	\$ 595.74	\$ 484.76
Standard Family PPO	\$ 1,752.16	\$ 900.00	\$ 852.16
HMO Single	\$ 595.74	\$ 595.74	-
HMO Family	\$ 1,525.10	\$ 900.00	\$ 625.10
2 persons employed by District	Total Monthly Premium	Employer Contribution	Dual Employee Contribution
Standard Employee +1	\$ 1,080.50	\$ 1,080.50	-
Standard Family PPO	\$ 1,752.16	\$ 1,495.48	\$ 256.68
HMO Family	\$ 1,525.10	\$ 1,495.48	\$ 29.62

- Q2.** When do these changes take effect?
- A2.** The District's health insurance plan year runs from July 1st through June 30th of each year. The new premium deductions would be included in the July 31st paycheck.
- Q3.** What does E'ee and E'er stand for?
- A3.** E'ee is short for employee and E'er is short for employer.
- Q4.** How will the District treat different classifications such as certified teachers, paras, secretaries, food service and buildings and grounds?
- A4.** Regardless of their classification, all eligible employees will be offered the same coverage options at the same cost to the employee.
- Q5.** How do I know if I am eligible for coverage?
- A5.** All full-time employees are eligible. A full-time employee is defined as an employee employed on average at least 30 hours of service per week, or 130 hours of service per month.
- Q6.** Do I have to accept the district's offer of coverage?
- A6.** No, under Iowa Code public employees are not required to accept an offer of health insurance.

- Q7.** If I waive coverage can I take the cash in lieu of insurance?  
**A7.** No, taking cash in lieu of insurance will **not** be an option.
- Q8.** What do I have to do to waive coverage?  
**A8.** If you are eligible for coverage you will be required to sign a document attesting to being offered coverage and waiving.
- Q9.** Will the Premium PPO plan still be available to retirees?  
**A9.** The Premium PPO plan will no longer be offered effective 07/01/2019. All current employees and retirees will need to choose between the two remaining plan options: the Standard PPO or the HMO.
- Q10.** What does PPO and HMO stand for?  
**A10.** PPO stands for Preferred Provider Organization and HMO stands for Health Maintenance Organization. Mark Becker & Associates will be in the District on March 25th to present to our staff and one of the things they will discuss is the difference between PPO and HMO plan options. Traditionally, PPO plans allow for out of network coverage, while HMO plans do not.
- Q11.** If I was hired in 2012 and have not previously elected coverage but I decide to take coverage effective 07/01/2019 will I pay the same rates as the “grandfathered” employees?  
**A11.** No, grandfathered employees are those that are enrolled in health insurance coverage prior to 07/01/2019. Employees hired prior to 07/01/2019 but electing single or family coverage for the first time during the open enrollment period for the 2019-2020 school year will have the following rates. The district contribution towards family coverage that is being phased out will not be granted to anyone moving from current year single coverage to the 2 person tier or family tier effective 07/01/2019.

FY20 INSURANCE RATES			
Effective July 1, 2019 through June 30, 2020			
<i>NEW EMPLOYEES or EXISTING EMPLOYEES ELECTING SINGLE OR FAMILY COVERAGE FOR THE FIRST TIME DURING THE OPEN ENROLLMENT PERIOD FOR 07/01/2019 COVERAGE</i>			
1 person employed by District	Total Monthly Premium	Employer Contribution	Employee Contribution (deducted from paycheck per month)
Standard Single PPO	\$ 584.05	\$ 584.05	\$ -
Standard Employee +1	\$ 1,080.50	\$ 584.05	\$ 496.45
Standard Family PPO	\$ 1,752.16	\$ 584.05	\$ 1,168.11
HMO Single	\$ 595.74	\$ 584.05	\$ 11.69
HMO Family	\$ 1,525.10	\$ 584.05	\$ 941.05
2 persons employed by District	Total Monthly Premium	Employer Contribution	Dual Employee Contribution
Standard Employee +1	\$ 1,080.50	\$ 1,080.50	\$ -
Standard Family PPO	\$ 1,752.16	\$ 1,168.10	\$ 584.06
HMO Family	\$ 1,525.10	\$ 1,168.10	\$ 357.00

- Q12.** What are the current monthly premiums paid by employees?  
**A12.** The following are the current monthly amounts paid by employees.  
 This information can be found in its entirety on the District's website at [FY19 Employee Rates](#)

**MARSHALLTOWN COMMUNITY SCHOOL DISTRICT**  
**1002 South 3rd Avenue, Marshalltown, IA 50158**  
 HEALTH, DENTAL, AND VISION INSURANCE PROGRAMS  
 Rates Effective 7/1/2018

**MONTHLY HEALTH PLAN PREMIUMS**

Premium Components	Admin & Principal Pays	Certified Employee Pays	2-Certified Family Pays*	12 Month Secretary Pays	Bldgs & Grounds Pays	10 Month Secretary Pays	30+ hrs/wk Para Pays
<u>Single Coverage</u>							
Alliance Select Premium PPO	\$69.00	\$69.00	N/A	\$69.00	\$154.00	\$174.00	\$386.50
Blue Advantage HMO	\$28.00	\$0.00	N/A	\$0.00	\$28.00	\$48.00	\$260.50
Alliance Select Standard PPO	\$27.00	\$0.00	N/A	\$0.00	\$27.00	\$37.00	\$249.50
<u>Employee + Child(ren) Coverage</u>							
Alliance Select Standard PPO	\$415.00	\$91.00	N/A	\$415.00	\$63.00	\$520.00	\$732.50
<u>Family Coverage</u>							
Alliance Select Premium PPO	\$1,161.00	\$837.00	\$202.00	\$1,161.00	\$809.00	\$1,266.00	\$1,478.50
Blue Advantage HMO	\$846.00	\$522.00	\$0.00	\$846.00	\$494.00	\$951.00	\$1,163.50
Alliance Select Standard PPO	\$1,066.00	\$742.00	\$107.00	\$1,066.00	\$714.00	\$1,171.00	\$1,383.50

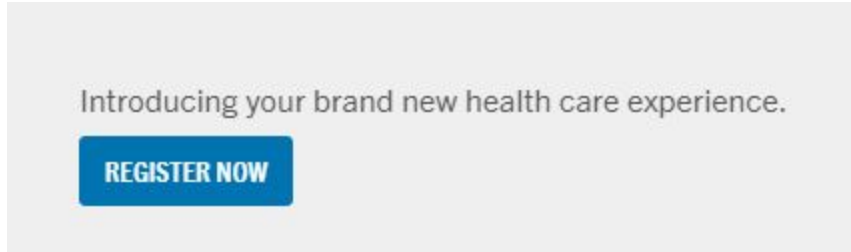
- Q13.** How do I find out which health insurance plan I am currently on and what I pay for it per month?  
**A13.** The fastest way to find out which coverage you are on would be to look on your pay stub. Following is an example of a pay stub with the plan name and the employee's monthly contribution towards the total premium highlighted.

Included	Emp ID	Employee Name	Marshalltown Community School District						01/31/2019		
			Units	Current	YTD	Deductions	Current	YTD	Taxable	YTD	Current Employer
JOB TITLE	1.00	1,467.22	1,467.22	FIT	(9.81)	(9.81)	1,081.43	1,081.43	M 0	0.00	0.00
	1.00	1,467.22	1,467.22	MEDICARE	(17.02)	(17.02)	1,173.72	1,173.72		17.02	17.02
				SIT IA	(26.00)	(26.00)	1,081.43	1,081.43	M 0	0.00	0.00
				SOC SEC	(72.77)	(72.77)	1,173.72	1,173.72		72.77	72.77
				IPERS	(92.29)	(92.29)	1,467.22	1,467.22	IPERS	138.51	138.51
				DENTAL	(33.00)	(33.00)			Single	0.00	0.00
				HEALTH	(260.50)	(260.50)				317.50	317.50
				OTHERS LTD	0.00	0.00			Others LTD	2.27	2.27
					(511.39)	(511.39)				548.07	548.07
										NET CHECK:	955.83

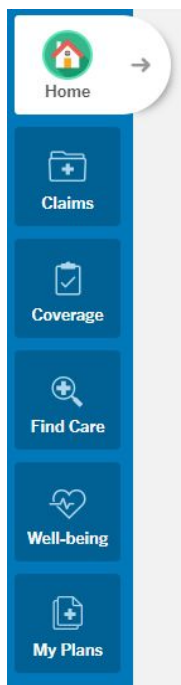
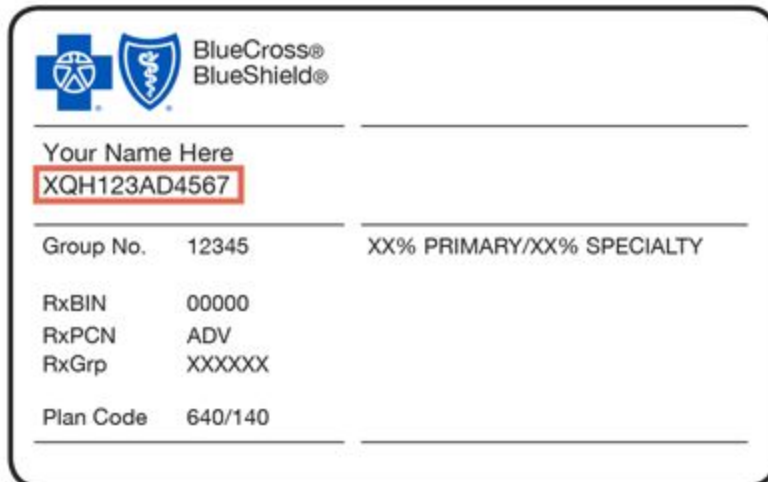
DEPOSIT TO: Bank Name 955.83

**Q14.** Where can I find specific information about my health care costs and utilization?  
**A14.** Once enrolled, your personal healthcare information is located on **myWellmark®**. This website contains tools, resources and insights to help navigate your health insurance coverage.

- Please click on the following link: [myWellmark®](#)
- If you have not previously used this tool, click on “Register Now” in the upper right hand corner.



- You will need your Wellmark ID card with your personal ID number below your name and the last four digits of your social security number to register.



Once registered and in your account you will have the following options along the left hand side including claims and coverage. Take some time to navigate this tool and the wealth of information available regarding your coverage. There is also a mobile app available.

**Q15.** What does OPM stand for?

**A15.** OPM is Out-of-Pocket Maximum. This is the most you pay during a benefit period before your health plan begins to pay 100% of your allowed claims. This limit never includes your premium, balance-billing amounts, or charges for health care your plan doesn't cover.

**Q16.** What if I have already met my OPM on June 30th when the Premium PPO plan expires?

**A16.** The OPM that you have met on June 30th carries over to the new plan. For example, if you have met the \$200 OPM for the current Premium family plan and move to the HMO family plan, \$200 will be applied towards the new \$2,000 OPM for the current calendar year. Any member liabilities met under the old plan will carry over to the new plan.

**Q17.** What is the amount of the district contribution towards family premiums for certified staff that will be phased out over 5 years?

**A17.** For the current 2018-2019 school year the district contributes \$959 towards family coverage for certified employees per month. The \$959 is comprised of the single amount of \$635 plus an additional \$324 towards family. The amount being phased out is the \$324, not the \$959. For the 2019-2020 school year the \$324 will be reduced by \$20 per month to \$304. The \$900 monthly employer contribution indicated in the charts is the sum of a single plan of \$596 plus the \$304 family contribution.

**Q18.** Is premium the most important factor in making this decision?

**A18.** Premium is certainly a factor although health insurance can be complicated and has many moving pieces. Anticipating your health care needs will also help you determine the levels of out-of-pocket protection you find most appropriate, and also which network best suits your needs. Determining the best option is unique to each individual.

**Q19.** Has the District looked at what our competitors offer for benefits?

**A19.** We have spent much time gathering data from 29 other districts which included metro area schools, neighboring districts and similarly sized districts. Due to the complexity of health insurance there is not one metric that can be used alone for comparisons.

For example, the following chart shows a comparison of two metro district single plans compared to our District for the current year and next year.

- Both District "A" and District "B" offer only one plan. One offers an HMO plan and the other a PPO plan.
- Both District "A" and District "B" offer three tiers which include single, Employee +1, and family.
- District "A" single premium rate is \$630 per month of which the employee is expected to pay \$2 per month.
- District "B" single premium rate is \$560.83 per month of which the employee pays \$0 per month.

As illustrated in the example below, when looking at what the employee would pay for premiums and maximum out-of-pocket liability for medical and prescriptions, MCSD continues to offer a better than average and competitive coverage.

	District "A" current year single plan	District "B" current year single plan	Mtown Current FY19 Single Premium PPO	Mtown FY20 Single Standard PPO	Mtown FY20 Single HMO
Employee Annual Premium	\$ 24	\$ -	\$ 828	\$ -	\$ -
Medical OPM	\$ 750	\$ 1,800	\$ 100	\$ 2,000	\$ 1,000
Prescription OPM	\$ 5,850	\$ 4,800	\$ 3,000	\$ 3,000	\$ 3,000
Maximum Employee Liability	\$ 6,624	\$ 6,600	\$ 3,928	\$ 5,000	\$ 4,000
<b>Best Case Scenario</b>					
No claim costs					
Premium cost - "sunk cost"	\$ 24	\$ -	\$ 828	\$ -	\$ -
<b>Worst Case Scenario</b>					
meet all OPM's	\$ 6,600	\$ 6,600	\$ 3,100	\$ 5,000	\$ 4,000

**Q20.** What is cost sharing?

**A20.** Cost sharing refers to how costs are shared between the employee and employer. There is cost sharing for premiums and cost sharing for claims. Cost sharing of premiums is found on the chart in Q1 and Q11. Cost sharing for claim costs in our district for the last five years has been 96% paid by the plan and 4% paid by the employee. For Iowa school districts with Wellmark the average claim cost sharing ratio is 88% plan paid and 12% employee paid.

**Q21.** What is a Flex Spending Account/Arrangement (FSA)?

**A21.** An FSA is a special tool for employees to set-aside pre-tax dollars that can be used to pay for qualified medical expenses such as deductibles and co-payments. Qualified dental and vision care expenses can also be paid from this account.

**Q22.** If I currently do not have a Flex Spending account can I start one July 1st due to the change of plans offered?

**A22.** Unfortunately the IRS does not allow mid year enrollment or mid year changes so the first opportunity to enroll in the FSA offering will be in November, 2019 for the 2020 calendar year.

**Q23.** When does the District Flex Spending Arrangement (FSA) plan year begin?

**A23.** Currently the FSA plan year runs from January through December each year. The District is contemplating a change to a July through June plan year to match the health insurance plan year. If this is pursued, the District would offer a shortened plan year from January, 2020 through June, 2020. Employees would have an opportunity during the spring 2020 open enrollment period to enroll in an FSA that would then coincide with the health plan year for July 1, 2020 through June 30, 2021.

**Q24.** How much money can I put in my Flex Spending Account?

**A24.** Flex Spending Account contribution limits are determined annually by the IRS. For the 2019 calendar year the contribution limit is \$2,700.

- Q25.** Can I use pre-tax dollars from my FSA to pay my share of premiums?  
**A25.** No, FSA dollars can not be used to pay premiums. Your share of premiums is deducted from your wages prior to taxes being calculated so you are already receiving health insurance benefits on a “pre-tax” basis.
- Q26.** Is the OPM per person or per plan?  
**A26.** Once any one individual meets the single medical OPM of either \$1,000 or \$2,000 (depending on the plan), then that individual family member would be considered to have met their medical OPM, however the entire family OPM will not be met until either another individual hits the single OPM limit, or a combination of family members total the full family OPM of either \$2,000 or \$4,000 (depending on the plan).
- Q27.** When will open enrollment for the 2019-2020 school year be?  
**A27.** The open enrollment period will be from Monday, April 29th, 2019 through Friday, May 24th, 2019.
- Q28.** Where can I find general information about prescription drugs?  
**A28.** Please visit [www.wellmark.com/prescriptions](http://www.wellmark.com/prescriptions) for the BlueRX Complete Drug List and other prescription drug information.
- Q29.** Which drug plan is included in the District’s health insurance options?  
**A29.** Both the PPO and the HMO plan include Wellmark’s Blue RX Complete Formulary.
- Q30.** Will there be changes to dental insurance coverage?  
**A30.** There are no plan design changes to the dental coverage for the 2019-2020 school year but there are changes to the premium cost sharing.

**Approved 2019-2020 Dental Rates - Self Insured Group**

Dental Tier	Current Total Monthly Premium	Proposed Total Monthly Premium	Monthly \$ Increase	Annual \$ Increase	% Increase	Employee Monthly Rate	Employer Monthly Rate	Total Rate
Single	\$ 33.00	\$ 37.52	\$ 4.52	\$ 54.24	13.7%	\$ -	\$ 37.52	\$ 37.52
Family	\$ 94.00	\$ 106.88	\$ 12.88	\$ 154.56	13.7%	\$ 69.38	\$ 37.52	\$ 106.88
Dual Family	\$ 94.00	\$ 106.88	\$ 12.88	\$ 154.56	13.7%	\$ 31.84	\$ 75.04	\$ 106.88

- Q31.** Will there be changes to vision insurance coverage?  
**A31.** There are no plan design changes to the vision coverage for the 2019-2020 school year but there are changes to the premium cost sharing.

**Approved 2019-2020 Vision Rates - Fully Insured Group**

Vision Tier	Current Total Monthly Premium	Proposed Total Monthly Premium	Monthly \$ Increase	Annual \$ Increase	% Increase	Employee Monthly Rate	Employer Monthly Rate	Total Rate
Single	\$ 10.11	\$ 10.11	\$ -	\$ -	0.0%	\$ 5.05	\$ 5.06	\$ 10.11
Family	\$ 23.30	\$ 23.30	\$ -	\$ -	0.0%	\$ 18.24	\$ 5.06	\$ 23.30
Dual Family	\$ 23.30	\$ 23.30	\$ -	\$ -	0.0%	\$ 13.18	\$ 10.12	\$ 23.30

- Q32.** Are Chiropractors considered specialists?
- A32.** No, Iowa law mandates that Chiropractors cannot be treated differently than Primary Care Physicians. For the Blue Advantage HMO plan chiropractors are covered after the \$20 copay. Under the PPO plan coinsurance applies so the employee liability will be dependent upon their portion of the cost of the visit.
- Q33.** What if I have double coverage? How are benefits coordinated if I have coverage through the district **and** coverage under a spouse's plan?
- A33.** Within the [Coverage Manuals](#) that can be found on the District's website you will find detailed information regarding *Coordination of Benefits*. The coverage that you have as an employee pays before coverage that you have as a spouse or dependent.
- Q34.** What if my children have double coverage? How are benefits coordinated if my children have coverage through the district **and** coverage under a spouse's plan?
- A34.** Within the [Coverage Manuals](#) that can be found on the District's website you will find detailed information regarding *Coordination of Benefits*. To coordinate benefits for a dependent child of married parents, the coverage of the parent whose birthday occurs first in the calendar year pays first. If both parents have the same birthday, the plan that has covered the parent the longest is the primary plan.
- Q35.** If I am on the HMO plan and have an emergency while out of state, will I be covered?
- A35.** Within the [Coverage Manuals](#) that can be found on the District's website you will find detailed information regarding *Emergency Services*. The coverage manual states "in an emergency situation, if you cannot reasonably reach a PPO Provider, covered services will be reimbursed as though they were received from a PPO Provider. However, because Wellmark does not have contracts with Out-of-Network providers and they may not accept Wellmark's payment arrangements, you are responsible for any difference between the amount charged and the Wellmark amount paid for a covered service."
- Q36.** Does the District's group plan offer any wellness incentives?
- A36.** Wellmark offers a program called Blue365. This program offers access to health and wellness deals exclusive to Blue members. Tivity Health®Fitness Your Way is a link to deals on gym memberships.