

ARBenefits News Monthly



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Insurance Cards



In This Issue >>>

Insurance Cards

Breast Pump Benefit

2017 Deductibles

FSA Substantiation

2018 Wellness Guidelines

Due to benefits staying the same for the 2017 plan year, EBD did not do a mass mailing of insurance cards for the new year. If you did not make any changes to your plan during Open Enrollment, your current card is still valid. If you made changes during Open Enrollment, you should have received your new card.

Should you need a new card to use, you can contact EBD Member Services at 501-682-9656 or at 877-815-1017 x1. You can also send a request by email to

AskEBD@dfa.arkansas.gov.

Once a set of cards has been mailed, they can take 10-15 business days to arrive. Should you need a card before your mailed set arrives, you can login to your account at ARBenefits.org and print out a temporary card that you can use.

When you receive a set of cards, please check to make sure your information is accurate and contact EBD or your agency/district Health Insurance Representative if you see

an error.

Also, claims are processed based on the name we have for you in our system. If your pharmacy or doctor tries to run a claim with a name that does not match what is on the card, the claim will be rejected and need to be resubmitted with the correct name.

Breast Pump Benefit

The Employee Benefits Division has made a change to the plan to increase the benefit for breast pumps.

The Plan will now provide a \$160 benefit towards the purchase of an electronic or manual breast pump along with supplies.

If you have any questions, you can contact Health Advantage at Toll Free: (800) 482-8416 | Local Office: (501) 378-2364.

2017 Deductibles

January 1, 2017 began a new plan-year for ARBenefits. This means that deductibles reset for the new year.

As a reminder, deductibles reset and you can not roll over a deductible into the new plan-year. If you have any questions you can contact EBD for assistance.

Reminder to Substantiate FSA Claims from 2016 (ASE Only)

The plan year for your 2016 Flexible Spending Account (FSA) has ended, but you still have a run-out period where you can substantiate claims.

DataPath is administering the run-out period for 2016 claims, and any claims from the 2016 plan-year must be substantiated by the end of March 2017.

What happens if you do not substantiate claims for 2016? DataPath will notify EBD of any remaining unsubstantiated claims after the deadline, and the first action will be to deduct the amount of unsubstantiated claims from your paycheck – if you receive your paycheck through AASIS. If you do not receive your paycheck through AASIS, then EBD will start a collection process asking for payment. If

payment is not received, then the debt will be sent to the State Tax Setoff Program and if you have an income tax refund due to you, this debt may be taken out of your refund.

Don't be caught in the situation where you have unsubstantiated claims from the 2016 Plan Year and money is taken from your paycheck or tax refund. Chances are you used your FSA funds for an eligible expense; you just have to substantiate it with the proper documentation.

As a reminder, this only affects ASE participants with an FSA in 2016.

FSA Claim Substantiation

With the deadline to substantiate any claims from 2016 approaching, you may wonder what information is needed to substantiate a claim.

Your FSA debit card makes using your Flexible Spending Account (FSA) convenient. However, there are some things to remember when using your card to make sure your purchases are substantiated. That information is included in the chart to the right.

If you have any questions about any 2016 claims that need to be substantiated, you can contact DataPath at Local: 501-296-9990 or Toll Free: 877-685-0655.

DO Keep your itemized receipts for **EVERYTHING** you purchase with your FSA debit card
Why? The charge may need to be substantiated to prove that the charge was for an eligible FSA approved expense.

DO Make sure your documentation has everything to substantiate your claim.
Documentation must include the following to substantiate your claim: (1) Patient's name, (2) Provider's name, (3) Date of Service (not date of payment), (4) Type of service received or goods purchased, and (5) Amount of the service or goods purchased.

DON'T Don't assume that the charge is approved because the debit card worked
Why?
Some charges may not be eligible FSA expenditures. For example, you may have used your debit card at the dentist, but part of the payment was for teeth whitening. Teeth whitening is NOT an approved FSA expenditure. That is why substantiation documentation is needed, to make sure ALL charges are for FSA eligible expenses. IRS regulations for cafeteria plans REQUIRE substantiation of charges.

DataPath will administer the runout period for 2016, where all claims from the 2016 plan-year must be substantiated by the end of March 2017.

ARBenefits complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Language assistance services, free of charge, are available to you. Call 1-877-815-1017x1.

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-815-1017x1

Wellness Guidelines for 2018 Wellness Discount

The ARBenefitsWell program will again offer a monthly discount off premiums for active employees for the 2018 plan year. To qualify for the discount, participants must do the following:

Employees and any spouses on ARBenefits policies will once again have to take the online Health Assessment (HA) administered by GuidanceResources®. The Health Assessment can be accessed by visiting www.guidanceresources.com where members can log in or register to take the HA.

Please note that Employees and spouses must use different email addresses and different profiles to take the HA. In addition, the name on your profile must match the name on your insurance card.

If you don't have access to a work computer, you may complete the Health Assessment using your home computer, smart phone, tablet or any other public computer. Although it is recommended that you complete the Health Assessment online, you may complete it on paper.

If you don't have access to any of the above, please call the GuidanceResources® to order a paper Health Assessment. The timeline to process completed paper Health Assessments is longer, so please allow 4-6 weeks for completion.

Members may receive a follow up email from GuidanceResources® with program information and inviting them to participate in health

coaching. This email will also provide a link to opt out of receiving further email outreach. The Health Assessment is completely confidential and your scores will not be shared without your permission.

In addition to the Health Assessment, employees, and covered spouses will need to have a wellness visit conducted by a physician in an office setting. EBD will accept visits completed between November 1, 2016 - October 31, 2017 in order to qualify for the discount.

To avoid the possibility of paying a higher premium at the beginning of the 2018 plan year, employees and spouses may wish to complete their wellness visit prior to June 30, 2017.

While participants who complete a wellness visit after June 30, 2017, but before October 31 will receive the discount, they run the risk of paying a higher premium until the claim is processed.

Physicians have up to six (6) months to file a claim. Once the claim processes, the wellness discount will be applied retroactively and the member will be refunded any monies owed.

The wellness visit benefit, allows employees and dependents to have one wellness visit covered 100% per plan year. Members can go at anytime, and do not have to wait a full year between wellness visits. To learn more about what is covered for your wellness visit, please click [here](#) if you are viewing the web version of

this E-Newsletter.

For more information on the ARBenefitsWell program, members can go to www.ARBenefits.org in the Health Enhancement section, or call 877-815-1017 x1 or 501-682-9656.

Employees and spouses who have trouble logging in to take their Health Assessment, or need assistance with their HA can contact Guidance Resources® at 1-877-247-4621.

Resources

ARBenefits has online resources in the Health Enhancement section of the ARBenefits.org homepage that can help you complete your Health Assessment and wellness visit.

[Preventative Services](#)

Participants can click on the preventative services link to obtain a list of recommended preventive services. After completing the widget on the page, services that appear in the A&B section of the list are covered by ARBenefits at no cost to members (no deductible, co-pay, or co-insurance).

[Health Assessment Guide](#)

Participants can click on the Health Assessment Guide link to access a step-by-step guide to completing the Health Assessment, as well as information on the HealthyGuidance® program offered by GuidanceResources®.

Steps to the wellness discount for 2018 plan year

1

Employees and covered spouses must complete the online Health Assessment provided by GuidanceResources.



2

Employees and covered spouses must complete a wellness exam performed by a physician.



3

The deadline for both employees and covered spouses to complete these steps and qualify for the discount is:

October 31, 2017.