



Administrator Handbook

VEHI Programs

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Introduction

To assist School Business Officials and Human Resource Professionals in administering the VEHI benefit programs effectively and efficiently, VEHI has developed this communication to:

1. articulate employer responsibilities,
2. highlight issues and procedures which members inquire about most often, and
3. suggest best practices.

VEHI communicates with employer groups on a regular basis through email. Employers are encouraged to subscribe to VEHI's email list by contacting Michelle Broderick at Michelle@vsbit.org. There is no limit to the number of email subscribers an employer can enroll. It is the employer's responsibility to ensure subscriber information is up-to-date and to work with local IT personnel to allow VEHI emails through firewalls and security protocols.

Health Program

VEHI offers member districts a non-insured, self-funded, health benefit Program. Claims and other costs of the Program are financed by contributions made by member employers and/or enrolled employees. Blue Cross and Blue Shield of Vermont (Blue Cross) provides Administrative Services Only (ASO) and does not assume any financial risk or obligations with respect to claims under this Program.

If a member district chooses to leave the Health Program, there is a required 24-month waiting period before they can rejoin the Program. Upon completion of the waiting period, the member district can rejoin on either January 1 or July 1 with 90-day notice.

Rate Setting, Plan Design, Out-of-Pocket Costs

VEHI's premiums and health plan designs run on a fiscal year basis, July 1 through June 30. The fall prior to the start of a fiscal year VEHI files premium rates and any changes to the health plans, including any changes to out-of-pocket costs, with the Department of Financial Regulation (DFR), which has the authority to accept or modify the rates and any proposed changes to the health plans. Premium rates, out-of-pocket costs, and plan designs are final once approved by DFR. This typically occurs by the March prior to the effective date.

Employee out-of-pocket costs (OOP) are tracked on a calendar year basis, from January 1 through December 31, and reset each January 1. VEHI may periodically increase out-of-pocket costs to keep pace with medical inflation and/or federal rules. In addition, VEHI may modify out-of-pocket costs as health plan design evolves over time.

Statewide Bargaining Process

Public school districts and their employees are now bound by the terms of the statewide bargaining decision for both premiums and cost-sharing. The Commission of Public School Employee Benefits is made up of representation of employers and employees. The terms of the arbitration panel decision (from the second round of bargaining) go into effect on January 1, 2023 – December 31, 2025. The terms of the decision can be found on the VEHI website.

Mid-Calendar Year Plan Changes: For employees who change enrollment from one VEHI plan to another VEHI plan during the calendar year, Blue Cross will make every effort to recognize each individual's OOP costs from the initial plan toward the OOP costs in the new plan. OOP costs for the employee and any dependents will NOT reset mid-calendar year because of change in enrollment; however, in no case will any employee or dependent receive a refund of OOP expenditures from VEHI due to a change in enrollment.

Common reasons an employee may change enrollment in VEHI plans during the calendar year:

1. The employee has a qualifying event/special enrollment opportunity during the calendar year;
2. The employer's Section 125 plan has a date other than January 1, providing an open enrollment opportunity;
3. An employee changes employer mid-calendar year, moving from one VEHI member employer to another.


Please note when changing from a non-CDHP to a CDHP with a combined (medical and pharmacy) deductible, **pharmacy** OOP may not automatically transfer. Also, members moving from one ID number to another will not have deductibles or other accumulators automatically transfer. Employees in either of these situations need to contact Blue Cross customer service to have their accounts addressed.



Employees considering mid-year changes should contact Blue Cross with questions specific to their situation **prior** to making a decision whenever possible. After a mid-year plan change, employees should pay close attention to their Summary of Health Plan Payments and contact Blue Cross customer service with any questions or concerns.

Health Plan Materials and Resources


Employee Benefit Materials

These four items, together, comprise the official documents for subscribers of VEHI health plans.

Document	Purpose	Distribution Method	Distribution Timing
<p>Benefit Description Document (BDD)</p> 	<p>Legal contract between employer and the employee– replaces the Certificate of Coverage. VEHI has two versions for active employees – CDHP and Non-CDHP.</p>	<p>Available on VEHI website, and we recommend electronic distribution by the employer. Employees and dependents can also access on Blue Cross Member Resource Center (MRC). Paper copies can be requested from Blue Cross.</p>	<p>Upon enrollment or Plan change and upon request.</p>
<p>Benefit Description Introduction (wraps the BDD)</p> 	<p>Each employer is required to provide, annually, a customized Wrap document to complete the BDD. VEHI provides the Wrap template to member employers, who must complete the first three pages to finalize the document. A separate Wrap must be completed for each employee segment.</p>	<p>The Wrap will not be found on the Blue Cross MRC or the VEHI website. It is the responsibility of the employer to make the Wrap available to their employees.</p>	<p>Upon enrollment, Plan change or contribution change and upon request.</p>
<p>Outline of Coverage</p>	<p>Member specific document–supplements the BDD. Includes subscriber ID, coverage tier and effective date. One copy is provided to the subscriber.</p>	<p>Blue Cross mails directly to household. Benefit information available on Blue Cross Member Resource Center (MRC).</p>	<p>Mailed to subscriber address within 30 days of Blue Cross notice of enrollment or plan change.</p>

			
<p>ID Card</p> 	<p>Provides proof of coverage.</p>	<p>Blue Cross mails to each enrollee. Copy or reorder option available on Blue Cross Member Resource Center (MRC).</p>	<p>Mailed to subscriber address within 30 days of Blue Cross notice of enrollment or plan change.</p>

Benefit Guide (supplemental document)

Document	Purpose	Distribution Method	Distribution Timing
<p>Benefit Guide</p> 	<p>Not a required document, it provides employees with overview of health benefit plans and requirements and is intended to help employees make an educated plan choice. New Guide effective 1/1/23.</p>	<p>Available on VEHI's website. We recommend electronic distribution and placement on the SU/SD website. Paper copies are provided to each School Business Office to distribute during the local open enrollment period.</p>	<p>Open enrollment, new hires, and upon request of employees.</p>

VEHI Website

VEHI maintains a website with information for employers and employees. Visit www.vehi.org.

Blue Cross Website

Blue Cross Blue Shield of Vermont (Blue Cross) provides comprehensive eligibility and enrollment information on their website at <https://www.bluecrossvt.org/our-plans/employers-and-groups/member-maintenance>.

Blue Cross Employer Resource Center

Group Benefits Managers can enroll in and use the online Blue Cross Employer Resource Center (www.bcbsvt.com/erc) to perform online membership transactions. The Group Benefit Manager should be assigned to perform these tasks by the Superintendent or School Business Official.

The following transactions can be performed on the employer resource center:

- New enrollments to existing accounts (new hire, rehire or dependent)
- Enrollments of Dependents

- Cancellation of Coverage
- Demographic Changes (address, phone, name, etc.)
- Ordering ID Cards for employees
- Printing temporary proof of coverage for employees

Blue Cross allows one Group Benefits Manager to act as the Employer Resource Center Administrator. Blue Cross verifies the credentials of the individual requesting to be the Benefit Administrator and sends a secure email with a website link and RSVP code to the email address with which they registered.

The ERC administrator can authorize Assistant Users to perform ERC transactions. Assistant Users can be set up to view the same information and/or perform the same transactions as the Administrator, or they may restrict permissions and limit their transactions. These authorizations can be established within their Profile.

Blue Cross and Blue Shield of Vermont strongly recommends that unique Usernames and Passwords be created for Assistant Users who are granted access to the Employer Resource Center. It is the Group Benefits Manager's responsibility to monitor Assistant User access to the Employer Resource Center and to disable access if a user terminates employment or changes roles within your company. The Employer Resource Center allows your SU/SD to have up to **six active Assistants**.

Key features on the ERC include:

- My Profile allows the Group Benefits Manager to view and maintain information about their user account. They can also change their password.
- Manage Users provides the ability for the Group Benefits Manager to add other employees (Assistants) and to specify what information they can access (already noted above).
- My Accounts lets Group Benefits Managers view their group and account information, as well as employee and dependent demographics. They can also download an employee census.
- Group Benefits Managers can obtain a copy of the Summary of Benefits and Coverage (SBC) documents – but note this will NOT include the custom HRA Wrap employers must complete and distribute to employees that have a Health Reimbursement Arrangement available.
- The Group Benefits Administrator and any Assistant Users' passwords must be reset on a regular basis (minimum of 120 days) to retain access.

Please visit www.bcbsvt.com/erc to review the employer resource training guide.

Employer Responsibilities

VEHI member groups (i.e., school districts) are ultimately responsible for the following items:

Employee Eligibility

The employer is 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/supervisory union;
- Must work a minimum of 17.5 hours per week during the school year;
- 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 monitor the terms of the waiting period.
- Former employees remain eligible for VEHI health plan enrollment **only** during their **COBRA period**. (See page 11 for more information related to COBRA).

Timely Notification

The employer must provide timely notice to Blue Cross on changes in enrollment. Typically, this should be done within 30 or 60 days (see “Membership at a Glance” using the link <https://www.bluecrossvt.org/our-plans/employers-and-groups/member-maintenance>). Changes should be made through the Blue Cross Employer Resource Center and will be effective the first day of the following month. Generally, VEHI does not allow mid-month changes (for additions or terminations), except in the case of some special enrollment opportunities. Cancellations will be for the last day of the month, including in the case of the death of a subscriber or dependent.

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, Blue Cross will make the change retroactively, effective on the first day of that month.

Note: If Blue Cross 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 premium to the employer or the employee by Blue Cross or VEHI unless the delay was due to an error by Blue Cross or VEHI.

Health Plan Availability

The employer must make all four VEHI health plans available to employees during any open or special enrollment period.

Vermont Health Connect

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 <https://vehi.org/additional-resources>.

Open Enrollment and Section 125

Employers are responsible for ensuring that their open enrollment period and processes comply with their Section 125 Plan documents. See VEHI compliance guidance at <https://vehi.org/section-125-open-enrollment>.

ACA Required 1094/1095 form Reporting to the IRS

All VEHI employers are required to annually complete and file Forms 1094/5-B or 1094/5-C with the IRS and distribute copies to employees, including COBRA participants. VEHI provides resources to support this reporting on the VEHI website at <https://vehi.org/1094-1095-forms-and-aca-measurement-reporting-resources>.



Please note, Social Security numbers (SSN) are required to be on file with the employer for all employees and dependents enrolled in health coverage to assist the employer with the IRS Reporting. More information on SSN collection can be found on the VEHI website at <https://vehi.org/general-irs-reporting-resources>.

Employer-Based Fees

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. VEHI pays the PCORI on behalf of its member employers. Because VEHI’s health plans are self-funded, as of January 1, 2018 employers with HRAs are not subject to the PCORI fee.

Summary of Benefits and Coverage

The employer is responsible for providing employees with the “Summary of Benefits and Coverage” required under the ACA. Blue Cross, in conjunction with VEHI, will annually provide access to up-to-date SBCs. Employers offering a Health Reimbursement Arrangement (HRA) are required to add an HRA Wrap to the SBC. VEHI, in conjunction with Blue Cross, will make available a template that can be used by the district and added to the SBC to create a complete document to distribute to employees.

Document	Purpose	Distribution Method	Distribution Timing
<p>Summary of Benefits and Coverage (SBC)</p> 	<p>Blue Cross, in conjunction with VEHI, will annually provide access to up-to-date SBCs.</p> <p>Distribution is required when an employee becomes eligible to participate, at open enrollment, and at other times as required by law– see https://vehi.org/sbc-wrap.</p>	<p>Employer provides to employees.</p>	<p>Various requirements - See VEHI memo on our website: https://vehi.org/sbc-wrap.</p>
<p>Employer HRA Wrap</p> 	<p>Employers offering a Health Reimbursement Arrangement (HRA) are required to add an HRA Wrap to the SBC. VEHI, in conjunction with Blue Cross, will make available a template that can be used by the district and added to the SBC to create a complete document. Two versions are available depending on HRA funding. HRA SBC Wrap Document – HRA Pays First and HRA SBC Wrap Document – Employee Pays First.</p> <p>Both may be found at : https://vehi.org/sbc-wrap.</p>	<p>Employer provides to employees as a part of the SBC.</p>	<p>Follow SBC requirements.</p>

Billing Statements

All employer groups are responsible for analyzing their billing statement and notifying Blue Cross of any errors in a timely manner. Employers are required to remit payment to VEHI for the full amount shown on the statement. Adjustments will appear on a future statement. If an employer believes errors have been made in Blue Cross'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 Blue Cross's administration of the contract, recovery of losses by either party will also be limited to the same period.

Dependent Verification

The employer is responsible for dependent verification. Only qualified dependents are eligible, and they include:

- Child[ren] (up to age 26);
- An adult dependent due to disabilities over age 26. An adult dependent due to disabilities 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. The form can be found here: <https://www.bluecrossvt.org/members/member-forms>.
- Dependents under a Qualified Medical Child Support Order – see information on the VEHI website.
- 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. Public school employers are bound by the decision of the Commission on Public School Employee Health Benefits.

When domestic partnerships are covered by the employer, this should be indicated on the BDD Wrap by checking the box provided. 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 Blue Cross website at: <https://www.bluecrossvt.org/members/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 Blue Cross within 60 days of the event. An ex-spouse must be removed as a dependent the first of the month following the divorce.

COBRA

The employer is responsible for administering or arranging for the administration of COBRA, including providing the individual with their rights and options under COBRA. This includes notice of the option to enroll in Vermont Health Connect.

Reminders: Individuals have an election period (typically 60 days) within which to elect COBRA, and individuals then have a grace period after election to remit premium payment. If, after the triggering event, the employer keeps the individual enrolled in the employer's plan in the Blue Cross system, the employer will be invoiced and premiums are due to VEHI by the employer for that individual, regardless of whether the individual has formally elected COBRA or met their premium payment obligations.

The employer can re-enroll the individual retroactively any time after COBRA is formally elected and the time premium payment is received. Any claims that may have been incurred up to that point can be resubmitted for processing.

VEHI does **not** refund premium payments to employers in any instance where the individual was enrolled in coverage and had claims paid on their behalf, unless the enrollment was an error made by VEHI or Blue Cross.

Please note, employer **HRAs are** subject to COBRA.

Additional resources on COBRA are provided on the VEHI website <https://vehi.org/cobra>.

Rescinding Coverage

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.

Medicare

The employer is responsible for the following Medicare notice requirements:

- a) Annually, by August 30, which is within 60 days after the first day of the VEHI health plan effective renewal of July 1, employers are required to disclose to the Centers for Medicare & Medicaid Services (CMS) whether the prescription drug coverage offered by the employer is creditable or non-creditable. **All VEHI plans** meet the creditable coverage requirements. See the VEHI website for assistance: <https://vehi.org/medicare-overview-and-reporting>.
- b) Annually, no later than October 15 of each year, employers must provide Medicare Part-D Notice to all Medicare-eligible individuals on whether their health plan prescription coverage is “creditable.” **All VEHI plans** meet the creditable coverage requirements. Many employers provide notice to all employees to ensure no one is missed. IRS guidance can be found here: www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/index.html.
- d) Reporting to Medicare an individual HRA with a value of \$5,000 or more. Employers should work with their HRA vendor to complete this reporting. A TPA generally is required to do this report; however, if you self-administer your HRA, you are responsible. Employers should work with their HRA vendor to complete this reporting. More information can be found here: <https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Group-Health-Plans/GHP-Training-Material/Downloads/Health-Reimbursement-Arrangement-HRA.pdf>

Please note, employees enrolled in a VEHI health plan who become eligible for Medicare are entitled to remain enrolled in the VEHI health plan. VEHI will be the primary payer of health benefits and Medicare will pay secondary. In order to coordinate payments between VEHI and Medicare without delay, Blue Cross needs to be informed of the subscriber’s enrollment in Medicare and have the subscriber’s Social Security Number on file.

Cash in Lieu

Employers offering employees a “cash-in-lieu” (CIL) of benefits option relating to health benefits must be aware of the multiple laws that apply to Section 125/cafeteria plans and school districts’ legal and regulatory responsibilities. More information on this topic can be found on the VEHI website: <https://vehi.org/cash-in-lieu>. Statewide bargaining no longer allows a public school employee to receive CIL if they are receiving benefits through a family member who is also covered by a public school, with VEHI.

Recovering Claims

VEHI reserves the right to recover claims paid for an ineligible enrollee. VEHI will work closely with the employer to resolve any problems in this area.

W-2 Reporting

Employers are responsible for reporting on the cost of health coverage in Box 12 under code DD. In addition, any employer or employee Health Savings Account (HSA) funding is reported in Box 12 under code W. More information can be found on this topic on the VEHI website: <https://vehi.org/additional-resources>.

Private Schools

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. Private and independent schools are not subject to the terms of statewide bargaining.

Health Savings Accounts (HSA)

Employers should refer an employee who is enrolled in a health plan compatible with an HSA and who has access to employer HSA funding, or may be considering contributing to an HSA, to the IRS rules on HSAs. Employees are responsible for complying with all IRS rules, which are subject to change over time.


When applicable, employers should provide employees notice of the establishment of an HSA in the name of the employee by the employer.

The employer should consider keeping on file a copy of a certification form, signed by the employee, on their **annual** eligibility to contribute to an HSA before any employer HSA contributions are made or any employee payroll deductions to an HSA are set up, as only the employee can determine eligibility. Eligibility may change anytime during the year.

HSA minimums and contribution limits are set by the federal government and generally released in May of each year.

Public schools are not allowed to offer an HSA with the Gold CDHP according to the arbitration panel decision. Employees are only allowed to have an HSA with the Silver CDHP.

Document	Purpose	Distribution Method	Distribution Timing
HSA Certification Form 	For employees to certify they understand the rules and regulations of having an HSA.	Employee completes and provides to employer.	At open enrollment when the employee has an HSA option, and prior to the Employer depositing any funds in the employee's HSA. Should revisit annually.
HSA Establishment Notice 	Employer's responsibility mandates employers to give notice to eligible employees that an HSA has been opened on their behalf.	Employer completes and provides to employee.	As soon as HSA is opened in name of employee, but no later than January 15 of the following calendar year.

<p>Notice to Medicare Eligible Employees of Impact on HSA Eligibility</p> 	<p>To provide notice to those employees getting close to Medicare eligibility that their eligibility to contribute to an HSA may change.</p>	<p>Employer completes and provides to employee.</p>	<p>At open enrollment when an HSA option is available. When Medicare Part D notices are mailed, consider providing this voluntary information as well.</p>
<p>Notice of Potential Over-Contribution to HSA</p>	<p>To provide notice to those employees who have HSA funding and may no longer be eligible the full calendar year.</p>	<p>Employer completes and provides to employee.</p>	<p>If leaving employment or changing health plan mid-calendar year; or if employee indicates they are no longer eligible.</p>

Where an employer has both Flexible Spending Arrangements (FSA) and Health Savings Accounts available to employees, the employer should consider amending their Section 125 Plan to allow for a Limited Purpose Flexible Spending Arrangement (LPFSA) as an option for individuals contributing to an HSA. These individuals are **not** currently allowed, under federal law, to contribute to both a traditional FSA and HSA at the same time.

When an employee is contributing to an HSA (including funding by the employer) and leaves employment during the calendar year, changes enrollment mid-calendar year to a non-HSA compatible health plan, or otherwise loses eligibility to contribute to an HSA for the full calendar year, employers should provide employees notice of the potential of an over-contribution to assist the employee in avoiding penalties. Contact VEHI for more information as applicable.

Qualified Medical Child Support Orders

As employer and plan administrator, each VEHI employer group is required to determine if a National Medical Support Notice or a Medical Child Support Order issued under state domestic relations laws is valid. More information can be found on this topic on the VEHI website: <https://vehi.org/qualified-medical-child-support-order>.

PATH Wellness Program

PATH (Planned Action Toward Health) offers 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 physical, mental and oral 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, 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 14,000 active accounts accessing the website annually and more than 10,000 users who are fully engaged (defined as earning points).

Life/LTD Program

Beginning in July of 2022, VEHI has endorsed National Insurance Services/Madison National Life (NIS/MNL) as our preferred vendor. VEHI was able to maintain high-quality, Long-Term Disability and Life plans with outstanding customer service, with preferred group pricing discount of 22% and a rate guarantee for up to 4 years. VEHI serves as an intermediary only and does not hold any risk nor receive any financial benefit from this program.

To learn more about this program contact Bobby-Jo Salls at bobbyjo@vsbit.org or Mark Williams from NIS at mwilliams@nisbenefits.com.



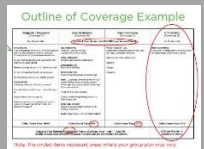
School districts are responsible for designing their own plans and holding their own contracts with NIS/MNL.

Dental Program

Since its inception, VEHI has offered member districts a non-insured, self-funded dental benefits Program. Claims and other costs of the Program are financed by contributions made by member employers and/or enrolled employees to the Vermont Education Health Initiative. Northeast Delta Dental (NEDD) provides Administrative Services Only (ASO) and does not assume any financial risk or obligations with respect to claims under this Program.

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 district can rejoin on either January 1 or July 1 with 90-day notice.

Employee Benefit Materials

Document	Purpose	Distribution Method	Distribution Timing
Certificate of Coverage 	Provides terms and conditions under which the VEHI dental benefit program is administered.	Should be electronically posted by the employer on internal site, but can also be distributed via paper.	Employee should be notified by the employer following initial enrollment regarding how/where to access this document.
Outline of Benefits 	Lists co-insurance, maximums, and deductibles for specific employer group. Is to be used together with the Certificate of Coverage.	Should be electronically posted by the employer on internal site, but can also be distributed via paper.	Employee should be notified by the employer following initial enrollment regarding how/where to access this document.
ID Card	Provides Subscriber ID number (issued in employee's name only, but any family member can use).	NEDD mails to employee's home address.	Within 15 days after new enrollment is processed.
Outline of Coverage 	Informational/employee Communication.	Employer to distribute to employee via paper or electronically.	Not a required form, but useful for new hires, open enrollment, etc.

Northeast Delta Dental provides comprehensive information on their website at www.nedelta.com. Many resources are available for both employees and employers. Some resources are also available on www.vehi.org/benefits/dental/.

Plan Choice

The employer may provide only one dental plan for employees to enroll in. Employees cannot have a choice among dental plans. However, each employee group in a district (non-union and each union) may have different dental plan designs if desired.

Employee Eligibility

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 during the school year is not required at this time;
- The employer must pay at least 50% of the single rate;
- 75% of eligible staff, that have no other coverage, need to participate;
- Additionally, if the employer requires an Eligibility (Probationary) period before dental coverage becomes effective, it is the responsibility of the employer to monitor its terms. The Employer's eligibility period **does** need to be up to date with NEDD, as new enrollments that do not follow the Eligibility (Probationary) period on file will not be allowed.
- Retro changes will not be allowed beyond 60 days and no refunds or credits will be granted. It is your responsibility to reconcile your enrollment on a monthly basis.

Please note, if an employee changes employers mid-year and moves from one VEHI dental plan to another, the NEDD annual maximum dollars accrued will follow the employee, not reset.

Group Admin Portal

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. The Group Admin Login will be the last tab above the photo. If Employers have not registered before, they will need to do that first. If Employers are registering for the first time, they will also need to complete and return an authorization form before access is approved. After Employers are logged into the site, they 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," which is also found in the same section.

Patient Benefit Lookup

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. Patient Login is located on the last tab above the photo. 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.

Going Green: In an effort to reduce paper waste and your carbon footprint, subscribers can access their benefit and claim information through the NEDD Patient Benefit Lookup site. Please note the tabs along the top of the webpage denote **separate portals** for Patients and Employers.

Student Certification

Remember, unlike health coverage, dental coverage is **not** automatic to age 26. Dependents are covered only to age 19, or up to age 25 if they remain **full-time students**. Districts, however, can make a special election to allow dependents to stay on its dental plan to age 26 regardless of their student status. If the district has made the election to age 26, **no student certification** is required.

When student certification is necessary, it is conducted annually, in August, by Northeast Delta Dental 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.

If Employers, subject to Collective Bargaining Agreements, are interested in extending coverage to age 26, please contact bobbyjo@vsbit.org or jessica@vsbit.org.

eBilling/Payments

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 since electronic payments go to Northeast Delta Dental, this would delay receipt of payment.

Health Through Oral Wellness

Northeast Delta Dental offers [Health through Oral Wellness](#)[®] (HOW[®]). The HOW[®] program is 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.

Vision and Hearing Discount Program

Northeast Delta Dental offers a [Vision and Hearing Discount Program](#) for all members of the dental program. This discount program is available for free to all Northeast Delta Dental Subscribers and their benefits. Use the attached flyer and ID card to access the discount program.

Rate Renewal

Northeast Delta Dental Rate Renewal notices are emailed each year in December/January timeframe to Business Officials. It is the Business Officials responsibility to share these notices internally with appropriate staff members.

Domestic Partner Rider

School Districts can include a Domestic Partner Rider* to allow employees to enroll domestic partners of the same or opposite sex. If districts do not currently have this option and would like to add it, please contact bobbyjo@vsbit.org or jessica@vsbit.org.

Domestic Partner Rider Cont.

*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.

Private Schools

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.

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 of VEHI programs and services, 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:

Bobby-Jo Salls (Bobbyjo@vsbit.org)



www.vehi.org

VEHI • 52 Pike Drive, Berlin, VT 05602 • 802-223-5040