



WEST DES MOINES
COMMUNITY SCHOOLS

MHPAEA EXEMPTION NOTICE

Notice To West Des Moines Community Schools Medical Plan Participants

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is “self—funded” by the employer, rather than provided through a health insurance policy. West Des Moines Community Schools has elected to exempt the West Des Moines Community Schools Medical Plan from the following requirements:

Parity in the application of certain limits to mental health benefits. Group health plans (or employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

It is important to note that the inpatient stay and outpatient visit limitations on mental health and substance abuse benefits have been removed from our medical plan, effective July 1, 2010. Additionally, mental health and substance abuse benefits have the same deductible, coinsurance, and copay requirements as other medical and surgical benefits covered by the plan. West Des Moines Community Schools has filed the exemption because the plan designs currently do not meet the actuarial parity testing requirements as written in the final regulations.

The exemption from these Federal requirements will continue to be in effect for the 2019-20 plan year, beginning July 1, 2019 and ending June 30, 2020. The election may be renewed for subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a “certificate of creditable coverage” when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer’s health plan, or if you wish to purchase an individual health insurance policy.

If you have questions concerning this exemption, please contact Kris Craig at 515-633-5076