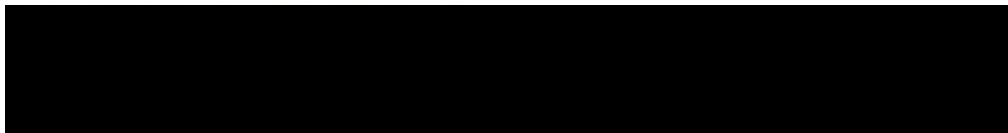


ISD 287

Open Enrollment

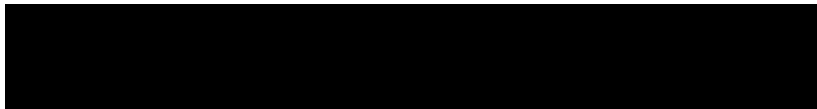
July 1, 2008 through
June 30, 2009



Medical Renewal - July 1, 2008



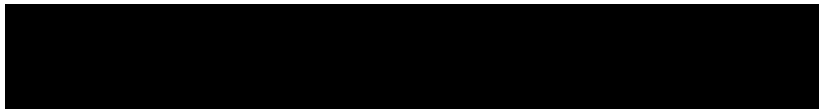
- Reviewed Renewal from HealthPartners
- Marketed to Other Carriers
 - Medica (declined to quote)
 - Preferred One (declined to quote)
 - PEIP (declined to quote)
 - BCBSM
- Reviewed BCBS Proposal and Final HP Rates
- Discussed Differences
- Decision
 - Stay with HealthPartners



HealthPartners



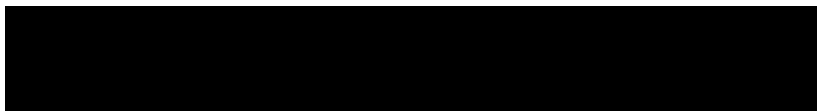
- Choice of current 3 plans
 - Open Access \$10-100%
 - Select Choice \$10-100%
 - Open Access \$500 Deductible
- National Network
 - CIGNA
- New HP benefit on all plans
 - Palliative Care (decision support - members facing end of life care choices)
 - 8 visits per year in member's home



Open Enrollment BIG NEWS!!!



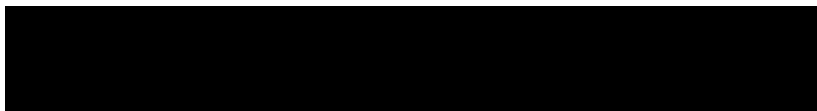
- Effective 7/1/08 Deductibles and Out-of-Pocket Maximums will accumulate on the Plan Year
- Expenses incurred 1/1/08 through 6/30/08 will be credited to you for the 2008-09 plan year



Open Enrollment Dependent Eligibility Change



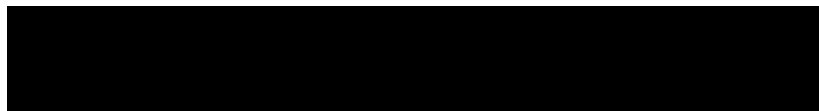
- New Dependent Definition
- Effective January 1, 2008
 - Dependents age 19-25 no longer need to be full-time students to be covered
- Tax Dependent Implications
 - Pre-Tax versus Post-Tax
- Complete Certification Form (if applicable) in your OE Packet



Summary Open Access / Select Choice Co-Pay Plan



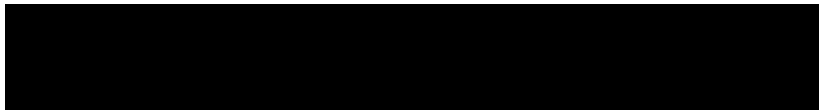
- Highlights (In-Network Coverage)
 - Lifetime Maximum: Unlimited (In-Network)
 - Deductible: None
 - Out-of-Pocket Maximum:
 - \$1,000 per person
 - \$5,000 per family
 - 100% coverage for Routine Physicals
 - \$10 Office Visit co-pay
 - 100% Inpatient/Outpatient Care
 - \$60 ER co-pay
 - \$10 Urgent Care co-pay
 - \$12 Generic co-pay/\$24 Brand Name co-pay/\$40 Non-Formulary co-pay



Summary Open Access \$500 Deductible Plan



- Highlights (In-Network Coverage)
 - Lifetime Maximum: Unlimited (In-Network)
 - Deductible: \$500 Individual/\$1,000 Family
 - Out-of-Pocket Maximum:
 - \$2,000 per person
 - \$5,000 per family
 - 100% coverage for Routine Physicals
 - Office Visit - 80% (after deductible)
 - Inpatient/Outpatient Care - 80% (after deductible)
 - Emergency Room - 80% after deductible
 - Urgent Care - 80% after deductible
 - \$12 Generic co-pay / \$35 Brand Name co-pay/\$50 Non-Formulary co-pay
- Employer-funded VEBA on this plan only
 - Annual; \$400 single / \$800 family



Monthly Medical Contributions

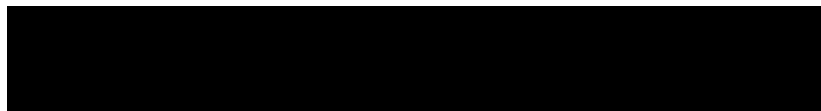


■ Current (7/1/07 - 6/30/08)

	<u>Single</u>	<u>Family</u>
OA \$10-100%	\$95.83	\$421.93
SC \$10-100%	\$30.22	\$306.55
\$500 Deductible	\$ 0.00	\$105.48

■ Renewal (7/1/08 - 6/30/09)

	<u>Single</u>	<u>Family</u>
OA \$10-100%	\$115.95	\$510.54
SC \$10-100%	\$ 36.57	\$370.92
\$500 Deductible	\$ 0.00	\$127.63



Annual Medical Contributions

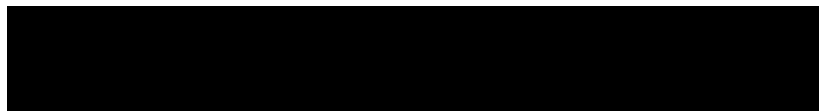


■ Current (7/1/07 - 6/30/08)

	<u>Single</u>	<u>Family</u>
OA \$10-100%	\$1,149.96	\$5,063.16
SC \$10-100%	\$362.64	\$3,678.60
\$500 Deductible	\$ 0.00	\$1,265.76

■ Renewal (7/1/08 - 6/30/09)

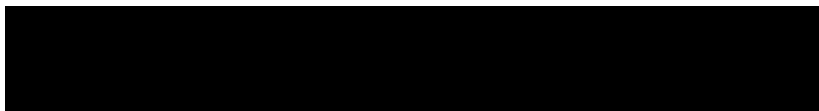
	<u>Single</u>	<u>Family</u>
OA \$10-100%	\$1,391.40	\$6,126.48
SC \$10-100%	\$438.84	\$4,451.04
\$500 Deductible	\$ 0.00	\$1,531.56



HealthPartners OE Packet Brochures



- Employee Assistance Program
 - Confidential
 - 24 hours a day - 7 days a week
- Mail-Order Rx
 - 2 copays for 3-month supply
- Preventive Care Guideline
- Nurseline



Resources...

Help is just a phone call away



■ Member Services

- 7:30 a.m. - 7:00 p.m. (CST) weekdays by phone, plus face-to-face visits available

■ CareLine

- After-hours nurse phone line staffed with Registered Nurses

■ Nurse Navigators

- Answers to complex medical and benefit questions

■ BabyLine

- For new moms and moms-to-be (dads, too!) staffed with specially trained OB/GYN Nurses



Resources...

www.healthpartners.com



■ Personal Claims / Benefit Information

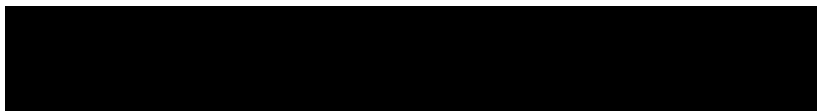
- Register a personal user name/password for access
- All Members must have own user name/password

■ Consumer Tools / Cost Calculator

- Annual medical cost planner
- Treatment and procedure costs

■ Formulary

- Search by drug name or category

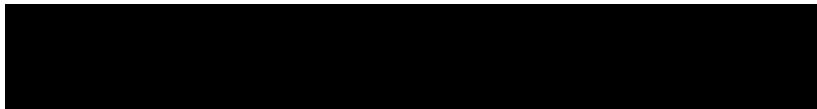


AchieveSM Programs



■ Frequent Fitness Program

- Join up and work out 12 times per month at any of the participating health clubs and earn a \$20 credit on your monthly club dues
- Two adult members qualify for credit
- For a current list of clubs, visit healthpartners.com or call Member Services at 800-883-2177



AchieveSM Programs



Healthy Discounts

Weight Watchers - Special discounts on popular online programs

2nd Wind Exercise Equipment

Erik's Bike Shop - Discounts on snowboards & related accessories, parts and clothing

Penn Cycle - Discounts on bike accessories, clothing, tune-ups

Alberville Premium Outlets - VIP Discount Book

Jazzercise - free classes and discounts

A Call to Change...Partners in Quitting[®]

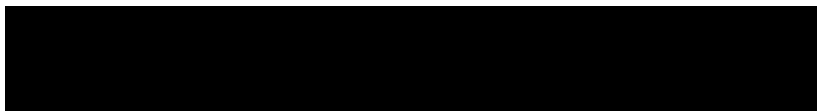
One-on-one support to kick the smoking habit



Delta Dental



- No plan changes
- No change in rates / contributions
 - 100% Preventive Care
 - 80% Basic Restorative
 - 50% Major Restorative
- \$1,000 Annual Maximum per member
- \$750 Lifetime Ortho Benefit
 - Covered children ages 8 through 18



Delta Dental Web-Site



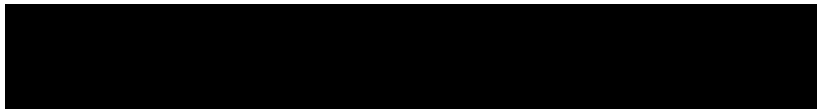
- Delta Dental interactive Web-site at www.deltadentalmn.org
- **Features Include:**
 - Claim Inquiry
 - Interactive Provider Directory
 - International Emergency Dental Coverage
 - Oral Health Information
 - Benefits and Eligibility Inquiry



Health Care Reimbursement Account (Section 125)



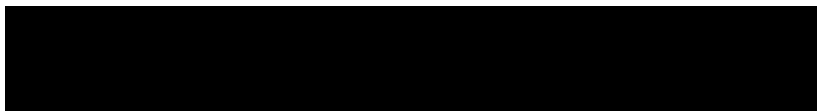
- This plan allows you to use pre-tax dollars to pay for any of your eligible out-of-pocket medical and/or dental expenses.
- Some examples are:
 - Prescription co-pays
 - Clinic co-pays
 - Vision expenses
 - Orthodontics
 - Over-the-Counter Medications



Dependent Care Reimbursement Account (Section 125)



- This plan will allow you to set aside pre-tax dollars to pay for your eligible dependent day care expenses.



Plan Year and Enrollment

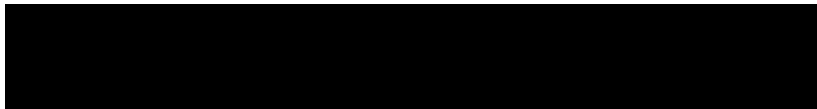


■ Plan Year

- ISD 287's Flexible Benefits Plan year runs from July 1 through June 30th

■ Enrollment

- Each year you must enroll before the plan year begins. This is completed during the open enrollment period.
- Elect the amounts for expenses you expect to incur between July 1 and June 30th
- Since elections for the reimbursement accounts do not carry over from one plan year to the next, you must enroll for each plan year.

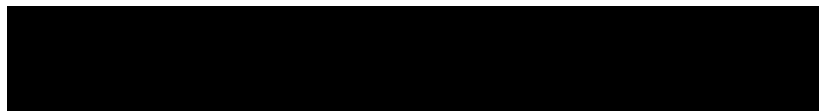


Election Changes



- After a new plan year begins, you generally cannot change your benefit election(s). However, if there is a **Family Status Change**, you may be able to change your election(s).

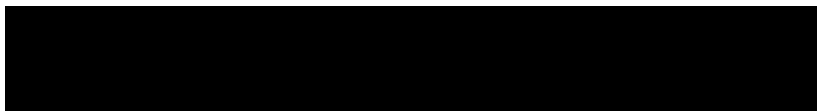
- **Family Status Changes** include:
 - Marriage
 - Divorce
 - Birth or adoption of a child
 - Death of spouse or a child
 - Unpaid leave of absence
 - Change from full-time to part-time or vice versa by you or your spouse
 - Commencement or termination of your spouse's employment



Health Care Expense Reimbursement Account



- Maximum Election: \$5,000
- When calculating your election amount, remember to include expenses for yourself, your spouse and/or your dependents.
- Any expenses that you claim through your Health Care Expense Reimbursement Account **CANNOT** be reimbursed by an additional source, such as your or your spouse's employer-sponsored health and/or dental plan. These expenses also **CANNOT** be deducted on your or your spouse's tax return.
- If enrolled in the Deductible plan with VEBA
 - Flex dollars must pay first



Partial List of Eligible Expenses

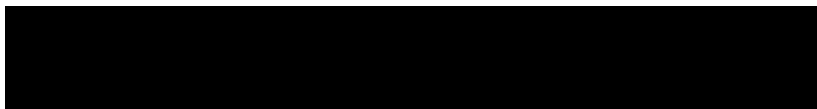


- Office co-pays
- OTC Drugs
- Prescription Drug co-pays
- Hospital deductibles
- Glasses - contact lenses
- Contact lens solution
- Crutches
- Lab work and x-rays
- Chiropractic Care
- Dental work
- Orthodontia
- Daycare expenses
- Adult daycare expenses

For a more detailed summary go to www.irs.gov

Publication 502-Medical Expenses

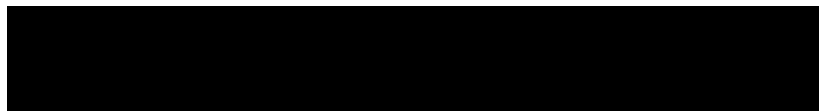
Publication 503- Child and Dependent Care Expenses



Dependent Care Reimbursement Plan



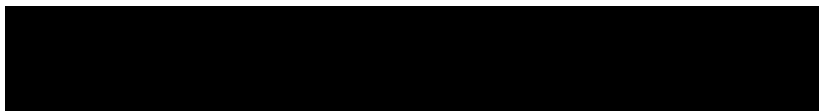
- Maximum Election: **\$5,000** (**\$2,500** if filing separately) per **CALENDAR** year
- The IRS requires that you report certain information about your day care provider. You need to report the information whether you are taking the tax credit or are using a dependent care reimbursement account. The information necessary is:
 - ✓ **The provider's name**
 - ✓ **The provider's address**
 - ✓ **The provider's taxpayer identification number (or Social Security number)**



Reminders



- Health Care Reimbursement Maximum Election: **\$5,000**
- Dependent Care Reimbursement Maximum Election: **\$5,000 (per CALENDAR year)**
- Health Care and Dependent Care Reimbursement Accounts are **separate**.
- Medical expenses cannot be claimed from the Dependent Care account and vice versa.
- Your plan year runs from: **July 1st to June 30th**
- 2-1/2 month grace period
- Run-Out Period - **thru September 28, 2008**



What to do?

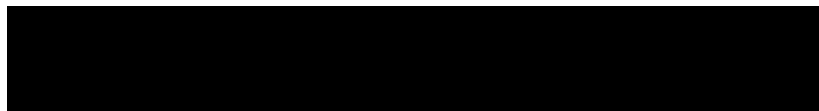


Evaluate Benefit Options/Costs

Decide which plan is best for you



To make changes or enroll in flex - complete your pre-filled Enrollment Form and return in the postage-paid envelope. Must be received at CHS by Friday, June 13th!





QUESTIONS?

