



Open Enrollment/Special Enrollment Memo Regarding Accumulator Credit

This memo is for school districts that have employees with off-January changes, either for a special enrollment, new hire or for districts that have open enrollment in a month other than January.

(As a reminder, a special enrollment period is a change-in-life event, including a marriage, birth, adoption, etc. For more information, see our [Section 125 guidance](#) or talk to your Section 125 vendor for more information.)

There are times when an employee may change benefit plans outside of January. Some districts have fiscal-year open enrollments, move from one district to another, dependents age-off or divorce, or other qualifying events. When employees change plans mid-year, most ask, “What about the deductibles, copayments and coinsurance that I have already met during this calendar year?”

In most cases, those out of pocket costs **will** carry over to the new health plan. BCBSVT refers to this as **accumulator credit**. Accumulator credit also refers to visit limits on covered services, such as chiropractic care.

VEHI and BCBSVT have agreed on the following terms for accumulator credit:

- In order to receive accumulator credit, the member participant must be moving from one VEHI health plan to another VEHI health plan during the calendar year.
 - The member participant may be in this situation if they have an off-January open enrollment or a special enrollment event which allows them to change health plans during the calendar year.
 - Additionally, the member participant may be in this situation if they move from one VEHI employer to another VEHI employer during the calendar year.
- No money will be refunded to the employee if a move to another plan would **reduce** their deductible or out-of-pocket maximums mid-year **and** they had already met a higher amount **prior to** the change.

When the change does not require a change in Member ID, the accumulator credit will be registered automatically by BCBSVT and will not require any action by the member participant.

There are some cases, however, where the transfer **will not be automatic** and will **require a request from the member participant** to BCBSVT (or employer*) in order for the accumulator credit to be processed manually. This notification should happen as soon as possible after the change event, but must occur within six months of the paid date of any claim impacted by the accumulator credit.

The most common instances where participant action will be necessary for the manual credit to occur include:

- When the subscriber of the policy changes from one spouse to another (both must be VEHI-eligible employees).
- When former dependents choose COBRA** (typically a child aging-off the plan, or a divorcee)



- When a participant moves from a plan where medical and pharmacy out-of-pocket maximums are tracked separately, such as with the VEHI Platinum or Gold, to a plan where medical and pharmacy costs are combined toward the out-of-pocket maximum, such as with the VEHI Gold CDHP and Silver CDHP.

BCBSVT agrees to administer this policy in good faith and to the best of its ability, automatically where required, and manually when notified by the member. This can require multiple adjustments as claims continue to be submitted for dates prior to the change.

Documenting Mid-Year Plan Change and New Hires

If you have an employee who qualifies for a mid-year plan change or is a new hire from another VEHI member district, please use the [Employee Mid-Year Change Memo](#) template to notify employees of how the accumulator credit works to be sure they are aware of their responsibilities in the situations noted above.

Any questions should be directed to VEHI at bobbyjo@vsbit.org. Individual members can contact BCBSVT customer service for more information at **1-800-344-6690**.

*To help ensure that this credit is made for the employee, benefit manager should notify Allison Plante, Account Manager, BCBSVT and Bobby-Jo Salls, Program Manager, VEHI of the manual adjustment needed – bobbyjo@vsbit.org and plantea@bcbsvt.com. They will monitor the process.

**COBRA must offered as a bundled option (health plan and HRA), to former employees or their dependents. You should work with your HRA vendor to be sure funds are handled appropriately. Don't forget to calculate your HRA premium at the beginning of the plan year (single and family) and apply consistently, regardless of the amount of HRA used to-date.