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Insurance I workshop

Benefits at Work 2016

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Enrollment updates

Sabrina Freeman
Jason Simpson

Open enrollment options: effective January 1, 2017

- Enroll in, change or refuse health coverage (can also add or drop dependents)
- Enroll in or refuse vision (can also add or drop dependents)
- Enroll or re-enroll in MoneyPlus spending accounts
- No changes to Dental or Dental Plus
- No guaranteed Optional or Dependent Life issue (can drop or decrease coverage)

3

Important open enrollment deadlines

- Employee Benefits Services (EBS) will open for benefits administrators (BAs) on September 15
- MyBenefits will be open to subscribers on October 1 and close October 31
- All transactions on the BA console must be approved by November 15
- Notice of Election forms (NOEs) and barcode/signature pages mailed to PEBA should be postmarked by November 15
- All supporting documentation for enrollment transactions must be received by December 1

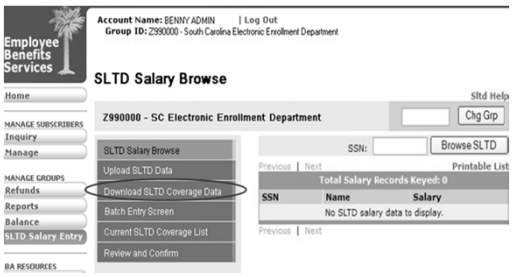
4

October open enrollment

- Update Supplemental Long Term Disability (SLTD) salary information:
  - EBS will open on September 15
  - Complete by October 31
  - PEBA will not accept late updates

5

SLTD salary updates



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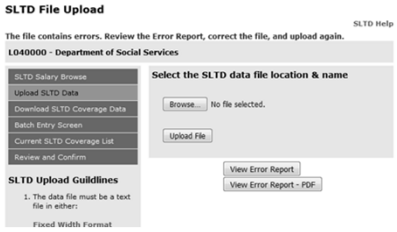
SLTD salary updates

7

SLTD salary updates



8

SLTD salary updates

L040000 SLTD Upload File Error Report

SLTD Upload File Validation Errors - Total Errors:0

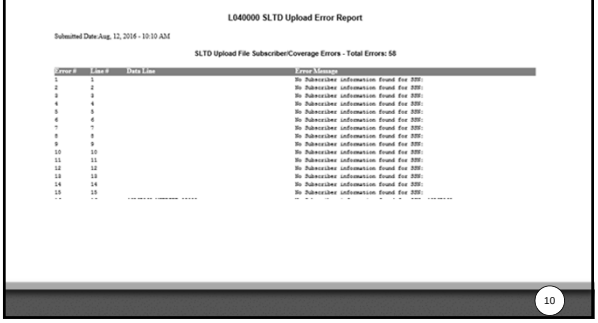
Error #	Line #	Data Line	Error Message

SLTD Upload File Subscriber/Coverage Errors - Total Errors: 58

Error #	Line #	Data Line	Error Message
1	1		No Subscriber information found for SSN:
2	2		No Subscriber information found for SSN:
3	3		No Subscriber information found for SSN:
4	4		No Subscriber information found for SSN:
5	5		No Subscriber information found for SSN:
6	6		No Subscriber information found for SSN:
7	7		No Subscriber information found for SSN:
8	8		No Subscriber information found for SSN:
9	9		No Subscriber information found for SSN:
10	10		No Subscriber information found for SSN:
11	11		No Subscriber information found for SSN:
12	12		No Subscriber information found for SSN:
13	13		No Subscriber information found for SSN:
14	14		No Subscriber information found for SSN:

9

SLTD salary updates



L040000 SLTD Upload Error Report

Submitted Date:Aug. 12, 2016 - 10:10 AM

SLTD Upload File Subscriber/Coverage Errors - Total Errors: 58

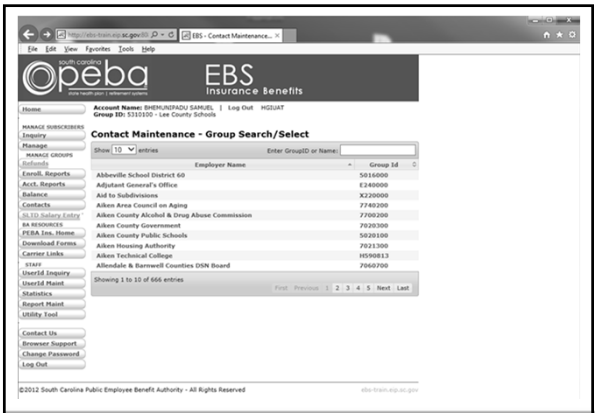
Error #	Line #	Data Line	Error Message
1	1		No Subscriber information found for SSN:
2	2		No Subscriber information found for SSN:
3	3		No Subscriber information found for SSN:
4	4		No Subscriber information found for SSN:
5	5		No Subscriber information found for SSN:
6	6		No Subscriber information found for SSN:
7	7		No Subscriber information found for SSN:
8	8		No Subscriber information found for SSN:
9	9		No Subscriber information found for SSN:
10	10		No Subscriber information found for SSN:
11	11		No Subscriber information found for SSN:
12	12		No Subscriber information found for SSN:
13	13		No Subscriber information found for SSN:
14	14		No Subscriber information found for SSN:
15	15		No Subscriber information found for SSN:

10

Contact maintenance

- Allows you to look up other employer's contact information
- Update your mailing and contact information for:
  - BAs (newsletters)
  - Billing contact (payroll)
  - Executive contact (Director/CEO)
  - Wellness coordinator (PEBA Perks)

11



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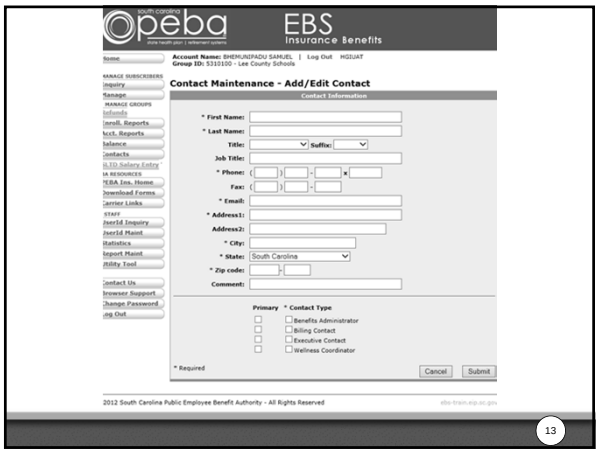

13

When possible, use EBS

14

Rejections

1. Failure to use the most recent NOE; Visit www.peba.sc.gov/iforms.html for the most recent form
2. Salary and/or date of hire is missing
3. Transfer form is missing salary, date of hire and effective date
4. Optional or basic life beneficiary is not listed or invalid
5. Beneficiary information does not specify which one is primary and contingent; if only one beneficiary is listed, member must still indicate he is primary
6. Beneficiary's relationship to subscriber is not specified

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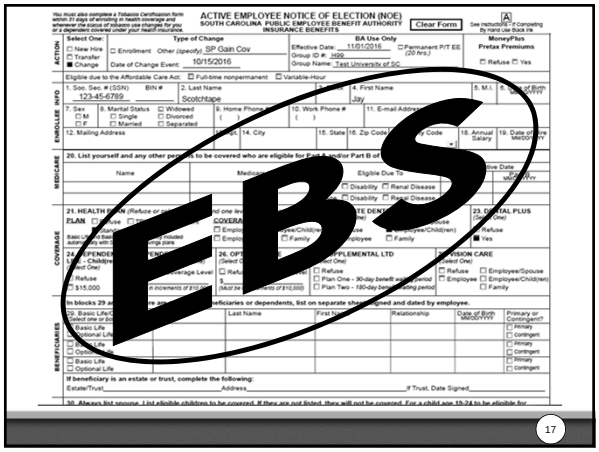
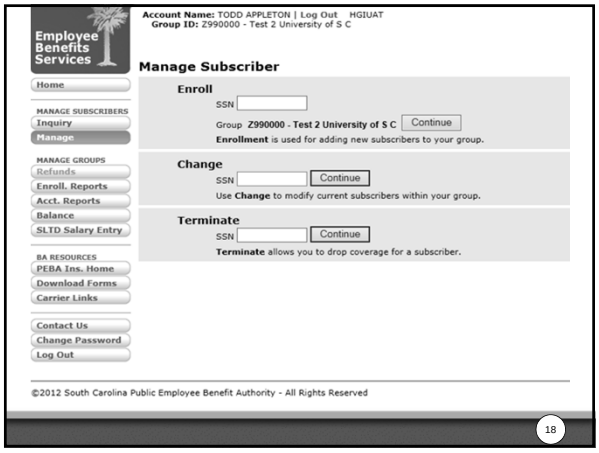
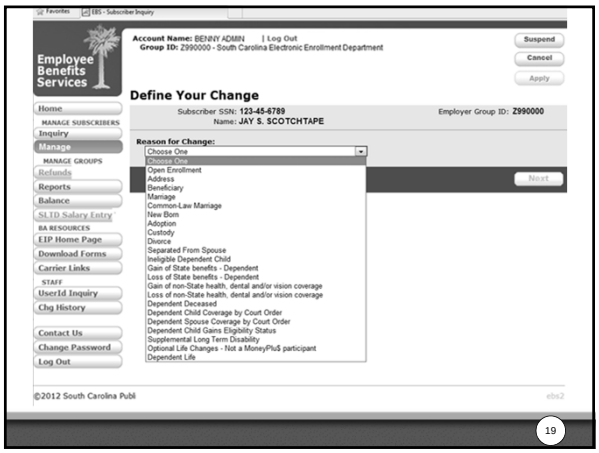
Rejections continued

7. Member tries to change coverage when transferring to another covered employer; this isn't permitted, even if the member submits an NOE
8. Appropriate dependent documentation (birth certificate, marriage license/tax return) is missing; if subscriber is adding stepchildren, a copy of the marriage certificate is required, even if the spouse is not being added
9. Loss or gain of coverage letter missing; letter must include names of individuals who are gaining or losing coverage and type of coverage lost (health, dental); letter must be on company letterhead or be a certificate of creditable coverage
10. Dependent to be added to the member's coverage has not been removed from coverage of another member (parent or spouse)






Employee Benefits Services
Account Name: BENNY ADMIN | Log Out
Group ID: Z990000 - South Carolina Electronic Enrollment Department
Suspend
Cancel
Apply
Define Your Change
Subscriber SSN: 123-45-6789
Name: JAY S. SCOTCHTAPE
Employer Group ID: Z990000
Reason for Change:
Choose One
Open Enrollment
Address
Beneficiary
Marriage
Common-Law Marriage
New Born
Adoption
Custody
Divorce
Separated From Spouse
Ineligible Dependent Child
Gain of State benefits - Dependent
Loss of State benefits - Dependent
Gain of non-State health, dental and/or vision coverage
Loss of non-State health, dental and/or vision coverage
Dependent Deceased
Dependent Child Coverage by Court Order
Dependent Spouse Coverage by Court Order
Dependent Child Gains Eligibility Status
Supplemental Long Term Disability
Optional Life Changes - Not a MoneyPlus participant
Dependent Life
Next
Home
MANAGE SUBSCRIBERS
Inquiry
Manage
MANAGE GROUPS
Refunds
Reports
Balance
SLTD Salary Entry
BA RESOURCES
EIP Home Page
Download Forms
Carrier Links
STAFF
UserId Inquiry
Chg History
Contact Us
Change Password
Log Out
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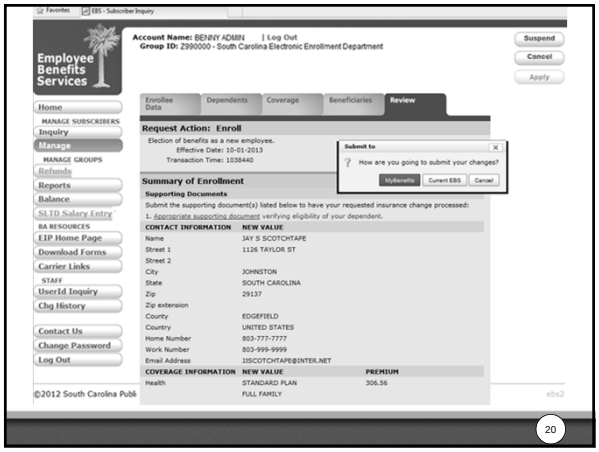
19


Employee Benefits Services
Account Name: BENNY ADMIN | Log Out
Group ID: Z990000 - South Carolina Electronic Enrollment Department
Suspend
Cancel
Apply
Enrollee Data
Dependents
Coverage
Beneficiaries
Review
Request Action: Enroll
Election of benefits as a new employee.
Effective Date: 10-01-2013
Transaction Time: 1038440
Submit to
How are you going to submit your changes?
MyBenefits
Current EBS
Cancel
Summary of Enrollment
Supporting Documents
Submit the supporting document(s) listed below to have your requested insurance change processed:
1- Appropriate supporting document verifying eligibility of your dependent.
CONTACT INFORMATION NEW VALUE
Name JAY S SCOTCHTAPE
Street 1 1126 TAYLOR ST
Street 2
City JOHNSTON
State SOUTH CAROLINA
Zip 29137
Zip extension
County EDGEFIELD
Country UNITED STATES
Home Number 803-777-7777
Work Number 803-999-9999
Email Address JJSCOTCHTAPE@INTER.NET
COVERAGE INFORMATION NEW VALUE PREMIUM
Health STANDARD PLAN 306.56
FULL FAMILY
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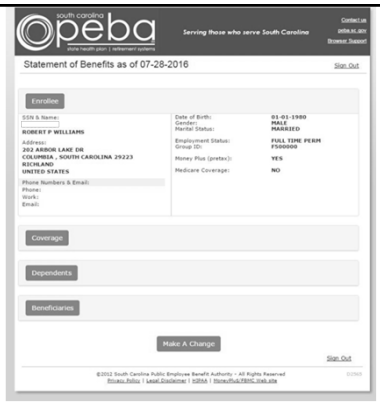
Favorites Tools Help
MyBenefits
PEBA Insurance Benefits
Please assist us by taking a minute to fill out a User Survey after you complete your transaction.
User Survey
MyBenefits - A Better Way to Manage your Benefits
Contact us
MyBenefits is the fastest, most convenient way for subscribers covered by PEBA Insurance Benefits to manage their benefits.
Fast - View, change or update information online
Convenient - Get information from any computer, day or night
Secure - Enjoy the peace of mind that comes with knowing your information is always secure
Enroll in MyBenefits today and start managing your insurance information.
First time user enroll now.
Register
Click here to register
Already registered?
Enter Benefits Identification Number:
Enter the last four digits of your SSN:
Enter your password:
Forgot/Reset password
Get my BIN?
Sign In
©2012 South Carolina Public Employee Benefit Authority - All Rights Reserved
Privacy Policy | Legal Disclaimer | HIPAA | MoneyPlus/FBMC Web site
21

Upcoming enhancements

22



23

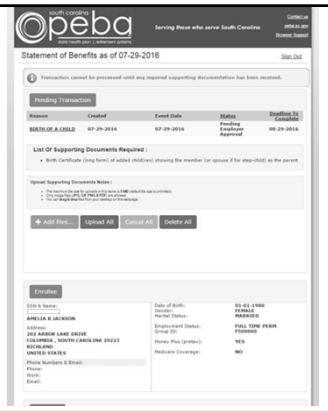
24

Define Your Change
Subscriber SSN: 123-45-6789
Name: JAY S. SCOTCHTAPE
Reason for Change:
Choose One
Choose One
Open Enrollment
Address
Beneficiary
Marriage
Common-Law Marriage
New Born
Adoption
Custody
Divorce
Separated From Spouse
Ineligible Dependent Child
Gain of State benefits - Dependent
Loss of State benefits - Dependent
Gain of non-State health, dental and/or vision coverage
Loss of non-State health, dental and/or vision coverage
Dependent Deceased
Dependent Child Coverage by Court Order
Dependent Spouse Coverage by Court Order
Dependent Child Gains Eligibility Status
Supplemental Long Term Disability
Optional Life Changes - Not a MoneyPlu$ participant
Dependent Life

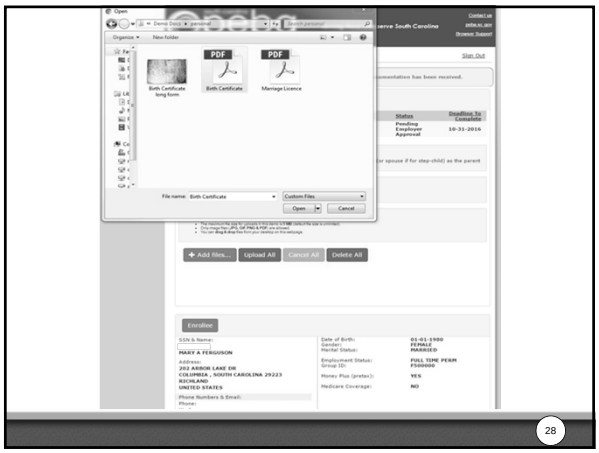
25

peba
Serving those who serve South Carolina
Statement of Benefits as of 07-29-2016
Sign Out
Transaction cannot be processed until you have reviewed and approved.
Pending Transaction
Reason
Created
Event Date
Status
Deadline To Complete
BIRTH OF A CHILD
07-29-2016
07-29-2016
Pending Subscriber Approval
08-29-2016
Enrollee
AMELIA D JACKSON
202 ARBOR LAKE DRIVE
COLUMBIA , SOUTH CAROLINA 29223
RICHLAND
UNITED STATES
01-01-1980
FEMALE
MARRIED
FULL TIME PERM
YES
NO
Coverage
Dependents
Beneficiaries
Sign Out

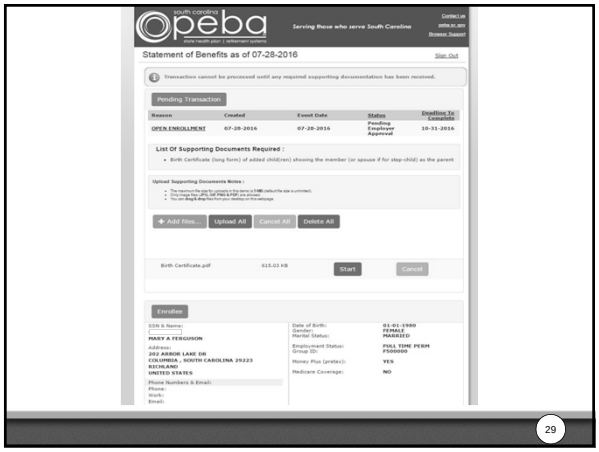
26


peba
Serving those who serve South Carolina
Statement of Benefits as of 07-29-2016
Sign Out
Transaction cannot be processed until any required supporting documentation has been received.
Pending Transaction
Reason
Created
Event Date
Status
Deadline To Complete
BIRTH OF A CHILD
07-29-2016
07-29-2016
Pending Employer Approval
08-29-2016
List Of Supporting Documents Required :
Birth Certificate (long form) of added child(ren) showing the member (or spouse if for step-child) as the parent
Add files...
Upload All
Cancel All
Delete All
Enrollee
AMELIA D JACKSON
202 ARBOR LAKE DRIVE
COLUMBIA , SOUTH CAROLINA 29223
RICHLAND
UNITED STATES
01-01-1980
FEMALE
MARRIED
FULL TIME PERM
YES
NO

27


Open
Organize
New folder
Birth Certificate long form
Birth Certificate
Marriage Licence
File name: Birth Certificate
Custom Files
Open
Cancel
Add files...
Upload All
Cancel All
Delete All
Enrollee
MARY A FERGUSON
202 ARBOR LAKE DR
COLUMBIA , SOUTH CAROLINA 29223
RICHLAND
UNITED STATES
01-01-1980
FEMALE
MARRIED
FULL TIME PERM
F500000
YES
NO

28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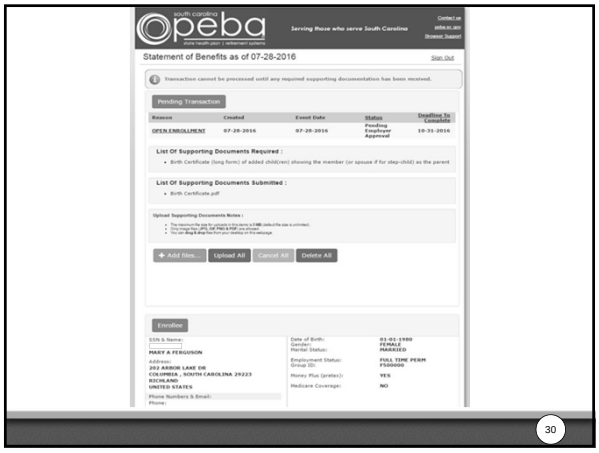
peba
Serving those who serve South Carolina
Contact us
peba.sc.gov
Browse Support
Statement of Benefits as of 07-28-2016
Sign Out
Transaction cannot be processed until any required supporting documentation has been received.
Pending Transaction
Reason
Created
Event Date
Status
Deadline To Complete
OPEN ENROLLMENT
07-28-2016
07-28-2016
Pending Employer Approval
10-31-2016
List Of Supporting Documents Required :
Birth Certificate (long form) of added child(ren) showing the member (or spouse if for step-child) as the parent
Upload Supporting Documents Notes :
Add files...
Upload All
Cancel All
Delete All
Birth Certificate.pdf
615.03 KB
Start
Cancel
Enrollee
MARY A FERGUSON
202 ARBOR LAKE DR
COLUMBIA , SOUTH CAROLINA 29223
RICHLAND
UNITED STATES
01-01-1980
FEMALE
MARRIED
FULL TIME PERM
F500000
YES
NO

29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peba
Serving those who serve South Carolina
Contact us
peba.sc.gov
Browse Support
Statement of Benefits as of 07-28-2016
Sign Out
Transaction cannot be processed until any required supporting documentation has been received.
Pending Transaction
Reason
Created
Event Date
Status
Deadline To Complete
OPEN ENROLLMENT
07-28-2016
07-28-2016
Pending Employer Approval
10-31-2016
List Of Supporting Documents Required :
Birth Certificate (long form) of added child(ren) showing the member (or spouse if for step-child) as the parent
List Of Supporting Documents Submitted :
Birth Certificate.pdf
Upload Supporting Documents Notes :
Add files...
Upload All
Cancel All
Delete All
Enrollee
MARY A FERGUSON
202 ARBOR LAKE DR
COLUMBIA , SOUTH CAROLINA 29223
RICHLAND
UNITED STATES
01-01-1980
FEMALE
MARRIED
FULL TIME PERM
F500000
YES
NO

30

Helpful tips

31

New hires

- New hire Notice of Election:
  - Complete for each employee in a benefits-eligible position
  - Complete even if employee refuses coverage
  - Assists in special eligibility situations
- Use Active Benefits Refusal forms only for:
  - Dependents under age 26 electing to remain on parent's coverage (they will be eligible for coverage under their parent's health, dental, Dental Plus or vision insurance; they will be refusing subscriber benefits including Basic Life, Optional Life, Dependent Life-Child and Long Term Disability insurance)
  - Non-Medicare eligible retirees who have returned to work
  - These employees need to complete a "refuse-all" NOE along with the Active Benefit Refusal Form. Hold until the subscriber has special eligibility situation and is ready to make a change.

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New hires and other changes

- Send NOEs and SOEs/SOCs:
  - When complete and with all the required documentation
  - Incomplete form or missing documentation results in rejections
- Coverage is activated:
  - When transaction completed
  - Subscriber has signed within the allowed time

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New hires and other changes

- For new hires and employees making changes during open enrollment:
  - Verify coverage and/or changes before making doctor appointments or getting prescriptions filled
  - Receive card, review MyBenefits, contact vendor
- Defining medical emergencies:
  - Call Customer Contact Center
  - Paper NOE's not accepted

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Rejections

- Clearing rejections in a timely manner is important to assist your employees and dependents as well as ACA reporting purposes.
- For pending or rejected transactions in EBS:
  - Delete transaction before "correcting" it by sending in a paper NOE
  - Include all required documentation
  - Reapprove the transaction and resend barcode with required documentation

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Documentation

- It is helpful for you to put an asterisk or star by the effective date or other pertinent information on documentation

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Requests for review

- Submitted either by subscriber request or due to clerical error/delay:
  - Explain situation and any contributing factors that caused the delay or error
  - Include NOE with requested change
  - Include all necessary paperwork and documentation
    - Dependent documentation
    - Loss/gain of coverage letters
  - Maximum one year retroactive
    - Retroactive premiums will apply for retroactive coverage
    - It is helpful to indicate if the subscriber has been paying premiums or that they are aware premiums will be due

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Requests for review: eligibility appeals

- If request is denied:
  - Only subscriber or authorized representative (not a BA or provider) may appeal within 90 days
  - Request for review has 90 day language with address
  - Complete "Second Level Appeal Request" Form
  - Appeals are legal process and take time to complete
- If appeal is denied:
  - Subscriber may seek judicial review within 30 days by filing a case at the Administrative Law Court

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Assisting retirees

- Terminate new retiree's active coverage as soon as paperwork is complete
- This helps your former coworkers avoid any inconveniences
- Use EBS, it's easier

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Affordable Care Act (ACA) update

Denise Hunter

Topics

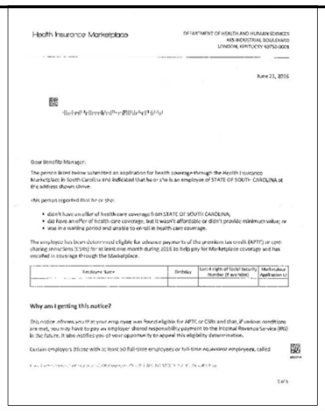
- Marketplace Subsidy Notices
- ACA electronic filing corrections
- ACA files for 2016

2

Marketplace Subsidy Notices

- In late June, the U.S. Department of Health and Human Services began sending Health Insurance Marketplace Notices (Notices) to employers informing that one or more of their employees have been certified for a premium subsidy through a Health Insurance Marketplace. The Notice informs the employer that the individual indicated he worked for the employer and either:
  - Didn't have an offer of health coverage from an employer;
  - Did have an offer of health coverage, but it wasn't affordable or didn't provide minimum value; or
  - Was in a waiting period and unable to enroll in health coverage.

42



Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES
465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0009

June 21, 2016

Dear Benefits Manager:

The person listed below submitted an application for health coverage through the Health Insurance Marketplace in South Carolina and indicated that he or she is an employee of STATE OF SOUTH CAROLINA at the address shown above.

This person reported that he or she:

- didn't have an offer of health care coverage from STATE OF SOUTH CAROLINA,
- did have an offer of health care coverage, but it wasn't affordable or didn't provide minimum value, or
- was in a waiting period and unable to enroll in health care coverage.

The employee has been determined eligible for advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) for at least one month during 2016 to help pay for Marketplace coverage and has enrolled in coverage through the Marketplace.

Employee Name	Birthday	Last 4 digits of Social Security Number (if not NEW)	Marketplace Application ID

Why am I getting this notice?

This notice informs you that your employee was found eligible for APTC or CSRs and that, if various conditions are met, you may have to pay an employer shared responsibility payment to the Internal Revenue Service (IRS) in the future. It also notifies you of your opportunity to appeal this eligibility determination.

Certain employers those with at least 50 full-time employees or full-time equivalent employees, called

1 of 5

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Marketplace Subsidy Notices

- A plan provides minimum value if it pays for at least 60 percent of covered benefits.
- PEBA's actuaries have determined that the State Health Plan Savings and Standard plans meet the minimum value test.
- Documentation is available online
  - www.peba.sc.gov/assets/sbcstandardplan.pdf
  - www.peba.sc.gov/assets/sbcsavingsplan.pdf

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Marketplace Subsidy Notices

- Coverage is deemed affordable if the lowest-cost, self-only coverage does not exceed 9.66 percent of an employee's household income.
- PEBA believes that the coverage offered meets an affordability safe harbor.
- Example based on the Savings Plan:
  - Subscriber only coverage is $9.70 per month
  - $9.70 per month x 12 months = $116.40 per year
  - $116.40/.0966 = $1,204.97 per year
- Magistrates and part-time teachers who do not average 30 hours a week pay higher premiums, which may not be deemed as affordable.

45

Marketplace Subsidy Notices

- The Notice is not a determination that the employer has to pay an employer shared responsibility penalty under the ACA.
- It notifies any employer of the potential of being subject to a penalty.

46

Marketplace Subsidy Notices

- One factor for an employer penalty is whether an employee receives a premium subsidy.
- If an employer believes the employee named in the Notice should not receive a premium subsidy, it should consider appealing the Notice to lessen the potential for an employer penalty later.
- Learn more:
  - www.healthcare.gov/marketplace-appeals/employer-appeals/
  - www.healthcare.gov/downloads/marketplace-employer-appeal-form.pdf

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Marketplace Subsidy Notices

- Employers have 90 days from the date on the Notice from the Marketplace to file an appeal.
- This appeal will not determine if an employer has to pay the employee shared responsibility penalty; only the Internal Revenue Service (IRS), not the Health Insurance Marketplace or the Marketplace Appeals Center, can determine which employers are subject to that penalty.
- An employer does not waive the right to appeal the imposition of the employer penalty if it does not respond to the Health Insurance Marketplace Notice.

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ACA electronic file correction

- When Forms 1094/1095 are filed either directly by an employer or on behalf of an employer by a third party administrator, the ACA Information Returns (AIR) system validates the information sent and responds with the following statuses:
  - Rejected;
  - Accepted;
  - Partially accepted;
  - Accepted with errors;
  - Not found.

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ACA electronic file correction

- The IRS has not imposed a deadline for filing correct transmissions.
- The IRS has stated that corrections should be filed “as soon as possible.”

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ACA electronic file correction

- One common reason for receiving an “accepted with error” response is because of Taxpayer Identification Number (TIN) validation errors.
- A TIN validation error occurs when the name provided for an employee, spouse or dependent and the related Social Security number (SSN) do not match the IRS database.
- The IRS matches the first four letters of the employee and/or dependent’s last name to the SSN.

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ACA electronic file correction

- If you have an SSN error and are unable to get a correct number, you may submit your correction file with just the employee or dependent's date of birth and omit the SSN.
- The IRS states that you are required to request the SSN.
  - 1st solicitation: at initial enrollment
  - 2nd solicitation: at a reasonable time thereafter
  - 3rd solicitation: by December 31 of the year following the initial solicitation or enrollment
- An employer is not required to solicit an SSN from an individual whose coverage is terminated.

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ACA electronic file correction

- If you are correcting a TIN validation error, keep in mind that you need to correct the error with PEBA. If not, you may experience the same errors when you submit your file for 2016.
- For SSN errors, use the *Dependent Social Security number form*, write "ACA correction" at the top and attach a copy of the Social Security card if possible.
- For name errors, use a *Notice of Election (NOE) form*, write "name change" at the top and attach a copy of the Social Security card.

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ACA files for 2016

- Files will be available in tilde-delimited, fixed-width format.
- PEBA will begin placing files on EBS later this fall and update the files every Friday through January 20, 2017.
- All statements (1095-B and 1095-C) should be provided to all covered subscribers no later than January 31, 2017.
- Forms should be submitted to the IRS no later than February 28, 2017, or March 31, 2017, if filing electronically.

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Disclaimer

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