



EHA Bookkeeper Meetings

April 23 – 26, 2019



An Independent Licensee of the Blue Cross and Blue Shield Association

Introductions

Blue Cross and Blue Shield of Nebraska staff

- Cortney Ray
- Linda Farahani
- Scott Fowler
- Jon Tidwell
- Brett Young

EHA wellness staff

- Linda Kenedy
- Tonya Vyhlidal

PayFlex

- Laurie Wicklund

EHA field representative

- Greg Long



Let's Get Started

- 2019-2020 Plan designs and rates
- HealthRules
- Subgroup applications and web portal
- Renewal timeline
- Direct bill – Early retirees/Medicare Supplement
- Administrative updates
- New programs for 2019
- EHA wellness program
- PayFlex - COBRA administration
- EHA field representative
- Open discussion

2019-2020 Plan designs and rates

Changes to medical, prescription drug and dental



Medical Benefit Changes

The following **medical benefit changes** for the 2019-2020 contract year, effective September 1, 2019:

1. Deductibles:

- Option 1: \$650 in-network / \$1,300 out of network
- Option 2: \$850 in-network / \$1,700 out of network
- Option 3: \$1,050 in-network / \$2,100 out of network
- Option 4: \$1,200 in-network / \$2,400 out of network
- Option 5: \$1,450 in-network / \$2,900 out of network
- Option 6: \$1,900 in-network / \$3,800 out of network
- Option 7: \$2,500 in-network / \$5,000 out of network

2. Out-of-Pocket limits (including deductible, coinsurance, and copayments for medical and pharmacy services):

- a. \$2,500 plan out-of-pocket limit:
 - \$7,100 in-network / \$14,200 out of network
- b. \$3,500 plan: will add 10% coinsurance to in network services with a \$400 out-of-pocket limit

3. Office visit, Telehealth, urgent care and emergency room copays: NO CHANGES

4. Prescription drugs: NO CHANGES to prescription drug copays or coinsurance. Note: Insulin will be covered under the pharmacy benefit and subject to the pharmacy copays. It was previously covered under the medical benefit with 20% coinsurance.



Dental Benefit Changes

The EHA Board of Directors has announced there will be **NO DENTAL BENEFIT CHANGES** for the 2019-2020 contract year, effective September 1, 2019.





Premium Rate Changes

The EHA Board of Directors has announced the following **rate increases** for the 2019-2020 contract year, effective September 1, 2019:

MEDICAL RATES

- for all active employee plans will **increase by 5.2%**
- for early retiree plans will **increase by 5.2%**

DENTAL RATES

for all participants will **increase by 1%**

THE OVERALL INCREASE

for medical and dental coverage combined is **4.99%**

**Educators Health Alliance
Renewal Rates for Health, Dental, and Dual Choice Options
Effective September 1, 2019
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>\$650 Deductible</i>	\$674.49	\$1,247.83	\$1,416.43	\$1,901.91
<i>\$850 Deductible</i>	\$656.28	\$1,214.13	\$1,378.19	\$1,850.56
<i>\$1,050 Deductible</i>	\$639.54	\$1,183.16	\$1,343.04	\$1,803.36
<i>\$1,200 Deductible</i>	\$628.68	\$1,163.05	\$1,320.21	\$1,772.70
<i>\$1,450 Deductible</i>	\$617.97	\$1,143.29	\$1,297.75	\$1,742.55
<i>\$1,900 Deductible</i>	\$592.00	\$1,095.23	\$1,243.21	\$1,669.32
<i>\$4,000 Deductible HSA-Eligible</i>	\$479.64	\$887.37	\$1,007.28	\$1,352.50
<i>\$2,500 Deductible (Dual Choice Only)</i>	\$539.59	\$998.27	\$1,133.16	\$1,521.54
<i>\$3,500 Deductible HSA-Eligible (Dual Choice Only)</i>	\$539.59	\$998.27	\$1,133.16	\$1,521.54

Health Coverage - Retirees	Renewal Rates			
	Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
<i>\$1,050 Deductible</i>	\$703.49	\$1,247.09	\$1,477.31	\$1,867.44
<i>\$4,000 Deductible HSA-Eligible</i>	\$527.62	\$935.32	\$1,108.00	\$1,400.57
<i>\$2,500 Deductible</i>	\$593.57	\$1,052.19	\$1,246.45	\$1,575.59
<i>\$3,500 Deductible HSA-Eligible</i>	\$593.57	\$1,052.19	\$1,246.45	\$1,575.59

Dental Coverage	Renewal Rates			
	Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
<i>100% A, 75% B Coverage - Option 1</i>	\$26.88	\$49.72	\$56.42	\$75.79
<i>100% A, 80% B, 70% C Coverage - Option 3</i>	\$57.08	\$105.63	\$119.87	\$160.97
<i>PPO - 100% A, 75% B, 50% C Coverage - Option 2</i>	\$28.96	\$53.54	\$60.78	\$81.66
<i>PPO - 100% A, 80% B, 80% C, 50% D Coverage - Option 4</i>	\$51.97	\$96.15	\$109.16	\$146.60
<i>PPO - 100% A, B, & C Coverage - Option 5</i>	\$56.87	\$105.23	\$119.46	\$160.43

HealthRules

New ID Cards

New SOBs

New EOBs

Updated Communication

HealthRules Transition – Member Enhancements

Improved onboarding experience for new members and redesigned Explanation of Benefits for all members



New ID cards



Improved
Schedule
of Benefits




Improved
Explanation of
Benefits (EOB)



New Member
Get Started
Guide

New ID Cards



PO Box 3248 | Omaha, NE 68180-0001

Jane Doe
12345 Washington Street
Omaha, NE 68100

Welcome!

Dear <member name>,


Thank you for choosing us for your health (and dental) insurance plans. We are happy to have you as a member and want to help you get the best health care possible. With this letter you will find your new ID cards, Schedule of Benefits and Get Started member resource guide.

If you have questions or need more information about benefits, please call our Member Services Department toll-free, using the number on the back of your ID card. We are here to help – it's our goal to give you the best experience possible.


The enclosed Get Started guide includes:

- How to understand and use your plan
- How to register and use your online account at myNebraskablue.com
- Information about free value-added products and services

IMPORTANT: Your new ID cards are attached. Starting 4/1/2019, you must present your new ID card to your doctors, medical facilities and pharmacy in order for claims to be processed correctly.



Member Name JANE DOE	Network Name
ID XYZ123456789	
Medical and Rx Benefits RxBIN: 810005	Copays May Apply
RxPCN: RxNEB	
Plan Code: 263 763	




Member Name JANE DOE	Network Name
ID XYZ123456789	
Medical and Rx Benefits RxBIN: 810005	Copays May Apply
RxPCN: RxNEB	
Plan Code: 263 763	


By accepting this card and any benefits it entitles you to, you acknowledge that the contract is solely between you and Blue Cross and Blue Shield of Nebraska, and that Blue Cross and Blue Shield of Nebraska is an independent corporation operating under a license from the Blue Cross and Blue Shield Association that permits Blue Cross and Blue Shield of Nebraska to use the Blue Cross and/or Blue Shield names and service marks in Nebraska. This ID card is not verification of eligibility.


Members
MUST use their
new ID card
starting on the
effective date

Cards will have the same look but with updated data:



Member Name JANE DOE	Network Name
ID XXXXXXXXXXXX	
Medical and Rx Benefits RxBIN: XXXXXX	Copays May Apply
RxPCN: RxNEB	
Plan Code: XXX/XXX	





File all claims with local Blue Cross and/or Blue Shield Plan/Licensee in whose Service Area the member received services.

Admission Certification required prior to inpatient admission. Penalties may apply.

Blue Cross and Blue Shield of Nebraska provides administrative claims payment services only and does not assume any financial risk with respect to claims.

nebraskablue.com

Member Services: 800-XXX-XXXX

Admission Certification: **800-247-1103**

BlueCard Access: Provider **800-810-2583**

Outside NE: Pharmacy Helpline **800-676-2583**

Desk: **800-821-4795**

Telehealth Services: **855-818-3627**


nebraskablue.com/telehealth
Service Key: BCSBNE

Blue Cross and Blue Shield of Nebraska
PO Box 3248
Omaha, NE 68180-0001
An Independent Licensee of the
Blue Cross and Blue Shield Association.

New ID Cards

- New ID cards will be sent out to currently enrolled employees during the last half of August, in plenty of time to arrive before Sept. 1, 2019.
- If an employee's plan information has not been updated in BluesEnroll, the Schedule of Benefits issued with the ID card may reflect previous plan information. A new schedule of benefits will be sent after the information is updated. The ID card the employee receives will work even if the plan information changes.
- New employees with a July or August effective date will receive two ID cards with different ID numbers. One ID card will have an ID number to be used through Aug. 31, 2019. The second ID card will have the new ID number that goes into effect Sept. 1, 2019. Please make sure your new employees are aware of this to avoid confusion.
- Please stress to your employees the importance of registering for a myNebraskaBlue account. From this site, they can obtain their new ID number, email a copy of their ID card to someone, and order additional or replacement ID cards. They will also be able to see their previous ID number.
- If an employee comes to you with a question or issue about their ID card, please refer them to BCBSNE Member Services at 1-877-721-2583.

Redesigned Schedule of Benefits of Benefits



Test Test
123 Main Street
ANYTOWN, US 12345


ID NUMBER: A1C375759844
GROUP NUMBER: 305370-01
CURRENT HEALTH COVERAGE EFFECTIVE DATE: 01/01/2018
CURRENT DENTAL COVERAGE EFFECTIVE DATE: 12/01/2017
CLASS OF COVERAGE: SPD

Schedule of Benefits
COVERAGE DESCRIPTION: TSA-WEI BENEFIT TRUST \$1500 PPO NB
DENTAL COVERAGE DESCRIPTION: DENTAL OPTION 18 PREMIER PASSIVE 1/15

	IN-NETWORK		OUT-OF-NETWORK	
DEDUCTIBLE:	\$1500 INDIVIDUAL/\$3000 FAMILY	\$3000 INDIVIDUAL/\$6000 FAMILY		
COINSURANCE:	20%	40%		
OUT-OF-POCKET LIMIT:	\$4500 INDIVIDUAL/\$9000 FAMILY	\$9000 INDIVIDUAL/\$18000 FAMILY		


ENDORSED BY THE FOLLOWING:
RX COPAY: PREF GENERIC \$15; PREF BRANDS \$40; NON-PREF BRANDS \$60
SPECIALTY \$100

Refer to your Benefit Documents for additional information.
This Schedule of Benefits is incorporated as part of your Benefit Plan.



Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.

Before



We're here to help.
Member Services: 877-258-3888
Member ID: NEQ100003233
Medical Plan Effective Date: 06/01/2019
Dental Plan Effective Date: 06/01/2019

PREVIEW

This Schedule of Benefits outlines the costs associated with your health care plan. Your ID card and a guide to help you better understand your plan are enclosed. We're happy to have you as a member!


Blue Cross Blue Shield of Nebraska (BCBSNE) \$400 PPO PremierSelectBlue

Health

	In-Network		Out-of-Network	
	Individual	Family	Individual	Family
Deductible	\$400	\$800	\$1000	\$2000
Coinsurance	\$15	\$15	\$35	\$35
Out-of-Pocket Max	\$1400	\$2800	\$3600	\$7000

Prescription

	Copay	Copay Maximum \$/%	Copay Limit \$/%
	Pharm-Brand Name Drugs	\$25	25%
Non-Pharm Generic Drugs	\$25	5%	25%
Non-Pharm Brand Name Drugs	\$50	50%	75%
Specialty Drugs	\$25	50%	100%



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After

Dental

	In-Network		Out-of-Network	
	Individual	Family	Individual	Family
Deductible				
A and C services	\$50	\$100	\$100	\$200
Coinsurance				
A services	0%	20%	0%	20%
B services	20%	40%	20%	40%
C services	40%	50%	40%	50%
D services	50%	50%	50%	50%
E services	NA	NA	NA	NA
Maximum Benefits Paid by Plan:				
A, B and C services Combined per Person per Calendar Year	\$2,000	\$2,000	\$2,000	\$2,000
D services Per Eligible Person per Lifetime	\$1,800	\$1,800	\$1,800	\$1,800

Group Leader – Employee Communication Materials

Communication Toolkit:

- Employee email
- Flier
- Desk drop
- Postcard
- Intranet copy
- Poster
- Table tent

LIVE FEARLESS
BlueCross BlueShield Nebraska

Blue Cross and Blue Shield of Nebraska Benefit Information

Now that you have selected your benefits, here's what you can expect to receive from Blue Cross and Blue Shield of Nebraska:

- Your new ID cards** – It is very important that you start using your new ID card on April 1. You **MUST** present your new ID card to your doctor and pharmacy on your next visit on or after April 1, because your ID number has changed. This will avoid confusion, possible delay of claim or your claim could be denied if your provider does not have your new ID number when they submit the claim.
- Schedule of Benefits** – a newly designed summary of benefits that has been simplified to make it easier to read and understand the benefits you selected.

Here are some tips to help you get out of your health care:

- Find an in-network doctor and understand costs through your online account or at nebraskablue.com.
- Sign up for your online account at mynebraskablue.com where you can see claims status and history, review your plan details and understand what you will pay at the doctor's office and what you may owe later.
- Locate the Member Services number on the back of your ID card – use this number for any questions or concerns you may have about your health care benefits or questions or concerns you may have about your health care benefits.
- For all other questions, contact Human Resources.

An Equal Opportunity Employer. Blue Cross and Blue Shield of Nebraska. 04-2017-001-15-18

Blue Cross and Blue Shield of Nebraska Benefit Information

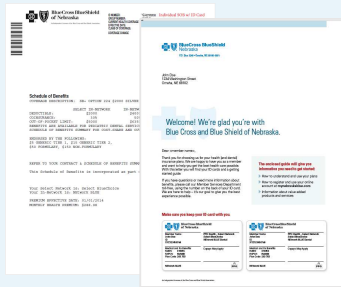
Now that you have selected your benefits, here's what you can expect to receive from Blue Cross and Blue Shield of Nebraska:

- Your new ID cards** – It is very important that you start using your new ID card on April 1. You **MUST** present your new ID card to your doctor and pharmacy on your next visit on or after April 1, because your ID number has changed. This will avoid confusion, possible delay of claim or your claim could be denied if your provider does not have your new ID number when they submit the claim.
- Schedule of Benefits** – a newly designed summary of benefits that has been simplified to make it easier to read and understand the benefits you selected.

Welcome Packet Enhancements

1st Mailing

Members currently receive two mailings



2nd Mailing

Sample kit medical and dental plan



Before

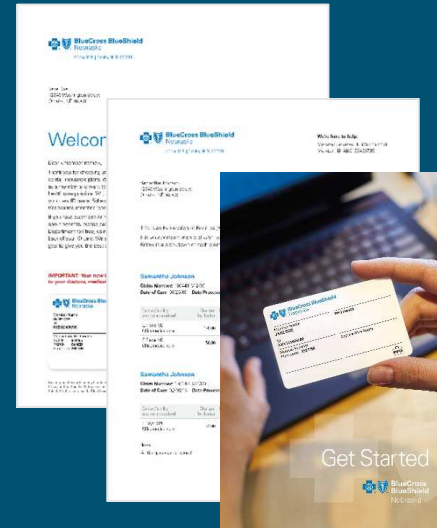
Improved Experience

One Mailing

New ID cards and welcome letter

New Schedule of Benefits

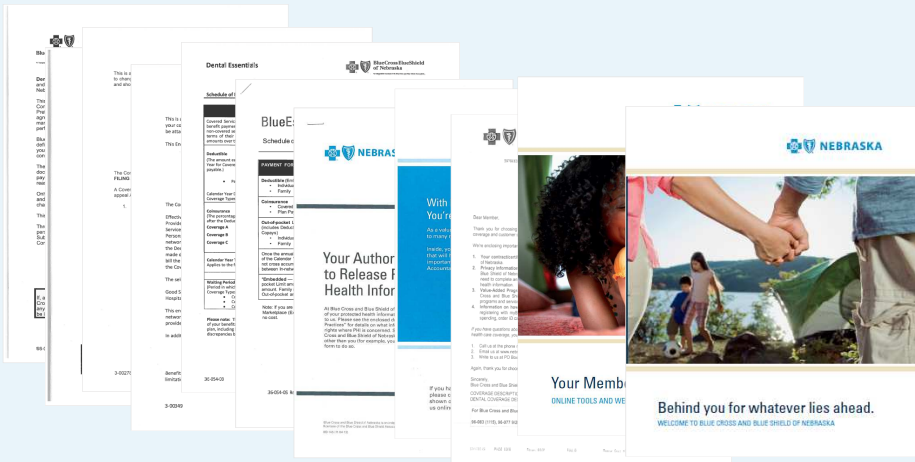
New member Get Started guide



After

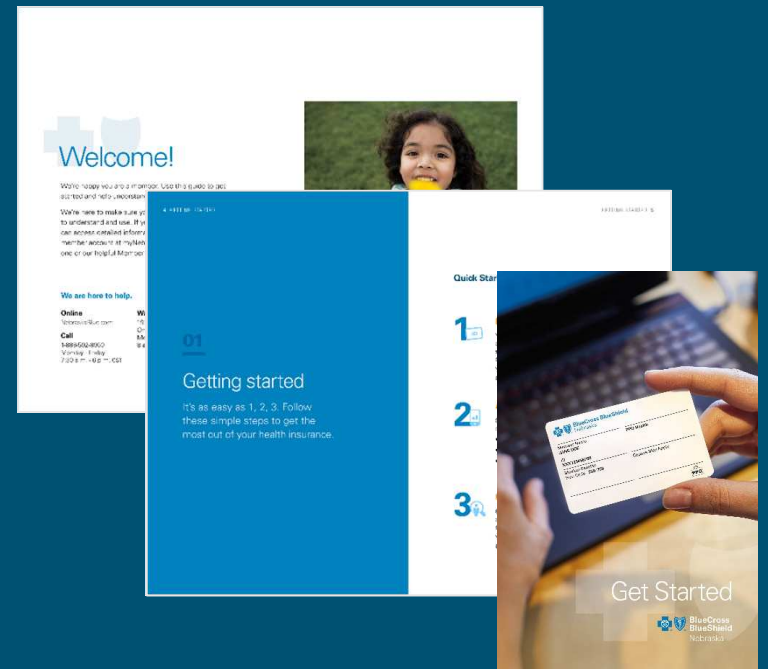
New Get Started Guide

New Get Started guide – will help members manage, understand and use their benefits



Before

New Simplified Booklet



After

EHA subgroup application and web portal

Use the EHA web portal to submit your subgroup application

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

BlueCross BlueShield of Nebraska

EHA School Group Application Welcome Guest! [Forms and Brochures]

Log On

Please enter your user name and password.

Account Information

User name:

Password

Remember me?

[Register for an Account](#) [Forgot Password](#)

EHA School Group Application

Select Year:

Select your group:

Upper Eastside West - 876543

EHA School Group Application

Welcome jscottfowler! [Forms and

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, 2019 provided this Application is received by BCBSNE by June 15, 2019, is accepted by us and payment of charges is made as stated herein. For Applications received after June 15, 2019, 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

Classification:

Account No/Group No: 876543

Sub Acct/Roll No:

Market Affiliation Code: 0203

Street Address (no PO Box): 1313 Mockingbird Ln

City: Gotham City

State: NE

Zip: 69999

Billing Address (if different)

Address: PO Box 585

City: Gotham City

State: NE

Zip: 69999

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

Applicant Information

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Supporting Documents

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 whether your group is considered a large or small group. Please answer this question as it pertains to your group as a whole, rather than just the one subgroup listed on the application. 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.

Group: Upper Eastside West

Applicant Information

Authorized Plan Contacts

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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 (i.e., spouse, parents):
- f. Eligible employees **not** enrolling due to other group coverage (i.e., spouse, parents) or 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 other EHA coverage (line c minus e):
- j. Eligible employees adjusted for other EHA or other group 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.

Question D from previous years has been deleted. (Group Data for Calculation of Medical Loss Ratio (MLR))

[View History](#) [Pend Application](#) [Unlock Application](#) [S](#)

Group: Upper Eastside West

Applicant Information

Authorized Plan Contacts

Eligibility and Enrollment

Plans and Contribution

Supporting Documents

Plans

Health Plan Options

- Single Plan Options: \$650 \$850 \$1,050 \$1,200 \$1,450 \$1,900 \$4,000 (HSA-HDHP)
- Dual Plan Options: \$650/\$2,500 \$850/\$2,500 \$1,050/\$2,500 \$1,200/\$2,500 \$1,450/\$2,500 \$1,900/\$2,500
 \$650/\$3,500 (HSA-HDHP) \$850/\$3,500 (HSA-HDHP) \$1,050/\$3,500 (HSA-HDHP) \$1,200/\$3,500 (HSA-HDHP)
 \$1,450/\$3,500 (HSA-HDHP) \$1,900/\$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	587.07	Employee			Employee 28.96
Employee/Children	1086.13	Employee/Children			Employee/Children 53.54
Employee/Spouse	1232.86	Employee/Spouse			Employee/Spouse 60.78
Employee/Family	1655.42	Employee/Family			Employee/Family 81.66

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	\$ 587.07	\$ 1086.13	\$ 1232.86	\$ 1655.42
District Pays - Classified	\$ 587.07	\$ 1086.13	\$ 1232.86	\$ 1655.42
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				
	<u>Employee</u>	<u>EE/Children</u>	<u>EE/Spouse</u>	<u>Employee/Family</u>
District Pays - Professional	\$ 28.96	\$ 28.96	\$ 28.96	\$ 28.96
District Pays - Classified	\$ 28.96	\$ 28.96	\$ 28.96	\$ 28.96

Additional Information:

Group: Upper Eastside West

Applicant Information

Authorized Plan Contacts

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Supporting Documents

Plans

Health Plan Options

- Single Plan Options: \$650 \$850 \$1,050 \$1,200 \$1,450 \$1,900 \$4,000 (HSA-HDHP)
- Dual Plan Options: \$650/\$2,500 \$850/\$2,500 \$1,050/\$2,500 \$1,200/\$2,500 \$1,450/\$2,500 \$1,900/\$2,500
 \$650/\$3,500 (HSA-HDHP) \$850/\$3,500 (HSA-HDHP) \$1,050/\$3,500 (HSA-HDHP) \$1,200/\$3,500 (HSA-HDHP)
 \$1,450/\$3,500 (HSA-HDHP) \$1,900/\$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? Yes No *(required to qualify for 5% discounted rates)*

Dental Plan Options

- Option 1 Option 2 Option 3 Option 4 Option 5

Monthly Rates and Contribution

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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	<input type="text"/>	Employee	617.97	539.59	Employee
Employee/Children	<input type="text"/>	Employee/Children	1143.29	998.27	Employee/Children
Employee/Spouse	<input type="text"/>	Employee/Spouse	1297.75	1133.16	Employee/Spouse
Employee/Family	<input type="text"/>	Employee/Family	1742.55	1521.54	Employee/Family
					28.96
					53.54
					60.78
					81.66

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	\$ 617.97	\$ 617.97	\$ 617.97	\$ 617.97
District Pays - Classified	\$ 575.00	\$ 575.00	\$ 575.00	\$ 575.00
HIGH PLAN				
District Pays - Professional	\$ 539.59	\$ 539.59	\$ 539.59	\$ 539.59
District Pays - Classified	\$ 475.00	\$ 475.00	\$ 475.00	\$ 475.00
<u>DENTAL</u>	<u>Employee</u>	<u>EE/Children</u>	<u>EE/Spouse</u>	<u>Employee/Family</u>
District Pays - Professional	\$ 28.96	\$ 28.96	\$ 28.96	\$ 28.96
District Pays - Classified	\$ 28.96	\$ 28.96	\$ 28.96	\$ 28.96

Additional Information:

Group: Upper Eastside West

Applicant Information

Authorized Plan Contacts

Eligibility and Enrollment

Plans and Contribution

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, parent's plan, Medicare, Medicaid or Tri-Care), 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 or parent'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.

Partial Self-Funding: The benefit plans available through the EHA program should not be offered as a way for EHA subgroups to partially self-fund the deductible, i.e., offering the employee a lower deductible and then having the employer self-insure up to the actual deductible. Those EHA subgroups that were partially self-funding the deductible prior to September 1, 2011 may continue to do so without penalty, but after that date, those subgroups that move to this type of arrangement will not be eligible for the 5% premium rate reduction.

REMINDERS:

- ✓ **DO NOT** make any changes to the School Group name or the Classification 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

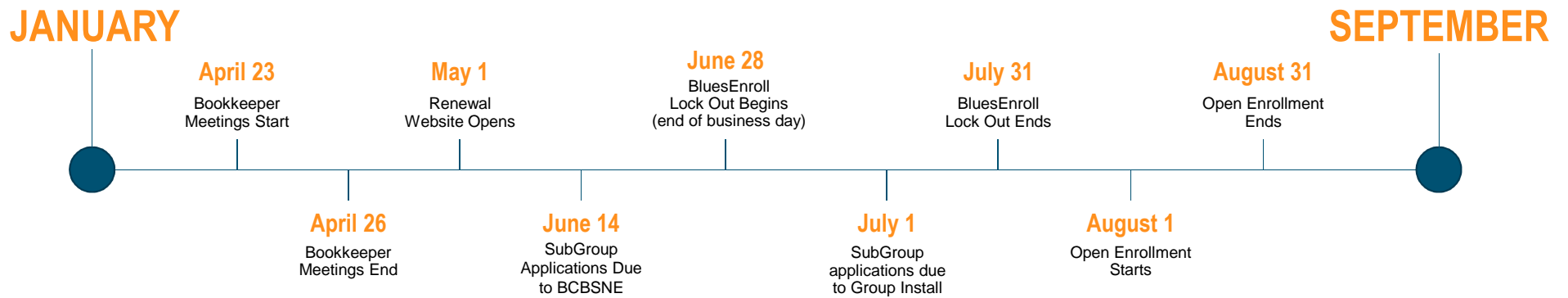
If you experience Blues*Enroll* system problems, please call the BENEFITFOCUS number shown in the bottom right corner of each screen in Blues*Enroll*.

EHA BCBSNE team

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

Renewal Timeline

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 Jon Tidwell via fax (402-477-2952) or email jon.tidwell@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.
- On or immediately after August 1, please enter the member's termination in BluesEnroll.
- 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 EHA Educators' 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.

Administrative updates


Renewal checklist

Helpful hints

BCBSNE contacts

Reminders

2019 renewal checklist and helpful hints



BlueCross BlueShield Nebraska

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2019-2020 EHA Renewal Checklist and Reminders

Have you completed the following if it applies to your 2019-2020 renewal?


1. **SUBGROUP APPLICATION** due **June 14, 2019**.
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. **EHA NOTICE OF RETIRING/TERMINATING MEMBERS AGE 50 AND OVER**.
Please send to Jon Tidwell ASAP_Direct@nebraskablue.com. Medicare Supplement packets will be mailed to members in July 2019.
3. **AUG. 31, 2019 TERMINATING/RETIRED MEMBERS**.
Use BluesEnroll to terminate members effective Aug. 31, 2019.
4. **NOTIFY PAYFLEX OF AUG. 31, 2019 TERMINATING/RETIRED MEMBERS (after Aug. 1, 2019)**.
5. **WATCH FOR BLUESENROLL LOCKOUT PERIOD**.
Lockout period will begin at the end of business on June 28, 2019 and run through the end of business on July 31, 2019.
6. **ADD NEW HIRES/ENTER CHANGES – Aug. 1 – Aug. 31, 2019**.
7. **IF SPLITTING GROUP OR ADDING NEW GROUP**, transfer members into the new group number.
8. **REMINDE EMPLOYEES TO BEGIN USING THEIR NEW BCBSNE ID CARDS STARTING Sept. 1, 2019**.

Questions about BluesEnroll electronic enrollment?
Email eEnrollSupportTeam@nebraskablue.com or call 800-843-2373.

Important Reminders

- August billing for September premium will be late to help ensure all changes have been made before we send the bills. Your patience is appreciated.
- Watch billings for all changes completed - do not let changes go past 60 days.

22-289 (03-08-19)



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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 or about the 20th of each month. So, to help ensure your changes are included in that month's billing, please enter your membership changes in BluesEnroll by the 15th of the month.
- Please check the billing each month to be sure your employees are set up correctly. BCBSNE will only refund premiums back 60 days. Please do not write changes on the bill and send it in, instead, make the changes in BluesEnroll. If you need assistance, contact the Electronic Enrollment Team at eEnrollSupportTeam@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 2019-2020 plan year, please indicate that on your school group application.

Employees with an effective date in August will receive two ID cards with different ID numbers. One ID card will be for their effective date through Aug. 31, 2019. The second ID card will be effective Sept. 1, 2019.

- For new employees who are transferring in from another EHA school district, please verify with the previous school whether the employee currently has EHA coverage through the previous 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 your school. This allows a smooth transition of coverage between the two groups and ensures accurate credit of any cost share amounts the employee may have already made toward their deductible and out-of-pocket maximum.

Schools with multiple subgroups

If your school has two or more subgroups, please submit all the subgroup applications at the same time via the web portal.

Administrative reminders

- For employees who are terminating Aug. 31, 2019, please delay entering the terminations in Blues*Enroll* until after the lock-out period.
- If you want BCBSNE to present to your staff this summer, please contact us at your earliest convenience. There is limited availability for us to conduct these meetings, and some may need to be done via webinar.
- If your school district plans to move from single option to dual option effective Jan. 1, 2020, please indicate this in the “Additional Information” field of your renewal application for Sept. 1, 2019. We will follow up with you in September for next steps.
- If you currently offer or will be offering a Qualified High Deductible Health Plan (QHDHP), please remind employees that they normally cannot have a Health Savings Account (HSA) and a medical Flexible Spending Account (FSA) at the same time. This is an IRS rule. For questions, please contact your HSA or FSA Administrators, or tax advisors.

Administrative Reminders

- *“I have an employee who...”* Whenever you email us with a question about an employee’s situation, enrollment, or benefits, please include the employee’s name and BCBSNE ID number. We need this information to make sure we give you an accurate answer.
- When employees come to you with questions about benefits, ID card issues, etc., you may want to consider referring them to Member Services. The phone number is on the back of their ID cards. You normally should not be their first point of contact.
- Please be sure to keep us up to date on any changes to the authorized contacts for your group. We have several areas that we need to update for these changes. This can be as simple as an email address change or as major as a change in staff.
- As the primary contact for your group(s), you will receive email communications from BCBSNE. We ask that as the primary contact, you distribute the information to the appropriate people on your staff as you see fit.

Administrative Reminders

- If you are submitting one check to pay for multiple subgroups, it is imperative that you include a detailed breakdown of the amount to be applied to each subgroup.
- Please remember that BCBSNE will not accept any personal checks as payment toward group premiums. If you have a member that is paying any part of the premium by means other than payroll deduction, they must pay the school district or group. We will only accept business checks drawn on the school district or group's account. If it is absolutely necessary that the member pay BCBSNE, then they will need to provide the school district/group with a money order or cashier's check made payable to BCBSNE. This can then be submitted by the school district with their payment, being sure to document the group number on the money order or check. If BCBSNE receives a personal check, it will be refused and returned to the sender. Please note that any payment which may need to be refunded, will only be refunded to the school district/group. BCBSNE will not refund any amount to an individual member, regardless of how that payment was received.

New Programs for 2019

Centers of Excellence

Diabetes Health Coaching

Nebraska Centers of Excellence



Beginning September 1, 2019, for total knee or hip replacement surgeries performed at one of the Nebraska Centers of Excellence below, BCBSNE will waive deductible and coinsurance amounts* for the surgical facility charges for applicable plans.

Kearney Regional Medical Center

Lincoln Surgical Hospital

OrthoNebraska Hospital

Midwest Surgical Hospital

Requirements

- Nebraska Center of Excellence must be in network; this benefit is available for the NEtwork Blue and Premier Select BlueChoice networks
- Only inpatient total knee or hip replacement surgeries qualify for this benefit
- Surgery must be performed at one of our Nebraska Centers of Excellence

*Qualified high-deductible health plans will have the coinsurance waived only. To find out more about the Nebraska Centers of Excellence program, visit nebraskablue.com/COE.

Diabetes Management and Support Program

ACCORDING TO THE AMERICAN DIABETES ASSOCIATION:

- Annual medical expenditures for people with diagnosed diabetes average \$16,750, of which an estimated \$9,600 is due to diabetes
- Those with diabetes have 2.3x higher than expected health care costs
- The indirect costs of diabetes to businesses: \$37.5 billion in loss of work as a result of a diabetes related disability



FREE glucose meter

As part of your health plan, employees have access to a free glucose meter. Contour Next One is provided by Ascensia and can be obtained at the local pharmacy or ordered online.

WHAT WE'RE DOING ABOUT IT:

Blue Cross and Blue Shield of Nebraska has developed an innovative diabetes education program, utilizing a mobile app supported by our nurse diabetes educators. The program is designed to help your employees:

- Become educated on diet and exercise
- Follow their physician's prescribed diabetes regimen
- Take medication as prescribed
- Navigate health care benefits and coverage

Employees will have access to:

- Customized notifications for medications, appointments & other daily tasks
- In-app chat with their nurse diabetes educator to ask questions – and get encouragement and support
- Library of diabetes-related articles, videos and other resources

Questions?



Thank you!



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