2010/2011 Renewal
We are pleased to announce that for the third year in a row, there is no increase in premium on the medical plans. The average medical trend in Iowa is running close to 10% and many plans across the state are reporting premium increases well in excess of 10%. MIIP’s plan costs have increased by 9.7%. This means that premium rates effective July 1, 2010 call for a 9.7% increase.

However, because our plan has performed better than anticipated over the past few years, the MIIP board voted in favor of the fund balance absorbing the needed “premium” increase for the 2010-2011 plan year. In addition, the board decided not to make any changes to plan designs. This means that your premium rates will not increase and you will have the same plan design options for the plan year July 1, 2010 through June 30, 2011.

The MIIP board made the decision for this year out of sensitivity to the current economic conditions and the corresponding effects on our budget and employees. Other factors that led to this decision includes the impact state and federal healthcare legislation will have on our plan over the next year and the fact that our plan’s performance over the prior few years led to a healthy fund balance reserve that could accommodate absorbing the needed increases without jeopardizing the plan’s solvency. By not increasing premiums, the MIIP plan fund will absorb an estimated $2.6 million in costs from July 1, 2010 through June 30, 2011.

There will be a 5% increase on the dental plan and no increase on the vision plan. Enrollment kits and rate information for the medical, dental, vision and flex benefit plan will be distributed in late April/early May.

Health Care/Dependent Care Reimbursement Enrollment
During this year’s enrollment into the flexible spending account program, employees will need to utilize their “k” number rather than social security number if they elect to enroll online. The online enrollment system can only accept one or the other and the decision was made to use “k” numbers. Participants should also use their “k” number when filing claims after July 1, 2010. ASI can locate you by either for claims processing, however they will be able to process your claim more efficiently with your “k” number once the switch is made.

Medical ID Cards
All Alliance Select participants will receive new Wellmark ID cards this year. There is a new prefix, RDP, on the new ID cards. After you receive your new ID cards, please discard any old ID cards with the XQH prefix. Make sure you present your new ID card to providers you see starting July 1.

If you are in Blue Advantage, you will not receive a new ID card for July 1 UNLESS you switch from one Blue Advantage plan to the other, you add family members to your plan, or if you switch from a Blue Advantage plan to an Alliance Select plan.
Leave Detail Now Available On-Line
When you view your employee leave on EagleNet, you will now see leave detail is available. The new features include the date the employee used leave and the amount of time as well as current balances. It also converts the hours into days for easy tracking. A special thanks to Lori Bascom in Information Technologies for making this possible.

Remember….Routine Care Benefits are Paid at 100%
Employees and covered members are encouraged to continue receiving routine benefits are covered at 100%. Routine care includes:

- Annual routine exam, including routine lab work*
- Annual OB/GYN exams
- Well-child exams to age 7
- Immunizations
- Pap smears
- Mammograms - subject to AMA guidelines for age and frequency
- PSA tests - subject to AMA guidelines for age and frequency
- Colonoscopies/Sigmoidoscopies limit of one per calendar year

*Blood tests administered quarterly or semi-annually to check for medication effectiveness are not included under the routine services benefit.

This is a general description of coverage. Actual coverage and benefit payment subject to terms and conditions specified in the benefits documents. Certain exclusions and limitations may apply.

Because routine exams are important for your health, be sure to take advantage of this enhanced routine services benefit!

Wellmark Services and Discounts
Wellmark offers many services free to current members. For example, the Personal Health Assistant 24/7 phone access for health care related questions; Whole Health Dimensions℠ Pregnancy Care program; wellness tools. Wellmark recently announced a couple new features: Blue365® and Blues® Going Green.

Blue365® offers member discounts and services, such as discounts on products and services such as Beltone hearing aids, Jenny Craig, NutriSystem, and SNAP Fitness. Details on discounts can be found at http://www.kirkwood.edu/pdf/uploaded/203/m23379_03_blue_365.pdf.

Blues® Going Green - Wellmark Blue Cross and Blue Shield is offering all health plan members the opportunity to do away with receiving paper explanation of benefits (EOBs) in the U.S. Mail, and instead, view their EOB statements online at www.wellmark.com.

There are many benefits for members who have Wellmark health plan coverage to turn off the paper and switch to electronic EOBs, including:

Convenience. Members can view EOBs anywhere in the U.S. where they have access to the Internet anytime, day or night.

Accessibility. Wellmark will store EOBs online for up to 24 months going forward from a member’s initial sign-up – providing a safe and convenient way to access and view their EOBs.

Responsibility. Wellmark prints and mails more than 12 million EOBs a year. That’s a lot of trees that could be spared! To sign up, go to: http://www.kirkwood.edu/pdf/uploaded/203/m20396_10_09_-go_green_flyer.pdf.
Mental Health/Chemical Dependency

A new law amends the Employee Retirement Income Security Act (ERISA), the Public Health Service Act (PHSA), and the Internal Revenue Code (IRC) to prohibit group health plans that provide mental health or substance use disorder benefits from establishing more restrictive financial requirements (e.g., deductibles and co-payments) or treatment limitations (day/visit limits) for mental health or substance use disorder services than those established for medical and surgical benefits. As a result, the Kirkwood/MIIP plan no longer has day or visit limits on the mental health and chemical dependency benefits. For more detailed information about coverage, contact Wellmark at 319-294-5932.

Continuation of Coverage for Dependent Children

Effective July 1, 2008, Governor Culver signed into law a bill extending health care coverage for dependent children. This law applies to governmental entities that are self-funded, such as Kirkwood/MIIP.

Why was the law enacted?

This law was enacted to reduce the uninsured population in Iowa. Because this age group tends to be low-cost in medical claims, the anticipated effect is this change in legislation will not have a noticeable impact on claim costs and premiums.

What are the eligibility requirements?

To continue coverage, the child must be:

1. Unmarried
2. Living in the state of Iowa
3. Under the age of 25

There are no requirements of financial dependency, residence within the parents’ home, or full-time student status. For unmarried, full-time students, there is no maximum age or residency requirement with this law.

When a child no longer meets these eligibility rules, what is the appropriate termination date?

The law states that coverage must be maintained at least through the policy anniversary date on or after the child is no longer eligible. The Iowa Insurance Division has interpreted this to mean that coverage is extended until the next plan renewal date, which may be several months after the child loses eligibility.

For example, an unmarried child living in Iowa turns 25 on August 10, 2010. The employer’s medical plan that he is covered under has a July 1st – June 30th plan year. Per the terms of the law, he is eligible to continue coverage through June 30, 2011.

Although this legislation allows for these children to enroll as dependents, some children may not be considered as tax dependents under Federal IRS regulations. The IRS defines a dependent as meeting the following four criteria:

1. Must be the taxpayer’s child/stepchild/foster child/sibling or stepsibling or a descendant of one of these.
2. Under the age of 19 at the end of the tax year OR under age 24 and a full time student for at least five months of the year OR permanently and totally disabled.
3. Has the same principal residence as the taxpayer for more than half the tax year.
4. The dependent does not provide more than 50% of his/her own support for the tax year.
If your child(ren) do not qualify as dependents under the IRS definition, the fair market value of their medical and/or dental coverage will be included in your gross income, and Federal taxes and FICA/Medicare will be withheld on this value. Premiums are deducted from payroll on a pre-tax basis, so this fair market value is added back to your income so that it is taxed.

If your child migrates from being an IRS-eligible dependent to non-IRS eligible or vice versa, please contact Human Resources/Payroll so the proper adjustments can be made.

**Dental Benefits**

Kirkwood’s Delta Dental plan ranks among the richer plans being offered. Here is a summary showing how our plan compares to other Delta Dental plans offered:

**Individual Annual Maximum:** $1,500  
We rank amongst 37% of employers who pay at $1,500 or more.

**Orthodontic Lifetime Maximum:** $1,500  
81% of other dental plans either don’t cover orthodontics or have a lifetime maximum lower than Kirkwood’s $1,500 benefit.

**Preventive Coinsurance:** 100%  
Most employers are covering preventive services at 100%, same as Kirkwood’s plan.

**Basic Coverage:** 80% first year/90% second year/100% third year  
82% of employers cover basic procedures at 90% or less. Our plan covers at 100% after the 3rd year of coverage.

**Major Coinsurance:** 80%  
Only 19% of employers cover major procedures at 80% or above, most pay at 50%.

**Orthodontic Coinsurance:** 50%  
Of the plans that cover orthodontic, 97% cover at the same level as Kirkwood and the other 2% pay less or on another scale.

As you can see, our dental plan ranks as one of the richer dental plans offered compared to Delta Dental’s other business. Remember to utilize your 100% preventive benefit twice per year, at least six months apart.

**Personal Health Assistant 24/7**

As a member of Wellmark Blue Cross Blue Shield, you have access to 24/7 phone services to help you with:
- Assistance in an urgent care situation  
- Question about a diagnosis  
- Information on a medical treatment or alternatives  
- Developing a list of questions you may want to discuss with your doctor

For quick access, program your cell phone with their toll-free number: 800-724-9122.

For claims questions, you still want to use the Wellmark customer service number on your Wellmark ID card.
<table>
<thead>
<tr>
<th>Benefit Customer Service and Websites</th>
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<tbody>
<tr>
<td>ASI (Flex Plan Administrator)</td>
<td>800-659-3035</td>
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<tr>
<td>ASI Claims Fax Number</td>
<td>866-381-9682</td>
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<tr>
<td>ASI Website</td>
<td><a href="http://www.asiflex.com">www.asiflex.com</a></td>
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<tr>
<td>Delta Dental of Iowa</td>
<td>800-544-0718</td>
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<tr>
<td>Delta Dental of Iowa Website</td>
<td><a href="http://www.deltadentalia.com">www.deltadentalia.com</a></td>
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<tr>
<td>IPERS</td>
<td>800-622-3849</td>
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<tr>
<td>IPERS Website</td>
<td><a href="http://www.ipers.org">www.ipers.org</a></td>
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<tr>
<td>Mercy Employee Assistance Program (EAP)</td>
<td>319-398-6694 or 800-383-6694</td>
</tr>
<tr>
<td>Prudential (Long Term Care Insurance)</td>
<td><a href="http://www.prudential.com/gltc">www.prudential.com/gltc</a></td>
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<tr>
<td>Social Security Administration Local Office</td>
<td>319-393-9780</td>
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<tr>
<td>Social Security Website</td>
<td><a href="http://www.ssa.gov">www.ssa.gov</a></td>
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<tr>
<td>TIAA-CREF</td>
<td>800-842-2776</td>
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<tr>
<td>TIAA-CREF Website</td>
<td><a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a></td>
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<tr>
<td>Vision Service Plan (VSP)</td>
<td>800-877-7195</td>
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<tr>
<td>Vision Service Plan Website</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
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<tr>
<td>Walgreen’s Mail Order</td>
<td>(866) 611-5961</td>
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<tr>
<td>Walgreen’s Rx Refill</td>
<td>800-RX-REFILL or 800-797-3345</td>
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<tr>
<td>Wellmark Alliance Select/Blue Advantage/Prescription Drug</td>
<td>319-294-5932 or 800-277-8380</td>
</tr>
<tr>
<td>Wellmark Personal Health Assistant 24/7</td>
<td>800-724-9122</td>
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<tr>
<td>Wellmark Website</td>
<td><a href="http://www.wellmark.com">www.wellmark.com</a></td>
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The benefits reviewed in this bulletin are available to board-approved, full-time employees. Employees with “part-time benefits eligible” status are eligible for some of these benefits. If you have questions about your eligibility, please contact Sue Bennett in Human Resources at 398-4986 or at sue.bennett@kirkwood.edu.