

Indiana School Corporation Health Insurance Compliance Report Step-By-Step Instructions

In accordance with IC 20-26-17, all Indiana school corporations are required to limit their school’s share of the cost of employees’ healthcare coverage so that it does not exceed the State’s cost by more than 12%. To report your schools health plan information to the State Personnel Department, please complete or have the appropriate person complete the online form by **December 31st**.

The below instructions are to be used to fulfill this reporting. The State of Indiana example can be found for your review once you have logged into the form. State Example, contains information about the State of Indiana Employee Health plans to be used as both an example and as the standard to compare school plans.

Definitions	
Plan	Sometimes referred to as an option. Each benefit offering with a unique deductible, co-pays or co-insurance or out of pocket maximum is considered a plan.
Informational Fee	The funding for a self-insured plan (similar to the premiums for a fully-insured plan).
Premium	The amount paid for health insurance coverage for a specific period of time.
Annual Employer Contribution	The amount the employer pays toward the total premium or informational fee.

HEA 1260 Compliance Timeline Example	
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	Schools files report of their costs
1/1/2023	(or end of school's current plan year) non-compliant school enrolls in the State plans
<p>If a school had a collective bargaining agreement in effect on 7/1/11 and its costs exceed the State's cost by more than 12%, then the school must become compliant when the collective bargaining agreement expires or when any provision of the agreement is reopened and changed.</p>	

1. Log onto your account using the User ID and Password provided in your initial email.
 Link - https://fs.gmis.in.gov/psc/guest/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_LANDINGPAGE.GBL
 If you experience login trouble please contact benefitingschools@spd.in.gov



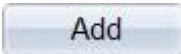

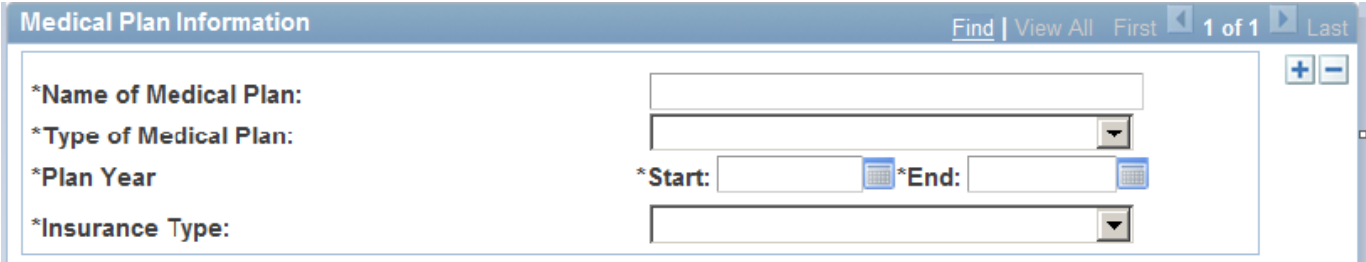
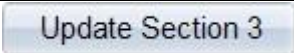
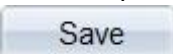
2. Click the  Sign in Icon on the top left-side of the home screen



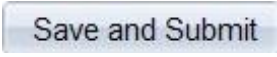
To view a sample report click *Instructions for Schools* and click *Sample* at the bottom of the page

4. Click on SOI School Corp Compliance Report Icon
5. Click on the magnifying glass to locate your School ID

6. Select your School Corporation

7.	Click the  button. Once clicked, you will then be directed to the form.
8.	<p><u>Section 1: Organizational Information</u></p> <p>Verify that your school corporation information is correct. If not, please provide the correct information to benefitingschools@spd.in.gov</p> <p>Please fill in your contact name, email address and phone number and click </p>
9.	<p><u>Section 2: Medical Plan Information</u></p> <p>Please complete for each medical or prescription drug plan offered in the current plan year (in effect on December 31, 2020). Additional rows can be added or removed by using the “+/-” buttons.</p> <p>If you have more than one medical plan you may click <u>View All</u> to see all of your medical plans listed together.</p>  <ul style="list-style-type: none"> • For each plan, identify the name and type of medical plan offered. • Insert the plan year. Identify the first day of the plan year on or after December 31, 2019 and the last day of that same plan year. • For the purposes of this section enrollee means employee or board member receiving benefits (do not include the number of dependents or retirees). • The annual employer contribution is the amount the employer has or will contribute if an employee remains in the plan for an entire plan year (12 month period). Use year-to-date data to project annualized costs. • Total annual cost is calculated by multiplying the number of enrollees by the annual employer contribution.
10.	<p>When all plans are entered click </p> <p>This will save the data entered in Section 2 and carry the information to Section 3.</p>
11.	<p><u>Section 3: Summary</u></p> <ul style="list-style-type: none"> • Please answer all questions. Lines 7, 8, 11, and 12 will calculate based on your data provided earlier. • You may  your work and revisit the form to edit at any time. While you are working on the form your status at the bottom of the page will show as Pending • If you revisit the form at a later time and make changes to Section 2 you must click <i>Update Section 3</i>

for the information to update.

- **NOTE:** Once you click  your information is submitted and you cannot go back in and edit. Please be sure your information is correct before hitting submit.
- Once you have submitted your School's information you will receive an email confirmation
- If you have submitted and later need to make a change please email benefitingschools@spd.in.gov

12. Complete! Thank you for your response!