EHA Bookkeeper Meetings

April 24 - 30, 2018
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

<table>
<thead>
<tr>
<th>Health Coverage</th>
<th>Employee</th>
<th>Ee &amp; Child(ren)</th>
<th>Ee &amp; Spouse</th>
<th>Ee, Spouse &amp; Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$600 Deductible</td>
<td>$641.15</td>
<td>$1,186.15</td>
<td>$1,346.42</td>
<td>$1,807.90</td>
</tr>
<tr>
<td>$750 Deductible</td>
<td>$623.84</td>
<td>$1,154.12</td>
<td>$1,310.07</td>
<td>$1,759.09</td>
</tr>
<tr>
<td>$900 Deductible</td>
<td>$607.93</td>
<td>$1,124.68</td>
<td>$1,278.65</td>
<td>$1,714.22</td>
</tr>
<tr>
<td>$1,000 Deductible</td>
<td>$597.60</td>
<td>$1,105.56</td>
<td>$1,254.95</td>
<td>$1,685.08</td>
</tr>
<tr>
<td>$1,150 Deductible</td>
<td>$587.42</td>
<td>$1,086.78</td>
<td>$1,233.60</td>
<td>$1,656.42</td>
</tr>
<tr>
<td>$1,500 Deductible</td>
<td>$562.74</td>
<td>$1,041.09</td>
<td>$1,181.76</td>
<td>$1,588.81</td>
</tr>
<tr>
<td>$4,000 Deductible HSA-Eligible</td>
<td>$455.93</td>
<td>$843.51</td>
<td>$957.49</td>
<td>$1,285.65</td>
</tr>
<tr>
<td>$2,000 Deductible (Dual Choice Only)</td>
<td>$512.92</td>
<td>$948.93</td>
<td>$1,077.15</td>
<td>$1,446.33</td>
</tr>
<tr>
<td>$3,500 Deductible HSA-Eligible (Dual Choice Only)</td>
<td>$512.92</td>
<td>$948.93</td>
<td>$1,077.15</td>
<td>$1,446.33</td>
</tr>
</tbody>
</table>

### Health Coverage - Retirees

<table>
<thead>
<tr>
<th>Health Coverage</th>
<th>Employee</th>
<th>Ee &amp; Child(ren)</th>
<th>Ee &amp; Spouse</th>
<th>Ee, Spouse &amp; Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$900 Deductible</td>
<td>$688.72</td>
<td>$1,185.45</td>
<td>$1,404.29</td>
<td>$1,775.13</td>
</tr>
<tr>
<td>$4,000 Deductible HSA-Eligible</td>
<td>$501.54</td>
<td>$889.09</td>
<td>$1,053.23</td>
<td>$1,331.34</td>
</tr>
<tr>
<td>$2,000 Deductible</td>
<td>$564.23</td>
<td>$1,000.18</td>
<td>$1,184.84</td>
<td>$1,497.71</td>
</tr>
<tr>
<td>$3,500 Deductible HSA-Eligible</td>
<td>$564.23</td>
<td>$1,000.18</td>
<td>$1,184.84</td>
<td>$1,497.71</td>
</tr>
</tbody>
</table>

### Dental Coverage

<table>
<thead>
<tr>
<th>Dental Coverage</th>
<th>Employee</th>
<th>Ee &amp; Child(ren)</th>
<th>Ee &amp; Spouse</th>
<th>Ee, Spouse &amp; Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% A, 75% B Coverage - Option 1</td>
<td>$28.61</td>
<td>$49.23</td>
<td>$55.86</td>
<td>$75.04</td>
</tr>
<tr>
<td>100% A, 80% B, 70% C Coverage - Option 3</td>
<td>$56.51</td>
<td>$104.58</td>
<td>$118.68</td>
<td>$159.38</td>
</tr>
<tr>
<td>PPO - 100% A, 75% B, 50% C Coverage - Option 2</td>
<td>$28.67</td>
<td>$53.01</td>
<td>$60.18</td>
<td>$80.85</td>
</tr>
<tr>
<td>PPO - 100% A, 80% B, 80% C, 50% D Coverage - Option 4</td>
<td>$51.46</td>
<td>$95.20</td>
<td>$108.08</td>
<td>$145.15</td>
</tr>
<tr>
<td>PPO - 100% A, B, &amp; C Coverage - Option 5</td>
<td>$56.31</td>
<td>$104.19</td>
<td>$118.28</td>
<td>$158.84</td>
</tr>
</tbody>
</table>
EHA subgroup application and web portal
Use the EHA web portal to submit your subgroup application

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

<table>
<thead>
<tr>
<th>School Group:</th>
<th>Upper Eastside West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group No:</td>
<td>201587</td>
</tr>
<tr>
<td>Roll No:</td>
<td>01</td>
</tr>
<tr>
<td>Market Affiliation Code:</td>
<td>0203</td>
</tr>
<tr>
<td>Rate Pool Code:</td>
<td></td>
</tr>
<tr>
<td>Street Address (no PO Box):</td>
<td>1313 Mockingbird Ln</td>
</tr>
<tr>
<td>City:</td>
<td>Neverland</td>
</tr>
<tr>
<td>State:</td>
<td>NE</td>
</tr>
<tr>
<td>Zip:</td>
<td>68112</td>
</tr>
</tbody>
</table>

Billing Address (if different)

| Address:        | PO Box 586          |
| City:           | Neverland           |
| State:          | NE                  |
| Zip:            | 68112               |

Superintendent: Dr. Topanga Lawrence

Primary Contact: Cory Matthews

Employer (Tax) ID Number (EIN): 13-470521

E-mail: cmatthews@UEVtrojans.edu

Phone: (402)667-6309
Group: Upper Eastside West

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Topanga Lawrence</td>
<td><a href="mailto:dlawrence@UEWtrojans.edu">dlawrence@UEWtrojans.edu</a></td>
<td>Superintendent</td>
</tr>
<tr>
<td>Cory Matthews</td>
<td><a href="mailto:cmatthews@UEWtrojans.edu">cmatthews@UEWtrojans.edu</a></td>
<td>Bookkeeper</td>
</tr>
<tr>
<td>George Feeny</td>
<td><a href="mailto:gfeeny@UEWtrojans.edu">gfeeny@UEWtrojans.edu</a></td>
<td>Business Manager</td>
</tr>
</tbody>
</table>

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.
A. **EMPLOYEE ELIGIBILITY**: To be eligible for coverage, an employee must work a minimum of 0.400 FTE (Full Time Equivalency) for professional employees and 17.500 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 1\textsuperscript{st})
- [ ] 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 1\textsuperscript{st} day of work.
- [x] the first of the month following the 1\textsuperscript{st} day of work, unless that day is the first of the month, then coverage is effective on the first of that month.
- [ ] the 1\textsuperscript{st} 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”.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Professional employees working the minimum FTE established by your district:</td>
<td>126</td>
<td></td>
</tr>
<tr>
<td>b. Classified employees working the minimum hours per week established by your district:</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>c. Total professional or classified employees (line a plus b):</td>
<td>160</td>
<td></td>
</tr>
</tbody>
</table>

**Breakdown of Employee Participation**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>d. Eligible employees enrolled with BCBSNE:</td>
<td>126</td>
<td></td>
</tr>
<tr>
<td>e. Eligible employees not enrolling due to other EHA coverage:</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>f. Eligible employees not enrolling due to other group coverage, i.e., spouse, parents, Medicare, Medicaid, TriCare:</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>g. Eligible employees who waive group coverage for other reasons:</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>h. Total of lines d. through g. Total must equal line c. above:</td>
<td></td>
<td>160</td>
</tr>
</tbody>
</table>

**Computation of Participation**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Eligible employees adjusted for spouse’s EHA coverage (line c minus e):</td>
<td>154</td>
<td></td>
</tr>
<tr>
<td>j. Eligible employees adjusted for spouse’s EHA or other employer coverage (line c minus e minus f):</td>
<td>143</td>
<td></td>
</tr>
<tr>
<td>k. Total number of eligible employees enrolled in BCBSNE (line d):</td>
<td>126</td>
<td></td>
</tr>
<tr>
<td>l. Gross Percentage of participation - 50% (line k + f):</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>m. Net Percentage of participation - 75% (line k + j):</td>
<td>88</td>
<td></td>
</tr>
</tbody>
</table>

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?

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)**

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.

- 50 or fewer ☑ 51 or more
Group: Upper Eastside West

Health Plan Options

<table>
<thead>
<tr>
<th>Single Plan Options:</th>
<th>$600</th>
<th>$750</th>
<th>$900</th>
<th>$1,000</th>
<th>$1,150</th>
<th>$1,500</th>
<th>$4,000 (HSA-HDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dual Plan Options:</td>
<td>$600/$2,000</td>
<td>$750/$2,000</td>
<td>$900/$2,000</td>
<td>$1,000/$2,000</td>
<td>$1,150/$2,000</td>
<td>$1,500/$2,000</td>
<td>$4,000/$2,000 (HSA-HDHP)</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Health - Single Option</th>
<th>Health - Dual Option</th>
<th>Low Plan</th>
<th>High Plan</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$558.05</td>
<td></td>
<td></td>
<td>Employee</td>
</tr>
<tr>
<td>Employee/Children</td>
<td>$1032.44</td>
<td></td>
<td></td>
<td>Employee/Children</td>
</tr>
<tr>
<td>Employee/Spouse</td>
<td>$1171.92</td>
<td></td>
<td></td>
<td>Employee/Spouse</td>
</tr>
<tr>
<td>Employee/Family</td>
<td>$1573.60</td>
<td></td>
<td></td>
<td>Employee/Family</td>
</tr>
</tbody>
</table>

**DISTRICT CONTRIBUTION AMOUNT**

**HEALTH - Single Option**

- **Employee**
  - District Pays - Professional: $558.05
  - District Pays - Classified: $558.05

- **EE/Children**
  - District Pays - Professional: $1032.44
  - District Pays - Classified: $1032.44

- **EE/Spouse**
  - District Pays - Professional: $1171.92
  - District Pays - Classified: $1171.92

- **Employee/Family**
  - District Pays - Professional: $1573.60
  - District Pays - Classified: $1573.60

**HEALTH - Dual Option**

<table>
<thead>
<tr>
<th>Low Plan</th>
<th>High Plan</th>
<th>Employee/Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Pays - Professional</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>District Pays - Classified</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**DENTAL**

- **Employee**
  - District Pays - Professional: $28.67
  - District Pays - Classified: $28.67

- **EE/Children**
  - District Pays - Professional: $28.67
  - District Pays - Classified: $28.67

- **EE/Spouse**
  - District Pays - Professional: $28.67
  - District Pays - Classified: $28.67

- **Employee/Family**
  - District Pays - Professional: $28.67
  - District Pays - Classified: $28.67

**Additional Information:**

[Blank space for additional information]
**Group:** Upper Eastside West

### Plans

<table>
<thead>
<tr>
<th>Health Plan Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Plan Options:</td>
</tr>
<tr>
<td>$600</td>
</tr>
<tr>
<td>Dual Plan Options:</td>
</tr>
<tr>
<td>$600/$2,000</td>
</tr>
<tr>
<td>$600/$3,500 (HSA-HDHP)</td>
</tr>
<tr>
<td>HSA Administrator:</td>
</tr>
<tr>
<td>(Name of Bank, Financial Institution, &quot;Employee’s Choice&quot; or &quot;To Be Determined&quot;)</td>
</tr>
</tbody>
</table>

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 8% discounted rates)  
- Yes  
- No

### Dental Plan Options

- Option 1
- Option 2
- Option 3
- Option 4
- Option 5

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- 100%
- 105%
- 110%

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<th></th>
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<th>Health - Dual Option</th>
<th>Low Plan</th>
<th>High Plan</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td></td>
<td></td>
<td>623.84</td>
<td>512.92</td>
<td>Employee</td>
</tr>
<tr>
<td>Employee/Children</td>
<td></td>
<td></td>
<td>1154.12</td>
<td>948.93</td>
<td>Employee/Children</td>
</tr>
<tr>
<td>Employee/Spouse</td>
<td></td>
<td></td>
<td>1310.07</td>
<td>1077.15</td>
<td>Employee/Spouse</td>
</tr>
<tr>
<td>Employee/Family</td>
<td></td>
<td></td>
<td>1759.09</td>
<td>1446.33</td>
<td>Employee/Family</td>
</tr>
</tbody>
</table>

### DISTRICT CONTRIBUTION AMOUNT

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>EE/Children</th>
<th>EE/Spouse</th>
<th>Employee/Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH - Single Option</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Pays - Professional</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>District Pays - Classified</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>HEALTH - Dual Option</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOW PLAN</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>District Pays - Professional</td>
<td>$623.84</td>
<td>$623.84</td>
<td>$623.84</td>
<td>$623.84</td>
</tr>
<tr>
<td>District Pays - Classified</td>
<td>$575.00</td>
<td>$575.00</td>
<td>$575.00</td>
<td>$575.00</td>
</tr>
<tr>
<td>HIGH PLAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Pays - Professional</td>
<td>$512.92</td>
<td>$512.92</td>
<td>$512.92</td>
<td>$512.92</td>
</tr>
<tr>
<td>District Pays - Classified</td>
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<td>$475.00</td>
<td>$475.00</td>
</tr>
<tr>
<td>DENTAL</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Pays - Professional</td>
<td>$28.67</td>
<td>$28.67</td>
<td>$28.67</td>
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<td>District Pays - Classified</td>
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Additional Information:
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 BluesEnroll.

- 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.
BluesEnroll support

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

BENEFITFOCUS® BluesEnroll support line for system problems
If you experience BluesEnroll system problems, please call the BENEFITFOCUS number shown in the bottom right corner of each screen in BluesEnroll.

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

- **April 24**: Bookkeeper meetings start
- **April 29**: BluesEnroll lockout begins (end of business day)
- **April 30**: Bookkeeper meetings end
- **May 1**: Renewal website opens
- **June 15**: Subgroup applications due to BCBSNE
- **June 29**: BluesEnroll lockout begins (end of business day)
- **July 31**: BluesEnroll lockout ends
- **August 1**: Open enrollment changes can be made
- **August 31**: Open enrollment ends
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 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 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
Questions?