



## 2017 HEALTH INSURANCE OPEN ENROLLMENT

Open enrollment begins on Monday, October 24<sup>th</sup> and will end on Friday, November 18<sup>th</sup>, 2016. Members are able to enroll online through [BluesEnroll!](#) Instructions on how to enroll online are here: [Member Online BluesEnroll Access](#). Any changes entered online by employees will be approved by Human Resources before final processing.

**If you need to make an enrollment change but are unable to do so online, you will need to complete a paper form, available at the HR Office or [on the City's website](#), and turn it in to Human Resources no later than 5:00 p.m. Friday, November 18<sup>th</sup>. *If you do not take any action and do not want to make any changes to your health plan coverage, your current coverage will automatically continue.***

A [Plan Cost Comparison Tool](#) is also available online to help you make the best decision based on your health care needs. ***If needed, you may request auxiliary aids and services or language assistance by calling Wellmark Customer Service at 800-524-9242. As a Wellmark member, these services are provided at no cost to you.*** Knowing your past health care costs, to include both medical and pharmacy costs, will help you in making the best decision for 2017. Each employee has unique circumstances that must be considered when choosing a health care plan. We encourage you to access your personalized cost reports at [www.wellmark.com](http://www.wellmark.com). Simply follow the steps listed here at [MyWellmark Personalized Reports](#) to view your cost reports. If you have trouble accessing these reports please contact HR for assistance.

To help you easily understand your health plan benefits, a Summary of Benefits and Coverage (SBC) is being provided to you. The SBC summarizes the key features of your policy such as a description of the coverage, deductible amounts, cost-sharing obligations and coverage limitations and exceptions. Together, this letter and the SBC contain a full description of your health plan and benefits. They are designed to be read in conjunction to provide simple and consistent information using terminology and a format that has been standardized among all health insurance companies.

### **Does this Coverage Provide Minimum Essential Coverage?**

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.”

***Yes, these plans provide minimum essential coverage.***



### **Does this Coverage Meet the Minimum Value Standard?**

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value).

***Yes, this health coverage meets the minimum value standard for the benefits it provides.***

A summary of each plan option is below.

1. **Plan A - HDHP \$2500 #4110-176 / #4102-53  
High Deductible Health Plan**

Deductible = Max out-of-pocket: \$2500/\$5000 single/family.  
***(The deductible and max-of-pocket are the same.)***

All costs, including prescription costs, are first applied to the deductible/max out of pocket until that deductible/max out of pocket limit is reached at which time the plan covers all additional costs in full.

Total monthly premium costs effective January 1, 2017:

Single = \$433.29

Family = \$1091.40

***Monthly employee premium contribution = \$0***

In conjunction with the HDHP is a **Health Savings Account (HSA)**. This is an account that the plan holder can use to pay for medical expenses. The HSA works much like a personal checking account specifically set up for medical expenditures. You will be able to access the funds in this account through the use of a debit card. The City is placing 50% of the deductible or \$1250/\$2500 for single/family plan holders into the HSA. For the 2017 plan year, one-fourth of the employer contribution will be put into the HSA at the start of each quarter. Employees are also able to place money into the HSA on a pre-tax basis. Deductions for employee contributions will be done similar to how we have done Flexible Spending Account (FSA) deductions with the employees deduction being divided into 24 equal amounts taken out each paycheck except for the middle paycheck of the month in those months in which a third paycheck occurs. This money is then placed into the HSA and used for medical expenses on a tax free basis. There are significant penalties if the money is used for non-medical expenditures. Typical examples of medical expenditures include prescriptions, office visits, emergency room visits and x-rays. Any money not used during the plan year is retained in the HSA and accumulates from year to year. These funds remain with the employee even when the employee leaves employment.



If you are currently on the HDHP and you wish to stay on this plan you need to complete an HSA paper form to indicate the amount, if any, you would like to contribute from each paycheck to your HSA. This cannot be done online.

2. **Plan B – Alliance Select \$500 #4110-175 / #4102-52**

Deductible: \$500/\$1000 single/family

Max out-of-pocket: \$1000/\$2000 single/family

Co-insurance: 80/20

Prescription co-pay: \$5/\$20 for generic/non-generic will continue. There is also a specialty drug co-pay of \$85.

Total monthly premium cost effective January 1, 2017:

Single = \$581.63

Family = \$1485.98

**Employee contribution for this plan is 8% of the total monthly premium:**

**Single = \$46.53**

**Family = \$118.88**

Changes to the premium contribution will take effect the first pay check in January 2017. This employee contribution will be deducted on a pre-tax basis with one half of the contribution amount being deducted each paycheck except for the middle paycheck in those months with three pay checks.

During Open Enrollment you may also elect to participate in a **Flexible Spending Account (FSA)**, as in previous years. An FSA allows you to set aside a portion of your salary **before taxes** from each paycheck (24 pays per year) to be placed in an account for medical, limited purpose medical (dental & vision), and/or dependent care. FSA participants will receive a debit card to access their FSA funds or you may pay with a check and then submit for reimbursed by your plan.

With the FSA, the total amount you elect for medical expenses will be available any time of the year, even if the funds have not yet been withheld from your pay. For dependent care reimbursement, qualified expenses are reimbursed up to the amounts you have contributed throughout the plan year. It's important to remember that if you don't use all the money in your FSA, you will lose it at the end of the plan year.



You may elect to participate in an FSA online through [BluesEnroll](#) or complete a paper form. If you don't want FSA benefits, simply check the box next to "I elect not to participate." We need this form on file to show that the City offered you this benefit and you "affirmatively" accepted or declined it.

**All employees, regardless of which plan you are on, need to indicate whether or not you wish to participate in an FSA either online through [BluesEnroll](#) or with a paper form.**

**You have the right to continue your health care coverage through the City of Fort Dodge, as well as consider other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace at [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.**

As a reminder, there are measures that can be taken to help decrease health care costs. Some of these measures include purchasing generic prescriptions instead of brand names whenever possible, visiting doctors within our PPO network or those referred to as *participating providers*, and visiting the emergency room only when absolutely necessary. Preventive lifestyle measures such as regular annual check-ups, proper diet and exercise, and the reduction of potentially harmful lifestyle choices such as smoking and excessive alcohol consumption will continue to help keep costs under control.

**A Wellmark Representative will be available to visit with employees and answer any questions you may have about the plans on Tuesday, November 8, 2016 from 10:00 a.m. to 5:00 p.m. in the 2<sup>nd</sup> Floor Conference Room at City Hall. If you have any questions regarding open enrollment or your benefits please feel free to contact Jamie at (515) 576-6869 or email [fdhr@fordodgeiowa.org](mailto:fdhr@fordodgeiowa.org).**