



NBA VEBAvision

Bulletin for Bank Employees

Special points of interest:

- BCBSNE Changes for 2017
- 2016 BCBS Utilization Summary
- Changes in Pharmacy Copays
- New Medicare Advisor
- Disability: Late Enrollment
- Glad you asked...
- Beneficiary Designation
- Wellness Program: Year 2
- MNB Bake Sale

March 2017

BCBSNE Changes Effective in 2017

AllClear ID

Blue Cross Blue Shield of Nebraska (BCBSNE) partnered with AllClear ID to offer a complimentary identification protection service to all members effective in 2016 at no cost to the plan or the member. Since this is still being offered, we wanted to remind VEBA BCBSNE members this is currently available at no cost.

If you enrolled last year, you would have received notification from AllClear asking you to renew your registration for 2017 using the new registration code. If you didn't take advantage of this benefit last year, you are still welcome to do so this year. The attached AllClear registration brochure provides the current information you need to register. ([Click Here](#) for AllClear registration brochure.) Also attached is the Identity Protection Services brochure explaining the services. ([Click Here](#) for Identity Protection Services brochure.)

Telehealth Services Expanded

BCBSNE rolled out the telehealth services for common diagnoses in 2016 and it has been very well received by members who have used it. Effective January 1, 2017, BCBSNE has expanded the telehealth services to include behavioral health services—psychology and psychiatry. Telehealth services can be accessed 24/7/365 via video conferencing, web or mobile devices by BCBSNE members who register for the services. The per member, per visit cost for:

- ⇒ common diagnoses (see attached brochure) is \$39
- ⇒ behavioral services (see attached brochure) is \$79 for psychologist with a Master's degree and \$95 for a Doctoral. The costs for psychiatric services will vary depending on the service provided. The initial evaluation is a maximum of \$200.

Registered members must pay at the time of the service with a credit, debit or HSA/FSA card and must give the service key code **BCBSNE** for the claim to process correctly. The amounts paid will help to meet a member's out-of-pocket limits. To register [click here](#).

2016 Summary of BCBSNE Utilization

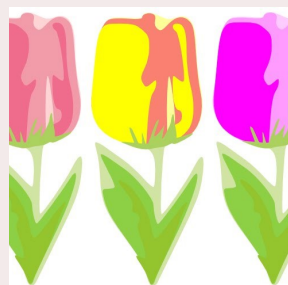
We are proud to report that over 85% of the banks in Nebraska participate in the VEBA program. That includes 231 banks and branches and more than 10,000 lives!

The NBA VEBA's health insurance is self-insured. **This means that your health premium dollars are used to pay claims for all those enrolled in health coverage.** BCBSNE is the claims administrator for the plan and pays claims directly to the hospitals and doctors. In turn, NBA VEBA reimburses BCBSNE for the claims paid by them.

Here is a brief summary of NBA's BCBSNE utilization for 2016:

- ◆ Average age of membership is 34.9 years old
- ◆ Top 5 utilized prescriptions by claimants:
 - ◇ Levothyroxine Sodium (Endocrine)
 - ◇ Atorvastatin Calcium (Cardiovascular Therapy Agent)
 - ◇ Omeprazole (Gastrointestinal Therapy Agent)
 - ◇ Lisinopril (Cardiovascular Therapy Agent)
 - ◇ Amoxicillin (Penicillin)
- ◆ Number of RX scripts 115,892
- ◆ Total RX claims paid \$10,375,764
- ◆ Total medical claims paid amount: \$53,592,213
- ◆ Number of births 155
- ◆ Emergency room visits for non-emergency diagnosis (influenza, chronic sinusitis, bronchitis, etc.): 53 claimants

If you are interested in knowing any other statistics about your group plan, please let us know. We are happy to provide this information.



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BCBSNE: Changes in Pharmacy Copays

To help mitigate the affect the rising cost of drugs has on our group claims, the NBA VEBA adopted BCBSNE's recommendation to modify the copay tiers for the PPO \$500, \$1,000 (and Copay Plan), \$2,000 and \$4,000 deductibles by making the following changes:

- √ Change to two tiers for generic drugs; tier one preferred and tier two non-preferred generic brands for drugs that cost in excess of \$25.00. ([Click Here](#) to see a list of tier 1 and tier 2 generics.)
- √ Increase the in-network and out-of-network Specialty Drug copays

The copays for the brand name formulary (tier three) and the non-formulary brand name (tier four) drugs will remain the same.

The new tier structure for 2017 is as follows (the shaded boxes are the actual changes):

	Prior Benefit	2017 Benefits
Preferred Generic	25% cost of drug; \$5 minimum/\$25 maximum	\$10 copay
Non-Preferred Generic (>\$25)	25% cost of drug; \$5 minimum/\$25 maximum	50% cost of drug; \$25 minimum/\$50 maximum
Preferred Brand Name	25% cost of drug; \$25 minimum/\$50 maximum	25% cost of drug; \$25 minimum/\$50 maximum
Non-Preferred Brand Name	50% cost of drug; \$50 minimum/\$75 maximum	50% cost of drug; \$50 minimum/\$75 maximum
Specialty Drugs	In-network: 25% cost of drug \$50 minimum/\$100 maximum Out of network: 50% cost of drug \$150 minimum/\$300 maximum	In-network: 25% cost of drug; \$100 minimum/\$150 maximum Out of network: 50% cost of drug; \$300 minimum/\$450 maximum

To receive in-network benefits for Specialty Drugs, members must purchase specialty medications through Blue Cross Blue Shield pharmacy benefit manager, Prime Therapeutics.

A list of the Specialty Drugs has been provided. To participate in the Prime Rx Specialty program, members must complete a referral form ([Click Here](#) for the referral form.) or call 1-877-627-6337

New Medicare Advisor

Many Medicare-eligible employees are inquiring about what health insurance options are available if they continue to work past 65. To assist you with your decisions to remain on the plan or go to Medicare, we have engaged the help of Matt Bettenhausen, with Bettenhausen Insurance Agency in Lincoln. Matt has a great deal of experience working with Medicare eligible individuals and has proven to be a great resource for our members to talk to about their options. He can review the employee's situation and determine if changing to Medicare is a good option or not. [Matt is very willing to review all your options with you. He can be reached at 402-421-1223.](#)

Radiology Preauthorization Program

Last July, BCBSNE sent a letter to **all members** regarding the following change:

Effective October 1, 2016 – Radiology Quality Initiative -

To ensure the medical necessity and appropriateness of procedures and services for members, a prior preauthorization program was put in place for pre-service review of the following radiology tests:

- Computed Tomography (CT/CTA)
- Magnetic Resonance Imaging (MRI/MRA)
- Nuclear Cardiology
- Positron Emission Tomography (PET Scan)

If the above services are not preauthorized, claims will be denied and members may be responsible for payment of these charges. Providers are aware of this preauthorization program.

Please review the attached brochure and familiarize yourself with these services so that you are prepared to remind your provider of the need to preauthorize. ([Click Here](#) for the radiology management brochure.)

Updates From The Standard Insurance Company

High Volume and Winter Weather Causes Medical Approval Delays

Due to a higher than anticipated volume of coverage needing medical approvals and a winter storm that caused The Standard's office to close for a week, coverages requiring approval have been delayed.

Normally, The Standard is able to provide a decision within eight to ten weeks of receiving the completed Medical History Statement. The average time for a decision is now around 12-weeks.

This delay in the approval process is unfortunate, however, we will not bill you for any coverage that requires medical approval until it has been approved by The Standard.

REMINDER: Beneficiary Designation

VEBA staff received many questions regarding Beneficiaries when the Enrollee Detail Report was sent in January. As a result, we are providing the following information about designating your Beneficiary. Additional information can be found in any of the life insurance certificate booklets on our web site.

- * Employees must complete, sign and date a Group Life and Disability Enrollment form or a Beneficiary Designation Change Form to designate a Beneficiary.
- * You may name or change Beneficiaries at any time without the consent of a Beneficiary.
- * Your Beneficiary designation must be the same for all Life Insurance and AD&D Insurance death benefits.
- * If you name two or more Beneficiaries in a class: 1.) Beneficiaries will share equally, unless you provide for unequal shares, 2.) If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share, and 3.) If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- * If a minor is designated as your beneficiary, please note how to contact the minor.
- * When a trust is listed as a beneficiary, it must include the date the trust was created.

Disability: LATE Enrollment Guideline

As a new employee, if you choose to waive disability coverage when it is initially available, you have the option to apply for late enrollment if you want disability coverage at a later date.

Please be aware, if your request for late disability coverage is approved by The Standard, any disability claim within the first 12 months after being approved will have a 60-day benefit waiting period. After the first 12 months have passed the normal benefit waiting period will apply.

Glad YOU Asked!

"I am a new employee of XYZ Bank that has ABCD dental coverage and I have a dependent who is going through orthodontic treatment, will there be coverage for the remainder of her treatment?"

Answer: First, the employee would have to be an "initial insured". An initial insured is someone who became effective with a dental plan the same day the group plan was initiated. If an employee begins employment with a member bank any time after the group plan went into effective, then that employee is not an "initial insured" and, therefore, not eligible for takeover benefits if orthodontic treatment was already in place. Employee's that go from one VEBA bank to another would have continuous benefits, unless the \$1,500 Lifetime Maximum was already met.

New employees who start treatment after they are effective under a group plan will have benefits immediately.

Wellness

YEAR 2 of Wellness

Starts April 1!

If your bank offers the **FREE** NBA VEBA Wellness Program through Blue Health Advantage, then **April 1, 2017** marks the start of a new year of wellness!

The wellness program is designed to help you achieve your health goals and live fully. We provide tools, resources and support to help you live better. Work and play better. Feel better.

For returning wellness participants, go to www.nebraskablue.com/fitness to log on to the portal utilizing your username and password. Complete the online health assessment and get ready for the first wellness challenge to begin on May 1st!

If you are a new wellness participant, now is a great time to get registered on the wellness portal. Go to www.nebraskablue.com/fitness to begin. Once registered you can complete your health assessment and get started taking advantage of everything the program has to offer!

Keep your health goals front and center with tools that are easy to use and simple to access, including:

- √ Health trackers for nutrition, exercise, and weight management—to name a few
- √ Wellness calculators to measure BMI, calorie burn, nutrition, target heart rate and more

Stay updated and connected to the things and people that encourage you to live your healthy best with:

- √ Direct links to your health assessment, biometric screening scheduling, coaching programs, and other essential wellness resources
- √ Access to relevant, timely messages, activity feeds, and information on your top wellness goals

MNB Raises Funds for American Troops Overseas!



McCook National Bank (MNB) employees hosted a bake sale last fall for the “Adopt-A-Chaplain” program. MNB hosts this annually to provide money for this program to send Christmas packages to American troops overseas. Last year they hosted it on October 21st and raised over \$800.00!

Please let the VEBA staff know if your bank has a special event they have participated in. We would love to recognize your efforts!

The Good Clean Funnies

My doctor took one look at my gut and refused to believe that I work out.

So I listed the exercises I do every day:

- | | |
|-----------------------------------|---------------------------|
| ☺ jump to conclusions | ☺ bend over backward |
| ☺ climb the walls | ☺ run around in circles |
| ☺ drag my heels | ☺ put my foot in my mouth |
| ☺ push my luck | ☺ go over the edge |
| ☺ make mountains out of molehills | ☺ beat around the bush |

Source: gcfl.net

