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)**

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## Dental Coverage

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<td>PPO - 100% A, 80% B, 80% C, 50% D Coverage - Option 4</td>
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<td>PPO - 100% A, B, &amp; C Coverage - Option 5</td>
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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

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.

IMPORTANT: Your new ID cards are attached. Starting 6/1/2019, you must present your new ID card to your doctors, medical facilities and pharmacy in order for claims to be processed correctly.

The enclosed Get Started guide includes:
1. How to understand and use your ID card
2. How to register and use your online account at mynebraskablue.com
3. Information about value-added products and services

So long as this card remains with you, you should keep all the contacts listed when you call Blue Cross and Blue Shield of Nebraska, and that Blue Cross and Blue Shield of Nebraska is paying for your health care services. This information may also be used by Blue Cross and Blue Shield of Nebraska to verify your eligibility to receive benefits. If you change your name, you must notify Blue Cross and Blue Shield of Nebraska in writing.

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
RxPCN XXXXXXX
Plan Code XXXXXX

Copays May Apply

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: 800-300-0000
Admission Certification: 800-247-1103
BlueCard Access: Provider 800-910-2585
Outside NE: Pharmacy Help Desk: 800-676-2583
Telehealth Services: 855-818-3627

nebraskablue.com/telehealth
Service Key: BCSBNNE

Blue Cross and Blue Shield of Nebraska
PO Box 3248
Omaha, NE 68103-0001
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

Before

Schedule of Benefits

Coverage Description: EEA-109 BENEFITS
100% for 1/10
In-Network: $1500 INDIVIDUAL/$3000 FAMILY
Out-of-Network: 20% $4050 INDIVIDUAL/$6000 FAMILY
Out-of-Pocket Limit: $4000 INDIVIDUAL/$6000 FAMILY

Refer to your benefit documents for additional information.

This Schedule of Benefits is incorporated as part of your Benefit Plan.

After
Redesigned Explanation of Benefits

Before

After
Group Leader – Employee Communication Materials

Communication Toolkit:

- Employee email
- Flier
- Desk drop
- Postcard
- Intranet copy
- Poster
- Table tent
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
EHA subgroup application and web portal
Use the EHA web portal to submit your subgroup application

https://eha.nebraskabluue.com/Account/LogOn?ReturnUrl=%2f#
## EHA School Group Application

**Group:** Upper Eastside West

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.

<table>
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<tr>
<th>School Group</th>
<th>Classification</th>
<th>Market Affiliation Code</th>
<th>City</th>
<th>State</th>
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<td>Gotham City</td>
<td>NE</td>
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<table>
<thead>
<tr>
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<th>Sub Acct/Roll No.</th>
<th>Street Address (no PO Box)</th>
<th>Billing Address (if different)</th>
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</thead>
<tbody>
<tr>
<td>876543</td>
<td></td>
<td>1313 Mockingbird Ln</td>
<td>PO Box 585</td>
</tr>
</tbody>
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**Superintendent:** Dr. Topanga Lawrence  
**Primary Contact:** Cory Matthews  
**Employer (Tax) ID Number (EIN):** 13-478521  
**E-mail:** tlawrence@UEWtrojans.edu  
**E-mail:** cmatthews@UEWtrojans.edu  
**Phone:** (402) 867-5309
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:

Name: Dr. Topanga Lawrence  Email: tlawrence@UEWtrojans.edu
Title: Superintendent

Name: Cory Matthews  Email: cmatthews@UEWtrojans.edu
Title: Bookkeeper

Name: George Feeny  Email: gfeeny@UEWtrojans.edu
Title: Business Manager

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.
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 classified (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: 0 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.
- [x] 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: 125
- b. Classified employees working the minimum hours per week established by your district: 35
- c. Total professional or classified employees (line a plus b): 160

Breakdown of Employee Participation

- d. Eligible employees enrolled with BCBSNE: 126
- e. Eligible employees not enrolling due to other EHA coverage (i.e., spouse, parents): 6
- f. Eligible employees not enrolling due to other group coverage (i.e., spouse, parents) or Medicare, Medicaid, Tri-Care: 11
- g. Eligible employees who waive group coverage for other reasons: 17
- h. Total of lines d. through g. Total must equal line c. above: 160

Computation of Participation

- i. Eligible employees adjusted for other EHA coverage (line c minus e): 154
- j. Eligible employees adjusted for other EHA or other group coverage (line c minus e minus f): 143
- k. Total number of eligible employees enrolled in BCBSNE (line d): 126
- l. Gross Percentage of participation - 50% (line k ÷ i): 82
- m. Net Percentage of participation - 75% (line k ÷ j): 88

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.

Question D from previous years has been deleted. (Group Data for Calculation of Medical Loss Ratio (MLR))
## 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)
- $1,450/$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:
<table>
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<tr>
<th></th>
<th>Heath - Single Option</th>
<th>Heath - Dual Option</th>
<th>Low Plan</th>
<th>High Plan</th>
<th>Dental</th>
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Additional Information:
### Health Plan Options

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<td>$1,450/$3,500 (HSA-HDHP)</td>
<td>$1,900/$3,500 (HSA-HDHP)</td>
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**HSA Administrator:** Dyesdale Bank

*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**

### 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

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<th>Dental</th>
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### DISTRICT CONTRIBUTION AMOUNT

#### HEALTH - Single Option

- **District Pays - Professional**
  - Employee: $617.97
  - EE/Children: $617.97
  - EE/Spouse: $617.97
  - Employee/Family: $617.97

- **District Pays - Classified**
  - Employee: $575.00
  - EE/Children: $575.00
  - EE/Spouse: $575.00
  - Employee/Family: $575.00

#### HEALTH - Dual Option

**LOW PLAN**

- **District Pays - Professional**
  - Employee: $617.97
  - EE/Children: $617.97
  - EE/Spouse: $617.97
  - Employee/Family: $617.97

- **District Pays - Classified**
  - Employee: $575.00
  - EE/Children: $575.00
  - EE/Spouse: $575.00
  - Employee/Family: $575.00

**HIGH PLAN**

- **District Pays - Professional**
  - Employee: $539.59
  - EE/Children: $539.59
  - EE/Spouse: $539.59
  - Employee/Family: $539.59

- **District Pays - Classified**
  - Employee: $475.00
  - EE/Children: $475.00
  - EE/Spouse: $475.00
  - Employee/Family: $475.00

#### DENTAL

- **District Pays - Professional**
  - Employee: $28.96
  - EE/Children: $28.96
  - EE/Spouse: $28.96
  - Employee/Family: $28.96

- **District Pays - Classified**
  - Employee: $28.96
  - EE/Children: $28.96
  - EE/Spouse: $28.96
  - Employee/Family: $28.96

### Additional Information:

[Blank space for additional notes or 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, 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 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
Renewal timeline

JANUARY
- April 23: Bookkeeper Meetings Start
- April 26: Bookkeeper Meetings End
- May 1: Renewal Website Opens
- June 28: BluesEnroll Lock Out Begins (end of business day)
- June 14: SubGroup Applications Due to BCBSNE
- July 1: SubGroup applications due to Group Install
- July 31: BluesEnroll Lock Out Ends
- August 1: Open Enrollment Starts

SEPTEMBER
- 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 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

FHA Renewal Checklist and Reminders

- Complete renewal application by June 14, 2019.
- Ensure all necessary information is accurate.
- Submit renewals early to avoid delays.

E.H.A. 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) processes billings on or about the 20th of each month. To help ensure your changes are included in that month's billing, order online or call your enrollment team.
- Please check the billing each month to be sure your employees are getting correct benefit statements. If you have any questions, contact the enrollment team.

New Employees

- Add new employees as of August 1, 2019. Include all employees who started work after August 1, 2019.
- Ensure all new employees are enrolled.

Schools with Multiple Subgroups

If your school has multiple subgroups, please submit all the subgroup applications at the same time via the online portal.
Administrative reminders

• For employees who are terminating Aug. 31, 2019, please delay entering the terminations in BluesEnroll 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

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

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.
Thank you!