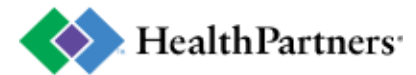


## HEALTH AND WELL-BEING PROGRAM



A yellow starburst graphic with the word "NEW" in white capital letters inside.

Thank you to those who participated during the 2017-2018 plan year and congratulations on earning the preferred benefit! This year the district will provide employees **and spouses** (covered on the medical plan) the opportunity to complete a confidential online health assessment and 3 well-being programs in order to receive a Preferred Premium benefit for the 2019-2020 plan year.

Employees and spouses who take advantage of this opportunity to complete a health assessment and 3 well-being programs between September 1, 2018 and April 30, 2019, will receive the Preferred Premium contribution from the District for the 2019-2020 Plan Year.

For more information on the Health & Well-Being Program visit [healthpartners.com/wellbeing](http://healthpartners.com/wellbeing). Make sure you check out the Success Stories to learn how individuals, just like you, have made successful healthy changes in their life. Here are a few examples of programs you and your spouse can choose from the following programs:

- 10,000 Steps
- Sleep Tracker
- Stress Tracker
- Virtual Coaching
- Tobacco Tracker
- Phone Coaching
- Frequent Fitness: 12 visits per month for 2 months (can be non-consecutive)\*
- Individual Meetings with Healthpartner/JA Counter representative during in-service days

\*You must qualify for the Frequent Fitness discount two times between September 1, 2018 and February 28, 2019.

A blue clipboard graphic with a white sheet of paper in the center. The text is centered on the paper.

### **Complete by April 30, 2019:**

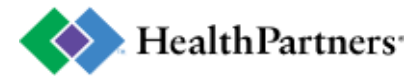
#### *Single Plan:*

Policyholder: Complete 2 well-being programs & Health Assessment

#### *Family Plan:*

Policyholder: Complete 2 well-being programs & health assessment

Spouse: Complete 1 program & Health assessment



# MEDICAL PLAN— FULL YEAR STAFF

Below is a summary of the plan options that are available to teachers, full-year support staff, supervisory support staff, administrators and eligible retirees. This is a brief summary, if you would like additional information about coverage you can reference the Summary of Benefit Coverage.

This is not a confirmation of claims—please contact HealthPartners directly for these questions.

Employees who are currently enrolled in the medical plan will continue to be enrolled for the 2018-2019 plan year. If you wish to make changes, including adding or deleting dependents, you must contact the District Office before the end of Open Enrollment.

\$4,000 - 100% EMBEDDED HRA-HSA PLAN	
In Network Benefits	
Preventive Care	100% Coverage
Non-Preventive Care	100% Coverage after Deductible
Deductible	\$4,000 Per Person \$8,000 Per Family
Prescription Drugs	100% Coverage after Deductible
Plan Out of Pocket Max	\$4,000 Per Person \$8,000 Per Family
District HSA Contribution	\$1,000 Per Person \$2,000 Per Family
District HRA Contribution (if needed)	\$1,500 Per Person \$3,000 Per Family
Your Maximum Exposure	\$1,500 Per Person \$3,000 Per Family

	TOTAL Monthly Premium	DISTRICT Monthly Premium	EMPLOYEE Monthly Premium
<b>Single:</b> Wellness program Met	\$585.14	\$526.63	\$58.51
<b>Single:</b> Wellness Program <u>NOT</u> met		\$497.37	\$87.77
<b>Family:</b> Wellness Program Met	\$1,328.17	\$1,195.35	\$132.82
<b>Family:</b> Wellness Program <u>NOT</u> met		\$1,128.94	\$199.23

# MEDICAL PLAN— SCHOOL-YEAR SUPPORT STAFF



Below is a summary of the plan options that are available to school-year support staff. This is a brief summary, if you would like additional information about coverage you can reference the Summary of Benefit Coverage.

This is not a confirmation of claims—please contact HealthPartners directly for these questions.

Employees who are currently enrolled in the medical plan will continue to be enrolled for the 2018-2019 plan year. If you wish to make changes, including adding or deleting dependents, you must contact the District Office before the end of Open Enrollment.

<b>SCHOOL-YEAR SUPPORT STAFF</b> <b>\$6,250 - 100% EMBEDDED HSA PLAN</b>	
In Network Benefits	
Preventive Care	100% Coverage
Non-Preventive Care	100% Coverage after Deductible
Deductible	\$6,250 Per Person \$12,500 Per Family
Prescription Drugs	100% Coverage after Deductible
Plan Out of Pocket Max	\$6,250 Per Person \$12,500 Per Family
Your Maximum Exposure	\$6,250 Per Person \$12,500 Per Family

	TOTAL Monthly Premium	DISTRICT Monthly Premium	EMPLOYEE Monthly Premium
<b>Single:</b> Wellness program Met	\$471.23	\$235.62	\$235.61
<b>Single:</b> Wellness Program <u>NOT</u> met		\$212.05	\$259.18
<b>Family:</b> Wellness Program Met	\$1,069.62	\$235.62	\$834.00
<b>Family:</b> Wellness Program <u>NOT</u> met		\$212.05	\$857.57

## HEALTH SAVINGS ACCOUNT (HSA)



The opportunity to participate in an HSA is connected to your enrollment in a qualified high-deductible health plan (HDHP). A HSA is a tax-favored account, set-up to pay certain medical expenses of the account owner, spouse and dependents.

### Why consider a health savings account?

- Reduce your expected monthly spend – moving to a high-deductible health plan (HDHP) typically comes with lower premiums, reducing your monthly cost.
- It's portable – it's your money, take it with you.
- Reduce your tax burden – contributions to your HSA are made with pre-tax dollars and the dollars you spend on qualified medical expenses are not taxed when you use them.
- Balance your retirement savings – the funds in your HSA accumulate tax-free, as does the interest.
- Funds roll-over – you never lose your dollars, they roll over and can grow every year.

### What else do I need to know?

There are some important eligibility requirements to know about with a HSA, make sure you review these and that you are indeed eligible to utilize a health savings account.

- You are enrolled in an eligible high-deductible health plan.
- You are not enrolled in any other non-HSA qualified plan.
- You are not eligible to use a general purpose flexible spending account (FSA).
- You are not claimed as a dependent on another person's tax return.
- You are not enrolled in Medicare, Medicaid or Tricare.
- You have not used VA medical benefits for anything other than preventive services in the past three months

#### How do I enroll?

##### Step 1:

Enroll in a qualified high-deductible health plan (HDHP)

##### Step 2:

Open a HSA account through RCU.

##### Step 3:

Complete a payroll deduction form.

#### Start saving!

#### CONTRIBUTION LIMITS

The IRS limits how much you can put away each calendar year into your HSA. It is up to you to make sure that you're not exceeding those limits.

**2018 Maximum Contribution:** \$3,450 single, \$6,900 family

**2019 Maximum Contribution:** \$3,500 single, \$7,000 family

**If you're 55 or older, you can also make an additional \$1,000 annual contribution.**

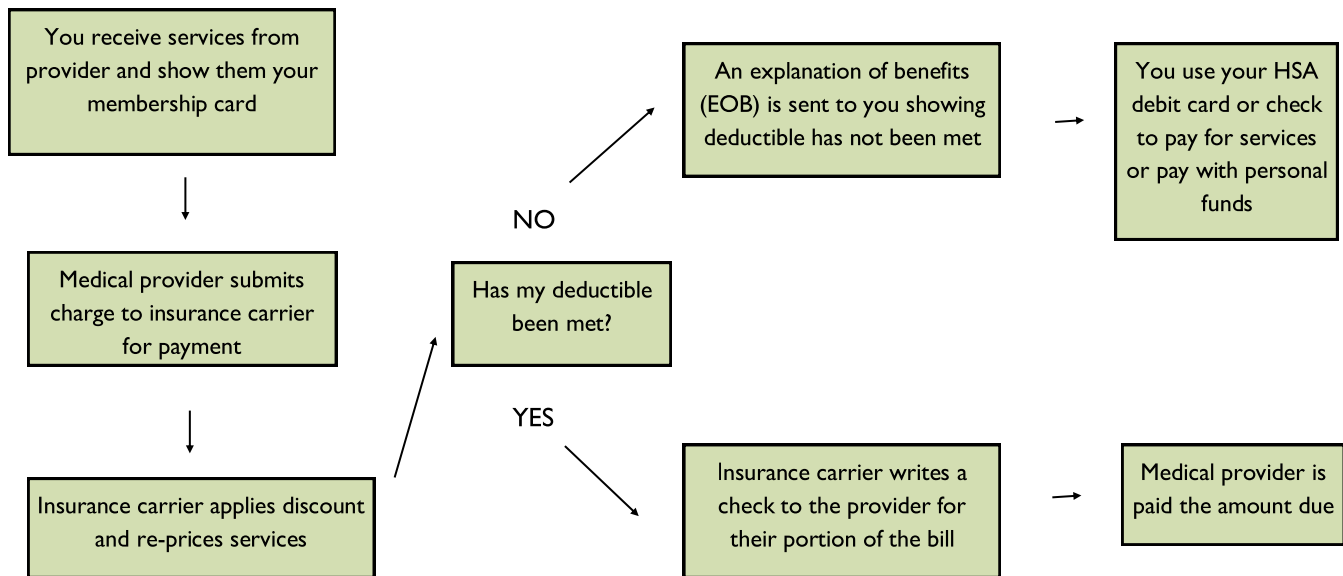
# HEALTH SAVINGS ACCOUNT (HSA)



The District will make a lump-sum contribution to your Health Savings Account (HSA) in September 2018 (This does not apply to School-Year Support Staff). You can also elect to make pre-tax contributions to the HSA through payroll deduction.

Coverage Type	2018 IRS Maximum Contribution	District Contribution	2018 Employee Maximum Contribution
Single	\$3,450*	\$1,000	\$2,450
Family	\$6,900**	\$2,000	\$4,900
* 2019 Single IRS Annual Maximum Contribution limits increases to \$3,500 ** 2019 Family IRS Annual Maximum Contribution limits increases to \$7,000			

## HSA Concepts - How do my HSA claims get paid?



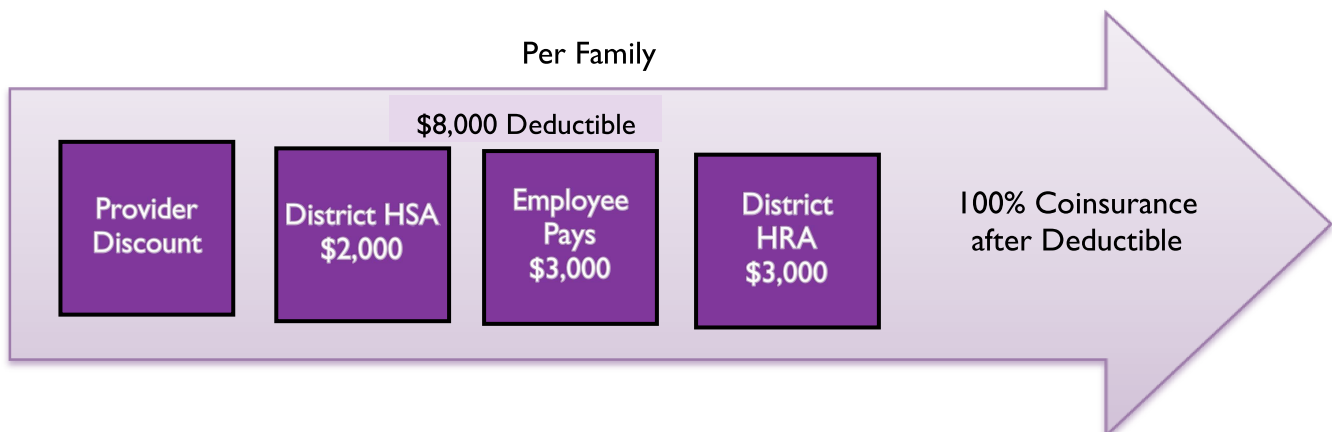
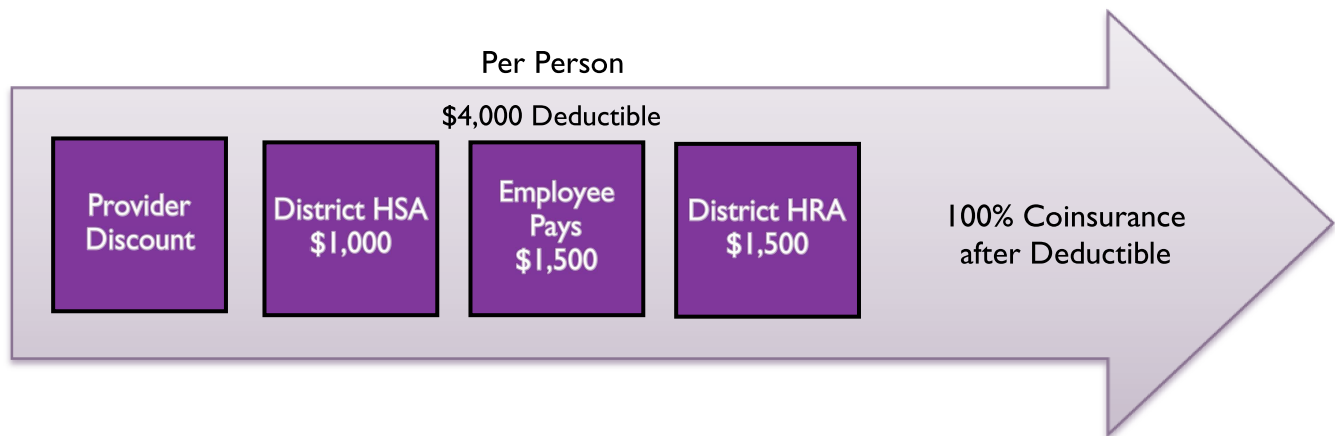
## HEALTH REIMBURSEMENT ACCOUNT (HRA)

*Note: This section does not apply to School-Year Support Staff.*

A HRA is designed to work with a High Deductible Health Plan (HDHP) to reduce your medical expenses. The HRA is an account set aside by the Somerset School District to help you pay for eligible health care expenses that are subject to your health plan deductible (The HRA only applies to the \$4,000/\$8,000 Medical Plan).

When you receive medical care, you pay for the first \$2,500 per person or \$5,000 per family of your deductible. (You may fund this portion of your deductible with HSA dollars, if you wish.) The next portion of your deductible, \$1,500 per person up to a maximum amount of \$3,000 per family is reimbursed to you from the HRA. Once your eligible expenses reach the individual or family deductible, your HDHP begins to pay it's share of costs.

- Reimbursements will come directly from HealthPartners as tax free dollars. You can use your health savings account to contribute your own dollars on a pre-tax basis to cover additional uninsured medical expenses.



NOTE: No Double Dipping! You must not use your HSA for expenses for which you have been or will be reimbursed from your HRA.