From: MEUHP--Missouri Educators Unified Health Plan, Inc. <info@meuhp.com>

Subject: January 2012 MEUHP Update

Reply: info@meuhp.com



On January 20, all eight MEUHP Board of Directors met with our FTJ representatives to review the results of our Request for Proposals (RFP) for our statewide program.

As you know, with 97 districts, we are by far the largest statewide health insurance organization for Missouri School Districts. With this in mind, your Board took every step to ensure the RFP process

was beneficial for our members as a whole. Our past success and promising future is derived from our efficiency, transparency, stability and teamwork, working together as one large group.

Our RFP process was detailed and deliberate and included:

- Compiling detailed historical benefit, claim and enrollment data;
- Vetting Health Plan preferences from member district superintendents;
- Analyzing statewide and regional carrier networks, including providers currently utilized;
- Issuing a Request for Information (RFI) prior to the RFP, and conducting in-person pre-RFP interviews with Health Plan representatives;
- Developing and issuing the full RFP with global MEUHP experience data; and
- Responding to questions from the Health Plan representatives.

While both United Healthcare and Coventry Health Care were initially interested, the only bid submitted was from Anthem BCBS, our current carrier. United Healthcare indicated they would not be competitive. Coventry Health Care indicated they needed more information than the two years worth of detailed statewide data provided on our overall group. After a careful review of Coventry Health Care's request for specific claims information about each individual MEUHP school district and individual members in those districts, the Board of Directors determined that sufficient information was provided for a global quote for the MEUHP. This was in accordance with the guidelines agreed upon by the Board, communicated to the bidders in the RFI and pre-RFP interviews, and set forth in the RFP. The Board of Directors will share more details and answer any questions about this process at the regional renewal meetings that will be held later in February.

What's next? The Board and our FTJ representatives will meet with Anthem BCBS in early February to review the financial details of their proposal. Once the global renewal is agreed upon, the regional rates and district tier assignments can be completed. This includes the regional and district level rates being set with full transparency and impartiality. The MEUHP is one large, fully insured plan, with NO financial risk to our members. Long term program stability is of utmost importance. We also recognize the importance of our rate competitiveness, quality benefits and broad provider networks for our current members and prospective members. Rest assured, the Board and our representatives from FTJ have and will continue to represent all members for the very best overall July 1, 2012 renewal.

As you are well aware from our past communications and meetings, our overall plan performance has improved steadily over the past several years due in part to our enrollment growth and our members embracing Consumer Driven Health Plans (Health Savings & Health Incentive Accounts) and enhanced wellness services. This has also proved to work well for our five new member districts in the SE Region on the transition tier. As a result, we fully anticipate another positive overall renewal, well below industry trend levels and without major benefit reductions-something our employees and retirees will truly appreciate. We will be anxious to share the details with you at our upcoming regional meetings.

To conclude this update I will restate our non-profit corporation mission statement and reaffirm my belief that quality health insurance is a true long term need for our districts, our staff and retirees and their families.

MEUHP Mission Statement

The MEUHP is a non-profit corporation which was formed by school districts - for school districts. Our goals are:

- 1. To promote fair and stable health insurance rates for our members while maintaining quality health benefits and services.
- 2. To offer our members a variety of traditional and consumer driven health insurance benefit options.
- 3. To increase our membership to help spread risk and increase economies of scale.

To help our members achieve these goals, the MEUHP includes:

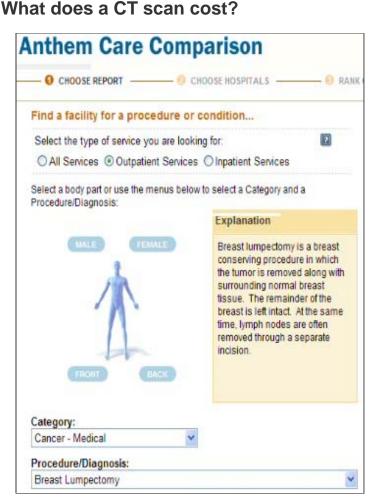
- Statewide and district level "safeguards" for large claim pooling for stability.
- One large plan for administrative efficiencies.
- Broad selection of a variety of plans, including PPO, HMO, HSA, HIA and POS.
- Multiple Health Savings and Health Incentive Account options.

- Wellness incentives / tools / resources / benefits.
- State and nationwide provider network.
- Retiree medical plan resources and education.
- Professional administration, service and education.
- Superintendent (Elected Board of Directors) supervision and decision making.

If you have questions or suggestions, please feel free to contact me, your Regional Board member, or your FTJ Regional Director. You can also review information on our plan at <u>www.meuhp.com</u>.

Yours truly,

Ken Cook MEUHP President



Wondering how much a hip replacement costs? Curious about the cost of a CT scan? The **Anthem Care Comparison** is a great tool to help you compare **quality** and/or **costs** on up to 102 procedures.

Anthem Care Comparison provides quality and cost information for common elective procedures (e.g., hip replacement, cataract removal) and shows employees how to use this information in the decision-making process.

Procedures listed under Inpatient Services provide *quality* information; while those procedures listed under Diagnostic or Outpatient Services provide *cost* information.

The Anthem Care Comparison tool is available on line through <u>MyAnthem</u>. If you don't already have your MyAnthem user name and password, this <u>Flier</u> will help.

We took the Anthem Care

Comparison on a test drive and looked at a variety of hospitals to find the typical outpatient costs for a breast lumpectomy. While data was not available in all of Missouri, we did find results for four hospitals in different parts of the state.

Below are the results:

Hospital	Low	High
North Kansas City Hospital	\$11,582	\$12,870
Southeast Missouri Hospital Cape Girardeau	\$9,572	\$10,016

Lester E Cox in Springfield	\$5,565	\$6,010
St. Joseph Health Center in St. Charles	\$2,004	\$2,448

Anthem Care Comparison collects the data from a number of qualified sources, including state and federal agencies; Medicare and Medicaid initiatives; and industry patient safety surveys. Some information is reported directly by the hospitals, and some is reported by outside parties. As more data is collected, the tool will become even more robust.

This brief **presentation** can even be added to your District's intranet site for your employees to learn more about this valuable resource.

The more your employees know, the more valuable their benefits are.



IRS issues guidance on reporting health plan costs on employees' W-2s

The IRS finally issued long-awaited guidance (Notice 2011-28) regarding new W-2 requirements under health care reform that require employers to report the cost of coverage under an employersponsored group health plan

The purpose of the new W-2 information is to provide employees information on the cost of their health care coverage. There are exceptions for certain tribal governments, churches and small employers. **Small employers** (those that distribute fewer than 250 W-2s) are exempt from this requirement until at least 2014 and possibly longer.

Medical Mileage Update!

If you have eligible medical mileage to deduct, the 2012 IRS mileage rate is 23 cents per mile. Medical mileage is an eligible expense on the flexible spending plan and is a qualifed HSA expense.

For those districts who have our Flexible Spending Plan, you can <u>download the claim</u> <u>form</u> showing the new rate - these are also available on your district's web page.

Don't have a FTJ Flexible Spending plan? This service is available at NO COST to MEUHP clients and can save your district and your staff valuable tax dollars. Contact your Regional Director or email info@meuhp.com



Health Savings Account / High Deductible Health Plan Limits: What's new for 2012?

HSA contribution limits and HDHP out-of-pocket maximums will increase slightly, while the HDHP minimum required deductibles remain unchanged.

HSA Contribution Limits:

- Individual (self-only HDHP): \$3,100 (\$50 increase from 2011)
- Family: \$6,250 (\$100 increase from 2011)

Limits for catch-up contributions (for persons over age 55): \$1,000 (unchanged from 2011)

All MEUHP High Deductible Health Savings Accounts meet the requirements below.

HDHP Minimum Required Deductibles:

- Self-only: \$1,200
- Family: \$2,400

HDHP Out-of-Pocket Maximum:

- Self-only: \$6,050 (a \$100 increase from 2011)
- Family: \$12,100 (a \$200 increase from 2011)

Your FTJ representative will be glad to assist you with additional information on High Deductible Health Plans and the increasingly popular MEUHP Health Savings Accounts and Health Incentive Accounts. If you would like information to distribute to your staff, we have updated the <u>HSA</u> <u>Guide</u> with the 2012 limits. For more great Consumer Driven Health Plan and Health Savings Account resources, visit <u>www.meuhp.com</u> and click on the "Resources" tab.

Educate your staff -

All MEUHP Districts should be seeing regular updates on your district home page at www.ftj.com/moed.

Following the Time Well Spent Calendar, FTJ is helping to promote education and healthy habits. For example for January, your staff will see the following links:

Be a Quitter- Stop Smoking 20 Fitness Crazes Thyroid Awareness Month Free Food and Fitness Planner

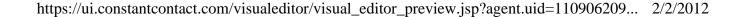
"We're all in this together ... so let's spread the wellness word!"

Brush up on Oral Health!

Adapted from WebMD

Oral health is more important than you may realize. It may affect, be affected by or contribute to various diseases and conditions, including:

- Endocarditis. Gum disease and dental procedures that cut your gums may allow bacteria to enter your bloodstream. If you have a weak immune system or a damaged heart valve, this can cause infection in other parts of the body such as an infection of the inner lining of the heart (endocarditis).
- **Cardiovascular disease**. Some research suggests that heart disease, clogged arteries and stroke may be linked to oral bacteria, possibly due to chronic inflammation from periodontitis a severe form of gum disease.
- Pregnancy and birth. Gum disease has been linked to premature birth and low birth weight.
- **Diabetes**. Diabetes reduces the body's resistance to infection putting the gums at risk. In addition, people who have inadequate blood sugar control may develop more-frequent and





Healthy

Ideas

for

January!

severe infections of the gums and the bone that holds teeth in place, and they may lose more teeth than do people who have good blood sugar control.

 HIV/AIDS. Oral problems, such as painful mucosal lesions, are common in people who have HIV/AIDS.

One great way to encourage your staff to get regular checkups is to offer a dental plan that pays for preventive care. Usually dental plans pay for 2 checkups / cleanings per year at 100%.

If you want to implement a great voluntary dental plan for your employees, or if would like quotes and information on how to upgrade your existing program, please contact your FTJ Regional Director, or Missy Maxwell at 800-821-7303, ext. 1179, or email at <u>mmaxwell@ftj.com</u>. Be sure to ask about plans with "rollover" benefits.

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