

Insurance Group Representative Training

2014 Program Year



Wood County Employee Health Benefits Plan

Responsibilities

- Review initial eligibility rules and provide Insurance Orientation for newly hired employees within the first five days using checklist.
- Provide employee with new enrollee packet and mandatory wellness screening packets upon hire.

Responsibilities

- Assist in scheduling and follow up with employee and spouse (if applicable) to ensure they complete their mandatory wellness screening appointments within the first 30 days of full-time permanent hire.
- Be sure employee submits all completed paperwork i.e. Universal Insurance Application, Spousal & Dependent Eligibility forms, etc. within 30 days of hire.

- Provide on-going eligibility information and support for change in status employees.

Responsibilities

- Review all applications and forms for eligibility requirements and completeness.
- Record and report all changes on appropriate monthly insurance report.
- Check payroll status for eligible employees to ensure they have enough hours to cover the 1st and 2nd payroll deductions each month.
- Should their pay status change and they need to self-pay be sure to document that on the monthly insurance report. Likewise be sure to document if an employee is coming back to payroll status.

Your Role as Group Rep

- Check data and summary of monthly changes to make sure it is complete and accurate
- Meet monthly reporting deadlines
- Review checklist with employees
- Direct employees to customer service
- Remind employees of 30-day window to report changes

Communication is Key

- Payroll officers and group reps need to communicate and share information
 - FMLA
 - LOA
 - Discipline
 - On-going 30 day eligibility

Timely Reporting

25	26 Insurance Report Due	27	28 Payroll Deduction Report Due to Auditor	29	30	31
1	2	3	4	5	6 Payday	7
8	9	10	Is employee receiving a paycheck for both pay periods?		13	14
15	16	17	18	19	20 Payday	21

Eligibility

- Health & Prescription Benefits have different eligibility rules from the vision and dental benefits.
- Permanent full-time employees and their legal spouses and dependents may be covered as primary or secondary provided they meet the Plan's eligibility rules and submit a completed enrollment application within 30 days of hire or change in eligibility status.

Employee Eligibility

- Permanent full-time employees must complete a waiting period of 30 days as a permanent full-time employee in active pay status; coverage becomes effective on the first day of the next month.
- Continuation of eligibility during periods of employer approved leave of absences is permitted.

Spousal Eligibility

- Lawful spouses may be covered.
- Spousal eligibility for **primary** coverage is based upon spouses' annual adjusted gross income and must be certified on an annual basis in a form acceptable to the Plan. Income thresholds for 2008 are listed below.
 - Less than \$26,700 • Spouse can remain as primary, a spousal premium will not apply.
 - \$26,700 to \$58,400 • Spouse can remain as primary, a spousal premium will apply.
 - Greater than \$58,400 • Spouse may remain as secondary at no additional cost. No primary coverage available.
- Employees may request a review of their spousal eligibility. Forms for the Eligibility Review Process available on the employee website.

Dependent Eligibility V & D

- Children (need new rules)
 - From birth until the end of the calendar year in which they turn 19, and
 - 19 until the end of the calendar year in which they turn 23 if they are a full-time student at an accredited school. Student status must be certified on an annual basis in a form acceptable to the Plan.

Dependent Eligibility

- Children include natural, legally adopted children or children placed with a covered employee in anticipation of adoption who are all of the following:
 - unmarried;
 - not employed on a regular full-time basis;
 - not covered under the Plan as an employee;
 - dependent on the covered employee or the covered employee's spouse for more than 50% of their financial support; and
 - dependents for tax exemption purposes under Section 152 of the Internal Revenue Code.

Dependent Eligibility

- Stepchildren or children under the legal guardianship of a covered employee or a covered employee's spouse who meet all of the requirements previously mentioned and are all of the following:
 - lives in the covered employee's home for more than half of each calendar year in a regular parent-child relationship. (A regular parent-child relationship does not exist if the child's parent, other than a spouse, also resides within the household.);
 - is wholly dependent on the covered employee for financial support; and
 - is a dependent for tax exemption purposes under Section 152 of the Internal Revenue Code.

Dependent Eligibility

- Any child who is an alternate recipient under a Qualified Medical Child Support Order (QMCSO), including any appropriately completed National Medical Support Notice (NMSN), shall be considered as having a right to Dependent coverage under this Plan.
- Dependent children with a totally disabling physical handicap or mental retardation may qualify.

Dependent Eligibility

- Does not include
 - other individuals living in the covered employee's home, but who are not eligible as defined;
 - the legally separated or divorced former spouse of the employee (even when a court order has been issued requiring the covered employee to provide health insurance for the divorced spouse);
 - any person who is on active duty in any military service of any country; or
 - any person who is covered under the Plan as an employee.

Dependent Changes

- **Regular:** Report changes within 30 days of the event. (If you miss the 30 day reporting window, you may not be able to make the change until the next open election period.)
 - If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll or terminate yourself and your dependents, provided that you request enrollment or termination within 30 days after the marriage, birth, adoption, or placement for adoption.
- **Special Enrollment Rights:** If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this Plan, provided that you request enrollment within 30 days after your other coverage ends.
 - Extended to 60 days for CHIP

Dependent Eligibility H & P

- **Dependent Eligibility: Health and Prescription**
- **Birth 26th Birthdate**
- Biological son or daughter
 - Adopted son or daughter (includes placement for adoption)
 - Step son or daughter
- **NOT ELIGIBLE:**
 - The spouse of dependent
 - The child of dependent
- **CANNOT CONDITION ELIGIBILITY ON:**
 - Student Status
 - Marital Status
 - Residence with employee
 - Financial dependence on employee
 - Eligibility in other employer sponsored group health plan
 - Coverage by other parent

Dependent Eligibility H & P

- **Age 26 State Law 28th Birthdate**
- • Unmarried
- • Natural, step, or adopted child of employee
- • Resident of Ohio or a full time student
- • Not "eligible" for his/her own employer sponsored group health plan
- • Not eligible under Medicare or Medicaid
- Employees must elect to continue benefits for covered dependents within 30 days of attaining age 26.
- Adult Child Rate Applies as listed on page 3.
- FEDERAL LAW STATE LAW
- Age 19
- end of calendar year
- Age 23
- end of calendar year
- 28th Birthdate

Reports

Summary Reports for 2014 Eligibility

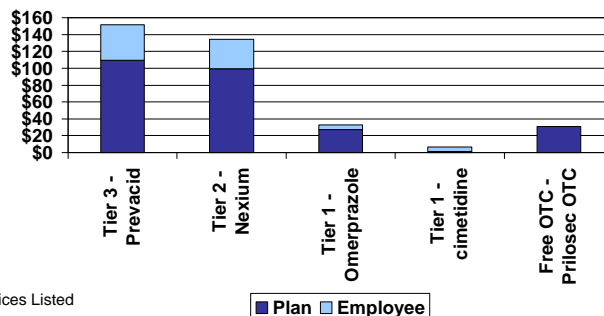
- Department Enrollment Summary Statement
- Individual Enrollment Summary Statement
- Student Certifications
- Spousal Certifications
- OBRA
- New certifications submit through Open Election
including Student, Spousal, Hardship

Administrative Reminders

- Document & return Employee Verification Reports with the next monthly insurance report
- Employee meeting prior to leave to determine status and paperwork, e.g. FMLA, LOA, birth, marriage
- Report Funding Changes and track leave status
- Monthly Payroll Deductions or collect monthly self-payment
- Higher expectations on completion of application and all forms

Save \$\$\$ on Prescriptions

- Price shopping at Rx EOB
- Mail Order for 90 Day supply
- Money Saving Focus Formulary
- Free OTC



November 2008 Prices Listed

Save \$\$\$ -- Use the Network

	Inside the Network	Outside Network
Deductible - Single	\$150	\$300
Coinsurance - Single	80% Plan <u>20% Participant</u> \$250 Maximum	60% Plan <u>40% Participant</u> \$500 Maximum
Service Fee (Not part of above)	\$10 Professional \$35 ER	\$10 Professional \$35 ER
Single Maximum Out of Pocket Excludes Service Fees	\$150 Deductible <u>\$250 Coinsurance</u> \$400	\$300 Deductible <u>\$500 Coinsurance</u> \$800
Family (3 Person Maximum) Maximum Out of Pocket Excludes Service Fees	\$450 Deductible <u>\$750 Coinsurance</u> \$1,200	\$900 Deductible <u>\$1,500 Coinsurance</u> \$2,300

On the Web

www.co.wood.oh.us/employee

- Links to
 - Enrollment Application
 - Plan Document & Summary Plan Description (SPD)
 - Plan Updates/Amendments
 - Prescription Formulary Booklet
 - Claim Forms
 - Provider Websites
 - Wellness Program Information/Forms
 - Spousal Eligibility Review Process

Administrative Reminders

- Distribute Focus Formulary Booklets
- Life Insurance Coverage = Mandatory
- New Enrollee Wellness Screenings mandatory for enrollment
- Review Checklist
 - Complete each section to note that discussion occurred