



MISSION VALLEY HEALTH INSURANCE  
USD 330 HEALTH INSURANCE NEWSLETTER

**Financial Report for Group Health/Dental Plan**

Financial information is always available for your review at the district office. Below is a table of expenses and ending cash balances for the plan over the last seven years.

Plan Year ending Dates

	9/30/2014	9/30/2015	9/30/2016	9/30/2017	9/30/2018	9/30/2019	9/30/2020
Employee Contributions	\$ 313,208	\$ 371,316	\$ 437,431	\$ 485,455	\$ 497,776	\$517,471	\$531,151
Stop-loss reimbursement	\$ 2,764	\$ 6,919	\$ 2,576	\$ 1,703	\$ 44,728	\$137,866	\$40,101
All other income	\$ 40,521	\$ 11,315	\$ 6,158	\$ 6,841	\$ 20,173	\$172,000	\$50,118
<b>Total All Revenue</b>	<b>\$ 356,493</b>	<b>\$ 389,550</b>	<b>\$ 446,165</b>	<b>\$ 493,999</b>	<b>\$ 562,677</b>	<b>\$827,469</b>	<b>\$621,370</b>
Reinsurance/Admin Costs	\$ 112,495	\$ 119,801	\$ 160,538	\$ 157,641	\$ 152,598	\$163,431	\$173,000
Claims costs (all)	\$ 216,033	\$ 263,042	\$ 204,913	\$ 457,858	\$ 447,068	\$736,178	\$448,775
<b>Total Expenses</b>	<b>\$ 328,528</b>	<b>\$ 382,843</b>	<b>\$ 365,451</b>	<b>\$ 615,499</b>	<b>\$ 599,666</b>	<b>\$899,609</b>	<b>\$621,775</b>
<b>Ending Cash Balance</b>	<b>\$ 167,699</b>	<b>\$ 168,369</b>	<b>\$ 247,394</b>	<b>\$ 156,583</b>	<b>\$ 119,593</b>	<b>\$49,295</b>	<b>\$48,891</b>

**Reminder: Whenever possible please use an in-network provider.  
Ex: Stormont Vail is in-network, The University of Kansas St. Francis  
Campus is NOT.**

**\*CARDS ARE MAILED TO YOUR HOME ADDRESSES OR YOU MAY PRINT A  
COPY FROM THE IPMG WEBSITE BELOW\***

**If you know of a major medical claim in your future (i.e. maternity, surgery, etc)  
please let Tasha know in advance. Thank you.**

**Health insurance and early retirement....**

School districts are required by K.S.A. 12-5040 to make coverage under employer-sponsored group health care benefits plan available to retired former employees and their dependents under the following circumstances.

1. The employee was covered under the group health plan for at least 2 years prior to retirement.
2. The employee worked for the school district for 10 years or more and retired after 1988.
3. The employee pays the entire premium amount prior to the due date – if they miss a payment, their insurance can be cancelled. Also, the retirement rate can have a surcharge of not more than 5% (same for COBRA rates).
4. The retired employee may stay on the plan as a retiree until they reach age 65, or until they become eligible in another group plan (whichever comes first).

**USD #330 MISSION VALLEY Health Insurance Program Contact List**



**IPMG (Insurance Program Managers Group – Claims and Policy Administrator)**

Benefit/Claim questions = 1-800-423-1841

[www.ipmg.com/ebs](http://www.ipmg.com/ebs) – Access your individual account to review claims, request replacement ID cards, schedule of benefits, provider directory and more.



**ProviDRs Care Select**

[www.providrscare.net](http://www.providrscare.net) – network providers (by location/by service type)

ProviDRs Care Select Service line = 1-800-801-9772



**American Health Holding, Inc**

For Utilization Review, Hospital Pre-Admissions/Admission Certification 1-866-457-0534



**ProCare Rx (Prescription Drug Benefits)**

[www.procarerx.com](http://www.procarerx.com)

Pharmacy Help Desk: 1-800-699-3542



**LabCard**

**Laboratory Services – Quest Diagnostics**

[www.LabCard.com](http://www.LabCard.com)

1-800-646-7788

