

## Items of Interest From:

# SWCD of Illinois Insurance Group Association

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### ***BENEFIT CHOICE PERIOD BEGINS MAY 1***

It is that time of the year again to assess your insurance coverage and decide if you need to make changes to your plan. Benefit Choice runs from May 1 through June 2. This is the time for you to make needed changes such as insurance provider and adding or deleting dependents from your plan, without having to specify a qualifying event (loss of job, divorce, new dependent). Central Management Services (CMS) will be sending a Benefit Choice flyer to each enrollee at their home address. If you wish to make changes during that time, complete the Benefit Choice Election Form located inside the flyer, or contact your Health Plan Representative (me) for a copy. It must be submitted **no later than June 2, 2014** to be effective.

Benefit Choice booklets are no longer being mailed out. It will be available at the CMS website at [www.benefitschoice.il.gov](http://www.benefitschoice.il.gov), or at [www.montswcd.com](http://www.montswcd.com) after May 1.

#### **Special points of in- terest:**

- ✓ Benefit Choice Period May 1-June 3
- ✓ CIGNA changes
- ✓ New for 2015
- ✓ Delta Dental Pre-termination
- ✓ Value Reporting
- ✓ New Rates!!

### ***CHANGES TO CIGNA***

The CIGNA network has changed. CIGNA is no longer using the HealthLink, Midland Choice or PHCS networks, however, they are contracting with most of their health care providers. If you are unsure, please check with your provider, or contact CIGNA at [www.Cigna.com](http://www.Cigna.com).

OSF physicians and hospitals are included and are contracted but the on-line directory may not show them as in-network. Call CIGNA with specific provider questions at **1.800.997.1654**

### ***PLAN CHANGES FOR 2015***

1. Open Access Tiers I and II now have combined charges for their out-of-pocket maximums
  - A. Per enrollee: \$6,250.00
  - B. Per family: \$12,700.00
2. Open Access Tier III no longer has an out-of-network maximum—unlimited
3. Coventry HMO: Starting on July 1, prescription co-payments will be included in the Maximum Out-of-Pocket.
4. No plan changes to: Local Care (Quality Care) Health Plan, Local Consumer Driven Health Plan, HMO Illinois, BlueAdvantage HMO and Health Alliance HMO

### ***NEW FOR 2015***

1. Same Sex Marriage is now recognized in the State of Illinois. CMS recognizes them from both Illinois and other states. Civil Unions are also recognized. However, members enrolling with their spouses must provide a "county court-filed stamped" marriage license. These dependents will be coded as a spouse.
2. Weight Loss Program Rebates are now available. The maximum rebate is \$200.00 every three plan years. It includes only active members, **not dependents, annuitants or survivors**. It does not include gym memberships. Members would submit receipts to CMS indicating payment for the weight loss program along with the employee's name, address, unit and telephone number. The rebate would go to the member and not the unit. Contact me for more information.
3. Several new dental codes have been added to the dental schedule of benefits. The new schedule will be on the CMS website after May 1.

## **TAKE CONTROL OF YOUR DENTAL BENEFITS.....from Delta Dental**

Dental coverage is a great benefit that is proven to improve oral health by making dental care more affordable. However, it is not designed to cover every dollar for every dental service.

The amount covered by the dental carrier depends on many factors such as group plan design, deductibles, and maximums. Using a network or non-network dentist plays a role in determining coverage level and reimbursement as well. You'll likely enjoy more out-of-pocket savings if you visit a network dentist.

With all of those factors, it is easy to see how you could be surprised with a bill for a service you thought was covered in full or covered at a larger percentage.

A great way to avoid that surprise is to ask your dental provider to obtain a pre-determination of benefits before a dental procedure is performed. By doing so, you can get a good idea of just how much that procedure will cost and what your dental plan covers before the treatment begins.

### **WHEN DO YOU NEED A PREDETERMINATION OF BENEFITS?**

It is not required, but we recommend that you ask your dentist to predetermine services over \$200. If your dentist recommends a certain procedure that will cost over \$200, ask him or her to send a predetermination to Delta Dental of Illinois. We will issue a predetermination that indicates the amount covered for the procedure in advance. Assuming no changes are made to eligibility and no additional benefits for other claims are paid prior to receiving treatment, you and your dentist will have a better idea how much will be covered under the benefit program and how much you will be required to pay for the service.

### **HOW LONG WILL IT TAKE TO RECEIVE APPROVAL?**

If you need a predetermination of benefits, encourage your dentist to submit your request electronically. Doing so expedites the turnaround time, receiving a determination in as little as 1-5 days, and works to avoid lost or misplaced documentation.

### **WHAT ELSE CAN I DO?**

As you know, the State of Illinois group plans are self-funded. This means that claims are paid by the State as funds become available. Currently, reimbursement time for network dentists is different than that for non-network dentists. You can maximize your benefits by using an in-network dentist. You can also encourage your dentist to submit your claims electronically. This allows for the expediting of payments when funds are made available.

**Ask your dentist for a predetermination and encourage them to file those requests and any claims electronically. Having a clear understanding of your dental benefit coverage, including an estimate of what will be covered and what you may owe, will alleviate the risk of receiving an unexpected bill.**

If you have questions about your coverage, you can review your specific information through the Member Connection accessed at <http://soi.deltadentalil.com/> (you must register first), or contact Delta Dental of Illinois' Customer Service at 1-800-323-1743 (press 5) or via email at [csi@deltadentalil.com](mailto:csi@deltadentalil.com)



### **Things you gotta remember not to forget!!**

- Payments need to be mailed to the Montgomery County SWCD rather than the AISWCD in Springfield
- Payments and invoices are due by the **15th of January, April, July and October**
- Payments must be made via a District check, I cannot accept personal checks (even from retirees)
- Enrollment and termination paperwork should be submitted in a very timely manner.

## THERE IS AN APP FOR THAT!!

Do you have a smart phone??? Many health insurance providers have free downloadable apps which can be a great reference tool to use when you are on the go. The following providers with the Local Government Health Plan have such apps:

- ⇒ **Express Scripts (prescription coverage provider)**
- ⇒ **Delta Dental**
- ⇒ **Coventry**
- ⇒ **Blue Cross Blue Shield of Illinois**



Hopefully the rest will follow suit in the future. All of our providers have websites that are also very helpful. Take some time to log on to your provider's website and check out all it has to offer!

## VALUE OF HEALTHCARE REPORTING

There are again some changes in this law, but they won't become official until later this year when the IRS code is re-written. But, for now, here is a summary as provided by CMS:

- ⇒ For 2013, only larger units greater than 250 had to report. I think most SWCDs did this for 2013
- ⇒ For 2014, **ALL** units will have to report, regardless of size
- ⇒ LGHP will send the report with amounts paid for healthcare to all Health Plan Representatives in the unit
  - Will be sent in January
  - Unit can total premium statements for the calendar year
  - The amount will be reported on form W-2, box 12, coded "DD". It will **NOT** be reported on form W-3

## 2015 MONTHLY INSURANCE RATES—Non Medicare/COBRA\*, \*\*

	Local Care Health Plan (Quality Care)	Managed Care Plans (HMO and OAP)	Local Consumer Driven Health Plan
Employee Only	\$74.00 <b>\$97.00</b>	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>
Employee + 1 (Spouse or Child)	\$909.00 <b>\$947.00</b>	\$767.00 <b>\$761.00</b>	\$668.00 <b>\$680.00</b>
Employee + 2 or more Dependents	\$1,418.00 <b>\$1,465.00</b>	\$1,234.00 <b>\$1,224.00</b>	\$1,076.00 <b>\$1,095.00</b>

\*Amounts in Red depict 2014 rates

\*\*Rates for Directors, and additional employees are not included here, but will be similar