

Perspay Pre-Open Enrollment Meeting Questions, Answers and Requests – 10/2009

Questions & Answers

Dependent Verification

- 1. When will reports go to employers regarding dependents removed from coverage? What will employers get?**

Starting in mid-December, PEBB will send employers a listing of dependents that are set to term 12-31-09 by subscriber request. In early 2010, you will receive reports that show those who have yet to respond and those who terminated since your last report (date of term provided). The example below is what the items on the report will include:

- a. Agency
 - b. Subagency
 - c. Subscriber SSN
 - d. Dependent SSN
 - e. Health enrollment status (N)
 - f. Pending health date (12/31/09)
 - g. Dental enrollment status (N)
 - h. Pending dental date (12/31/09)
 - i. Reason codes (health and/or dental)
 - j. Status code (“D” – Denied or “VT” – Voluntary Term)
 - k. Source code (based on the verification document received by PEBB)
 - l. Status date (the date when the status code was input)
- 2. Will PEBB accept verification information via fax? If so, what’s the number?**

Yes. 360-923-2608.

- 3. Can HCA check with IRS if we are suspicious of the tax forms that are submitted?**

This issue would have to be addressed on a case-by-case basis.

- 4. Can employers require ongoing verification of dependent eligibility even though HCA isn’t requiring it?**

PEBB is exploring this issue and we will send a separate response soon.

5. **Could we do this process entirely electronically vs. sending it through the mail?**

PEBB is not prepared to handle a massive amount of emailed documents. Subscribers are welcome to fax their documents directly to our imaging department at (360) 923-2608 if they prefer not to mail them.

Life Insurance

6. **When an employee terminates employment can they apply for conversion or portability plus transfer their coverage amounts to their spouse/domestic partner's PEBB account?**

Employee's terminating employment may transfer their PEBB life insurance coverage to a spouse/domestic partner's PEBB account, up to the plan maximums. In the event that the employee cannot transfer all of their coverage due to plan maximums, the terminated employee and their dependents have the option to keep the remaining basic and optional coverage by applying for Portability Choice or converting their term life coverage to a whole life policy. In addition, if the carrier denies the employee's application for portability coverage, the employee may still convert their coverage.

7. **Portability – how can the term “portability” be used on an insurance product which isn't really portable – i.e., requires approval from the company?**

The term “Portability” is used because it is a standard term used across most insurance industries.

8. **What are the 3 questions the insurance company (ING) will ask to get Portability Life insurance at retirement?**

- a. Are you terminating employment due to disability that has, or is expected to result in your inability to perform your regular duties of your own occupation?
- b. In the past 2 years, have been diagnosed or treated (including taking prescribed medications) by a medical professional for the any of the following: cardiovascular/liver disorder, kidney/neurological disease, drug/alcohol abuse, emphysema, cancer, stroke or diabetes?
- c. Have you ever been diagnosed/treated (including taking prescribed medications) by a medical professional for AIDS, AIDS Related Complex (ARC) or disorders of the immune system, or ever tested positive for antibodies to the HIV?

Open Enrollment Support

9. **Can employers download forms for 2010 yet?**

Downloadable forms will be available October 26th.

10. Can employers define their own dates for Open Enrollment (OE)?

No. WAC authorizes HCA to define the dates and duration of Open Enrollment. PEBB subscribers may submit materials during that entire period. Employers can have special events during parts of OE but must accept material and changes from employees throughout the HCA defined OE period.

11. Does ASI, the vendor for the Flexible Spending Account for state and higher-ed employees use the same OE dates as PEBB?

Yes, the ASI OE dates are the same for Washington State PEBB subscribers.

12. Can PEBB make information on employee account changes available on a regular and frequent basis (e.g., at least weekly) for Employer Groups? Can it include medical and dental and dependent's changes?

We are exploring how to get better reports for employers. We are also looking at an end-of-OE report. Stand by.

13. Can you provide more info on the relationships between co-pay, deductible, and max-out-of-pocket? For example, do co-pays count toward the deductible and do both count toward the Annual out-of-pocket limit?

Response: We are developing a separate communication on this issue and will share it soon.

COBRA

14. Can adult dependents shift to COBRA?

Yes, once a dependent is no longer eligible as an adult dependent, they are offered 36 months of COBRA.

15. When people return to work from COBRA Subsidy, PEBB has recently started requiring a form to release them to other coverage. Why do we need that when these processes are totally within PEBB?

Federal regulations require written documentation of this change from the person on COBRA.

Employee Eligibility

16. Appeals - Do worksheets alert people to appeal rights?

Yes, on the worksheet, it informs employees of their appeal rights.

17. Can Part-Time Faculty be required to request averaging in writing and if they don't, the employer wouldn't need to do it?

Response: No. The law requires employers to notify faculty of this option. Agencies need to notify all potentially eligible employees of their eligibility criteria and their potential eligibility including deadlines to comply. If the employee does not respond, the employer is not required to follow-up.

Enrolling & Disenrolling from Benefits

18. How can we prevent subscribers (or dependents) from joining during OE, taking care of some health situation, and then disenrolling? It seems like an abuse of insurance. Can employers require proof of other coverage when they go off?

PEBB is exploring this issue and we will send a separate response soon.

19. When can subscribers drop dependents? Can they drop because they can't afford it or do they have to wait for OE? Can't they lie and say they have other coverage?

PEBB is exploring this issue and will send a separate response soon.

20. Under the new rule that allows enrolling newborns up to 12 months after birth, what if the DOB is Sept 1, 2009 and the subscriber fails to enroll them within 60 days? Will the new 12 month window re-open their enrollment ability?

Yes, the rule, even though published to start in January 2010, is actually in effect now.

21. Is it ok to add a new dependent record and waive both medical and dental coverage?

No, it still causes eligibility problems with the health plans. The only time you want to is when the spouse is requesting life insurance on the A.45 screen.

22. Will PEBB accept reinstatements where the Employee Enrollment/Change form is submitted within the 60 day window but the proof of loss of other coverage doesn't come in until later?

Yes, but only up to 90 days, after that, it requires an appeal to reinstate.

23. Newly married subscribers – do they need to sign the declaration of marriage?

Anyone who requests the addition of a spouse after December 31, 2009 will only have to complete the Employee Enrollment/Change form. The Declaration of Marriage form has been discontinued. However, to add a Washington State-registered domestic partner, the subscriber will need to complete both the Employee Enrollment/Change form and the Declaration of Tax Status form

Domestic Partners

24. Why must opposite sex domestic partners include at least one partner who is 62 years old or older?

The legislature set the age at 62. We believe they were tying it to aspects of social security law.

25. Will the PEBB domestic partner coverage options be discontinued if Referendum 71 passes?

No, the PEB Board has the authority to offer these benefit options and they will stay in effect regardless of the outcome on Referendum 71.

26. Opposite sex & same sex domestic partner – can Oregon or Idaho subscribers (i.e., live in OR or ID) get a Washington domestic partnership registration?

Yes, a resident from any state can register as a Washington State Domestic Partner.

27. Opposite sex domestic partners – what must subscriber provide? Just attestation? Must they show something from the Secretary of State?

Domestic partners must submit the Employee Enrollment/Change form and the Declaration of Tax Status form only. They do not have to show the registration card from the Secretary of State.

Other Dependent Related Topics

28. Michelle's law – what if a student covered under Michelle's law turns 24 during the coverage period?

PEBB is awaiting further guidance from the federal government on Michelle's law. At this point, we will terminate coverage under Michelle's law when the individual would otherwise have lost student coverage (e.g., marriage, age 24). At that point, COBRA will be offered for 36 months.

29. Tax sheets – who are “other post tax dependents?”

Examples include students age 20 and above, students who are not full time, opposite sex domestic partners, same sex domestic partners. These “post tax dependants” are encouraged but not required to complete the Declaration of Tax form.

Requests for Additional Working Resources

30. When a Retiree is returning to work and has PEBB retiree term life insurance is there any way to see that on PAY1? Can Community and Technical Colleges get access to the A.45 life insurance screen?

Yes, we can provide inquiry access. We have a few Higher Education employers with inquiry access and will make the opportunity available to all Higher Education employers in 2010. Until then agencies should confirm with HCA as to whether or not the retiree returning to work has such coverage and if so collect the premium while the employee is being covered on employer provided benefits.

31. Can PEBB make the employee plan group numbers more accessible on the web?

Each health plan has a list that they create and maintain for member group numbers. Some of these lists are pretty extensive and can change at any time. The maintenance of these lists is not something HCA is equipped to handle at this time.

Other

32. Why are subscribers allowed to waive medical and go on Basic Health or Medicaid? They are eligible for employer coverage but are plugging up a slot in Basic Health.

HCA is exploring this. If you are aware of cases where this is occurring, please forward those to PEBB.

Agency Requests

1. Please allow employers to drop benefits if employees don't pay their portion of the premium.
2. Employee on-line open enrollment changes – employers don't get enough information from HCA to keep their records up to date.

3. Employee on-line open enrollment changes – when subscribers do on-line changes, encourage them to alert their employer of the change they made so the deductions are correct.
4. Put the co-pay comparison sheet on the Pers/Pay website and notify employers.
5. When PEBB sends subscribers a letter saying they changed plans, employers want a cc. We send them copies of lots of things but not this.
6. SOI – we use the term “single” which confuses some subscribers. They think it’s the IRS definition. Suggest a different term like “employee only.”
7. Provide a set of Questions and Answers from Pers/Pay staff after these pre-OE events.
8. Michelle’s law – Suggest more info on what to do – possibly a form.
9. Get OE related info (e.g., the PowerPoint) on the web sooner. Some employers are using these slides to develop their own local presentations.
10. Dependent Verification – please make info available on the status of responses.
11. Looking forward to the new-employee video.
12. Send a monthly report that notes any change including Life and LTD. Should be automatically sent – no request required.