

# Missouri Educators Unified Health Plan

A Missouri Non-Profit Corporation

[www.meuhp.com](http://www.meuhp.com)

"For School Districts, By School Districts"

MISSOURI EDUCATORS  
UNIFIED HEALTH PLAN, INC.

**MEUHP**

"UNIFIED FOR STRENGTH,  
STABILITY & SERVICE"

## February, 2013 Newsletter

### President's Update July 1 MEUHP Renewal Update

Our July 1, 2013 MEUHP renewal will be the 4<sup>th</sup> anniversary of our Non-Profit Corporation. As a founding member of the Board, it is a privilege to work with my peers on the Board and with our Forrest T. Jones representatives to best serve our membership. We are all passionate about our MEUHP mission of providing long term strength, stability and service through unity and a long term vision. School employees and retirees deserve the best. We have always strived to meet this goal and I'm glad to report we are succeeding! With our growing membership of almost 12,000 lives covered in 114 school districts, our members truly benefit from our large scale efficiencies and premium stability-something that will be increasingly important in the new era of Health Care Reform. Best of all the MEUHP has accountability built into our DNA. Our Non-Profit corporation structure, with an eight member elected Board of Directors, truly sets our program apart from other organizations and consortiums. We have complete transparency for our members on the dollars and decisions that make up our program.

Speaking of dollars and decisions, the Board and FTJ are working on our July 1 renewal. As it has been in past years, our goal is to negotiate a fair financial renewal without compromising our need for quality benefits and networks and stable rates. Our first meeting went very well. Our underwriter listened intently to our recommendations, concerns and expectations. We discussed our significant membership growth, especially with the addition of NEMO. We also discussed our historical stable trend lines, plan expenses, plan offerings, provider networks, and of course the Affordable Care Act (ACA). We will meet again at the end of the month to reconvene our renewal discussions. Our commitment to all members is to leverage our past success and statewide momentum to again deliver on our core mission of providing our members with affordable, quality and stable health insurance options. We all want continued stability and healthy growth to unify more school districts together for the right reasons.

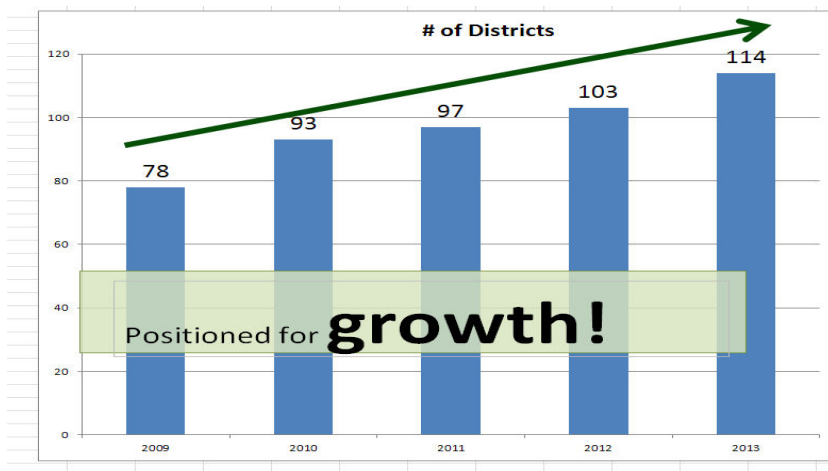
Please feel free to contact me or your Regional Board member if you have questions or input you would like to provide regarding our program.

As always, we appreciate your support in working together to achieve our goals.

Yours truly,



Ken Cook, President



## New Resource for MEUHP Members: HR360

From Health Care Reform and COBRA, to how to hire and terminate employees, FTJ's new resource, HR360, can provide you with quick answers to important benefit questions.

The HR News alert and HR 360 forum will provide:

- The most current information on Health Care Reform including regular email alerts on upcoming provisions for 2013-2014
- Interactive Benefits Compliance Calendar, a simple way to review and download many of the government model notices and requirements for employee benefit plans
- Interactive guides that provide step-by-step guidance on how to do performance reviews, hire, and terminate employees
- Online HR tools including a job description builder and salary benchmarking tool
- Hundreds of downloadable forms
- State and federal COBRA information, as well as a range of additional employment laws per state

<b>Forrest T. Jones &amp; Company</b> Specialists in Association and Group Benefits since 1953	The HR resource every business needs <b>HR News Alert</b> January 2013
Brought to you by: <b>Robert Iglehart</b>	
<b>2013 Health Care Reform Checklist</b>	
The New Year brings new requirements under Health Care Reform. The following checklist highlights key changes that may affect employers and insured group health plans this year.	
<b>Please Note:</b> This list is for general reference purposes only and is not all-inclusive. The information is subject to change based on new requirements or amendments to the law. If you have questions regarding your responsibilities, please contact a knowledgeable employment law attorney, benefits advisor, or your carrier.	
<b>1. Evaluate Grandfathered or Non-Grandfathered Status of Plan</b> A grandfathered plan is one that was in effect on March 23, 2010. If a plan loses its grandfathered status, it may no longer be exempt from certain requirements under Health Care Reform.	
<b>In this Issue</b>	2013 Health Care Reform Checklist New Guidance on Employer "Pay or Play" Requirements 5 HR Compliance Resolutions for 2013 Reminder: Employee Payroll Tax Cut Expires

As an MEUHP member district administrator, if you would be interested in accessing the news alert and website, call Missy Maxwell at 800-821-7303 xt 1179 or email [mmaxwell@ftj.com](mailto:mmaxwell@ftj.com) for details.

## Health Care Reform Update

We have been communicating to you regularly about the ongoing implementation of the Affordable Care Act (ACA). Forrest T. Jones & Company, our MEUHP plan administrator, will also be conducting Payroll Supervisor meetings and MEUHP Regional meetings. The ACA will be a key topic.

Payroll Supervisor meetings have been scheduled as follows:

<i>January 24, 2013</i>	<b>Southwest - Joplin Missouri - completed!</b>
February 20, 2013	<b>Southwest</b> - West Plains, Missouri 11:00 a.m. to 2:00 p.m.
February 21, 2013	<b>Central</b> - Sedalia, Missouri 10:00 a.m. to noon
February 22, 2013	<b>West Central</b> - Butler, Missouri 10:00 a.m. to noon
February 26, 2013	<b>Northeast</b> - Macon, Missouri 10:30 a.m. to noon
February 27, 2013	<b>Northwest</b> - St. Joseph, Missouri 10:30 a.m. to 2:00 p.m.
March 5, 2013	<b>South Central / Southeast</b> - Sikeston, Missouri 10:00 a.m. to noon
March 6, 2013	<b>St. Louis</b> - to be determined.

One of the most significant changes is the employer mandate effective January 1, 2014. Here's an overview produced by Anthem with questions and answers on the "[Employer Duty to provide coverage](#)". It is our current understanding from the Department of Treasury Proposed Rules, including certain "Transition Rules" released January 2, 2013 that since the MEUHP plan anniversary is July 1, the "**Large Employer**" full time employee coverage mandates will not take effect for MEUHP member districts until July 1, 2014.

FTJ is also presenting an update on the ACA at the annual Missouri Association of Rural Education Conference, February 15. For members not attending this conference, we will email a special ACA Update Newsletter to MEUHP member districts after the conference.

In the meantime, if you have questions, please feel free to contact your FTJ Regional representative by phone or email. Or, you can email [info@meuhp.com](mailto:info@meuhp.com).

## Exchange Notices from Employers to Employees delayed.

Federal regulators have indefinitely delayed a health care reform law requirement that employers notify employees in writing by March 1, 2013, about the availability of public health insurance exchanges.

In a set of [frequently asked questions and answers](#), the Departments of Health and Human Services, Labor and Treasury said the reporting requirement will not go into effect until regulations are issued and "become applicable." It further states "The Department of Labor (DOL)

expects that the timing for distribution of notices will be the late summer or fall of 2013, which will coordinate with the open enrollment period for Exchanges."

The information required in the notice is to include:

- the existence and details of exchanges
- subsidies that may be available to employees under certain conditions
- consequences of purchasing coverage at the exchange versus under an employer plan

The DOL is also considering providing model, generic language that could be used to satisfy the notice requirement.

UNITED STATES DEPARTMENT OF LABOR

Employee Benefits Security Administration

FAQs about Affordable Care Act Implementation Part XI

January 24, 2013

Set out below are additional Frequently Asked Questions (FAQs) regarding implementation of various provisions of the Affordable Care Act. These FAQs have been prepared by the Departments of Labor, Health and Human Services (HHS), and the Treasury (collectively, the Departments). Like previously issued FAQs (available at <http://www.dol.gov/ebsa/healthreform/>), these FAQs answer questions from stakeholders to help people understand the new law and benefit from it, as intended.

The Departments anticipate issuing further responses to questions and issuing other guidance in the future. We hope these publications will provide additional clarity and assistance.

**Notice of Coverage Options Available Through an Exchange**

Section 188 of the Fair Labor Standards Act (FLSA), as added by section 1301 of the Affordable Care Act, generally provides that, in accordance with regulations promulgated by the Secretary of Labor, an applicable employer must provide each employee at the time of hiring (or with respect to current employees, not later than March 1, 2013) a written notice:

1. Informing the employee of the existence of Exchanges including a description of the services provided by the Exchanges, and the manner in which the employee may contact Exchanges to request assistance;
2. If the employer plan's share of the total allowed costs of benefits provided under the plan is less than 60 percent of such costs, that the employee may be eligible for a premium tax credit under section 36B of the Internal Revenue Code (the Code) if the employee purchases a qualified health plan through an Exchange; and
3. If the employee purchases a qualified health plan through an Exchange, the employee may lose the employer contribution (if any) to any health benefits plan offered by the employer and that all or a portion of such contribution may be excludable from income for Federal income tax purposes.

**Q1: When do employers have to comply with the new notice requirements in section 188 of the FLSA?**

## Health Care Reform - Making it Work!

If you haven't visited the "[Making Health Care Reform Work](#)" website lately, you might want to peruse some of the new provisions for 2013 and beyond. The information applicable to the MEUHP will be found under the **Missouri / Employer 51+**.

You'll find a wealth of information including interactive timelines, webinars, faqs, videos and helpful links.

One of the new provisions that will affect all of your insured employees with the 2013 renewal is the requirement for the mandated summary of benefits and coverage (SBC). We will be providing full details regarding the required SBC at the renewal meetings.

Please email your questions and input on your Health Care Reform concerns and comments to [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

**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.\[insert\]](#) or by calling 1-800-[insert].

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$500 person / \$1,000 family <small>Doesn't apply to preventative care</small>	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (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 <b>deductible</b> .
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <b>deductible</b> amount before this plan begins to pay for these services.
Is there an <b>out-of-pocket limit</b> on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family For non-participating providers \$4,000 person / \$8,000 family	The <b>out-of-pocket limit</b> 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 <b>not included</b> in the <b>out-of-pocket limit</b> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
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 <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes. See <a href="#">www.[insert].com</a> or call 1-800-[insert] for a list of participating providers.	If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .

## A three minute phone call ...



As a member of the MEUHP, you know the importance of strength in numbers. When we look at our incredible 45% growth over the past few years, we are proud to offer our 114 districts affordable health care options for their staff with a provider network second to none. Did you know the MEUHP offers districts a choice of 9 different Consumer Driven Health Plans, with 7 qualifying for Health Savings Accounts? Or that 58% of our 12,000 plan members are enrolled in a Consumer Driven Plan, saving big dollars versus most traditional PPO or HMO type plans?

Some of your neighboring districts might just be prime candidates to help grow the MEUHP even more. If you know of a neighboring superintendent who may be struggling with health insurance rate increases, poor coverage or service issues, you might just reach out to him or her and explain the benefits of the MEUHP. Invite them to our Regional Meetings to

see first hand how the full transparency and governance of the MEUHP work together.

That three minute phone call could just set the stage for future opportunities. You are the best MEUHP ambassador.



## Future Moms Program: Helps employees have a safe and healthy delivery.

The Future Mom's program is available to any covered MEUHP employee or spouse. The best time to sign up is as early as she can in the pregnancy to get the most from the program.

### How do your employees sign up?

It's easy - just call the Anthem customer Service number located on the back of their ID card as soon as they know they are pregnant. A registered nurse will help them get started and walk them through the program.

The program gives the pregnant mom a nurse coach she can talk to any time - any day. She'll also receive a pregnancy week by week book plus screenings and other useful tools.

### How much does it cost?

It costs nothing to the employee - this benefit is part of the Anthem 360 suite of wellness tools available to all MEUHP members schools.

Healthy deliveries mean healthy and happy staff members. Feel free to distribute the "[Future Moms](#)" flyer to your employees or keep a supply handy in your Payroll Office



## Coffee May Lower Risk of Death from Mouth Cancer.

People who drink more than four cups of caffeinated coffee daily could significantly reduce their risk of death from certain forms of cancer, according to a new study from the American Cancer Society.

Habitual coffee drinkers had about half the risk of dying from cancers of the mouth and pharynx (part of the throat) than others who never drank coffee or only had it occasionally, the researchers found. [Read more...](#)



## Walking Works Winners!

### *Congratulations to the winners of the Walking Works Contest drawing!*

The eight Regional \$1,000 drawing winning districts are:

Region	School District
NW	Gallatin
NE	Adair R-II
WC	Midway
SW	Junction Hill

SC Van Buren  
 SE Bernie  
 St. Louis Dunklin  
 Central Morgan County

Employees logged their miles and collectively MEUHP members walked over 80,000 miles to help improve their health and relieve stress. That's several times around the globe! The top 10 walkers for the fall 2012 program are:



1	Amber	Bledsoe	Monett R-I
2	Richard	Smalley	Midway R-I
3	Michele	Carmode	Bernie R-XIII
4	Darla	Bridges	Bernie R-XIII
5	Mariah	Hayes	Junction Hill C-12
6	Lois	Wiley	Tarkio R-I
7	Jerry	Granger	Alton R-IV
8	Rick	Mize	Junction Hill C-12
9	Suzanne	Brought	Tarkio R-I
10	Amanda	Jens	Junction Hill C-12



**February is Healthy Heart Month and "GO RED" for women.**

- **Heart disease is the #1 killer of women**, and is more deadly than all forms of cancer combined.
- Heart disease causes 1 in 3 women's deaths each year, killing approximately one woman every minute.
- An estimated 43 million women in the U.S. are affected by heart disease.
- Ninety percent of women have one or more risk factors for developing heart disease.
- Since 1984, more women than men have died each year from heart disease.
- The symptoms of heart disease can be different in women and men, and are often misunderstood.