

Tools for Life

September 2010

Fit for Life and Benefits have teamed up to provide health and benefits information monthly on a link from CouncilInfo. In this issue, you will find information on cholesterol education month, changes to plan elections due to a family status change, and flexible benefit plans.

September is National Cholesterol Education Month

September is National Cholesterol Education Month, a good time to get your blood cholesterol checked and take steps to lower it if it is high. National Cholesterol Education Month is also a good time to learn about lipid profiles and about food and lifestyle choices that help you reach personal cholesterol goals. **Watch for information coming soon through *The Wire* and your email box on how you can get your cholesterol checked at work.**

Your blood cholesterol level has a lot to do with your chances of getting heart disease. High blood cholesterol is one of the major risk factors for heart disease. A risk factor is a condition that increases your chance of getting a disease. In fact, the higher your blood cholesterol level, the greater your risk for developing heart disease or having a heart attack. Heart disease is the number one killer of women and men in the United States. Each year, more than a million Americans have heart attacks, and about a half million people die from heart disease.

How does cholesterol cause heart disease?

When there is too much cholesterol (a fat-like substance) in your blood, it builds up in the walls of your arteries. Over time, this buildup causes "hardening of the arteries" so that arteries become narrowed and blood flow to the heart is slowed down or blocked. The blood carries oxygen to the heart, and if enough blood and oxygen cannot reach your heart, you may suffer chest pain. If the blood supply to a portion of the heart is completely cut off by a blockage, the result is a heart attack.

High blood cholesterol itself does not cause symptoms, so many people are unaware that their cholesterol level is too high. It is important to find out what your cholesterol numbers are because lowering cholesterol levels that are too high

lessens the risk for developing heart disease and reduces the chance of a heart attack or dying of heart disease, even if you already have it. Cholesterol lowering is important for everyone—younger, middle age, and older adults; women and men; and people with or without heart disease.

What do your cholesterol numbers mean?

It is recommended that everyone age 20 and older should have their cholesterol measured at least once every 5 years. It is best to have a blood test called a "lipoprotein profile" to find out your cholesterol numbers. This blood test is done after a 9- to 12-hour fast and gives information about your:

- Total cholesterol
- Low-density lipoprotein or LDL (bad) cholesterol—the main source of cholesterol buildup and blockage in the arteries
- High-density lipoprotein or HDL (good) cholesterol—helps keep cholesterol from building up in the arteries
- Triglycerides—another form of fat in your blood

If it is not possible to get a lipoprotein profile done, knowing your total cholesterol and HDL cholesterol can give you a general idea about your cholesterol levels. If your total cholesterol is 200 mg/dL* or more or if your HDL is less than 40 mg/dL, you will need to have a lipoprotein profile done. See how your cholesterol numbers compare to the tables below.

Total Cholesterol Level	Category
Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline High
240 mg/dL and above	High

* Cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood.

LDL Cholesterol Level	LDL-Cholesterol Category
Less than 100 mg/dL	Optimal
100-129 mg/dL	Near optimal/above optimal
130-159 mg/dL	Borderline high
160-189 mg/dL	High
190 mg/dL and above	Very high

HDL (good) cholesterol protects against heart disease, so for HDL, higher numbers are better. A level less than 40 mg/dL is low and is considered a major risk factor because it increases your risk for developing heart disease. HDL levels of 60 mg/dL or more help to lower your risk for heart disease.

Triglycerides can also raise heart disease risk. Levels that are borderline high (150-199 mg/dL) or high (200 mg/dL or more) may need treatment in some people.

What affects cholesterol levels?

A variety of things can affect cholesterol levels. These are things you can do something about:

- **Diet.** Saturated fat and cholesterol in the food you eat make your blood cholesterol level go up. Saturated fat is the main culprit, but cholesterol in foods also matters. Reducing the amount of saturated fat and cholesterol in your diet helps lower your blood cholesterol level.
- **Weight.** Being overweight is a risk factor for heart disease. It also tends to increase your cholesterol. Losing weight can help lower your LDL and total cholesterol levels, as well as raise your HDL and lower your triglyceride levels.
- **Physical Activity.** Not being physically active is a risk factor for heart disease. Regular physical activity can help lower LDL (bad) cholesterol and raise HDL (good) cholesterol levels. It also helps you lose weight. You should try to be physically active for 30 minutes on most, if not all, days.

Things you cannot do anything about also can affect cholesterol levels. These include:

- **Age and Gender.** As women and men get older, their cholesterol levels rise. Before the age of menopause, women have lower total cholesterol levels than men of the same age. After the age of menopause, women's LDL levels tend to rise.
- **Heredity.** Your genes partly determine how much cholesterol your body makes. High blood cholesterol can run in families.

The National Heart, Lung, and Blood Institute offers helpful resources to use during National Cholesterol Education Month. Check out their website at:

<http://hp2010.nhlbihin.net/cholmonth/>

Family Status Changes

Once each year, Metropolitan Council offers Open Enrollment to every benefit eligible employee. This Open Enrollment period allows you to make desired changes to your health plans for the following year. For many, the Open Enrollment period is the only time you may make changes to your plan elections. However, a "change in family status" is the Internal Revenue Service rule that allows you to adjust your benefit selections when unforeseen circumstances occur between open enrollments. Only specific events qualify as a change in family status.

Qualifying events include:

- Marriage
- Divorce/legal separation/annulment
- Birth of a child/grandchild or adoption/placement of child for adoption
- Death of spouse/child
- Arrival of employee family in the United States

- Employee change from full time to part time or part time to full time (if it results in a change in health plan costs)
- Reduction or increase in spouse's hours of employment (causing change in benefits eligibility with respect to health coverage or medical flex changes)
- Beginning of spouse or dependent's employment/benefits
- Loss of spouse's employment/benefits
- Open enrollment at spouse's employment
- Dependent becomes ineligible under another plan
- Eligible/ineligible for Medicare
- Employee or dependent loses eligibility under Medicaid or State Children's Health Insurance Program (SCHIP/CHIP/CHIPRA)
- Employee or dependent gains eligibility under Medicaid
- Employee or dependent becomes eligible for premium assistance under Medicaid or State Children's health Insurance Program (SCHIP/CHIP/CHIPRA)
- Commencement of/return from unpaid FMLA leave of absence
- Judgment/decreed/order for coverage of children

If a qualifying event occurs, you must report it to the Metropolitan Council Benefits department within 31 days (60 days for eligibility changes under Medicaid or SCHIP/CHIP/CHIPRA). The family change must be consistent with the benefit change you are requesting, as determined by Metropolitan Council. As an example, adding dependents is common in the case of marriage. Different benefits have different rules as to when a change can be permitted, and Metropolitan Council must administer the plan consistent with these rules.

If you don't request a change in benefits within the 31-day period (60 days for eligibility changes under Medicaid or SCHIP) following your family change, you cannot make changes until the next open enrollment period.

Eligible changes will be effective on the first of the month following receipt of the required documents, with the exception of newborns and children who are newly adopted or placed for adoption, which are added as of their date of birth, adoption or placement for adoption.

Please call the Benefits-One Line at (651) 602-1601 if you have any questions.

Metropolitan Council Flexible Benefits Plans

The Metropolitan Council flexible spending account (FSA) allows an employee to set aside a portion of his or her earnings to pay for qualified health, dependent care and parking expenses. Money deducted from an employee's pay into an FSA is not subject to payroll taxes, resulting in payroll tax savings.

Health FSA

The Metropolitan Council health flexible spending account is used to pay for medical expenses not paid for by insurance, such as deductibles,

copayments, and coinsurance for the employee's health plan, also expenses not covered by the health plan, such as dental and vision expenses and over-the-counter drugs. A medical FSA cannot pay for health insurance premiums, cosmetic items, cosmetic surgery, or items that improve "general health". All items must be intended to treat or prevent a specific medical condition; this can be as significant as diabetes or pregnancy, or as trivial as skin cuts. Generally, allowable items are the same as those allowable for the medical tax deduction, as outlined in IRS publication 502.

Effective January 1, 2011, under new healthcare guidelines, Over-the-Counter (OTC) medicines or drugs will be ineligible for reimbursement under health FSA plans.

Effective January 1, 2013 the Patient Protection and Affordable Care Act amended Section 125 such that FSAs may not allow employees' to choose an annual election in excess of \$2,500.

Acclaim, our FSA administrator, offers enrollees a debit card to pay for their FSA-eligible expenses at the point of sale. Pharmacies and grocery stores who choose to accept the debit card as payment must disallow transactions at point of sale if the participant attempts to pay for items that are not eligible under an FSA. Per Federal regulations, Acclaim will still require enrollees to provide itemized receipts for all expenses charged to the debit card, except when an individual uses the debit card at pharmacy or grocery store that complies with the above procedure or when the amount charged to the debit card is a multiple of a co-pay of the employee's group health insurance plan.

Medical FSAs are "pre-funded", meaning employees can receive reimbursement for the full amount of the annual contribution on day one.

To participate in the health FSA, you will make an *annual*, irrevocable election during the open enrollment preceding the next plan year. This election authorizes us to deduct your election amount from your paycheck. The amount of your election cannot be changed unless you request it within 31 days of a qualified family status change, such as the birth of a baby, marriage, or spouse's loss of coverage through their employer. The election change must be consistent with the event (i.e. your election is *increased* due to spouse's loss of eligibility of coverage through their employer). Choose your health FSA election carefully, any money that is left unspent at the end of the coverage period is forfeited.

Claims may be reimbursed by submitting a completed Acclaim reimbursement claim form to Acclaim along with the original or photocopy of the qualified expense (i.e., cash register receipt or HealthPartners Explanation of Benefits). The receipt must have a full date on it (i.e. January 15, 2010).

Dependent Care FSA

Metropolitan Council has also established a dependent care FSA to pay for certain expenses to care for dependents that live with you while you are at

work. This generally includes child care for children under the age of 13. It cannot be used for summer camps (other than "day camps").

The dependent care FSA is federally capped at \$5,000 per year. While married spouses can each elect to have this amount deducted from their paycheck and applied to expenses, at tax time all withdrawals in excess of \$5,000 are taxed. Unmarried couples can each deduct and use \$5,000. However, these expenses are subject to the "qualifying child" rules, which usually mean unmarried couples cannot pay expenses for the same child. If married, BOTH spouses must earn income in order for the dependent care FSA to work. The only exception is if the non-earning spouse is disabled or a student. If one spouse earns less than \$5,000 then the benefit is limited to whatever that spouse earned.

Unlike medical FSAs, dependent care FSAs are not "pre-funded"; employees cannot receive reimbursement for the full amount of the annual contribution on day one. Employees can only be reimbursed up to the amount they have had deducted during that plan year.

To participate in the dependent care FSA, you will make an *annual*, irrevocable election during the open enrollment proceeding the next plan year. This election authorizes us to deduct your election amount from your paycheck. The amount of your election cannot be changed unless you request it within 31 days of a qualified family status change, such as the birth of a baby, marriage, or spouse's loss of coverage through their employer. The election change must be consistent with the event (i.e. your election is *increased* due to the birth of a baby). Choose your dependent care FSA election carefully, any money that is left unspent at the end of the coverage period is forfeited.

Claims may be reimbursed by submitting a completed Acclaim reimbursement claim form to Acclaim along with the original or photocopy of the daycare expense, or your daycare provider's signature on the Reimbursement Request Form along with the provider's Tax I.D. Number. The receipt or provider signed claim form must have a full date on it (i.e. January 15, 2010).

Parking FSA

The Metropolitan Council parking FSA plan allows you to pay for your eligible parking expenses on a pre-tax basis, thereby reducing your taxable income. Eligible expenses are parking expenses you incur while at work. Since the Robert Street employees are the only ones who incur unreimbursed parking expenses for work, they are the only employees offered the parking FSA plan.

This plan is regulated under Internal Revenue Code Section 132(f). The Code sets monthly maximums for reimbursement. Parking expenses cannot exceed \$230 each month.

To participate in the Plan, you will make an election that will *renew automatically each calendar year*. This election authorizes us to deduct your election amount from your paycheck. If you wish to change your election, you may only do so each

calendar quarter. If you no longer wish to participate in the plan, you may revoke your election effective the first day of the next calendar quarter after processing of the request. In order to be effective as of the first day of the next calendar quarter, you must submit your Change Form by the 15th day of the month preceding the effective date of the change. Unlike the health and dependent care FSA's, any money that is left unspent from the parking account at the end of the coverage period is carried over into the following year.

Claims may be reimbursed by submitting a completed Acclaim reimbursement claim form to Acclaim along with the original or photocopy of the qualified parking expense (i.e., parking invoice/receipt.). The receipt must have a full date on it (i.e. January 15, 2010).

FSA Questions and Forms

More information and forms can be found on CouncilInfo;
<http://councilinfo/HR/benefits/FlexAccts.asp>

You may also view your account information and balance and find forms on Acclaim's website at www.acclaimbenefits.com or call them at (800-333-3724).

For questions regarding enrolling in an FSA account, or changing your election after a qualified family status change, contact the Benefits-One Line at (651) 602-1601.