

Questions and Answers
From Pre-Open Enrollment Presentations
Various Topics 12-10-2012

Medical

1. Does an employee need proof of other comprehensive group medical coverage to waive medical during open enrollment?

Answer: Proof of other comprehensive group medical coverage is not required when an employee waives medical. When the employee completes and signs the Employee Enrollment/Change form the signature section is a declaration that the employee agrees that the reason for waive is in accordance with PEBB rules. If the employee waives medical coverage through the PEBB website under "change my coverage" a pop-up attestation will prompt the employee to validate they understand and agree to the terms set forth by HCA for waiving medical.

Online Enrollment Changes through PEBB's website "Change my Coverage"

1. Will an employee be able to remove a dependent due to divorce on the PEBB website through "Change my Coverage?"

Answer: When an employee selects to remove a dependent during open enrollment through "change my coverage" they will receive a pop up that tells them to back out of their transaction and complete an Employee Enrollment/Change form and turn the form into their personnel/payroll/benefits office if the reason for removing the dependent is due to dissolution of a partnership or divorce.

2. Will employees be prevented from removing medical or dental on children where a court order requires them to cover the dependent?

Answer: No, the on-line enrollment will not prevent employees from removing dependents in which there is a court order.

3. How will we know if an employee removed a dependent in which we have a court order requiring them to provide medical and dental?

Answer: HCA will be sending Open Enrollment reports for employees who made on-line changes. Agencies will have to compare the reports to the support notice in your employee's insurance file.

4. Is there any way to add a pop up for people with an FSA to make sure they are informed about having to re-enroll if they wish to continue for next year?

Answer: PAY1 and e-coverage do not have the ability to track current employee FSA enrollment. However, we did add general information in e-coverage to direct employees to the FSA website to enroll for January 1, 2013.

Health Savings Account (HSA)

1. When an employee is no longer enrolled in a CDHP, HealthEquity will charge a \$3.95 per month administration fee for account balances less than \$1,500. How will this fee be collected?

Answer: HealthEquity will withdraw this fee from the individuals account.

2. If an employee enrolls in a CDHP and also enrolls in a Flexible Spending Account (FSA), will HCA be running any reports to catch these?

Answer: Yes, HCA will be tracking enrollment and alerting employers of double enrollment and providing guidance on how to correct the problem.

3. If a CDHP/HSA enrollee opts out of the CDHP/HSA for 2013 but forgets to stop a voluntary payroll deduction, what happens to those funds when the employer forwards them to HealthEquity?

Answer: The funds are deposited into the employee's HSA as usual. It would be up to the employee to request a refund through HealthEquity's refund process.

4. Does an employer need written approval from the employee to stop a voluntary contribution to the HSA in situations such as the employee no longer being enrolled in the CDHP/HSA?

Answer: No. IRS regulations don't allow an HSA contribution unless the individual is enrolled in a high deductible health plan such as the PEBB CDHP..

5. Do employees still have until the end of the grace period (3/31/13) to submit claims for reimbursement to their FSA?

Answer: Yes, employees can still submit claims until the end of the grace period (3/31/13), however if the employee enrolls in a CDHP for 2013 their FSA 2012 funds must be used by 12/31/12.

6. How easy is it for an employee to stop their paper statement for the HSA?

Answer: Stopping the paper statement is very easy. The employee can call HealthEquity or go to their account through their website and select to turn off the paper statement.

7. Will the Employee Guide have HSA information in it?

Answer: Yes, PEBB will be adding information about HSAs in the employee Enrollment Guide for 2013.

Affordable Care Act

1. What is the Health Care Exchange?

Answer: As a part of national health reform, Washington State will soon have an easily accessible, central marketplace for individuals, families and small businesses to buy health insurance. This online one stop-shop will be called a Health Benefit Exchange. For additional information go to the HCA website at <http://www.hca.wa.gov/hcr/exchange>

Resource Availability

1. When will the Summary of Benefits and Coverage be available?

Answer: The plans will have them on their websites around the end of September 2012. HCA will have a link from our website to each plans website by the second week in October.

2. In what languages will the new plan Summaries of Benefits and Coverage be published?
Answer: English, Spanish, Tagalog, Navaho, Chinese.
3. When will the New Employee Enrollment Guide be available?
Answer: The Employee Enrollment Guide will be available around the last week in November. A listserv message will be sent when it has been posted to our site for download and ordering.
4. Will the new Summaries of Benefits and Coverage (SBC) be available at the benefit fairs?
Answer: The SBC's will be available electronically on each of the plans websites, or members may have a hard-copy mailed to them by calling the plans customer service. However, HCA and each of the plans will have a comparison of benefits handout at the benefits fair.

Reports & Reporting

1. Can employers receive electronic billing statements from HCA?
Answer: We are currently exploring Electronic Output Solutions (EOS) for billing and reports sent out by HCA. We will notify agencies when this becomes available.
2. Do small employers have to report the cost of healthcare on the W-2?
Answer: HCA/PEBB suggests that you consult your tax advisor on this question. We've heard that small employers aren't required to report for 2012 but you should check with your tax professionals to get an answer that is accurate for your organization.
3. What will the W-2 amount being reported for healthcare be used for?
Answer: The IRS describes the purpose on their websites as informational for employees – useful and comparable consumer information on the cost of their health care coverage. Contrary to some rumors, there is nothing in law or federal policy that we are aware of that allows taxation of these benefits.

Dependent Verification

1. If I want to become a pilot agency for dependent verification how would I request to participate?
Answer: Send an email to Steve Norsen (steve.norsen@hca.wa.gov) regarding your interest.