

PHRUG Agenda

- Welcome & Announcements
- Employee Development Center update
- Integrations update
- July 1 increases and program numbers
- Benefits Update
 - Open Enrollment 2013-14
 - Flex Debit Cards
 - Dependent Updates

Announcements

Welcome

- New employees in Administrative Services
 - Renae Prieto / Training & Development Manager
 - Erin Bond / Recruitment Specialist
 - Jeremy Youngs / IT Business Systems Coordinator
- Personnel move has been scheduled
- Upcoming training opportunities
- Next EWC upgrade scheduled for mid-August

**Employee Development Center
Update**
Charles Roberson



Integrations Update

Charles Roberson & Vicki Logan



Personnel ACTION FORM

- New fields added to enable the transfer of data
 - Transfer – Yes/No
 - Transfer Reason (if applicable)
 - Transfer Date
 - Employee Type
 - Scheduled Weekly Hours
 - Employee ID
 - Time Type
- FTE Field removed



The Hire

- State Personnel Recruitment staff authorize NEOGOV hires
 - Every effort will be made to ensure the hire is approved upon receipt of the email notice
- Authorized hires will feed into EWC two times each day (will coincide with EWC/PFC loads)
- Hiring managers will be informed of errors that need to be corrected
- If the hire is not entered in NEOGOV, will need to manually create the applicant in EWC
- Timely and correct entry of hire information is critical

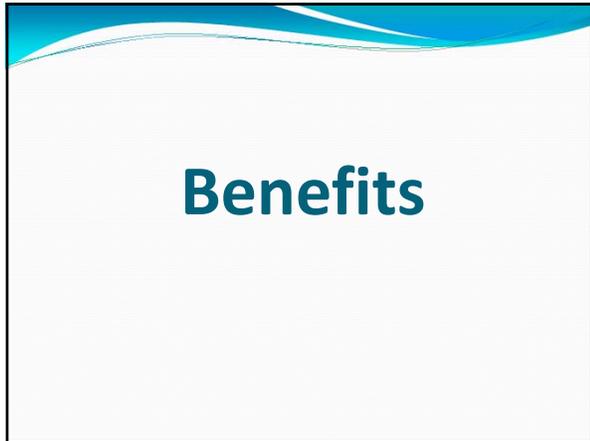
**July 1 Increase Process
EWC Program Numbers
Deb Tatro**

July 1 Increase

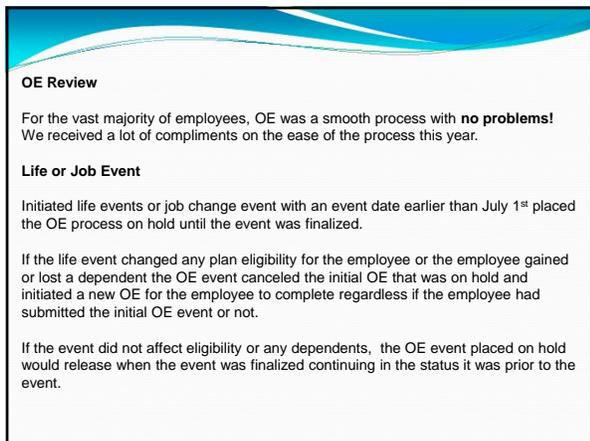
- **Agency Head and Non-Classified employee** pay increase amounts will be determined by the appropriate appointing authority.
- **Employees covered by the NAPE/AFSCME** contract will receive a 2.25% increase to their base pay. Pay ranges will be adjusted accordingly.
- **Employees covered by the Law Enforcement (SLEBC)** contract will receive increases as directed by the provisions of their 2013-2015 labor agreement.
- **Employees covered by the Teachers (SCATA)** contract will receive increases as directed by the provisions of their 2013-2015 labor agreement.

July 1 increases (con't)

- Pay rate changes will be processed in the EWC through a mass update
 - When? **Monday, July 8**
 - Classified agencies should send me a list of any employees who will not be eligible for the July 1 increase so they can be excluded
- Non-classified and Constitutional agencies may do their own 7/1 pay increase updates by using the Request Compensation Change action, or provide a spreadsheet by 6/24, of employee pay changes to be mass updated
- **IMPORTANT NOTE:** Agencies (classified, non-classified and constitutional) cannot enter any employee changes, which have an effective date after July 1, until the July 1 increases are processed in the EWC.







EVIDENCE OF INSURABILITY (EOI) during OE

Employees during the (prior) benefit plan year 2012-2013 who elected a level of life insurance higher than one increment of coverage were sent a "To Do" regarding EOI which included the Mutual of Omaha form.

This year employees who went through OE and elected the same level of life insurance or one increment higher were not required to do an EOI form.

However, some employees DID see the following message:

Evidence of Insurability

Important: You have Evidence of Insurability pending for a previous enrollment. Your insurance elections may be affected based on that process.

Elected Coverages - 7 items

EOI, Continued...

The reason for this message on the last screen is because last year after the employee received the EOI message, they did not click on the bottom button "I'm Done."

Doing that would have indicated this specific "To Do" had been read. Until that is done, the "To Do" will remain in an active status.

The message they received did not affect their OE elections during this OE period.

The message employees will receive when it is for the current OE plan year and they are electing more than one increment of life insurance is –

Message

You must submit evidence of insurability for the 2 X Salary election. Your election will be reduced to 0.5 X Salary until evidence of insurability is received and approved.

Current Beneficiary and Dependent Edits

Employees cannot edit a current beneficiary or dependent while going through the OE process.

We will include this in training next year for employees.

We can update their current beneficiaries or dependents prior to going through the OE process or after they complete OE. Once the change is done regardless if it is before or after the OE event has been completed, all changes are real time through events in progress

The process to edit a current beneficiary or dependent is to click on the related actions of the Employee Name>Benefits>View Dependents or View Beneficiaries

When the page opens to the right side of each dependent and/or beneficiary will be a blue "edit" box which will open the editing page.

Questions on the deduction dates

The only time the enrollment dates will change will be when the employee changes the tier of coverage or plan. Brand new vendors also will have a new enrollment date.

Example: An employee who remained enrolled in "Two-Party" medical coverage would not see a new enrollment date populate since it is only a premium rate change. This is a Workday feature that cannot be customized.

Example: An employee who dropped a dependent or added a dependent to any plan would see a new enrollment date.

FUTURE ENROLLMENT ELECTIONS

When an employee has no change to a benefit plan or tier his or her OE elections will not show in the Future Enrollment Elections section with Benefits.

The enrollment date for these employees have not changed from their initial enrollment.

You can locate those enrollments if you look in the benefit coverage history for the employee.

Related actions off the employees name>Benefits>scroll down to Benefit Coverage History

Current	Benefit Plan	Event Date	Enrollment Event Type	Coverage Begin Date	Deduction Begin Date	Coverage End Date	Deduction End Date	Coverage	Dependents	Employee Cost (Per-month)	Employer Contribution (Per-month)
	Medical-Individual Health Care Regular Plan	07/01/2013	Open Enrollment	07/01/2012	06/04/2012			Employee Only		\$52.42	\$197.20
Yes	Medical-Individual Health Care Regular Plan	07/01/2012	Open Enrollment	07/01/2012	06/04/2012			Employee Only		\$52.42	\$197.20

Reminders

Part time Rates – *Basic life changed from 1.00 to .96 monthly

All part time employees go through OE with the cost listed being for a part timer who is .50 FTE. If you have any part time employees that are anywhere between .50 and 1.00 FTE you **MUST** update the cost prior to the first payroll for July, 2013.

In the search box type – Manage Individual Rates
Put the employee ID or name in the Workers Box – Do not fill in anything for benefit group, enrollment event, benefit plan. After you have entered the Worker ID click on the Include Employees with Rates Overrides box and then OK

Reminders

1 2 3

In override Insurance box -Always use monthly amounts:
Health insurance is pretax – use columns 1 (employee cost pre-tax) and 3 (employer contribution non-taxable)

Life insurance is post-tax – use columns 2 (employee cost post-tax) and 3 (employer contribution non-taxable)

Never enter a rate in the last column

Temporary Employees

Effective July 1, 2013 Temporary employees will no longer have separate DBA's.

The prior DBA's will be ended in the Payroll and Financial Center

OE Event

The OE event still is initiated when an employee is a new hire. If you see the new hire event plus an OE event, cancel the OE event.

Coverage for Dependents – age 26

All agencies will be responsible for running the report.

"Non-Disabled Dependents over 26 (Ise)"

The report should be run 60 days in advance and notification to employees regarding any dependents being removed from coverage sent to the employee at least 45 days prior to when the dependent will be removed.

Notification of terminations must be sent to Terri Wilson immediately so COBRA notification can be made within required deadlines.

COBRA/Retiree

The practice of sending all termination notifications to Terri Wilson will remain the same until all agencies are notified different.

OE & Payroll Processing

Monday, June 17, the EWC/PFC (Payroll Financial Center) team will review the OE data prior to loading into PFC

This data pull will contain all the OE deductions and dates for the new benefit plan year starting July 1, 2013

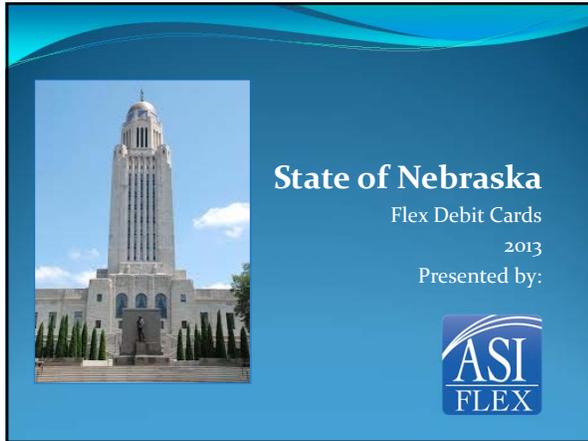
Continue to process normal changes as usual in the EWC
Examples: new hire, terms, salary changes, address changes, etc.

Bank Account for Payroll Direct Deposit information will continue to process

DEDUCTION changes will be held from going from the EWC to the PFC until the review is complete

HR Contacts will be notified once the review is complete

Additional instructions, if necessary, will be sent via the HR Contact list



State of Nebraska
Flex Debit Cards
2013
Presented by:
ASI FLEX

Claim Filing Options 7/1/2013

- Several options from which to choose
 - Mail
 - Fax
 - File online www.asiflex.com
 - FSA Debit Card

NEW



• The choice is yours at each point-of-sale!

ASI FLEX

Debit Card – What is it?



- Health Benefit Card
- Allows you to pay directly from your health FSA account
 - Sign for credit transaction
 - Enter PIN for debit transaction
- Accepted at healthcare and retail providers that accept VISA® based on merchant codes
- Not accepted at providers not recognized as health care providers/merchants



How does it work?



- At point-of-sale, present card for payment
- Advantage is that you don't have to use cash or another credit card
- Merchant will process the transaction
- Card company reports to ASIFlex the provider/merchant name, date of transaction, dollar amount
- **NOTE: You may need to provide additional documentation showing the patient name and type of service/product**



How do I provide information?

- ASIFlex will notify you if additional information is required
- IRS requires documentation for all transactions **except** if the transaction is for:
 - Co-Pays that match the State plan you are enrolled in
 - Identified recurring expenses at the same provider, same amount each month (e.g. orthodontia)
 - Transactions at certified merchants who maintain an inventory system of eligible items (retail stores, drugstores, pharmacy)
- All other expenses for Rx under non-State plans, and any medical, dental, vision require documentation



How does ASI notify me?

- Up to three requests are sent by mail or email/text
 - Letter 1 – Sent following transaction
 - Letter 2 – Sent after two weeks, advises card may be inactivated
 - Letter 3 – Sent after two weeks, temporary inactivation notice
- To remedy, simply provide documentation and card will be activated
- If documentation lost, you can write a check back to the plan or submit a substitute claim




What type of documentation is required?

Type of Expense	Documentation Needed
If covered by insurance Medical, Dental, Vision	Insurance payer explanation of benefits (EOB) or Itemized statement NOTE: Submit to insurance first
If not covered by insurance	Itemized Statement
Prescriptions	Pharmacy receipt or Printout from pharmacy
OTC Drugs/Medicines	Physician prescription and itemized merchant receipt NOTE: Rx must be dated prior to or on the date of purchase.
OTC Medical Supplies/Items	Itemized merchant receipt



How do I get a card?

- Automatically issued to all health care participants
- Mailed to home address
- 2-3 weeks from time order is placed
- 2 cards provided
- Arrives in plain white envelope – do not destroy!
- Read cardholder agreement
- Report lost or stolen cards
- Call to activate and select a PIN if you wish; same PIN for both cards




How do I use the card?



- Save all itemized provider/merchant receipts (NOT the credit card receipt)
- Save all insurance payer Explanation of Benefits (EOB)
- Submit documentation upon request – it's the law!
- Know your balance
- Use at health care providers (note that some teaching hospitals, e.g., may not be recognized as they code terminals as "educational")
- Check your messages under your account
- Fax correctly

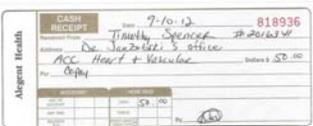


Merchant Receipt




Annotations on the ABC Pharmacy receipt:

- 1: Points to the card number (XXXXXX1234)
- 2: Points to the merchant name (ABC Pharmacy)
- 3: Points to the date and time (11/20/12 7:40 PM)
- 4: Points to the amount tendered (42.00)
- 5: Points to the total amount (42.00)

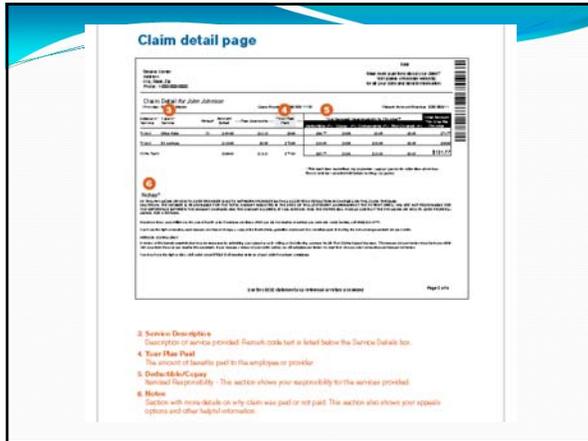


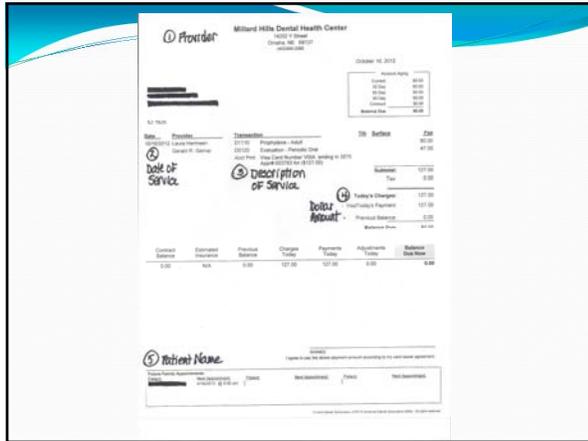

Aligent Health Cash Receipt details:

- Date: 9-10-12
- Account: Family Service Board
- Address: ACC Heart & Vascular
- City: Dallas
- State: TX
- Phone: 972-350-1100
- Card #: 819936
- Signature: [Handwritten]

Aligent Health Sale details:

- Item: [Handwritten]
- Enter Method: [Handwritten]
- Invoice #: [Handwritten]
- Date: 09-10-12
- Time: 10:54:48
- Invoice #: 00000000000000000000
- Total: \$ 50.00





Unacceptable Documentation

- Credit card receipts
- Balance forward, paid-on-account statements, previous balance due statements
- Cancelled checks
- Pre-treatment estimates; services not yet performed
- Health statements



Online Resources

- www.asiflex.com
- <https://asiflex.com/debitcards>
- File Claims
- Access your FSA account detail
- Review messages sent to you
- Extensive eligible/ineligible expense listing
- Frequently Asked Questions
- Expense Estimator
- Tax Savings Calculator
- Helpful videos
- Links to IRS Forms & Publications



Real people! Here to Help!



Website
• www.asiflex.com
• <https://asiflex.com/debitcards>

E-Mail
• asi@asiflex.com

Phone
• 1.800.659.3035

Address
• PO Box 6044
• Columbia, MO 65205

EAP Services

Josh Starfursky

Your EAP Services effective July 1

- Telephone and crisis counseling 24-7, 365
- Face-to-face or telephone based short term counseling - 5 visit model
- Professional referrals to community resources as needed
- Legal and financial services
- Eldercare/Childcare Assistance
- Employee and supervisor trainings
- Unlimited Critical Incident Stress Debriefings
- Enhanced website with interactive will preparation, identity monitoring, monthly newsletters, chat rooms, etc.



Accessing Services

Call Deer Oaks EAP Services:
1-866-792-3616 (active 7/1/2013)

E-mail: eap@deeroaks.com
or go to: www.deeroaks.com
Username & Password: SON

Account Manager:
Monique Ortiz
eapams5@deeroaks.com
210-569-8154



Dependent Audit and Coverage to Age 26
Josh Stafursky

Ongoing Dependent Audit Update

- Covers dependents added to plans *after* July 1, 2012 and ongoing additions
- Employees have 45 days to provide documentation from the date Aon mails the initial letter
- Letters sent to employees provide *detailed* information to make the process *self-service for the employee*

Ongoing Dependent Audit Update, Cont.

- Training and access provided to identified HR partners by Aon to monitor progress of audit *if you choose*
- Aon customer support available for HR staff if there are questions
- Benefits office will be available to intervene if need be
- It is the EMPLOYEE'S responsibility to do the work to verify dependents
