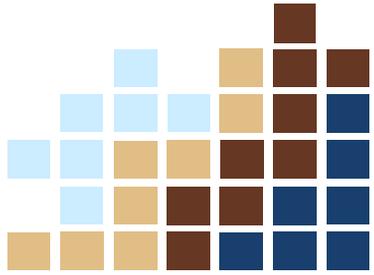


Liaison 101 Training

Subtitle: Benefit Basics

Dates: February 15 – 17, 2011

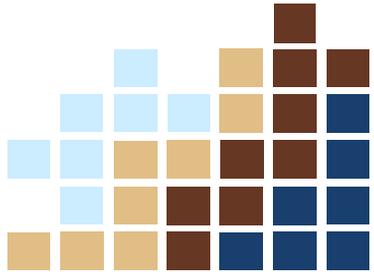
Presented by: Elizabeth Schafer



Course Objectives

After this training you will be able to:

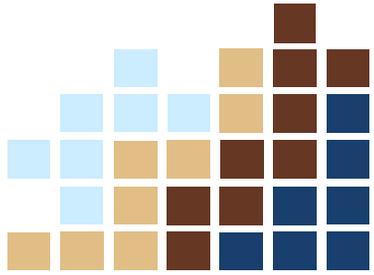
- **Act as a resource for New Hires**
- **Reference sample New Hire Checklists**
- **Refer New Hires to resources that will assist them in understanding the benefits available**
- **Have a basic knowledge of the benefits available to employees**
- **Reference a list of HIPAA Protected Identifiers**



Resource Checklists

Sample of ADOA New Hire Checklists:

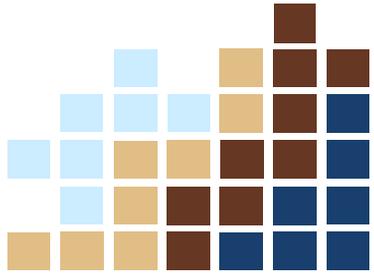
- **New Employee Orientation Supervisors Checklist**
- **New Hire On-boarding Checklist**



Explaining Benefits

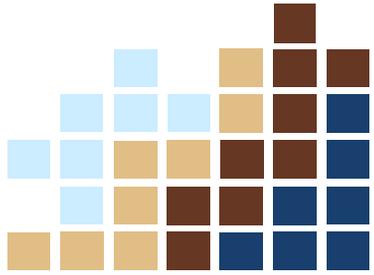
RESOURCES:

- **New Hire Guide - Many questions are already answered in the New Hire Guide!**
- **Liaison website - Benefitoptions.az.gov/liaison – Guides, Forms, Plan Descriptions, Contacts and much more!**
- **ListSers - Important Updates from Benefits**
 - Sign up to receive on the Liaison Website and review Archived ListSers
- **Questions – BenefitsIssues@azdoa.gov**



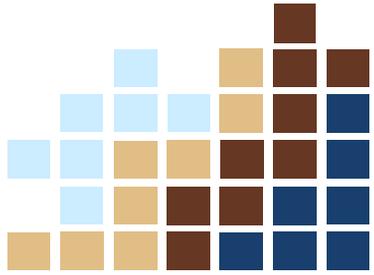
Important Benefit Information

- ID Cards
- Pre-Tax and Post-Tax Benefits
- Understanding Pre-tax Vs. Post-tax Deductions



Mandated Benefits

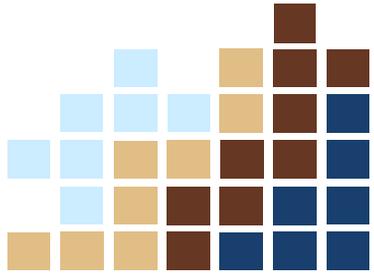
- **Basic Life/Accidental Death & Dismemberment (AD & D)**
- **Long Term Disability (LTD)**
- **Retirement**



The Basic Enrollment Choices

ELECTIVE BENEFITS

- **Medical Plan (including Pharmacy)**
- **Vision Plan**
- **Dental Plan**
- **Medical Flexible Spending Account**
- **Supplemental Life Insurance**
- **Dependent Life Insurance**
- **Short Term Disability**
- **Dependent Care Flexible Spending Account**
- **Limited Flexible Spending Account**

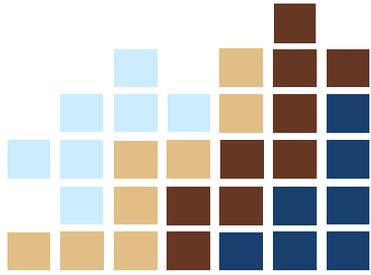


Type of Medical Plans

EPO-Exclusive Provider Organization

PPO-Preferred Provider Organization

HSA-Health Savings Account Option

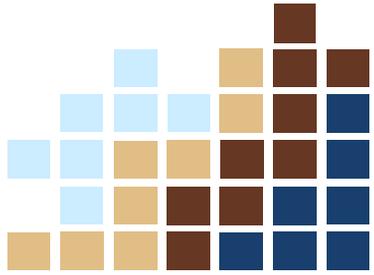


Medical Plans

4 Networks

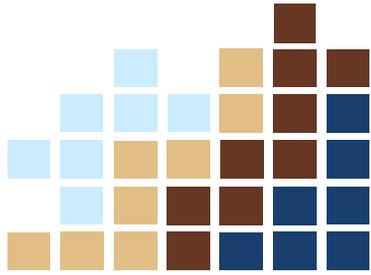
| | Aetna | BCBS of AZ/ AmeriBen* | CIGNA | United Healthcare |
|-----------------------|--------------|----------------------------------|--------------|------------------------------|
| EPO | X | X | X | X |
| PPO | X | X | | X |
| HSA Option | X | | | |

**Blue Cross Blue Shield of Arizona network administered by AmeriBen.*



Medical Plans

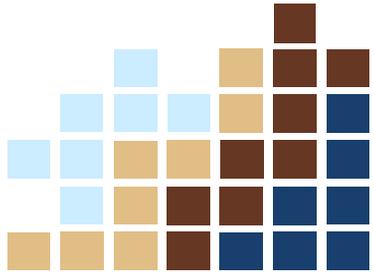
- **Coverage identical for each Plan Type**
- **Networks differ in which providers are offered**
 - **NOTE: MedImpact is the Pharmacy Provider for all plans (see back of an ID Card)**



Medical Plans

Pay Period Medical Premiums (26 pay periods)

| Plan | Tier | Employee Premium | State Premium | Total Premium | Agency HSA Contribution |
|---|-----------|------------------|---------------|---------------|-------------------------|
| EPO (Aetna, BCBS of AZ/AmeriBen**, CIGNA, UnitedHealthcare) | Emp only | \$18.46 | \$253.85 | \$272.31 | - |
| | Emp+adult | \$54.92 | \$522.92 | \$577.84 | - |
| | Emp+child | \$46.62 | \$497.54 | \$544.16 | - |
| | Family | \$102 | \$648.46 | \$750.46 | - |
| PPO (Aetna, BCBS of AZ/AmeriBen**, UnitedHealthcare) | Emp only | \$71.54 | \$342 | \$413.54 | - |
| | Emp+adult | \$161.54 | \$695.08 | \$856.62 | - |
| | Emp+child | \$152.77 | \$667.85 | \$820.62 | - |
| | Family | \$224.31 | \$890.31 | \$1114.62 | - |
| HSA (Aetna) | Emp only | \$12 | \$232.15 | \$244.15 | \$19.38 |
| | Emp+adult | \$47.08 | \$466.15 | \$513.23 | \$38.31 |
| | Emp+child | \$37.38 | \$450.92 | \$488.30 | \$38.31 |
| | Family | \$89.08 | \$583.85 | \$672.93 | \$38.31 |



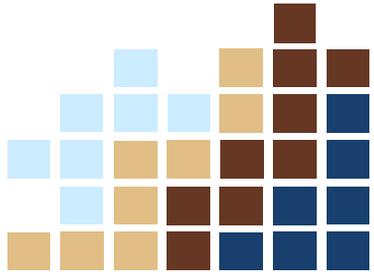
Vision Plan

Avesis Advantage Program

- Yearly coverage for vision exam, glasses or contact lenses
- Extensive provider access throughout the state
- \$300 allowance for LASIK

Avesis Discount Program

- If employee does not enroll in the Avesis Advantage Program they will receive an Avesis Discount Card
- No Cost
- Provides discounts on exams and corrective materials
- No Enrollment necessary

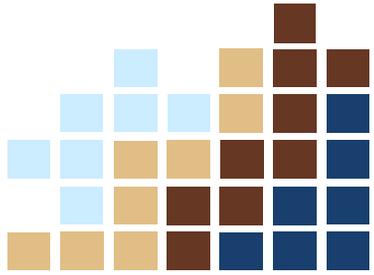


Vision Plan

PREMIUMS

Pay Period Vision Premiums (26 pay periods)

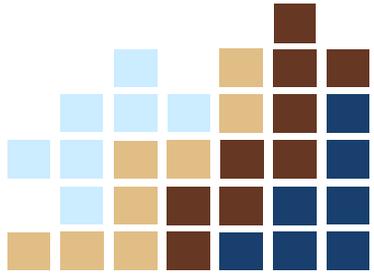
| Plan | Tier | Employee Premium |
|----------------------------------|----------|------------------|
| Insured plan (Avesis) | Emp only | \$2.23 |
| | Emp+1 | \$6.24 |
| | Family | \$7.78 |
| Discount card (Avesis) | Emp | \$0.00 |



Dental Plans

Indemnity/PPO Plan – Delta PPO Plus
Premier

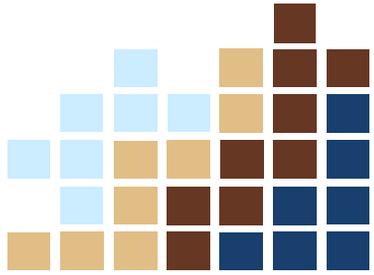
Prepaid/DHMO – Total Dental
Administrators (TDA)



Dental Plans

Indemnity/PPO Plan - Delta

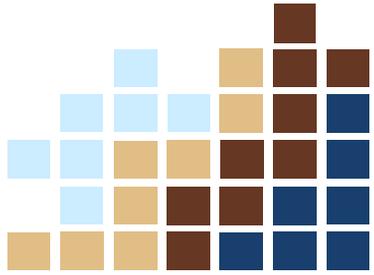
- See any licensed dentist in the world
- Deductibles/out of pocket payments
- Maximum Benefit of \$2,000 per person per year
- Lifetime benefit of \$1,500 person for orthodontia
- Benefits may be based on reasonable & customary charges



Dental Plans

Prepaid/DHMO Plan - TDA

- **MUST** use Participating Dental Provider
- No annual deductible or maximum
- No Claim Forms
- No waiting period
- Pre-existing conditions covered
- Specific co-payments and lab fees

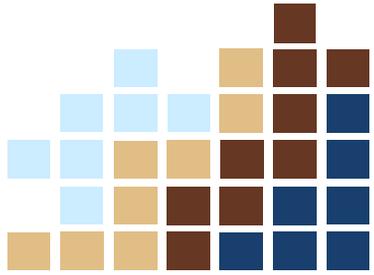


Dental Plans

PREMIUMS

Pay Period Dental Premiums (26 pay periods)

| Plan | Tier | Employee Premium | State Premium | Total Premium |
|--|-----------------|------------------|---------------|----------------|
| DHMO (Total Dental Administrators) | Emp only | \$2.31 | \$2.29 | \$4.60 |
| | Emp+1 | \$4.15 | \$4.58 | \$8.73 |
| | Family | \$6.46 | \$6.32 | \$12.78 |
| PPO (Delta Dental PPO Plus Premier) | Emp only | \$14.30 | \$2.29 | \$16.59 |
| | Emp+1 | \$32.71 | \$4.58 | \$37.29 |
| | Family | \$56.82 | \$6.32 | \$63.14 |

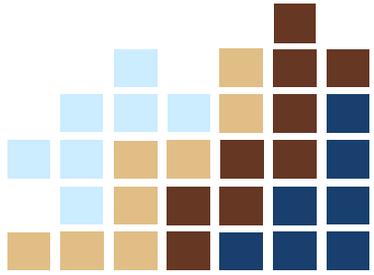


Medical Flexible Spending Account – (FSA)

Administered by ASI

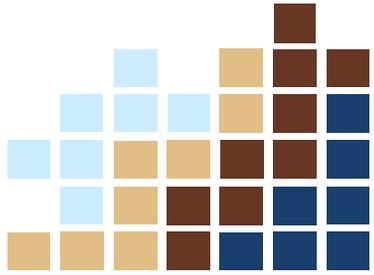
**A Medical FSA allows you to pay
eligible out-of-pocket medical care
expenses with pretax dollars**

**This reduces your taxable wages which
decreases your taxes**



Medical Flexible Spending Account – (FSA)

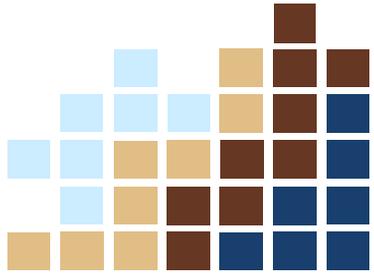
- **Maximum Contribution is \$5,000 annually**
- **Health-related expenses including your spouse or children even if they are not enrolled in your medical, dental or visions plans**
- **USE IT OR LOSE IT!**



Medical Flexible Spending Account

Eligible Expenses

- **Copayments**
- **Deductibles**
- **Dental Fees**
- **Eyeglasses, exam fees, contact lenses & solutions, LASIK surgery**
- **Orthodontia**
- **Some OTCs (ONLY WITH VALID PRESCRIPTIONS)**

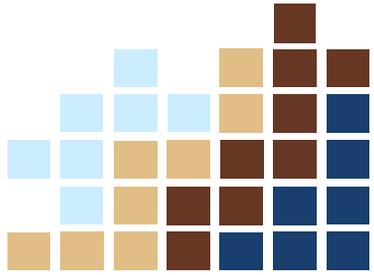


Life Insurance*

THE HARTFORD

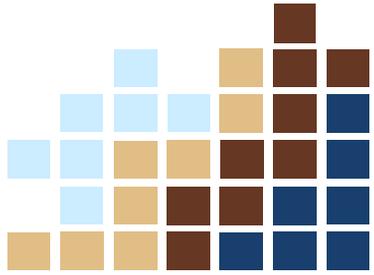
- Basic Life & AD&D – \$15,000 automatically at no cost
- Supplemental Life & AD&D
- Dependent Life

**ABOR, ASU, NAU and UA have additional options for Life insurance.*



Supplemental Life/AD & D – The Hartford

- Available in increments of \$5,000 beyond the Basic \$15,000
- Not to exceed \$300,000 or 3 times your annual salary
- If electing coverage after initial election employees can only add up to \$20,000
- Accidental Death and Dismemberment (AD & D) coverage is included
- First \$35,000 is pre-tax

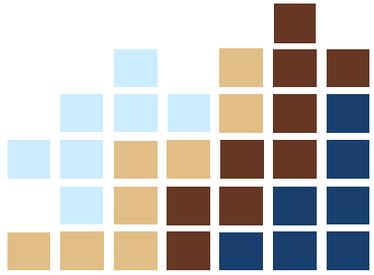


Supplemental Life Premiums

Supplemental Life and AD&D Plan - The Hartford (26 pay periods)

| Your Age | Cost per \$5,000/pay period |
|--------------|-----------------------------|
| 29 AND UNDER | \$0.23 |
| 30-34 | \$0.28 |
| 35-39 | \$0.32 |
| 40-44 | \$0.55 |
| 45-49 | \$0.74 |
| 50-54 | \$1.20 |
| 55-59 | \$1.71 |
| 60-64 | \$3.09 |
| 65-69 | \$3.09 |
| 70+ | \$4.89 |

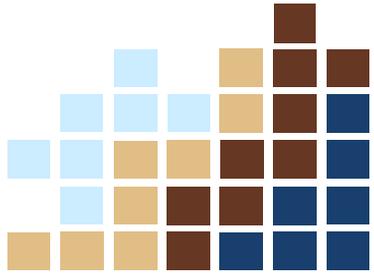
ABOR, ASU, NAU and UA have additional options for Life



Dependent Life – The Hartford

- **Purchase coverage for your Dependents available in the following amounts:**
 - **\$2,000**
 - **\$4,000**
 - **\$6,000**
 - **\$12,000**
 - **\$15,000**
 - **\$50,000***

***For this amount, employees must have combined basic and supplemental coverage of \$50,000**



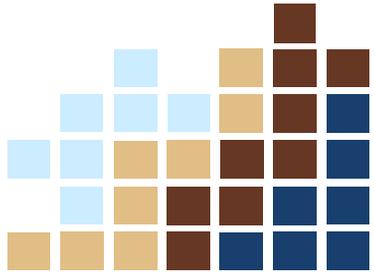
Dependent Life Premiums

Dependent Life and AD&D Plan- The Hartford (26 pay periods)

| Coverage Amount | Cost/per pay period |
|-----------------|---------------------|
| \$2,000 | \$0.43 |
| \$4,000 | \$0.87 |
| \$6,000 | \$1.30 |
| \$12,000 | \$2.60 |
| \$15,000 | \$3.25 |
| \$50,000** | \$11.19 |

ABOR, ASU, NAU and UA have additional options for Life

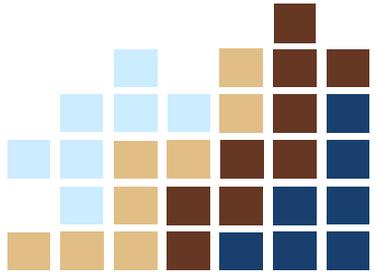
****Only available if employee also carries \$35,000 in additional supplemental life.**



Short Term Disability (STD)

THE HARTFORD

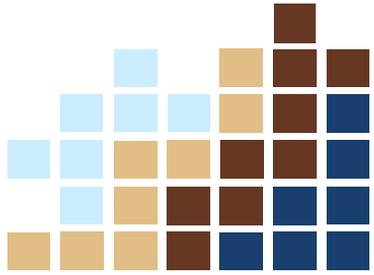
- **Unable to work due to illness, pregnancy, or a non-work-related injury**
- **May qualify for up to 26 weeks**
- **May pay up to 66-2/3% of your pre-disability earnings during your disability**
- **Weekly minimum benefit is \$57.69**
- **Weekly maximum benefit is \$769.27**



Short Term Disability (STD)

Coverage begins:

- **1st day of disability due to accident**
- **31st day of disability due to illness or pregnancy IF COVERAGE WAS ELECTED DURING INITIAL NEW HIRE/ELIGIBILITY ENROLLMENT PERIOD**
 - **If employee did not enroll at initial hire and becomes disabled during 1st 12 months of coverage benefits start 61st day if due to illness or pregnancy.**

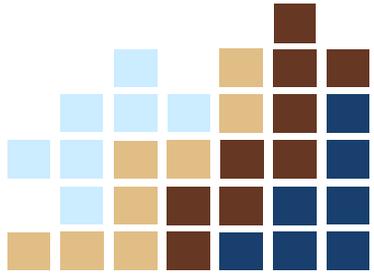


Short Term Disability Premiums

Short-Term Disability Plan - The Hartford*

| Employee Cost/Monthly |
|--|
| \$0.70 per \$100 of your earned monthly wages Monthly premium = (Earned monthly wages/100) x \$0.70 |
| Example: Earned monthly wages = \$1,000; Monthly premium = (\$1,000/100) x \$0.70 = \$7 |

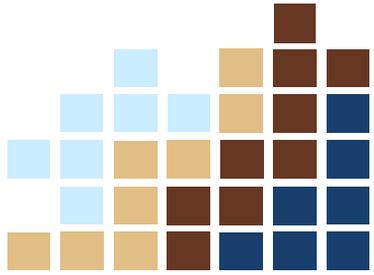
**ABOR, ASU, NAU and UA have an optional plan for Short-term Disability insurance.*



Flexible Spending Account (FSA) Dependent Care

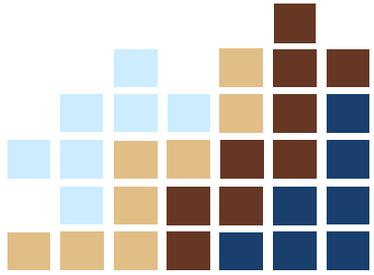
Administered by ASI

- **Allows employees to pay for Dependent care with pre-tax dollars**
- **This reduces taxable wages and decreases taxes.**



Flexible Spending Account (FSA) Dependent Care

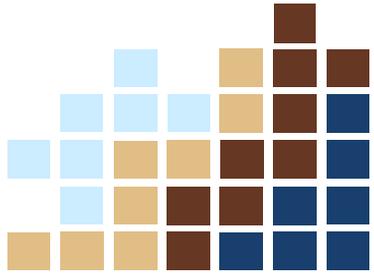
- **Maximum Contributions - \$5000 annually (\$2500 if married and file separately)**
- **Pay expenses for care of dependent outside your home**
- **Pay for care provided for employee's children under age of 13 for whom employee has custody, for physically or mentally handicapped spouse or other dependent who spend at least 8 hrs a day in employee's home**
- **Pay for dependent care so that the parents can work**



Flexible Spending Account (FSA) Dependent Care

Eligible Expenses

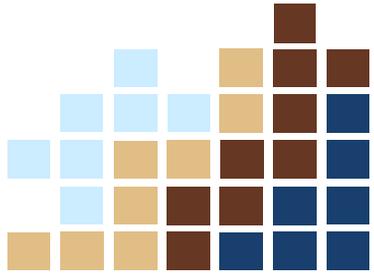
- **Services provided by day care facility**
- **Babysitting services while you work**
- **Practical nursing care**
- **Preschool**



Limited Flexible Spending Account

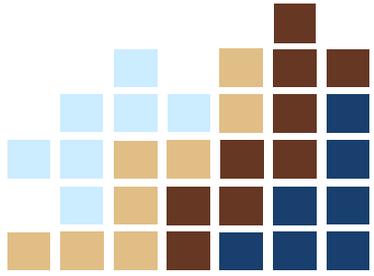
**Only available to members who selected
the HSA option**

Used only for Dental and Vision



Mandatory Benefits

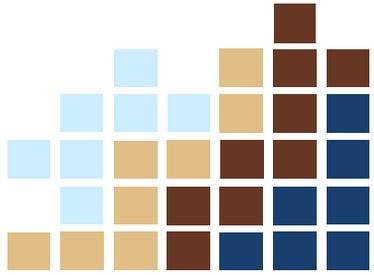
- **Basic Life/AD&D – no charge to employees**
- **Retirement -**
[http://www.gao.az.gov/publications/payrollreport/
under Federal & State Income Tax Withholding
Table](http://www.gao.az.gov/publications/payrollreport/under_Federal_&_State_Income_Tax_Withholding_Table)
- **LTD - .25 % for ASRS members, the Agency pays LTD premiums for members in the other retirement systems**



Long Term Disability - LTD

ASRS Participants

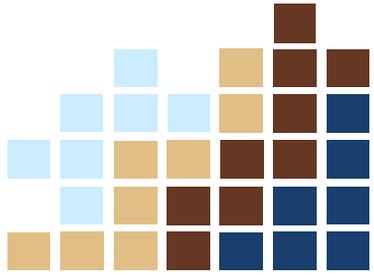
- **Sedgwick, CMS administers plan**
- **Pays up to 66-2/3% of income earnings during your disability as determined by Sedgwick, CMS**
- **Paid until able to return to work or reach first normal retirement date if under 65.**
- **No maximum**



Long Term Disability - LTD

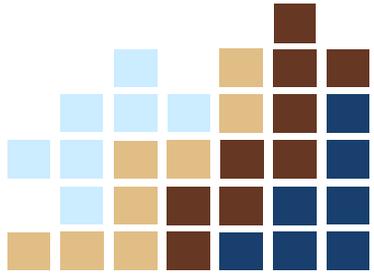
PSPRS, CORP, EORP, Optional Retirement Plans of the Universities participants

- **The Hartford administers plan**
- **Pays up to 66-2/3% of pre-disability earnings**
- **Maximum per month benefit is \$10,000**
- **If disabled prior to 65, benefits can be until employee is able to return to work or paid up to age 65**



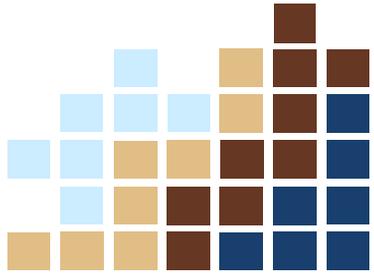
Wellness

- Website – benefitoptions.az.gov/wellness
- Mini-Health Preventative Screenings
- Mobile Onsite Mammography
- Flu Vaccine Program
- Employee Assistance Program (EAP)
- Health Assessment
- Prostate Onsite Projects (POP)



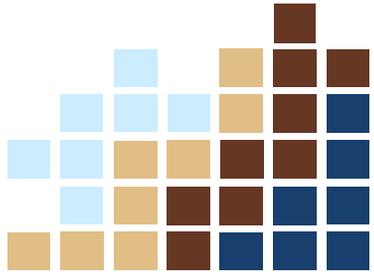
Other Benefit Programs

- **Computer Purchase through Payroll Deduction**
- **Auto and Home Insurance Program through payroll deduction:**
 - Travelers**
 - Metlife**
 - Liberty Mutual**



Enrolling New Hires

- New Hires must enroll within 31 days of their date of hire or reinstatement.
- Effective Date of coverage is the **first pay period** following receipt of properly executed enrollment form and required supporting documentation.

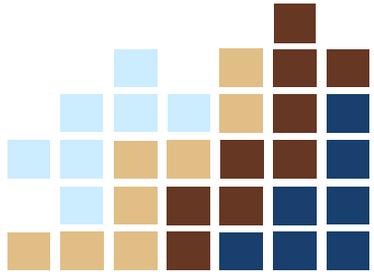


Enrolling New Hires (con't)

WHO IS ELIGIBLE TO ENROLL?

- **Must be an active employee regularly scheduled to work 20 hours or more per week for six months or longer (except if listed under ineligible)**
- **Active employee's qualified dependents provided they comply with the requirement of their plans**
 - **legal spouse**
 - **Same-sex domestic partner (DP) subject to proper qualification and documentations**

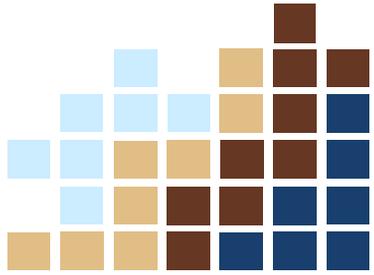
ALERT! See important alert and disclaimer



Enrolling New Hires (con't)

Qualified Dependents (con't)

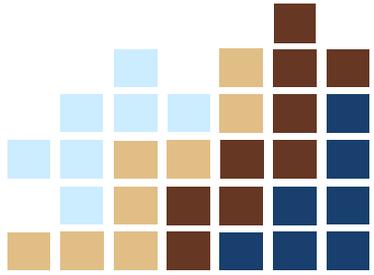
- **Your Child**
 - **Your, your spouse or your same-sex domestic partner's:**
 - **Natural, adopted and/or stepchild who is under 26 years old**
 - **Person under 26 for who you, your spouse or your same-sex DPs have court-ordered guardianship**
 - **Foster Children under age 26**
 - **Natural, adopted and/or stepchild;**
 - » **Who are disabled and**
 - » **Who is a dependent for support and maintenance and for whom you had custody of before the child was 19**



Enrolling New Hires (con't)

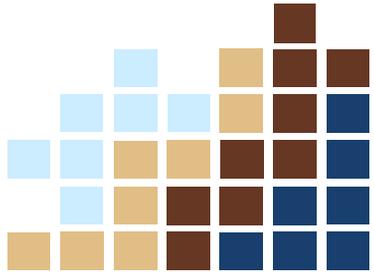
Where do New Hires Enroll?

- State employees – go to yes.az.gov
- ASU – go to asu.edu under My ASU tab
- NAU – go to <https://peoplesoft.nau.edu>
- UA – <http://uaccess.arizona.edu/>



Enrolling New Hires (con't)

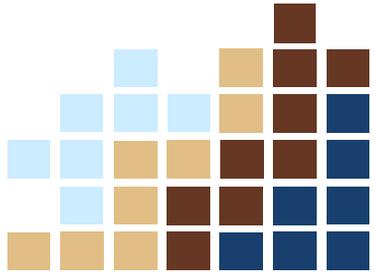
- If the employee is not able to complete on line, an enrollment form must be filled out. Forms are located at the Liaison Website.
- In order to key into HRIS:
 - Liaisons must be designated as a “Benefits Initiator” job role
 - Must have completed the training at http://www.hr.state.az.us/HRIS/HRIS_Lesson.asp
- May scan & email to benefitsissues@az.gov for entry



Important Benefit Info (con't)

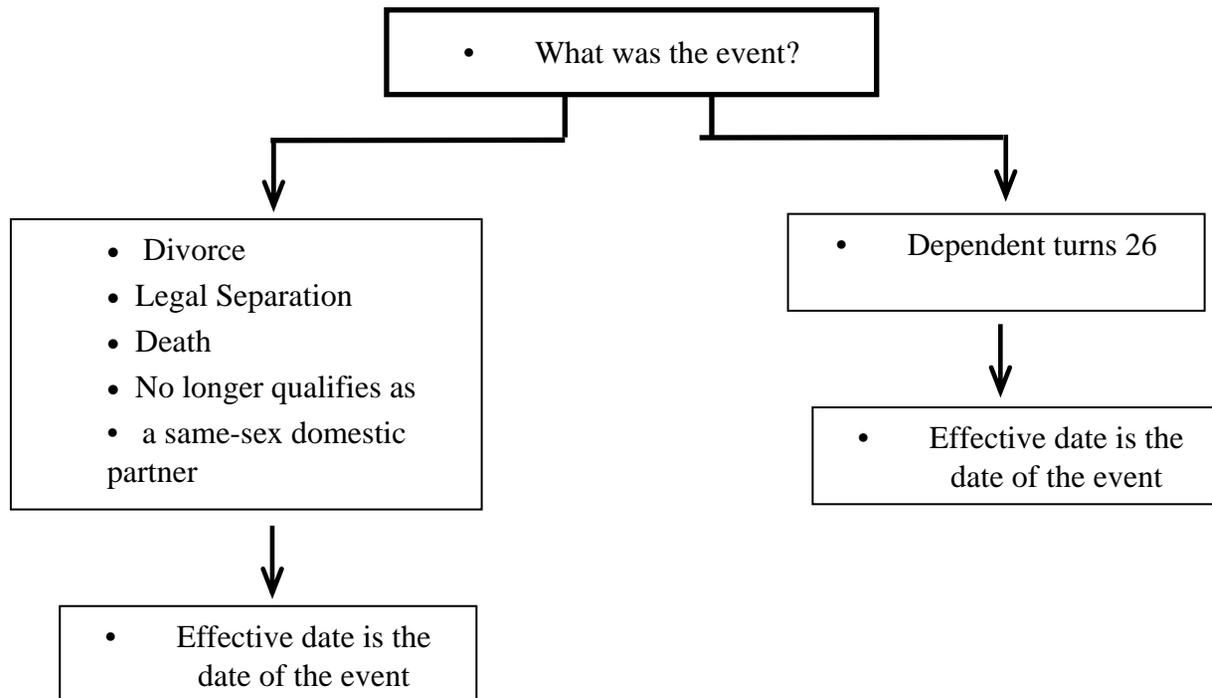
Qualifying Life Events (QLE):

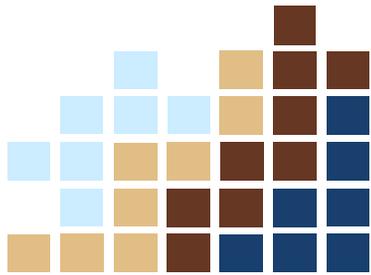
- Your marital/DP status: marriage divorce, legal separation, annulment, dissolution of DP, death of spouse;
- Dependent status: birth adoption, placement for adoption, death or loss of dependent eligibility due to age,
- Employment Status or work Schedule affecting benefits eligibility for you or your dependents;
- Changes in residence that result in different available plan options.



Important Benefits Info (con't)

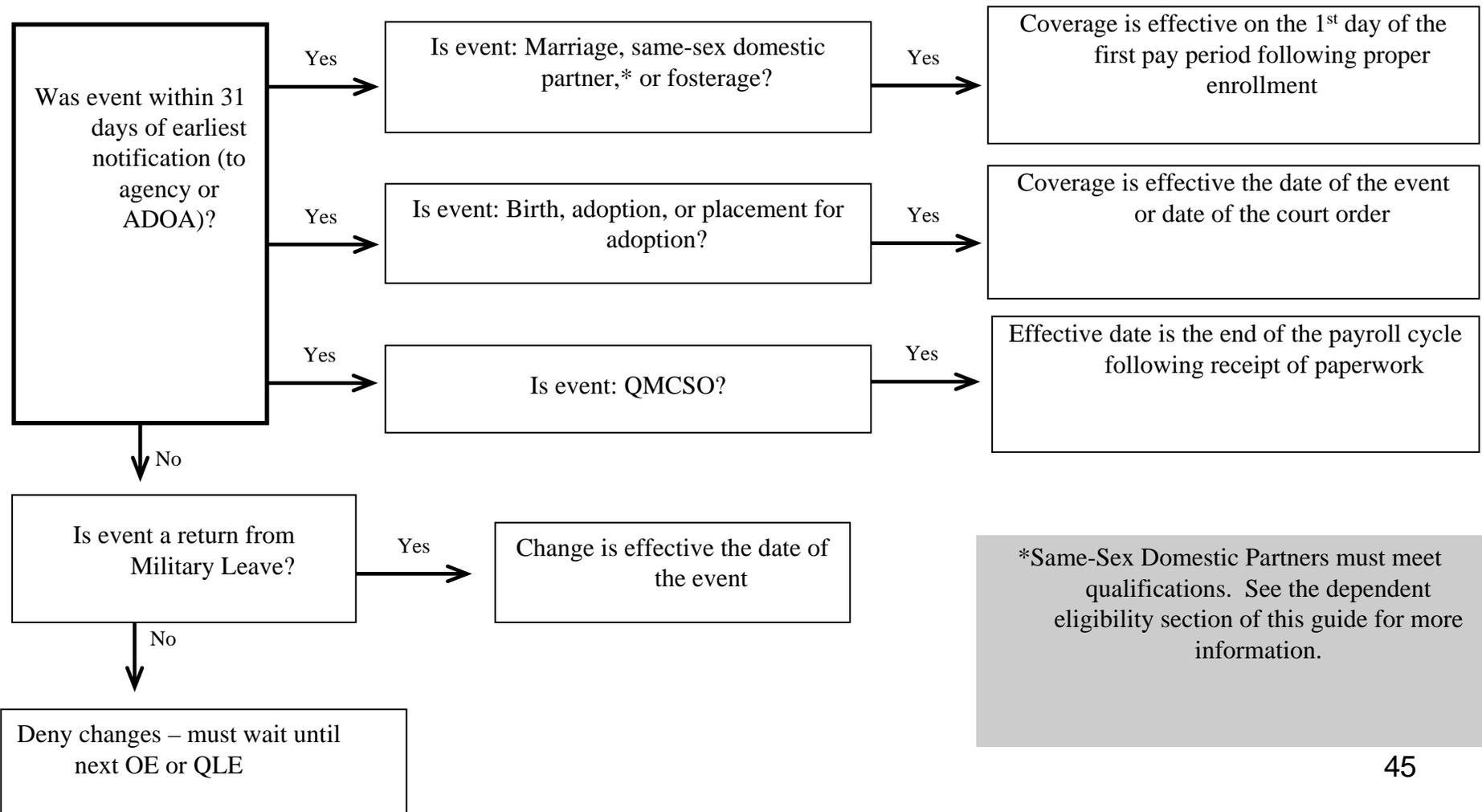
QLE's Losing Eligibility

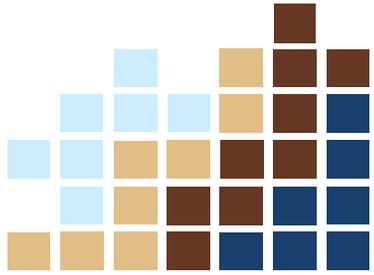




Important Benefits Info (con't)

QLE's Gaining Eligibility

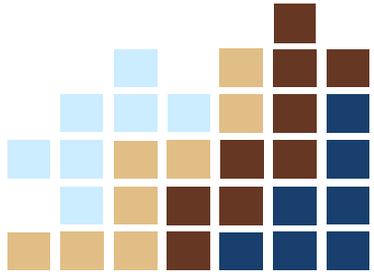




Important Benefit Info (con't)

CHANGES

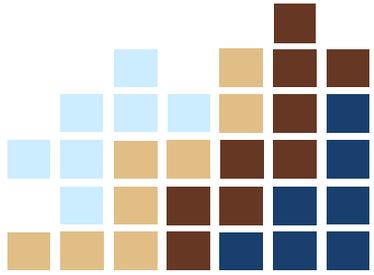
**Timeframe to Submit Change Requests –
within 31 calendar days of the event!**



COBRA

COBRA Qualifying Events

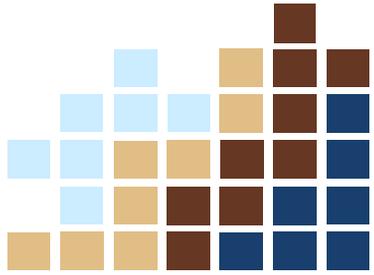
- End of employment
- Reduction of employee's hours to less than 20 hours per week
- Marriage
- Divorce, legal separation or annulment
- Death



HIPAA Reminder

What is HIPAA? Why do I Care?

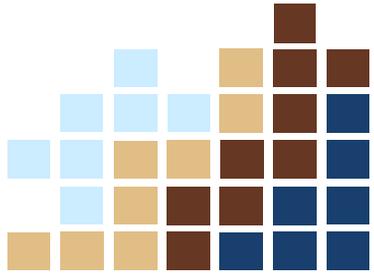
- Health Insurance Portability and Accountability Act of 1996(HIPAA)
- A component of HIPAA is titled Standards for Privacy of Individually Identifiable Health Insurance (**The Privacy Rule**) which protects Protected Health Information (PHI)
- Employees must be provided a HIPAA notice.



HIPAA Reminder (con't)

WHAT IS THE PURPOSE OF HIPAA?

It protects you!

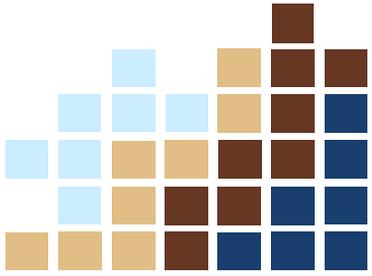


HIPAA Reminder (con't)

What is Protected Health Information (PHI)?

- **Names**
- **Address**
- **Phone Number**
- **Electronic mail addresses**
- **Social Security**

See List of 18 Identifiers



Benefit Basics

QUESTIONS?

Future Questions –
BenefitsIssues@azdoa.gov