SEIB

HealthWatch

Issue 1 | Volume 23 | January/February 2015

STATE EMPLOYEES' INSURANCE BOARD

IMPORTANT INFORMATION FOR EMPLOYEES PLANNING ON RETIRING SOON

When you retire your retiree health insurance premiums will be based on your Years of Creditable Coverage (YOCC) in the State Employees' Health Insurance Plan (SEHIP), not the Years of Service (YOS) used by RSA to calculate your retirement pension.

YOCC is defined as the number of years and months that an employee is covered under the SEHIP.

RSA's YOS may include credit for non-State employment, sick leave conversion, or other purchased service when an employee was not covered by the SEHIP. These YOS will not be included in the YOCC calculation of the retiree health insurance premium. On the other hand, RSA's YOS may not include all the YOCC when an employee was enrolled in the SEHIP. For example, FMLA and prior State service that was withdrawn will not be in RSA's YOS but it will be included in YOCC, as long as the employee was enrolled in the SEHIP.

When retiring, **you need to complete the SEHIP YOCC Verification Form and return it to the State Employees' Insurance Board**, preferably during the month prior to retirement. The information on this form helps account for differences between RSA's YOS and the YOCC. If an employee has had breaks in coverage due to previous terminations, resignations or LWOP (non-FMLA), this needs to be disclosed on the YOCC verification form.

For service periods prior to the mid-1990s, it is also beneficial to submit supporting documentation to vouch for the SEHIP coverage, such as copies of personnel transactions, enrollment forms, or certifications from state agencies or State Personnel. A good way to document state service net of breaks in service is to ask your payroll/personnel officer for a copy of the current ESMT screen showing your Leave Progression Start Date.

There are a number of other factors affecting YOCC for a small group of retirees, such as DROP, disability retirement, PEEHIP coverage, etc., so be sure to disclose these on the verification form so they can be taken into consideration.

Also, be sure to access our Retiree Premium Calculator on the SEHIP website. It is an excellent means of estimating what your retiree health insurance premiums should be. If your retiree health insurance premiums end up being more than your estimate using the Retiree Premium Calculator, please contact us.

"Speak when you are angry and you will make the best speech you will ever regret."

– AMBROSE BIERCE

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CHECK OUT ALL THESE CHOICES

TONYA CAMPBELL, MARKETING DIRECTOR

Let's face it, understanding health insurance can be confusing. Since it has been one of the hottest topics in the past, it's easy to understand why most people are a little leery to even consider looking at other health insurance options.

Here at the SEIB, we work hard to ensure our members are familiar with and have the tools necessary to make educated decisions about their benefits. However, in dealing with over 50,000 members, the message isn't always as clear as we intended. So we have put together a simple easy-to-read list of health insurance plan options offered to SEHIP members. Take a look at what you might be missing.

SEHIP members are eligible to choose one of these plans:

Blue Cross Blue Shield Basic Medical Plan *Individual premium $90* *Family premium:* *w/out spouse-$280* *w/spouse-$405*	**Blue Cross Blue Shield Supplemental Plan** *Individual premium $0* *Family premium $0*	**Southland Optional Plan** *Individual premium $0* *Family premium $0*	**Health Reimbursement Arrangement** *Individual premium $0* *Family premium $0*
Provides health and pharmacy benefits	Covers out-of-pocket expenses, copays and deductibles not covered 100% by the primary insurance plan	Provides dental, hospital indemnity, cancer, and vision coverage	Receive up to $150 per month to offset your other health insurance coverage premium.
This plan is offered to full time active and retired state employees.	To be eligible for this plan, the SEHIP member must have other health insurance coverage through your spouse or another employer.	To be eligible for this plan, the SEHIP member should be eligible for other health insurance coverage through your spouse or another employer.	To be eligible for this plan, the SEHIP member must be eligible for other health insurance coverage through your spouse or another employer.
The premiums above do not include the non-tobacco user discount(s), spousal surcharge waiver, or wellness discount(s).	The SEHIP, TRICARE, TRICARE for Life, Medicare, Medicaid, Local Government Health Insurance Plan (BCBS Group 30000), Public Education Employees' Health Insurance Plan (BCBS Group 14000), and the Marketplace are not eligible to coordinate with this plan.	The SEHIP, TRICARE, Medicare, Medicaid, and the Marketplace are not eligible for this plan.	The SEHIP, TRICARE, Medicare, and Medicaid, and the Marketplace are not eligible for this plan.

Who knew that just having other coverage available through another employer or spouse could open up a whole new world of health insurance possibilities? If you still need more information, contact your SEIB advisor today to see if one of the optional or supplemental plans is for you! Contact information for your advisor is located on the back of this newsletter.

ATTENTION MEDICARE MEMBERS ON BLUERX

If you are enrolled in the State's BlueRx prescription drug plan and you had a Part D IRMAA (Income-Related Monthly Adjustment Amount) deducted from your 2014 Social Security checks, you may request a reimbursement for these Part D premiums from the SEIB.

THIS REIMBURSEMENT IS ONLY FOR PART D PREMIUMS, NOT PART B PREMIUM OR THE IRMAA RELATED TO PART B.

If you have not already submitted a copy of your Social Security statement showing the 2014 Part D premium amount to the SEIB, you must do so to document the Part D IRMAA amount you were charged in 2014.

ADVANCE DIRECTIVES

DAVID C. HILYER

If you ever become too sick or hurt to make health care decisions for yourself it would be in your best interests to have an advance directive in place to ensure that you receive the type of healthcare you desire.

An advance directive is used to tell your doctor and family what kind of medical care you want if you are unable to communicate due to an injury or illness.

If you do not have an advance directive in place, someone else, usually a family member will have to decide what kind of care you will receive. Probably the most common advance directive is a living will. A living will is a legal document used to memorialize ahead of time what kind of care you do or do not want if you are too sick or injured to speak for yourself.

The SEIB recommends that all members have an advance directive in place.

ATTENTION 2014 FLEX SPENDING CARD HOLDERS

WYNNETTE SMITH

The IRS requires that Blue Cross Blue Shield (BCBS) have documentation verifying that Spending Account funds are only used for qualified medical expenses under the plan. This verification can come from sources such as: group health plan claims information filed by providers, itemized merchant receipts, and/or health plan claims information from other health plan administrators. When Blue Cross cannot substantiate a charge made on your card from your group health plan claims information, they must request substantiation from you. Failure to provide this information or failure to provide this information within the time limit will result in the deactivation of your card.

If you have received claim substantiation requests from Blue Cross for charges made with your Flexible Spending Card with 2014 HCRA funds, you have until April 15, 2015 to provide documentation.

If you fail to provide proper documentation of a claim within the time limit (even if the claim was for qualified medical expenses), you will be required to reimburse the plan for the undocumented claim (overpayment).

Plan participants who refuse to reimburse the plan will have their claims reimbursements frozen and will not be allowed to reenroll in the plan. Any funds remaining in your account will be forfeited. Reimbursement is mandatory even if you are no longer an active employee with the State of Alabama.

Call the Blue Cross Flexible Benefits Division at 1-800-213-7930 if you suspect you may not have provided proper substantiation.

SEIB WELLNESS DISCOUNT

IT IS NOT TOO LATE TO QUALIFY FOR YOUR 2015 WELLNESS DISCOUNT!

If you missed the October, 2014 deadline for obtaining a Wellness Screening or following up with your physician for an identified health risk, you can still submit the information to the State Employee Insurance Board (SEIB), Wellness Division, by faxing the information to 334-263-8631 or 334-517-9980.

You will begin to receive the wellness premium discount the first of the month after SEIB receives the documents indicating that you have qualified. Remember, incomplete forms will not be processed. So, review the information for completeness before submitting. The sooner it is submitted the better.

Wellness Screenings can be obtained from an SEIB worksite screening program, a local Health Department, a participating Pharmacy, or a Healthcare Provider. For your convenience Provider Screening Form IB13 is available on the SEIB website.

For your convenience, we have contracted with pharmacies across the state of Alabama, to administrator the SEIB Wellness Screening. The Pharmacy will submit the results of your screening to the SEIB Wellness Division. However, we highly recommend that you keep a copy of the screening for your files. ***There is no charge to the SEIB member for Wellness Screenings obtained by a participating Pharmacy***. You will need your BCBS Insurance Card for identification.

We are continually working with major pharmacy chains, as well as independent pharmacies, to expand the pharmacy coverage and better serve our members. We expect to increase the Pharmacy Network considerably by late spring, 2015.

To locate a participating pharmacy nearest to you, go to the SEIB website, www.alseib.org, and select Wellness Program under SEHIP. Select "Participating Wellness Screening Pharmacy Locations" from the bullet options (forth one down). Select your county from the drop-down menu.

If your county does not currently have a participating pharmacy, select the name of a county closest to your county. There will be a list of all participating pharmacies in the selected county. It will also provide the pharmacy's address, phone number and hours a screening may be obtained. We encourage you to call ahead for an appointment to minimize your wait time.

You can confirm that your Wellness Discount has processed by creating an account on the SEIB website, www.alseib.org. If you have already registered for an account, login to access mySEIB. Look under Discounts for the Wellness Discount and verify the Expiration Date. If your 2015 discount has processed, the Expiration Date will be 01/01/2016.

If you need additional information, or have any questions concerning your Wellness Discount, please feel free to contact a SEIB Wellness Division representative at 334-263-8431 or toll free, 866-838-3059.

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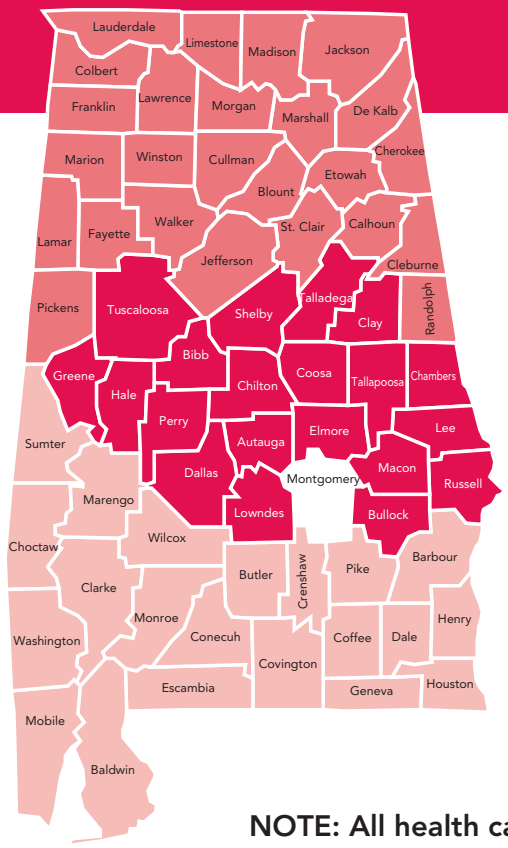

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Don't forget to call our health insurance benefit advisors, located conveniently throughout the state, for all your questions on enrollment, benefits and plan options. Listed here are the advisors, their territories and ways to contact them. You should contact the advisor assigned to your county of employment.

NOTE: All health care claims inquiries must be directed to Blue Cross Blue Shield.