

Insurance Enrollment

April 2024

Disclaimer: This is not meant to be a comprehensive detail of benefits.

Insurance Committee



Education Association

Doug Mraz	School Psychologist
Laura Frey	Special Ed Consultant
Dustin Reese	School Psychologist
Jody Seeman	School Psychologist
Katie Bauder	Work Experience Coordinator

Classified Workers of America (CWA)

Sara Youngblut	COTA
Skyler Wood	Lead Custodian/Maintenance
Bonnie Winther	CWA Representative
Steve Abbott	CWA Local 7108 President

Non-Union Support Staff (NUSS)

Karl Langenwalter	Systems Engineer
Marcia Brolsma	Admin Assistant to Director of Special Ed
Shirley Horak	HR Coordinator
Kevin Klobassa	Benefits Specialist
Kristine Kienzle	Tech Support Manager for Media
Pam Morrissey	Accounting Manager

Administrators

Melissa Hesner	Regional Administrator
Jennifer Coombes	Chief Financial Officer
Karl Kurt	Asst. Chief Admin/Director of HR

Insurance Committee

PURPOSE

- 1) Identify concerns
- 2) Evaluate benefit offerings
- 3) Provide recommendations on plan designs and premiums



Insurance Offerings

<u>Plans</u>	<u>Provider</u>
Health	Wellmark
Dental	Delta Dental
Vision	VSP
Life	Voya
Long Term Disability (LTD)	Madison National Life
Flexible Spending Account (FSA)	ASI Flex
Health Savings Account (HSA)	Employee Choice
Employee Assistance Program (EAP)	LifeWorks



Insurance Enrollment

Eligibility: Minimum of .50 FTE employee.

Note: New employees, or employees whose FTE has increased to .50, are eligible the first of the month following their date of hire or increase in FTE.

Open Enrollment (April 29 - May 24): Add, change, or terminate insurance coverage. Changes effective July 1st.

Plan Year: July 1 to June 30

Note: Unless you lose eligibility or have a qualifying life event, you must maintain coverage through June 30th.

Deductibles & Out-of-Pocket Maximums: Health and Dental Deductibles and Out-of-Pocket Maximums are based on a **calendar year** (Jan 1 - Dec 31)



Insurance Enrollment

EVERYONE eligible must complete enrollment:

1. Log on to the Employee Dashboard on ClassLink

<https://launchpad.classlink.com/centralriversaea>

2. Click on the “CRAEA Benefits Enrollment” application

3. Follow the prompts to enroll in your 2024-25 benefits

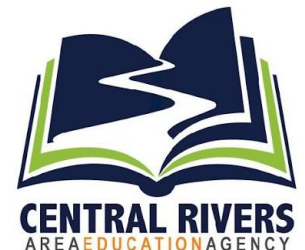
*****Changes effective July 1st*****



Insurance Changes for 2024-25

Insurance	Employee Premium Increase	Agency Contribution (Full-time 1.0 FTE)
Health Insurance (3 Plans)	<u>Single Plans:</u> +\$0 per month <u>Family Plans:</u> +\$0 per month	+\$0 per month
Dental Insurance	No Change	+\$0 per month
Vision Insurance	<u>Single Plan:</u> +\$0 per month <u>Family Plan:</u> +\$0 per month	+\$0 per month

- Dental: Allowed amount now covers white composite fillings instead of silver fillings
- Dental: Preventative Care (checkups) are no longer applied to annual maximum.
- Vision: Frame allowance benefit increased from \$150 to \$200
- Vision: Option to use for non-prescription sunglasses and blue light glasses.



Health Premiums 2024-25

SINGLE PLANS

Monthly Premiums for Full-Time Employee (1.0 FTE)

Single \$1,500 PPO	23-24	Increase	24-25
Monthly Premium	\$1,010	\$0	\$1,010
Agency Contribution	\$900	\$0	\$900
Employee Share	\$110	\$0	\$110

Single \$2,500 PPO	23-24	Increase	24-25
Monthly Premium	\$900	\$0	\$900
Agency Contribution	\$900	\$0	\$900
Employee Share	\$0	\$0	\$0

Single \$3,500 HDHP	23-24	Increase	24-25
Monthly Premium	\$800	\$0	\$800
Agency Contribution	\$800 plus \$100/mo. deposit to HSA	\$0	\$800 plus \$100/mo. deposit to HSA
Employee Share	\$0	\$0	\$0

FAMILY PLANS

Monthly Premiums for Full-Time Employee (1.0 FTE)

Family \$1,500 PPO	23-24	Increase	24-25
Monthly Premium	\$2,390	\$0	\$2,390
Agency Contribution	\$900	\$0	\$900
Employee Share	\$1,490	\$0	\$1,490

Family \$2,500 PPO	23-24	Increase	24-25
Monthly Premium	\$2,135	\$0	\$2,135
Agency Contribution	\$900	\$0	\$900
Employee Share	\$1,235	\$0	\$1,235

Family \$3,500 HDHP	23-24	Increase	24-25
Monthly Premium	\$1,885	\$0	\$1,885
Agency Contribution	\$800 plus \$100/mo. deposit to HSA	\$0	\$800 plus \$100/mo. deposit to HSA
Employee Share	\$1,085	\$0	\$1,085



Health Insurance Participation

Total Participation (March 2024)				
	<u>\$1500 PPO</u>	<u>\$2500 PPO</u>	<u>\$3500 HDHP (HSA)</u>	<u>Waive</u>
Single	37	239	161	48
Family	3	26	36	
Participation %	8%	53%	39%	

HSA/FSA Changes for 2024-25

Health Savings Accounts	Maximum Contributions Calendar Year 2024	Agency Contribution (Full-time 1.0 FTE)	Employee Maximum (Full-time 1.0 FTE)
Single	\$4,150 (+\$300)	\$1,200	\$2,950
Family	\$8,300 (+\$550)	\$1,200	\$7,100
55+ Catchup	\$1,000		\$1,000

Flexible Spending Accounts	Maximum Contributions Plan Year 2024-25
Health FSA	\$3,200 (+\$150)
Limited Purpose FSA	\$3,200 (+\$150)
Dependent Care FSA	\$5,000 (+\$0)



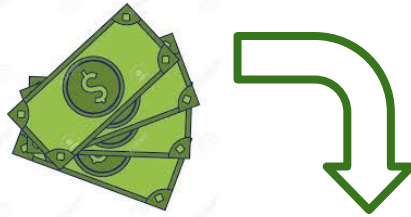
Tax-favored
accounts



***Reminder: Over-the-counter drugs/medicines, menstrual products, and personal protective equipment are now qualifying expenses**

Central Rivers Self-Funded Insurance Fund

Agency Insurance Contributions
Employee Insurance Contributions



Medical Claims & Prescription Drugs
Stop-Loss Coverage
Administrative Fees

Fully Insured vs Self-Funded

Fully Insured



Self-Funded

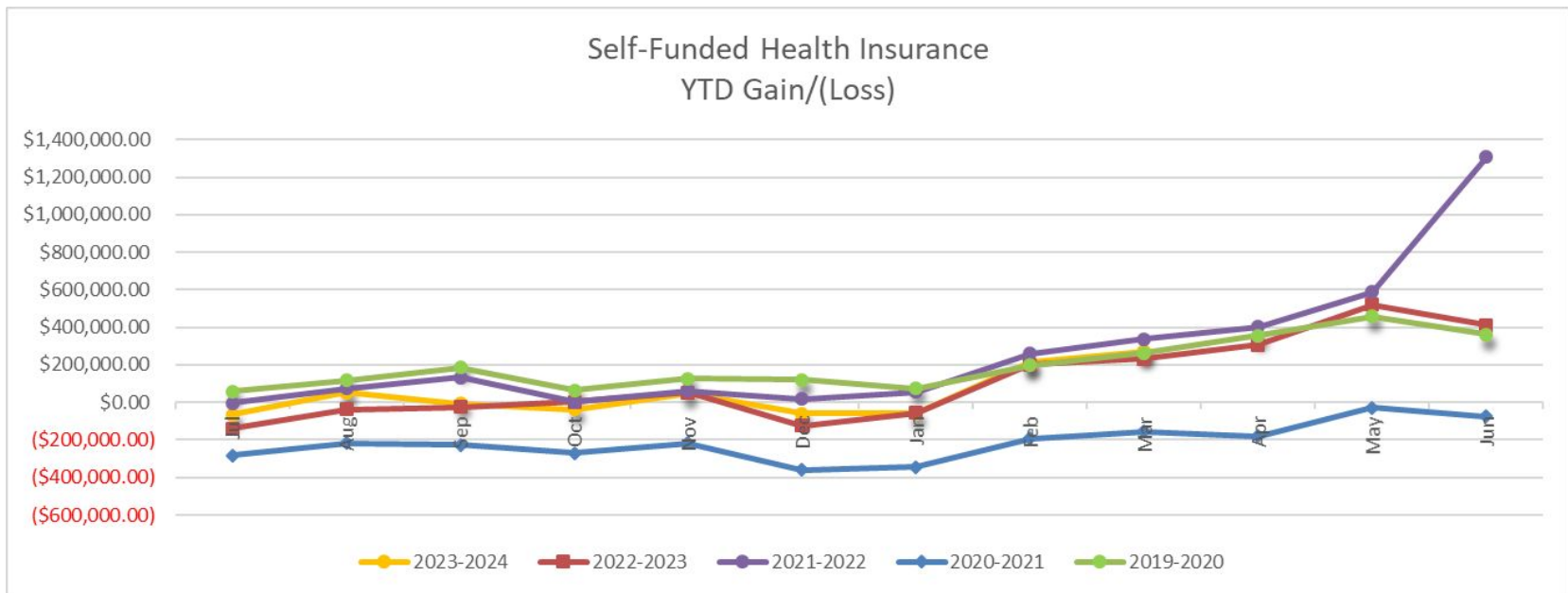


A savings will result if claims are at or below the expected level

The maximum cost of a self-funded plan is the sum of:

- *actual claims less stop loss insurance reimbursements*
- *stop loss premiums*
- *administrative expenses & other service fees*

Self-Funded Insurance YTD



Any Questions?

PLEASE ASK!

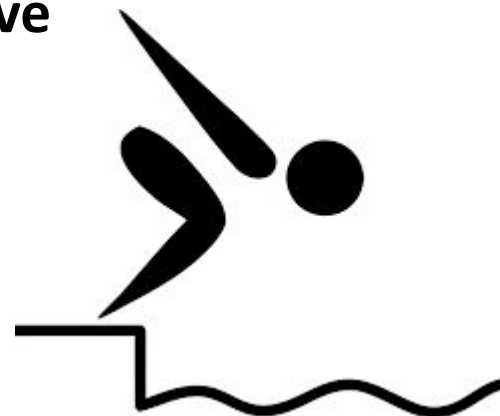
- Email
- Phone
- Face-to-face



Kevin Klobassa - Benefits Specialist

- (319) 273-8202
- kklobassa@centralriversaea.org

UP NEXT....a deeper
dive



Preventive Care Services

HEALTH PLAN

- Physical Exam, Mammogram, Gynecological (1 per benefit year)
- Flu Shot
- Screenings (children, adolescents, and adults)

[U.S. Preventive Services Task Force \(USPSTF\) A & B Recommendations](#)

DENTAL

- Checkup & Cleanings 100% covered (2 per benefit period)

Note: Fluoride is 100% covered for eligible beneficiaries under age 19 once every 12 consecutive months.

VISION

- \$25 copay for Well-vision Exam (every 12 months)



Preventive Care Services

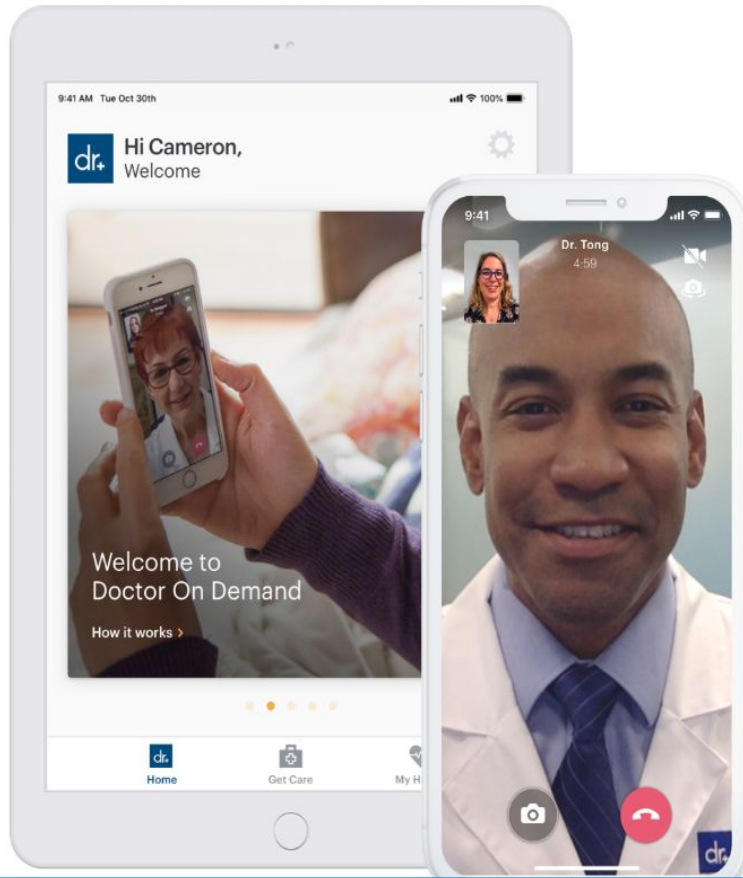
BENEFITS OF PREVENTATIVE CARE

1. Get Doctor recommendations
2. Identify problem before it becomes serious
3. Control a problem
4. Increase lifespan
5. Pay less over time
6. Vaccinations prevent infections





on demand



Traditional Plans (1500, 2500)	\$0 office copay (no out-of-pocket cost)	
3500 HDHP (HSA)	\$61 (20 min)	Medical
	\$84 / \$129 (30 min / 60 min)	Mental Health Therapy
	\$203	Behavioral Health Diagnostic Eval w/ Med Services
	\$127	Medication Management

- ★ Less expensive than office visits, urgent care, or ER.
- ★ Available 24/7
- ★ Common uses include mental health, colds, flu, allergies, rashes, pink eye, upset stomach, strep throat



“Traditional” Health Plans

Wellmark

	\$1,500 Deductible - Alliance Select EMBEDDED - Individual deductible		\$2,500 Deductible - Alliance Select EMBEDDED - Individual deductible	
Network	Alliance Select - PPO		Alliance Select - PPO	
	<u>In-Network</u>	<u>Out of Network</u>	<u>In-Network</u>	<u>Out of Network</u>
Deductible	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Coinsurance	20%	40%	20%	40%
Office Visit Copay	\$20	Ded/Coins	\$30	Ded/Coins
Specialist Copay	\$35	Ded/Coins	\$60	Ded/Coins
Out of Pocket Maximum	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$10,000 / \$20,000
Rx Copays	\$10 / \$30 / \$50		\$10 / \$40 / \$100	
Specialty Copay***	\$40 / \$85 / \$170		\$50 / \$100 / \$170	
Rx Out of Pocket Maximum	\$2,600 / \$5,200		\$2,600 / \$5,200	
Total Monthly Premium Rates				
Single	\$1,010.00		\$900.00	
Family	\$2,390.00		\$2,135.00	
Monthly Agency Contribution**	\$900.00		\$900.00	
Monthly Employee Premium Payment**				
Single	\$110.00		\$0.00	
Family	\$1,490.00		\$1,235.00	

High Deductible Health Plan (HDHP)

Wellmark

	\$3,500 Deductible - HDHP (HSA)
	EMBEDDED - Individual deductible
Network	Alliance Select - PPO
	<u>In and Out of Network Combined</u>
Deductible	\$3,500 / \$7,000
Coinsurance	0%
Office Visit Copay	Deductible
Specialist Copay	Deductible
Out of Pocket Maximum	\$3,500 / \$7,000
Rx Copays	Deductible
Specialty Copay***	Deductible
Rx Out of Pocket Maximum	Combined with Medical OPM
Total Monthly Premium Rates	
Single	\$800.00
Family	\$1,885.00
Monthly Agency Contribution**	\$800.00
	(\$100 HSA Contribution)*
Monthly Employee Premium Payment**	
Single	\$0.00
Family	\$1,085.00

- **Deductible and Out of Pocket Maximum** start over every January 1st.
- **Out of Pocket Maximum** includes both medical and prescription expenses applied to the deductible.
- Pay **full cost** of Office Visits until you reach the out of pocket maximum.
- Pay **full cost** of Prescription Drugs until you reach out of pocket maximum.

NOTE for those switching from the 1500/2500 plans. Your January thru June deductibles, copays, co-insurance, and prescription drug co-pays will all apply toward the \$3,500 Out-of-Pocket Maximum.

Health Savings Account (HSA)

TAX ADVANTAGES

- 1) Tax deductible (pre-tax through payroll)
- 2) Tax deferred growth
- 3) Tax free distribution (qualified expenses)

CONTRIBUTIONS WILL roll over
(unlike the FSA “use it or lose it”)

<u>2024 Calendar Year</u>	<u>Maximum</u>	<u>CRAEA</u>	<u>Employee Maximum</u>
Single	\$4,150	\$1,200	\$2,950
Family	\$8,300	\$1,200	\$7,100
55 or older “catch up”	+\$1,000		+\$1,000

KEEP RECEIPTS to verify your reimbursements **OR**
to use as tax-free withdrawals in future

INVESTMENT options similar to IRA are available at some banks

AT AGE 65, the HSA can be used like an IRA
(avoid the IRS penalty but taxed on distributions unless for qualified medical expenses)

Consider **BANK FEES** and

IRS PENALTY for early withdrawal for non-medical, dental, or vision expenses
before age 65



Flexible Spending Account (FSA)

ASI Flex

2024-2025 Maximum Contribution

Health Care FSA	\$3,200
Limited Purpose FSA (Dental/Vision)	\$3,200
Dependent Care FSA	\$5,000



KEY POINTS

Pre-tax payroll contributions...reduces your taxable income.

USE IT or LOSE IT...set amount you expect to spend

Mobile App and Debit Card options.

"Limited purpose" works with HSA (dental and vision expenses only)

FSA



USE IT
OR
LOSE IT

2024-2025 Plan Year

❖ 2024-2025 Plan Year Contributions

➤ *July 1, 2024 - June 30, 2025*

- *Employee pre-tax contributions made to a dependent care, health care, or limited purpose flexible spending account through monthly payroll deduction from July thru June.*

❖ Reimbursable Expenses

➤ *July 1, 2023 - **September 15, 2025***

- *Health Care or Dependent Care expenses incurred between July 1, 2024 and September 15, 2025 may be reimbursed from 2024-2025 contributions through ASI Flex.*

❖ Submission Deadline

➤ ***October 31, 2025***

- *Last day to submit claims for the 2024-2025 plan year*



Pretax Savings (FSA or HSA)

Description	Without FSA/HSA	With FSA/HSA contribution
Annual Salary	\$33,650	\$33,650
Annual FSA/HSA Contribution	\$0	\$3,650
Annual Taxable Income	\$33,650	\$30,000
Annual FICA, Fed & State Tax	\$10,095*	\$9,000*
Annual Medical Expenses	\$3,650	\$0 (\$3,650 FSA/HSA reimbursed)
Annual Net Take Home Pay	\$19,905	\$21,000
	save over \$1,000	

* Estimated with 30% FICA, federal, and state payroll taxes

HSA/FSA Coordination

- ★ If an Employee and/or Spouse begins contributions (employee or employer) to a HSA in the plan year, they may only submit claims incurred in that plan year for a Limited Purpose (Dental or Vision)

Example:

- *Michael has \$1,000 remaining in his Health Care FSA on June 30, 2024.*
- *Employees normally have until September 15, 2024 to incur expenses; however, Michael enrolls in a High Deductible Health Plan (HDHP) and begins contributing to a HSA on July 1, 2024.*
- *Michael must notify employer that he needs to change his Health Care FSA to a Limited Purpose FSA effective July 1, 2024.*
- *Michael would only be eligible to submit claims for the remaining \$1,000 for Dental or Vision expenses incurred between July 1, 2024 and September 15, 2024.*
- *Michael still has until October 31, 2024 to submit any medical expense incurred prior to June 30, 2024.*

Dental Insurance

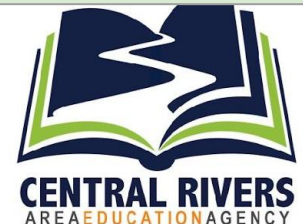
Delta Dental

Monthly Premium	Single: \$40 Family: \$100		
Employer Contribution (1.0 FTE)	100% of Single (prorated if less than 1.0 FTE)		
Coverage (see benefit schedule for details)	PPO Network	Premier Network	Out-of-Network
Benefit Period Maximum	\$1,250	\$1,000	\$1,000
Deductible	\$15	\$25	\$25
Check Ups/Teeth Cleaning **not applied to benefit period maximum beginning 7/1/23**	100%	100%	100%
Cavity Repair & Tooth Extractions	80%	80%	80%
Root Canals	80%	80%	80%
Gum & Bone Diseases	80%	80%	80%
High Cost Restorations	50%	50%	50%
Dentures & Bridges	50%	50%	50%
Straighter Teeth (eligible up to age 19)	50% Annual Max (\$500)	50% Annual Max (\$500)	50% Annual Max (\$500)

Vision Insurance

VSP

Monthly Premium	Single: \$5.44 Family: \$15.53
Employer Contribution	100% of Single (prorated if less than 1.0 FTE)
WellVision Exam	\$25 Copay (every 12 months)
Frames including sunglasses/blue light glasses (every 24 months)	\$25 Copay (see benefit schedule for discounts and allowances)
Lenses (every 12 months)	
<u>OR</u>	
Contact Lenses (instead of glasses)	\$135 allowance (every 12 months)



Life & AD&D

VOYA

AD&D = Accidental Death and Dismemberment

Eligibility	Minimum of .50 FTE Employee
Employer Contribution	100%
OPTION 1:	\$50,000 Life Insurance & \$50,000 AD&D
OPTION 2:	2x Salary Life Insurance & 2x Salary AD&D (<u>minimum of \$50,000</u>) (amounts exceeding \$50,000 are subject to imputed income tax)
<ul style="list-style-type: none">• <u>Guarantee issue</u> on initial new hire enrollment period.• Evidence of Insurability (EOI) required if increasing coverage after initial eligibility.	

Imputed Income Example

(Life Insurance benefit exceeds \$50,000)

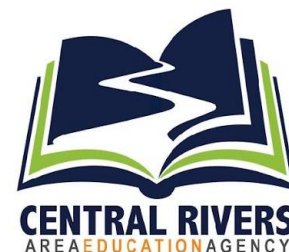
❖ **CALCULATION:** 2x Salary Option, \$70,000 Salary, Age 40

- Life Insurance Amount: $2 \times \$70,000 = \text{\$140,000}$
- Imputed Income: $\text{\$140,000} - \$50,000 = \text{\$90,000}$
- Rate from table (Age 40): $\text{\$.10}$ per \$1000
- $\text{\$90,000} / \$1,000 \times \text{\$.10} = \$9.00/\text{month}$ added to taxable income
- Total Estimated Tax: $\$9.00 \times 35\% \text{ taxes} = \text{\$3.15/month}$
 - (FICA (Social Security & Medicare), Federal Income Tax, State Income Tax)

Table 1 - Uniform Premiums for \$1,000 of Group-Term Life Insurance Protection

5-Year Age Bracket (based on employee's age on last day of the tax year)	Cost Per \$1,000 of Protection for One Month
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.10
45-49	\$0.15
50-54	\$0.23
55-59	\$0.43
60-64	\$0.66
65-69	\$1.27
70 and above	\$2.06

[**CLICK HERE:
IMPUTED INCOME TAX
CALCULATOR**](#)



Economy Life Insurance

VOYA



Eligibility	Minimum of .50 FTE Employee
Employer Contribution	0% (employee paid)

Spouse Coverage	Child(ren) Coverage	Cost per Monthly Payroll Deduction
\$5,000	\$2,500	\$1.50

- Guarantee issue on initial new hire enrollment period.
- Evidence of Insurability (EOI) required if increasing coverage after initial eligibility.

Supplemental Life and AD&D

VOYA

AD&D = Accidental Death and Dismemberment

Eligibility	Minimum of .50 FTE Employee
Employer Contribution	0% (employee paid)
Employee	\$10,000 increments up to 5x Salary (\$500,000 maximum)
	<u>Guarantee Issue</u> : Up to \$200,000 on initial new hire enrollment period.
	May increase \$20,000 (up to guarantee issue amount) during open enrollment without Evidence of Insurability (EOI). Any other coverage increases require EOI and approval.
Spouse	\$5,000 increments up to <u>50% of employee election</u> (\$100,000 maximum)
	<u>Guarantee Issue</u> : Up to \$50,000 on initial new hire enrollment period.
	May increase \$10,000 (up to guarantee issue amount) during open enrollment without Evidence of Insurability (EOI). Any other coverage increases require EOI and approval.
Children	\$4,000 - \$10,000 in increments of \$2,000
	<u>Guarantee Issue</u> : Up to \$10,000 on initial new hire enrollment period or open enrollment.

Supplemental Life and AD&D

VOYA

AD&D = Accidental Death and Dismemberment

Eligibility	Minimum of .50 FTE Employee
Employer Contribution	0% (employee paid)

Employee and Spouse Supplemental Life/AD&D Insurance Rates*	
Age	Monthly Rate per \$1,000 of Coverage
Under 25	\$0.07
25-29	\$0.07
30-34	\$0.07
35-39	\$0.09
40-44	\$0.12
45-49	\$0.17
50-54	\$0.25
55-59	\$0.37
60-64	\$0.56
65+	\$1.01

Children Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates	
Monthly cost for all eligible children	
Coverage Levels	Monthly Cost
\$4,000	\$0.40
\$6,000	\$0.60
\$8,000	\$0.80
\$10,000	\$1.00

*The rates are per individual. Rates are based on the Employee's age on each July 1st.



Long Term Disability (LTD)

Madison National Life

Eligibility	20 hours per week and 120 calendar days per year
Employer Contribution	100%
LTD Benefit	66 ⅔% of Salary
Elimination Period	Greater of 90 days or end of accumulated sick pay

Maximum Benefit Period:

Age at Disablement	Benefit Duration*
61 or younger	to age 65
62	3-1/2 years
63	3 years
64	2-1/2 years
65	2 years
66	1-3/4 years
67	1-1/2 years
68	1-1/4 years
69 or older	1 year
*To the later of: 1) the specified length of time as stated above, or 2) the day before attaining the Social Security Normal Retirement Age under the United States Social Security Act, as revised.	

