

HSD#1 HEALTH BENEFITS PLAN PREMIUMS BENEFIT CHANGES FOR THE 2020-2021 PLAN YEAR

Benefit Dollars – There will be a 5% increase to the Benefit Dollars. They will increase from \$781 to \$820 per month for a full time (1.00 FTE) employee. Part-time employees will be pro-rated accordingly.

<u>Premium Increase</u> – There is an increase to the rates this year by 1%. After calculations for the 2020-21 Plan Year, it was projected we would need the increase to cover the rising costs of claims. Health Benefits Committee will explore possible benefit changes to the Health Plan over the course of the next benefit year. Any implementations will be to keep premium increase modest for 2021-2022 PY.

<u>Wellness Program Changes</u> – Our Wellness Incentive Program was converted to a Premium Reduction Program that began plan year 2012-2013. The criteria are focused on health risk and the Fall and Spring Health Clinics are administered by St. Peter's *Well Now!* Staff. You *MUST* complete the Assessment before the Screenings.

- Premium Reduction Incentive will be paid out in full on September 25, 2020 payroll for those who qualified for the 2020-2021 Plan Year from the 2019-2020 fall and spring screenings.
- Qualifying members and Spouses who attended the screening and did not pass but did get an Annual Well Visit with their primary physician and filled out the PCP Form, will receive \$100.
- > Qualifying members and qualifying spouses who passed all criteria will receive \$400.
- Members and enrolled spouses will always have until June 30th, of each year to meet any criteria required to receive the Premium Discount for the next plan years.
- i.) To qualify for \$100 of the \$400 incentive you **must**:
 - a. Complete the HRA Questionnaire and attend a Wellness Screening
 - b. Take results to your Physician and have the Physician initial and sign off on the Primary Care Provider (PCP) form. Then fax to WellNow! staff from Physician's office. (\$100)
 - c. Pass all criteria by June 30th, you receive \$400
- ii.) Wellness Screenings criteria will be based off:
 - a. Waist measurement: <35 Women and <40 Men
 - b. Cholesterol: \leq 200 or Ratio of <4.3 Women and <5 Men
 - c. Blood Pressure: $\leq 130/85$
 - d. Blood Sugar: ≤ 110

<u>**Plan Document Changes**</u> – Please see the Plan Document to review changes and verbiage to keep in compliance with ACA laws and mandates.

<u>Portal Enrollment</u>– *ALL Helena School District #1 Health Benefit Plan members <u>must</u> log into the portal to make their insurance selections. <u>If you wish to change your plan or make any changes to your 2020-2021 insurance benefits you MUST do it through Enrollment Online.</u> If you do not go through enrollment by the end of Open Enrollment, <u>YOU</u> <u>COULD HAVE A LAPSE IN HEALTH INSURANCE COVERAGE</u>. To avoid any of this, please go through the enrollment process during the Open Enrollment Period (8/17 – 9/11).*

To view all the necessary ACA mandated material, or any Plan document changes made to meet requirements of The Patient Protection and Affordable Care Act (PPACA) and Health Care and Education Reconciliation Act of 2010 (HCERA), please visit the HSD1 Insurance website (<u>www.helenaschools.org</u>) located under Human Resources.