



HB 1260

Presented by the State Personnel Department

Reviewing the Timeline



HEA 1260 Compliance Timeline

2020	Employer's cost should not exceed the State plan costs by 12%.
By 12/31/2020	School files report of their costs.
By 2/14/2021	(or 45 days after renewal) Those with employer costs exceeding the State's cost by greater than 12% submit plan to achieve compliance.
By 12/31/2021	School files report of their costs.
By 12/31/2022	School files report of their costs.
1/1/2023	(or end of school's current plan year) non-compliant school enrolls in the State plans.

If a school had a collective bargaining agreement in effect on 7/01/11 and its costs exceed the State's by more than 12%, then the school must become compliant when the collective bargaining agreement expires or when any provisions of the agreement is reopened and changed; but no earlier than the timeline above.

Accessing the Form

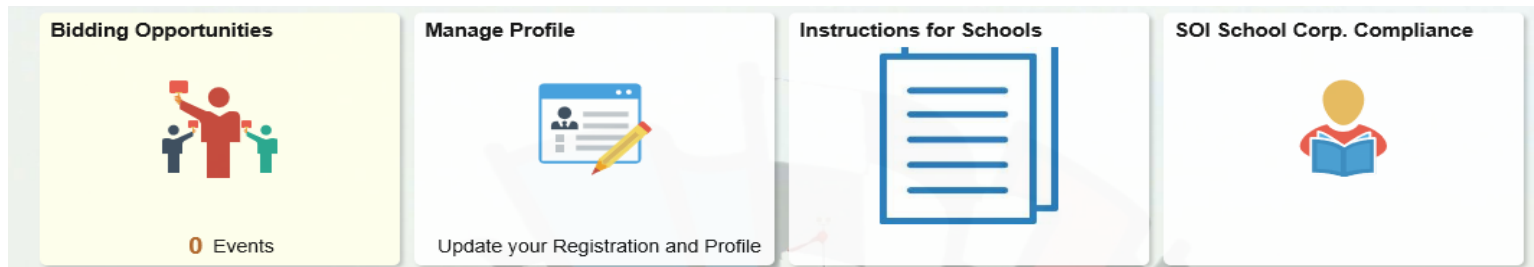


- You may access the form and instructions on our Indiana School Corporations website
<http://www.in.gov/spd/2589.htm>
- Click the School Corporation Workspace
- Login in using the credentials that were sent to the School Corporation's Superintendent
- Login trouble? Email BenefitingSchools@spd.in.gov

Accessing the Form



- Bring up the Report under the SOI School Report Compliance Icon.
- Notice you may view the State Sample under the Instructions for Schools Icon.




Completing the Form



- Click on the magnifying glass to locate your School ID. Once you have selected your School Corporation, click the Add button to be directed to the form.

Find an Existing Value | Add a New Value

Plan Year:

School ID: 

Add

- Begin by entering and saving your contact information. This should be the person completing the form.

Contact Information:	<input type="text"/>
Contact Email Address:	<input type="text"/>
Contact Phone Number:	<input type="text"/>

Completing the Form



- Input your medical plan information. Click “+” to include additional plans.

Medical Plan Information Find | View All | First | 1 of 1

*Name of Medical Plan:

*Type of Medical Plan:

*Plan Year (e.g. 09/01/2011 - 08/31/2012): *Start: *End:

*Insurance Type:

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage:	<input type="text"/>	<input type="text"/>	\$0.00
Employee + 1:	<input type="text"/>	<input type="text"/>	\$0.00
Employee + Spouse:	<input type="text"/>	<input type="text"/>	\$0.00
Employee + Spouse + 1:	<input type="text"/>	<input type="text"/>	\$0.00
Family:	<input type="text"/>	<input type="text"/>	\$0.00
Total Employer Plan Cost:			\$0.00

Completing the Form



Frequently Asked Question

Q: What if my School has different employee rates per employee group?

A: Break this down on the form by adding a new "chart" for each employee group

Example:

Chart 1 - Plan A, teachers

Chart 2 - Plan A, administrators

Chart 3 - Plan B, teachers

Etc...

Completing the Form



- Once all your medical plans have been entered make sure you click Update Section 3 so the data will carry over to the next Section.
- In Section 3, Questions 7, 8, 11, and 12 calculate automatically based on the data you have provided.
- After answering all questions you will instantly see your results and how it compares with the State.

Completing the Form



- You may save your work and revisit the form to edit at any time.
- If you revisit the form at a later time and make changes to Section 2 you must click Update Section 3.
- Once you click Save and Submit your information is submitted and you cannot go back in and edit. Be sure your information is correct before hitting submit.
- You will receive an email confirmation after you submit



If you have questions after today please contact the
State Personnel Benefits Division

Email: BenefitingSchools@spd.in.gov

Toll free: (877) 248-0007

Local (Indianapolis): (317) 232-11 67