

December 2, 2023

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, 2024.

Dear Honorable Mayor Jacque and Council Members:

I am writing to seek your approval for the renewal of our health plan with Medical Associates and the associated Health Reimbursement Arrangement (HRA) Administrative Agreement, effective January 1, 2024.

To aid in your consideration, 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.

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 not only as a robust benefit but also as a valuable recruitment and retention tool.
- The plan change has resulted in cost savings while remaining compliant.

**2. Health Reimbursement Arrangement (HRA):**

- Continue with the existing HRA agreement to mitigate higher out-of-pocket costs associated with the health plan.
- Adjust the city's maximum buydown to \$3,500/7,000 to align with changes in the Gold 2-QHDHP plan.
- Anticipate an additional expenditure of approximately \$10,000, totaling around \$40,000 by the end of the calendar year.

*Please note this adjustment ensures the employee annual deductible remains at \$1,500/\$3,000, providing continued benefits to our employees.*



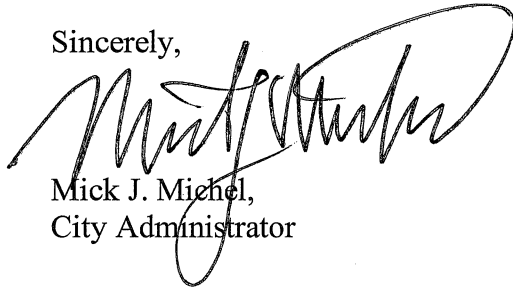
**3. Employee Contributions:**

- Maintain full-time employee contributions at 10% towards the group and dental insurance policy premium.
- Note that average employee contributions for family and single plans will increase by \$14 and \$6 per month, 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](mailto:mmichel@cityofdyersville.com).

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mick J. Michel', written over the printed name and title.

Mick J. Michel,  
City Administrator



Employee Name	Medical Plan	Contract Type	Medical Associates Current Rate Plan				Medical Associates New Rate Plan				Price Difference	Percent Change
			Current	Less:	Current	Current	New	Less:	Current			
	RX Plan		HDHP Gold	Employee	City	HDHP Gold	Employee	City				
			\$3000/\$6000	Contribution	Contribution	\$3500/\$7000	Contribution	Contribution			Contribution	
Dolphin, Neil		FY	\$ 1,703.68	\$ (169.00)	\$ 1,534.68	\$ 1,822.87	\$ (183.00)	\$ 1,639.87		1,262	6.85%	
Dupont, Molly		FY	\$ 1,386.55	\$ (169.00)	\$ 1,217.55	\$ 1,479.99	\$ (183.00)	\$ 1,296.99		953	6.52%	
Herbers, Tim		FY	\$ 1,414.38	\$ (169.00)	\$ 1,245.38	\$ 1,509.90	\$ (183.00)	\$ 1,326.90		978	6.55%	
Huehnergath, Adam		FY	\$ 2,422.49	\$ (169.00)	\$ 2,253.49	\$ 2,660.83	\$ (183.00)	\$ 2,477.83		2,692	9.96%	
Maahs, Michael		SG	\$ 822.06	\$ (57.00)	\$ 765.06	\$ 911.25	\$ (63.00)	\$ 848.25		998	10.87%	
Michel, Michael		FY	\$ 1,929.53	\$ -	\$ 1,929.53	\$ 2,145.94	\$ -	\$ 2,145.94		2,597	11.22%	
Jochum, Rick		SG	\$ 752.29	\$ (57.00)	\$ 695.29	\$ 833.85	\$ (57.00)	\$ 776.85		979	11.73%	
Panton, Lori		FY	\$ 1,879.11	\$ (169.00)	\$ 1,710.11	\$ 2,032.98	\$ (183.00)	\$ 1,849.98		1,678	8.18%	
Recker, Terry		FY	\$ 1,869.63	\$ (169.00)	\$ 1,700.63	\$ 2,050.97	\$ (183.00)	\$ 1,867.97		2,008	9.84%	
Reicher, Joe		SG	\$ 450.32	\$ (57.00)	\$ 393.32	\$ 486.85	\$ (63.00)	\$ 423.85		366	7.76%	
Schrandt, Dawan		SG	\$ 601.13	\$ (57.00)	\$ 544.13	\$ 667.83	\$ (63.00)	\$ 604.83		728	11.16%	
Schroeder, Brent		SG	\$ 752.29	\$ (30.00)	\$ 722.29	\$ 833.85	\$ (30.00)	\$ 803.85		979	11.29%	
Siftari, Andrew (Estimated)		FY	\$ 1,063.78	\$ (169.00)	\$ 894.78	\$ 1,148.88	\$ (183.00)	\$ 965.88		853	7.95%	
Sodawasser, Jon		SG	\$ 394.29	\$ (57.00)	\$ 337.29	\$ 424.40	\$ (63.00)	\$ 361.40		289	7.15%	
Tuegel, Corey		FY	\$ 1,639.20	\$ (169.00)	\$ 1,470.20	\$ 1,751.45	\$ (183.00)	\$ 1,568.45		1,179	6.68%	
Vonderhaar, Shirley		FY	\$ 2,167.38	\$ (169.00)	\$ 1,998.38	\$ 2,363.56	\$ (183.00)	\$ 2,180.56		2,186	9.12%	
Wandsnider, John		FY	\$ 1,974.25	\$ (169.00)	\$ 1,805.25	\$ 2,136.56	\$ (183.00)	\$ 1,953.56		1,780	8.22%	
Zurawski, Paul		SG	\$ 416.84	\$ (57.00)	\$ 359.84	\$ 447.96	\$ (63.00)	\$ 384.96		301	6.98%	
PW-Vacant		SG	\$ 570.00	\$ (57.00)	\$ 513.00	\$ 630.00	\$ (63.00)	\$ 567.00		648	10.53%	
PW-Vacant		SG	\$ 570.00	\$ (57.00)	\$ 513.00	\$ 630.00	\$ (63.00)	\$ 567.00		648	10.53%	
Monthly			\$ 24,779.20	\$ (2,176.00)	\$ 22,603.20	\$ 26,969.92	\$ (2,358.00)	\$ 24,611.92			8.89%	
Annual			\$ 297,350.40	\$ (26,112.00)	\$ 271,238.40	\$ 323,639.04	\$ (28,296.00)	\$ 295,343.04			8.89%	
Annual \$ Change												
from Current Plan						\$ 24,104.64						
Percent Change												
from Current Plan						8.89%						





RENEWAL PREPARED FOR:

# **City of Dyersville**

## **2024 Renewal**

**Prepared by:**  
**Amy Henry**  
**[ahenry@mahealthcare.com](mailto:ahenry@mahealthcare.com)**  
**(563) 584-4839**





# Your only local health plan for over 40 years.

*Medical Associates has provided the area's only physician owned, integrated healthcare delivery system with one of the highest medical care ratings in the country.*

This system is unique because the payer and the provider share the same infrastructure and work together seamlessly to help people achieve their best possible health, while also controlling costs for everyone.

## Managed and Coordinated Care

Delivering high quality, affordable care is what we do best at Medical Associates. We utilize a team of highly trained Population Health professionals who work in conjunction with our providers to mitigate cost, improve quality and ensure the best patient experience. Our model is value-based, which means we reimburse our providers based on *outcomes*, rather than a per visit reimbursement.

**This value-based care model provides our clients with the services, at no additional cost, that include:**

- **24-Hour Help Nurse**
  - Locally based call service staffed by a team of Registered Nurses that guide patients to appropriate care, decreasing visits to the ER
- **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
- **Urgent and emergency care worldwide**
- **"Care Package" program**
  - Provided for children of employees living outside of the tri-state area
- **"My eLink" access and tools**
  - This is a unique online tool for accessing benefit, eligibility, and claims data

*We know that offering the most competitive benefits package for your employees is important, and we want to help you achieve your goals. Thank you for your continued business!*



**City of Dyersville**  
**2024 Renewal Premiums**  
**Effective January 1, 2024**

<b>Medical Benefits</b>		<b>Current QHDHP Gold 3500</b>	<b>Trad Gold 2000</b>	<b>Trad Platinum 1500</b>		
Annual Deductible (Single/Family)		\$3500/7000	\$2000/4000	\$1500/3000	Gold Deduct 2022 6 members - OOP 8 members Gold Deduct 2023 1 member - OOP 5 members	
Coinsurance		0%	80%/20%	90%/10%		
Out of Pocket Maximum (Single/Family)		\$3500/7000	\$6000/12000	\$3000/6000		
ER Funding		\$1500/3000				
<b>Physician Services</b>						
Primary Care Office Visit	Paid in Full after ded.		\$35 copay/visit	\$10 copay/visit	Office Visits 2023-323 2022-417	
Specialist Office Visit	Paid in Full after ded.		\$70 copay/visit	\$30 copay/visit		
Preventive Care	Paid in Full					
Diagnostic Test (x-ray, blood work - office setting)	Paid in Full after ded.		Paid in Full	Paid in Full		
Imaging (CT/PET scans, MRIs - office setting)	Paid in Full after ded.		Paid in Full	Paid in Full		
<b>Hospital Services</b>						
Inpatient	Paid in Full after ded.		20% coins after deduct	10% coins after deduct		
Outpatient	Paid in Full after ded.		20% coins after deduct	10% coins after deduct		
<b>Emergency Services</b>						
Urgent Care	Paid in Full after ded.		\$35 copay/visit	\$10 copay/visit	ER Visits 2023-9 2022-18	
Emergency Room (waived if admitted)	Paid in Full after ded.		\$750 copay/visit	\$250 copay/visit		
Medical Transport	Paid in Full after ded.		20% coins after deduct	10% coins after deduct		
<b>Diagnostic Services (Outpatient)</b>						
Diagnostic Test (x-ray, blood work)	Paid in Full after ded.		20% coins after deduct	10% coins after deduct		
Imaging (CT/PET scans, MRIs)	Paid in Full after ded.		20% coins after deduct	10% coins after deduct		
<b>Prescription Drugs</b>						
Tier 1 (per 30-day supply)	Paid in Full after ded.		\$50 copay	\$15 copay	2023	2022
Tier 2 (per 30-day supply)	Paid in Full after ded.		\$100 copay	\$45 copay	367	424
Tier 3 (per 30-day supply)	Paid in Full after ded.		\$150 copay	\$60 copay	0	66
Specialty (per 30-day supply)	Paid in Full after ded.		\$250 copay	\$100 copay	0	0
Out of Pocket Maximum (Single/Family)	Applies to Medical		Applies to Medical	Applies to Medical	9	15
<b>Premium Information</b>						
Monthly Premium		\$26,886.83	\$26,433.52	\$31,343.76		
Annual Premium		\$322,641.96	\$317,202.24	\$376,125.12		
<b>HRA Funding</b>						
Admin Fees 2023 (Jan-Oct)		\$1,240.00				
Receipts 2023 (Jan-Oct)		\$21,334.74				
Total Cost 2023 (Jan-Oct)		\$22,574.74				
Admin Fees 2022 (Jan-Dec)		\$1,885.00				
Receipts 2022 (Jan-Dec)		\$27,246.86				
Total Cost 2022 (Jan-Dec)		\$29,131.86				





**City of Dyersville**  
**2024 Renewal Rates**  
**Effective 01/01/2024 - 12/31/2024**

Renewal Plan		
Medical Benefits	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	
Diagnostic Test (x-ray, blood work - office setting)	Paid in full after deductible	
Imaging (CT/PET scans, MRIs - office setting)	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)		
Diagnostic Test (x-ray, blood work)	Paid in full after deductible	
Imaging (CT/PET scans, MRIs)	Paid in full after deductible	
Prescription Drugs		
Tier 1 (per 30-day supply)	Paid in full after deductible	
Tier 2 (per 30-day supply)	Paid in full after deductible	
Tier 3 (per 30-day supply)	Paid in full after deductible	
Specialty (per 30-day supply)	Paid in full after deductible	
Out of Pocket Maximum (Single/Family)	Applies to Medical	
Premium Information	Current	Renewal
Monthly Premium	24,742	26,887
Annual Premium	296,909	322,642
Change from Current		8.7%

Authorized Signature

Date





Quote ID: 3220  
Group: CITY OF DYERSVILLE  
Plan Type: Qualified HDHP Gold \$3500-HMO  
Contract Period: 01/01/2024 - 12/31/2024  
# Enrolled Members: 52

Medical Associates Health Plans  
Basic Option Tables  
Network: HMO

Traditional Plans													
Plan Selected	Key Code	Plan Description	Primary Office Visit	Specialist Office Visit	Deductible	Coinsurance	Emergency Room	Out of Pocket Maximum	Rx Tier 1	Rx Tier 2	Rx Tier 3	Rx Specialty	Monthly Premium
	IAPT007	Traditional Platinum \$1500-HMO	\$10 copay/visit	\$30 copay/visit	\$1,500/3,000	90/10%	\$250 copay/visit	\$3,000/6,000	\$15	\$45	\$60	\$100	\$31,343.76
	IAPT010	TRADITIONAL PLATINUM \$750-HMO	\$15 copay/visit	\$35 copay/visit	\$750/1,500	90/10%	\$400 copay/visit	\$1,500/3,000	\$15	\$45	\$70	\$100	\$31,836.33
	IAPT009	Traditional Platinum \$500-HMO	\$10 copay/visit	\$30 copay/visit	\$500/1,000	90/10%	\$500 copay/visit	\$1,500/3,000	\$20	\$60	\$100	\$150	\$31,910.94
	IAGT012	Traditional Gold \$2000-HMO	\$35 copay/visit	\$70 copay/visit	\$2,000/4,000	80/20%	\$750 copay/visit	\$6,000/12,000	\$50	\$100	\$150	\$250	\$26,433.52
	IAGT011	Traditional Gold \$2500-HMO	\$20 copay/visit	\$60 copay/visit	\$2,500/5,000	75/25%	\$400 copay/visit	\$9,450/\$18,900	\$30	\$60	\$100	\$150	\$26,859.80
	IAGT008	Traditional Gold \$3500-HMO	\$25 copay/visit	\$60 copay/visit	\$3,500/7,000	70/30%	\$250 copay/visit	\$8,150/16,300	\$20	\$60	\$100	\$150	\$26,840.15
	IAGT009	TRADITIONAL GOLD \$4000-HMO	\$35 copay/visit	\$75 copay/visit	\$4,000/8,000	80/20%	\$500 copay/visit	\$8,150/16,300	\$30	\$65	\$100	\$300	\$26,371.32
	IAST0004	Traditional Silver \$6550-HMO	\$75 copay/visit	\$100 copay/visit	\$6,550/13,300	50/50%	50% coinsurance after deductible	\$9,450/\$18,900	\$50	\$100	\$150	\$300	\$24,069.59

\*Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Plan Type Selected \_\_\_\_\_





Quote ID: 3220  
Group: CITY OF DYERSVILLE  
Plan Type: Qualified HDHP Gold \$3500-HMO  
Contract Period: 01/01/2024 - 12/31/2024  
# Enrolled Members: 52

Medical Associates Health Plans

Basic Option Tables

Copay Plans													
Plan Selected	Key Code	Plan Description	Primary Office Visit	Specialist Office Visit	Outpatient	Emergency Room	Inpatient	Out of Pocket Maximum	Rx Tier 1	Rx Tier 2	Rx Tier 3	Rx Specialty	Monthly Premium
	IAPC0001	Copay Platinum-HMO	\$10 copay/visit	\$30 copay/visit	\$750 copay/visit	\$1,000 copay/visit	\$1,500 copay/admission	\$2,000/4,000	\$15	\$45	\$70	\$100	\$32,292.38
	IAGC0001	Copay Gold-HMO	\$35 copay/visit	\$70 copay/visit	\$1,500 copay/visit	\$2,000 copay/visit	\$4,000 copay/admission	\$4,000/8,000	\$30	\$75	\$100	\$150	\$26,404.08
	IASC0002	Copay Silver-HMO	\$50 copay/visit	\$100 copay/visit	\$2,000 copay/visit	\$4,000 copay/visit	\$8,000 copay/admission	\$9,000/\$18,000	\$30	\$60	\$90	\$150	\$24,237.78

\*Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Plan Type Selected \_\_\_\_\_





Quote ID: 3220  
Group: CITY OF DYERSVILLE  
Plan Type: Qualified HDHP Gold \$3500-HMO  
Contract Period: 01/01/2024 - 12/31/2024  
# Enrolled Members: 52

Medical Associates Health Plans

Basic Option Tables

High Deductible Health Plans

Plan Selected	Key Code	Plan Description	Primary Office Visit	Specialist Office Visit	Deductible	Coinsurance	Emergency Room	Out of Pocket Maximum	Rx Tier 1	Rx Tier 2	Rx Tier 3	Rx Specialty	Monthly Premium
	IASH002	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	\$75	\$150	\$250	\$400	\$24,073.86
	IASH003	HDHP Silver with OV Copays-HMO	\$100 copay/visit	\$200 copay/visit	\$7,000/14,000	0%	Paid in full after deductible	\$7,000/14,000	\$50	\$100	\$150	\$300	\$23,724.56
	IABH0003	Bronze HDHP with Rx Copays-HMO	Paid in full after deductible	Paid in full after deductible	\$9,450/\$18,900	0%	Paid in full after deductible	\$9,450/\$18,900	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	\$21,529.84
	IABH0001	HDHP Bronze \$8150-HMO	Paid in full after deductible	Paid in full after deductible	\$8,150/16,300	0%	Paid in full after deductible	\$8,150/16,300	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	Paid in full after deductible	\$20,797.80

Qualified High Deductible Health Plans

Plan Selected	Key Code	Plan Description	Primary Office Visit	Specialist Office Visit	Deductible	Coinsurance	Emergency Room	Out of Pocket Maximum	Rx Tier 1	Rx Tier 2	Rx Tier 3	Rx Specialty	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	\$26,886.83
	IASQ0004	Qualified HDHP Silver \$3500-HMO	20% coinsurance after deductible	20% coinsurance after deductible	\$3,500/7,000	80/20%	20% coinsurance after deductible	\$8,000/16,000	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	\$23,753.73
	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	\$24,073.86
	IABQ0002	Qualified HDHP Bronze \$6900-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	\$21,720.81

\*Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Plan Type Selected \_\_\_\_\_





City of Dyersville

### Third Party Administration Fees

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Effective Date 1/1/2024

<input type="checkbox"/>	<b>Flexible Spending Administration</b>	
	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"/>	<b>Buy Down Administration</b>	
	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"/>	<b>Dental (includes ID Card)</b>	
	Monthly Admin Fee (PEPM)	\$5.00
	Initial Set Up Fee	\$500.00
	Plan Document Generation	\$250.00
<input type="checkbox"/>	<b>Vision (Includes ID Card)</b>	
	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"/>	<b>COBRA Administration</b>	
	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"/>	<b>Short Term Disability</b>	
	Monthly Admin Fee (PEPM)	\$2.15

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

All fees are Per Employee Per Month unless otherwise noted





## Schedule of Health Reimbursement Account Benefit

Health Choices system is configured to automatically buy down the liability of the member's Medical Associates Health Plans or Live360 core benefits by creating a second claim paid directly to the provider.

### **Reimbursement Details (choose one):**

☐ **Deductible Only** (excludes QHDHP plans) ..... \$5.00 PEPM (minimum \$75 monthly)

	Single	Family
Employee Pays First		
Employer Pays Remaining		
<b>Total Deductible</b>		

☐ **Deductible & Coinsurance portion of Out of Pocket** (excludes QHDHP plans)...\$8.00 PEPM (minimum \$125 monthly)

	Single	Family
Employee Pays First		
Employer Pays Remaining		
<b>Total Deductible &amp; Coinsurance OPM</b>		

☐ **Out of Pocket to include office copays and/or Rx cost share (not available to ACA plans)....\$8.00 PEPM**  
(minimum \$200 monthly)

	Single	Family
Employee Pays First		
Employer Pays Remaining		
<b>Total OPM</b>		

### **Eligibility:**

Are any members covered on the medical plan excluded from HRA eligibility? ☐ Yes ☐ No

If yes, please describe:

\*NOTE: Subchapter S Corporation shareholders above the 2% level **may not** participate, but they may sponsor a plan for the employees. In addition, the family members and close relatives **may not** participate. LLC, LLP and Sole Proprietors **may not** participate, but may sponsor a plan for their employees. However, if the spouse is a bona fide employee of the firm, he or she may participate and use the benefit for the entire family.

### **Fees:**

First Year Set-Up Fee.....\$750.00

Monthly Admin Fee (PEPM) .....based on selections above

Annual Renewal Fee.....\$250.00

Automatic Claims Rollover.....No Charge





## **2024 Renewal Information**

### **Iowa, Illinois, & Wisconsin Group**

#### **Benefit Enhancements**

- Addition of Coverage for treatment of TMJ
- The following are updated benefits and new guidelines for preventive services:
  - An annual syphilis screening for Non-Pregnant Adolescents and Adults
  - An annual anxiety screening for Children and Adolescents ages 8-18

#### **Additional Resources**

- Medical Associates Health Plan offers an electronic payment option for premium invoice payment. The funds are transferred around the 10<sup>th</sup> of the month for that month's premium invoice payment. In order to relieve administrative effort, you can complete an Authorization for Electronic Funds Transfer Form. Our Finance Department can also assist you with any questions you may have related to our electronic payment process. You may contact our Finance Department Representatives by emailing [ar@mahealthcare.com](mailto:ar@mahealthcare.com) or 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.
- Members and employers can also contact our Member Services representatives by emailing [memberservices@mahealthcare.com](mailto:memberservices@mahealthcare.com) or calling (563) 584-4885 or 1-866-821-1365.
- The Patient Services HELP Nurses are just a phone call away. Call (563) 556-4357 or 1-800 325-7442. Because we care about your healthcare needs 24 hours a day, 7 days a week, we have a staff of professional, registered nurses available by the telephone to assist you in accessing the information you need. We are pleased to offer this personalized service to our members.





### Disclosure

Medical Associates Health Plan 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 Plan's 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. Medical Associates Health Plan's makes no representation as to the impact of plan changes on a plan's grandfathered status or interpretation or implementation of any other provisions of law or regulation.

### Contingencies

- The rates proposed are quoted based on the assumption of a **12 month contract term**.
- Medical Associates Health Plans (MAHP) 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 an MAHP representative by the 15<sup>th</sup> 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.
  - \* To allow for the printing and distribution of membership cards and materials, as well as, ensuring our systems are updated and current, plan design changes must be received by the **15<sup>th</sup> 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 <http://www.cms.hhs.gov/creditablecoverage>. This needs to be completed within 60 days of your health plan renewal.**

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