

EHA BOOKKEEPER HELPFUL HINTS

BCBSNE monthly billings

- These are ordered on the 3rd Monday of the month. It is best if you enter your membership changes in BluesEnroll at least a week prior to the billing date to be sure the changes appear on the next billing.
- Please check the billing *each month* to be sure your employees are set up correctly. BCBSNE will only refund premiums back 60 days. Please do not write changes on the bill and send it in. Instead, you need to make the changes in BluesEnroll yourself. If you need assistance, contact the Electronic Enrollment Team at 1-800-843-2373 or eEnrollSupportTeam@nebraskablue.com.
- Reminder: The September billing will be delayed to make sure all renewals and changes have been completed prior to ordering the bills.

New Employees

- Again this year we will allow all groups to request DATE OF HIRE for the month of AUGUST. If a group wants to request DATE OF HIRE as the effective date for the 2017-2018 plan year then the group needs to indicate that on the school group application.
- For new employees who are transferring in from another EHA school district, please verify if they currently have EHA coverage from their prior school. If they do, please coordinate with the prior school as to their termination date before you determine the effective date with your school. This allows a smooth transition of coverage between the two groups, and assures they will be keep the same EHN ID number, which helps accurately credit any amounts they may have already made toward their deductible.

Changes to Subgroup Information or Set-Up

- Do not make changes to the Subgroup name. This can adversely affect group set-up and BluesEnroll. If you feel a name change is necessary, please contact your EHA BCBSNE Team before making any changes.
- If at all possible, try not to merge existing subgroups. If you determine a merge is necessary, please contact your EHA BCBSNE Team before entering anything in the EHA web portal.
- If you need to terminate a Subgroup, please contact your EHA BCBSNE Team.
- After you submit the Subgroup application via the Web Portal, you will not be able to make changes. If you find there is a change that needs to be made, please contact your EHA BCBSNE Team. We can possibly make the change for you, or we can unlock the application so that you can make the change, then resubmit.

Schools with multiple Subgroups

- If your school has two or more Subgroups, please submit all the subgroup applications via the web portal at the same time. Do not send one application one week and the others the following week.

ID Cards

- Employees who are not making a change to their coverage should not receive new ID cards this year. If any type of membership tiers change (i.e. employee to employee/spouse, etc.) the members will receive a second set of cards.

Groups with Dual Option

- You will have enrollment in either September or January depending on when you applied for the Dual Option. Remember employees can only change their medical plan. No tier or dental coverage changes can be made.

Off-renewal change in group leaders, BluesEnroll administrators or contact information

- Please email Scott or Linda as we need to send out an Amendment detailing all changes, including removing people who have left and adding new people. Please provide complete information and the effective date. Be sure to include job title, email address and phone number for new people. Please also indicate if a new person needs access to BluesEnroll.

Groups wanting to change their deductible options effective January 1, 2018

- You will need to contact Scott or Linda the first week in October to notify them of your intention to change. You will be required to complete a new subgroup application changing your school's deductible option(s). We will notify you when the Web Portal is ready for you to enter the Subgroup application. This must be completed by November 15th, so we have time to process and set up your coverage in a timely manner.

EHA Direct Bill Program

- Please complete the EHA Notice of Early Retiree Form for retiring members age 50 and older. Please submit ASAP to Linda Farahani by fax (402-477-2952) or email (Linda.Farahani@nebraskablue.com). Please make sure you use the member's EHN ID# (found on your billing) when completing this form. The EHA Direct Bill packets will be mailed the 2nd week of July for members terminating group coverage 8-31-17. Be sure to enter the member's termination in BluesEnroll. On or after August 1st, you will also need to notify PayFlex of the terminations. Please do not notify PayFlex before August 1, 2017.
- If the member is 65 years of age or older when they lose eligibility as an active employee, we will send the member an NSEA-Retired Blue Senior Classic Medicare Supplement packet. Also, we send the same Medicare Supplement packet to members on the EHA Direct Bill Plan who turn age

65 because they are no longer eligible for the Direct Bill plan. Their packet is sent out two months prior to them turning age 65.

- In both of the above situations, if the member's dependent spouse is covered under medical, both the member and spouse will be sent individual packets. If the spouse is under age 65, they can stay on the EHA Direct Bill plan until they reach age 65.

Enrollment Changes due to Qualifying Events

- Employees must notify you within 31 days of the date of the qualifying event if they wish to enroll themselves or their dependents in coverage outside of the Open Enrollment period. Please collect documentation of the qualifying event (i.e., termination letters from other insurance carriers, etc.) and keep it on file in case you are asked to produce it by our Membership team.

Employees adding newborn or newly adopted children to their coverage

- Please make sure employees understand that if they want to add a newborn or newly adopted child to their coverage, they must notify you within 31 days of the child's date of birth or the date of adoption. It would be helpful to make sure this information is shared when the employee is preparing for maternity or family leave of absence. The child will have free coverage for the first 31 days, but once that ends, they will not be added unless the employee has notified you during that time.

Grandchildren

- An enrolled employee's newborn grandchildren born to a covered dependent will have 31 days free coverage. In order for the grandchildren to remain on the plan, the employee must notify you within 31 days of the grandchild's date of birth AND the employee must be named the grandchild's legal guardian. Legal Guardianship papers must be provided.