Welcome to the

June 12, 2013

PHRUG

Agenda Items

Employee Development Center Update

Integrations Update

July 1st Increases & Program Numbers

Benefits 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 - July 24

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
Timely and correct entry of hire information is critical

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July 1 Increases Process EWC Program Numbers

Deb Tatro

July 1 Increase

Deb Tatro

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.

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

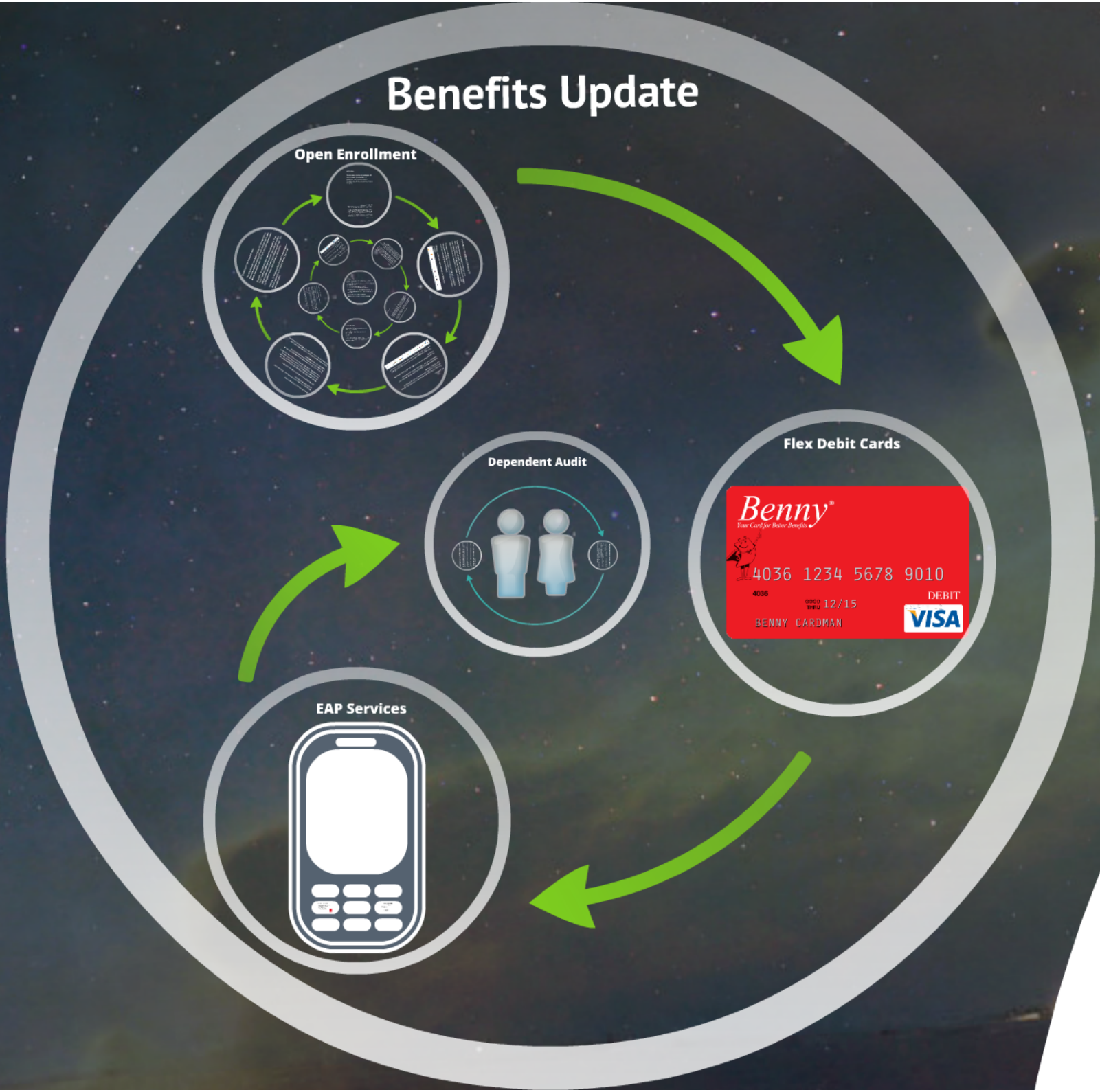
Non-classified and Constitutional agencies may do their own 7/1 pay increase updates by using the Request Compensation Change action, or provide a spreadsheet by 6/24, of employee pay changes to be mass updated

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.

EWC Program Numbers

Deb Tatro

Benefits Update



Open Enrollment

OE Review

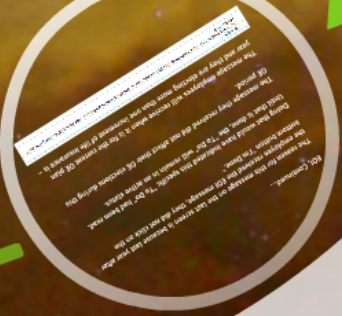
For the vast majority of employees, OE was a smooth process with no problems! We received a lot of compliments on the ease of the process this year.

EVIDENCE OF INSURABILITY (EOI) during OE

Employees during this (prior) benefit plan year 2012-2013 who selected a level of life insurance higher than one increment of coverage were sent a "To Do" regarding EOI which included OBI Manual of Disease 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 get the following message:



EOI Complete!

Thanks for this message to be sent when it is time for your life insurance coverage for EOI approval. Very soon you will receive a letter in the mail from Lincoln Financial. The letter will include a form that you will need to fill out and return to us.

Doing this could take several weeks, "To Do" will remain in our task queue until we receive the EOI form.

The message displayed will become blank when the "To Do" is closed.

The message may remain on your Home Page for a few days after you have completed the EOI process.

Temporary Employees

Effective July 1, 2013 Temporary employees will no longer have coverage (BBP).

The prior Offer will be ended in the Payroll and Personal Center.

OE Form

The OE end (EC) is indicated when an employee is a new hire. If that was the rule this continues on OE years, cancel the OE event.

OE Effective Dates

Effective Date of the BCBSMT Blue Cross Blue Shield of Montana Medical Coverage is based on the:

- Date Employee was hired, if hired prior to the 15th of the month
- Date Employee was hired, if hired after the 15th of the month
- Date Employee was hired, if hired on the 15th of the month

Effective Date of the Life Insurance is based on the:

- Date Employee was hired, if hired prior to the 15th of the month
- Date Employee was hired, if hired after the 15th of the month
- Date Employee was hired, if hired on the 15th of the month

Effective Date of the Dental Coverage is based on the:

- Date Employee was hired, if hired prior to the 15th of the month
- Date Employee was hired, if hired after the 15th of the month
- Date Employee was hired, if hired on the 15th of the month

Effective Date of the Vision Coverage is based on the:

- Date Employee was hired, if hired prior to the 15th of the month
- Date Employee was hired, if hired after the 15th of the month
- Date Employee was hired, if hired on the 15th of the month

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 because 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.

Current Beneficiary and Dependent Data

Employees cannot see a current beneficiary or dependent data through the OE process.

We will include this in training and HR Benefits Administrators will be able to update this current beneficiary or dependent data through the OE process or through the HR Benefits Administrator.

The process does not change the way employees are able to add a current beneficiary or dependent to the plan.

Dependents in the system are not auto dependent under the coverage. Dependents are added and then coverage is added to the dependent. Dependents are not auto deactivated.

Users in the paper process in the OE process are not auto dependent under coverage. Dependents are added and then coverage is added to the dependent. Dependents are not auto deactivated.

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Life or Job Event

Initiated life events or job change event with an event date earlier than July 1st placed the OE process on hold until the event was finalized.

If the life event changed any plan eligibility for the employee or the employee gained or lost a dependent the OE event canceled the initial OE that was on hold and initiated a new OE for the employee to complete regardless if the employee had submitted the initial OE event or not.

If the event did not affect eligibility or any dependents, the OE event placed on hold would release when the event was finalized continuing in the status it was prior to the event.

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 (Semi-monthly)	Employer Contribution (Semi-
	Medical - United Health Care Regular Plan	07/01/2013	Open Enrollment	07/01/2012	06/04/2012			Employee Only		$52.42	$197.20
Yes	Medical - United 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 (lse)"

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.

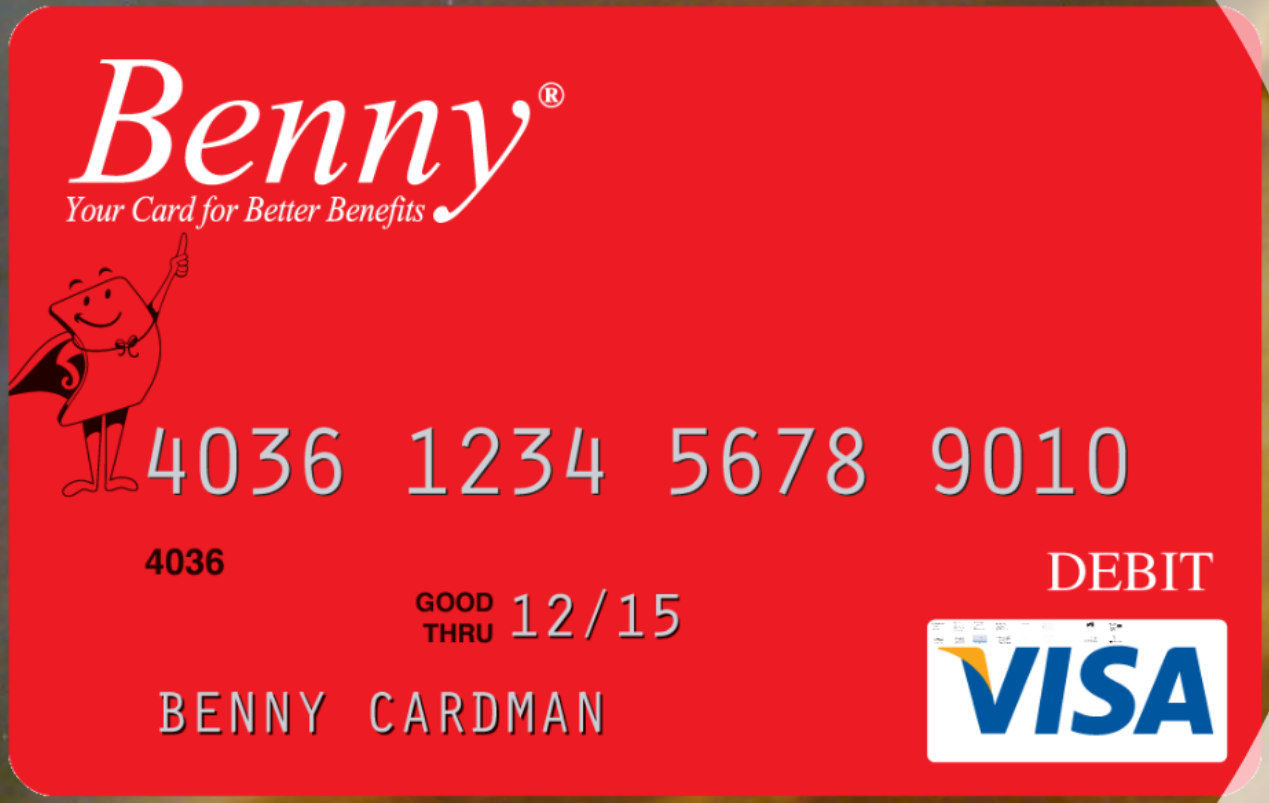
- Bank Account for Payroll Direct Deposit information will continue to process

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

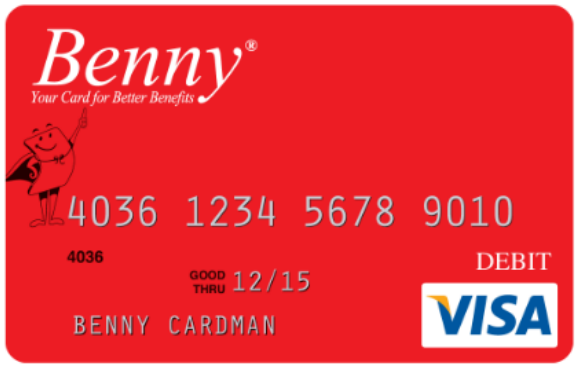
Flex Debit Cards



Claim Filing Options 7/1/2013

Several options from which to choose

- Mail
- Fax
- File online www.asiflex.com
- NEW FSA Debit Card



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

ASI FLEX

Debit Card – What is it?

Health Benefit Card

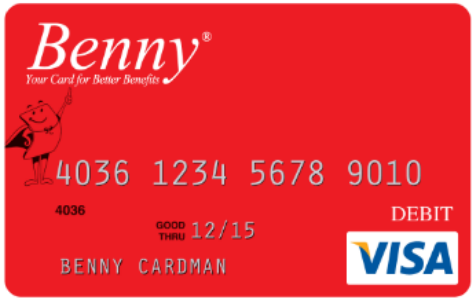
Allows you to pay directly from your health FSA account

- 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

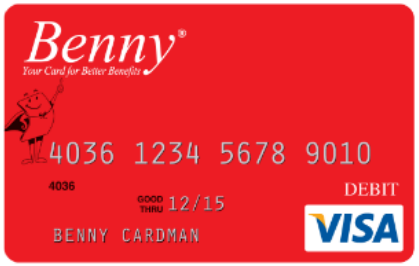
If documentation lost, you can write a check back to the plan or submit a substitute claim

ASI FLEX

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!

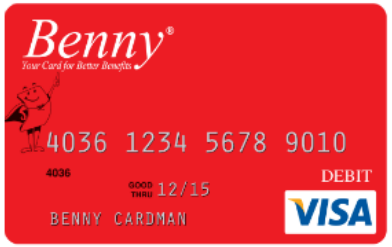
Read cardholder agreement

Report lost or stolen cards

Call to activate and select a PIN if you wish; same PIN for both cards

ASI FLEX

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

ASI FLEX

Merchant Receipt

Alegent Health

CRB 111-3

CASH RECEIPT

Date 9-10-12 818936

Received From Timothy Spencer #2016341

Address Dr. Jarzobski's office

ACC Heart + Vascular Dollars $ 50.00

For Copay

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH	50.	00
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER ☐ CREDIT CARD ☐		

By [illegible]

AH HEART & VASC SPC BM
7500 MERCY ROAD
OMAHA, NE 68124

Merchant ID: 000000000492820
Term ID: 01764150
104029744992

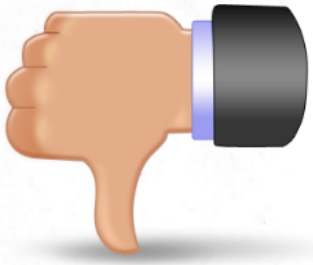
Sale

VISA
XXXXXXXXXXXX3575
Entry Method: Swiped
Apprvd: Online Batch#: 000815
09/10/12 13:54:48

Inv #: 000004 Appr Code: 034821

Total: $ 50.00

Customer Copy



SPEN [redacted] $4.00

Rx# 617206-1472 10/14/12 Verifying Rph:JP*SAFETY CAPS*

Prescriber: QUINLAN, MARK
ENALAPRIL MALEATE 20MG TABS #30
NDC# 64679-0926-02 Days: 30 Mfg: WOCKHARDT USA
AETNA Auth# 30001573505788
U&C: $4.00
10.00 Refills left until 09/06/13

HyVee®
(402) 891-0600
17810 WELCH PLAZA
OMAHA, NE 68135
Store# 1472

Price $4.00

PHARMACY RECEIPT • RETAIN FOR TAX OR INSURANCE

HyVee®
EMPLOYEE OWNED

17810 WELCH PLAZA
OMAHA, NE 68135
402-896-4168
E-mail comments:
1472director@hy-vee.com

****

Purchase 4.00

Credit # XXXX XXXX XXXX 3575
Auth # 000860
Lane # 22 Checker # 400
10/14/12 11:00 Ref # 2111677880

****

PRESCRIPTION	4.00	P
Sub Total	$4.00	
VISA	$4.00	
[S] XXXX XXXX XXXX 3575		
Auth# 000860 Ref# 2111677880		
BALANCE DUE	4.00	
CHANGE	$0.00	

Total number of items sold = 1

Cashier:0400 Name:PHARMACY
Store:1472 POS:022 Transaction:0013
Oct 14 2012 10:59 AM

Hy-Vee PHARMACY

Patient Name: [redacted]
Street Address: [redacted]
City: [redacted] State: [redacted] Zip: [redacted]
Birthday: [redacted]

Pharmacy Name: OMAHA HY-VEE #9
Street Address: 17810 WELCH PLAZA
City: OMAHA State: NE Zip: 68135
Phone No: (402) 891-0600 Fax No: (402) 891-1239
Federal Tax ID: 42-0325638

Sold	Store #	Rx #	Fill #	Product	NDC #	Qty	Unit	Days	Prescriber Name	TP Total Amt Paid	PT Pay Amt Total	Primary TP Name	Prior Au
05/20/2012	1472	588873	1	VENLAFAXINE HCL 75MG TABS	68382-0021-01	30	EA	30	JENNIFER CZYZ-APRN	4.99	0.00	ANTHEM PRESCRIPTIONS	
06/27/2012	1472	588780	1	SIMVASTATIN 40MG TABS	16729-0006-15	30	EA	30	JENNIFER CZYZ-APRN	4.99	0.00	ANTHEM PRESCRIPTIONS	
06/27/2012	1472	588873	2	VENLAFAXINE HCL 75MG TABS	68382-0021-01	30	EA	30	JENNIFER CZYZ-APRN	0.00	10.00	ANTHEM PRESCRIPTIONS	
07/27/2012	1472	588780	2	SIMVASTATIN 40MG TABS	16729-0006-15	30	EA	30	JENNIFER CZYZ-APRN	0.00	9.99	ANTHEM PRESCRIPTIONS	
07/27/2012	1472	588873	3	VENLAFAXINE HCL 75MG TABS	68382-0021-01	30	EA	30	JENNIFER CZYZ-APRN	0.00	10.00	ANTHEM PRESCRIPTIONS	
08/28/2012	1472	615068	0	VENLAFAXINE HCL 75MG TABS	68382-0021-01	30	EA	30	LISA _APRN_ FAX KOZIOL	4.92	10.00	AETNA	
08/28/2012	1472	588780	3	SIMVASTATIN 40MG TABS	16729-0006-15	30	EA	30	JENNIFER CZYZ-APRN	0.00	9.99	AETNA	

# of Records	Patient Pay	Third Party Pay
7	49.98	14.90

Attested To By: [signature] PharmD 9-9-12
Registered Pharmacist

Disclaimer: "May not reflect all prescription records"

Understanding your Explanation of Benefits (EOB)

Service Center
Address
City, State, Zip
Phone: 1-888-888-8888

Have more questions about your claim?
Visit (name of member website)
for all your claim and benefit information

Date

John Johnson
Address
City, State, Zip

1

Member/Patient Information
Member/Patient: John Johnson
Member ID: 123456789
Group Name: ABC Company
Group #: 1234567

Explanation of Benefits Statement

This is not a bill. Do not pay. This is to notify you that we processed your claim.

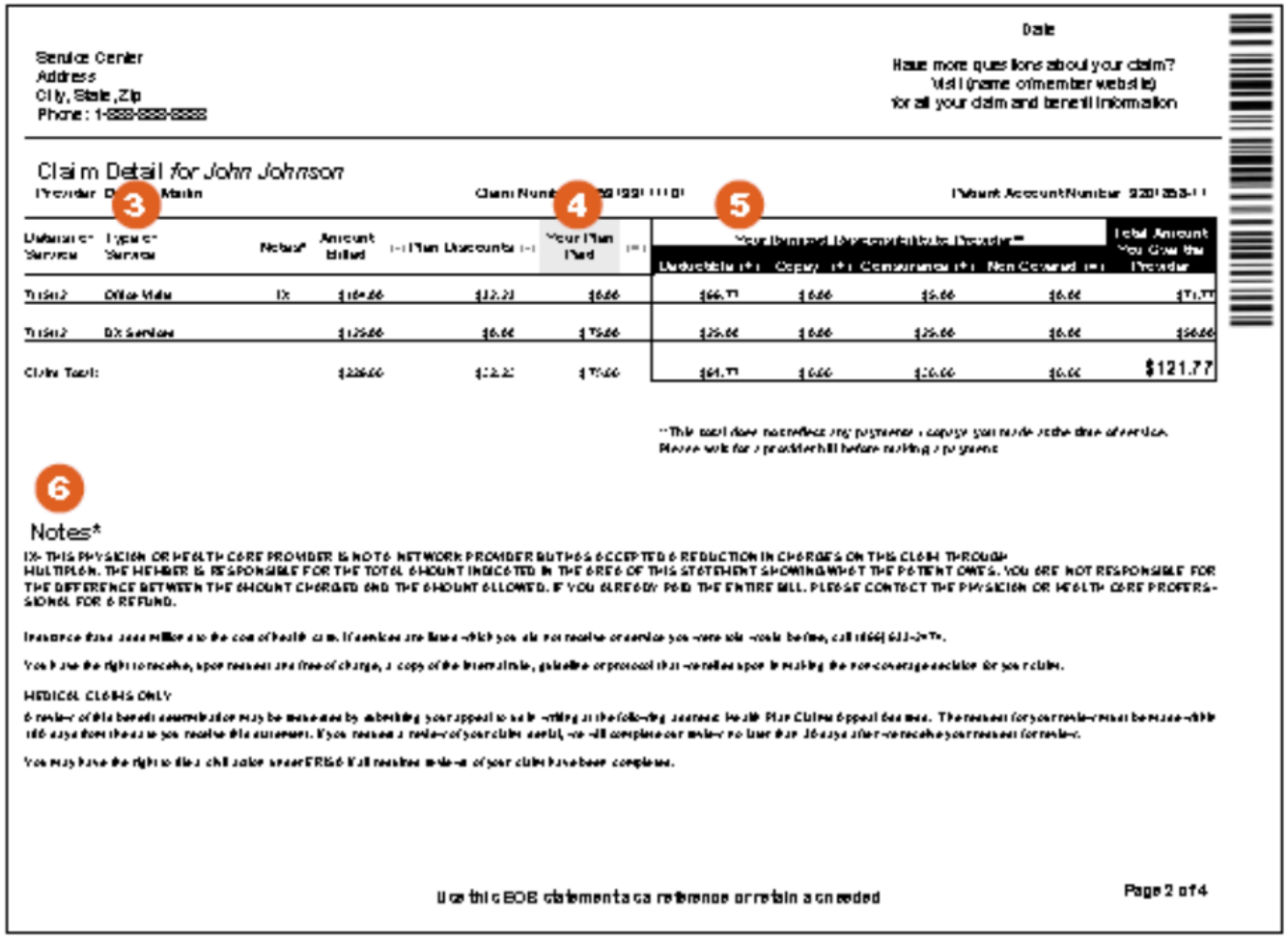
2

Claims Summary Detailed claim information is located on following page(s)

Dollar Amount	Description
$229.00	Amount Billed This is the total amount that your provider billed for the services that were provided to you.
$32.23	Plan Discounts Your plan negotiates discounts with providers to save you money. This amount may also include services that you are not responsible to pay.
$75.00	Your Plan Paid This is the portion of the amount billed that was paid by your plan.
$121.77	Total Amount You Owe the Provider The portion of the charges you owe the provider(s). This amount does not reflect any payment you may have already made at the time you received care or any amount that may have been paid to you. This amount may include your deductible, co-pay, coinsurance and / or non-covered charges.

Use this EOB statement as a reference or retain as needed

Claim detail page



Service Center
Address
City, State, Zip
Phone: 1-888-888-8888

Date

Have more questions about your claim?
Visit (name of member website)
for all your claim and benefit information

Claim Detail *for John Johnson*

Provider: D[illegible] Martin Claim Number: [illegible] Patient Account Number: [illegible]

Date of Service	Type of Service	Notes*	Amount Billed	(-) Plan Discounts (-)	Your Plan Paid (=)	Your Itemized Responsibility to Provider** Deductible (+)	Copay (+)	Coinsurance (+)	Non Covered (+)	Total Amount You Owe the Provider
[illegible]	Office Visit	IX	$[illegible]	$[illegible]	$[illegible]	$[illegible]	$[illegible]	$[illegible]	$[illegible]	$[illegible]
[illegible]	DX Services		$[illegible]	$[illegible]	$[illegible]	$[illegible]	$[illegible]	$[illegible]	$[illegible]	$[illegible]
Claim Total:			$[illegible]	$[illegible]	$[illegible]	$[illegible]	$[illegible]	$[illegible]	$[illegible]	$121.77

**This total does not reflect any payments / copays you made at the time of service. Please wait for a provider bill before making a payment.

Notes*

IX- THIS PHYSICIAN OR HEALTH CARE PROVIDER IS NOT A NETWORK PROVIDER BUT HAS ACCEPTED A REDUCTION IN CHARGES ON THIS CLAIM THROUGH MULTIPLAN. THE MEMBER IS RESPONSIBLE FOR THE TOTAL AMOUNT INDICATED IN THE AREA OF THIS STATEMENT SHOWING WHAT THE PATIENT OWES. YOU ARE NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED AND THE AMOUNT ALLOWED. IF YOU ALREADY PAID THE ENTIRE BILL, PLEASE CONTACT THE PHYSICIAN OR HEALTH CARE PROFESSIONAL FOR A REFUND.

Insurance fraud [illegible] to the cost of health care. If services are listed which you did not receive or service you were told would be free, call [illegible].

You have the right to receive, upon request and free of charge, a copy of the internal rule, guideline or protocol that we relied upon in making the non-coverage decision for your claim.

MEDICAL CLAIMS ONLY

A review of this benefit determination may be requested by submitting your appeal to us in writing at the following address: Health Plan Claims Appeal Address. The request for your review must be made within [illegible] days from the date you receive this statement. If you request a review of your claim denial, we will complete our review no later than [illegible] days after we receive your request for review.

You may have the right to file a civil action under ERISA if all required review of your claim have been completed.

Use this EOB statement as a reference or retain as needed

Page 2 of 4

3. Service Description
Description of service provided. Remark code text is listed below the Service Details box.

4. Your Plan Paid
The amount of benefits paid to the employee or provider.

5. Deductible/Copay
Itemized Responsibility - This section shows your responsibility for the services provided.

6. Notes
Section with more details on why claim was paid or not paid. This section also shows your appeals options and other helpful information.

① Provider

Millard Hills Dental Health Center
14202 Y Street
Omaha, NE 68137
(402)895-2085

October 16, 2012

Account Aging	
Current	$0.00
30 Day	$0.00
60 Day	$0.00
90 Day	$0.00
Contract	$0.00
Balance Due	**$0.00**

[redacted]

ID: 1625

Date	Provider	Transaction		Tth	Surface	Fee
10/16/2012	Laura Hermsen	D1110	Prophylaxis - Adult			80.00
②	Gerald R. Gemar	D0120	Evaluation - Periodic Oral			47.00
		Acct Pmt	Visa Card Number VISA ending in 3575 Appr#:003783 for ($127.00)			

Date of Service

③ Description of Service

Subtotal:	127.00
Tax:	0.00
④ **Today's Charges:**	127.00
- VisaToday's Payment:	127.00
+ Previous Balance:	0.00
Balance Due:	$0.00

Dollar Amount

Contract Balance	Estimated Insurance	Previous Balance	Charges Today	Payments Today	Adjustments Today	**Balance Due Now**
0.00	N/A	0.00	127.00	127.00	0.00	**0.00**

⑤ Patient Name

SIGNED
I agree to pay the above payment amount according to my card issuer agreement.

Future Family Appointments:

Patient:	Next Appointment:	Patient:	Next Appointment:	Patient:	Next Appointment:
[redacted]	4/18/2013 @ 8:00 am				

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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

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

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

Welcome to the
June 12, 2013
PHRUG

Thank You For Coming