Agenda

• Get Ready for Open Enrollment
• Dependent Eligibility Documentation
• Processing Retirements
• Benefitfocus Enhancement
• Tobacco Cessation Reminder
• Flu Shot Clinic Reminder
Get Ready for Open Enrollment

- Health Benefit Representatives (HBRs) are encouraged to get ready for 2024 Open Enrollment (OE), set for Oct. 9-27, 2023!
  
  - The 2024 OE poster is available for HBRs to print out and display at worksites. HBRs can find and print the OE poster online by visiting the HBR section of the Plan website.
  
  - It is important that the Plan has updated contact information so we can communicate with employees. It is critical that employees have a valid address, phone number and email address in the Plan’s enrollment system, eBenefits.
  
  - Please encourage your employees to take time to make sure their address is updated.
  
  - Employees of state agencies need to log into FIORI (formerly BEACON) to update their address AND eBenefits to update their email and phone number. It is necessary to update that information in BOTH places.
  
  - Employees of payroll groups: your employees can update in eBenefits, however, payroll files override their update, so it’s important that employees update their information with employers to ensure it’s correct.
Open Enrollment Information Available on Plan’s Website

- 2024 Rate Sheets have been posted.
- Other documents will be added as they become available.
Managing Dependent Eligibility Documents

• Collecting and validating dependent eligibility documentation is the responsibility of the HBR.

• Because of the volume of new dependent adds during OE, the Plan allows unverified dependents to be approved for enrollment for the following year without documentation verification with the intent that the appropriate documentation will be collected and validated in the weeks following OE.

• This year, the Plan will once again give HBRs additional time after OE to review and approve dependent verification documentation. Verification must be completed by November 17, 2023.

• On November 20, 2023, the Plan will begin terminating coverage for unvalidated dependents. The goal is to complete the termination process prior to the January premium invoice production.

• If a dependent is terminated for lack of documentation, an enrollment exception will be required to reinstate the dependent. All reinstatement and exception rules continue to apply.
Process Retirements Timely!

• Please make sure to process retirement terminations timely to ensure members are enrolled in the plan of their choice and that they are not in a retro premium deduction situation!

• Summer is a popular time for retirements, so it’s VERY important to get retirements processed in a timely fashion so retirees can take advantage of the Plan’s Humana Medicare Advantage Plans.
Enhanced Experience in eBenefits

- eBenefits has an improved workflow when adding a new employee.
- HBRs will now have the ability to go from the Add Employee page directly to the New Profile, Benefit Details page, to adding another employee or return to the HR homepage.
Invoice Reminder

• As a reminder, billing issues can not be corrected that are more than 60 days retroactive. There have been an increase in requests to make corrections and those are not permitted.

• If you have other staff that reconcile your bills, please forward HBR Alerts to them when applicable.
When a Dependent Becomes Eligible for Other Coverage

• For employees that have more than one dependent covered in the State Health Plan and one of them gains coverage elsewhere, they have 30 days to remove them from coverage.

• Do not wait to remove them from coverage, even if they’re expecting a second dependent to gain coverage elsewhere soon. A second dependent gaining coverage elsewhere allows that second dependent their own 30-day window to be removed from the medical plan.

• Both dependents are experiencing their own qualifying life event (“now eligible for other coverage”), allowing them to be removed from the medical plan at different times.
Reminder! Employees Can Get Head Start on Open Enrollment

• Employees who are tobacco users and want to earn their monthly premium credit for 2024 don’t have to wait until Open Enrollment this fall. They can take action now to save money throughout 2024!

• Tobacco users can attend a tobacco cessation counseling session at their Primary Care Provider’s office for FREE to earn a lower premium for 2024.

• They have until November 30, 2023, to take action. (Note: If employees combine their tobacco cessation visit with another service, there may be a copay.)

• To ensure they receive credit for their visit, employees must upload their office visit summary to the “Document Center” located in eBenefits.

• They should make sure to request a copy of their summary during their visit.
Flu Shot Clinic Reminder

• The State Health Plan will not be hosting flu shot clinics this year.
• The Plan encourages you to communicate to your employees that they should take advantage of other local opportunities such as pharmacies or provider offices to receive the flu vaccine.
• If your group would like to arrange your own worksite flu shot clinic, please make sure to utilize an in-network provider to avoid your employees being charged.
• Some groups received an automated email from CVS about setting up a flu shot clinic. That offer may be confusing as it offered multiple ways to bill your group and does come with a fee associated with unused vaccines.
• The only way the State Health Plan will cover the flu shot at 100% (no charge to employee) is if it comes through as a in-network claim.
Upcoming 2023 HBR Monthly Webinars

• All webinars begin at 10 a.m. To register for the monthly webinars, see below or visit the Plan’s website.

• September 20, 2023, 10-11 a.m.
• October 25, 2023, 10-11 a.m.
• November 15, 2023, 10-11 a.m.
• December 20, 2023, 10-11 a.m.