



# KELLOGG

## COMMUNITY COLLEGE

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# Dental Benefits: A Review

Benefit	Current Coverage
<b>Calendar Year Maximum</b> Benefit for Combined Types A, B, & C expenses	\$1,100.00 per covered person
<b>Lifetime Maximum</b> Benefit for Type D expenses	\$1,500.00 per covered dependent child <b>to Age 19</b>
Type A: <b>Diagnostic &amp; Preventive Services</b>	80% of R & C Charges*
Type B: <b>Basic Services</b>	80% of R & C Charges*
Type C: <b>Major Services</b>	50% of R & C Charges*
Type D: <b>Orthodontics</b>	50% of R & C Charges*

\*R & C = Reasonable and Customary

# Remember

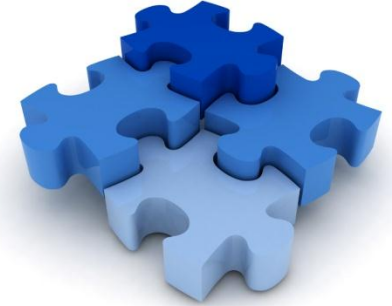
- ❖ Dental coverage for child(ren) ages 19-26 years will be available through calendar year of attaining age 26 years
- ❖ Note: Orthodontia coverage is available to age 19 years



# Vision Benefits

Benefits for eye exam, lenses (including contact lenses) and frames

- ❖ \$355.00 per calendar year per covered person
- ❖ Child(ren) ages 19-26 years are covered through the calendar year of attaining age 26 years



## Flexible Spending Account (FSA)

- ❖ For **healthcare expenses** if you do not have a Health Savings Account (**HSA**)
- ❖ Set aside up to **\$2,500 tax free** for **eligible medical, Rx dental and vision out of pocket expenses**
- ❖ Results in **25 – 30 percent savings**
- ❖ Must **re-establish** the account **each Calendar Year**
- ❖ **Expenses** must be incurred **between Jan 1 and Dec 31**
- ❖ Account can be set up even if you do not have your medical plan through Kellogg Community College

## 2012 FSA Reminders

- ❖ The Patient Protection and Affordable Care Act of 2010 changed the rules for the purchase of Over The Counter (OTC) products.
- ❖ As of January 1, 2011, FSA, HRA and HSA funds can no longer be used to purchase OTC medicine and drugs unless such medicine or drug is prescribed.
- ❖ No income requirement for the child of an employee if under age 27 during the entire taxable year.

## How it works

- ❖ Evaluate **total annual family's healthcare needs** and estimate what your **out-of-pocket costs** will be after insurance has paid.
- ❖ Consider **deductible** amounts, **copayments**, **coinsurance** and **out-of-pocket maximums**.
- ❖ **Estimate conservatively; IRS says what goes in must come out each year or funds will be forfeited.**
- ❖ **Divide this amount by the number of pays** and this is the amount that will be **deducted tax free from each pay** to set up your account.
- ❖ Once you make your election, **you cannot change the election unless** there is a **qualifying event**.

## How it works

- ❖ To **obtain your funds**, complete a **Request for Reimbursement**, attach an **Explanation of Benefits** from your benefit payor and **submit to Meritain Health**.
- ❖ You **have up to 60 days after the end of the Calendar Year** to submit your Requests for Reimbursement.
- ❖ **Advance funding** is available if expenses are incurred early in the Calendar Year.
- ❖ **REMEMBER: What goes in to the account must come out of the account each year; it is a “spending account”.**

# Limited Flexible Spending Account

- ❖ If you have a **Health Savings Account**, the **Flexible Spending Account** is **limited or restricted** to:
  - ❖ **Dental** expenses
  - ❖ **Vision** expenses
  - ❖ **Medical and prescriptions only AFTER the High Deductible HAS BEEN MET**
- ❖ Great **strategy** for handling dental and vision **out-of-pocket** expenses as they are predictable. By using the FSA, you are **not spending your HSA dollars**
- ❖ It works the same way and **REMEMBER:**
  - ❖ **What goes into the account must come out each Calendar Year**

## Flexible Spending Account for Dependent Care

- ❖ IRS will allow you to **set aside up to \$5,000 tax free** each Calendar Year to pay for **childcare** (children under age 13) or **elder care for IRS dependents**
- ❖ **Evaluate how much you will be spending for the year;** divide by the number of pays and this is the amount that you will authorize Kellogg Community College to deduct from your pay **tax free** to put into your **Dependent Care Account**
- ❖ To obtain funds, **complete a Request for Reimbursement** and submit with receipt to Meritain Health
- ❖ **No advance funding; funds must be in account**
- ❖ **Remember: what goes into the account must come out of the account each Calendar Year**

# Questions?

**Call Meritain Health** for questions or to check your FSA Account Balances: **800-748-0003**

- ❖ Press **2** for the **automated system**
- ❖ Press **3** for a **Customer Service Representative**

## For online status inquiry

- ❖ Log on to [www.mymeritain.com](http://www.mymeritain.com)
- ❖ **If new**, you will need to “**Create a new user account**”
- ❖ **Contact Meritain** for a **Member ID** if you don't know it; your **Group ID Number** is **140264**