



EHA Bookkeeper Meeting

April 25 –May 3, 2017

An Independent Licensee of the Blue Cross and Blue Shield Association.

Introductions

Blue Cross and Blue Shield of Nebraska Staff

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

EHA Wellness Staff

- Linda Kenedy
- Tonya Vhylidal

PayFlex

- Mike Owens

EHA Field Representative

- Greg Long



Agenda

- 2017/18 Plan Designs & Rates
- Subgroup Applications & Web Portal
- Electronic Enrollment & Blues*Enroll*
- Renewal Timeline
- Direct Bill – Early Retiree / Medicare Supplement
- Administrative Updates
- Telehealth – Behavioral Health Services
- EHA Wellness Program
- PayFlex - COBRA Administration
- EHA Field Representative
- Open Discussion

Medical Plan Changes

Current Medical Benefits:

There will be no changes to existing plan benefit provisions for members:

- ❖ Deductibles
- ❖ Coinsurance
- ❖ Copays

There will be two new PPO Plan Options offered:

	\$750 Deductible		\$1,000 Deductible	
	Preferred	Non-Preferred	Preferred	Non-Preferred
Deductible	\$750/\$1,500	\$1,500/\$3,000	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance	20%	40%	20%	40%
Out-of-Pocket	\$4,500/\$9,000	\$9,000/\$18,000	\$4,750/\$9,500	\$9,500/\$19,000

One-Time Special “Buy Up” Option

The EHA has announced a one-time special “buy up” option for the 2017/18 school year allowing a lowering of the plan deductible. This provides an exception to the current restriction on lowering deductibles. The purpose of offering the new \$750 PPO and \$1,000 PPO was to allow local schools and their employees more options to lower their rate increase by choosing to move up the deductible amount.

Recently, the EHA Executive Committee has approved this option, which applies to all groups regardless of the current plan deductible option and allows for the lowering of the deductible by one level for the 2017/18 year. After 2017/18 the plan will reinstate the restriction on lowering deductibles in order to avoid any adverse selection.

Pharmacy Preferred Network Change

As of September 1, 2017, CVS and Target pharmacies will no longer be Preferred providers.

Any prescriptions filled at CVS or Target pharmacies after September 1, 2017, will be processed with Non-Preferred benefits applied.

It will be the member's responsibility to complete and submit prescription claim forms if a Non-Preferred pharmacy is utilized.

Dental Coverage Definitions

- Coverage A Preventive and Diagnostic
- Coverage B Maintenance, Simple Restorative, Oral Surgery, Periodontics, Endodontics
- Coverage C Complex Restorative Dentistry
- Coverage D Orthodontic Dentistry

Dental Plan Changes

The current dental plans will be changed to the following summary benefit description:

Dental Plan Option # 1

	Current 2016 / 2017		New 2017 / 2018	
	Preferred	Non-Preferred	Preferred	Non-Preferred
Deductible	n/a	n/a	B Services	B Services
Individual	\$0	\$0	\$25	\$25
Family	\$0	\$0	\$50	\$50
Coinsurance				
❖ Coverage A	20%	20%	0%	0%
❖ Coverage B	20%	20%	25%	25%

Dental Plan Option # 2 (Standard Plan)

	Current 2016 / 2017		New 2017 / 2018	
	Preferred	Non-Preferred	Preferred	Non-Preferred
Deductible	C Services	C Services	B, C Services	B, C Services
Individual	n/a	n/a	\$25	\$50
Family	\$25	\$50	\$50	\$100
Coinsurance				
❖ Coverage A	20%	30%	0%	50%
❖ Coverage B	20%	30%	25%	50%
❖ Coverage C	50%	50%	50%	50%

Dental Plan Option # 3

	Current 2016 / 2017		New 2017 / 2018	
	Preferred	Non-Preferred	Preferred	Non-Preferred
Deductible	n/a	n/a	B, C Services	B, C Services
Individual	\$0	\$0	\$25	\$25
Family	\$0	\$0	\$50	\$50
Coinsurance				
❖ Coverage A	20%	20%	0%	0%
❖ Coverage B	20%	20%	20%	20%
❖ Coverage C	20%	20%	30%	30%

Dental Plan Option # 4

	Current 2016 / 2017		New 2017 / 2018	
	Preferred	Non-Preferred	Preferred	Non-Preferred
Deductible	n/a	D Services	B, C Services	B, C Services
Individual	\$0	n/a	\$25	\$50
Family	\$0	\$25	\$50	\$100
Coinsurance				
❖ Coverage A	20%	30%	0%	30%
❖ Coverage B	20%	30%	20%	40%
❖ Coverage C	20%	30%	20%	40%
❖ Coverage D	50%	50%	50%	50%
Coverage D Lifetime Max	\$2,000 per covered family member		\$2,000 per covered family member	

Dental Plan Option # 5

	Current 2016 / 2017		New 2017 / 2018	
	Preferred	Non-Preferred	Preferred	Non-Preferred
Deductible	n/a	n/a	B, C Services	B, C Services
Individual	\$0	\$0	\$25	\$50
Family	\$0	\$0	\$50	\$100
Coinsurance				
❖ Coverage A	0%	20%	0%	20%
❖ Coverage B	0%	20%	0%	20%
❖ Coverage C	0%	20%	0%	20%

2017/18 Premium Rates

- The medical rates for all Active Employee and Early Retiree categories will increase by 7.99%.
- The dental rates for all Active Employee and Early Retiree categories will increase by 7.99%.
- The 2017/18 plan year will mark the 15th consecutive rate increase of less than 10%.

Educators Health Alliance
Renewal Rates for Health, Dental, and Dual Choice Options
Effective September 1, 2017
Standard Rates Only (Excluding Discounts or Surcharges)

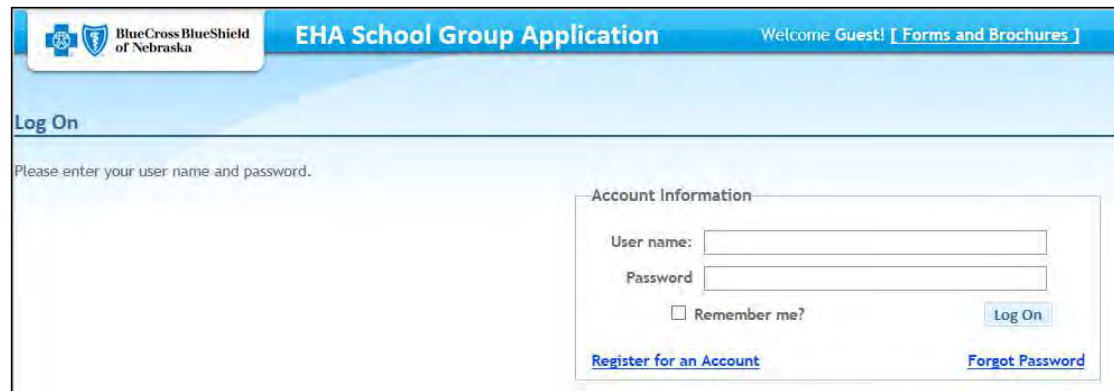
Health Coverage - Active Employees	Renewal Rates -- Standard			
	Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
\$600 Deductible	\$641.15	\$1,186.15	\$1,346.42	\$1,807.90
\$750 Deductible (New)	\$623.84	\$1,154.12	\$1,310.07	\$1,759.09
\$900 Deductible	\$607.93	\$1,124.68	\$1,276.65	\$1,714.22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

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

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

To submit your Subgroup Application, access the EHA Web Portal here:

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



This screenshot shows the login interface of the EHA School Group Application portal. The header includes the BlueCross BlueShield of Nebraska logo, the title "EHA School Group Application", and a "Welcome Guest! [Forms and Brochures]" link. The main section is titled "Log On" and contains the instruction "Please enter your user name and password." To the right, there is an "Account Information" box with input fields for "User name:" and "Password:", a "Remember me?" checkbox, and a "Log On" button. Below the input fields are two links: "Register for an Account" and "Forgot Password".



This screenshot shows the main dashboard of the EHA School Group Application portal after a user has logged in. The header is identical to the previous screenshot, but the welcome message now says "Welcome scott.fowler!". The main content area features a "Select Year:" dropdown menu currently set to "2017 - September". Below this is a "Select your group:" section with a list item "Upper Eastside West - 201987". To the right of this list item are two buttons: "View" and "Print Preview". At the bottom right of the dashboard is a button labeled "Add New Group".

UEW School Group Application

Group: Upper Eastside West

Applicant Information

Authorized Plan Contacts

Eligibility and Enrollment

Plans and Contribution

Supporting Documents

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

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

School Group: Upper Eastside West

Group No: 201987

Roll No: 01

Market Affiliation Code: 0203

Rate Pool Code:

Street Address (no PO Box):

1313 Mockingbird Ln

City: Neverland

State: NE

Zip: 68112

Billing Address (if different)

Address: PO Box 585

City: Neverland

State: NE

Zip: 68112

Superintendent: Dr. Topanga Lawrence

E-mail: tlawrence@UEWtrojans.edu

Primary Contact: Cory Matthews

E-mail: cmatthews@UEWtrojans.edu

Phone: (402)867-5309

(Person responsible for enrollment, billings, ect.)

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

Group: Upper Eastside West

Applicant Information

Authorized Plan Contacts

Eligibility and Enrollment

Plans and Contribution

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:	<input type="text" value="Dr. Topanga Lawrence"/>	Email:	<input type="text" value="tlawrence@UEWtrojans.edu"/>	✗
Title:	<input type="text" value="Superintendent"/>			
Name:	<input type="text" value="Cory Matthews"/>	Email:	<input type="text" value="cmatthews@UEWtrojans.edu"/>	✗
Title:	<input type="text" value="Bookkeeper"/>			
Name:	<input type="text" value="George Feeny"/>	Email:	<input type="text" value="gfeeny@UEWtrojans.edu"/>	✗
Title:	<input type="text" value="Business Manager"/>			

[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

Please keep in mind 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 sub groups.

*Note requirements for the ACA may have changed or may change in the future and this presentation was created using current ACA regulations.

Group: Upper Eastside West

Applicant Information

Authorized Plan Contacts

Eligibility and Enrollment

Plans and Contribution

Supporting Documents

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

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

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

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

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

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

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

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

Other eligibility provisions:

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

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

Breakdown of Employee Participation

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

Computation of Participation

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

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

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

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

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

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

EHA School Group Application

Welcome School Owner - EHA Form 100

Group: Upper Eastside West

Applicant Information

Authorized Plan Contacts

Eligibility and Enrollment

Plans and Contribution

Supporting Documents

Plans

New Plans

Health Plan Options

- Single Plan Options:** ☐ \$600 ☒ \$750 ☐ \$900 ☒ \$1,000 ☒ \$1,150 ☐ \$1,500 ☐ \$4,000 (HSA-HDHP)
- Dual Plan Options:** ☐ \$600/\$2,000 ☐ \$750/\$2,000 ☐ \$900/\$2,000 ☐ \$1,000/\$2,000 ☐ \$1,150/\$2,000 ☐ \$1,500/\$2,000
- ☐ \$600/\$3,500 (HSA-HDHP) ☐ \$750/\$3,500 (HSA-HDHP) ☐ \$900/\$3,500 (HSA-HDHP) ☐ \$1,000/\$3,500 (HSA-HDHP)
- ☐ \$1,150/\$3,500 (HSA-HDHP) ☐ \$1,500/\$3,500 (HSA-HDHP)

Dental Plan Options

- ☐ Option 1 ☒ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5

Monthly Rates and Contribution

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

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

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

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

TOTAL MONTHLY PREMIUM

Heath - Single Option

Employee	558.05
Employee/Children	1032.44
Employee/Spouse	1171.92
Employee/Family	1573.60

Heath - Dual Option

Employee		
Employee/Children		
Employee/Spouse		
Employee/Family		

Low Plan

High Plan

Dental

Employee	28.67
Employee/Children	53.01
Employee/Spouse	60.18
Employee/Family	80.85

DISTRICT CONTRIBUTION AMOUNT

HEALTH - Single Option

	Employee	EE/Children	EE/Spouse	Employee/Family
District Pays - Professional	\$ 558.05	\$ 1032.44	\$ 1171.92	\$ 1573.60
District Pays - Classified	\$ 558.05	\$ 1032.44	\$ 1171.92	\$ 1573.60

HEALTH - Dual Option

LOW PLAN

	Employee	EE/Children	EE/Spouse	Employee/Family
District Pays - Professional	\$	\$	\$	\$
District Pays - Classified	\$	\$	\$	\$

HIGH PLAN

	Employee	EE/Children	EE/Spouse	Employee/Family
District Pays - Professional	\$	\$	\$	\$
District Pays - Classified	\$	\$	\$	\$

DENTAL

	Employee	EE/Children	EE/Spouse	Employee/Family
District Pays - Professional	\$ 28.67	\$ 28.67	\$ 28.67	\$ 28.67
District Pays - Classified	\$ 28.67	\$ 28.67	\$ 28.67	\$ 28.67

Additional Information:

EHA School Group Application

Navigation: Back Home | Home | Print | Exit

Group: Upper Eastside West

Applicant Information

Authorized Plan Contacts

Eligibility and Enrollment

Plans and Contribution

Supporting Documents

Plans

New Dual Plan Options

Health Plan Options

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

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

HSA Administrator: Drysdale 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? (required to qualify for 5% discounted rates) ☐ Yes ☒ No

Dental Plan Options

☐ Option 1 ☒ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5

Monthly Rates and Contribution

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

Heath - Single Option

Employee	<input type="text"/>
Employee/Children	<input type="text"/>
Employee/Spouse	<input type="text"/>
Employee/Family	<input type="text"/>

Heath - Dual Option

Employee	<input type="text" value="623.84"/>
Employee/Children	<input type="text" value="1154.12"/>
Employee/Spouse	<input type="text" value="1310.07"/>
Employee/Family	<input type="text" value="1759.09"/>

Low Plan

High Plan

<input type="text" value="512.92"/>
<input type="text" value="948.93"/>
<input type="text" value="1077.15"/>
<input type="text" value="1446.33"/>

Dental

Employee	<input type="text" value="28.67"/>
Employee/Children	<input type="text" value="53.01"/>
Employee/Spouse	<input type="text" value="60.18"/>
Employee/Family	<input type="text" value="80.85"/>

DISTRICT CONTRIBUTION AMOUNT

HEALTH - Single Option

District Pays - Professional
District Pays - Classified

Employee

\$
\$

EE/Children

\$
\$

EE/Spouse

\$
\$

Employee/Family

\$
\$

HEALTH - Dual Option

LOW PLAN

District Pays - Professional
District Pays - Classified

Employee

\$
\$

EE/Children

\$
\$

EE/Spouse

\$
\$

Employee/Family

\$
\$

HIGH PLAN

District Pays - Professional
District Pays - Classified

\$
\$

\$
\$

\$
\$

\$
\$

DENTAL

District Pays - Professional
District Pays - Classified

Employee

\$
\$

EE/Children

\$
\$

EE/Spouse

\$
\$

Employee/Family

\$
\$

Additional Information:

Enrollment Group Application

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), 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.

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

Some last reminders

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

Electronic Enrollment

Blue Cross and Blue Shield of Nebraska partners with Benefitfocus to offer our groups an electronic enrollment option.

- The Benefitfocus® platform is branded as *BluesEnroll*, and it provides an internet-based enrollment solution for employers.
- It offers employers the ability to administer their benefit offerings and information through a web-based platform.

BluesEnroll is an online enrollment tool available through Benefitfocus, an independent company not affiliated with Blue Cross and Blue Shield of Nebraska.

Capabilities

With Blues*Enroll*, you can make employee changes electronically, 24 hours a day, 7 days a week, from anywhere with Web access, eliminating the need to send paper forms.

Blues*Enroll* is configured based on your group's business rules and provisions so you can complete:

- Year round life event changes
- New hire benefit elections
- New hire declinations
- Employee terminations
- Rehires
- Address changes

Helpful Hints

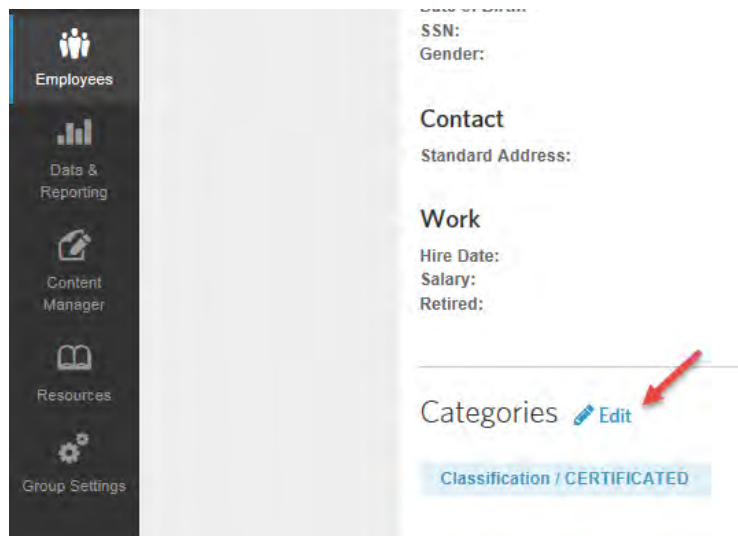
The information that is outlined on the next few slides is being provided based on questions received through the Open Enrollment period in previous years.

You will also see the following message as a reminder that if you have any questions, please contact the eEnroll Support Team. We are always happy to help!

If you have any questions, please contact the Electronic Enrollment Team at 1-800-843-2373 or eEnrollSupportTeam@nebraskablue.com

How to Change Categories

- Categories like Certified, Para, Admin, etc. can be changed by bringing up the member within BluesEnroll. When you do this, you will be on the Employee Overview tab.
- Go to the bottom of the page and select Edit under Categories.



If you have any questions, please contact the Electronic Enrollment Team at 1-800-843-2373 or eEnrollSupportTeam@nebraskablue.com

How to Change Categories (continued)

- Enter the Effective Date of the change (i.e. 9-1-2017)
- Select the Category
- Select Next.

This will complete the category change.

Current Category Change		
Category	Current Selection	New Selection
Classification	CERTIFICATED	<div>No Change CLASSIFIED PARA EDUCATORS</div>

If you have any questions, please contact the Electronic Enrollment Team at 1-800-843-2373 or eEnrollSupportTeam@nebraskablue.com

How to Complete Current & Open Enrollment Changes

Once the system is Unlocked for Open Enrollment, you will see two different tabs.



- The current tab is for the 9-1-2016 through 8-31-2017 time period.
- The Open Enrollment tab is for the 9-1-2017 through 8-31-2018 time period.

Be sure you select the correct tab based on the **EFFECTIVE DATE** of the changes you are completing.

If you have any questions, please contact the Electronic Enrollment Team at 1-800-843-2373 or eEnrollSupportTeam@nebraskablue.com

How to Complete Current & Open Enrollment Changes (continued)

- If you are adding a new enrollee in the current tab effective 8-1-2017 and you select medical and dental, these benefits will transfer to the Open Enrollment tab if you didn't make any changes to your group's plans from one plan year to the other. If you did make changes, then you need to be sure that you select the coverage in the Open Enrollment tab as well.
- It is a good rule of thumb to check the coverage set up in the Open Enrollment tab anytime you are making a change under the current tab. This will ensure that you have benefit set up continuously.
- If you are adding an Employee during Open Enrollment who was eligible for coverage in the past, but declined, you will need to set up the employee, decline coverage in the current tab and then elect benefits under the Open Enrollment tab.

If you have any questions, please contact the Electronic Enrollment Team at 1-800-843-2373 or eEnrollSupportTeam@nebraskablue.com

Reports

There are many reports available for you within the Blues*Enroll* System under the Data & Reporting tab which is located on left side of the page.

Popular Reports	
★ Benefit Summary	Includes cost and enrollment summary information for each plan and coverage level
★ Benefit detail	Includes cost and enrollment information for each covered person
★ Benefit refused / cancellation	Includes enrollment information for persons that refused or canceled coverage
★ Employee Participation	Includes detailed information regarding employee participation
★ Employee census	Includes name, address, and date information for all employees
★ Dependent census	Includes basic information for dependent spouses and/or children; you have the option to show only dependents turning a particular age between dates that you specify
★ Terminated employees	Includes basic information for employees terminated between dates that you specify
★ Task List	Provides a list of items which requires attention
★ Active User Accounts	Includes details of current active user accounts

If you have any questions, please contact the Electronic Enrollment Team at 1-800-843-2373 or eEnrollSupportTeam@nebraskablue.com

Reports (continued)

Under each of the tabs on the previous slide, you will see a variety of reports that are available. Here are a select few that may help you on a monthly bases:

- Under the Payroll tab, there is a report called “Payroll Changes Report” which will provide you with the changes that were made in a specified time period.
- Under the Benefit tab, there is a report called “Benefit Detail” which will provide you with all active members at the time that you run the report.

**If you have any questions, please contact the Electronic Enrollment Team at 1-800-843-2373
or eEnrollSupportTeam@nebraskablue.com**

New Administrator

If you have a new administrator that needs access to Blues*Enroll*, please follow these steps.

Send a letter on your school's letterhead or an email with the following information to your Marketing Account Team and they will complete the necessary steps to provide the additional access.

- New user full name
- Title
- Phone number
- Fax number
- Effective Date fro the new administrator

If you have any questions, please contact the Electronic Enrollment Team at 1-800-843-2373
or eEnrollSupportTeam@nebraskablue.com

Training

Once you are set up with Access, you will receive an email with your login information.

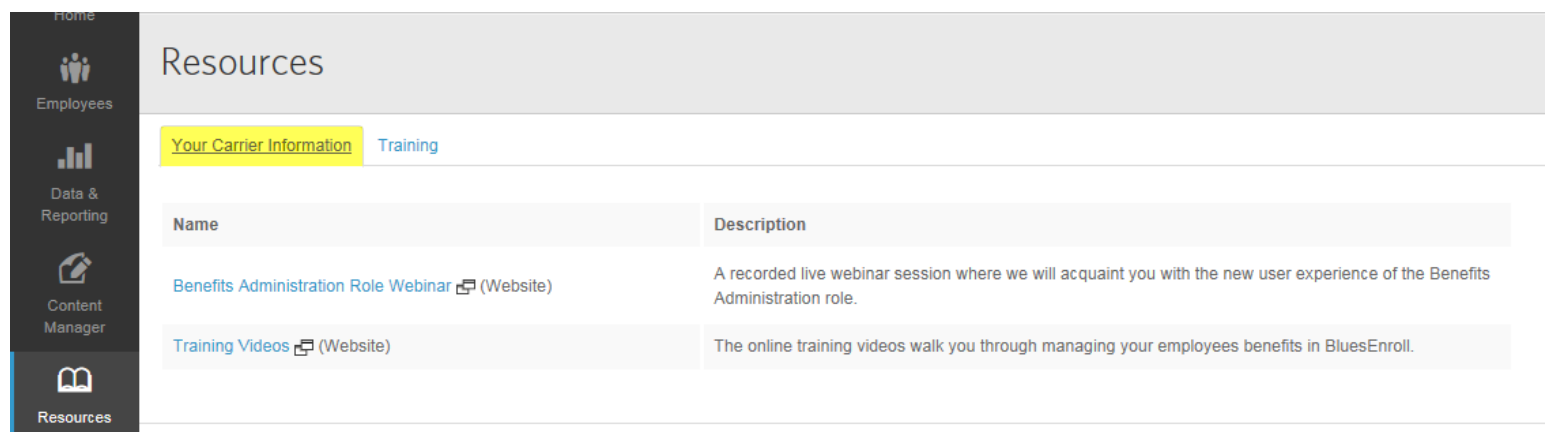
You will be prompted to change your password and when this is completed, you will have access to the group and member information.

Under the Resources tab, you will find training materials to assist you in making changes, terminations and adding individuals in the system.

If you have any questions, please contact the Electronic Enrollment Team at 1-800-843-2373 or eEnrollSupportTeam@nebraskablue.com

Resources

Once you log in, under the Resources tab on the left side of your screen, you will see two tabs, [Your Carrier Information](#) and [Training](#). You will find important information such as Training Webinars and Videos.



Name	Description
Benefits Administration Role Webinar (Website)	A recorded live webinar session where we will acquaint you with the new user experience of the Benefits Administration role.
Training Videos (Website)	The online training videos walk you through managing your employees benefits in BluesEnroll.

If you have any questions, please contact the Electronic Enrollment Team at 1-800-843-2373 or eEnrollSupportTeam@nebraskablue.com

Training Videos

The training videos are available to help you manage your employees.

Automated Training Videos

BENEFITFOCUS® Online Enrollment Automated Training Videos offer refresher lessons to walk you through managing your employee's benefits online. Click the link below to view the lesson:

Name	Description
Benefits Administration Role Webinar (Website)	A recorded live w Administration ro
Training Videos (Website)	The online trainin

Legal Disclaimer | Privacy Statement
Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and



Home Page Overview



Add a New Employee



The Employee Record



Initial Enrollment



Life Events



Terminate Employee



Rehire Employee



COBRA



Reports



Content Manager

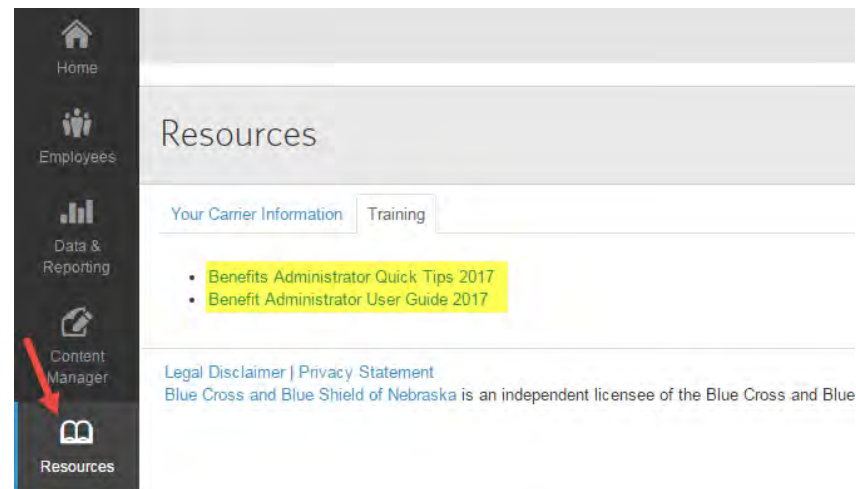


Open Enrollment

If you have any questions, please contact the Electronic Enrollment Team at 1-800-843-2373 or eEnrollSupportTeam@nebraskablue.com

Resources (continued)

You will also find complete Admin Guides and Quick Tips as well. Remember that this information is not specific to your plan set up.

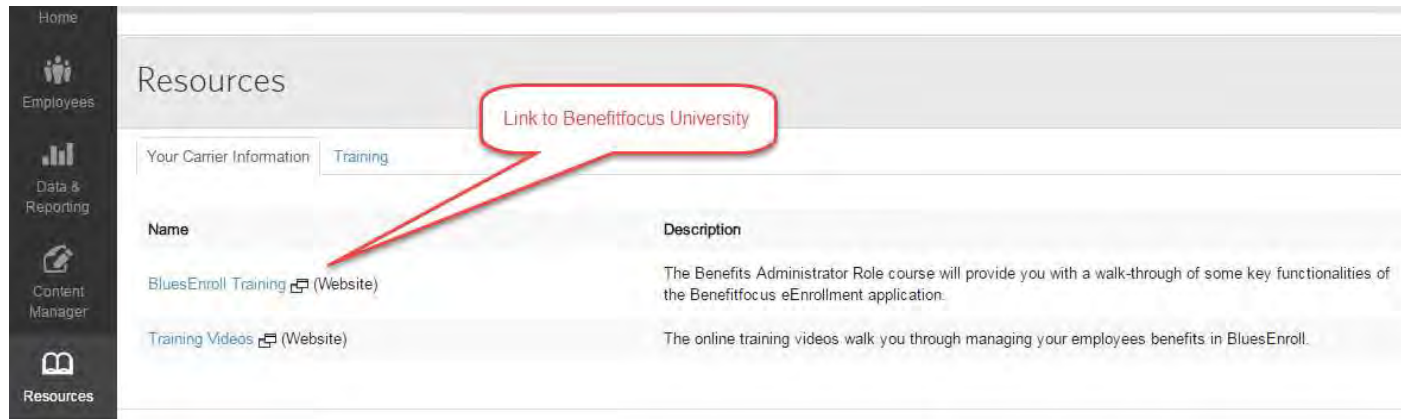


If you have any questions, please contact the Electronic Enrollment Team at 1-800-843-2373 or eEnrollSupportTeam@nebraskablue.com

Benefitfocus University

Benefitfocus University

- There are multiple lesson videos.
- You will be able to run the videos as you work through the set up in BluesEnroll.
- You can use them if you are a new HR Admin or if you need a refresher course.



The screenshot shows the Benefitfocus University interface. On the left is a dark sidebar with navigation icons and labels: Home, Employees, Data & Reporting, Content Manager, and Resources. The main content area has a header 'Resources' and a sub-header 'Your Carrier Information: Training'. Below this is a table with two columns: 'Name' and 'Description'. A red callout box points to the 'BluesEnroll Training' link in the 'Name' column, with the text 'Link to Benefitfocus University' inside the box.

Name	Description
BluesEnroll Training (Website)	The Benefits Administrator Role course will provide you with a walk-through of some key functionalities of the Benefitfocus eEnrollment application.
Training Videos (Website)	The online training videos walk you through managing your employees benefits in BluesEnroll.

If you have any questions, please contact the Electronic Enrollment Team at 1-800-843-2373 or eEnrollSupportTeam@nebraskablue.com

- Benefitfocus Marketplace for Newbies: The Benefits Administrator Role
 - Welcome
 - Navigating this Course
 - Download the Learner Handbook
 - Lesson 1: Navigating the Benefits Administrator Role Home Page
 - Lesson 2: To-Do List
 - Lesson 3: Employees
 - Lesson 4: Data and Reporting
 - Lesson 5: Content Manager
 - Lesson 6: Messages
 - Lesson 7: Resources
 - Lesson 8: Group Settings
 - Conclusion
 - Thank You

Benefitfocus Marketplace for Newbies: The Benefits Administrator Role > Lesson 1: Navigating the Benefits Administrator Role Home Page

Lesson 1: Navigating the Benefits Administrator Role Home Page



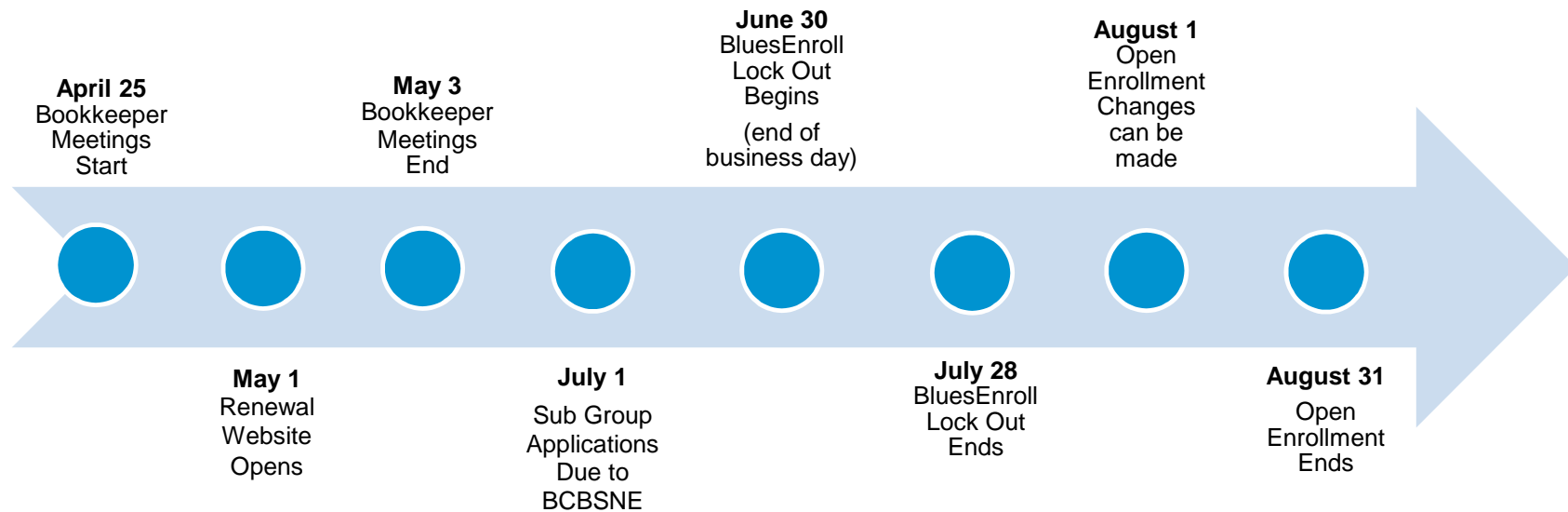
After logging into your administrator account, you will land on the home page of the Benefits Administrator role. Let's discuss each navigational element.

Blues*Enroll* Support

You have many levels of support.

- BCBSNE eEnroll Support Team is available to assist in resetting your login credentials, navigating through Blues*Enroll* system and to help answer any other questions you have concerning Blues*Enroll*. If you have any questions, please contact the Electronic Enrollment Team at 1-800-843-2373 or eEnrollSupportTeam@nebraskablue.com
- Benefitfocus Blues*Enroll* Support Line
 - You will find the Blues*Enroll* Support Line phone number in the bottom right corner of each screen in Blues*Enroll*. *Benefit Focus is available* if you are having problems with the system.
- All other concerns should be directed to your BCBSNE Marketing Account Team.

Renewal Timeline



Direct Bill / Early Retiree Coverage

- Submit the EHA Notice of Early Retiree Form to Linda Farahani. Fax it to (402)477-2952 or email it to Linda.Farahani@nebraskablue.com.
- Please include all members over 50 years of age that are leaving the school.
- Make sure to include the EHN ID # that can be found on your current billing statement.
- You will still need to terminate the member in BluesEnroll.
- You will need to notify PayFlex of any terminations, but please do not notify them until August 1st.
- Direct Bill packets will be mailed the 2nd week of July with coverage terminating on 8/31/17.

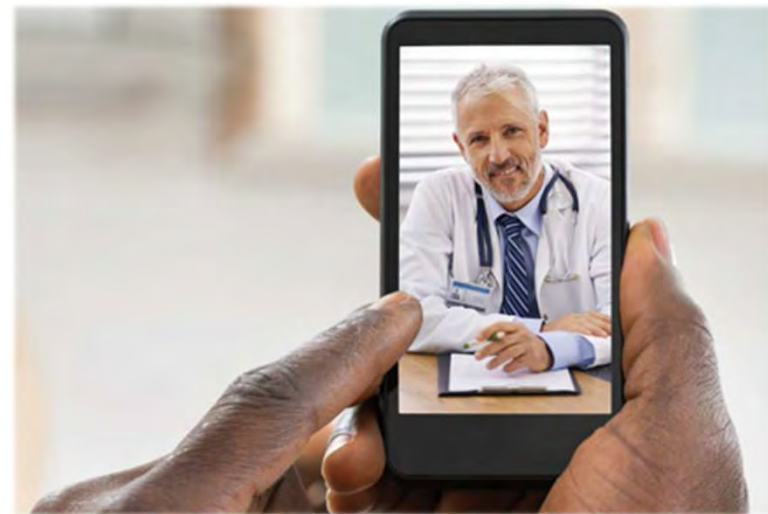
Direct Bill and Medicare Supplement Coverage

- If the retiree is over the age of 65, he/she will be sent a packet for the NSEA-Retired BlueSenior Classic Medicare Supplement.
- As retirees who are enrolled on the Direct Bill plan reach age 65, we will send a NSEA-Retired BlueSenior Classic Medicare Supplement packet to them 60 days prior to their 65th birthday.
- If a retiree reaches age 65, and also has a dependent on the Direct Bill plan, the retiree will move to the NSEA-Retired BlueSenior Classic Medicare Supplement while the dependent remains on the Direct Bill plan until the dependent reaches age 65.

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 their home or workplace
- Computer, tablet or phone access for common conditions
- 99% of on-demand consults are via video conferencing (web or mobile application)
- Less than five minute average wait time to connect to a physician of choice
- E-prescriptions to the patient's preferred pharmacy*



*Telehealth is available in most states, but some states do not allow telehealth consults or telehealth prescriptions. For more information, visit: info.americanwell.com/where-can-i-see-a-doctor-online. American Well is an independent company that provides telehealth services for Blue Cross and Blue Shield of Nebraska.

Source: American Well data, 2015.

Telehealth Urgent Care Consult Fee

- PPO plans: \$10 Copay per consult
- HSA-eligible HDHP: \$39 per consult, subject to deductible/coinsurance/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 is available in all 50 states/Psychiatry is currently available in 26 states*
- Services are available within one to 14 days of request
- Master's and Doctoral level mental health clinicians
- 24-hour clinician on-call back up
- Strong commitment to quality
 - Monthly chart reviews
 - Weekly case review
 - Use of screening tools



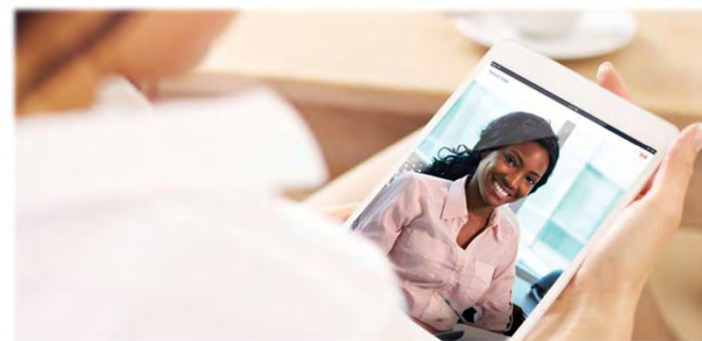
*Slide 14 shows a map of the 26 states.

Available Services

Amwell's licensed therapists can provide treatment for:

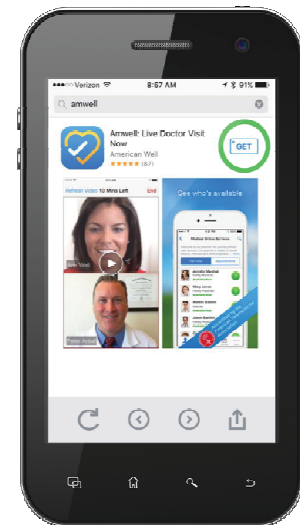
Anxiety	Depression
Attention deficit hyperactivity disorder (ADHD)	Bereavement
Obsessive-compulsive disorder (OCD)	Trauma/Post-traumatic stress disorder (PTSD)
Panic attacks	Stress
And more	

- 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.



Accessing Behavioral Health

- Services can be accessed via computer, tablet or phone.
- 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
- Amwell's licensed therapists are available by appointment seven days per week from 7 a.m. to 11 p.m. local time
- Current therapy/counseling services are available within one day of request
- Psychiatric services are available within 14 days of request
- Sessions are delivered in home/private environment



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/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?

- The billable amounts for a behavioral health visit are:
 - Psychologist
 - Master's level 45-minute visit \$79
 - Doctoral level 45-minute visit \$95
 - Psychiatrist
 - Costs vary depending on the service provided. The initial evaluation is a maximum of \$200.
- 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 urgent care visit over the cost of physician office visits, urgent care and emergency room service

2017 Renewal Checklist & Helpful Hints

2017 - 2018 EHA RENEWAL CHECKLIST and REMINDERS

HAVE YOU COMPLETED THE FOLLOWING IF IT APPLIES TO YOUR 2017-2018 RENEWAL?

- ☐ 1. **SUBGROUP APPLICATION DUE 7/1/17**
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 up to date.
- ☐ 2. **8/31/17 TERMINATING/RETIREE MEMBERS**
Use BluesEnroll to term the members effective 8/31/17.
- ☐ 4. **NOTIFY PAYFLEX OF 8/31/17 TERMINING/RETIRING MEMBERS (after 8/1/17)**
- ☐ 5. **EHA NOTICE OF RETIRING/TERMINATING MEMBERS AGE 50 AND OVER**
Please send to Linda Farahani **ASAP**. Direct Bill/NSEA Retiree packets will be sent in July 2017.
- ☐ 6. **WATCH FOR LOCKOUT PERIOD**
Lockout period will **begin at the end of business on June 30, 2017 and run through the end of business on July 28, 2017.**
- ☐ 7. **NEW HIRES/ENTER CHANGES – August 1 - August 17, 2017**

EHA BOOKKEEPER HELPFUL HINTS

BCBSNE monthly billings

- These are ordered on the 3rd Monday of the month. It is best if you enter your membership changes in BluesEnroll at least a week prior to the billing date to be sure the changes appear on the next billing.
- 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, you need to make the changes in BluesEnroll yourself. If you need assistance, contact the Electronic Enrollment Team at 1-800-843-2373 or eEnrollSupportTeam@nebraskablue.com.
- 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 a group wants to request DATE OF HIRE as the effective date for the 2017-2018 plan year then the group needs to indicate that on the school group application.
- For new employees who are transferring in from another EHA school district, please verify if they have coverage from their prior employer and coordinate with the prior employer.

The EHA Wellness Program

For more information about the EHA Wellness Program:

Contact us:

contact@ehawellness.org

www.ehawellness.org

402-614-0491

