

BC Quarterly Workshop

Flatwoods - Nov. 1, 2011

Recent Improvements to Manage My Benefits Website

- Revised registration process:
 - More user-friendly
 - Increased security with unique user names, e-mail addresses, and security questions
 - Improved functionality to better manage employee's information
 - Role selection option to save time and effort

Next Phase of Improvements to Manage My Benefits Website

- Add ability to securely attach scanned documents in Manage My Benefits when enrolling for benefits or making qualifying event changes; documentation would follow the process so can be seen and used by BCs for approvals
- Comments to also be made visible for approvals/disapprovals
- System will no longer delete existing qualifying events
- Improved transfer screens to show additional BC information
- Capture and display additional information for agencies (phone numbers, coordinators, etc.)
- Archive older incomplete transactions from system
- Additional access improvements to come in subsequent phase

Public Hearing Schedule

Financial Board's Proposal for PY 2013

- Monday, Nov. 7 – Charleston Civic Center Little Theater
- Tuesday, Nov. 8 – Tamarack (Ballroom A), Beckley
- Monday, Nov. 14 – Holiday Inn, Martinsburg
- Tuesday, Nov. 15 – Ramada Inn, Morgantown
- Wednesday, Nov. 16 – WV Northern Community College (B&O Auditorium), Wheeling
- Thursday, Nov. 17 – MU Medical School (Harless Auditorium), Huntington)

Customer Service and Registration from 5 to 6 p.m.

Public Hearings from 6 to 8 p.m.

Improve Your Score Discount

- \$10 monthly Improve Your Score discount on health premium only available to policyholder (not dependents)
- Discounts for screenings done for and during Plan Year 2012 will be effective the first of the month following receipt of the file; no retroactive discounts given
- Policyholders with a Green score for Plan Year 2012 will continue to receive their monthly discount through June 30, 2013 then will need to be screened again
- Policyholders with a Yellow or Red score can “engage” during Plan Year 2012 (by June 30, 2012) in order to continue their discounts into Plan Year 2013:
 - See a physician
 - Participate in one of PEIA’s programs: Medical Weight Management, Diabetes Management, Ornish Reversing Heart Disease and Spectrum programs

Breakout Networking Sessions

- State Agencies
- Colleges & Universities
- County Boards of Education
- Non-State Agencies:
 - County Commissions
 - Cities, Towns, Public Departments (service, ambulance, water, etc.)
 - All other agencies

LUNCH ON YOUR OWN

Retirement

- Last employer immediately prior to retirement is a participating employer in the PEIA Plan and employee must meet the minimum eligibility requirements of the State retirement system or a PEIA-approved retirement system in order to continue health and life benefits into retirement
- Education employees who participate in a non-state retirement system such as TIAA- CREF or similar plans must meet the minimum eligibility requirements of the State Teachers Retirement System
- Retiring employee and their dependent(s) must re-enroll as a retiree during the month of retirement or two months following in order to continue health and/or life benefits
- Employees who participate in an approved non-state retirement system must meet the minimum eligibility requirements of the public Employees Retirement System

Retirement (continued)

- Non-Medicare retirees continue in their current health plan until the next open enrollment, when they have the same open enrollment rights as active employees
- PPB Plan Member Medicare retirees who retire during a plan year, and retired employees who become Medicare eligible during the plan year, are transferred to PEIA's Special Medicare Plan for the remainder of that plan year; at the beginning of the following plan year, members will be transferred from the Special Medicare Plan to PEIA's Medicare Advantage Plan
- HMO Plan Member Medicare retirees may be transferred to the Special Medicare Plan or choose to stay in the HMO
- Participants in the Special Medicare Plan have Original Medicare parts A & B as their primary coverage, and their secondary medical and prescription claims are paid by Wells Fargo TPA and Express Scripts, Inc.

Termination of Coverage for Retirees

- **Retiring Employees**— coverage terminates at the end of the month in which an employee ceases active employment unless the employee re-enrolls for coverage as a retiree during the month of retirement or the following two months.
- **Retired Employees**— Non-Medicare retirees who elect to no longer participate in PEIA will be covered until the end of the month in which they choose to cease participation provided they have a qualifying event; if there is not a qualifying event, they cannot cease coverage until the next open enrollment period. Medicare retirees who elect to no longer participate in PEIA will be covered until the end of the month in which they choose to cease participation.

Special Retirement Situations

- Deferred retirement – If an employee separates from employment before retirement from a participating employer under the State retirement plan, he or she can not enroll as a retiree in a PEIA plan if they had other private sector employment just prior to retirement. To be eligible for PEIA, the employee's last employer immediately prior to retirement must have been a public entity that participates in the State retirement systems or a PEIA-approved retirement system, **and** in the PEIA Plan.
- Returning to active employment with a participating agency after retirement will cause a loss of the right to use accrued annual/sick leave toward extended employer-paid PEIA coverage except in the case where the employee participated in the plan prior to July 1, 2001 and becomes re-employed with a participating agency within two years of their retirement; in that case, the employee may apply accrued leave earned after re-employment to extend employer-paid benefits after retiring from the new position.

Special Retirement Situations (cont.)

- An employee with 20 years service who separates from a public entity prior to retirement may enroll in PEIA health benefits for up to two years following separation and will be required to pay 105% of their premium until such time as they meet eligibility requirements as a full retiree.
- An employee who is granted disability retirement by a state retirement system or who receives Social Security disability benefits may continue coverage in the PEIA Plan as a retired employee if they meet the minimum eligibility rules of the applicable state retirement system; premiums are at the 25 years or more of service level for these retirees.

Extending Employer-Paid Coverage

- When an employee moves directly from active public employment into a State or PEIA-approved retirement system, they may be eligible to extend employer-paid insurance upon retirement depending upon the employer.
 - Not available to any one hired on or after July 1, 2001.
 - Elected public officials are not eligible for this benefit.
 - If an employee defers retirement, they cannot defer accrued sick or annual leave to use later.
- Certain employees have the option to use accrued sick/annual leave to increase their retirement benefits or to extend their employer-paid insurance coverage.
 - Accrued leave can be used to increase years of service for pension or to extend insurance coverage, but accrued leave may not be divided between the two options.
 - The election of how to apply the accrued leave cannot be revoked.

Extending Employer-Paid Coverage

(Higher Education)

- Must be full-time faculty member on an annual contract basis for a period other than twelve months.
- Extension of employer-paid coverage for faculty hired before July 1, 2009 is calculated as follows:
 - 3 1/3 years teaching service = 1 year of single coverage
 - 5 years of teaching service = 1 year of family coverage
- No extension of employer-paid coverage is available for faculty hired after July 1, 2009

Extending Employer-Paid Coverage

(State agencies, county boards of education, other eligible employees)

- The amount of the employer-paid insurance coverage which can be received depends upon when the employee came into the PEIA plan:
 - **Before July 1, 1988:**
 - 2 days of accrued leave = 100% of one month's premium for single coverage
 - 3 days of accrued leave = 100% of one month's premium for family coverage
 - **Between July 1, 1988 and June 30, 2001:**
 - 2 days of accrued leave = 50% of one month's premium for single coverage
 - 3 days of accrued leave = 50% of one month's premium for family coverage
 - **On or After July 1, 2001:**
 - Not eligible for extended employer-paid insurance upon retirement
 - **If there is a lapse in coverage after July 1, 2001:**
 - Not eligible for extended employer-paid insurance upon retirement

Other Benefits for Retirees

- Basic Life Insurance
 - decreases at specific ages and at retirement
 - retiree pays the premium
 - if retiree has extended employer-paid insurance they will pay the premium once the extended coverage is exhausted
- Optional/Dependent Life
 - maximum amount available is \$150,000
 - to increase the amount of coverage at retirement, policyholder must complete and submit the Evidence of Insurability Application for Coverage within the month or retirement or the two following months
 - the life insurance carrier must approve the increase
 - To carry the same or to decrease the amount of coverage at retirement, no medical information is required

Privacy Practices

- HIPAA applies to personal health information that is identifiable - including names and addresses.
- Information may be received from policyholder, physicians, hospitals, and others providing health care services
- Information must be kept confidential
- Information is used to:
 - provide benefits
 - assist healthcare professionals in providing treatment
 - make claim payments
 - provide customer service to policyholders
 - other reasons as listed on pages 104 to 105 of the Summary Plan Description

Privacy Practices

(continued)

- US Department of Health & Human Services Office of Civil Rights
Minimum Necessary Standard
 - When using, disclosing, or requesting PHI (Personal Health Information), reasonable efforts must be made to use, disclose, or request only the **minimum amount necessary for the intended purpose**
 - The Coordinator should only gather the **minimum** information necessary to complete the function/form
 - Forms should be completed and submitted with necessary documentation but **no additional attachments** (post-it notes, marginal notes, etc.)

Wrap Up

Problems:

Suggestions:

Next Training Opportunities: