



# CITY OF FORT DODGE HUMAN RESOURCES

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## HEALTH INSURANCE Effective July 1, 2022

Eligible City employees may choose one of the two IGHP health insurance plan options available to them. Both plans are through Wellmark Blue Cross/Blue Shield of Iowa. A summary of each plan is below.

### Plan A – High Deductible Health Plan

Deductible and Maximum Out-of-Pocket	\$2,500 single \$5,000 family
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All costs, including prescription costs, are first applied to the deductible/max out-of-pocket until the limit is reached at which time the plan covers all additional costs in full.

Total monthly premium costs effective July 1, 2022:

Single	\$520.40
Family	\$1,244.07

**For Plan A, the employee pays \$0 towards the monthly premium.**

In conjunction with the HDHP, the City offers a **Health Savings Account (HSA)**. This is an account that the plan holder can use to pay for medical expenses, including dental and vision expenses. The HSA works much like a personal checking account specifically set up for medical expenditures. The City will provide funding for half of the annual deductible/max out-of-pocket. 1/24th of the employer contribution will be put into the HSA on applicable payrolls. Employees are also able to place money into the HSA on a pre-tax basis. Contributions will be deducted and/or made on a pre-tax from the first and second paychecks of each month. In months with three pays, employee HSA deductions will not be taken from the third paycheck. In addition, City contributions to the HSA will not be made with the third pay of the month.

Employees may change their HSA contributions on a quarterly basis. *Please take into consideration the remaining number of pay periods for the current calendar year when completing your form and seek help from HR/Payroll if you're unsure.* The HSA Employee Contribution Election Form can be accessed on the City's website. Election forms must be received by 5:00 p.m. on the last Monday of the month in March, June and September. Contribution changes will take effect with the first payroll of the new quarter.

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. Dental and vision expenses also qualify as HAS expenditures. 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.

## Plan B – “Traditional” Plan

Deductible	\$250 single \$500 family
Maximum Out-of-Pocket	\$1,000 single \$2,000 family
Copay (Office visits, in-network chiropractic visits, Urgent Care)	\$15
Co-insurance (Other services)	20%
Prescription Copay ( <i>applies to the total out-of-pocket maximum</i> )	
Tier 1	\$0
Tier 2	\$15
Tiers 3 & 4	\$30
Specialty Drugs	\$85

Total monthly premium costs effective July 1, 2022:

Single	\$629.06
Family	\$1,502.16

**For Plan B the employee contribution is 8% of the total monthly premium, which is:**

<b>Single</b>	<b>\$50.33</b> (\$25.17 per pay)
<b>Family</b>	<b>\$120.17</b> (\$60.09 per pay)

The employee contribution will be deducted on a pre-tax basis with one half of the contribution amount being deducted from the first and second paychecks of each month. In months with three pays, health insurance deductions will not be taken from the third paycheck.

Employees may elect to participate in a **Flexible Spending Account (FSA)**. **This benefit renews each *calendar year* (January - December)**. An FSA allows you to set aside a portion of your salary before taxes to pay for medical expenses, including dental and vision expenses, and dependent care costs. This deduction comes out of your paycheck twice per month on the same schedule as health deductions. For Health FSAs, employees are allowed to carry over \$550 to the following year. Anything beyond \$550 remaining at the end of the year is forfeited. This carry over DOES NOT apply to Dependent Care FSAs.

Employees who are on the High Deductible Health Plan with an HSA may participate in a Limited Purpose Health FSA (LFSA). The LFSA may be used for dental and vision expenses only.

The total amount you elect for your Health FSA will be available any time of the year, even if the funds have not yet been withheld from your pay. For Dependent Care FSA reimbursement accounts, qualified expenses are reimbursed up to the amounts you have contributed in that plan year.

If you have any questions regarding the benefits available to you, please contact Kim Howell, EBS Group Benefits Account Manager, at (319) 758-8429 or [khowell@tworiversins.com](mailto:khowell@tworiversins.com). You may also contact Human Resources at (515) 576-6869 or [fdhr@fortdodgeiowa.org](mailto:fdhr@fortdodgeiowa.org) for assistance.