



VEHI Programs Resource Guide

To assist School Business Officials and Human Resource Personnel administer the VEHI benefit programs effectively and efficiently, VEHI has developed this communication to highlight concerns and procedures which members question most often, and to clarify the responsibilities of employers to avoid misunderstandings and suggest best practices.

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Health Program

Please be aware that Blue Cross Blue Shield of Vermont (BCBSVT) provides comprehensive information, plus underwriting guidelines, on their website at www.bcbsvt.com/business/membership/maintenance. You can also enroll in and use their Employer Resource Center: www.bcbsvt.com/erc.

Key features include:

- **My Profile** allows you to view and maintain information about your user account. You can also change your password.
 - **Manage Users** provides the ability for you to add other employees (Assistants) and to specify what information they can access.
 - **My Accounts** lets you view your group and account information, employee and dependent demographics, and plan Summary of Benefits and Coverage (SBC) documents. You can also download an employee census.
1. The **employer is ultimately responsible** for ensuring an employee is eligible to enroll in a VEHI health plan. **For an active employee to be eligible for enrollment in a VEHI health plan, the person:**
 - Must be an employee of the district;
 - Must work a minimum of 17.5 hours per week for the same employer during the school year [**Note:** Hours worked are not to be aggregated across the SU to meet this requirement. Each employee must be considered in the context for which they are an employee of a particular employer sponsoring health coverage];

- Additionally, if the employer requires a waiting period prior to eligibility, it is the responsibility of the employer to comply with ACA requirements and to enforce the waiting period.
2. The **employer must provide timely notice to BCBSVT on changes in enrollment**. Typically, this should be done within 30 or 60 days (see “Membership at a Glance” using the link www.bcbsvt.com/business/member-maintenance). Changes should be made through the BCBSVT Employer Resource Center and will be effective the first day of the following month. Changes may be made via paper enrollment form if necessary. There is a **three-day** grace period; if this form is received by the third day of the month, BCBSVT will make the change retroactively, effective on the first day of that month.

Note: If BCBSVT receives late notice, the change will not be retroactive, but instead take effect the first of the next month. Likewise, there will be no retroactive reimbursement of paid contributions to the employer or the employee by BCBSVT or VEHI unless the delay was due to an error by BCBSVT or VEHI.

3. The **employer is responsible for notifying new employees**, upon hire, of the existence of Vermont Health Connect and the availability of health insurance coverage from that source. (See VEHI sample communication at www.vehi.org/compliance-resources/compliance/exchange-notice-of-coverage)
4. The **employer is responsible for ensuring their Open Enrollment Period complies** with their Section 125 Plan documents. (See VEHI compliance guidance at www.vehi.org/compliance-resources/compliance/category/section-125)

5. The **employer is also responsible for providing employees with** the “Summary of Benefits and Coverage” required under the ACA. BCBSVT, in conjunction with VEHI, will annually provide access to up-to-date SBCs.
6. For VEHI employers with at least 50 or more full-time employees and equivalents (‘large employers’), it is the **employer’s responsibility** to complete and file a **Form 1095-C, Parts I and II**. This form is used by large employers to notify the IRS about group health plan coverage offered to employees and their eligible dependents. A copy of the form is also provided to the employee.

Blue Cross and Blue Shield of VT (BCBSVT) has taken on the responsibility of reporting all health plan coverage information for employees, spouses, and dependents for **all VEHI members**. When reporting this information, **BCBSVT will complete the filing using Form 1095-B**.

Employees who are offered coverage by a school with at least 50 or more full-time employees and equivalents will receive a Form 1095-C. If an employee is enrolled for coverage for at least one day the employee will also receive a Form 1095-B from BCBSVT.

Employers who will file at least 250 Forms 1095-C are subject to a mandatory electronic filing requirement.

Employees who are offered coverage by a school with less than 50 full-time employees and equivalents will only receive Form 1095-B from BCBSVT.

7. The **employer is responsible for any ACA-mandated, employer-based fees**. However, whenever possible VEHI will incorporate these fees into the plan pricing and make the payments on behalf of the member employer.

8. All **employer groups are responsible for analyzing their billing statement** and notifying BCBSVT in a timely manner of any errors. If an employer believes errors have been made in BCBSVT's administration of the health plan resulting in inaccurate invoicing, they may request an audit. However, audits will be limited to the contract year that immediately precedes the current contract year, plus the year-to-date for the current contract year. In the event the audit reveals errors in BCBSVT's administration of the contract, recovery **of losses** by either party will also be limited to the same period.
9. The **employer must keep all Collective Bargaining Agreements** and other documents that indicate or verify the employer/employee premium cost share for any VEHI plan from March 2010, until the present. The burden to demonstrate that grandfathered status has been retained rests with the employer, and these documents may be required to do so in the event of an audit. Therefore, these documents should be kept for the foreseeable future.
10. The **employer is responsible for dependent verification**. Only qualified dependents are eligible, and they include:
 - Child[ren] (up to age 26);
 - An incapacitated dependent over age 26. An incapacitated dependent is someone who is incapable of self-support (subscriber pays more than one-half of the person's financial support) due to a physical or mental incapacity, and the person's condition of incapacity must have begun prior to age 26.
 - Spouse, party to a civil union or an eligible domestic partner.*

*Employers are not required to offer domestic partner benefits, but may choose to do so. There is no legally required

definition of “domestic partner,” but any definition adopted by an employer must not be discriminatory. An **employer that offers such benefits is responsible** for ensuring that VEHI’s defined requirements are met and that such benefits are offered and administered equally to its eligible population.

The requirements are:

- a) each party is the sole domestic partner of the other;
- b) each party is at least eighteen (18) years of age or older and competent to enter into a contract in the state in which he or she resides;
- c) both parties currently share a common legal residence and have shared said residence for at least six (6) months prior to application for domestic partner coverage;
- d) neither party is married, a party to a Civil Union, or related to the other by adoption or blood to a degree of closeness that would bar Marriage/Civil Union in the state in which they legally reside;
- e) both parties are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship in the indefinite future;
- f) both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household); the partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them; and

- g) neither party filed a Termination of Domestic Partnership within the preceding nine months.

A Statement of Domestic Partnership form can be downloaded off the BCBSVT website at: www.bcbsvt.com/member/member-forms.

Special note on divorce - A divorced spouse is NOT considered an eligible dependent, even if there is a divorce agreement requiring the ex-spouse to continue to provide health coverage on his or her employer's plan. A divorced spouse of a VEHI subscriber is eligible, however, for single coverage on a separate VEHI plan for the duration of his/her COBRA eligibility. The entire cost of COBRA coverage in this scenario must be picked up by the divorced spouse or covered by other sources or arrangements identified in a divorce decree. This cost is not the responsibility of the employer. Notice of a divorce must be reported to BCBSVT within 60 days of the event. An ex-spouse must be removed as a dependent the first of the month following the divorce.

Note: There is information below about eligibility for VEHI coverage under COBRA for employees who are no longer employed by a school district.

11. The **employer is responsible for administering or arranging for the administration of COBRA**, including providing the employee with their rights and options under COBRA. Unless an employee elects COBRA coverage prior to the end of employment, VEHI recommends the employer terminate enrollment in the VEHI plan effective the last day of employment to avoid any claim payments and premium obligations beyond that date.

If claims are incurred after employment ends, and the employee is still enrolled in the employer’s plan but has not elected COBRA, premiums will still be due by the employer for that former employee, whether or not the employee subsequently elects COBRA coverage.

If the employee elects COBRA after the end of employment, which is permitted under federal law, the employer can re-enroll the individual retroactively and any claims that may have been incurred up to that point can be resubmitted for processing. **For COBRA resources, visit: www.vehi.org/compliance-resources/compliance/cobra.**

12. The **employer may not rescind coverage** for which an employee is eligible. If employee becomes ineligible for benefits, the employer must provide timely notice of benefit termination – with at least five days’ notice.
13. **VEHI reserves the right to recover claims** paid for an ineligible enrollee. VEHI will work closely with you to resolve any problems in this area.
14. **Private schools**, as private employers, retain responsibility for fulfilling their obligations to the federal government under ERISA. Membership in VEHI does not modify or eliminate the obligations of private employers in this area, nor is VEHI responsible for fulfilling these obligations for private employers.
15. At the approval of the VEHI Board of Directors and the Department of Financial Regulation, if a **member district chooses to leave the Health program**, there will be a **required 24-month**

waiting period before they can rejoin the program. Upon completion of the waiting period, the **member can rejoin on either January 1 or July 1.**

PATH Wellness Program

PATH (Planned Action Toward Health) offers its VEHI member school employees and teacher retirees a plethora of cost-effective, best practice elements to help them live their best lives at home, at work and in their local community. Besides the intrinsic value of better health, employees who participate in the PATH program earn PATHpoints which help them qualify for an incentive prize at year's end.

Each member school has a designated wellness leader and a **district/supervisory union-level wellness champion who serve as** wellness spokespersons and can direct you to wellness resources. Leaders and champions promote a culture of health and safety, organize and facilitate wellness teams, sponsor employee wellness oriented events, share information about our programs with staff members and apply for wellness resources/grants when available.

Our PATH team works hand-in-hand with these leaders/champions to create and sustain **safe and healthy work environments**. We provide professional development, district-based aggregate health data, cultural assessments, marketing materials and on-site technical assistance.

PATH currently has over **8000+** active participants.

Dental Program

Northeast Delta Dental provides comprehensive information on their website at www.nedelta.com. Many resources are available for both employees and employers.

1. The **Employer** is ultimately responsible for ensuring an employee is eligible to enroll in a VEHI dental plan. For an active employee to be eligible for enrollment in a VEHI dental plan, the person:
 - Must be an employee of the district;
 - A minimum of hours worked per week for the same employer during the school year is not required at this time;
 - The school must pay at least 50% of the single rate;
 - You need 75% of eligible staff that have no other coverage to participate;
 - Additionally, if the employer requires an Eligibility (Probationary) period before dental coverage becomes effective, it is the responsibility of the employer to enforce it.

2. VEHI **Employer** Members have the ability to make new enrollments/changes/deletions on Northeast Delta Dental's secure **Group Admin Portal** website. Plan documents such as the **Outline of Benefits** and **Dental Plan Description** Booklet/Certificate of Coverage are also available on this site. To access the Group Admin Portal, click on the Employers tab at the top. You'll find **Login To Group Admin** on the lower left. If you have not registered before, you will need to do that first. If you are registering for the first time, you will also need to complete and return an authorization form before your access is approved. After you are logged into the site, you will find the plan documents in the **Plan Info & Resources** tab under **Forms/Documents**. For making new

enrollments and changes, please refer to the Group Admin Guide also found in the same section.

3. **Subscribers** can access their Dental Plan Description booklet and Outline of Benefits on the Northeast Delta Dental's Patient Benefit Lookup portion of their website, www.nedelta.com. To access these plan documents, click on the Patients tab on the top. Then log into Benefit Lookup, which is located on the lower left of the Patients home screen. If they have not registered before, they will need to do that first. After they have logged in, they will find the Dental Plan Description booklet under the **ID Cards & Claim Resources** tab. They will find the Outline of Benefits on its own tab at the top.
4. Dental **student certification** is done each year, August 1-31 on behalf of VEHI. Northeast Delta Dental will mail student certification letters on August 1. Subscribers will have until August 31 to respond. **If no response is received, the dependent will be removed from the plan and will not be eligible for coverage until the next open enrollment period.** Remember, unlike health, dental coverage is not automatic to age 26. Dependents are covered only to age 19, but can be covered up to age 25 as long as they remain a full-time student. Some districts have made a special election which allows dependents to stay on the plan to age 26 regardless of their student status. If your district has made this election, no certification letters will be sent. If you are interested in extending coverage to age 26 for your staff, please contact angela@vsbit.org.
5. **Important:** If Employers use **eBilling** to access their bills through a secure portal, they should still submit payment **via the mail**,

including a check and payment stub, **NOT** electronically. Payments need to go to VEHI and electronic payments go to Northeast Delta Dental.

6. **Going Green:** In an effort to reduce paper waste and their carbon footprint, Northeast Delta Dental went **Green** effective January 1, 2015. You can now access your benefit and claim information through the NEDD Benefit Lookup site. Please note the tabs along the top of the webpage denoting separate portals for Patients and Employers.
7. Northeast Delta Dental offers **Health through Oral Wellness[®]** (HOW[®]). The HOW[®] program will be included with all VEHI plans at no additional charge. Some patients require more dental care than others. By registering for the Health through Oral Wellness[®] (HOW[®]) program, and having the dentist complete a clinical risk assessment, patients may be eligible for additional preventive benefits.
8. Northeast Delta Dental offers a **Vision Discount Program just for being a member of the dental program.** This program is available free to all NEDD subscribers.
9. Northeast Delta Dental **Rate Renewal** notices are emailed each year in December to Business Officials. It is **your responsibility** to share internally with appropriate staff members.
10. School Districts can include a **Domestic Partner Rider*** to allow employees to enroll domestic partners of the same or opposite sex. If you do not currently have this option and would like to add it, please contact angela@vsbit.org.

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- c) both parties currently share a common legal residence and have shared said residence for at least six (6) months prior to application for domestic partner coverage;
- d) neither party is married, a party to a Civil Union, or related to the other by adoption or blood to a degree of closeness that would bar Marriage/Civil Union in the state in which they legally reside;
- e) both parties are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship in the indefinite future;
- f) both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household); the partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them; and
- g) neither party filed a Termination of Domestic Partnership within the preceding nine months.

11. **Private schools**, as private employers, retain responsibility for fulfilling their obligations to the federal government under ERISA. Membership in VEHI does not modify or eliminate the obligations of private employers in this area, nor is VEHI responsible for fulfilling these obligations for private employers.
12. At the approval of the VEHI Board of Directors and the Department of Financial Regulation, if a **member district chooses to leave the Dental program**, there will be a **required 24-month waiting period** before they can rejoin the program. Upon completion of the waiting period, the **member can rejoin on either January 1 or July 1**.

Life/LTD Program

Since July 2002, VEHI has offered high-quality, Long-Term Disability and Life plans. In September of 2014, VEHI enhanced the LTD-Life program in partnership with Gallagher Benefits Services and Lincoln Financial Group. This partnership has been aimed to deliver savings, stability and enhanced contractual terms to members. The program leverages the purchasing power of VEHI to provide attractive terms and highly competitive pricing, guaranteed for **three years** from your effective date.

- To take part in this process at your Supervisory Union or School District, **you can review the Sample Letter of Authorization** template at www.vehi.org/benefits/ltdlife, add it to your Supervisory Union or School District letterhead, sign the letter, and email to VEHIhelp@ajg.com.
- **Gallagher** will start the conversation with you, your current insurance carrier, and Lincoln Financial. Within a few weeks, they will be ready to share a complete review of the program structure and plan savings.
- **Members are responsible** for designing their own plans and holding their own contracts with Lincoln Financial.

The intent of this communication is to assist VEHI members by providing timely and useful information regarding the administration of your VEHI Benefit programs. It does not encompass all aspects and should not be used as a sole resource. Resources for all of the above, including our Privacy & Security policy, are available on the VEHI website!

If we can be of further assistance or if there are additional items you would like to see included in this guide, please contact Laura Soares (laura@vsbit.org) or Angela Tremblay (angela@vsbit.org).

