



EDUCATORS HEALTH ALLIANCE

Participation. Collaboration. Cooperation.

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EHA New Dual Offerings Give Schools Greater Flexibility

As school districts across the state continue to struggle in coping with the Patient Protection Affordable Care Act, the EHA is dedicated to lead the charge by assuring our members that our health care plans meet and exceed the federal mandate. While this is only one challenge in the long process to comply with the legislation, it is by far one of the most important aspects as school districts offer affordable health care.

To further arm our members with the best options available, the Educators Health Alliance is pleased to announce the expanded offering of dual options. The expanded dual option plans are immediately available for school districts to offer with new and existing subgroups. These plans include the \$950 PPO benefit with the \$1650 PPO or the \$3,100 high deductible HSA eligible benefit option. The second dual choice includes the \$1,250 PPO coupled with either the \$1650 PPO or the \$3,100 high deductible HSA eligible benefit option. It is also vital to understand that any dual choice offerings must meet underwriting guidelines, which states that dual choice subgroups must contain at least 10 members who are offered the benefit.

PPACA mandates that health insurance must be affordable and cannot be more than 9.5% of an individual's salary. As a result, many school

districts have or may be planning to offer the minimum value, the \$4,000 High Deductible HSA eligible option. These new dual options were created to give schools the flexibility to offer new options to members who may not have been offered health insurance in the past. It is important to note that, according to PPACA regulations, when an employee offers an employee two options for health care coverage, the government considers the cheapest premium as the primary offering, thus helping with the affordability of the health care plan. Members could choose to buy down to the more expensive premium if they choose and it would not count against the district as unaffordable.

The EHA continues to make it a priority to be as flexible as possible without risking adverse plan utilization, causing our premiums to increase. It is this very challenge that we are faced with as we move forward in working within PPACA. If you have any questions regarding the new offerings please contact Greg Long, EHA Field Representative.



Additional Dual Choice Plan Offerings

Premium				
Plan Design	Employee Only	EE + Children	EE + Spouse	EE + Family
\$950 PPO	\$508.88	\$941.47	\$1,068.87	\$1,434.95
\$1,650 PPO	\$444.34	\$822.05	\$933.13	\$1,252.95
Premium Savings				
Monthly	\$64.54	\$119.42	\$135.74	\$182.00
Annual	\$744.48	\$1,433.04	\$1,628.88	\$2,184.00

Out-Of-Pocket Maximums

Plan Design	Employee Only	EE + Children	EE + Spouse	EE + Family
\$950 PPO	\$4,450	\$8,900	\$8,900	\$8,900
\$1,650 PPO	\$6,150	\$12,300	\$12,300	\$12,300
Out of Pocket Difference	\$1,700	\$3,400	\$3,400	\$3,400

Premium

Plan Design	Employee	EE + Children	EE + Spouse	EE + Family
\$950 PPO	\$508.88	\$941.47	\$1,068.87	\$1,434.95
\$3,100 HDHP	\$444.34	\$822.05	\$933.13	\$1,252.95
Premium Savings				
Monthly	\$64.54	\$119.42	\$135.54	\$182.00
Annual	\$744.48	\$1,433.04	\$1,628.88	\$2,184.00

Out-Of-Pocket Maximums

Plan Design	Employee	EE + Children	EE + Spouse	EE + Family
\$950 PPO	\$4,450	\$8,900	\$8,900	\$8,900
\$3,100 HDHP	\$3,100	\$6,200	\$6,200	\$6,200
Out of Pocket Difference	(\$1,350)	(\$2,700)	(\$2,700)	(\$2,700)

Premium

Plan Design	Employee	EE + Children	EE + Spouse	EE + Family
\$1,250 PPO	\$487.50	\$901.89	\$1,023.75	\$1,374.64
\$1,650 PPO	\$444.34	\$822.05	\$933.13	\$1,252.95
Premium Savings				
Monthly	\$43.16	\$79.84	\$90.62	\$121.69
Annual	\$517.92	\$958.08	\$1,087.44	\$1,460.28

Out-Of-Pocket Maximums

Plan Design	Employee	EE + Children	EE + Spouse	EE + Family
\$1,250 PPO	\$4,750	\$9,500	\$9,500	\$9,500
\$1,650 PPO	\$6,150	\$12,300	\$12,300	\$12,300
Out of Pocket Difference	\$1,400	\$2,800	\$2,800	\$2,800

Premium

Plan Design	Employee	EE + Children	EE + Spouse	EE + Family
\$1,250 PPO	\$487.50	\$901.89	\$1,023.75	\$1,374.64
\$3,100 HDHP	\$444.34	\$822.05	\$933.13	\$1,252.95
Premium Savings				
Monthly	\$43.16	\$79.84	\$90.62	\$121.69
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Out-Of-Pocket Maximums

Plan Design	Employee	EE + Children	EE + Spouse	EE + Family
\$1,250 PPO	\$4,750	\$9,500	\$9,500	\$9,500
\$3,100 PPO	\$3,100	\$6,200	\$6,200	\$6,200
Out of Pocket Difference	(\$1,650)	(\$3,300)	(\$3,300)	(\$3,300)

Participating Organizations



Three Myths About Skin Cancer

TSummer brings fun in the sun, but skin damage from the sun can cause skin cancer. Be smart about your exposure to the sun and be sure to know your facts!

MYTH #1

Only fair-skinned people get skin cancer. Melanoma is often under-diagnosed in darker skin types, especially under the fingernails or on the soles of the feet.

MYTH #2

Only sunburns cause skin cancer. No tan is safe. Whenever your skin is exposed to the sun, ultraviolet rays can cause the DNA damage that is related to skin cancer.

MYTH #3

Tanning beds are safe. The amount of the radiation produced during indoor tanning is similar to the sun, and in some cases might be

stronger. Studies have found a 75% increase in the risk of melanoma in those who have been exposed to UV radiation from indoor tanning.

And, be sure to use sunscreen, even in your car

Car windows block only UVB rays. UVA rays — the kind that can cause skin cancer, age spots, and wrinkles — can easily pass through rear and side car windows. Front windshields have a plastic interleaf to prevent shattering that absorbs most UVA rays.

Children are especially vulnerable because they usually sit in the back seat and spend more time in the sun anyway.

For long trips, make sure you and your passengers apply a sunscreen of at least SPF 15 that blocks both UVA and UVB rays. ☐

Sources: The Skin Cancer Foundation; American Academy of Dermatology

Join Safety First – the June EHA Wellness Program

If distracted driving is an epidemic on America's roadways. You see it every day: drivers swerving in their lanes, stopping at green lights, running red ones or narrowly missing a pedestrian because they have their eyes and minds on their phones instead of the road. Yet, some people continue to assume that they can drive and text or talk at the same time. The safest way to get from one place to another is to hang up and concentrate on driving. Powering down your cell phone when you're behind the wheel can save lives – maybe even your own.

The June EHA Wellness Program, Safety First, will help you focus on limiting distractions while driving and making sure your passengers are always safe. Register today at www.ehawellness.org using your EHA Code. If your group's not yet participating in the program, call 402-614-0491 or email contact@ehawellness.org and we'll get you signed up for the next school year. You can also check out the August program, Eat Right for Life! ☐

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Member Frequently Asked Questions

Question: Do I need to find a new health care provider?

BCBSNE members do not need to take any action at this time; your coverage remains the same, and you will continue to enjoy in-network benefits when visiting a CHI facility or affiliated physician. If an agreement is not reached within the negotiation period that ends August 31, we will notify you and provide resources to ensure you have minimal disruption of care.

Question: Why is Blue Cross and Blue Shield of Nebraska doing this?

We work hard to protect the financial stability and security of our members, while providing coverage in the most cost-effective way possible.

While other health care providers in our statewide network have worked with us to control rising health care costs, CHI—and particularly Alegant Creighton Health—costs significantly more than other providers and facilities in Omaha, and they continue to ask for annual increases.

The contracts we negotiate with hospitals and physicians on behalf of our members directly impact what we all pay for medical care. Our goal is to keep health care costs as affordable as possible.

We issued the Notice of Termination to CHI to allow us to help manage costs and protect the financial security of our members and their employers. During the negotiation period that ends August 31, we will make every attempt to reach an agreement that is fair and beneficial to our members. CHI has been a valued partner, and we remain hopeful we can reach an agreement during this time period.

Question: What happens if there is no agreement at the end of the negotiation period?

We remain hopeful we can reach an agreement with CHI during this time period. If we are unable to reach an agreement that is fair and beneficial to our members, CHI's affiliated hospitals and physicians will no longer qualify for in-network coverage for Blue Cross and Blue Shield of Nebraska members.

Should that happen, we will provide the re-

sources available to ensure minimal disruption of care for our members. Members may choose to select another in-network hospital or physician, or to use CHI services at out-of-network costs.

Question: Why are you not continuing to negotiate without issuing the Notice of Termination?

We have a responsibility to protect our members by managing what we all pay for medical services. This was not an easy decision for us to reach, but one we felt necessary to protect the financial security and stability of our members. We will continue to make every attempt to reach an agreement that is fair and beneficial to our members.

Question: If I'm about to have a baby, have cancer or another serious condition, will I be able to keep my doctor if an agreement is not reached?

We are making every attempt to reach an agreement with CHI before the end of the negotiation period August 31. However, should an agreement not be reached, certain conditions will qualify for continued care and in-network benefits with your existing CHI provider, for an extended period of time. To determine specific details for your condition or situation, please visit the Continuing My Care page of www.nebraskablue.com/update.

Question: If an agreement is not reached, what time frame is allowed for transitioning to a non CHI provider?

We are making every attempt to reach an agreement with CHI before the end of the negotiation period August 31. However, should an agreement not be reached, all CHI-affiliated providers will be considered out-of-network beginning September 1.

If you are approved for continuing in-network care with your CHI provider, your approval letter will include information on the length of your extended in-network benefits.

Question: If I am approved for continuity of care benefits for one illness, can I receive in-network benefits for a non-related condition?

No. Continuity of care coverage applies only to the conditions listed on the Continuity of Care application.

Question: Do I need to submit multiple Continuity of Care applications for different conditions?

Yes. A Continuity of Care application must be completed and submitted by each physician from whom you are currently receiving treatment for an approved condition.

Question: Can I apply for continuity of care benefits if I am not currently in treatment or seeing a physician?

No. To apply for continuity of care coverage, you must be currently seeing a physician and under treatment for the condition identified on the application.

Question: Do I need to complete the Continuity of Care application if I am already seeing a non CHI provider that is not impacted by the possible termination?

No. Continuity of Care applications only need to be submitted if you are currently under treatment for an approved condition with a CHI-affiliated provider that would no longer be considered in-network should an agreement not be reached and the termination goes into effect on Sept. 1. A list of affected and non-affected providers is available on the My Doctor page at www.nebraskablue.com/update.

Question: What does "active course of treatment" mean?

An active course of treatment means you are under the care of a physician for one of the approved conditions and currently undergoing treatment or care for that condition on the day of termination, August 31.

Question: If an agreement isn't reached, does that mean that I cannot get care from any hospital or physician that is affiliated with CHI?

We are making every attempt to reach an agreement with CHI that protects the financial security and stability of our members and provides the
(continued on page 4)

Frequently Asked Questions

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most cost-effective coverage possible. However, if we cannot reach an agreement that is fair and beneficial to our members, members can continue to utilize CHI facilities and physicians, but would have to pay out-of-network costs for those services.

Question: What if the only hospital in my area is a CHI hospital?

We are making every attempt to reach an agreement with CHI that protects the financial security and stability of our members and provides the most cost-effective coverage possible. However, if we cannot reach an agreement, you can continue to use your local CHI hospital, but would have to pay out-of-network costs for those services. Should an agreement not be reached, we will also provide resources to connect you with in-network facilities and providers that are close to you.

Question: How much more costly are common procedures at CHI than through other health care providers?

CHI has continued to charge significantly more than other providers for similar medical services and continues to ask for annual increases. You can find a cost comparison of common procedures on the “About Costs” page at www.nebraskablue.com/update.

Question: What is CHI?

Catholic Health Initiatives (CHI) is a Denver-based national health care organization that operates 87 hospitals in 18 states, with more than 97,000 employees. In Nebraska, CHI-affiliated hospitals and physicians include:

- Alegent Creighton Health (Omaha, Council Bluffs, Schuyler, Plainview);
- Good Samaritan Hospital (Kearney);
- Nebraska Heart Hospital (Lincoln);
- Saint Elizabeth Regional Medical Center (Lincoln);
- Saint Francis Medical Center (Grand Island);

- St. Mary’s Community Hospital (Nebraska City) and;
- 3,000+ independent physicians and clinics in the Omaha area.

Question: What if I have specific questions about my hospital, provider, policy or situation?

You can call BCBSNE’s member hotline at (844) 286-0855 with any questions or concerns. Hours for the hotline are: 7:30 a.m. to 7:00 p.m. (CDT) Monday through Friday.

A list of affected and non-affected providers is available on the My Doctor page at www.nebraskablue.com/update. □

EHA Announces Decision Regarding 2014-15 (Optional) Open Enrollment

The EHA Board is pleased to announce that at its December 16, 2013 meeting the following resolution was passed: Motion: “An Open Enrollment period for the 2014-15 plan year for all groups unless both the district and the local Association approve of opting out.”

The above resolution will result in all EHA sub-groups having an Open Enrollment unless it is decided at the local level to opt out. This opting out may be applied at the subgroup level and requires the employer and the bargaining unit (for subgroups where one exists), to sign off on the desire to opt out. Sub-Groups may opt out of the Open Enrollment by completing and returning a form to Blue Cross Blue Shield of Nebraska. The EHA BCBSNE 2014-15 Open Enrollment Opt Out Form will need to be completed and returned to Blue Cross Blue Shield of Nebraska no later than July 1, 2014.

The Open Enrollment allows employees and dependents, who are eligible to participate but have not previously enrolled in the EHA plan, an opportunity to enroll in the plan without any late enrollment restrictions or penalties. If you have any questions regarding this notice, please contact Greg Long at 402-440-1358 or greg@eha-plan.org, or your Blue Cross Blue Shield Representative. □

