PARTNERS FOR HEALTH

Benefits Administration

Agency Benefits Coordinator Training

Welcome to Day 1

Overview of the Plan Document
& ABC Website

The dial-in number is 1-866-741-6464.

Please remember to MUTE your phones

Please DO NOT place the call on HOLD

Agenda

- Introduction
- ABC Contact Templates
- Module 1
  - Employee Eligibility
- Module 2
  - Dependent Eligibility
- Module 3
  - Special Enrollment
- Module 4
  - Family Medical Leave
  - Leave of Absence
  - Billing
- Module 5
  - Termination
- Module 6
  - Reinstatement of Coverage
  - Transfer Between Plans
- Module 7
  - Coverage Categories
  - Choosing a Premium Tiers
- Module 8
  - Marketplace Letter
  - Annual Enrollment
  - Employee Self-Service
- ABC – Website - http://www.tn.gov/finance/ins/abc.shtml

Training Email Box

We have set up an email box to send out correspondence to Agency Benefits Coordinator (ABC) without our personal contact information. When we send responses you will receive an email from benefits.training@tn.gov. You will not be able to reply to any messages only receive them.

New ABC Contact Templates

When we receive the Benefits User Security Authorization forms to add security access for new ABC's we send out several emails after your security has been approved by Edison. We have a total of 5 emails we send that also include your login information for the different systems you will need to do your job as an ABC. They include:

- New ABC Welcome letter- broken up by entity
- Edison Access
- ELM Login and instructions
- Remedy Login
- Final Contact

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New ABC Welcome – STATE, HED

Dear ABC,

We would like to welcome you as an Agency Benefits Coordinator (ABC).

The Benefits Administration Training team will conduct a two-day webinar training from 9:00 – 11:00 a.m. CST on March 18th & 19th. We will cover some of the things you may see and do as an ABC for your agency.

To sign up for this training, please follow the attached instructions. (An email with the webinar link, phone number, and additional information will be sent out closer to the webinar date.) Please advise if you are unable to attend any of the scheduled training.

In addition to the New ABC webinar training, Benefits Administration also hosts monthly ***ABC Training Workshops*** on various topics. The workshops are 1 hour and will begin with a 10-15 minute demonstration, followed by an open floor forum in which you are encouraged to ask questions you may have on the topic.

This is the letter for State and Higher Ed ABC's for a previous webinar. As you see, the difference is the wording regarding the MOU's.

Edison Access

There are three different Edison Access letters that are sent to the ABC based on the type of access they have:

- Benefits Inquiry- for ABC's that have inquiry only access (applies to LE, LG and HED)
- External Agency Coordinator- for ABC's that have keying access (applies to LE, LG and HED)
- State Agency Coordinator- this is also view only access but only applies to State ABC's

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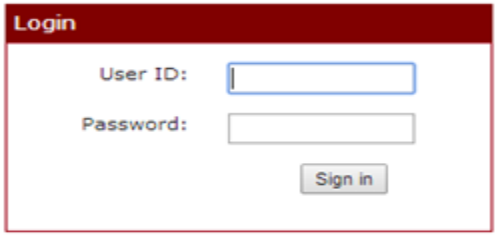
Dear ABC,

Welcome to Edison!

Your Edison access has now been established. You have been set-up as an External Agency Benefits Coordinator with Inquiry Only access in Edison. Your access gives you the authority to inquire on personal data, job data, and enrollment information for your agency's employees and dependents. You also have the authority to run the Premiums Due/Collections Applied report and to run queries.

To access Edison, click the following link: https://www.edison.tn.gov



Inquiry only and ability to run collections applied reports.

Each letter includes the link for Edison, the login information and the link for the ABC website for instructions. They give information as to what access the ABC has in Edison.

You will use your standard Edison ID and password that has been previously issued, but will notice increased access.

Important Edison information:

User ID =

Agency department number =

Instructions for using Edison may be found on the Benefits Administration website for Agency Benefits Coordinators at http://www.tn.gov/finance/ins/abc.shtml. After navigating to the ABC website, you can view the manual by clicking "*Edison Instruction Manual (data entry access)*" under the "*Local Education Plan*" section.

If you have any questions on using Edison or need your Edison password reset, please contact the Benefits Service Center by telephone at 800-253-9981 or 615-741-3590.

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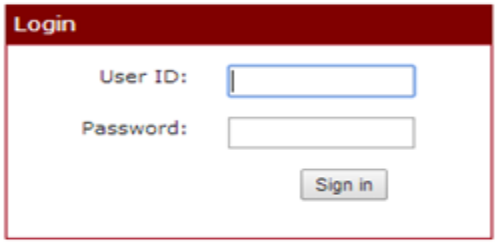
Dear ABC,

Welcome to Edison!

Your Edison access has now been established. You have been set-up as an External Agency Benefits Coordinator with data entry access in Edison. Your access gives you the authority to key personal data and job data for your agency's employees and the authority to inquire on enrollment information. You also have the authority to run the Premiums Due/Collections Applied report and to run queries.

To access Edison, click the following link: https://www.edison.tn.gov



Data entry and ability to run collections applied reports.

You will use your standard Edison ID and password that has been previously issued, but will notice increased access.

Important Edison information:

User ID =

Agency department number =

Instructions for using Edison may be found on the Benefits Administration website for Agency Benefits Coordinators at http://www.tn.gov/finance/ins/abc.shtml. After navigating to the ABC website, you can view the manual by clicking "*Edison Instruction Manual (data entry access)*" under the "*Local Education Plan*" section.

If you have any questions on using Edison or need your Edison password reset, please contact the Benefits Service Center by telephone at 800-253-9981 or 615-741-3590.

Each letter includes the link for Edison, the login information and the link for the ABC website for instructions. They give information as to what access the ABC has in Edison.

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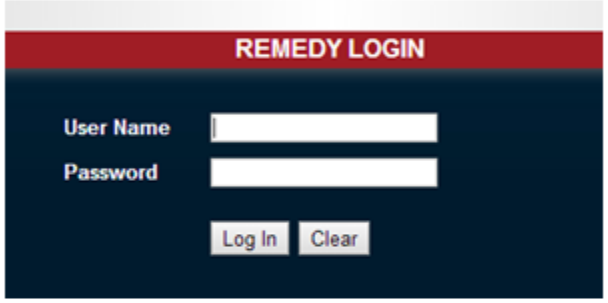
Dear ABC,

Welcome to Remedy!

Your Remedy Catalog access has now been established and you can begin submitting tickets directly to the Benefits Administration Service Center through Remedy.

To access Remedy, click the following link: https://myremedy.tn.gov



Your Remedy username and password are listed below. Use them to log into Remedy for the first time.

Username:
Password: **remedy (all lower case)**

For more assistance logging in, a quick video is available on the ABC website at http://www.tn.gov/finance/ins/abc.shtml. After navigating to the ABC website, you can view the video by clicking "*Quick Video of Remedy Updates*" located under the section titled "*Remedy Information*".

If you experience any issues logging in this first time please contact your designated trainer. In the future if you have any questions or need guidance, please report your issue to the OIR Service Desk at (615) 741-1001, Ext 3. OIR will ask for your user id (your ***Edison Login ID*** that is listed above) and a description of the issues you are experiencing.

The login information for Remedy includes the link and contact information for any issues. Along with a link for a quick video to assist first time users when logging in.

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New ABC Final Contact

Dear ABC,

Congratulations! We are pleased to announce that you have completed the New Agency Benefits Coordinator Training.

It is our mission to deliver comprehensive, affordable, dependable and sustainable benefits to our members. As an Agency Benefits Coordinator, you are part of our team in our vision for healthy members; peace of mind. We hope you will build on your success by utilizing the resources we have provided as you continue to grow in your new role.

If you have any questions or need guidance, please contact the Benefits Administration Service Center at (615) 741-3590 or (800) 253-9981, Ext 6. You can also create a remedy ticket to report any issue you may have.

On behalf of Benefits Administration Management and Staff, we congratulate you. We are proud of your accomplishment and delighted to have you as part of the team.

After you have completed both days of training they will no longer be assigned to a specific trainer and all questions will be handled by the call center via a call or a remedy ticket.

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STATE OF TENNESSEE

Benefits Administration Training

Plan Document Training

REV 3/2015

Module 1

- Employee Eligibility
- Enrollment and Effective Dates
- Change in Eligibility Status
- Eligible Under Multiple Plans

State and Higher Education

Employee Eligibility Requirements

State/Higher Education

The following employees are eligible to ENROLL

	State / Higher Education
ELIGIBILITY	• Scheduled to work no less than 30 hours week

	• Seasonal or Part time employees who meet the following criteria:
	  • Worked 24 months
	  • Certified by their appointing authority to work at least 1450 hours per fiscal year

NOTE: ***Individuals classified as temporary appointments or contractors shall not be considered as employees and are NOT eligible for insurance benefits***

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Enrollment and Effective Dates

State/Higher Education

State / Higher Education	
Eligibility Date	• Hire date of the employee
Coverage Begin Date	• First day of the month after the employee's hire date

Enrollment Information and **Dependent Verification** must be provided to Benefits Administration within 31 days of your *eligibility date*

- All documentation should be submitted at one time
- Include *Edison Employee ID* on all documents

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Change in Eligibility Status

Change in Eligibility Status

State

- **1450 hour employees** whose hours are reduced, will have benefits *terminate* on the last day of the next month as long as the premium has been paid

- A **part-time employee** or an **emergency appointment:**
  - Coverage will start the first day of the month after gaining full-time status, OR
  - The first of the subsequent month

NOTE: ***The 1450 hour employees who lose coverage are eligible for 18 months of COBRA.***

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Change in Eligibility Status

State

- 1450 Employees are eligible for coverage **the first day of the month after the criteria is met,** as long as:
  - Meet the 24 month criteria, and
  - Are scheduled to work 1450 hours

Change in Eligibility Status

State

- When an employee becomes eligible for coverage as a 1450 participant, their employing agency must provide the following:
  - Documentation reflecting the 24 months of prior service
  - A letter signed by the appointing authority (Commissioner) indicating that the employee is scheduled to work 1450 hours during the fiscal year

NOTE: *Enrollment information and dependent verification should be submitted to Benefits Administration within 31 days of meeting the 1450 criteria*

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TCA 8-27-201(h)

Review Questions

State/Higher Education

1. **If an employee that changes from full time to part time or a 1450 employee hours are reduced, when will the benefits terminate?**

   On the last day of the next month as long as the premiums are paid.

2. **If a state employee changes from part time to full time employment, when will coverage begin?**

   The first day of the month after gaining full time status or the first of the subsequent month.

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Review Questions (cont.)

State/Higher Education

3. **When do benefits for an employee, approved as 1450 status, begin?**

The first day of the month after all criteria is met.

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Eligible Under Multiple Plans

Eligible Under Multiple Plans

All Agencies

- A participant may be eligible to participate as the head of contract in more than one of the state-sponsored plans
- Benefits will be coordinated based on the age of each policy and the oldest will pay primary
- Participants who are eligible in more than one plan may continue multiple coverages, or elect to maintain coverage with one agency
- If they lose their eligibility with one agency, they may transfer their coverage to the other plan

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Review Questions

Eligible Under Multiple Plans

1. **Can an employee be head of contract on more than one state sponsored plan?**

   Yes, but they cannot have coverage under both if both jobs are in the same plan, ie State and HED.

2. **How will benefits be coordinated?**

   Oldest plan pays primary.

3. **If they lose eligibility with one agency, can they transfer their coverage to the other plan?**

   Yes

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Eligible of a Re-Hired Employee

Eligibility of a Re-Hired Employee

All Agencies

An employee may **not** be ***terminated and then re-hired*** by the same agency within 60 days and be eligible for insurance coverage as a ***newly hired employee***

PD 2.08; 3.05

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Eligibility of a Re-Hired Employee

All Agencies

1. If the Department of Health terminates and then rehires the same employee within 60 days, will that employee be eligible to enroll in coverage as a new hire?

No

Enrollment Form

NOTE: *Enrollment forms should be typed if possible*

http://www.tn.gov/finance/ins/pdf/1043.pdf

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STATE OF TENNESSEE
BENEFITS ADMINISTRATION TRAINING

Module 2

Dependent Eligibility

Eligible Dependents

Eligible Dependents
Legally married spouse
Natural children (biological)
Legally adopted children
Children for whom the employee is the legal guardian
Stepchildren
Employee's child for whom the plan has received a Qualified Medical Child Support Order

NOTE: ***Dependent children are eligible for coverage through the last day of the month of their 26th birthday.***

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Eligible Dependents

1. **Are legally adopted children and step children considered eligible dependents?**

   Yes

2. **At what age are dependent children considered no longer eligible for benefits?**

   At the end of the month in which they turn 26

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Incapacitated Dependents

- Children who are mentally or physically disabled and not able to earn a living may continue health, dental, or vision coverage beyond age 26 if:
  1. Disabled before their 26th birthday, and
  2. Were already insured under the state group insurance program

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Incapacitated Dependents

- Forms should be submitted 90 days PRIOR to the dependent's 26th birthday

NOTE: ***BA will accept forms received up to and on the dependent's 26th birthday.***

http://www.tn.gov/finance/ins/pdf/0927.pdf

Incapacitated Dependents

T/F: Children approved as incapacitated can remain on coverage after the age of 26 if:

1. **They were disabled before their 26th birthday, and**
2. **They were not currently covered on the state insurance program.**

False: They must've already been covered under the state insurance program.

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Dependent Documentation

NOTE: Also known as Dependent Verification

Dependent Documentation Examples:
Marriage Certificate
Birth Certificate
Adoption Papers or Legal Guardianship Papers
Divorce Decrees
Federal Income Tax Returns (listing dependent spouse)

Dependent Documentation

- Employee - 31 days from their eligibility/hire date to provide the required dependent verification to Benefits Administration

NOTE: *If the documents are not received within that time frame, the dependents will be ineligible until the next Annual Enrollment (AE)*

Dependent Documentation

Proof of Marital Relationship for a Spouse

- The employee is required to provide a document proving marital relationship **AND** a document proving joint ownership.

Documentation to prove Marital Relationship:
• Government issued marriage certificate or license; OR
• Naturalization papers indicating marital status

Dependent Documentation

Proof of Joint Ownership for a Spouse

Documentation - Joint Ownership:
• Bank Statement issued within the last six months with both names; OR
• Mortgage Statement issued within the last six months with both names; **OR**
• Residential Lease Agreement within the current terms with both names; **OR**
• Credit Card Statement issued within the last six months with both names; **OR**
• Property Tax Statement issued within the last 12 months with both names; **OR**
• The first page of most recent Federal Tax Return filed showing "married filing jointly" (if married filing separately, submit page 1 of both returns) or form 8879 (electronic filing)

http://www.tn.gov/finance/ins/pdf/1043.pdf

Dependent Documentation

1. **Are documents required to add dependents to coverage?**

   Yes

2. **How many days from the eligibility dates does the employee have to submit documentation?**

   31

3. **What documentation is required to add a spouse?**

   Marriage certificate and proof of joint ownership unless married within current year and then only the marriage certificate required.

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Dependent Eligibility during Divorce

- If termination is due to **anticipation of divorce**, the dependent spouse cannot be terminated **without their consent** or an **order of the court** until occurrence of one of the following:

• The final decree of divorce is entered
• The order of legal separation is entered
• The petition is dismissed
• The parties reach agreement
• The court modifies or dissolves the injunction against making changes to insurance policies

TCA 36-4-106

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Dependent Eligibility - Divorce

- A divorced spouse *cannot be covered* under a state sponsored plan **even if** the divorce decree states the employee must carry insurance coverage for their ex-spouse
- The insurance termination date is **effective at the end of the month that the divorce becomes final**
- The employee must notify their agency benefits coordinator (ABC) to cancel coverage when their dependent loses eligibility

Dependent Eligibility - Divorce

NOTE: Failure to report a dependent, becoming ineligible to continue coverage, within 60 days of the loss of eligibility will result in the dependent not being offered the opportunity to continue coverage under COBRA

NOTE: The employee will be responsible for the re-payment of any claims provided for the ex-spouse after the end of the month the divorce becomes final

Review Questions

Dependent Eligibility - Divorce

1. **Can an employee terminate their spouse due to anticipation of divorce?**

   No. Not without an order from the court or until the final divorce is entered, the order of legal separation is entered, the petition is dismissed, the parties reach an agreement or the court modifies or dissolves the injunction against making changes to insurance policies.

2. **When does the insurance end or terminate when a spouse is removed due to divorce?**

   The end of the month that the divorce becomes final

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Review Questions

Dependent Eligibility - Divorce

3. If the loss of dependent eligibility is not reported within 60 days, will the dependent be eligible for COBRA?

No

4. T/F: The ex-spouse will be responsible for repayment of any claims provided after the divorce is final.

False

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Court Ordered Dependent Eligibility

There are two different types of COURT ORDERS that establish an eligibility period for dependents:

- **JUDGE Decree**
  - Order signed by a judge is required
  - Only the children named in the order are eligible
  - Effective date is the date specified in the order or the date of the order
- **QUALIFIED MEDICAL CHILD SUPPORT ORDER**
  - A completed *Notice to Withhold for Health Care Coverage* is required
  - Only children named in the order are eligible
  - Effective date is the date specified in the order or the date of the order

Review Questions

Court Ordered Dependents

1. What are the two types of court orders that establish an eligibility period for dependents and what is required for each?
   A. **Judge Decree**: must be signed by the judge
   B. **Qualified Medical Child Support Order**: must have a completed *Notice to Withhold for Health Care Coverage*

2. What are the effective date options?
   A. The date specified in the order **OR** the date of the order.

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Dependent Effective Dates

Eligible Dependent Effective Dates
• The effective date of the employee's coverage, or
• The date the dependent becomes an eligible dependent of the covered person

Dependent Effective Dates

- If enrolled in **single coverage** and adding a spouse, the employee may choose:

• The date the dependent becomes an eligible dependent of the covered person, OR
• The first of the next month

NOTE: ***If date on the order is greater than 60 days then the effective date of coverage is the first of the month after notification is received.***

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Dependent Effective Dates

Example

The **EFFECTIVE DATE** of a child must be the day the birth, adoption, or legal custody occurred

Child Born	5/14
Coverage Effective Date (Edison)	5/14

NOTE: ***Application to add a dependent must be submitted within 60 days of the acquired date***

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Dependent Effective Dates

- To add a dependent more than 60 days after the acquire date, the level of coverage the employee had on the date the dependent was acquired must have been sufficient to include that dependent without requiring a premium increase. The employee must have maintained that same level of coverage without a break. The dependent's coverage start date may go back to the acquire date in this case.

NOTE: ***Dependent coverage is not prorated so the agency or employee will be billed the entire month's premium regardless of the start date of coverage***

Review Questions

Dependents Effective Dates

1. What are the effective date options for any eligible dependent?

   A. **The effective date of the employee's coverage, OR**

   B. **The date the dependent becomes an eligible dependent of the covered person**

2. T/F: Newly acquired children can be added any day chosen by the employee.

   False. The child must be added on the day of birth, date of adoption, or the date of legal custody.

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Review Questions

Dependents Effective Dates

3. T/F: The application to add a dependent must be submitted within 30 days of the acquire date.

False. The application must be submitted within 60 days.

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STATE OF TENNESSEE
BENEFITS ADMINISTRATION TRAINING

Module 3

Special Enrollment Provision

Special Enrollment Provision

What's the difference?

Special Enrollment Provision

Special Qualifying Event

Life Event

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Special Enrollment Provision

The **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct **(HIPAA)**

- Federal law - Allows an employee to enroll in a group health plan due to certain ***life events***
- Special enrollment requests can be submitted for:
  - Health
  - Dental
  - Vision

Special Enrollment Provision

- If you **do not** enroll in medical, dental or vision coverage when you are **first eligible**, *you can only* apply later through **SPECIAL ENROLLMENT** due to certain life events (or during Annual Enrollment)

- All life events are **not** **SPECIAL QUALIFYING EVENTS (SQE)**. Some life events such as birth, marriage, and adoption are considered regular enrollments unless enrolling other previously eligible dependents.

Special Enrollment Provision

- Reasons for Special Qualifying Event include:
  - ✓ Divorce;
  - ✓ Legal separation;
  - ✓ Loss of eligibility;
  - ✓ Termination of spouse's employment;
  - ✓ Employer's discontinuation of contribution to the dependent's insurance coverage (total contribution, not partial);
  - ✓ Spouse's work hours reduced causing loss of eligibility;
  - ✓ Coverage that has reached the lifetime maximum;
  - ✓ Loss of TennCare other than non-payment of premium

Review Questions

Special Enrollment Provisions

1. What does HIPAA stand for?

   Health **I**nsurance **P**ortability and **A**ccountability **A**ct

2. What types of coverage can a Special Enrollment be submitted for?

   Health, Dental, and Vision

3. If an employee does not enroll in coverage when first eligible, are they able to enroll at a later time?

   Yes. The employee can enroll if the experience certain Life Events, Special Enrollment Provisions, or during Annual Enrollment (AE).

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Special Enrollment Provision

- **A SPECIAL QUALIFYING EVENT (SQE) can occur when you add *previously eligible dependents* at the same time as newly acquired dependents for any of the reasons below:**
  - A new dependent spouse is acquired through marriage
  - A new dependent newborn is acquired through birth
  - A new dependent child is acquired through adoption or legal custody (Adoption includes placement with intent to adopt)
- **The request must be submitted within 60 days of acquiring the new dependent**

Special Enrollment Provision

NOTE: ***If an employee only wants to add a newly acquired dependent, this is treated as a regular enrollment and is not a Special Qualifying Event (SQE).***

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Special Enrollment Provision - Example

Employee Only and Employee + Spouse

Example

Enrollment:

- Employee Only, or
- Employee + Spouse

Scenario: An employee **did not enroll when initially eligible** as a new hire. She was recently married and is not sure whether she wants to enroll just herself or herself and her new spouse.

Is she allowed to enroll in Single coverage?

And, IF SO, what type of enrollment would this be?

Special Enrollment Provision - Example

Employee Only and Employee + Spouse

Example

Enrollment:

- Employee Only, or
- Employee + Spouse

Can she enroll in Single coverage?

Federal regulations allow that she can enroll in any coverage level for which she is eligible.

If she chooses employee only, she should be aware that she will not be able to enroll her spouse at a later date unless they experience another SQE or apply through an annual enrollment period.

Which Type of Enrollment?

SQE

Special Enrollment Provision - Example

Single Coverage

Example

Enrollment:

- Employee - SINGLE Coverage

Scenario: An employee recently married and wants to enroll her new spouse. She is already enrolled in Single coverage and only wants to add the spouse to coverage.

Would this scenario be considered a SQE?

No. It would be treated as a regular enrollment.

NOTE: ***Spouse only coverage is not an option for an active employee. The employee must be participating to add a spouse.***

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Special Enrollment Provision - Example

Add New Spouse/Natural Child/Adopted Child

Example

Enrollment:

- Employee - SINGLE Coverage

Scenario: She is married recently and wants to add her new spouse. She also wants to add two stepchildren and a previously eligible natural child. Documentation submitted show that the children meet current eligibility criteria.

Would this scenario be considered a SQE?

Yes. Because the employee *not only* wants to add the new spouse, but also a *previously eligible dependent*, this is a SQE.

Review Questions

Special Enrollment Provisions

1. For what instances can you add previously eligible dependents at the same time as newly eligible dependents?
   - **When a new spouse is acquired through marriage**
   - **A newborn is acquired through birth, and**
   - **A new dependent is acquired through adoption or legal custody**

2. If an employee did not enroll in coverage when first eligible but get married, can the employee enroll in single coverage or do they have to enroll in Employee + Spouse?

The employee can enroll in either Single or Employee + Spouse coverage.

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Review Questions

Special Enrollment Provisions

3. If an employee has single coverage and get married and wants to add the spouse, is this considered a SQE?

   No. This is a regular enrollment because the new spouse was not previously eligible.

4. If an employee has single coverage and gets married and wants to add the new spouse and natural children (who were never enrolled), is this a SQE event?

   Yes. This is considered an SQE because the natural children were previously elgible.

Can all the dependents be added?

Yes.

Special Enrollment Provision
Effective Date

If enrolling due to loss of other insurance coverage under another plan, options for coverage start dates are:

- **Day after the loss of other coverage, OR**
- **The first of the following month**

EXCEPT IF:	Effective Date
Enrollment is due to marriage	The date of marriage or the first day of the next month
Enrollment is due to birth, adoption, placement for adoption, and legal custody	The day of the event

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Review Questions

Special Enrollment Effective Dates

1. What is the coverage effective date options for a special enrollment?

   The day after loss of other coverage or the first of the following month.

2. T/F: The effective date options for birth, adoption, or legal custody are the date of the event or the first of the following month.

   False. The effective date can only be the date of the event.

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Special Enrollment Provision
Important Reminders

- When enrolling dependents under the ***SPECIAL ENROLLMENT PROVISION***, you may choose to change to another health plan
  - Example: Change from BCBS to Cigna
- Loss of eligibility does not include:
  - A loss due to failure of the employee or dependent to pay premiums on a timely basis, **OR**
  - Termination of coverage for cause

Special Enrollment Provision
Important Reminders

- If enrolling due to loss of other insurance coverage under another plan, proof of loss of coverage is required for the employee as well as the participant(s) who lost the coverage

http://www.tn.gov/finance/ins/pdf/1043.pdf

Review Questions

Special Enrollment Provisions

Can the employee change to another health plan when enrolling dependents under a special qualifying event?

ANSWER??

Yes

Module 4

- Family Medical Leave (FMLA)
- Leave of Absence
- Billing

Family Medical Leave Act (FMLA)

Family Medical Leave Act

- **FMLA** is a leave of absence granted for a period not to exceed 12 work weeks in a 12 month period for:
  - Employee's serious illness,
  - The birth or adoption of a child, **OR**
  - Caring for a sick spouse, child, or parent
- Individuals on **FMLA** shall continue to receive the state support of their health insurance premium

Family Medical Leave Act

- Initial approval for **FMLA** is at the discretion of each agency head

- Employees must have:
  - Been employed a minimum of **12 months**, **and**
  - Worked **1250 hours** in the **12 months** immediately preceding the onset of leave

Review Questions

Family Medical Leave Act

1. **What does FMLA stand for?**

   Family Medical Leave Act

2. **What are the requirements for an employee to go out on leave?**

   Employees must have been employed a minimum of 12 months and worked 1250 hours in the 12 months preceding the onset of leave.

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Review Questions

Family Medical Leave Act

3. **Do employee's on FMLA receive state support on their insurance while out on leave?**

   Yes

4. **How long is FMLA granted and what is granted for?**

   Family Medical Leave Act, granted for 12 weeks for an employee's serious injury, the birth or adoption of a child and caring for a sick spouse, child or parent

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LEAVE OF ABSENCE

(LOA)

Leave of Absence

Continuation of Coverage

LEAVE OF ABSENCE (LOA)

An employer-authorized temporary absence from employment or duty with intention to return.

Leave of Absence

Continuation of Coverage

An employee on an approved **LOA** (***not covered under FMLA)*** may continue coverage as described below:

- Coverage can continue for 2 continuous years provided he/she pays the full monthly premium *(both employer and employee portions)* during the LOA
- Returning to work after a 2-year LOA must be in a positive pay status for **one full calendar month** before they may be eligible to continue coverage for a subsequent leave of absence

NOTE: *Does not return to active work status **and** has completed a two-year LOA, coverage will be discontinued and COBRA continuation coverage will not be offered*

Leave of Absence

Continuation of Coverage

Leave of Absence Form:

http://www.tn.gov/finance/ins/pdf/1037.pdf

Review Questions

LOA - Continuation of Coverage

1. **What is the definition of Leave of Absence?**

   An employer-authorized temporary absence from employment or duty with intention to return.

2. **T/F: An employee on a LOA must also be covered under FMLA?**

   False. Leave of absence begins after FMLA has been exhausted.

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Review Questions

LOA - Continuation of Coverage

3. How many months can an employee be covered under a LOA as long as the premiums have been paid?

24 months

4. Is an employee eligible for COBRA, if he/she does not return to work after their LOA?

No

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Leave of Absence

Coverage for Spouse (also employee)

- If an employee and spouse are ***separately covered*** under a state-sponsored plan, **and**
- The employee goes on a leave of absence, **then**
- The covered spouse may change the type of coverage in order to cover the employee as a dependent

NOTE: *The employee adding a spouse must contact the Agency Benefits Coordinator and change to the appropriate coverage by completing the enrollment change application within 60 days*

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Leave of Absence

Suspension of Coverage

- If the employee decides **not to continue coverage** while on leave, they must apply to suspend coverage by signing the *Leave of Absence* form **<u>while the coverage is still active and premiums are current</u>**
- Coverage will terminate - the last day of the month in which the employee has paid the premium(s)

Leave of Absence

Suspension of Coverage (cont.)

- When an employee returns from a LOA, the Agency Benefits Coordinator (ABC) must be contacted by the employee, the enrollment forms completed, and the insurance premium paid
- The employee has **one full calendar month** from the end of the leave of absence to reinstate the coverage

http://www.tn.gov/finance/ins/pdf/1036.pdf

Review Questions

LOA - Suspension of Coverage

1. **If an employee decides to not continue coverage while on leave, are they able to suspend coverage? Must the premiums be paid current?**

   Yes. Yes.

2. **What will be the coverage termination date?**

   Last day of the month in which the premiums are paid current.

3. **How long does the employee have from the end of the LOA to reinstate coverage?**

   One Full Calendar Month

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BILLING

Billing

Family Medical Leave Act and Leave of Absence

State

- BA processes workers comp and FMLA billing for Central State employees **only**

NOTE: ***Direct bill - The employee is not receiving a paycheck for benefits to be deducted, so BA sends the employee an invoice and the employee is responsible to make the payment to BA.***

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Billing

Family Medical Leave Act and Leave of Absence

All Agencies

- A form to put an employee on direct bill can be sent by the ABC without an employee signature; **however,**
- The form to suspend coverage **must be** signed by the employee

NOTE: ***The only exception to this is when an employee out on FMLA needs to have coverage suspended due to failure to pay premiums. The employee would not be required to sign the suspend coverage form.***

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Billing

Family Medical Leave Act and Leave of Absence

All Agencies

- **BA does not retro date LOA forms:**

If an employee is requested to be placed on 100% direct bill effective 4/1, the LOA form must be received in BA's office no later than 3/31

NOTE: *If received after this date, the employee will be placed on 100% billing effective the first of the month after the form is received*

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Review Questions

Billing: FMLA and LOA

1. T/F: A form to place an employee on direct bill cannot be sent without the employee signature; the form to suspend coverage must be signed by the employee.

False. The form can be submitted without the employee signature.

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Review Questions

Billing: FMLA and LOA

3. If a form is submitted to our office for a LOA on 3/31, what date will they be placed on direct bill?

4/1. We do not have retro dated LOA forms.

Module 5

- Loss of Eligibility
- Termination

Loss of Eligibility

Loss of Eligibility Effective Date

All Agencies

Example

If an dependent loses eligibility under one of the state-sponsored plans, their coverage must be terminated at the end of the month in which they have lost eligibility

Dependent turns 26	5/2
Coverage End Date	5/31

➢**NOTE:** ***The effective date will apply regardless of when BA is notified (even if it is after the effective date). Their coverage will be retro canceled back to the end of the month in which they lost eligibility, and any claims paid on the participant will be recouped.***

Review Questions

Loss of Eligibility – Effective Date

If a dependent loses eligibility on 4/15, when must their coverage terminate?

4/30 – the end of the month eligibility was lost

TERMINATION

Termination Due to Death

All Agencies

- Employee dies while insured under a family policy:
  - Covered dependents continue to be covered for **6 months at no cost to the family**
  - After the 6 months: Surviving dependents may continue health coverage under **COBRA** for a maximum of 36 months (must remain eligible)
  - If the dependent is receiving a lifetime monthly benefit (pension) from TCRS: Dependent may be able to continue survivor coverage past the 6 months under retirement
  - If the employee had dental or vision coverage: Covered dependents will receive COBRA information at the end of the month following the death of the employee

Termination Due to Death

State/Higher Education

- If the employee was enrolled in the **OPTIONAL TERM** or **OPTIONAL UNIVERSAL LIFE** coverage:
  - Enrolled dependents will receive a notice from the insurance carrier offering the opportunity to be direct billed
  - The notices should be received approximately four to six weeks after the termination date

Death in the Line of Duty

STATE ONLY

- **Employee dies in the line of duty:**
  - Dependents will receive 6 months of free coverage
  - For the dependents to continue coverage after the 6 months (they are responsible for 20% of premium):
    - ✓ An enrollment form will need to be completed *before the 6 months of coverage ends* and sent to BA marked as DILD (Died in the Line of Duty)
    - ✓ It will then be processed in our office for enrollment and billing purposes

Review Questions

Termination Due to Death

1. **If an employee with Family coverage dies on 3/12, when will the free benefits terminate for the family?**

   9/30

2. **Will the family be offered COBRA after the benefits term? If so, for how long?**

   Yes. For 36 months as long as they remain eligible.

3. **What would happen if a State employee was enrolled in Optional Term or Optional Universal life coverage?**

   The dependent will receive a notice from the carrier offering the opportunity to be direct billed.

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Cancel Requests
All Agencies

Cancel Request: A voluntary cancellation of a covered person. A cancel request is not permitted outside of the AE period unless the covered person experiences a qualifying event.

- Employees have 60 days from the date that they or their dependent(s) become eligible for coverage under another plan to submit documentation
- The coverage end date may be:
  - The last day of the month prior to the eligibility date of other coverage, **OR**
  - The last day of the month that the event occurred

Cancel Requests *(cont.)*

All Agencies

- For a divorce or legal separation, you cannot remove your spouse until a final decree is entered unless the court gives permission
- If canceling coverage due to no participating dentists, the employee can cancel the last day of the month in which the form is received.

http://www.tn.gov/finance/ins/pdf/1047.pdf

Review Questions

Cancel Requests

1. **When is a voluntary cancellation permitted outside of AE?**

   If the employee experiences an approved qualifying event.

2. **How many day does an employee have to submit documentation stating they are eligible for coverage?**

   60 days

3. **What are the options for the termination date of coverage?**

   The last day of the month prior to the eligibility date or the last day of the month the event occurred.

4. **When can the benefits be termed due to no participating dentist?**

   The last day of the month in which the form is received.

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Review Question

- If an employee/dependent loses eligibility under one of the state-sponsored plans, when must their coverage be terminated?

At the end of the month in which they have lost eligibility

Module 6

- Reinstatement of Coverage
- Transfer between Plans

Reinstatement of Coverage

Following Termination of Employment

Reinstatement

- **Employee may reinstate insurance if:**
  - Employment is terminated and they return to work within **one full calendar month** of insurance termination, **and**
  - They meet all eligibility requirements
- The ABC must be contacted and an enrollment form completed for coverage to be reinstated
- The employee will be enrolled in the same coverage they had before the termination

Following Voluntary Cancellation

Reinstatement

If a member has **voluntarily cancelled** medical insurance for themselves and/or their eligible dependents and wants the coverage reinstated, they may do so by meeting **all** of the following requirements:

- Premiums paid current on the coverage termination date
- The member and/or their dependents continue to meet the eligibility requirements of the plan
- The member submits a written request for reinstatement within one full calendar month of the termination date

Review Questions

Reinstatement Following Termination

1. **An employee may reinstate their coverage if they return to work within ____ of insurance termination and meet all eligibility requirements.**

   One full calendar month

2. **T/F: The employee can enroll in any coverage they choose.**

   False. They will be enrolled in the same coverage they had before the termination.

3. **There are 3 requirements when reinstating coverage after voluntary cancellation. How many of them does the employee have to meet?**

   They must meet ALL of the requirements.

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Transfer Between Plans

Transfer between Plans

State

- An employee transferring from another State plan to another State plan will have coverage effective the first day of the month after coverage has ended with the previous plan
- An employee is not required to work a full calendar month with the new agency before coverage begins

Example

Coverage End Date – Previous Plan	2/28
Effective Date of Coverage – New Plan	3/1

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STATE OF TENNESSEE
BENEFITS ADMINISTRATION TRAINING

Module 7

- Coverage Categories
- Choosing a Premium Tier

Coverage Categories

Coverage Categories

- **All agencies are eligible to offer the following:**
  - Health
  - Dental
  - Vision
  - Long-Term Care

- If a LE or LG agency wants to begin offering Dental and/or Vision coverage (and did not choose to offer it when they joined the State Plan):
  - The agency's governing body must formally authorize offering one or both insurance products
  - Then, the agency must submit a written request to BA by July 1st for coverage beginning the following year

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Coverage Categories

- If an LE or LG agency did not choose to offer Long-Term Care (when they joined the plan and now wants to offer Long-Term Care Insurance):
  - The agency must send a written request to BA 90 days before the desired effective date

- State/Higher Education offer:
  - Basic Life and AD&D
  - Optional Term Life
  - Optional AD&D

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Choosing a Premium Tier

Choosing A Premium Tier

There are four premium tiers for health, dental, and vision coverage:

- Employee Only
- Employee + Children
- Employee + Spouse
- Employee + Spouse + Children

Optional Term Life - Example

State / Higher Education

As a new employee, if you enroll in Optional Term Life your coverage will become effective the first day of the month after you have completed three full calendar months of employment

Employee Hired	7/1
Benefit Start Date	10/1

NOTE: *You must be eligible to enroll in medical coverage in order to enroll in this coverage*

Review Questions

Coverage Categories and Premium Tiers

1. **What types of coverage are offered to all agencies?**

   Health, Dental, Vision, and Long-term Care

2. **How many premium tiers are offered by the state and what are they?**

   4. Employee Only, Employee + Child(ren), Employee + Spouse, and Employee + Spouse + Child(ren)

3. **If a State employee chooses to enroll in Optional Term Life, when will the coverage become effective?**

   After completing 3 full calendar months of employment

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Module 8

- Annual Enrollment (AE)
- Employee Self Service (ESS)

Annual Enrollment

Annual Enrollment

- AE is typically from October 1st through November 1st each year
- Employees receive information on available healthcare options, premium data, a list of benefit changes, and vendor changes
- Changes can be made to existing coverage
- Employees can enroll in new coverage or cancel existing coverage
- Enrollments and changes in coverage become effective the following January 1st

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Review Questions

Annual Enrollment

1. **When is AE typically held?**

   October 1 – November 1

2. **What can an employee do during AE?**

   They can make changes to existing coverage, enroll in new coverage, or cancel existing coverage.

Employee Self-Service

- **Employee Self-Service (ESS) –**
  - Preferred way for an employee to make enrollment selections
  - Does not require submitting a paper application
  - Mandatory for everyone making changes during AE
  - New agencies are required to use ESS for new hires
  - Existing agencies - ESS for new hires is voluntary but will become mandatory in the future

Paper Application Process

1. Employee completes a paper application
2. ABC ensures the form is complete and includes:
   - Edison ID number
   - Employee signature
   - ABC signature
   - Appropriate boxes for enrollment marked
3. ABC sends application to Benefits Administration by fax or by uploading documents in Edison
4. Benefits Administration reviews the enrollment and contacts the ABC if additional documentation is needed

Employee Self-Service Process

ABC:

1. The ABC enters biographical and job information for new hire
2. The ABC will receive an email from Edison that includes the Employee's Edison Access ID and temporary password the day after the employee's hire date in Edison
3. The ABC will give the Access ID and temporary password to the employee

Employee: Ability to log into Edison any time within 31 days of the Edison hire date to make their selections and upload their dependent verification

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Employee Self-Service Process
Important Reminders

- Dependent verification should be uploaded at the same time the elections are made.
- State ABC's may not enter job information for the employee. Other agency staff may also get the access ID and password information and send it to the employee.
- If rehiring an employee, the ABC will not receive a temporary password. The employee will need to call BA or Edison and have the password reset.

Examples for receiving Access ID and password:

Employee is entered into Edison on 7/5 for a 7/1 job data effective date. ABC will receive the login information the same day.

Employee is entered into Edison on 7/5 for a 8/1 job data effective date. ABC will receive the login information on 8/1.

Review Questions

ESS and Paper App Process

1. **Which process requires the employee to complete an application and turn it into their ABC?**

   Paper Enrollment Process

2. **ESS Process: How does the employee get the User ID and Temporary Password?**

   It is sent from Edison to the ABC. The ABC gives it to the employee.

3. **With both processes, when should dependent verification be submitted?**

   At the same time elections are made or when the form is submitted to the ABC.

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Review Question

When do changes made during AE become effective?

January 1st of the following year

Questions?

ABC Website

- Explore and review the ABC website:
- http://www.tn.gov/finance/ins/abc.shtml

Thank you for participating in Day 1 of the Benefits Administration Training webinar. We hope this information was informative and helpful.

If you have questions regarding a specific employee or issue, contact our service center at 1-800-253-9981 or create a Remedy ticket. If you know what your option is and get tired of listening to the long BA greetings, you can make your choice as soon as the greeting comes up:

- State: push option 6 then option 4
- Local Ed: push option 6 then option 2
- Local Gov: push option 6 then 3
- UT/TBR: push option 6 then option 1

This will put you in line immediately and save you time every time you call.

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