



The Local Choice 2018 RoadShow

**March 6, 2018
through
March 22, 2018**

AGENDA

- Welcome
- Renewal Basics
- CommonHealth
- Systems Components
- Anthem Medical/MHSA
- Delta Dental
- Housekeeping
- Adjourn

Renewal Process

- On-line Group Data Sheet must be accessed and submitted via secure portal similar to last year
- You Must Complete All Sections of Group Data Sheet to submit, including rates / contributions for Preventive dental option
- Deadline for submission is April 1, 2018
- Will Be Processed in Order Received
- You will receive confirmation once approved
- Late Forms may Cause Delay in Set-up, ID Cards and Result in Claim Denials
- Extensions Are Only to Return Forms Not to Renew/Terminate

Employer Data WorkSheet

- You should know if Stand Alone or Combined Group
- Any of the four (4) contacts listed for the “primary” group may submit - this applies to both Combined Groups and Groups with multiple subdivisions. Refer to E-News recently sent out
- Must have a Subdivision for each FEIN. Subdivisions with same FEIN are permitted and may have different contacts, but must have same rules, plan selections and cost-sharing
- Subdivisions with different FEIN may have different contacts, different rules and different cost-sharing, but must offer same plans
- To add or remove a subdivision, contact Brenda Farrish at Brenda.Farrish@dhrm.virginia.gov

Open Enrollment (OE) Dates

- IRS requires that Open Enrollment dates submitted on Renewal Data Sheet must be honored.
- Not a complete Re-enrollment.
- Signature dates and form received dates must be within OE window.
- Changes outside OE require consistent Qualifying Mid-Year Event or will be denied.
- Don't forget your COBRA and retiree participants

ID Cards

- Not issued until 3 weeks prior to effective date.
- Sent to participant's address on file with DHRM.
- If incorrect or illegible, card may be delayed.
- Always confirm address on HuRMan Enrollment report before requesting duplicates.
- Duplicate cards available by calling Customer Service (800) 552-2682 or ID Card Hotline at (866) 587-6713.
- After effective date, electronic copy available for use until hard copy received at anthem.com

SBCs

- We follow the Federal guidelines.
- New this year, we will send out a postcard to all current participants letting them know the SBC (Summary Benefits and Coverage) is available on the web (link provided) and in paper form upon request.
- This will save us from sending out copies that are not used and hopefully avoid confusion.

IRS Forms 1094 and 1095

- If your group has been with TLC for the entire Calendar year, we will do your reporting (unless you opt out).
- For us to do your reporting, we need a signed agreement, you need to complete the ACA reconciliation and submit an ACA Certification by the requested due date.
- Duplicate forms are available immediately.
- No corrections for personal data errors

COVA Local SB 364

- Update
- Final rates were published late in 2017.
- A deadline of January 15, 2018, was set for local groups to express a binding commitment. One of the stipulations for COVA Local to be feasible was the participation of at least 5,000 employees and 10,000 members in the plan.
- Unfortunately, the participation level was not achieved and COVA Local will not be offered.



Employee Wellness Program



All employees participating in TLC Health Benefits Program are eligible.

Relax

We are here to help!





- **FREE Health Check Screening every 2 years**

- Total and HDL Cholesterol
 - Blood Pressure
 - Height/Weight and Body Mass Index
 - Diabetes Risk Assessment
 - Non-fasting and immediate results
 - For participating employees and their adult dependents
- ~ *Contact your Regional Coordinator to schedule; vendor requires 30 day lead time.*

Health Education Campaigns



- ***Think About It*** – Keeping your brain healthy involves living intentionally. We have broken it down into easy steps: learn more, get moving, stay connected, eat right, and take charge.



- ***Metabolism Makeover*** – What is metabolism? Find out, along with learning what we need to do to speed it up and make it work for you instead of against you.

Program Options to Meet Your Needs

- **Traditional Presentation** – can be *15 - 45 minutes*
- **Learning Station** – best suited for a high traffic area (benefits fair or in-service day)
- **Coupon** - *paper or electronic*
- **Video** – *web link*

Contact Your Regional Coordinator to schedule



Quit For Life[®] Program

- FREE tobacco cessation program for health plan participants 18 and older
- Individualized program includes a personal Quit Coach
- May include free nicotine replacement or covered medications
- The support you need when you're ready
- Enroll online or by phone at 1-866-784-8454



Future Moms

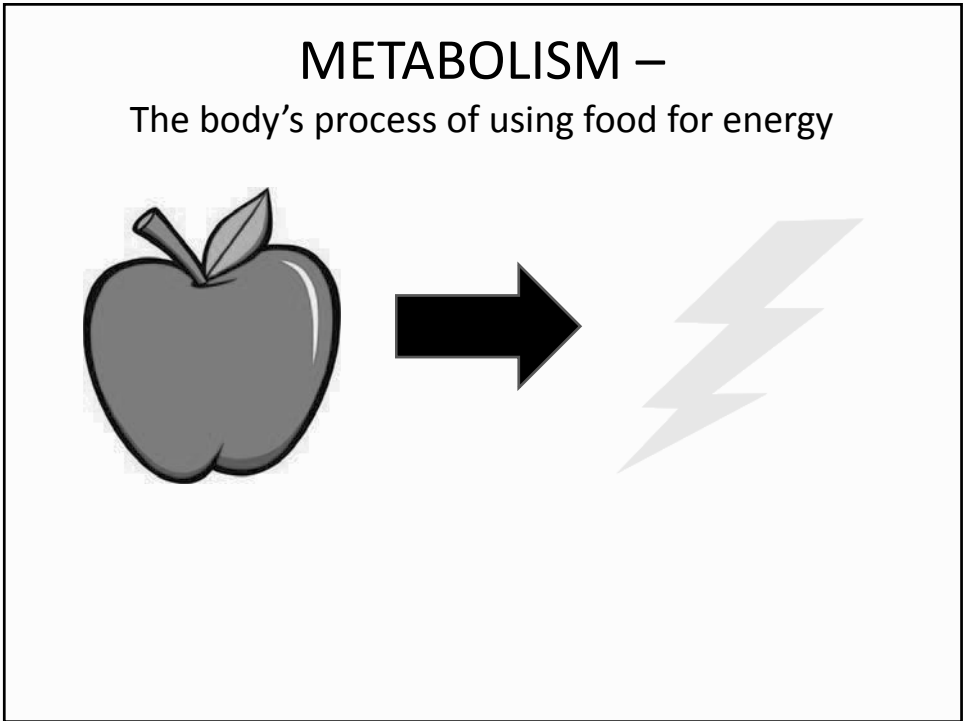
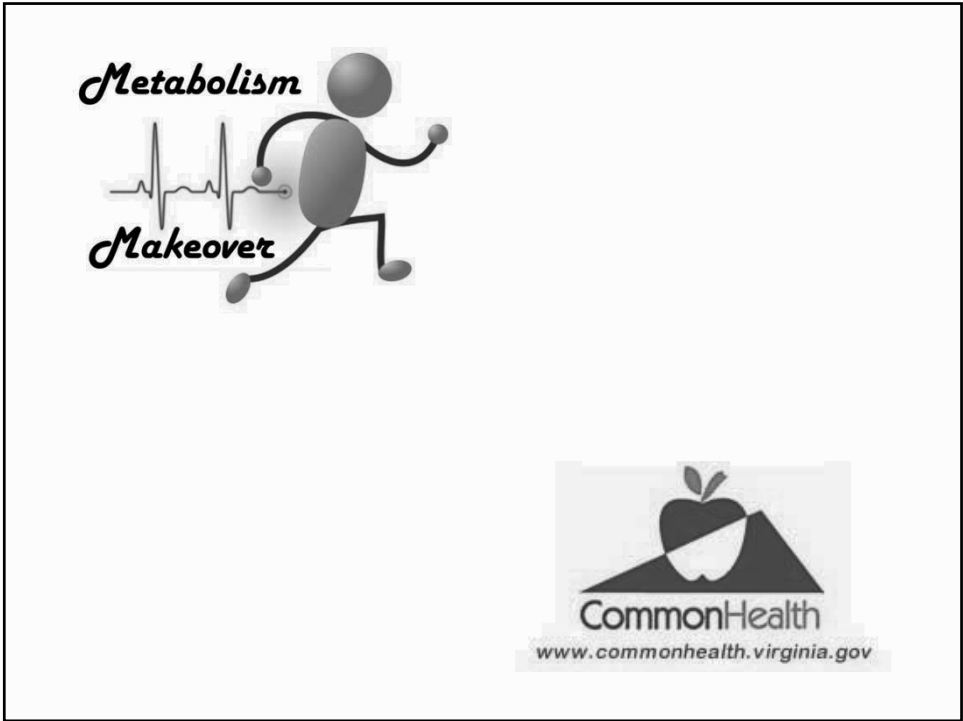
Healthy pregnancies reduce risk of premature birth

- Unlimited access to experienced nurses
- Excellent information on pregnancy and childcare
- Support and guidance in areas like breastfeeding
- Enroll in the first trimester and the hospital co-pay for delivery is waived (~ \$300 value)
- CALL 1-800-828-5891



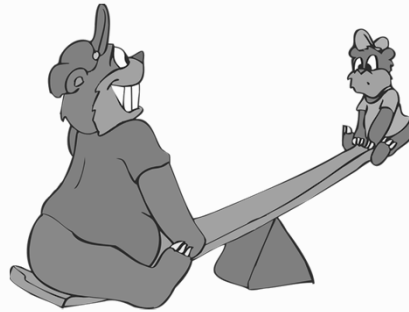
CommonHealth Compass

- Newsletter published periodically
 - Program Highlights
 - Success Stories
 - Information & support materials
 - Recipes
 - Go green, save time and reduce program expenses – ask your coordinator for the electronic version



What affects metabolism?

- **Body size and composition**
- **Sex**
- **Age**
- **Nutrition**
- **Physical Activity**



what can you control?



▶ YOUR ENGINE

MOVE MORE

▶ YOUR FUEL
CONSUMPTION

EAT WELL

▶ YOUR MAINTENANCE

SLEEP BETTER

MOVE MORE

**REV YOUR ENGINE WITH
STRENGTH TRAINING**



At the very least...
**Sit less and stand
more**



*Max time
on your
backside!*





- Rapid weight loss
- Unlimited quantities or food group limitations
- Specific food combinations
- Rigid menus
- No need to exercise

**FUEL UP
IN BALANCE**





PLAN AHEAD INSTEAD

BREAKFAST IN YOUR TANK

- Fuel up and energize
- Burn calories more efficiently
- Curb hunger
- Stabilize blood sugar levels
- Help you think more clearly



Proper maintenance extends Life



**SLEEP
BETTER**



COLD



DARK



QUIET

GET IN THE DRIVER'S SEAT



- ▶ **MOVE MORE**
 - Include strength training
- ▶ **EAT WELL**
 - Small, frequent meals with plenty of water
- ▶ **SLEEP BETTER**
 - Make it a priority

Questions?



Visit the CommonHealth website at
www.commonhealth.virginia.gov
for more great resources



Regional Coordinators

Suzanne Meador – suzanne.meador@dhrm.virginia.gov – Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise, and Wythe counties, and the cities of Bristol, Galax, and Norton

Kristina Fischbach – kristina.fischbach@dhrm.virginia.gov – Allegheny, Augusta, Bath, Highland, Page, Rockbridge, Rockingham, Shenandoah counties, and the cities of Harrisonburg, Lexington, and Staunton

Sue Perry - susan.perry@dhrm.virginia.gov – Bedford, Botetourt, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Patrick, Pulaski counties, and the cities of Martinsville, Radford, and Roanoke

Susan Lord – susan.lord@dhrm.virginia.gov – Albemarle, Amherst, Appomattox, Buckingham, Campbell, Fluvanna, Greene, Halifax, Louisa, Madison, Nelson, Orange, Pittsylvania counties, and the cities of Charlottesville and Lynchburg

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Mary Louise Gerdes – marylouise.gerdes@dhrm.virginia.gov - Caroline, Charles City, Essex, Gloucester, Hanover, James City, King and Queen, King George, King William, Lancaster, Mathews, Middlesex, New Kent, Northumberland, Richmond County, Spotsylvania, Westmoreland, and York counties, and the cities of Ashland, Colonial Beach, Fredericksburg, Hampton, Newport News, Poquoson, and Williamsburg

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Ryan Hogge – ryan.hogge@dhrm.virginia.gov – Greater Richmond



Like us on facebook!



www.facebook.com/commonhealthva

Questions?

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BES

- Official Eligibility DataBase maintained by DHRM for State and TLC
- If Not in BES - It Is Not Valid
- Updated by Forms you Send to TLC
- Provides Files to Vendors
- Creates Reports for Groups – HuRMan folder

Process

- Group Submits Forms to TLC/DHRM
 - Preferably by Fax for PHI Data Security
 - Forms received on/before the 6th of the month normally appear on the bill created on the 10th
- DHRM Enters Data in BES
 - Creates Files for Vendors
 - Creates Reports for Groups
- Vendors Update their Files Based On our Data Usually Within 3 Days
- Vendors Issue ID Cards Based on our Records
- Replacement ID Cards Are Requested from Vendor

Forms

- Must Comply with TLC Plan Rules and Your Pre-Tax Documents
- All Forms must be Complete, Accurate, Legible, and Certified by Employer/BA with an Effective Date
- You Keep Originals and Supporting Documentation to Support Audit
- TLC Needs Documentation to Approve Adoption/Custody, Court Orders, Other Children, Incapacitated Adult Dependents

Group Numbers

- DHRM group number is a three-part number
 - Agency code (3 digits, either 047 or 048)
 - Group code (3 digits)
 - Sub-division code (2 digits)
- DHRM's group number for forms and Anthem's group number for billing are similar, but there are differences.
- Must use correct DHRM group numbers on all forms to avoid keying errors and delays

Group Data Change Form

- **USE THIS TO INFORM US OF CHANGES IN YOUR CONTACTS - IMPORTANT TO KEEP IT CURRENT**
- Used to Change:
 - Group Mailing and Shipping Address
 - Contacts – allowed up to 4 per subdivision
 - Benefits & Billing Administrators
 - Benefits & Billing Executives
 - May take up to 3 weeks (after receipt) for a new contact to be granted access to HuRMan reports and get on E-News mailing list.

Enrollment Form

- READ the Instruction Sheet but Do Not Return It to DHRM. It Contains Special Instructions on:
 - Deadlines, effective dates and Term Dates
 - Initial Enrollment of EE, Retiree, Medicare Retiree, Survivors and/or COBRA/Extended Coverage
 - Spouses of EEs who are also EEs
 - Split Contracts for Retirees
 - Transfer of Retiree, Survivors and COBRA

Enrollment Form

- Used for:
 - Initial Enrollment
 - Change Enrollment – QME or OE
 - Timing of Forms Is Important
 - Waive Coverage
- Complete All Sections – Even for Waivers
- Both Participant and BA Must Sign and date

Waivers

- All eligible employees who decline to enroll need to complete a waiver for ACA reporting.
- Waiver forms need to be complete, including name, address, date of birth and SS#.
- We create a record in BES.
- Once an employee who waived, terminates employment, please send us a Group Adjustment form to terminate their record in BES.

Personal Data Change Form

- Used to Change or Correct Employee or Dependent Personal Data
 - Participant Signature not Required on this Form
 - However, BA Must Certify

Group Adjustment Form

- Used to Terminate a Participant's Entire Record from BES
- Cancels All Coverage for Participant and any Covered Dependents
- Participants Include:
 - Employees
 - Retirees
 - Survivors
 - COBRA Qualified Beneficiaries
- Do Not Use to Remove Dependents

Terminations

- Must be submitted timely
- Retro terms could cost you \$\$\$\$\$
 - Only 59-day Retroactivity
 - EE and ER have liability for Pharmacy claims
- Coverage ends last day of month after loss of eligibility **even if premium is paid month in advance**, group can refund premium.
- Ex-spouses may not remain on plan even if divorce decree says employee is responsible (COBRA is option). Must be removed last day of month after divorce is final.
- Use Group Adjustment Form to terminate. We need event date and termination date.
- Must reconcile your bills monthly. Failure to do so creates problems and costs to you.

Administrative Process Questions and Answers

- Wide Variety of Frequently Asked Questions and Answers
- Updated Regularly
- Maintained Under Policies and Procedures on TLC Web Site

HuRMan

- Nickname for Secure Server
- Group Reports posted here
- All 4 Contacts get access
- Access for new contact may take up to 3 weeks after we receive updated Group Data Change form
- Must have BES ID # or SS# and Date of Birth to set up a new contact.

Reports

- Regularly Posted to Your HuRMan Folder
- Contain Very Valuable Information on Your Group's Data
- Important for IRS Form Completion (ACA Reconciliation) and Routine Plan Management
- All four (4) contacts have access to reports

Reports

- **BES Turnaround and Turnaround Summary**
 - Created Every Time a Transaction Is Processed
 - Posted Daily
 - Your First Chance to Find Data Entry Errors
 - If Not Daily, Review as Frequently as you Can

Reports

- **BES Enrollment Report**

- Two Part Report: Participants and Dependents
- Created Weekly on 3rd, 10th, 17th and 24th
- 1st Three Reports Show BES Membership in Effect on 1st of that Month
- Last Report shows Membership as of 1st of Next Month
- You Should Review at Least Monthly and Report Errors Immediately

Reports

- **BES Exception Report**

- Created on 3rd of Each Month
- Reports Database Discrepancies that Require Group Attention
- Cumulative and Remains on Report Until Resolved
- Examples Include:
 - Invalid SS#
 - Invalid Address

Reports

- **Termination Report**
 - Monthly report of participants and family members recently terminated
 - Can be used to assist in issuing COBRA Notifications
- **BES/ACA Reconciliation Report**
 - Created in October, December and January
 - Reports Your Calendar Year Records in BES
 - Data Used for ACA Employer Reporting

Other Reports

- **Persons Eligible for Medicare** – Monthly report identifying participants (and spouses) approaching Age 65. Note: This report looks 3 months ahead of the individual's DOB, for example, a person turning age 65 in April will appear only on the January report. Does not include Medicare due to Disability.
- **Dependents Approaching Age 26 Termination**
- **Age 26 Termination Report**

The Local Choice at a Glance

- Enrollment continues to grow from 339 groups last year to 345 groups this year
- The largest amount of enrollment is in the Key Advantage 250 and the Key Advantage 500.
- Groups range in size from 1 – 1,400 employees
- Average age of employees is 45.9 and average age of members is 37.3
- 58.6% of members are female and 41.4% are male = 69,091 members

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Anthem's Broad Networks




- 94.3% of all Local Choice claims were in network last year
- 93% of doctors participate nationwide
- 96% of hospitals participate nationwide
- This maximizes discounts and what members and groups pay
- This leads to less member abrasion and greater patient satisfaction

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Anthem
BlueCross BlueShield

2018 Benefit Changes


	Key Advantage Expanded	Key Advantage 250
• Diagnostic tests and x-rays (OP and ER)	20% no deductible	20% after deductible
• ER facility copayment	\$250	\$350
• Hospital, Maternity and Behavioral Health copayment per stay	\$300	\$400
• Shots (allergy and therapeutic injections)	20% no deductible	20% after deductible
• Therapy services	20% after deductible	20% after deductible



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2018 Benefit Changes

- Live Health Online Psychiatry upon renewal 7/1 or 10/1
- Generic Select –
 - If you are taking a brand name drug that has an equally effective generic alternative, you may receive a mailing about an opportunity to switch to the lower cost generic drug. If you make the switch, you will pay zero copayment for the first GenericSelect prescription. Subsequent refills will cost the lower generic copayment.



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Who to contact

TLC-covamembershipinquiries@anthem.com

- NEW Anthem mailbox
- Membership and Billing questions
- Replaces emailing individual Anthem representatives

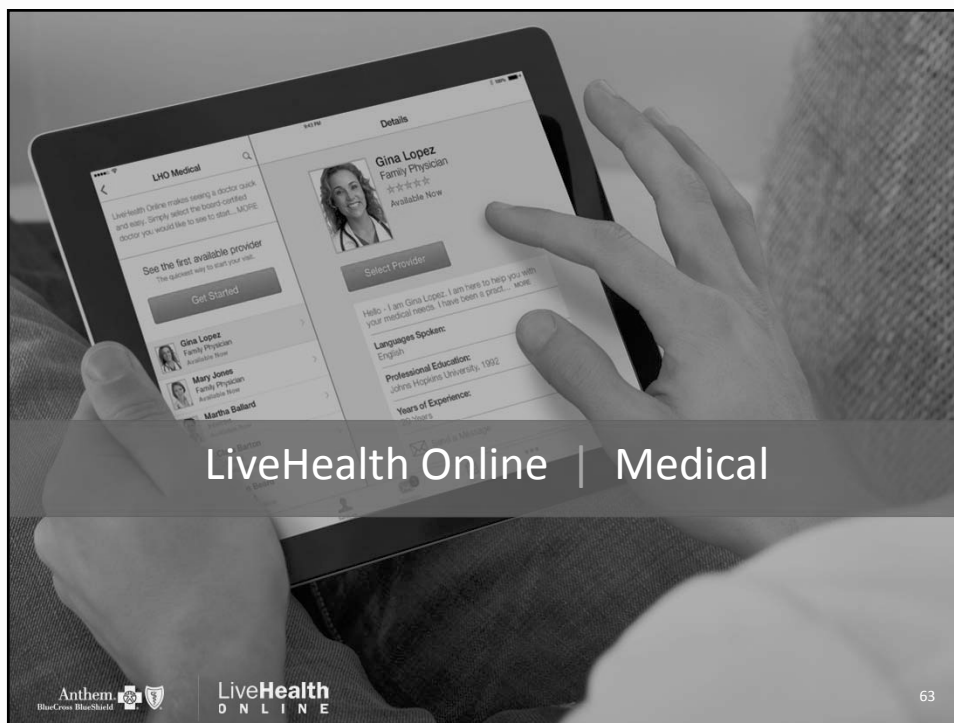
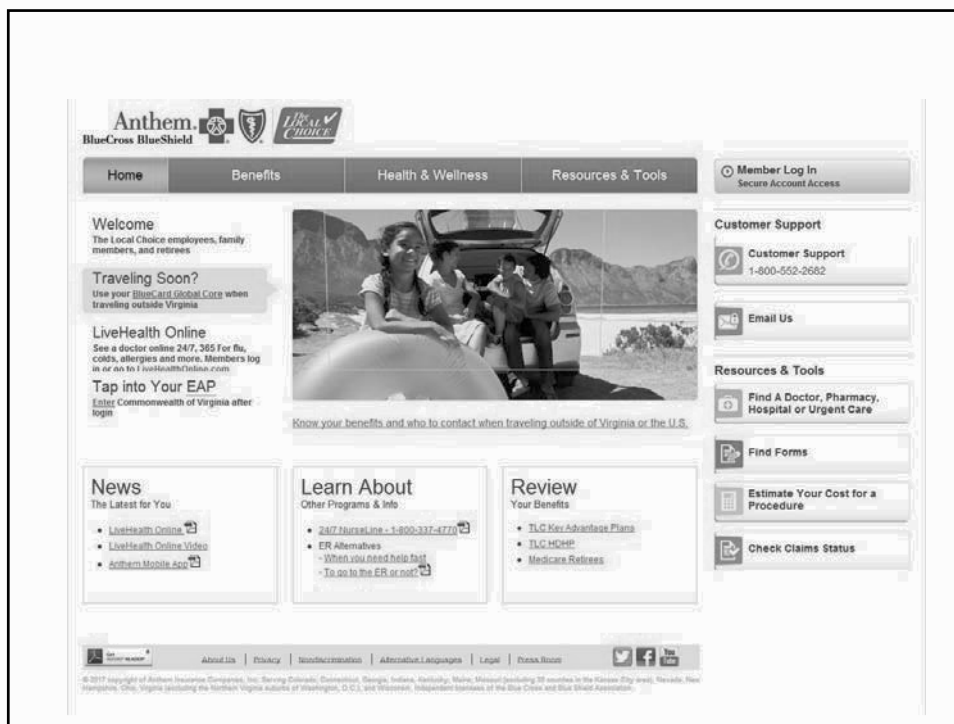
TLC@dhrm.virginia.gov

- Eligibility forms and questions
- All enrollment and change forms
- Group adjustment form to term coverage

Personalized member tools

- Anthem.com/tlc
 - View coverage and claims
 - Find a doctor
 - Refill Prescriptions
 - Compare costs and quality ratings for common procedures
 - Get discounts on health related products and services
- [Anthem Anywhere App](#)
 - View ID card
 - Find a doctor
 - Manage prescription benefits





The features of LiveHealth Online Medical

- -Live, on-demand video doctor visits 24x7/365
- -Accessible by smartphone, tablet or computer
- -Cost is less than or equal to your office visit
- -Available in all states with an average wait time of 10 minutes
- -Choice of board certified, Anthem network doctors
- -Secure and private, HIPAA compliant video visit
- -E-prescribing to your pharmacy of choice*
- -Available to Anthem members and non-members



*Only non-controlled substances can be prescribed via video doctor visits



LiveHealth
ONLINE

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Commonly Treated Medical Conditions

- | | |
|-------------------------------|------------------------------------|
| • Abrasions, minor wounds | • Incontinence |
| • Acne | • Influenza/flu |
| • Anxiety | • Insomnia |
| • Asthma | • Nausea/Vomiting |
| • Allergies/allergic rhinitis | • Obesity |
| • Back pain | • Pinkeye and other eye infections |
| • Cough/Cold | • Rashes/skin disturbances |
| • Depression | • Sinus infection |
| • Diabetes/hypoglycemia | • Smoking cessation |
| • Diarrhea | • Sore throat/pharyngitis |
| • Ear pain | • Sprains and strains |
| • Fever | • Urinary tract infection |
| • Headache/migraine | |
| • Hypertension | |



LiveHealth
ONLINE



Access

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Future Moms Breastfeeding Support on LiveHealth Online

Anthem BlueCross BlueShield

LiveHealth ONLINE

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Future Moms Breastfeeding Support on LiveHealth Online can help

- Live video visits with a lactation consultant or registered dietitian for personalized postpartum nutrition and lactation support
- Education and guidance on:
 - Breastfeeding
 - Formula feeding
 - Nutrition while breastfeeding
 - Introducing solids to your baby
 - Weight loss after delivery
 - Stress management
- Holistic approach – easy transfer to another health professional such as a board-certified doctor or licensed therapist.

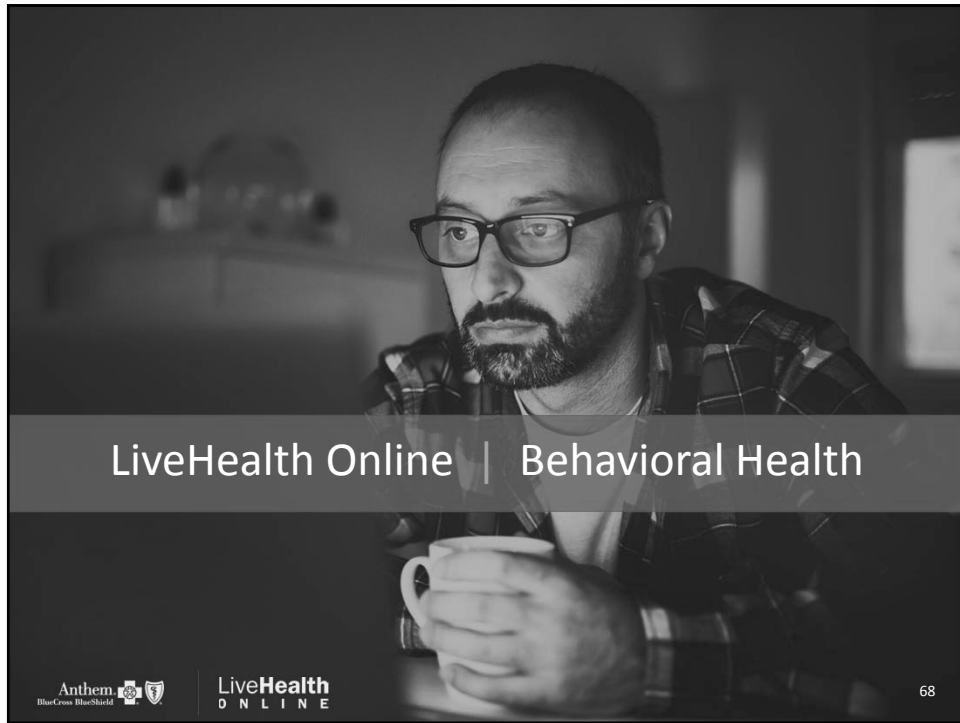


Fully integrated with Future Moms.

Anthem BlueCross BlueShield

LiveHealth ONLINE

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Commonly Treated Behavioral Health Conditions

- -Stress
- -Anxiety
- -Depression
- -Relationship troubles
- -Parenting issues
- -Grief
- -Panic attacks
- -Coping with an illness
- -Bipolar Disorder
- -Obsessive Compulsive Disorder
- -Post-Traumatic Stress Disorder


Access Convenience 69

Anthem BlueCross BlueShield | LiveHealth ONLINE

Here's how LiveHealth Online can help


	LiveHealth Online Psychiatry	New 2018 LiveHealth Online Psychology
Provider types	Board Certified Doctors	Licensed Psychologists and Therapists
Benefit offered	Medication, if necessary after evaluation	Counseling with Psychologists or Therapists
Visit length	30-45 minute initial evaluation. 15 minute follow up sessions if needed for medication review	45 minute counseling sessions
Average wait time	14 days or less	4 days or less
Ages Served	Age 18 and higher	Age 10 and higher

*Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online.



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Prescription availability through LiveHealth Online Psychiatry

- Psychiatrists on LiveHealth Online **can prescribe non-controlled prescription alternatives** in many situations. Common non-controlled prescriptions include:
 - Zoloft®
 - Naloxon
 - Seroxat
 - Prozac®
 - Effexor®
 - Lustral®
 - Celexa®
 - Azona®
 - Intuniv®
 - Cymbalta®
 - Cipralex
 - Strattera®
 - Lexapro®
 - Favarin
 - Anafranil
 - Wellbutrin®
 - Tofranil
 - Doxepin
 - Trazodone®
 - Avanza
- Psychiatrists on LiveHealth Online **cannot prescribe controlled substances.**



Common controlled medications that cannot be prescribed:

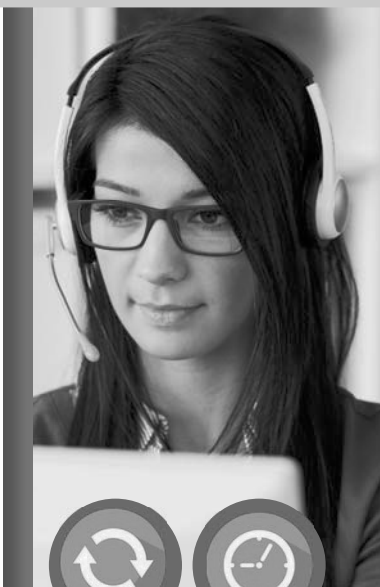
- Xanax®
- Ativan®
- Valium®
- Lunesta®
- Ambien®
- Methadose
- Adderall®
- Ritalin®
- Vyvanse®



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Fully integrated: Anthem EAP & LiveHealth Online

Seeking help is a big step. That's why we've made it easy and convenient.

1. Member calls EAP.
2. Representatives will offer video therapy visit option if appropriate.
3. Appointments can be scheduled through EAP program and with use of the convenient online scheduling tool.
4. Visits are fully covered under your existing Anthem EAP program costs.
5. Once EAP visits are exhausted, member can continue seeing the same therapist using their behavioral health benefit.



Access



Convenience

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LiveHealth
ONLINE

EAP Benefits

The Resources to Make a Difference

- **Ease of access** – 24/7 call center; online EAP member center/provider finder
- **Counseling services** – 4 face to face counseling sessions (office or LiveHealth Online) per incident per year for employees, covered dependents and household members.
- **Child and Elder care resources**
- **Legal/Financial services**
- **Identity protection**
- **Work/Life services**
- **EAP website** – tools, information and resources www.AnthemEAP.com Log in: Commonwealth of Virginia, then choose The Local Choice
- **Monthly Promotion/Webinar** – topical focus each month with webinar



Website resources

- More than 8,000 regularly updated articles/resources
- News for You monthly feature
- Self-search locators
- Financial calculators
- Free legal forms
- Skill builders for professional development
- Monthly on demand seminars on a variety of health, wellness and work life issues

www.AnthemEAP.com
Log-in:
Commonwealth of Virginia then choose The Local Choice



myStrength

“The health club for your mind”

- Online and mobile resources to support your ongoing emotional wellbeing:
 - Inspirational videos, articles, quotes
 - Stress-management tools
 - Step-by-step eLearning modules to help manage depression, anxiety, stress, substance abuse, chronic pain, insomnia
- Available 24/7
- Sign up via the EAP website by selecting the myStrength Center



EAP onsite services



For crisis situations or consultation regarding a workplace trauma response which may involve Critical Incident Response (CIR) to include having a counselor on site following a tragic event:

- Call 855-223-9277 and press 1 for CRISIS

For Free On-Site Educational and/or Wellness workshops:

- View the catalog on www.AnthemEAP.com under Manager Tools to choose your training topic(s)
- Contact Lynn Vogel lynn.vogel@anthem.com or 804-354-4197 to schedule

Remember –
your EAP is here to help

- 24/7 toll-free access
 - to the EAP:
- 855-223-9277
- Or use the EAP website
 - www.AnthemEAP.com
 - Log-in:
 - Commonwealth of Virginia then choose The Local Choice



Delta Dental PPO plus Premier

- Dual-network advantage
- Members can access the Delta Dental PPO network for maximum savings or the Delta Dental Premier network for maximum provider choice
- In 2016:
 - 90% of The Local Choice claims were paid to participating Delta Dental dentists
 - Utilization of participating providers has increased over 10% in the last five years

2018-19 TLC Dental Benefits

- Dental benefits for actives and Early Retirees will continue to be administered by Delta Dental
- Two plan options to choose from with selected Anthem medical plan:
Preventive or Comprehensive
- No changes to current plan designs

Preventive Option

- No contract year deductible
- No contract year maximum (frequency limitations apply to services)
- No coverage for basic, major or orthodontic services
 - 100% coverage for diagnostic and preventive services such as:
 - Two cleanings and exams
 - Two fluoride treatments for dependents under 19
 - Bitewing and full mouth X-rays
 - Sealants for dependents under 19

Comprehensive Option

- \$25 individual/\$75 family contract year deductible (does not apply to diagnostic and preventive services)
- \$1,500 individual contract year maximum (does not apply to diagnostic and preventive services)
- \$1,500 individual lifetime orthodontic maximum
 - 100% coverage for diagnostic and preventive services
 - 80% coverage for primary services
 - 50% coverage for major services and orthodontics

2018 Dental Plan Options

Benefits	Preventive	Comprehensive
Dental Plan Year Deductible	No contract year deductible	\$25 Individual \$75 Family
Plan Year Maximum	No contract year maximum	\$1,500
Preventive Dental Care (routine oral exam and cleaning — twice per contract year, X-rays, sealants and fluoride for children)	100%	100%
Basic Dental Care (fillings, root canal, simple extractions, periodontic services, etc.)	Not Covered	80% coverage after deductible
Major Dental Care (crowns, inlays, onlays, dentures and fixed bridges)	Not Covered	50% coverage after deductible
Orthodontic Services (for children and adults)	Not Covered	50% coverage, no deductible, with \$1,500 lifetime maximum

By the Numbers

Utilization

- In-network utilization 90.0%
- Members exceeding annual maximum 1.4%
- D&P services (portion of spend) 50.0%

- Enrollment has increased 6.1% (Gov't) and 4.5% (Schools)
- Submitted claims have increased 11.5% (Gov't) and 7.9% (Schools)
- Dollars saved has increased 13% (Gov't) and 8.4% (Schools)

By the Numbers

Oral Health Analytics

Delta Dental analyzes millions of claims to gauge the oral health of The Local Choice and compares utilization to peer groups

	Government	Schools
Healthy	32%	37%
Moderate	15%	16%
Serious	10%	10%
No Visit	43%	37%

- Approximately 60% of the No Visit population has not seen a dentist in two years
 - \$307 (Gov't) and \$285 (Schools) higher annual spend for members who have lapse in care
- 35% - 40% of members who had periodontal treatment did not receive follow-up care

Website Capabilities for Members

Members are able to:

- Check benefits and eligibility
- Find a dentist
- Check claims status
- Look up average charges for dental procedures
- Chat with a Customer Service Representative
- Download forms



Mobile App

Members can use the same login information they use for the website.

Once logged in, they can:

- Check coverage and review claims
- View, print and email your ID card

Members do not need to log in to:

- Find a dentist
- Brush with the Toothbrush Timer!



Pre-tax Documents

- IRS Requires Compliance with Your Section 125 document Rules
- TLC Uses COVA Rules Unless You Tell Us that Your Rules Are Different
- **This document may also be called a Section 125 document or a POP (premium only plan) document.**
- **The time frame for Qualifying Mid-Year Events is determined by your pre-tax document. Your document may have a more restrictive timeframe, if so, you must comply with your document.**
- **The 2018-19 Renewal Group Data Sheet asks about new hire eligibility and QME timeframes.**
- For example, COVA Uses 60 Day Window for QMEs. Unless Updated Recently, Your Rules Probably Allow 30 Days. IRS Penalties Can be Severe.

QME: Gain or Loss of Eligibility under Medicaid

- It is a QME to join TLC if lost eligibility to FAMIS, FAMIS+ or Medicaid.
- It is a QME to drop TLC coverage if gaining eligibility to Medicaid or FAMIS+.
- It is **not** a QME to drop TLC if gaining eligibility to FAMIS.
- **IMPORTANT NOTE: We cannot allow changes due to gain / loss of eligibility to be retroactive.**

QME: Gain or Loss of Eligibility under Medicare

- When you, your spouse or your child becomes eligible for Medicare, Qualifying mid-year event changes are allowed.
- Retiree group participants or covered family members of retirees who are eligible for Medicare, due to age or Disability, **must** terminate coverage or enroll in a Medicare coordinating plan (if offered) unless they are still in their coordination period for End Stage Renal Disease.
 - You may waive your coverage when you become eligible for Medicare.
 - You may remove family members **enrolling in Medicare**
 - You may change your plan when removing dependents enrolling in Medicare
 - You may not provide any incentive for members to drop our plan to move to Medicare

Not a QME: Decide not to renew with Marketplace coverage

- Cancelling coverage through the Marketplace is **not a QME to come on your TLC plan**. The Marketplace is not a government plan nor is it a group plan.
- However, at your Open Enrollment they can come on your plan.

Anthem Employer Portal Is Not Available for TLC

- All Changes, Additions, Terminations, Corrections –must be made via paper through TLC/DHRM
- Uploads usually overnight based on our entries but within 72 hours

Changes

- We encourage Emails to Explain Requests or make notes on forms BUT Forms Are Required to Make Changes
- Notifying Anthem does not make the change. You must notify TLC/DHRM
- Send Forms by One Method Only – **Do Not** Fax or Email a Form and Follow up with a Hard Copy
- If Faxing, please retain your confirmation until you have verified change has been made via HuRMan report or Anthem bill.
- If Submission is Revised or Correction, Mark It as “REVISED”
- Confirm Receipt by HuRMan Report
- Please report any errors to TLC ASAP.

Coverage Effective Dates

- Request to enroll must be received within 30 days of employment date or newly eligible.
- When request is received by deadline, coverage can become effective on first of month coinciding with or following date of employment if permitted by Personnel Policies and Practices. Your employee does not get to choose.
- Waiting periods of 60 days or less are allowed.
- Missed deadline requires waiting until Open Enrollment or another consistent QME.

Effective Date for QMEs

- An enrollment change due to a Qualifying Mid-Year Event will be effective the first of the month following receipt of completed enrollment form. Form dates must confirm.
- Retroactive enrollment is only permitted for birth or adoption.

Late Payments

- Premium Due on the First Working Day of Month Payable in Advance
- If Not Received within 10 Day Grace Period, Considered Late and Subject to 1% Penalty
- Code of VA does not allow for exceptions
- If Premium and Penalty Not Received by 20th of Month, Claims Will Not Be Paid and Community Notified
- ER May Be Obligated to Pay Greater of Past Due Contributions or Incurred Claims Plus Penalty and Damages
- Mailed is not received
- Don't send overnight to Bank PO Box or to Anthem
- Don't send it on the 7th or 8th of the month and expect it to be received on time. Penalties for late arrival will apply.

TLC Monthly Billing Process

Late Payment will have consequences. Timely payment of premium is key to maintain access to benefits. The Code of Virginia leaves little leeway in its application.

ACTION	SCHEDULE	COMMENTS
Premium Due	1 st working day of each month* payable in advance	10 day grace period. 12% per annum interest penalty applied if payment not received within grace period.
Delinquency Notice Sent	Sent to employer after 10 day grace period	Past due premium AND interest penalties are due by 20 th of month*.
Claims Payment Suspended	Past Due beyond 20 th of month	Claims Payment suspended and the Department of Human Resource Management (DHRM) will place a notice of nonpayment in newspaper to notify covered employees of the delinquency and restriction on paying claims.

*Be sure to allow time for delivery (even if you are using overnight delivery service). Allow 2-3 days for the bank to process the check and credit your account. You may want to consider electronic payment but up to 2 days required for posting.

Direct Bill Option

Groups with Direct Bill for Early Retirees and/or Medicare Eligible Retirees and/or COBRA Participants

- Direct bill members receive their monthly premium billing statements directly from Anthem around the 10th of the month, in advance. There is a **45 day grace period** before **medical** coverage is cancelled for non-payment. Generally, not re-instated.
- **Important: There is no grace period for prescription drug coverage.** If premium is not paid to date, prescription drug coverage will be suspended regardless of whether the member is in the medical coverage grace period. When premium is received, within grace period, coverage will be reinstated. Paper claims are required and discounts may be lost.
- Direct bill members may sign up for **automatic bank draft**. Completed forms must be sent to the address on the form, not DHRM. Premiums will be drafted from the member's checking account on the 5th of each month. **It is BA's responsibility to notify members of the direct bill process.** A sample letter and bank draft information are found on the TLC website under Forms.
- Direct bill is not available for use with Third Party Administrator (TPA) services.
- Your bill election type must be elected on Renewal Data Sheet. Mid-year changes are discouraged and require reprogramming. It can take up to 3 months.
- It is the BA's responsibility, even for Direct Bill participants, to submit appropriate forms for terms and/or changes.
- It is the BA's responsibility to keep Direct Bill participants informed of plan changes and open enrollment election timeframes.

Group Bill Option

Groups with Group Bill for Early Retirees and/or Medicare Eligible Retirees and/or COBRA Participants

- Group bill segregates COBRA and/or Retirees on your regular bill. Member premium is due at the same time your active bill is due. If you haven't received payment when you pay your active bill, you should terminate coverage. They may be reinstated later if retiree payment is received before the 20th of the month or for COBRA participants within the grace periods. You no longer have liability for unauthorized Rx expenditures. Members will have to file paper claims for reimbursement.
- If you use a TPA, you must use this contract. We will not bill your TPA but you may send the invoice to them. We will accept payment from TPA if requested.
- We won't extend deadlines because you work with a TPA. We must have forms and premium by published deadlines.

Retiree Plan Eligibility

Retirees and/or their Dependents Not Eligible for Medicare may be enrolled in:

- Key Advantage Plans
- HDHP
- Kaiser

Retirees and/or their Dependents Eligible for Medicare may only be enrolled in:

- A65 or A65 w/DV or Medicare Complementary
- They **cannot** remain in Key Advantage Plans, HDHP or Kaiser Plans.

Importance of Medicare Supplement

- Retirees Found in Wrong Contract Will Be Retroactively Moved to Correct Contract or Termed if Medicare Supplement plan not offered
- Medical/MHSA/Dental Claims Will Be Retracted
- Drug Charges Will Be Billed to Member or Group
- Medicare May Charge Late Fee and/or Deny Special Enrollment
- Medicare Supplements may not be available
- Monthly report in HuRMan may help you determine who is eligible for Medicare due to age. You need to remind your retirees to let you know immediately if they (or their dependents) become eligible for Medicare due to age or disability (may be younger than 65)

Extended Coverage / COBRA

- Effective 1-1-2017, ALL GROUPS must offer.
- Updated COBRA Election Notice is on the website with instructions.
- Updated General Notice should be given to all current enrollees and any future enrollees.
- We must have **both** our COBRA Election Form (p. 6 of Election Notice) and TLC Enrollment Form.
- You need to certify on Enrollment Form when COBRA ends.
- At renewal, you will have option for Group Bill or Direct Bill for COBRA

COBRA, continued

- Even with Direct Bill, you are still the BA and it is up to you to send us the appropriate forms to term a COBRA participant's coverage.
- COBRA participants must be informed of premium or plan changes due to your OE.
- **If you choose to use a TPA for COBRA administration, please note that we can only accept enrollment elections, changes and terminations using our forms. A TPA's forms cannot be used to enroll or term COBRA.**
- **COBRA deadlines will not be extended due to you using TPA services.**

COBRA, continued

- It is up to you to track when COBRA ends and send in the proper form (Group Adjustment Form). BES does not allow us to enter a future term date.
- If we find out a participant is on COBRA longer than they are eligible, we will term their coverage retro to the last day they are eligible, claims will be retracted and Rx claims paid will be the responsibility of the participant.

Excluding Spouses or Spousal Surcharges

- Groups have inquired about excluding spouses that have access to other coverage. TLC can't track but groups may do so if they wish. If we receive a certified Enrollment Form to include them, we will.
- TLC can't bill a surcharge. We must bill exact coverage amount. If applied, you are responsible for legal documents and must collect surcharge. You must defend any discrimination charges.

Review of problem areas

- If we key something incorrectly, we need to know ASAP.
- If not fixed early, it creates problems.
- Therefore, you must reconcile your bill and review HuRMan reports for accuracy.
- If you employ both husband and wife, unless they are enrolled separately, we need a waive form on one of them.
- Enrollment forms sent in with changes due to QME - requested effective date cannot be prior to date you receive the form.
- Retro effective dates only allowed for birth and adoption.
- Once divorced, ineligible deps (ex-spouse and stepchildren) must come off end of month divorce is final.
- Once employee leaves, must be termed last day of month – even if premium has been paid.
- Enrollment forms must be complete and legible, there are 3 places for the SSN on the enrollment form, make sure they are all the same number and readable.

Questions??

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