The 2017 Fundamentals of GaBreeze Training

Welcome to the HRA/Flexible Benefits Training for GaBreeze

The Fundamentals of GaBreeze

June 26, 2017

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**
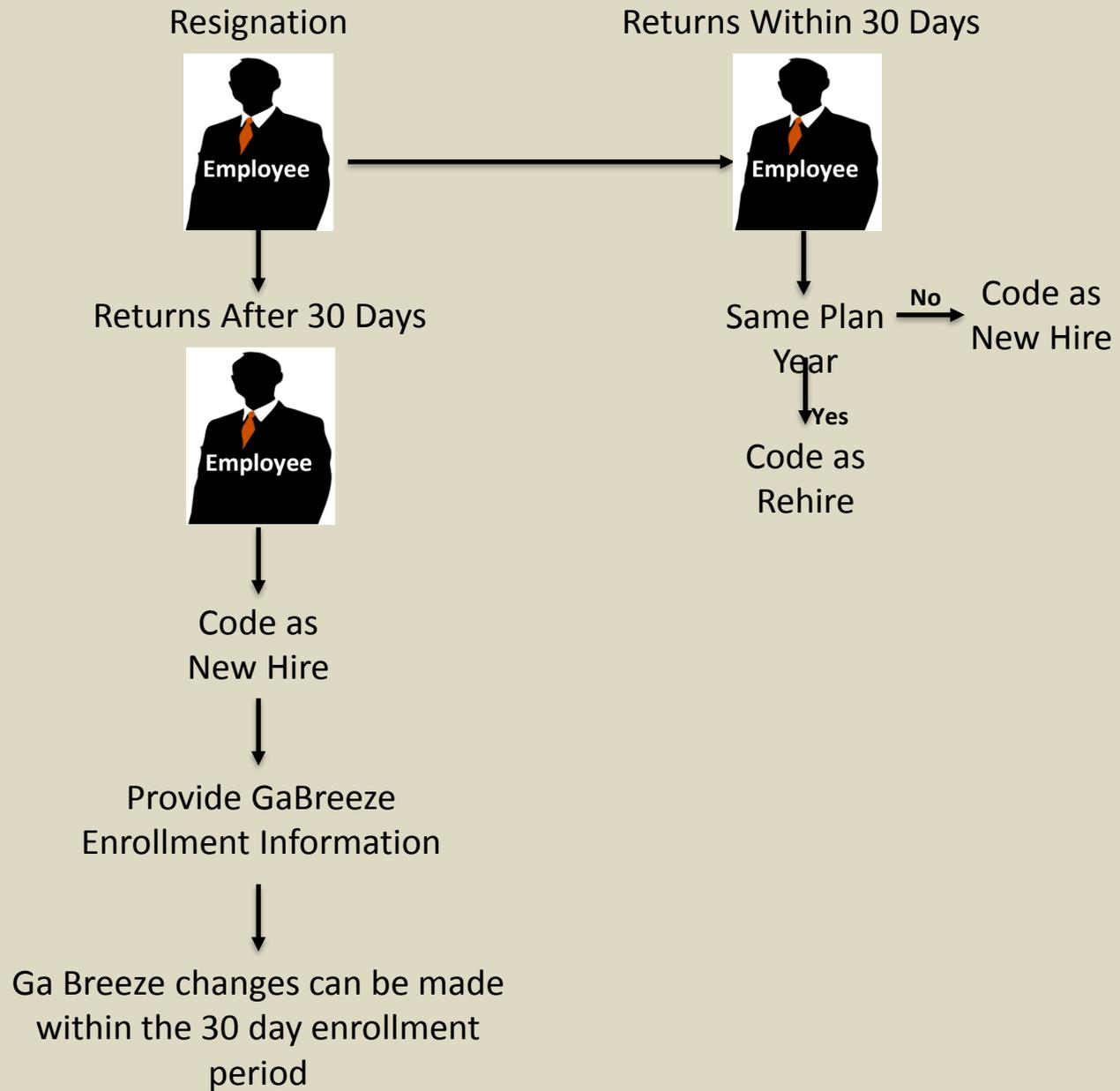
New Hires

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 Within 30 Days

Returns After 30 Days

Same Plan Year

No → Code as New Hire

Yes → Code as Rehire

Code as New Hire

Provide GaBreeze Enrollment Information

Ga Breeze changes can be made within the 30 day enrollment period
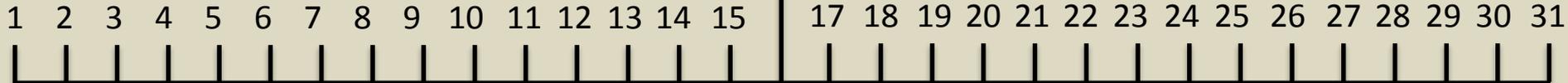
Business Rule #4

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 <u>prior</u> 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 <u>on or after</u> 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

16th of the Month

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |

Employee Termination

Employee

Coverage

Coverage will terminate the end of current month

Employee Termination

Employee

Coverage

Coverage will terminate the end of next month

Short Term Disability Termination

STD

Coverage will terminate as of termination date

Long Term Disability Termination

LTD

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													31st of December		January														
17	18	19	20	21	22	23	24	25	26	27	28	29	30		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Employee Termination

Employee

Do not take any deductions for January's coverage

Employee Retiring 31st of December

Retiree

Not currently enrolled in dental

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 <u>termination</u> notice from the former agency **before** receiving <u>eligibility</u> 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 <u>eligibility</u> information from the new agency **before** receiving <u>termination</u> 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   New Agency

Employee   Employee

Changing

Employee   **Employee**

HR   HR

GaBreeze terminates Coverage and sends COBRA notifications

GaBreeze removes COBRA data and coverage continues

GaBreeze   GaBreeze

Termination Notice – Then, Eligibility

HR Enters Termination Notice

HR Receives Eligibility Information

Or…

GaBreeze

No Termination Notice

Status is PENDING Until Termination Notice is received

HR Receives Eligibility Information

Call to obtain 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))

16th of the Month

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
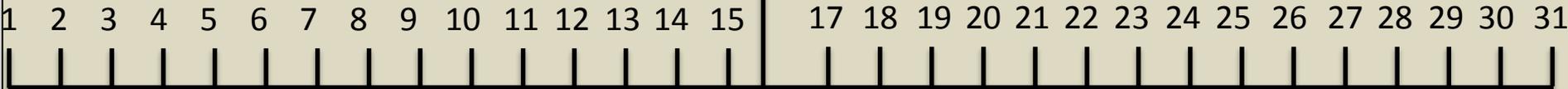
Employee QLE

Employee

Coverage

Change is effective the first day of the next month

Employee QLE

Employee

Coverage

Change is effective the first day of the following next month

Employee with QLE must notify GaBreeze of change within 30 day 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 <u>Bad Address Report</u> 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

    - Please send notification of the row deletion(s) to 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** the16th 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.

Plan\Leave	Unpaid LOA (LOANP)	Unpaid FMLA (LOAFM)	Unpaid Military (LOAMIL)	Ret. To Work Reduced Hrs (RTWRH)
Direct Billing	Y	Y	Y	Y
*Dental	Y	Y	Y	Y
Vision	Y	Y	Y	Y
*Short Term Disability	Y	Y	N	Y
*Long Term Disability	Y	Y	N	Y
*Critical Illness (EE)	Y	Y	Y	Y
*Spouse Critical Illness	Y	Y	Y	Y
AD&D	Y	Y	N	Y
*Long Term Care[1]	Y	Y	Y	Y
Employee Life	Y	Y	Y	Y
Spouse Life	Y	Y	Y	Y
Child Life	Y	Y	Y	Y
Health Care Spending Account	Y (Through end of originating plan year)	Y (Through end of originating plan year	Y (Through end of originating plan year	Y (Through end of originating plan year
Dependent Care Spending Account	N	N	Y (Through end of originating plan year	N
Legal	Y	Y	Y	Y

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 be offered 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

Scenario\Leave Type	Unpaid LOA	Unpaid FMLA	Unpaid Military	Return to Work Reduced Hours
Return to Work 30-Day Coverage change period, ***Assumes return to work is in the same year as the leave start date**	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	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.	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.	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
Start LOA 30-Day Coverage Change Period	N/A – No changes allowed Note: DCSA is dropped automatically	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.	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.	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.
Dental Waiting Period (if Dental was dropped while on leave)	Waiting period should apply.	No waiting should be applied, if coverage was dropped when the leave started	No waiting should be applied, if coverage was dropped when the leave started	No waiting should be applied, if coverage was dropped when the leave started
Annual Enrollment Allowable Changes (Assume still on leave)	Can only Decrease or Drop Coverage, including changes to dependents in coverage. Applies to available plans, detailed on prior page	Can only Decrease or Drop Coverage, including changes to dependents in coverage. Applies to available plans, detailed on prior page	Can only Decrease or Drop Coverage, including changes to dependents in coverage. Applies to available plans, detailed on prior page	Can only Decrease or Drop Coverage, including changes to dependents in coverage. Applies to available plans, detailed on prior page.
Return to Work Across Plan Year Enrollment Event	Any allowable change for plans available with in 30 days of return to active status.	N/A, any time an employee returns to an active status, the employee can make any allowable change.	N/A, any time an employee returns to an active status, the employee can make any allowable change.	N/A, any time an employee returns to an active status, the employee can make any allowable change.

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

Reports

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 10th 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
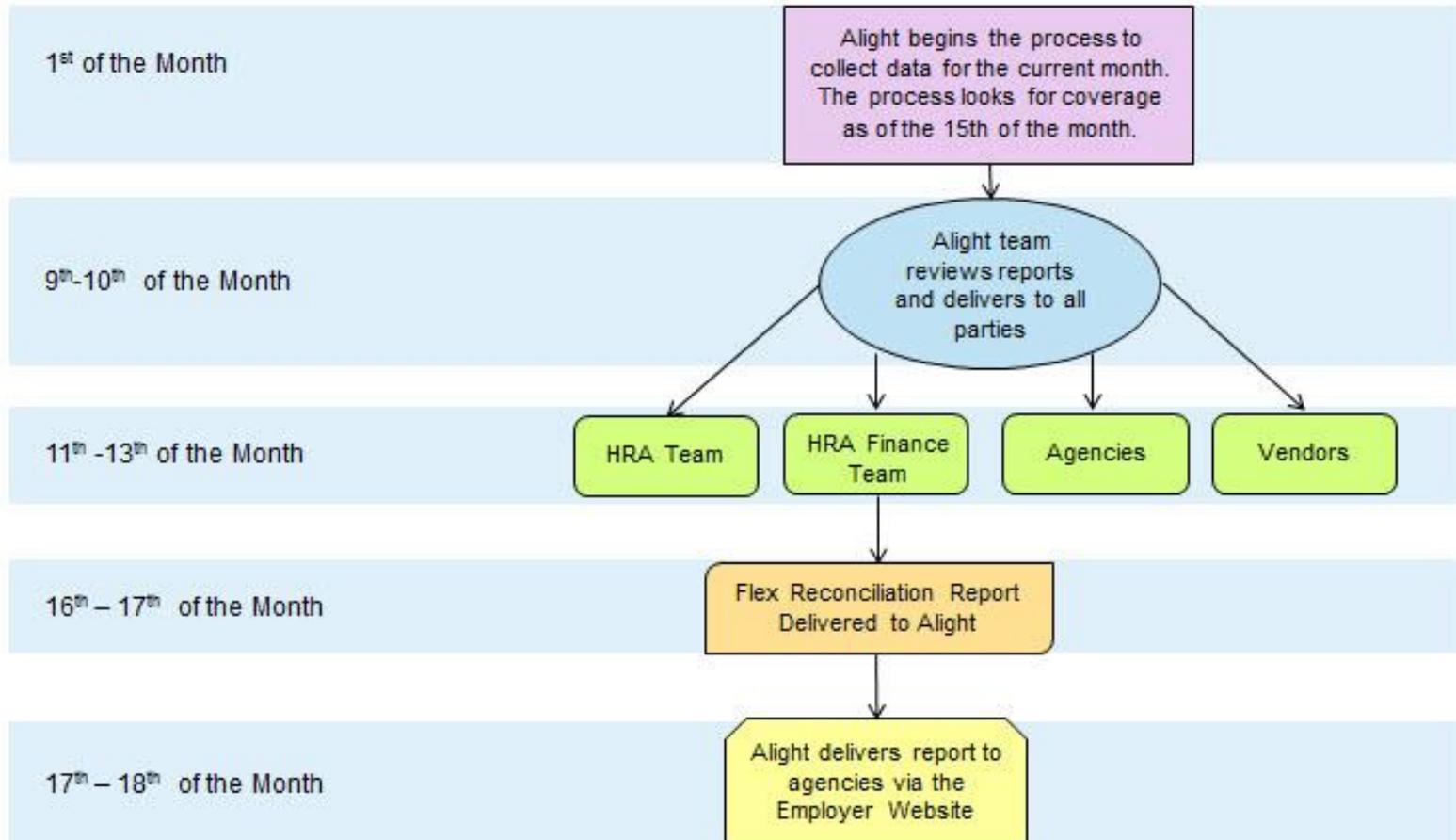
Bad Address Report

- **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

Agency	HR Source Feed	Frequency of HR Feed	Flow of HR Feed	Deduction Source Feed	Frequency of Deduction Source	Flow of Deduction Feed
SAO	EFT	Daily (M-F)	Agency to Alight	EFT	Daily (M-F)	Alight to Agency
Dekalb County Schools	EFT	Daily (M-F)	Agency to Alight	EFT	Daily (M-F)	Alight to Agency
Clayton County Schools	EFT	Daily (M-F)	Agency to Alight	EFT	Daily (M-F)	Alight to Agency
Henry County Schools	EFT	Weekly	Agency to Alight	Employer Website	Weekly (Friday)	Alight to Agency
Manual	Employer Website	AdHoc	Agency to Alight	Employer Website	Weekly (Friday)	Alight to Agency

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

Log In Screen

Print Page

User Login ID

User ID	
Password	

I Forgot My User ID

If you do not remember your password, please call toll-free: **800-861-8700** - Available Monday - Friday, 7:00 A.M - 7:00 P.M Central Time. You will be required to provide your User ID.

Log On

Note: If your session is idle for more than 30 minutes, you'll be automatically logged off the Agency Secure Environment and any data not submitted will be lost.

Copyright Information | Legal Information | Contact Us

(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

(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

For Manual Agencies Only

For Manual Agencies Only

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.

Due to Flex Team by September 15, 2017

Due to Flex Team by September 15, 2017

Attention: Benefit and Payroll Coordinators

Preparation Activities for 2018 Annual Enrollment

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

2017 Annual Benefit Base Rate Update: Instructions

For Manual Agencies Only

For Manual Agencies Only

Due to Flex Team by September 15, 2017

Due to Flex Team by September 15, 2017

Benefit and Payroll Coordinators

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. <u>Do not change the password.</u>

- Example:

59

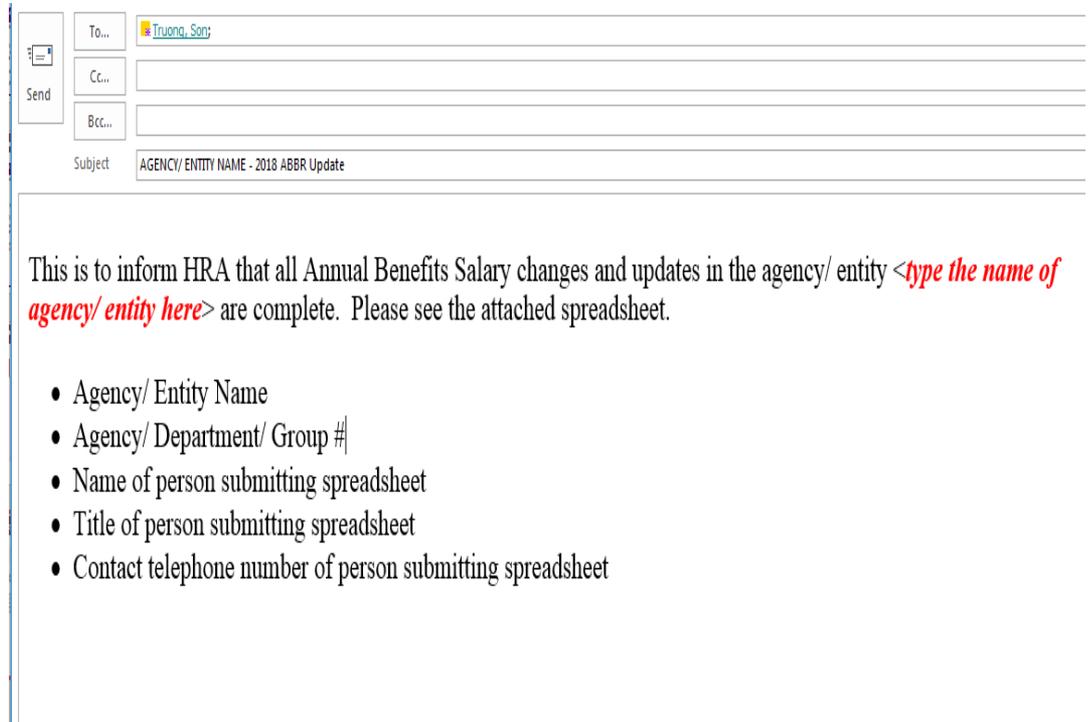# 2017 Notify HRA That Your Agency Updates Are Complete

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

Subject: AGENCY/ ENTITY NAME - 2018 ABBR Update

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

Intake & Disability Administration

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 claim

Telephonic claim

Online claim

Claim intake

TheStandard

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
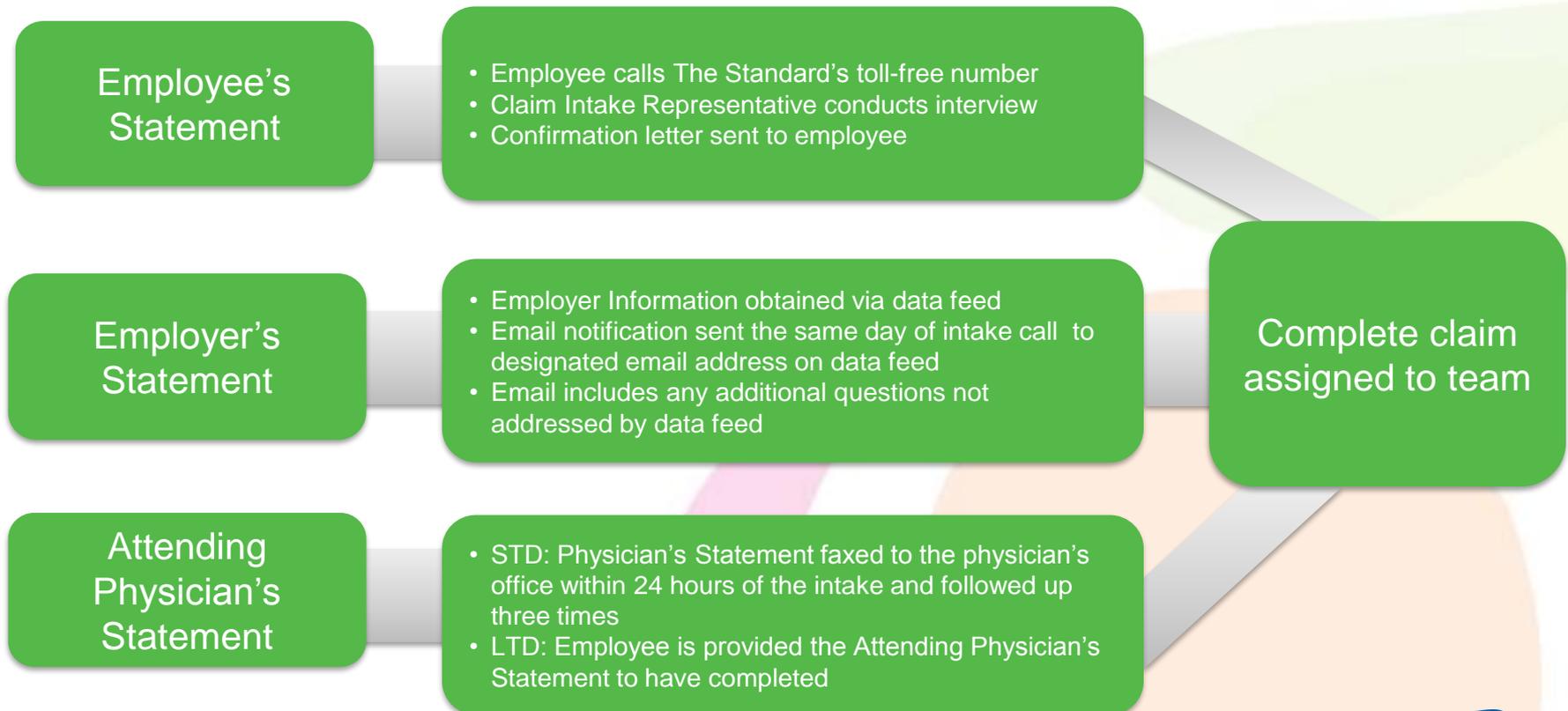
Attending Physician's Statement

- 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

TheStandard

Telephonic Intake

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

STD to LTD Transition

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
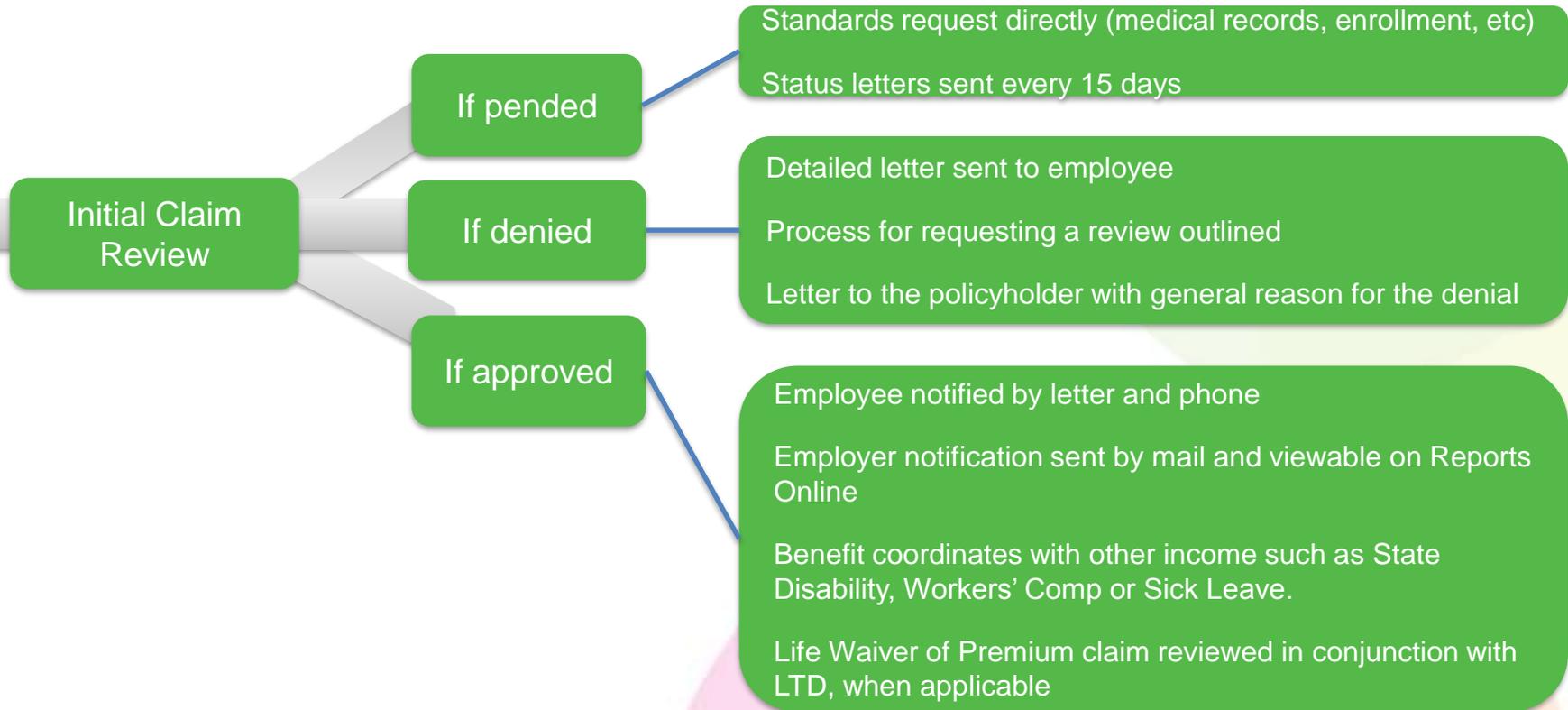
STD claim extended LTD claim initiated

Notification of STD extension sent to Employer and Employee

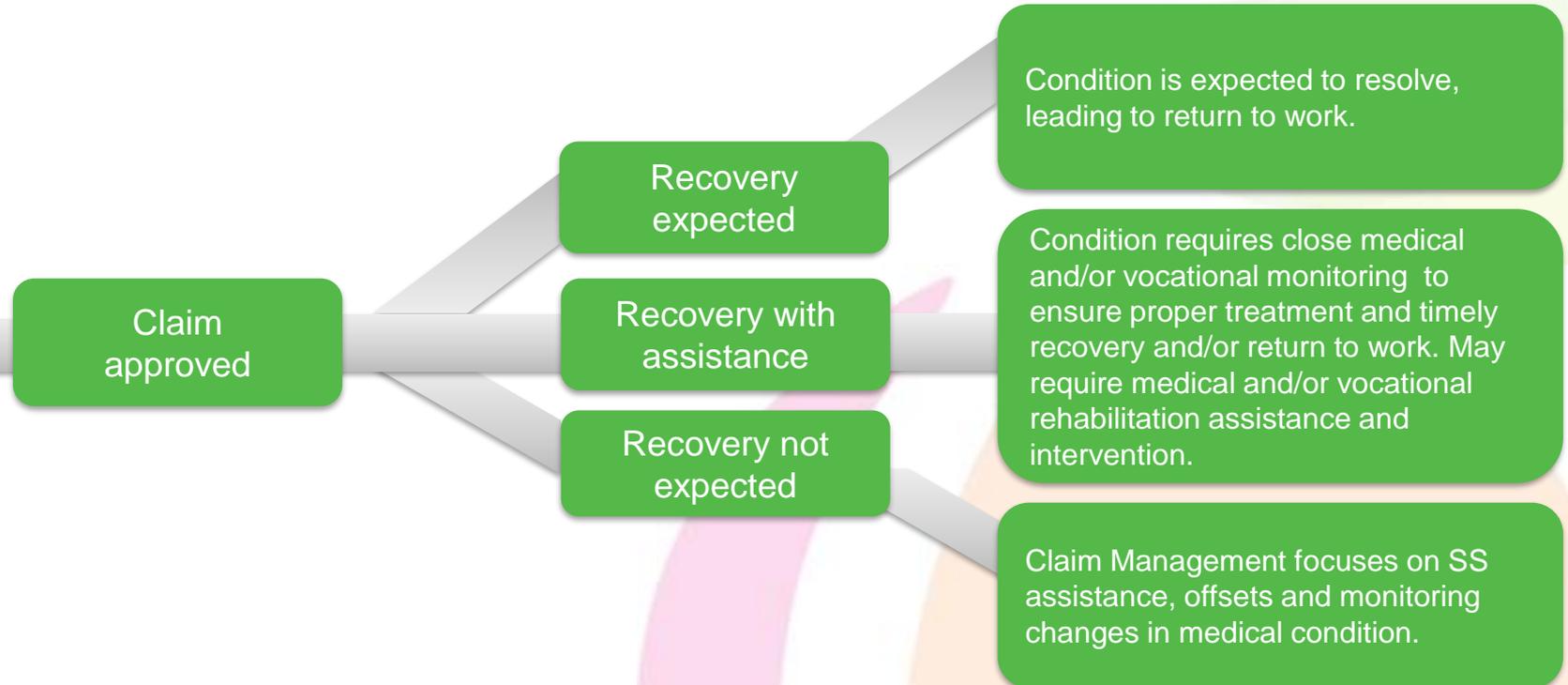LTD claim established and assigned to a Benefits Analyst

LTD claim assigned

TheStandard

LTD Claim Decision

Initial Claim Review

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

LTD Claim Management

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.

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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.
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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

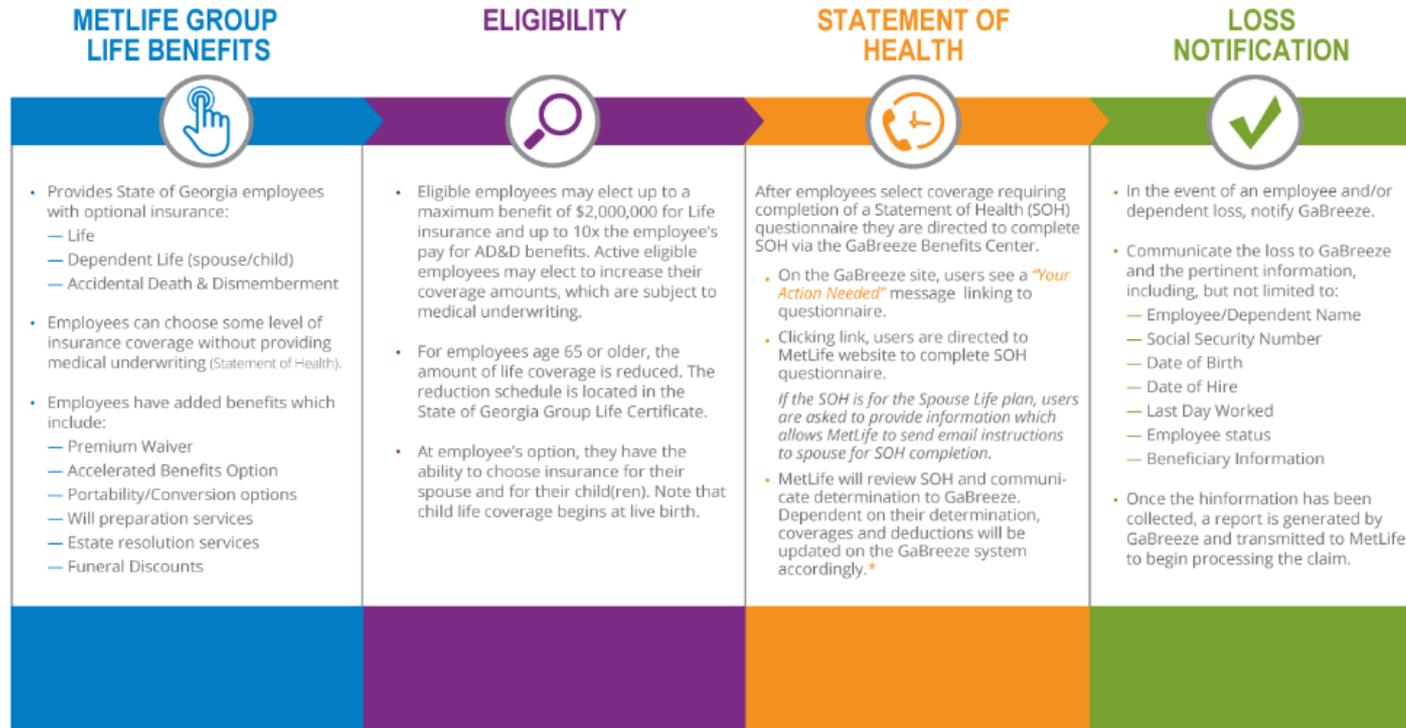Assists in recovery of overpayments as a result of an award

Thank you.

Life

Initiating a Life Claim

Overview of Process to Start a Claim after a Loss Notification

ACTIVE EMPLOYEES	DEPENDENT LOSS (CHILD/SPOUSE)	CLAIM ESTABLISHED

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.

Navigating life together

MetLife

Financial Services/Billing Statements

Fiscal/Financial Services

- Prohibitions
- Process
- New ACH Process

Resources

Flexible Benefits

Flexible Benefits Resource Center - Employees

Benefits Call Center

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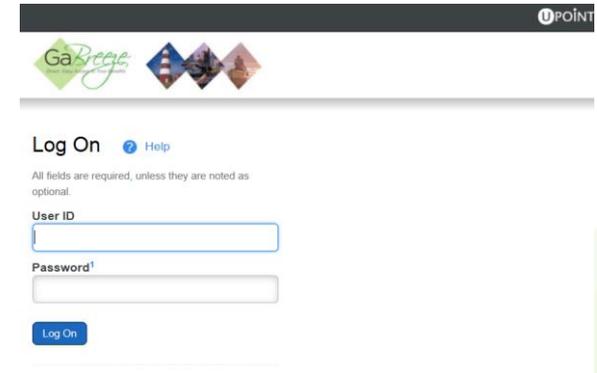*excluding holidays*

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

- **www.Team.Ga.gov**
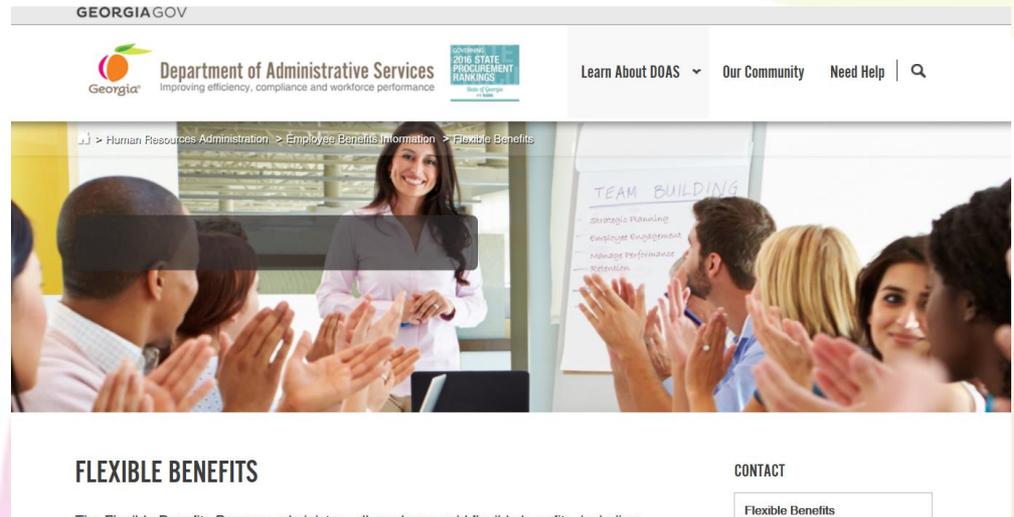

- **http://doas.ga.gov/human-resources-administration/employee-benefits-information/flexible-benefits**
    - **Resources**
    - **Annual Enrollment Info**
    - **Summary Plan Designs**
    - **Benefit Descriptions**
    - **Flexible Benefits Videos**

THE END!

Please complete the evaluations.
Thank you and safe travel!