



EHA Bookkeeper Meetings

April 24 - 30, 2018



An Independent Licensee of the Blue Cross and Blue Shield Association

Introductions

Blue Cross and Blue Shield of Nebraska staff

- Kent Trelford-Thompson
- Cortney Ray
- Sue Warner
- Tara Stevenson
- Linda Farahani
- Scott Fowler

EHA wellness staff

- Linda Kenedy
- Tonya Vhylidal

PayFlex

- Laurie Wicklund

EHA field representative

- Greg Long



Agenda

- 2018-2019 Plan designs and rates
- Subgroup applications and web portal
- Renewal timeline
- Direct bill – Early retirees/Medicare Supplement
- Administrative updates
- Telehealth – Behavioral health services
- EHA wellness program
- PayFlex - COBRA administration
- EHA field representative
- Open discussion

2018-2019 Plan designs and rates

Changes to medical, prescription drug and dental



Medical plan

Current medical benefits:

Once again this year there will be **NO changes** to existing plan benefit provisions for members:

- Deductibles
- Coinsurance
- Out-of-pocket maximums
- Copays

Pharmacy preferred network reminder

- As of Sept. 1, 2017, CVS and Target pharmacies are **NO longer** preferred providers.
- Any prescriptions filled at CVS or Target pharmacies are processed with non-preferred benefits applied.
- It is the member's responsibility to complete and submit prescription claim forms if a non-preferred pharmacy is used.



Dental coverage

There will be **NO changes** to the dental plans, deductibles and coinsurance.



2018-2019 Premium rates

There will be no rate increase for all active employee and early retiree categories for medical and dental.



The 2018-19 plan year will mark the 16th consecutive year with a less than 10% rate increase.

**Educators Health Alliance
Renewal Rates for Health, Dental, and Dual Choice Options
Effective September 1, 2018
Standard Rates Only (Excluding Discounts or Surcharges)**

Health Coverage - Active Employees	Renewal Rates -- Standard			
	Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
<i>\$600 Deductible</i>	\$641.15	\$1,186.15	\$1,346.42	\$1,807.90
<i>\$750 Deductible</i>	\$623.84	\$1,154.12	\$1,310.07	\$1,759.09
<i>\$900 Deductible</i>	\$607.93	\$1,124.68	\$1,276.65	\$1,714.22
<i>\$1,000 Deductible</i>	\$597.60	\$1,105.56	\$1,254.95	\$1,685.08
<i>\$1,150 Deductible</i>	\$587.42	\$1,086.78	\$1,233.60	\$1,656.42
<i>\$1,500 Deductible</i>	\$562.74	\$1,041.09	\$1,181.76	\$1,586.81
<i>\$4,000 Deductible HSA-Eligible</i>	\$455.93	\$843.51	\$957.49	\$1,285.65
<i>\$2,000 Deductible (Dual Choice Only)</i>	\$512.92	\$948.93	\$1,077.15	\$1,446.33
<i>\$3,500 Deductible HSA-Eligible (Dual Choice Only)</i>	\$512.92	\$948.93	\$1,077.15	\$1,446.33

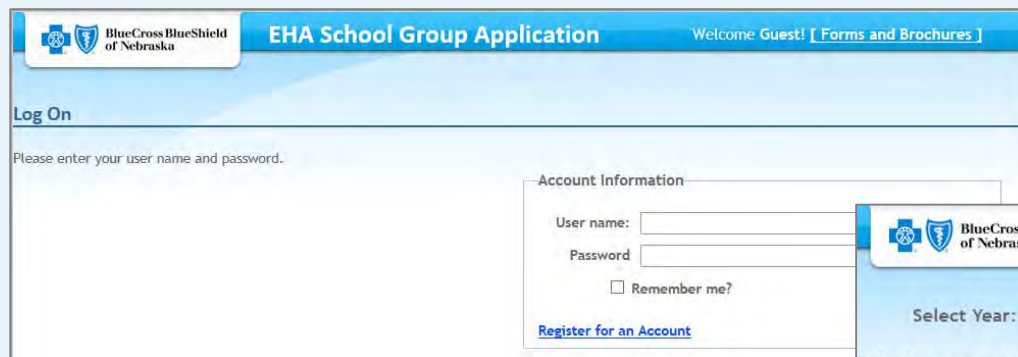
Health Coverage - Retirees	Renewal Rates			
	Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
<i>\$900 Deductible</i>	\$668.72	\$1,185.45	\$1,404.29	\$1,775.13
<i>\$4,000 Deductible HSA-Eligible</i>	\$501.54	\$889.09	\$1,053.23	\$1,331.34
<i>\$2,000 Deductible</i>	\$564.23	\$1,000.18	\$1,184.84	\$1,497.71
<i>\$3,500 Deductible HSA-Eligible</i>	\$564.23	\$1,000.18	\$1,184.84	\$1,497.71

Dental Coverage	Renewal Rates			
	Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
<i>100% A, 75% B Coverage - Option 1</i>	\$26.61	\$49.23	\$55.86	\$75.04
<i>100% A, 80% B, 70% C Coverage - Option 3</i>	\$56.51	\$104.58	\$118.68	\$159.38
<i>PPO - 100% A, 75% B, 50% C Coverage - Option 2</i>	\$28.67	\$53.01	\$60.18	\$80.85
<i>PPO - 100% A, 80% B, 80% C, 50% D Coverage - Option 4</i>	\$51.46	\$95.20	\$108.08	\$145.15
<i>PPO - 100% A, B, & C Coverage - Option 5</i>	\$56.31	\$104.19	\$118.28	\$158.84

EHA subgroup application and web portal

Use the EHA web portal to submit your subgroup application

<https://eha.nebraskablue.com/Account/LogOn?ReturnUrl=%2f#>



The screenshot shows the login page of the EHA School Group Application. The header includes the BlueCross BlueShield of Nebraska logo, the title "EHA School Group Application", and a welcome message "Welcome Guest! [Forms and Brochures]". Below the header, there is a "Log On" section with the instruction "Please enter your user name and password." and a form for "Account Information" containing fields for "User name:", "Password", and a "Remember me?" checkbox. A "Register for an Account" link is also present.



The screenshot shows the dashboard of the EHA School Group Application. The header includes the BlueCross BlueShield of Nebraska logo, the title "EHA School Group Application", and a welcome message "Welcome scott.fowler!". Below the header, there is a "Select Year:" dropdown menu set to "2017 - September". Below that, there is a "Select your group:" section with a list item "Upper Eastside West - 201987" and buttons for "View" and "Print Preview". At the bottom, there is an "Add New Group" button.

Group: Upper Eastside West

Applicant Information

Authorized Plan Contacts

Eligibility and Enrollment

Plans and Contribution

Supporting Documents

This School Group Application is hereby incorporated by this reference into the Master Group Application for the Educators Health Alliance (Parent Group), to whom the Master Group Contract is issued. The Master Group Application includes the Membership and Underwriting Guidelines Agreement.

EFFECTIVE DATE--This coverage shall be effective on September 1, 2017 provided this Application is received by BCBSNE by May 1, 2017, is accepted by us and payment of charges is made as stated herein. For Applications received after May 1, 2017, coverage shall be effective within 60 days of receipt by BCBSNE, provided the Application is accepted by us and payment of the charges is made as stated herein.

School Group: Upper Eastside West

Group No: 201987 Roll No: 01 Market Affiliation Code: 0203 Rate Pool Code:

Street Address (no PO Box): 1313 Mockingbird Ln City: Neverland State: NE Zip: 68112

Billing Address (if different)

Address: PO Box 585 City: Neverland State: NE Zip: 68112

Superintendent: Dr. Topanga Lawrence E-mail: tlawrence@UEWtrojans.edu

Primary Contact: Cory Matthews E-mail: cmatthews@UEWtrojans.edu Phone: (402)867-5309

(Person responsible for enrollment, billings, ect.)

Employer (Tax) ID Number (EIN): 13-478521

Group: Upper Eastside West

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The HIPAA Privacy Rules provide that the Group Health Plan is a separate legal entity from the Employer/Plan Sponsor. In compliance with the Rules, it is necessary to designate Authorized Plan Contacts for the Group Health Plan.

The Group Health Plan (GHP) Primary Contact is indicated above. The GHP Primary Contact serves as BCBSNE's primary contact for the GHP, and may also designate additional Authorized Plan Contacts for the GHP. The GHP Primary Contact shall notify BCBSNE of any additions or deletions to the following list, by noting changes/additions below.

Please identify the individuals (*including the Primary Contact*) to be given access to Group Health Plan Information received from BCBSNE in accordance with the requirements set forth within the HIPAA Privacy Rules. Please also identify all deletions to access from the prior year.

Authorized Plan Contacts:

Name: Email: ✘
Title:

Name: Email: ✘
Title:

Name: Email: ✘
Title:

[Add Additional Contact](#)

BCBSNE will not release protected health information (PHI) to fully insured groups, except as specifically agreed in writing by BCBSNE, the Plan and Plan Sponsor. When there is a written agreement, all disclosure of PHI from BCBSNE shall be made to the Plan, or an Authorized Plan Contact.

Food for thought

As we discuss the next tab of the subgroup application, you will be asked several questions on whether your group is considered a large or small group for medical loss ratio (MLR) purposes. Please answer these questions as they may pertain to your group. However, please keep in mind that EHA as a *whole* is considered to be one large employer group. So, any mandate set forth by the Affordable Care Act (ACA) will be implemented for all EHA subgroups.

Note: Requirements for the ACA may have changed or may change in the future. This presentation was created using current ACA regulations.

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A. **EMPLOYEE ELIGIBILITY:** To be eligible for coverage, an employee must work a minimum of FTE (Full Time Equivalency) for professional employees and hours per week for classifieds (must be at least .4 FTE for professional employees--teachers and administrators and 17.5 hours for classified employees) on a regular school year basis, as determined by the school group.

Eligibility Waiting Period: days (not to exceed 60 days). Please also complete applicable section below.

If a Waiting Period applies, employee's coverage is effective the first of the month following completion of the waiting period. If the waiting period ends on the first of a month, coverage will be effective (please check):

- that date (the 1st)
- the first of the month following the completion of the waiting period

If "0" Waiting Period days above, employee's coverage will be effective (please check):

- the first of the month following the 1st day of work.
- the first of the month following the 1st day of work, unless that day is the first of the month, then coverage is effective on the first of that month.
- the 1st day of work.

Dependents enrolling for coverage with the employee will be effective on the same date as the employee.

If an otherwise eligible employee is not actively at work on the effective date for other than personal health reasons, coverage for that employee will go into effect on the group's next due date following his/her return to active employment, subject to receipt of an enrollment form within 31 days of the return to work date, as described in the Underwriting Guidelines.

Other eligibility provisions:

B. EMPLOYEE DATA: The following is from and agrees with your current payroll and personnel records. Include all classified employees only if your school agrees to provide coverage. If coverage will not be provided, write "0".

- a. Professional employees working the minimum FTE established by your district:
- b. Classified employees working the minimum hours per week established by your district:
- c. Total professional or classified employees (line a plus b):

Breakdown of Employee Participation

- d. Eligible employees enrolled with BCBSNE:
- e. Eligible employees **not** enrolling due to other EHA coverage:
- f. Eligible employees **not** enrolling due to other group coverage, i.e., spouse, parents, Medicare, Medicaid, Tri-Care:
- g. Eligible employees who waive group coverage for other reasons:
- h. Total of lines d. through g. **Total must equal line c. above:**

Computation of Participation

- i. Eligible employees adjusted for spouse's EHA coverage (line c minus e):
- j. Eligible employees adjusted for spouse's EHA or other employer coverage (line c minus e minus f):
- k. Total number of eligible employees enrolled in BCBSNE (line d):
- l. Gross Percentage of participation - 50% (line k ÷ i):
- m. Net Percentage of participation - 75% (line k ÷ j):

Does the school district offer cash or other benefits in lieu of health insurance coverage? Yes No

C. Do you meet the definition of "Small Employer" as defined below? Yes No

For purposes of this definition, a Small Employer shall mean any school district that, on at least 50% of its working days during the preceding calendar quarter, employed at least 2 and no more than 50 eligible employees, the majority of whom were employed within Nebraska. Eligible employee for purposes of this definition shall mean an employee who works on a full time basis and has a normal work week of 30 or more hours.

D. Group Data for Calculation of Medical Loss Ratio (MLR) 50 or fewer 51 or more

As part of BCBSNE's compliance with the Patient Protection and Affordable Care Act, BCBSNE must collect information on group size in order to calculate and report medical loss ratios. On average, how many employees did you employ during the calendar year prior to the Effective Date written above? This total should include full-time, part-time and seasonal employees, but exclude independent contractors.

Group: Upper Eastside West

- Applicant Information
- Authorized Plan Contacts
- Eligibility and Enrollment
- Plans and Contribution**
- Supporting Documents

Plans

Health Plan Options

Single Plan Options: \$600 \$750 \$900 \$1,000 \$1,150 \$1,500 \$4,000 (HSA-HDHP)

Dual Plan Options: \$600/\$2,000 \$750/\$2,000 \$900/\$2,000 \$1,000/\$2,000 \$1,150/\$2,000 \$1,500/\$2,000
 \$600/\$3,500 (HSA-HDHP) \$750/\$3,500 (HSA-HDHP) \$900/\$3,500 (HSA-HDHP) \$1,000/\$3,500 (HSA-HDHP)
 \$1,150/\$3,500 (HSA-HDHP) \$1,500/\$3,500 (HSA-HDHP)

Dental Plan Options

Option 1 Option 2 Option 3 Option 4 Option 5

Monthly Rates and Contribution

Participation and Contribution requirements for EHA subgroups are set forth in the Master Group Application and the EHA Membership and Underwriting Guidelines.

The standard rates and the adjusted rates (based on rate reduction or surcharge determinations) for each health and dental option are as stated on the **Rate Sheets** attached to the Master Group Application.

Rate Determination Category (% of standard rate): 95% 100% 105% 110%

For Health Coverage Only: Please check this box if the employer contribution is different among employees within the same option. (For example, employer pays 85% of premium for employees earning less than \$35,000; the employer pays 80% for those making \$35,000 to 99,999; and the employer pays 75% for those earning more than \$100,000.) If you checked this box, please describe the different employer contribution scenarios:

TOTAL MONTHLY PREMIUM

<u>Heath - Single Option</u>		<u>Heath - Dual Option</u>	<u>Low Plan</u>	<u>High Plan</u>	<u>Dental</u>
Employee	558.05	Employee			Employee 28.67
Employee/Children	1032.44	Employee/Children			Employee/Children 53.01
Employee/Spouse	1171.92	Employee/Spouse			Employee/Spouse 60.18
Employee/Family	1573.60	Employee/Family			Employee/Family 80.85

DISTRICT CONTRIBUTION AMOUNT

<u>HEALTH - Single Option</u>	<u>Employee</u>	<u>EE/Children</u>	<u>EE/Spouse</u>	<u>Employee/Family</u>
District Pays - Professional	\$ 558.05	\$ 1032.44	\$ 1171.92	\$ 1573.60
District Pays - Classified	\$ 558.05	\$ 1032.44	\$ 1171.92	\$ 1573.60
HEALTH - Dual Option				
	<u>Employee</u>	<u>EE/Children</u>	<u>EE/Spouse</u>	<u>Employee/Family</u>
LOW PLAN				
District Pays - Professional	\$	\$	\$	\$
District Pays - Classified	\$	\$	\$	\$
HIGH PLAN				
District Pays - Professional	\$	\$	\$	\$
District Pays - Classified	\$	\$	\$	\$
DENTAL				
District Pays - Professional	\$ 28.67	\$ 28.67	\$ 28.67	\$ 28.67
District Pays - Classified	\$ 28.67	\$ 28.67	\$ 28.67	\$ 28.67

Additional Information:

Group: Upper Eastside West

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Dual Plan Options: \$600/\$2,000 \$750/\$2,000 \$900/\$2,000 \$1,000/\$2,000 \$1,150/\$2,000 \$1,500/\$2,000
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 \$1,150/\$3,500 (HSA-HDHP) \$1,500/\$3,500 (HSA-HDHP)

HSA Administrator:
(Name of Bank, Financial Institution, "Employee's Choice" or "To Be Determined")

For Dual Plan Options with HSA-HDHP plans, will the employer contribute 100% of premium savings to the Health Savings Accounts of employees enrolled in the HDHP plan? *(required to qualify for 5% discounted rates)* Yes No

Dental Plan Options

Option 1 Option 2 Option 3 Option 4 Option 5

Monthly Rates and Contribution

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Rate Determination Category (% of standard rate): 95% 100% 105% 110%

For Health Coverage Only: Please check this box if the employer contribution is different among employees within the same option. (For example, employer pays 85% of premium for employees earning less than \$35,000; the employer pays 80% for those making \$35,000 to 99,999; and the employer pays 75% for those earning more than \$100,000.) If you checked this box, please describe the different employer contribution scenarios:

TOTAL MONTHLY PREMIUM

<u>Heath - Single Option</u>		<u>Heath - Dual Option</u>	<u>Low Plan</u>	<u>High Plan</u>	<u>Dental</u>
Employee	<input type="text"/>	Employee	623.84	512.92	Employee 28.67
Employee/Children	<input type="text"/>	Employee/Children	1154.12	948.93	Employee/Children 53.01
Employee/Spouse	<input type="text"/>	Employee/Spouse	1310.07	1077.15	Employee/Spouse 60.18
Employee/Family	<input type="text"/>	Employee/Family	1759.09	1446.33	Employee/Family 80.85

DISTRICT CONTRIBUTION AMOUNT

<u>HEALTH - Single Option</u>	<u>Employee</u>	<u>EE/Children</u>	<u>EE/Spouse</u>	<u>Employee/Family</u>
District Pays - Professional	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
District Pays - Classified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<u>HEALTH - Dual Option</u>	<u>Employee</u>	<u>EE/Children</u>	<u>EE/Spouse</u>	<u>Employee/Family</u>
LOW PLAN				
District Pays - Professional	\$ 623.84	\$ 623.84	\$ 623.84	\$ 623.84
District Pays - Classified	\$ 575.00	\$ 575.00	\$ 575.00	\$ 575.00
HIGH PLAN				
District Pays - Professional	\$ 512.92	\$ 512.92	\$ 512.92	\$ 512.92
District Pays - Classified	\$ 475.00	\$ 475.00	\$ 475.00	\$ 475.00
DENTAL	<u>Employee</u>	<u>EE/Children</u>	<u>EE/Spouse</u>	<u>Employee/Family</u>
District Pays - Professional	\$ 28.67	\$ 28.67	\$ 28.67	\$ 28.67
District Pays - Classified	\$ 28.67	\$ 28.67	\$ 28.67	\$ 28.67

Additional Information:

Group: Upper Eastside West

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Supporting Documents

Supporting Documentation:

Include any supporting documentation that you would like to include with your application here (PDF Files only)

Documents:

Upload a file

Discount or surcharge

The following will apply to all EHA subgroups:

Net Enrollment Percentage Rule: Any EHA subgroup that has less than 75% enrollment (excluding those covered under a spouse's plan) shall be subject to a 5% premium rate surcharge.

Gross Enrollment Percentage Rule: Any EHA subgroup that has less than 50% enrollment (excluding only those covered by EHA under a spouse's plan) shall be subject to a 5% premium rate surcharge.

100% Contribution Rule: Any EHA subgroup where the employer contribution is made exclusively for health insurance premiums only, with no options, and such contribution is in the amount of 100% of the single and 100% of the family rates, shall be subject to a 5% premium rate reduction.

QHDHP Premium Savings Rule: Subgroups that elect to offer the \$3,500 deductible health savings account-eligible plan under the dual option arrangement and contribute 100% of the premium savings to the member's HSA, will qualify for the 5% premium rate reduction associated with the 100% contribution.

Some last reminders

- Do not make any changes to the group name on the subgroup application. This can cause multiple problems in group set-up and Blues*Enroll*.
- Do not merge current subgroups together.
- If you feel it is necessary to do either of the above, please reach out to a member of your EHA BCBSNE team first.
- If you need to terminate a subgroup, please contact a member of your EHA BCBSNE team.

Blues*Enroll* support

BCBSNE eEnroll support team

Available to assist in resetting your login credentials, navigating through the Blues*Enroll* system and answering questions you have concerning Blues*Enroll*. If you have questions about using Blues*Enroll* to enroll a member, please contact the Electronic Enrollment team at 800-843-2373 or eEnrollSupportTeam@nebraskablue.com.

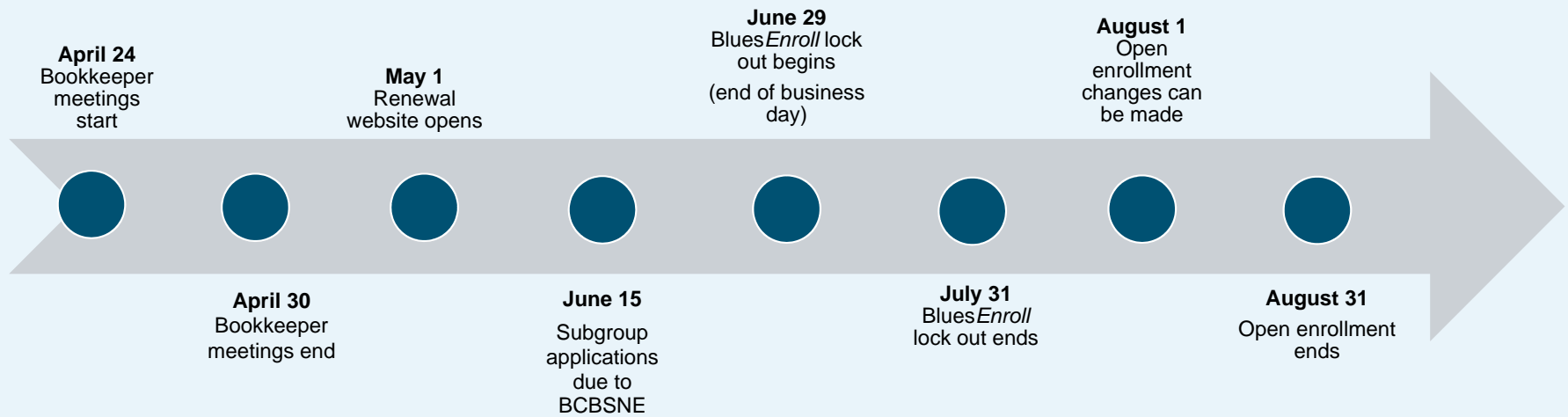
BENEFITFOCUS® Blues*Enroll* support line for system problems

If you experience Blues*Enroll* system problems, please call the BENEFITFOCUS number shown in the bottom right corner of each screen in Blues*Enroll*.

EHA BCBSNE team

All other concerns should be directed to a member of your EHA BCBSNE team.

Renewal timeline



Direct bill

Early retiree coverage

Medicare Supplement coverage

Direct bill/Early retiree coverage

- For members age 50 and older who are retiring or terminating on Aug. 31, as soon as your school has confirmed the member's retirement or termination, submit the "EHA Notice of Early Retirement/Termination Form for Members Age 50 and Older" to Linda Farahani via fax (402-477-2952) or email linda.farahani@nebraskablue.com.
- Be sure to include the retiree's BCBSNE member ID number (also referred to as "EHN ID number"). The ID number is shown on your monthly billing statement.
- Please also enter the member's termination in Blues *Enroll*.
- Notify PayFlex of the retirement or termination on or after August 1.
- Direct bill packets will be mailed to the member the second week of July.

Direct bill and Medicare Supplement coverage

- If the member is 65 years of age or older when he or she retires, we will send the member an NSEA-Retired BlueSenior Classic Medicare Supplement packet two months prior to the member turning age 65.
- If the member's dependent spouse is covered under a BCBSNE EHA medical plan, both the member and spouse will be sent a packet. If the spouse is under age 65, he or she can stay on the EHA direct bill plan until age 65.

Telehealth services provided through Amwell

Urgent care services

Behavioral health services

Telehealth urgent care services

- 24/7/365 services by American Well®, also known as Amwell
- Member access to U.S. board-certified, licensed and credentialed physicians for online health care encounters in the comfort of the member's home or workplace
- Computer, tablet or phone access for common conditions
- 99% of on-demand consults are via video conferencing (web or mobile application)
- About nine minutes average wait time to connect to a physician of choice
- E-prescriptions to the patient's preferred pharmacy (when appropriate)



Source: American Well data, 2015. American Well is an independent company that provides telehealth services for Blue Cross and Blue Shield of Nebraska.



Telehealth urgent care consult fee

PPO plans:

\$10 copay per consult

HSA-eligible QHDHP:

\$39 per consult, subject to deductible, coinsurance, and out-of-pocket maximum

Telehealth behavioral health services

- Remote behavioral health services delivered via a secure audio/video platform
- Typical services: assessment, therapy and/or diagnosis
- Therapy and psychiatry services available in all 50 states
- Services are available within one to 14 days of request
- Master's and doctoral level mental health clinicians
- 24-hour clinician on call
 - Strong commitment to quality
 - Monthly chart reviews
 - Weekly case review
 - Use of screening tools

Available services

- Therapists are available by appointment from 7 a.m. to 11 p.m. local time, seven days/week.
- Cost varies depending on the level of care.

Amwell's licensed therapists can provide treatment for:

- Anxiety
- Depression
- Attention deficit hyperactivity disorder (ADHD)
- Obsessive-compulsive disorder (OCD)
- Panic attacks
- Bereavement
- Trauma/post-traumatic stress disorder (PTSD)
- Stress
- And More

Accessing behavioral health

- Services can be accessed via computer, tablet or phone in the member's home or private environment.
- BCBSNE members use the same Amwell account for behavioral health that they use for urgent care. (If members do not have an Amwell account, they may register by visiting nebraskablue.com/telehealth, downloading the Amwell app or calling Amwell at 844-733-3627.)
- The first time members use telehealth for urgent care or behavioral health, when prompted, they should enter the service key **BCBSNE** to get the Blue Cross and Blue Shield of Nebraska member rate.



How does a behavioral health session work?

- 1 Patients can self-schedule appointments.
- 2 After scheduling an appointment, Amwell sends the member a confirmation email. When it's time for the appointment, the member clicks on the link and is connected to Amwell.
- 3 Where allowed, psychiatrists may e-prescribe medication for fulfillment at the member's local pharmacy.
- 4 Follow-up appointments may be scheduled with the same therapist to ensure continuity and the ability to repeat a positive experience.
- 5 A complete record of each encounter is maintained by Amwell and is accessible by the member. The member may download the record as a pdf and provide it to his or her primary care provider.
- 6 The member pays at the time of service with a credit, debit or HSA/FSA card.

What is the member's cost for behavioral health?

- Costs range from \$44 to \$200 depending on the service provided and the level of the provider, i.e. master's level vs doctoral level.
- Cost shares for the amounts above are the same as the current telehealth urgent care cost shares. For example, an EHA PPO plan has a \$10 telehealth urgent care copay, so behavioral health services will be subject to the same cost share. For deductible/coinsurance plans, members will pay the costs shown above until their deductible is met.
- When members view the list of available therapists, the list will say if a therapist is a psychologist or psychiatrist. When members click on the therapist's profile to see additional information, the profile shows the cost per visit.

Advantages of telehealth

Dependable: 24/7/365 access to urgent care services; 365 days per year access to therapists

Affordable: Offers a lower cost health care solution for common conditions

Expanded access: Provides an alternative to unnecessary, expensive emergency and urgent care facility services – and behavioral health services are available within one to 14 days of request

Satisfaction: Meets employee demands for convenience in receiving care, saving two to three hours on average away from work

Reduced medical costs: Average of \$214 savings per visit over the cost of physician office visits, urgent care and emergency room service


Available in all 50 states: Telehealth *and* behavioral health

Administrative updates

Renewal checklist

Helpful hints

2018 Renewal checklist and Helpful hints



2018-2019 EHA Renewal Checklist and Reminders

Have you completed the following if it applies to your 2018-2019 contract?


1. **SUBGROUP APPLICATION due June 15, 2018.**
NOTE: This form is found at <https://eha.nebraskablue.com>. Please carefully review all the fields to ensure all contact names, addresses, email addresses, etc. are spelled correctly and are up-to-date.
2. **AUG. 31, 2018 TERMINATING/RETIRING MEMBERS.**
Use BlueEnroll to term the members effective Aug. 31, 2018.
3. **NOTIFY PAYLEX OF AUG. 31, 2018 TERMINATING/RETIRING MEMBERS (after Aug. 1, 2018).**
4. **EHA NOTICE OF RETIRING/TERRMINATING MEMBERS AGE 60 AND OVER.**
Please send to Linda Farhani ASAP_Direct@NCEA.com with the eha.nebraskablue.com by 2018.
5. **WATCH FOR LOCKOUT PERIOD.**
Lockout period will begin at the end of business on June 29, 2018 and run through the end of business on July 31, 2018.
6. **ADD NEW HIRES/ENTER CHANGES - Aug. 1 - Aug. 31, 2018.**
7. **IF SPLITTING GROUP OR ADDING NEW GROUP,** transfer members into the new group number.

Questions about BlueEnroll electronic enrollment?
Email et@ehaenrollteam@nebraskablue.com or call 800-843-2373.

important Reminders

- Medical and dental open enrollment.
- August billing will be late to help ensure all changes have been made before we send the bill. Your patience is appreciated.
- Watch billings for all changes completed - do not let changes go past 60 days.

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EHA Bookkeeper Helpful Hints

Please use the following information to help complete your renewal paperwork, as well as answer questions you may have about plan information throughout the year.

BCBSNE monthly billings

- Blue Cross and Blue Shield of Nebraska (BCBSNE) generates billings on the third Monday of each month. So to help ensure your changes are included in that month's billing, please enter your membership changes in BlueEnroll by the second Monday of the month.
- Please check the billing each month to be sure your employees are set up correctly. BCBSNE will only return premiums back 60 days. Please do not write changes on the bill and send it in; instead, at et@ehaenrollteam@nebraskablue.com or at 800-843-2373.
- Reminder: The September billing will be delayed to make sure all renewals and changes have been completed prior to ordering the bills.

New employees

- Again this year, we will allow all groups to request "Date of Hire" for the month of August. If your group wants to request "Date of Hire" as the effective date for the 2018-2019 plan year, please indicate that on your school group application.
- For new employees who are transferring in from another EHA school district, please verify with school. If the employee does have coverage through the previous school, please confirm the employee's termination date with the previous school before determining the effective date with the employee. This allows a smooth transition of coverage between the two groups and ensures the employee will keep the same BCBSNE member ID number (also referred to as "EHA ID number"). Keeping the same EHA ID number helps accurately credit any cost share amounts the employee may have already made toward their deductible and out-of-pocket maximum.

Changes to subgroup information or set-up

- Do not make changes to the subgroup name. This can adversely affect your group set-up in BlueEnroll. If you feel a name change is necessary, please contact a member of your EHA BCBSNE team before making any changes.
- If at all possible, try not to merge existing subgroups. If you determine a merge is necessary, please contact a member of your EHA BCBSNE team before entering anything in the EHA web portal.
- If you need to terminate a subgroup, please contact a member of your EHA BCBSNE Team before terminating the group.

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Questions?