

EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST



**Good Morning – Meeting will begin
promptly at 9:00**



MERITAINSM
HEALTH

Welcome to the 16th Annual
Bookkeeper/Administration Meetings of the
Egyptian Area Schools Employee Benefit Trust

Welcome And Introductions

- ❑ **Introductions**
- ❑ **Sign In Sheets at each table**

Housekeeping

Scheduled breaks but feel free to get up if necessary

**Question and comment sheets are provided for those in depth or detailed questions you may have
– WE WELCOME YOUR INPUT!**

Housekeeping

- ❑ **Group Specific Packets – CONTAINS PHI**
 - **Optional Life Age Band Changes Report** (only if you have Employee's who will be moving into the next age band as of 9/1/16)

 - **Children Attaining Age 26 Report** (only if you have Employee's with covered dependent children who will attain age 26 during the period of 8/1/16-8/31/17)

Housekeeping

Group Specific Packets –

- **Contact Information Request Form** - contains the district contact information we currently have on file – please return with any changes
- **Schedule of Benefits, Summary of Benefits and Coverage (SBC) and SBC Glossary** – Specific to type of plans your group is offering September 1, 2016
- **Employer Health Plan Election Form 2016-2017** (only if offering Traditional plans and we haven't received a completed form)

Housekeeping

❑ In your Meritain folder –

- Agenda
- Note Sheets
- Question/Comment Sheet
- Communication Guide for you and your members
- Enrollment Guide – 2016/2017 Benefit Plan Year
- Healthcare Bluebook ID card sleeve
- LabCard brochure
- Meritain Health Discount Flyer

Housekeeping

All presentations today will be posted to the **secure side** of the Egyptian Trust website at www.egtrust.org.

If you do not have a username and password to access the **secure side** of www.egtrust.org email Yvonne Gamble (yvonne.gamble@meritain.com)

Reminder: ALL mass email correspondence can be retrieved from the secure side of www.egtrust.org.

Egyptian Trust Consultants

Tom Dahncke

Leo Hefner

Meritain Health Open Enrollment

Open Enrollment

Two types of plans offered:

- Traditional Plans (A, B, C, HDHP (D) and E1)

OR

- Mark to Market Plans (A1, B1, C1, D1, E1M, AB1)

Open Enrollment

Traditional Plans – A, B, C, HDHP(D), E1

- **Open Enrollment runs 8/1/16 through 9/30/16**
- **Each group chooses:**
 - **effective date of open enrollment changes – either 9/1 or 10/1**
 - **plans being offered**
- **Individual Selection form due by 8/1**

Open Enrollment

Mark to Market Plans –

A1, B1, C1, D1, E1M and AB1

- **Open Enrollment runs 8/1/16 through 9/30/16**
- **Effective date of open enrollment changes – September 1, 2016**



Enrollment Form – Employer Section

This section **MUST** be completed by Employer.

Traditional OR Mark to Market **MUST** be chosen.

EMPLOYER (OR PLAN SPONSOR) SECTION – EMPLOYER MUST COMPLETE THIS SECTION

(Employer Representative – Unsigned or incomplete forms will be returned and may delay enrollment)

(For Employer Use Only)- Employers retain a copy for your records.

Confirmation No. _____

Employer Name	Group Number	Certified Staff <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Date
Enrollment Event: <input type="checkbox"/> Open Enrollment-Applies to medical plan only <input type="checkbox"/> New Hire <input type="checkbox"/> Qualifying Change in Family Status Reason	<input type="checkbox"/> Annual Enrollment-Applies to dental plan only <input type="checkbox"/> Late Enrollment	Employee Status <input type="checkbox"/> Active <input type="checkbox"/> COBRA <input type="checkbox"/> Retiree <input type="checkbox"/> Other	Date of Hire
Certified by (Authorized Representative)	Date	Employer Telephone () -	



Select only One Health Plan Type you offer: Traditional **OR** Mark to Market

Select all Health Plans you offer: Plan A/A1 Plan B/B1 Plan C/C1 HDHP/D1 Plan E1/E1M Plan AB1 All Plans

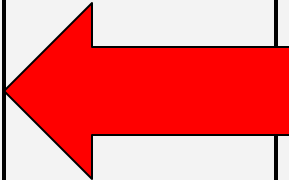


Enrollment Form – Employee Section

Employees will be enrolled in the health plan chosen.

EMPLOYEES: You must check one box in each section below.

EMPLOYEES: Check all boxes that apply:

<p>Medical Plan Options</p> <p><input type="checkbox"/> Plan A/A1 <input type="checkbox"/> Plan B/B1</p> <p><input type="checkbox"/> Plan C/C1 <input type="checkbox"/> HDHP/D1</p> <p><input type="checkbox"/> Plan E1/E1M <input type="checkbox"/> Plan AB1</p>	<p>Voluntary Teladoc</p> 	<p>Voluntary Dental</p> <p><input type="checkbox"/> High</p> <p><input type="checkbox"/> Low</p>	<p>Voluntary Vision</p>	<p>Basic Life – Basic Life is automatic when enrolling in Health Plan</p> <hr/> <p><input type="checkbox"/> Basic Life Amount _____</p> <p><input type="checkbox"/> Decline coverage</p> <p>Optional Life – When applying for more than guaranteed issue amounts an Evidence of Insurability form must be completed.</p>
<p><input type="checkbox"/> Employee Only</p> <p><input type="checkbox"/> Employee + Spouse</p> <p><input type="checkbox"/> Employee + Child or Children</p> <p><input type="checkbox"/> Family</p> <p><input type="checkbox"/> Decline Coverage</p> <p>NOTE: Includes Teladoc, Basic Life Insurance and Prescription Coverage</p>	<p><input type="checkbox"/> Employee Only</p> <p><input type="checkbox"/> Decline Coverage</p> <p>NOTE: Teladoc is included in Medical Plan.</p>	<p><input type="checkbox"/> Employee Only</p> <p><input type="checkbox"/> Employee + 1 Dependent</p> <p><input type="checkbox"/> Employee + 2 or more depts</p> <p><input type="checkbox"/> Decline Coverage</p>	<p><input type="checkbox"/> Employee Only</p> <p><input type="checkbox"/> Employee + 1 Dependent</p> <p><input type="checkbox"/> Employee + 2 or more depts</p> <p><input type="checkbox"/> Decline Coverage</p>	<p><input type="checkbox"/> Optional Employee Life Amount _____ Note: Evidence of Insurability Form required for amounts over \$100,000</p> <p><input type="checkbox"/> Optional Spouse Life Amount _____ Note: Limited to 50% of Employee Life – Evidence of Insurability required for amounts over \$37,500</p> <p><input type="checkbox"/> Optional Dependent Life <input type="checkbox"/> \$5,000 or <input type="checkbox"/> \$10,000 Note: Covers all eligible children</p> <p><input type="checkbox"/> Decline Coverage</p>

Moving from Traditional to Mark to Market

Traditional Plans – Unless an Enrollment Change Form is received no changes will be made.

Mark to Market Plans – Meritain will move employees from the Traditional plan they were enrolled in to the Mark to Market equivalent plan. If an employee wishes to move to a different health plan you offer the employee will be required to complete an Enrollment Change form.

You may require employees re-enroll but it is not required by Meritain.

Open Enrollment

Please complete the following enrollments at www.meritain.com

- **New Hire enrolling for coverage under any combination of health, dental, life or vision plans**
- **Address, email, phone number or any demographic change**

Open Enrollment

- All other enrollment changes (change plans, adding or dropping dependents, adding or dropping a line of coverage) are to be sent as follows:
 1. Email scanned documents to Yvonne Gamble (yvonne.gamble@meritain.com)
 2. Fax to Yvonne Gamble at 888.525.2799
 3. Mail copies to:

Meritain Health c/o Egyptian Trust
P.O. Box 2046
Fairview Heights, IL 62208

Open Enrollment

- **We cannot make assumptions when it comes to critical information such as dates of birth, social security numbers, etc.**
- **Please check all forms before you send them – if you can't decipher the information we likely can't either**
- **Incomplete or illegible forms will have to be returned and will cause a delay in enrollment.**
- **You can expect to hear from Yvonne Gamble by phone or email when minor discrepancies need to be cleared up.**
- **PLEASE do not list “same as last year” in any part of the enrollment or change form.**



EMAIL LISTING ADDITIONAL/MISSING/REQUIRED INFORMATION

We are in receipt of Enrollment or Enrollment Change form(s) that are incomplete or incorrect. In order to properly process all enrollments and changes we must have legible and complete information.

At this time we have destroyed the form(s) for the member(s) below and require you to resubmit the form(s) with the following additional or corrected information. There will be no changes to the member(s) enrollment(s) until this information is received. As soon as you return the requested information we will process the enrollment changes to properly reflect the accurate information.

Employee Name	Additional Information Necessary

We sincerely appreciate your immediate attention to this matter.

Yvonne Gamble
Administrative Assistant
yvonne.gamble@meritain.com



ENROLLMENT FORM FAX COVER SHEET

TO: MERITAIN HEALTH – ATTN: YVONNE GAMBLE - 888-525-2799

FROM:

NO OF PAGES: (Including cover sheet)

DATE:

List the last name of **first** enrollment in this fax: _____

List the last name of the **last** enrollment in this fax _____

PLEASE DO NOT FAX MORE THAN 20 ENROLLMENTS AT A TIME

DEAR EMPLOYER - IMPORTANT PLEASE READ!

It is the employer's responsibility to confirm ALL required fields are completed.

- If you are missing any required information, you will be notified via email. The email will list the members name and advise you of the missing or incomplete information.
- Please RESUBMIT the completed/corrected form(s). We will not retain the copy of your incomplete form(s).

Fillable Enrollment Forms

- **Avoid having forms returned for illegible information**
- **Use the fillable enrollment and change form emailed and also posted on egtrust.org**

Open Enrollment

REMINDERS:

- Employees are no longer required to give 12 month notice to move to a richer plan.
- If you haven't turned in your Traditional Individual Selection Form please complete it today and leave it with Yvonne Gamble.

Open Enrollment – More Reminders

- Elections made during the open enrollment period are irrevocable unless the member experiences a qualifying event or a special enrollment event. For example:
 - **Marriage/civil union**
 - **Divorce/termination of civil union**
 - **Birth or Adoption**
 - **Loss of coverage (other than Medicaid or SCHIP)**
 - **COBRA maximum period exhausted**
 - **Reasons other than non-payment of premium or termination due to fraud or misrepresentation of a material fact**
 - **Employer ceases contributing to plan**

Employees must notify the Employer within 31 days of the event.

Enrollment – Current and New Employees

- ***Strongly suggest*** you provide an Enrollment Guide to any Employee who is eligible to participate in the Health, Dental, Vision, or Life Insurance programs.
- Consider including your own letter to the employee outlining what health plans you offer and the process for returning the information to you with a deadline.
 - ***Recently emailed a sample letter for your use.***
- ***Strongly suggest*** you retain copies of enrollment forms where employees waive coverage.

Enrollment – New Employees

- **Provide an Enrollment Guide along with a copy of the Schedule of Benefits and SBC's each time you have a new hire. (See Group Specific Packet)**
- **New hires are to be offered coverage consistent with enrollment rules of each product (medical, dental, vision, life)**
- **Remember that only newly eligible employees or new hires may enroll in up to \$100,000 of optional employee life coverage with no medical underwriting.**

Enrollment – New Employees

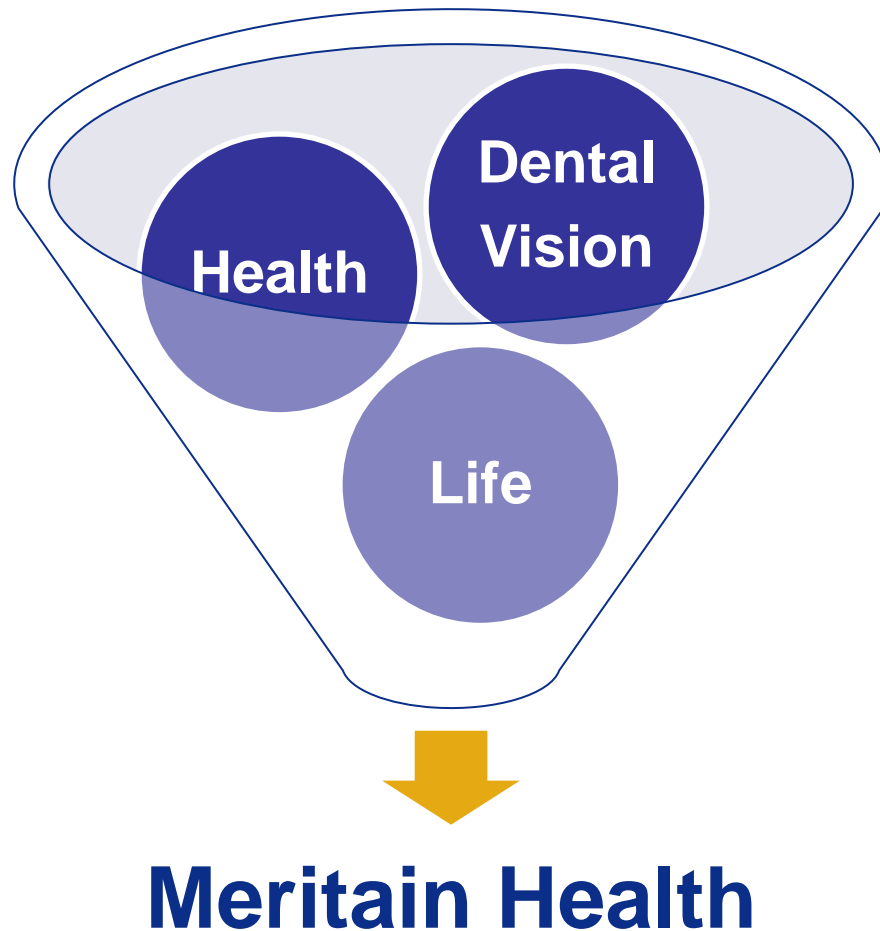
- **Require new employees to complete the enrollment form signing the waiver of coverage should they choose to waive all offers of coverage.**
- **Contact Yvonne Gamble with requests for Enrollment Guides or any additional supplies you may need.**

Enrollment – New Hires

Provide new employee with the New Health Insurance Marketplace Coverage Options and Your Health Coverage form. You may use the sample notice provided by the DOL by clicking on the following link or you may create your own notice that contains key information.

<http://www.dol.gov/ebsa/pdf/FLSAwithplans.pdf>

Enrollment and ID Card Process



Meritain Health

Care
Coordinators
Quantum Health

Medical ID Card

Coventry/Aetna
Provider Network

CVS Caremark
Rx Program

Healthcare
Bluebook

Teladoc

Ameritas Vision

Vision ID Card

Ameritas Dental

Dental ID Card

Mark to Market Benefit Administration

Plan A1 = Plan A

Plan B1 = Plan B

Plan C1 = Plan C

Plan HDHP(D) = Plan D1

Plan E1 = Plan E1M

The only difference between the traditional plans and Mark to Market plans is the first \$6,500 of network benefits excluding wellness services and prescription drugs is paid by an insurance carrier.

Meritain will handle processing of the fully insured benefit and the Trust benefit.

Mark to Market Benefit Administration

In order for Meritain to properly allocate the fully insured funds we had to modify the internal claims process.

Member statements and Explanation of Benefits (EOB) will reflect an artificially inflated network deductible and an HRA contribution of \$6,500/\$19,500. This is the amount of fully insured benefit but is reported as an HRA contribution.

Mark to Market Benefit Administration

Meritain has created customized “How To Read Member Statements” for each plan.

They will be posted on the Trust website
www.egtrust.org

The Care Coordinators are educated in this process and will be prepared to answer any questions members have.

How to Read Your Member Statement Mark to Market Plan C1 – Plan C Equivalent

Your member statement is not a bill or invoice. For additional information or question about this statement go to www.eqtrust.org and click on the Care Coordinators logo from the home page to email or chat with a Care Coordinator. You may also reach them at 855-452-9997.

Descriptions of the content of the member statement follow.

1. Statement period and health tips
The statement period is in the upper right-hand corner followed by monthly health tips under the heading "Did You Know?"

2. Health Statement Summary

Account Summary. The HRA Employer Contribution is not actually an employer contribution. It is the starting balance of the family in-network claims dollars to be paid by the fully insured carrier (APL). The starting balance will always be \$19,500 (\$6,500 per covered individual).

Account Balances. The HRA Current Balance is the remaining balance (as of the date of the statement) of the family in-network claims dollars to be paid by the fully insured carrier (APL).

Summary of Claims Paid. This includes all claims processed during the statement period broken down by Health Coverage, HRA (amounts paid by fully insured carrier), and Patient Responsibility.

Plan Year Deductibles. Your deductibles for the plan year are broken down into in-network and out-of-network amounts. The individual in-network deductible for Plan C1 is \$1,100 per individual up to a family maximum of \$3,300. The beginning in-network family deductible will always show as \$7,100.00. In order to properly allocate payments from the fully insured carrier we must artificially inflate the in-network deductible by \$6,000.00.

Health Statement Summary

Account Summary	Plan Year Deductibles	In-Network	Out-of-Network
HRA Balance	01/01/2014 - 06/30/2014	Beginning	\$1,500.00
HRA Employer Contribution		Remaining	\$5,000.00
FSA Prior Year Election			\$1,500.00
FSA Current Year Election			\$5,000.00
Account Balances	Summary of Claims Paid		
HRA Current Balance	12/01/2014 - 12/31/2014		
FSA Prior Year Balance		Paid by Health Coverage	\$0.00
FSA Current Year Balance		Paid by HRA	\$0.00
		Paid by FSA	\$241.44
		Patient Responsibility	\$0.00

Monthly Claims Detail

Patient Name	Claim Number	Date of Service	Provider Name	Service Type	billed Amount	Contract Amount	Applied to Deductible	Paid by Health Coverage	Paid by HRA	Paid by FSA	Patient Responsibility
JOHN	000000	12/01/2014	No Provider Assigned	FSA	\$11.49	\$11.49	\$0.00	\$0.00	\$0.00	\$11.49	\$0.00
JOHN	000004	12/01/2014	No Provider Assigned	FSA	\$329.95	\$329.95	\$0.00	\$0.00	\$0.00	\$329.95	\$0.00

Monthly Account Detail

Plan Year	Account	Process Date	Description	Amount
2014	HRA	12/01/2014	Annual Employer Contribution	\$400.00 CR
2014	HRA	12/01/2014	Coverage Change	\$1,000.00
2014	HRA	12/01/2014	BENEFIT ADJUSTMENT	\$1,000.00 CR

You Should Know

The following language is required by law and is for informational purposes only. This language is intended to assist those plan participants who may not speak English as their predominant language.

SPANISH (Español): Este documento es informativo y no es un recibo. Para obtener asistencia en español, por favor póngase en contacto con el número de teléfono que aparece arriba.

ENGLISH (English): This document is informational and is not a bill or invoice. For assistance in English, please contact the phone number that appears above.

CHINESE (中文): 此文件为信息性文件，并非账单或发票。如需中文协助，请致电上方所列电话号码。

HINDI (Hindi): यह दस्तावेज़ सूचनात्मक है और बिल/इन्वॉयस नहीं है। हिंदी में सहायता के लिए, कृपया ऊपर दिए गए फ़ोन नंबर पर कॉल करें।

Below is an illustration of the calculation of the in-network claims.

First	\$1,100.00	Applied to deductible	\$1,100.00	*Member Responsibility
Next	\$6,000.00	Paid at 80%	\$4800.00	Paid by Fully Insured Carrier (APL)
	\$6,000.00	Member Pays 20%	\$1,200.00	*Member Responsibility
Next	\$1,700.00	Paid at 100%	\$1,700.00	Paid by Fully Insured Carrier (APL)
Then		Remaining eligible In-Network expenses paid at 100%		Paid by Egyptian Trust

*Member Responsibility is a total of \$2,300. This is equivalent to the Traditional Plan C in-network Out of Pocket.

Billing Reconciliation

- Once all your Open Enrollment changes have been received Meritain will enter the new enrollments or changes.
- Complete enrollments received by August 15th will appear on the September invoice.
- Invoices will be available no later than the 25th of the month for the next month.
- Reconcile the September and October bill and report any changes to Darlene North (darlene.north@meritain.com) or 716.319.5242

Billing Reconciliation

- Remember – **ONLY 60 days of adjustments are allowed.**
- When you are not set up on auto-pay or you are not paying as billed, you are required to send in the reconciliation justifying the payment difference.
- If you wish to change your payment process contact Inderia Wilson (inderia.wilson@meritain.com) or 716.319.5877

Billing Reconciliation - Sample



EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST
 PO Box 66971
 DEPARTMENT ET.
 ST. LOUIS, MO 63166
 EGYPTIAN@MERITAIN.COM



REMITTANCE ADVICE

PLEASE FILL OUT AND SUBMIT WITH PAYMENT TO EGYPTIAN@MERITAIN.COM

School ID: 2XX (VERY IMPORTANT)

School Name: NAME OF SCHOOL DISTRICT

Month Remitting: 10/1/2011

Invoiced Amount: \$205,441.86

Total Amount Remitting: \$205,023.60 (\$418.26) Difference

PLEASE EXPLAIN ANY ADJUSTMENT BELOW TO YOUR REMITTANCE BELOW:

SSN	ONLINE CONFIRMATION #	EMPLOYEE NAME	ADJUSTMENT REASON	DATE OF EVENT	MEDICAL PREMIUM	DENTAL PREMIUM	VISION PREMIUM	BASIC LIFE	OPT LIFE	DEP LIFE	SPS LIFE	UTIL MAN	SUPP LIFE	TOTAL ADJUSTMNET
XXX-XX-XXXX	130769	NAME 1	TERMINATED	5/1/2011	\$ (410.62)	\$ (11.00)	\$ (6.64)	\$ (1.20)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (429.46)
XXX-XX-XXXX	130768	NAME 2	ADD DENTAL	4/1/2011	\$ -	\$ 11.20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11.20
Total Difference:													\$ (418.26)	

PLEASE MAKE CHECK/ACH PAYABLE TO:

EGYPTIAN TRUST
 P.O. BOX 66971
 DEPT. ET
 ST. LOUIS, MO 63166-6971

Summary of Health Plan Changes Effective September 1, 2016

Traditional Plan Rates September 1, 2016

Coverage	Plan A	Plan B	Plan C	High Deductible Health Plan	Plan E1
Employee	\$802	\$728	\$626	\$534	\$672
Employee + Spouse	\$1,656	\$1,496	\$1,296	\$1,096	\$1,386
Employee + Children	\$1,600	\$1,442	\$1,252	\$1,078	\$1,336
Family	\$1,782	\$1,608	\$1,394	\$1,182	\$1,490

**Rates include \$1.00 for \$10,000 basic life insurance.
If you did not send in your Individual Selection form yet
please complete it and leave it with us today !!!**

Benefit Changes September 1, 2016

■ Prescription Drug Program

There will be a 3% copay for oral specialty drugs (previously limited to injectable drugs). There will be a maximum out of pocket per month of \$150 per specialty drug.

Benefit Changes September 1, 2016

- **Elimination of One Year Advance Notice Requirement for Changing to a Richer Plan.**
- **Cadillac Tax will not be imposed until September 1, 2019. Plan A may continue to be offered until that time.**

Benefit Changes September 1, 2016

LabCard is back !!

Independent Lab Benefit

- **Effective 9/1/15 the LabCard program was replaced with the Coventry network.**
- **Added a multitude of independent lab providers including Lab Corp of America while retaining access to Quest Diagnostics**
- **Certain district locations lost access to LabCard providers that were contracted with LabCard**
- **Effective 9/1/16 BOTH LabCard and Coventry providers billing as network independent labs will be processed at 100% - no member cost share.**

Using Lab Card Products is Easy

Member Asks to use Quest Diagnostics at the time of service.

- Member shows their Lab Card and/or insurance card with Lab Card logo
- Member must verbally request to use Quest Diagnostics at the time of their draw
- Routine outpatient lab testing covered under medical plan is eligible for Lab Card discounts

Physician office or collection site collects specimen and sends to Quest Diagnostics.

- Physician office can call Lab Card client services to schedule pick up
- If physician does not draw in house, patient has the option to locate collection site for draw
- Patient must bring doctor's orders to site and verbally ask for Lab Card program

Testing is completed by Quest Diagnostics and transmitted to physician.

- Testing is usually completed within 24-48 hours depending upon the services ordered.
- Claim is submitted to member's insurance for payment of discounted rates.
- Member and plan save money!

Independent Lab Benefit

- **LabCard has provided posters and Q & A brochures**
- **LabCard will issue ID cards to all employees enrolled in health plan**
- **Meritain will include the LabCard logo on the health plan ID card at the time we recard the entire group**
- **Meritain will include information in the Fall newsletter**

TelaDoc

- TelaDoc is included in the health coverage for Employees and their dependents enrolled in one of the health plans.
- Employees may enroll in the TelaDoc program for a monthly fee of \$2.56 per month (when not enrolled in one of the health plans).
- Benefit applies to employee only
- You may reach TelaDoc at

www.MyDrConsult.com

800-362-2667

Communications to Members

- **Train the Trainer Sessions**
- **Employers are expected to communicate benefits and important messages to employees.**
- **All newsletters are posted at www.egtrust.org**
- **All newsletters and other important correspondence is emailed to members if we have their email address on file.**
- **Looking for past information – go to secure side of www.egtrust.org**

THANK YOU

On behalf of all the vendors who
provide services to the members
of the Egyptian Trust we
SINCERELY THANK YOU
for your business and support !