The 2017 Fundamentals of GaBreeze Training

Welcome to the HRA/Flexible Benefits Training for GaBreeze
Human Resources Administration Goal:
Provide effective talent management solutions so agencies may attract, develop, and retain quality talent in an efficient manner to enhance organizational performance
AGENDA: Fundamentals of GaBreeze

Topics to Discuss

▪ Business Rules
▪ Data Entry
▪ Processing of Leaves
▪ Reports
▪ Employer Website (ERWS) Navigation
▪ ABBR
▪ Disability / Life Claims
▪ Legal
▪ Resources
Business Rules
Business Rule #1

Agency Profile

- Located on the GaBreeze Employer’s Website (ERWS)
  - Only Benefits Administrator(s) can add other users to the agency’s profile
    - User ID & Password from GaBreeze
      - Access Reports
  - If an employee, who is a Basic or Administrative User, terminates employment with the agency, the person’s contact information should be immediately deleted
    - Select the terminated employee in the Agency Profile page
    - Select “Delete this Contact” on the Agency Contact Detail page

Prevents inappropriate access to agency information
Business Rule #2

Benefits Coordinator Actions
- Timely HR entry of the Newly Hired employment data to reflect active, retirement or terminated status
- **DO NOT ENTER** future dated transactions

New Hires

Employee Actions
- New hires will need to go online to the GaBreeze website within their 30 day election window. The window begins when GaBreeze gets their newly eligible status
- To make changes to their enrollment (still within their election window), employee should contact the GaBreeze Benefits Call Center 1-877-342-7339
- Employees who fail to make selections will be defaulted to **“No Coverage”** for each benefit
- Go to the GaBreeze Website or Contact the GaBreeze Call Center with questions
Business Rule #3

Rehires

- Employees who return within 30 days and within the same plan year are considered a “rehire”
- Coverage is reinstated with no changes
- Employees who return after 30 days or in a new plan year are considered a “new hire”
- Receive GaBreeze enrollment information and enroll as a new hire
- As a new hire GaBreeze changes can be made within the 30 days enrollment period
Rehires

Resignation

Returns After 30 Days

Code as New Hire

Provide GaBreeze Enrollment Information

Ga Breeze changes can be made within the 30 day enrollment period

Returns Within 30 Days

Same Plan Year

Yes

Code as Rehire

No

Code as New Hire
Business Rule #4

Terminations – “16th of the Month Rule”

- Active coverage will terminate based on the effective date of the transaction or event
  - If the status date is effective prior to the 16th of the month, the coverage will terminate the end of the current month
    **Example:** Employee termed June 1, coverage ends June 30th
  - If the status date is effective on or after the 16th of the month, the coverage will terminate the end of the following month (deduction taken from the end of the month payroll)
    **Example:** Employee termed June 16th, coverage ends July 31st

- The exception will be STD and LTD, which ends as of the termination date

**DO NOT ENTER future dated transactions**
Terminations

Employee Termination
Coverage will terminate the end of current month

Employee Termination
Coverage will terminate the end of next month

Short Term Disability Termination
Coverage will terminate as of termination date

Long Term Disability Termination
Coverage will terminate as of termination date

Do Not Enter Future Dated Transactions
Business Rule #5

Terminations for Summer-Paid Board of Education (BOE) employees

- Coverage for employees will end based on the termination date entered by the benefits coordinator
  
  **Example:** Termination date of June 1st entered; Coverage ends June 30th

- If an employee is receiving a paycheck through the end of August, the termination date entered should be September 1st
  
  **Example:** Employee’s last paycheck is August 31st, coverage will end September 30th
Business Rule #6

End of the Year Terminations (after the 16th of December)

- If an employee terminates from employment after December 16th, the agency should not take deductions for January’s coverage.

  If deductions are taken by the agency, a refund of premiums should be processed to the employee, including any Health Care or Dependent Care Spending Accounts contributions deducted on December 15th.

- Employee’s coverages will end as of December 31st.

Employees retiring effective January 1st who are NOT currently enrolled in a dental option, and elects a dental option during Annual Enrollment is not eligible for coverage for the new Plan Year.

- If deductions are taken by the agency, a refund of premiums should be processed.

DO NOT ENTER future dated transactions.
December Terminations

16th of December

- Employee Termination
  - Do not take any deductions for January’s coverage

31st of December

- Employee Retiring 31st of December
  - Not currently enrolled in dental

January

- Elects to enroll in dental during annual enrollment
- Enrollment for the new plan is not eligible for coverage

If deductions are taken for January’s coverage, a refund of premiums must be processed

Do Not Enter Future Dated Transactions
Business Rule #7

Employees Who Change Agencies

- GaBreeze receives a termination notice from the former agency before receiving eligibility information from the new agency.
- GaBreeze will terminate coverage and mail COBRA notices.
- Once eligibility information is received, GaBreeze will remove COBRA data and coverage will continue with the new agency.

- GaBreeze receives eligibility information from the new agency before receiving termination notice from the former agency.
- New agency status will be “Pending” until termination notice is received.
- Once termination notice is received, status will be updated and coverage will continue.

* In certain instances where there is a gap of 30 days or more between determination and eligibility, the coverage will not continue automatically.

** If there is no gap.

Timely action of the benefits coordinator is critical to ensure accuracy.
Employees Who Change Agencies

**Former Agency**

- **Employee**
- **Changing**
- **GaBreeze**
  - Termination Notice
  - **HR Enters Termination Notice**

**New Agency**

- **Employee**
- **GaBreeze**
  - COBRA notifications
  - **HR Receives Eligibility Information**

**GaBreeze**

- **Termination Notice – Then, Eligibility**
- **HR Receives Eligibility Information**

Or...

- **No Termination Notice**

- **Call to obtain Termination Notice**

- **Status is PENDING Until Termination Notice is received**

GaBreeze removes COBRA data and coverage continues

**HR**

- GaBreeze terminates Coverage and sends COBRA notifications

**HR**

- HR Enters Termination Notice
Business Rule #8

Retiree

- Active coverage will terminate based on the effective date which is usually the first of the month.
  - Retirees currently enrolled in a dental plan will automatically be enrolled in Retiree Dental as long as the employee is coded as a retiree. If Retiree record is coded as term, the system will look at the Retirement Eligibility date from the pension administrators.

Termination Rule applies
The 16th of the month rule applies to employees who opt out of Retiree Dental. If GaBreeze is notified before the 16th of the month, dental coverage will stop at the end of the current month. Notification to GaBreeze after the 16th of the month, coverage will end at the closing of the following month.

DO NOT ENTER future dated transactions
What happens after the Benefits Coordinator enters a retirement status......

- GaBreeze will mail a Confirmation Kit
- Retiree Dental information and COBRA information (Vision and Health Care FSA) if currently enrolled
- Retiree Dental is automatic; no enrollment form required
- Retiree can enroll in COBRA Vision. Health Care FSA is only through the end of the year of their retirement
- GaBreeze will direct bill Retiree and send any premium updates, unless the Retiree has a pension, in which case GaBreeze will send deduction information to the pension administrator
- The Confirmation Kit includes phone numbers to the other vendors for switching coverage to an individual policy
- Retiree can contact GaBreeze to make option/coverage changes
Qualifying Life Event (QLE)

Employee QLE

Coverage

Change is effective the first day of the next month

Employee QLE

Coverage

Change is effective the first day of the following next month

Employee with QLE must notify GaBreeze of change within 30 days of event.

The effective date of change depends on the day GaBreeze is notified.

After 30 days, the enrollment period is closed.
Business Rule #9

Qualified Life Event or Coverage Changes (QLE)

- Qualified Life Event Changes are initiated by employees – Birth, Adoption, Marriage, Divorce, etc.

Birth and adoption are effective on the actual date of the event
Marriage, Divorce - coverage will change/begin the first month following the date of notification

**Example:** Married July 20th, coverage change is effective September 1st

- Benefits Coordinator should inform employee to report a QLE within 30 days of the event online at GaBreeze.ga.gov or GaBreeze via phone 1-877-342-7339 (QLE Birth/Adoption has 90 days)

Supporting documentation issued to HRA.Flexbenefits@doas.ga.gov
Business Rule #10

For Status Changes 16th Day Rule Applies

Before the 16th of the Month
▪ Coverage change/end effective the first day of the next month
(Example: Change on June 1st; Effective July 1st)

On or after the 16th of the Month
▪ Coverage change/end effective the first day of the following month
(Example: Change on June 16th; Effective August 1st)

Dependent Information on File
▪ Employees will be required to update dependent data when a Qualifying Status Change (QSC) results in benefit changes or enrollment
Data Entry
Data Entry

Corrections to SSN or Date of Birth

- Benefits Coordinator should make the correction in PeopleSoft or if manual, in your system
- Send notification to HRA.Flexbenefits@doas.ga.gov for correction in GaBreeze
Data Entry

Bad Address Corrections

- GaBreeze submits a Bad Address Report via Employer Website (ERWS) for employees’ addresses requiring an update or correction
- Employees can update in PeopleSoft through Employee Self-Service
- Verify the proper mailing address with the employee(s)
  - 30 character per address line (includes spaces and special characters)
- Question: If the address on the Bad Address Report is correct, what can be done to remove employee from the report?
  - Send notification to HRA.Flexbenefits@doas.ga.gov

- NOTE: If any future mailings are returned to GaBreeze which were sent to the same address, the indicator will be automatically added back on to the employees’ account
Data Entry

Deleting a Row in PeopleSoft

- Data entry corrections require the agency to contact SAO to delete a row: [http://sao.georgia.gov/hcm-forms](http://sao.georgia.gov/hcm-forms)

  - Please send notification of the row deletion(s) to [HRA.Flexbenefits@doas.ga.gov](mailto:HRA.Flexbenefits@doas.ga.gov)
Data Entry

For an employee transferring from a PeopleSoft agency to a PeopleSoft agency

The terminating agency should use a “Transfer Out” code.
The hiring agency should use the “Transfer In” code.

▪ If the employee is receiving a promotion as a result of the transfer, the agency can include an additional row after the Transfer In:
  - Action = XFR, Reason = PRO

▪ **NOTE**: Using a TERM code and a HIRE or REHIRE code will cause coverage continuation errors with GaBreeze.
Data Entry

For an employee terminating from a Manual agency and hired by another Manual agency

- The terminating agency should use the “Termination Notice” Smart Form
- The hiring agency should use the “New Hire” Smart Form
Data Entry

Action/Reason Codes for PeopleSoft Agencies

- The complete listing of the Action Reason Codes to be utilized in PeopleSoft is located at the following URL: http://doas.ga.gov/StateLocal/HRA/Benefits/pages/home.aspx

- The listing is found under the Employer Reference Materials for GaBreeze (Automated) tab
- The listing is labeled “PeopleSoft Action Reason Code Mapping with GaBreeze”
Processing of Leave
Types of Leaves

Unpaid Leave Of Absence Processing

Benefit Coordinator Actions
- Timely HR entry of the employment data to reflect the leave of absence and return to active status
- **DO NOT ENTER** any future dated transactions

Employee Actions
- **Employee will be direct billed from GaBreeze**
- **Employee is responsible for submitting payments directly to GaBreeze**
  - If employee has questions or concerns, refer employee to the GaBreeze Call Center 1-877-342-7339 or GaBreeze.ga.gov
16 Day Rule for a Leave of Absence (LOA)

Unpaid LOA greater than 16 days

- **NOTE**: Agencies should avoid entering an unpaid leave of absence less than 16 consecutive calendar days
- If a leave is reported lasting 16 days or less, timely entry will be critical to report the employee’s return to active status
- After the 16 days, GaBreeze will stop providing premium calculations to agencies
- GaBreeze mails bills directly to employees, receives and processes payments from employees during the unpaid Leave of Absence
- Active coverage will terminate based on the effective date of the transaction or event
- If the LOA status date is effective *prior* to the 16th of the month, the coverage will terminate the end of the current month
- If the LOA status date is effective *on or after* the 16th of the month, the coverage will terminate the end of the following month
LOA Processing

Donated Leave

- If an employee is granted donated leave, the agency will need to place the employee back in active status. This will notify GaBreeze to stop direct billing the employee

- Employees are responsible for paying previous bills issued
- Agency cannot recoup any premiums prior to the Donated Leave

- Once the donated leave has exhausted, the agency will place the employee back into an unpaid Leave of Absence status
- This will notify GaBreeze to restart the direct billing process
LOA Processing

Workers’ Compensation

- If an employee is receiving benefits from Workers’ Compensation, the employee is not to use accrued paid leave (Sick, Annual; Personal)
- The agency should place the employee in an unpaid Leave of Absence status. GaBreeze will direct bill the employee for their Flexible Benefits
- The agency should maintain the employee in an unpaid Leave of Absence status until the employee returns to active status
- Do not resume deductions until notified by GaBreeze
Employees returning from Leave of Absence Without Pay

- Employees, who go on a Leave of Absence Without Pay and cross Plan Years, will be given an enrollment opportunity upon return to Active status
  - If the employee paid premiums while on unpaid LOA, and makes no changes during their enrollment period upon return to Active Status, benefits will rollover into the new Plan Year with the exception of Spending Accounts
- If the employee did not pay, no coverage will show on GaBreeze
- Employee will be given an enrollment opportunity subject to applicable penalties, i.e. EOI/SOH, supporting documentation
  - **Do not reinstate** deductions unless indicated by GaBreeze on the Benefit Deduction Report/File
  - If employee makes benefit selections upon return, GaBreeze will report new deductions via the Benefit Deduction Report/File
## LOA Availability Matrix

**What Plans do Employees have access to while on leave of absence**

The below table details the plans the employee is able to keep coverage in upon going on leave, provided they had coverage in the respective plan as an active employee.

<table>
<thead>
<tr>
<th>Plan/Leave</th>
<th>Unpaid LOA (LOANP)</th>
<th>Unpaid FMLA (LOAFM)</th>
<th>Unpaid Military (LOAMIL)</th>
<th>Ret. To Work Reduced Hrs (RTWRH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Billing</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>*Dental</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Vision</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>*Short Term Disability</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>*Long Term Disability</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>*Critical Illness (EE)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>*Spouse Critical Illness</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>AD&amp;D</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>*Long Term Care¹</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Employee Life</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Spouse Life</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Child Life</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Health Care Spending Account</td>
<td>Y (Through end of originating plan year)</td>
<td>Y (Through end of originating plan year)</td>
<td>Y (Through end of originating plan year)</td>
<td>Y (Through end of originating plan year)</td>
</tr>
<tr>
<td>Dependent Care</td>
<td>N</td>
<td>N</td>
<td>Y (Through end of originating plan year)</td>
<td>N</td>
</tr>
<tr>
<td>Spending Account</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>Y</td>
</tr>
</tbody>
</table>

**General Rules:**

¹ – Note, for employees on an unpaid leave, Alight Solutions does not bill via DBP for LTC deductions, rather the carrier bills the enrollee directly.

- **Leave without Pay**: Can continue coverage via direct billing through the end of the 12th calendar month following the beginning of the unpaid leave. After 12 months, the customer will receive COBRA dental and vision. (Alight Solutions calculates the 12 months - a term status may or may not be sent)

Note: the HCSA can be continued through the end of the plan year in which the leave began. The DCSA will end effective the date of the status change.

- **Military Leave**: can continue through the end of the 24th month following the beginning of the leave.

Note: the HCSA and DCSA can be continued through the end of the plan year in which the military leave began.

*This option has an Armed Conflict Clause. Refer to the Summary Plan Description for more information. This clause does not limit the enrollment into the plan, rather how the plan claims are approved.
What Employees can do when

<table>
<thead>
<tr>
<th>Scenario/Leave Type</th>
<th>Unpaid LOA</th>
<th>Unpaid FMLA</th>
<th>Unpaid Military</th>
<th>Return to Work Reduced Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return to Work 30-Day Coverage change period, <em>Assumes return to work is in the same year as the leave start date</em></td>
<td>N, active coverages are defaulted to the coverage elected and maintained during the leave period. Changes to benefits can only occur at QSC, or Return to work crossing plan years</td>
<td>Y, Any allowable change for plans available with in 30 days of return to active status. The customer MUST notify the Benefits Center if they wish to make changes.</td>
<td>Y, Any allowable change for plans available with in 30 days of return to active status. The customer MUST notify the Benefits Center if they wish to make changes.</td>
<td>Y, Any allowable change for plans available with in 30 days of return to active status. The customer MUST notify the Benefits Center if they wish to make changes.</td>
</tr>
<tr>
<td>Start LOA 30-Day Coverage Change Period</td>
<td>N/A – No changes allowed Note: DCSA is dropped automatically</td>
<td>Only Reduce or drop coverage, including dropping dependents in coverage at the time of going on leave. The customer MUST notify the Benefits Center if they wish to make changes. Note: Applies only plans available, as detailed on prior page.</td>
<td>Only Reduce or drop coverage, including dropping dependents in coverage at the time of going on leave. The customer MUST notify the Benefits Center if they wish to make changes. Note: Applies only plans available, as detailed on prior page.</td>
<td>Only Reduce or drop coverage, including dropping dependents in coverage at the time of going on leave. The customer MUST notify the Benefits Center if they wish to make changes. Note: Applies only plans available, as detailed on prior page.</td>
</tr>
<tr>
<td>Dental Waiting Period (if Dental was dropped while on leave)</td>
<td>Waiting period should apply.</td>
<td>No waiting should be applied, if coverage was dropped when the leave started</td>
<td>No waiting should be applied, if coverage was dropped when the leave started</td>
<td>No waiting should be be applied, if coverage was dropped when the leave started</td>
</tr>
<tr>
<td>Annual Enrollment Allowable Changes (Assume still on leave)</td>
<td>Can only Decrease or Drop Coverage, including changes to dependents in coverage. Applies to available plans, detailed on prior page</td>
<td>Can only Decrease or Drop Coverage, including changes to dependents in coverage. Applies to available plans, detailed on prior page</td>
<td>Can only Decrease or Drop Coverage, including changes to dependents in coverage. Applies to available plans, detailed on prior page</td>
<td>Can only Decrease or Drop Coverage, including changes to dependents in coverage. Applies to available plans, detailed on prior page</td>
</tr>
<tr>
<td>Return to Work Across Plan Year Enrollment Event</td>
<td>Any allowable change for plans available with in 30 days of return to active status.</td>
<td>N/A, any time an employee returns to an active status, the employee can make any allowable change.</td>
<td>N/A, any time an employee returns to an active status, the employee can make any allowable change.</td>
<td>N/A, any time an employee returns to an active status, the employee can make any allowable change.</td>
</tr>
</tbody>
</table>
Agency Support: HRA.Flexbenefits@doas.ga.gov

- The HRA Team will continue to be agencies’ first point of contact
  - Respond to questions about business rules, business processes
  - Support use of the Employer Website (ERWS) on GaBreeze
  - Answer questions about Employer Website (ERWS) reporting
  - Collaborate with GaBreeze to resolve data issues

- Contact Information: HRA.Flexbenefits@doas.ga.gov
Pending Enrollment Status Report

▪ **Purpose**
This file contains the list of employees who haven’t provided their elections for either Newly Eligible enrollment or Annual Enrollment.

▪ **Recipient**
All Agencies

▪ **Frequency**
Weekly Ongoing (Will only contain Newly Eligible customers)
Daily during Annual Enrollment Election Window

▪ **Timing**
Available by 12 p.m. Eastern Time each Friday

▪ **Data Selection Criteria**
Employees who with a pending Newly Eligible enrollment or Annual Enrollment activity who haven’t provided their elections yet
Financial Manager Summary Report

▪ **Purpose**
This file contains the Financial Manager Summary report – Premium Amounts by Vendor

▪ **Recipient**
All Agencies

▪ **Frequency**
Monthly

▪ **Timing**
Around the 10th each month

▪ **Data Selection Criteria**
Full monthly summary report of all premiums calculated for the current month and any premiums adjusted
Financial Manager Detail Report

- **Purpose**
  This file contains the Financial Manager Detail report – Premium Amount by customer

- **Recipient**
  All Agencies

- **Frequency**
  Monthly

- **Timing**
  Around the 10\(^{th}\) each month

- **Data Selection Criteria**
  Full monthly detail report of all premiums calculated for the current month and any premiums adjusted
Timing of Financial Manager

1st of the Month

9th-10th of the Month

11th - 13th of the Month

16th - 17th of the Month

17th - 18th of the Month

Alight begins the process to collect data for the current month. The process looks for coverage as of the 15th of the month.

Alight team reviews reports and delivers to all parties

HRA Team  HRA Finance Team  Agencies  Vendors

Flex Reconciliation Report Delivered to Alight

Alight delivers report to agencies via the Employer Website
Bad Address Report

- **Purpose**
  This file contains the customers that have had their USPS mail returned to GaBreeze.

- **Recipient**
  All Agencies

- **Frequency**
  Monthly

- **Timing**
  First Week of the Month

- **Data Selection Criteria**
  Customers who have had their USPS mail returned to GaBreeze.
# Timing and Flow of Data

<table>
<thead>
<tr>
<th>Agency</th>
<th>HR Source Feed</th>
<th>Frequency of HR Feed</th>
<th>Flow of HR Feed</th>
<th>Deduction Source Feed</th>
<th>Frequency of Deduction Source</th>
<th>Flow of Deduction Feed</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAO</td>
<td>EFT</td>
<td>Daily (M-F)</td>
<td>Agency to Alight</td>
<td>EFT</td>
<td>Daily (M-F)</td>
<td>Alight to Agency</td>
</tr>
<tr>
<td>Dekalb County Schools</td>
<td>EFT</td>
<td>Daily (M-F)</td>
<td>Agency to Alight</td>
<td>EFT</td>
<td>Daily (M-F)</td>
<td>Alight to Agency</td>
</tr>
<tr>
<td>Clayton County Schools</td>
<td>EFT</td>
<td>Daily (M-F)</td>
<td>Agency to Alight</td>
<td>EFT</td>
<td>Daily (M-F)</td>
<td>Alight to Agency</td>
</tr>
<tr>
<td>Henry County Schools</td>
<td>EFT</td>
<td>Weekly</td>
<td>Agency to Alight</td>
<td>Employer Website</td>
<td>Weekly (Friday)</td>
<td>Alight to Agency</td>
</tr>
<tr>
<td>Manual</td>
<td>Employer Website</td>
<td>AdHoc</td>
<td>Agency to Alight</td>
<td>Employer Website</td>
<td>Weekly (Friday)</td>
<td>Alight to Agency</td>
</tr>
</tbody>
</table>
BREAK – ALLOW MANUAL AGENCIES TO LEAVE FOR LUNCH
Benefit Deduction Report

▪ **Purpose**
  This file contains benefit deduction instructions. Agencies can use this information to map to their specific payroll setup.

▪ **Recipient**
  Manual Agencies

▪ **Frequency**
  Weekly

▪ **Timing**
  Available by 12 p.m. Eastern Time each Friday

▪ **Data Selection Criteria**
  Any changes since last file was sent.
Imputed Income Report

- **Purpose**
  This file contains Imputed Income instructions

- **Recipient**
  Manual Agencies

- **Frequency**
  Weekly

- **Timing**
  Available by 12 p.m. Eastern Time each Friday

- **Data Selection Criteria**
  Any changes since last file was sent.
Annual Benefit Deduction Report

- **Purpose**
  This file contains benefit deduction instructions. Agencies can use this information to map to their specific payroll setup.

- **Recipient**
  Manual Agencies

- **Frequency**
  Annual

- **Timing**
  At close of Annual Enrollment

- **Data Selection Criteria**
  Full file of benefit deductions
Annual Inactive Imputed Income Report

- **Purpose**
  This file contains Imputed Income for employees who had Imputed Income while on an unpaid leave. During these periods the GaBreeze system will calculate the Imputed Income and accumulate it until year end. At that time the GaBreeze system will report the total amount during these unpaid periods to payroll.

- **Recipient**
  Manual

- **Frequency**
  Annual

- **Timing**
  Once a year in late December (TBD)

- **Data Selection Criteria**
  Employees who had imputed income while on direct bill (i.e., employees on an unpaid leave)
Annual Imputed Income Report

- **Purpose**
  This file contains Imputed Income instructions following open enrollment for the next plan year

- **Recipient**
  Manual Agencies

- **Frequency**
  Annual

- **Timing**
  At close of open enrollment

- **Data Selection Criteria**
  Full file of imputed income amounts
Legal
Legal Matters

Legal documents affecting flexible benefits:
- Power of Attorney
- Guardianship
- Subpoenas (related to flexible benefits)

*The above documents should be immediately routed to GaBreeze and the HRA Flexible Benefits Team due to potential impact on flexible benefits and potential liabilities.*

- Benefit Eligibility (related to guardianship)
- HIPAA
- Fraud
Employer Website (ERWS) Navigation
(1) Your User ID and Password are unique for you. Do not share.
(2) Information on if you forgot your User ID and/or Password
(3) Contact Us link
Initial Menu Screen

(1) Always look for the Related Information section
(2) The "sections/tasks" become tabs on the subsequent pages
(3) Description of each "section/task"
Sub Menu Screen

Agency Profile and Security

GLYNN COUNTY SCHOOL SYSTEM (6631000)

(1) Always look for the Related Information section
(2) The “sections/tasks” become tabs on the subsequent pages
ABBR
2017 Annual Benefit Base Rate: Annual Salary Update

In preparation for the 2018 Annual Enrollment period, it is important to update the Annual Benefit Base Rate (ABBR) for any employee’s salary that has changed. This is needed for proper calculations of various employee benefits, i.e. STD, LTD, and life insurance.

Important Facts:
• Salary Update – Any annual salary that will or has changed, either because it has increased or decreased, as of October 1, 2017.
• Report Annual Salaries - not what is received per pay period or per month
• Report changes only – Salaries that remain the same do not require any updates
• 2018 Annual Enrollment ABBR cutoff date is September 15, 2017

Attention: Benefit and Payroll Coordinators

Preparation Activities for 2018 Annual Enrollment
2017 Annual Benefit Base Rate Update: Instructions

**How to Provide Salary Updates?**

**SPREADSHEET:**
- Complete the attached Excel Spreadsheet for updating Annual salaries

- The spreadsheet consists of 2 columns:
  - Employee’s Full Social Security Number (SSN)
  - Employee’s Updated Salary Annual Amount

- Return the spreadsheets via email to Son.Truong@doas.ga.gov no later than September 15th
2017 Entries in the Excel Spreadsheet

• Instructions:
  • Format has to be **exact**
  • SSNs must **include dashes**
  • ABBR Amounts should **include a decimal point**; but **should not include $ dollar signs and should not include commas**
  • Protect the Excel Spreadsheet by adding this password “ abbrtohra2018 “, please type exact, no symbols are used and it is case sensitive. Do not change the password.

• Example:
2017 Notify HRA That Your Agency Updates Are Complete

Instructions:
Email the completed spreadsheet with all salary updates, password protected to HRA using the following address:

Son.Truong@doas.ga.gov

Include the following information in the email:

- Name of your agency
- Agency ID #
- Your name
- Your title
- Your phone number

This is to inform HRA that all Annual Benefits Salary changes and updates in the agency/entity <type the name of agency/entity here> are complete. Please see the attached spreadsheet.

- Agency/Entity Name
- Agency/Department/Group #
- Name of person submitting spreadsheet
- Title of person submitting spreadsheet
- Contact telephone number of person submitting spreadsheet
Disability/Life
Disability Intake Capabilities Provide Increased Efficiency

Our flexible claims submission methods (online, phone, mail or fax) offer consistent customer experiences across submission channels. There is no extra charge for additional claims submission options and you and your employees spend less time submitting claims.

Increased efficiency and consistent customer experience. No extra charge for additional options.
Paper or Online Intake

Employee’s Statement
- Claim forms or web address provided by Employer or posted on intranet site (Employee packet includes employee’s statement, attending physician’s statement and authorization)
- Employee completes their portion and submits to The Standard via mail, fax or online submission
- Employee receives confirmation letter and follow up letters every 15 days for missing forms

Employer’s Statement
- Employer completes their portion of the claim form (via paper claim form, AdminEASE or online)
- Employer provides any additional information (i.e. job description, enrollment verification, payroll)
- Employer submits Employer portion to Standard.
- Employer can check the status of the claim on Reports Online via AdminEASE

Attending Physician’s Statement
- Employee gives Attending Physician’s Statement to treating physician
- Treating physician completes form and returns to The Standard via mail or fax

Complete claim assigned to team
Telephonic Intake streamlines the claim submission process for employee and employer.

**Employee’s Statement**
- Employee calls The Standard’s toll-free number
- Claim Intake Representative conducts interview
- Confirmation letter sent to employee

**Employer’s Statement**
- Employer Information obtained via data feed
- Email notification sent the same day of intake call to designated email address on data feed
- Email includes any additional questions not addressed by data feed

**Attending Physician’s Statement**
- STD: Physician’s Statement faxed to the physician’s office within 24 hours of the intake and followed up three times
- LTD: Employee is provided the Attending Physician’s Statement to have completed

**Complete claim assigned to team**
STD Claim Decision

Claim assigned

Claim information reviewed
Consultation with Nurse and/or Vocational Case Manager as needed

Claim decision made within 2-5 days (Average: 3 days)

Duration of claim is established and communicated by letter to employee with carbon copy to employer
Decision letter includes medical forms if extension is needed
The last thing that your disabled employees need is additional paperwork and added stress. When an STD claim needs to transition to LTD, it’s our goal to ensure the process is seamless and that their benefits aren’t interrupted.

STD to LTD Transition

Mandatory reviews occur at the 9th and 17th week

We will transition claims expected to reach the maximum benefit period (MBP) to LTD at week 9 of 13-week MBP or week 17 of 26-week MBP

STD claim extended
LTD claim initiated

Notification of STD extension sent to Employer and Employee

LTD claim established and assigned to a Benefits Analyst

LTD claim assigned
LTD Claim Decision

If pended:
- Standards request directly (medical records, enrollment, etc)
- Status letters sent every 15 days

If denied:
- Detailed letter sent to employee
- Process for requesting a review outlined
- Letter to the policyholder with general reason for the denial

If approved:
- Employee notified by letter and phone
- Employer notification sent by mail and viewable on Reports Online
- Benefit coordinates with other income such as State Disability, Workers’ Comp or Sick Leave.
- Life Waiver of Premium claim reviewed in conjunction with LTD, when applicable
Once a claim is approved, a claim management plan is created based on the anticipated outcome of the claim. Whether the claimant is expected to return to work, needs assistance in returning to work or is not expected to recover or return to work, our claim management activities are specifically focused on each claim situation.

**Claim approved**

- **Recovery expected**: Condition is expected to resolve, leading to return to work.

- **Recovery with assistance**: Condition requires close medical and/or vocational monitoring to ensure proper treatment and timely recovery and/or return to work. May require medical and/or vocational rehabilitation assistance and intervention.

- **Recovery not expected**: Claim Management focuses on SS assistance, offsets and monitoring changes in medical condition.
Social Security Assistance

Full-time in-house Social Security coordinators

Screens appropriate newly-approved LTD claims

Completes all necessary paperwork for the employee

Works closely with the employee and The Standard from initial application to award

Challenges denied claims that appear to meet Social Security criteria

99% award rate for The Standard’s customers

95% of awards occur within 2 years

Assists in recovery of overpayments as a result of an award
The Standard is the marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.
Life
METLIFE GROUP BENEFITS FOR STATE OF GEORGIA EMPLOYEES

We Make it Easier for You: We support and guide you and your employees with our experienced professionals and exceptional service.

METLIFE GROUP LIFE BENEFITS

- Provides State of Georgia employees with optional insurance:
  - Life
  - Dependent Life (spouse/child)
  - Accidental Death & Dismemberment
- Employees can choose some level of insurance coverage without providing medical underwriting (Statement of Health).
- Employees have added benefits which include:
  - Premium Waiver
  - Accelerated Benefits Option
  - Portability/Conversion options
  - Will preparation services
  - Estate resolution services
  - Funeral Discounts

ELIGIBILITY

- Eligible employees may elect up to a maximum benefit of $2,000,000 for Life insurance and up to 10x the employee’s pay for AD&D benefits. Active eligible employees may elect to increase their coverage amounts, which are subject to medical underwriting.
- For employees age 65 or older, the amount of life coverage is reduced. The reduction schedule is located in the State of Georgia Group Life Certificate.
- At employee’s option, they have the ability to choose insurance for their spouse and for their children. Note that child life coverage begins at live birth.

STATEMENT OF HEALTH

After employees select coverage requiring completion of a Statement of Health (SOH) questionnaire, they are directed to complete SOH via the GaBreeze Benefits Center.
- On the GaBreeze site, users see a “Your Action Needed” message linking to questionnaire.
- Clicking link, users are directed to MetLife website to complete SOH questionnaire.
- If the SOH is for the Spouse Life plan, users are asked to provide information which allows MetLife to send email instructions to spouse for SOH completion.
- MetLife will review SOH and communicate determination to GaBreeze. Dependent on the determination, coverages and deductions will be updated on the GaBreeze system accordingly.

LOSS NOTIFICATION

- In the event of an employee and/or dependent loss, notify GaBreeze.
- Communicate the loss to GaBreeze and the pertinent information, including, but not limited to:
  - Employee/Dependent Name
  - Social Security Number
  - Date of Birth
  - Date of Hire
  - Last Day Worked
  - Employee status
  - Beneficiary Information
- Once the information has been collected, a report is generated by GaBreeze and transmitted to MetLife to begin processing the claim.

*Note: Eligible dependent children are not required to complete a medical underwriting questionnaire to be eligible for coverage.

Customer-Focused Solutions | Exceptional Service | Proven Expertise

Have questions or need answers? Call 1(877) 255-5862 and for technical support call 1(877) 9MET-WEB.
Initiating a Life Claim
Overview of Process to Start a Claim after a Loss Notification

**ACTIVE EMPLOYEES**

Once notification of a loss of an active employee has been received by the SOG agency, contact GaBreeze via automation or “smart form”.

EE’s HR Unit completes a “Personnel Action Request Form.”

- Death status is received from the agency via HR file (if automated or “smart form”) via the administrator portal on GaBreeze.
- Once the information has been updated in the system, death status loads to TBA (Alight system) and triggers coverage termination and a “Death Claims Notice” (DCN) is triggered.
- The DCN adds the employee to the daily DCN which is transmitted to MetLife nightly for processing.

Note: To expedite the reporting of a claim, the spouse or next of kin may call GaBreeze directly at 877-342-7339.

**DEPENDENT LOSS (CHILD/SPOUSE)**

For a spousal or child loss, the active employee calls to inform GaBreeze of the dependent loss. (Agency/HR is not responsible for reporting.)

- Upon receipt of notification of the dependent loss, the customer service representative (CSR) updates the account with the death status and triggers a “Qualified Status Change” even which terminates coverage, if applicable – triggering a “Death Claims Notice”.
- The DCN adds the dependent to the daily Death Claims File transmitted to MetLife.
- Confirmation of enrollment is sent to MetLife for coverage verification.
- Once MetLife has received the information on the Death Claims file and dependent verification, MetLife is responsible for processing the claim.

**CLAIM ESTABLISHED**

When the required information is communicated by GaBreeze to MetLife a claim is created and a claim number is generated. This process establishes the death claim.

- After the claim number is generated a beneficiary packet is immediately mailed to the beneficiary on record with detailed instructions on the steps to take next.
- The beneficiary packet will contain forms, the services available from MetLife including, required forms, contact information and numbers, MetLife Advantages and other pertinent information.
- If no beneficiary designation has been established, benefit will be paid out in the following succession:
  (1) Spouse; (2) Child(ren); (3) Parents; (4) Siblings.
Financial Services/Billing Statements
Fiscal/Financial Services

- Prohibitions
- Process
- New ACH Process
Resources

Flexible Benefits
Benefits Call Center

1-877-342-7339
Monday – Friday, 8:00 am – 5:00 pm EST
excluding holidays
FLEXIBLE BENEFITS RESOURCES

GaBreeze Website:  www.GaBreeze.ga.gov

GaBreeze Employer Website:  
https://lb32.resources.hewitt.com/sga/errorsessionexpire.do

Flexible Benefits Videos:
• http://pur.doas.ga.gov/HRA/FlexBenefits/story_html5.html
Flexible Benefits Resources

- http://doas.ga.gov/human-resources-administration/employee-benefits-information/flexible-benefits
  - Resources
  - Annual Enrollment Info
  - Summary Plan Designs
  - Benefit Descriptions
  - Flexible Benefits Videos
THE END!

Please complete the evaluations. Thank you and safe travel!