

November 27, 2024

Mayor Jacque and City Council Members
City of Dyersville
Memorial Building
340 1st Avenue East
Dyersville, IA 52040

RE: Authorization for City Administrator to Sign Medical Associates Health Plan Renewal and Health Reimbursement Arrangement Administrative Agreement, effective January 1, 2025.

Dear Honorable Mayor Jacque and Council Members:

I seek your approval to renew our health plan with Medical Associates and the Health Reimbursement Arrangement (HRA) Administrative Agreement, effective January 1, 2025.

I have attached the group insurance comparison sheet, a breakdown of insurance costs per employee, the Medical Associates Authorization Form, and the Health Reimbursement Arrangement Administrative Agreement for your consideration.

After careful evaluation, I recommend the following:

1. Health Plan Renewal:

- Maintain the current Qualified High Deductible Health Plan (HDHP) Gold \$3500-HMO with Medical Associates.
- This plan has proven beneficial for our full-time employees, serving as a robust benefit and a valuable recruitment and retention tool.
- The plan change has resulted in cost savings while remaining ACA compliant.

2. Health Reimbursement Arrangement (HRA):

- Continue with the existing HRA agreement to mitigate higher out-of-pocket costs associated with the health plan.
- Maintain the employee annual deductible at \$1,500/\$3,000.
- Anticipate expenditure of approximately \$35,000 by the end of the calendar year.

3. Employee Contributions:

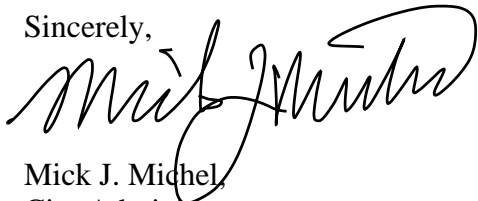
- Maintain full-time employee contributions at 10% towards the group and dental insurance policy premium.

- The average employee contributions for family and single plans will increase by \$6 and \$9 monthly, respectively.

In summary, these recommendations aim to sustain a positive impact on our employees, cost-effectiveness, and overall well-being. I am available for any questions or concerns at 875.7724 or via email at mmichel@cityofdyersville.com.

Thank you for your time and consideration.

Sincerely,



Mick J. Michel
City Administrator



mahealthplans.com



2025 RENEWAL PREPARED FOR:

City of Dyersville

PREPARED BY:

Amy Henry | ahenry@mahealthcare.com | 563-584-4839



YOUR UPCOMING POLICY RENEWAL

Thank you for choosing Medical Associates Health Plans to provide insurance coverage for your employees and their families. We sincerely value your trust in us and appreciate the opportunity to continue providing your coverage.

Enclosed in this packet, you'll find important details about your policy renewal, including updated rates. Please review the information carefully to stay informed about any potential changes to your plan, such as cost-sharing amounts and maximum limits.

Next steps:

- ▶ **Accepting the Renewal:** sign and date the renewal page.
- ▶ **Exploring Other Plan Options:** initial the plan selected, sign, and date on the Basic Option Tables page.
- ▶ **Updating Employee Data:** If you haven't already, please complete the Centers for Medicare and Medicaid Services (CMS) survey to update your employee data. This step is crucial to ensure that your renewal information is accurate and up-to-date.

We're here to support you every step of the way. If you have any questions or need assistance, please reach out to your Account Manager.

Thank you again for choosing Medical Associates Health Plans.

Sincerely,

A handwritten signature in black ink that reads 'Jon Klett'.

Jon Klett
Director of Sales and Marketing
Medical Associates Health Plans



INFORMATION

Your renewal plan is enclosed. Please read closely to understand plan changes and complete your renewal.



NEXT STEPS

Complete and return the renewal page.



WEBSITE

www.mahealthplans.com

DISCOVER THE MEDICAL ASSOCIATES *Difference*

When you're a member of Medical Associates Health Plans, your whole care team is connected to you, and each other. By creating unique partnerships and working closely with health systems and providers in your community, we've established local networks that ensure you have access to the care you need, when you need it! We take an active role in helping to keep you healthy from the minute you become a member—not just when you get sick or injured.

At the core of our approach is a commitment to providing the right care, not more care. This focus allows us to streamline processes and create efficiencies that help us offer premiums that are among the most affordable in our industry.

We help make healthcare easy, accessible, and affordable – so you can focus on living your life.

ONE OF THE HIGHEST-RATED HEALTH PLANS IN THE NATION

The National Committee for Quality Assurance (NCQA) has recognized Medical Associates Health Plans commercial plans among the **nations' highest-rated health insurance plans**.



4.5 stars out of **5 stars** overall rating

NCQA's Health Insurance Plan Ratings compare to the quality and services of health plans in the United States and provide consumers with a practical and meaningful guide to understanding their healthcare options and choosing the best plans for themselves and their families.



24 HOUR HELP NURSE | 13 nurses with over 375 years of experience

Locally based call service staffed by a team of registered nurses that guide patients to appropriate care, decreasing visits to the ER.

Our nurses are available **24 hours a day, 7 days a week**, and can assist you with:

- ▶ Reliable self-care treatment options
- ▶ When to seek professional care
- ▶ Nearest medical facility when necessary
- ▶ Medications and potential side effects
- ▶ Health-related resources available in the community
- ▶ Find network providers



Avg. **29 years** of
nursing experience
per nurse



Take over **160,000**
calls per year

HEALTH MANAGEMENT | 14 nurses with over 325 years of experience

- ▶ **Health Coaching:** Provide guidance and community resources for members with lifestyle issues such as obesity and smoking cessation.
- ▶ **Case Management:** Help teach people how to manage chronic illness so that complications are minimized and quality of life is promoted.
- ▶ **Disease Management:** Provide education and programs for members with hypertension and diabetes.



Avg. **23 years** of nursing
experience per nurse

Over **10,000 medical records**
reviewed for quality of care

MY ELINK: MANAGING YOUR HEALTHCARE

My eLink for members is a great online tool that allows you to view your health coverage history securely—with the click of a button. With My eLink health insurance portal you can:

- ▶ Send Secure Messaging
- ▶ View Benefit Details
- ▶ ID Card Management
- ▶ Manage Pharmacy Details
- ▶ View Claim Benefits



CARE PACKAGE PROGRAM

The Care Package program allows dependent children who are enrolled in one of our health plans and live outside the designated service area to receive out-of-area coverage at the in-network level of benefits.

Services are provided by FirstHealth, offering access to provider networks.



Add this program
to **any** plan



IMPORTANCE OF PREVENTIVE CARE

At Medical Associates Health Plans, **we strive to help our members stay well.** Annual physical exams, immunizations, and screenings for disease are essential to your ongoing health. Early detection of disease can significantly increase your chances for successful treatment.

Our participating providers offer a wealth of expertise in preventive care. Even if you're feeling fine, scheduling an appointment for preventive care services is important. Investing a little time and attention invested now can keep major problems away later.

Your provider may recommend:

Basic Screening

- ▶ Cholesterol Screening
- ▶ Blood Pressure Screening
- ▶ Body Mass Index (BMI) Calculation
- ▶ Osteoporosis Screening

Updating Your Vaccinations

- ▶ Tdap Vaccine: *booster once every 10 years*
- ▶ Flu Vaccine: *recommended yearly*
- ▶ Pneumonia Vaccine: *recommended for adults with certain chronic illnesses and anyone over 65 years old*
- ▶ Shingles Vaccine: *recommended for adults over 50 years old*
- ▶ COVID-19 Vaccines: *initial series and booster*

Cancer Screening

- ▶ Skin Cancer
- ▶ Breast Cancer
- ▶ Cervical Cancer
- ▶ Colon Cancer
- ▶ Prostate Cancer
- ▶ Lung Cancer

Mental Health Screening

- ▶ Depression Screening
- ▶ Substance Use Screening
- ▶ Anxiety Screening

As a health plan, we aim to help members maintain their health and identify potential issues early for better outcomes and lower treatment costs. By promoting regular screening and check-ups, we can reduce serious illnesses and enhance overall well-being.



Early screening for cancer and chronic diseases can boost survival rates by **15-20%**

70%
of chronic disease cases could be averted by preventive care measures.



If everyone in the U.S. received recommended preventive care, over **100,000 lives** could be saved annually.

Preventive Care ▶ ▶ **We have the resources for you.**

Sources: CDC.gov, ncbi.nlm.nih.gov



City of Dyersville
2025 Renewal Rates
Effective 01/01/2025 - 12/31/2025

Medical Benefits		Renewal Plan
		Qualified HDHP Gold \$3500 - HMO
Annual Deductible (Single/Family)		\$3,500/7,000
Coinsurance		0%
Out of Pocket Maximum (Single/Family)		\$3,500/7,000
Physician Services		
Primary Care Office Visit		Paid in full after deductible
Specialist Office Visit		Paid in full after deductible
Preventive Care		Paid in full
X-rays, labs and ultrasounds (Office setting)		Paid in full after deductible
MRI, CAT scans, and PET scans (Office setting)		Paid in full after deductible
Medical Pharmacy (injections or chemotherapy)		Paid in full after deductible
Hospital Services		
Inpatient		Paid in full after deductible
Outpatient		Paid in full after deductible
Emergency Services		
Urgent Care		Paid in full after deductible
Emergency Room (waived if admitted)		Paid in full after deductible
Medical Transport		Paid in full after deductible
Diagnostic Services (Outpatient)		
X-rays, labs and ultrasounds		Paid in full after deductible
MRI, CAT scans, and PET scans		Paid in full after deductible
Prescription Drugs		
Generic Rx		Paid in full after deductible
Preferred Brand Rx		Paid in full after deductible
Non-Preferred Brand Rx		Paid in full after deductible
Generic Specialty Rx		Paid in full after deductible
Preferred Specialty Rx		Paid in full after deductible
Non-Preferred Specialty Rx		Paid in full after deductible
Chemotherapy Drugs		Paid in full after deductible
Out of Pocket Maximum (Single/Family)		Applies to Medical
Premium Information	Current	Renewal
Monthly Premium	27,084	29,032
Annual Premium	325,007	348,385
Change from Current		7.2%

Authorized Signature

Date



Quote ID: 3654
Group: CITY OF DYERSVILLE
Plan Type: Qualified HDHP Gold \$3500 - HMO
Contract Period: 01/01/2025 - 12/31/2025
Enrolled Members: 53

Medical Associates Health Plans

Basic Option Tables

Network: HMO

Traditional Plans

□	Key Code	Plan Description	Primary Office Visit	Specialist Office Visit	Deductible	Coins	Emergency Room	Out of Pocket Maximum	Generic Rx	Preferred Brand Rx	Non-Preferred Brand Rx	Generic Specialty Rx	Preferred Specialty Rx	Non-Preferred Specialty Rx	Chemo Rx	Monthly Premium
	IAPT0012	Traditional Platinum \$500 - HMO	\$10 copay/visit	\$30 copay/visit	\$500/1,000	10%	\$500 copay/visit	\$2,500/5,000	\$20 copay	\$60 copay	\$100 copay	\$125 copay	\$200 copay	\$500 copay	\$200 per dose	\$34,542.18
	IAPT0014	Traditional Platinum \$1000 - HMO	\$10 copay/visit	\$30 copay/visit	\$1,000/2,000	10%	\$500 copay/visit	\$3,000/6,000	\$15 copay	\$45 copay	\$70 copay	\$125 copay	\$200 copay	\$500 copay	\$200 per dose	\$33,762.90
	IAPT0013	Traditional Platinum \$750 - HMO	\$15 copay/visit	\$45 copay/visit	\$750/1,500	10%	\$400 copay/visit	\$2,000/4,000	\$15 copay	\$45 copay	\$70 copay	\$125 copay	\$200 copay	\$500 copay	\$200 per dose	\$34,252.37
	IAGT0014	Traditional Gold \$1500 - HMO	\$15 copay/visit	\$45 copay/visit	\$1,500/3,000	20%	\$750 copay/visit	\$9,000/\$18,000	\$15 copay	\$45 copay	\$70 copay	\$125 copay	\$200 copay	\$500 copay	\$200 per dose	\$29,610.32
	IAGT0015	Traditional Gold \$2000 - HMO	\$20 copay/visit	\$60 copay/visit	\$2,000/4,000	20%	\$600 copay/visit	\$6,500/13,000	\$20 copay	\$60 copay	\$120 copay	\$125 copay	\$200 copay	\$500 copay	\$200 per dose	\$29,056.63
	IAGT0016	Traditional Gold \$2500 - HMO	\$25 copay/visit	\$50 copay/visit	\$2,500/5,000	30%	\$500 copay/visit	\$7,500/15,000	\$25 copay	\$75 copay	\$125 copay	\$150 copay	\$200 copay	\$500 copay	\$200 per dose	\$28,605.28
	IAST0005	Traditional Silver \$6000 - HMO	\$75 copay/visit	\$125 copay/visit	\$6,000/12,000	50%	50% coinsurance after deductible	\$9,000/\$18,000	\$25 copay	\$75 copay	\$125 copay	\$150 copay	\$200 copay	\$500 copay	\$200 per dose	\$24,845.08

*Authorized Signature _____ Date _____

Plan Type Selected _____



Quote ID: 3654
Group: CITY OF DYERSVILLE
Plan Type: Qualified HDHP Gold \$3500 - HMO
Contract Period: 01/01/2025 - 12/31/2025
Enrolled Members: 53

Medical Associates Health Plans

Basic Option Tables

High Deductible Health Plans

<input type="checkbox"/>	Key Code	Plan Description	Primary Office Visit	Specialist Office Visit	Deductible	Coins	Emergency Room	Out of Pocket Maximum	Generic Rx	Preferred Brand Rx	Non-Preferred Brand Rx	Generic Specialty Rx	Preferred Specialty Rx	Non-Preferred Specialty Rx	Chemo Rx	Monthly Premium
	IASH0004	HDHP Silver with OV Copays - HMO	\$50 copay/visit	\$100 copay/visit	\$7,500/15,000	0%	Paid in full after deductible	\$7,500/15,000	\$30 copay	\$60 copay copay	\$90 copay	\$125 copay	\$200 copay	\$500 copay	Paid in full after deductible	\$25,668.92
	IABH0005	Bronze HDHP with Rx Copays - HMO	Paid in full after deductible	Paid in full after deductible	\$9,000/18,000	0%	Paid in full after deductible	\$9,000/18,000	\$100 copay	\$125 copay copay	\$150 copay	\$170 copay	\$200 copay	\$500 copay	\$200 per dose	\$23,734.29
	IABH0004	HDHP Bronze \$9000 - HMO	Paid in full after deductible	Paid in full after deductible	\$9,000/18,000	0%	Paid in full after deductible	\$9,000/18,000	Paid in full after deductible	Paid in full after deductible copay	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	\$23,077.94

Qualified High Deductible Health Plans

<input type="checkbox"/>	Key Code	Plan Description	Primary Office Visit	Specialist Office Visit	Deductible	Coins	Emergency Room	Out of Pocket Maximum	Generic Rx	Preferred Brand Rx	Non-Preferred Brand Rx	Generic Specialty Rx	Preferred Specialty Rx	Non-Preferred Specialty Rx	Chemo Rx	Monthly Premium
	IAGQ003	Qualified HDHP Gold \$3500 - HMO	Paid in full after deductible	Paid in full after deductible	\$3,500/7,000	0%	Paid in full after deductible	\$3,500/7,000	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	\$29,032.05
	IASQ0004	Qualified HDHP Silver \$3500 - HMO	20% coinsurance after deductible	20% coinsurance after deductible	\$3,500/7,000	20%	20% coinsurance after deductible	\$8,000/16,000	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	\$25,188.07
	IASQ0005	Qualified HDHP Silver \$6000 - HMO	Paid in full after deductible	Paid in full after deductible	\$6,000/12,000	0%	Paid in full after deductible	\$6,000/12,000	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	\$26,491.63
	IABQ0002	Qualified HDHP Bronze \$7500 - HMO	Paid in full after deductible	Paid in full after deductible	\$7,500/15,000	0%	Paid in full after deductible	\$7,500/15,000	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	\$24,077.66

*Authorized Signature _____ Date _____

Plan Type Selected _____

2025 RENEWAL INFORMATION IOWA, ILLINOIS, AND WISCONSIN GROUP

Benefit Changes

- ▶ Diagnostic mammograms performed in an office will be paid in full with no additional cost sharing*
- ▶ The following are updated benefits and new guidelines for preventive services:
 - An annual anxiety screening for all adults, including pregnant and postpartum persons
 - Screening for hypertensive disorders for pregnancy with blood pressure measurements through pregnancy
 - For Illinois members
 - Liver disease screening for high-risk members age 35-65
 - Annual Mental Health Prevention and Wellness visit for all members
 - Cost sharing will now apply to hospice, home health, and in-office medical pharmacy services for small group ACA plans.
 - MRI, CAT scans, and PET scans in an office setting will now be subject to deductible and coinsurance for small group ACA plans.

Administrative Changes

- ▶ Effective January 1, 2025, we are enacting a minor change to the Care Package program to require utilization of a First Health PPO provider for all Care Package claims. A provider lookup can be found at www.myfirsthealth.com

Administrative Changes

- ▶ Medical Associates Health Plans offers an **electronic payment option for premium invoice payments**. Funds are typically transferred around the 10th of the month for that month's premium invoice payment. To reduce administrative effort, you can complete an Authorization for Electronic Funds Transfer Form. Our Finance Department can assist you with any questions you may have related to our electronic payment process. You may contact a Finance Department representative by emailing ar@mahealthcare.com or by calling 563-556-8070 and requesting the Finance Department.
- ▶ **My eLink for members and employers** is a robust online tool that allows users to securely view their health coverage history. Content includes secure messaging, benefit information, explanation of benefits, deductible and out-of-pocket accumulators, prescription drug pricing comparison by pharmacy, prior authorization status, and ID card management. Employers also have access to electronic invoices and secure messaging for enrollment changes and other plan questions.
- ▶ When members and employers need information about their benefits, claims, authorizations, or need to update their enrollment profile, our **Member Services representatives** are ready to assist them in a friendly and efficient manner. Members and employers can reach out to our team by emailing memberservices@mahealthcare.com or calling 563-584-4885 or 1-866-821-1365.
- ▶ Our **24-Hour Help Nurses** are just a phone call away. Staffed by a team of registered nurses, our Help Nurses can guide patients to the appropriate care they need at any time. They are available by phone 24 hours a day, 7 days a week. Call 563-556-4357 or 1-800-325-7442 whenever you need them.

**Members enrolled in a high deductible health plan will still be required to meet their deductible before these services are paid in full.*

DISCLOSURE

Medical Associates Health Plans (MAHP) is not providing any legal or professional advice with regard to compliance to any federal or state law, regulations, or guidance. Law, regulations, and guidance on specific provisions has been and will continue to be provided by the appropriate federal and state agencies and regulators. The information provided reflects Medical Associates Health Plans understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments and rating impact calculations are subject to change and may be revised during a plan's rating period based on guidance and regulations issued by the appropriate federal and state agencies and regulators.

CONTINGENCIES

The rates proposed are quoted based on the assumption of a **12 month contract term**.

Medical Associates Health Plans has prepared your renewal and all applicable alternative plan proposals based on the assumption of no significant changes to your group demographics or coverage with MAHP. MAHP reserves the right to revise this renewal and all applicable alternative plan proposals if changes are made affecting MAHP's liability. Such changes include, but are not limited to the following:

- Covered employees under MAHP change by 10% or more from the prior year census
- The employer introduces another health insurance carrier as a dual offering
- Any change to the employer contribution strategy
- Any change to the employee eligibility standards
- Any change in Federal or State legislative mandates affecting benefit plans for the applicable effective date

A signed copy of this form must be received by a MAHP representative by the 15th of the month prior to the effective date of the contract. To change benefits, please contact your broker or MAHP sales representative. Also, this signed copy and the first month's premium are considered acceptance to all terms of the employer group contract. A paper copy will be mailed for full execution

IMPORTANT

To allow for printing and distribution of membership cards and materials, as well as ensuring that our systems are updated and current, **plan design changes must be received by the 15th of the month preceding your scheduled renewal date**. If we have not received notification of any changes by that date, we will assume there are no changes and will proceed with the renewal process with the plan design you currently have in place.

REMINDER: Centers for Medicare & Medicaid Services (CMS) requires completion of Creditable Coverage Disclosure Information at <https://www.cms.hhs.gov/creditablecoverage>. This needs to be completed within 60 days of your health plan renewal.

NOTIFY: Notice of Privacy Practice: <https://www.mahealthcare.com/insurance/member/>

EASY ONLINE ACCESS TO EMPLOYER INFORMATION

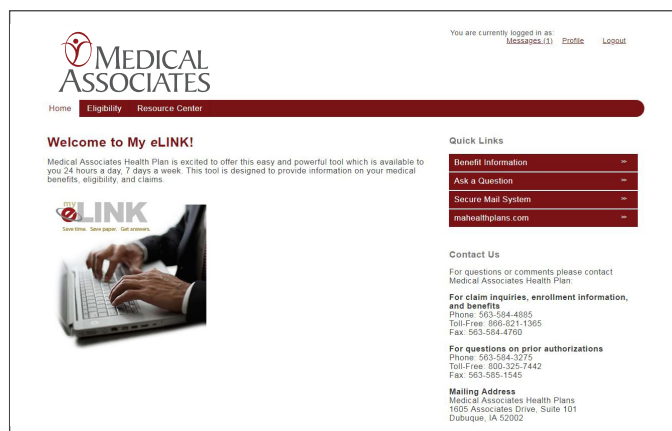
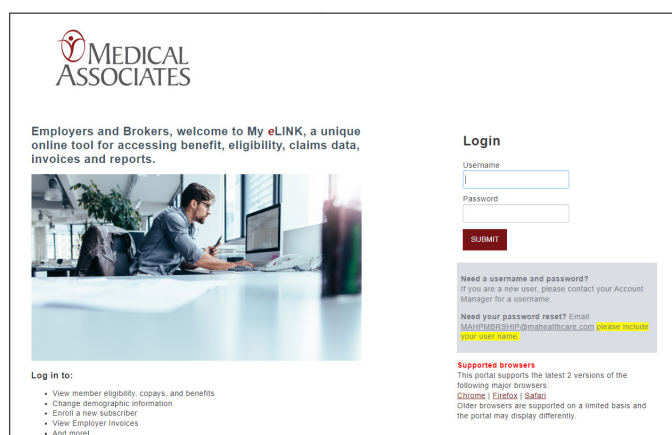
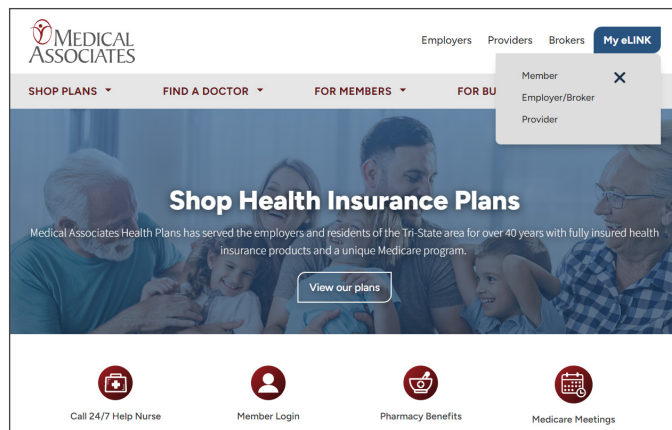
Our employer portal is available for your convenience in accessing benefit information about your Medical Associates Health Plan contract. You can view your plan documents online, confirm enrollment status, submit enrollment, and termination information.

How to Access Employer Information:

1. Go to www.mahealthplans.com
2. Click the My eLink button in the top right corner and select **Broker/Employer** in the drop down menu.
3. Log in using the employer username and password that was given to you by your MAHP Account Manager.
4. On the login page, enter the username and password that was sent by your MAHP Sales Executive. If you do not have this information, please contact your MAHP Sales Executive or send an email to salescoord@mahealthcare.com
5. To view your plan documents (subscriber agreement, schedule of benefits, etc.) go to the side menu options and click on **Benefit Information**.

If you have questions or need assistance, please contact your MAHP Account Manager or send an email to salescoord@mahealthcare.com.

In compliance with current federal and state privacy regulations, the portal will only display information for members of the employer group for which you are associated with.





City of Dyersville

Third Party Administration Fees

Effective Date 1/1/2025

<input type="checkbox"/>	Flexible Spending Administration	
	Monthly Admin Fee (PEPM)	\$5.00 (\$75 monthly minimum)
	First Year Set-Up Fee	\$750.00
	Annual Renewal Fee	\$250.00
<input type="checkbox"/>	2.5 Month Extension	\$150.00
<input type="checkbox"/>	Carryover	\$150.00
<input checked="" type="checkbox"/>	Buy Down Administration	
	Monthly Admin Fee (PEPM)	\$5.00 (\$75 monthly minimum)
	First Year Set-Up Fee	\$750.00
	Annual Renewal Fee	\$250.00
	Automatic Claims Rollover	No Charge
<input type="checkbox"/>	Dental (includes ID Card)	
	Monthly Admin Fee (PEPM)	\$5.00
	Initial Set Up Fee	\$500.00
	Plan Document Generation	\$250.00
<input type="checkbox"/>	Vision (Includes ID Card)	
	Monthly Admin Fee (PEPM)	\$5.00
	Initial Set Up Fee	\$500.00
	Plan Document Generation	\$250.00
	Add on to Dental/Medical	\$1.00
<input type="checkbox"/>	COBRA Administration	
	Per Notification	\$12.00
<input type="checkbox"/>	Per Month Per Enrolled	\$8.00 (\$75 monthly minimum)
	OR	
<input type="checkbox"/>	Monthly Admin Fee (PEPM)	\$0.85 (\$75 monthly minimum)
<input type="checkbox"/>	Short Term Disability	
	Monthly Admin Fee (PEPM)	\$2.15

Authorized Signature _____ Date _____

All fees are Per Employee Per Month unless otherwise noted