



The Buzz

Spring Edition 2016

Employee Benefits Division

Wellness Discount for 2017

The ARBenefitsWell program will again offer a monthly discount off premiums for active employees for the 2017 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.

Returning members (both employee and spouse) will need to enter their unique GuidanceResources® user name and password and then click on the "Login" button. Members can click on the "I forgot my user name" or "I forgot my password" button if they forget their login information. Members requiring further assistance can call GuidanceResources® at 877-247-4621 or by email at ARBenefits@compsych.com.

Members who have not registered for the GuidanceResources® site can click on the "Register" button to create an account using the Organization Web ID "ARBEN" when prompted. Please note that employees and spouses must create and use their own unique account using different email addresses when registering. The information on your profile must match what your employer has on file. This includes your first name, last name, and zip code. If you have recently moved and have not changed your address in your official records with your HR department, use your previous home zip code.

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.

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EBD Call Center Hours

The hours of operation for the EBD Call Center are:

**Monday-Friday
8 a.m.- 4:30 p.m.**

You can reach the call center at 877-815-1017x1 or 501-682-9656

Three Steps to A Wellness Discount

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 in an office setting.

3

The deadline to complete both steps and qualify for the discount is:
October 31, 2016

Wellness Discount *Continued from page 1*

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 GuidanceResources® to order a paper Health Assessment. The time line 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 an invitation 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 new for this year, covered spouses**, will also need to have a wellness visit conducted by a physician in an office setting. EBD will accept visits completed between November 1, 2015 - October 31, 2016 in order to qualify for the discount.

To avoid the possibility of paying a higher premium at the beginning of the 2017 plan year, employees and spouses may wish to complete their wellness visit prior to June 30, 2016.

While participants who

complete a wellness visit after June 30, 2016, but before October 31 will receive the discount, they may 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 do not have to wait a full year between wellness visits, and are encouraged to see their doctor anytime. To learn

more about what is covered for your wellness visit, please click on the Preventative Services link on the ARBenefits.org home page.

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.

Through the end of July, GuidanceResources® will be holding a weekly drawing of names of members who have completed the online Health Assessment. Winners will receive a Fit Kit.

Employees will be receiving a letter this summer stating if they have completed the requirements for the discount. If the requirements have not been met, the letter will list the steps that have or have not been completed.

Starting in June, employees can also check their wellness discount status with their agency/school district Health Insurance Representative (HIR).

As a reminder, the wellness discount only applies to active employees.

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 or their covered spouses (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®.

Medicare Eligible Spouse Letter

EBD has begun sending a letter to retirees who have a covered spouse becoming eligible for Medicare. The letters will be mailed 120 days before the affected spouse's Medicare eligibility date.

The letter will detail how the member and their covered spouse and dependents will be affected by the move to the Medicare Primary plan, options the member may have, and how to send copies of their Medicare cards to EBD.

Per the ARBenefits Summary Plan Document, if the spouse of a non-Medicare retiree is becoming Medicare eligible, the non-Medicare Retiree can elect to drop their spouse's coverage if they wish to remain on their current

plan and not be moved to the Medicare Primary Plan.

If the non-Medicare retiree chooses to drop their spouse's coverage, the retiree member must notify EBD of their decision at least 60 days prior to the Medicare eligibility date of their spouse.

The letter will include a new form that retirees can use to drop their spouse who is becoming Medicare Eligible if they wish to not continue their Medicare eligible spouse's coverage.

Should retirees have any questions, they can contact EBD Member Services at 1-877-815-1017x1 or by email at AskEBD@dfa.arkansas.gov.

When you or your spouse, if you elect to continue your spouse's coverage with the

ARBenefits Medicare Primary plan for retirees, receives your Medicare card showing Part A and Part B coverage, please remember to provide a copy of the card to EBD by faxing a copy to 501-682-1200. You can also mail a copy of your Medicare card to:

Employee Benefits Division
P.O. Box 15610
Little Rock, AR 72231

EBD will coordinate as if Medicare Part A and Part B are both in force at the time of service. If the Medicare member does not have Part B, the ARBenefits Plan will pay as though the member has Medicare Part B and the member will have full financial responsibility for incurred claims.

Do's and Don'ts of FSA Card Use

Your WageWorks 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.

What happens if you don't substantiate your claims? Your card could be shut down, you will have to pay for items and services out of pocket and file a paper claim for reimbursement. If you don't substantiate your claims by the run-out period of March 31, 2017, you could see a deduction on your paycheck to pay back claims that are unsubstantiated.

Check out the June edition of the ARBenefits E-Newsletter for more do's and don'ts when using your WageWorks FSA card.

Do's

- ✓ Keep your 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.
- ✓ Register your account on the WageWorks website (www.wageworks.com) and check your account frequently
Why? If you have a debit card charge that needs documentation for substantiation, WageWorks will request this documentation from you. You will be able to see what charges need to be documented.
- ✓ 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'ts

- X 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 WageWorks needs to see substantiation documentation to make sure ALL charges are for FSA eligible expenses. IRS regulations for cafeteria plans **REQUIRE** substantiation of charges.*

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Employee Benefits Division
Arkansas Department of
Finance and Administration
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Little Rock, AR 72231

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ARKANSAS

We welcome your benefit questions and comments. Call Employee Benefits Division (EBD) during business hours at 501-682-9656 or toll-free at 1-877-815-1017. You may visit our website at www.arbenefits.org or send an e-mail to AskEBD@dfa.arkansas.gov



Keeping Your Information Current

It is important to keep your contact information current with EBD. That information includes your mailing address, e-mail address, and phone number.

If your address is not current, you may miss important and timely information regarding your policy which may affect your coverage. You may also have a delay in receiving insurance cards, COBRA packets and other mailed items.

A phone number that is out of date can also hamper American Health Holding's ability

to contact members regarding Case Management.

To update your contact information, please contact your agency/school district Health Insurance Representative (HIR). Your HIR will make the change in their system, and it will then update in the ARBenefits system.

For Retirees, if you need to make changes to your contact information, you can fill out the top portion of the retiree enrollment form with the changes, and fax that form to EBD at 501-682-1200.

The retiree enrollment form can be found online at www.ARBenefits.org.

EBD publishes an electronic newsletter each month that is sent to members who have provided their e-mail address. Members can include their e-mail address on enrollment forms, or they can log in to their account at www.ARBenefits.org. Once logged in, members can enter their e-mail address on the front page to receive the ARBenefits E-Newsletter.

The Buzz is an official publication of the Arkansas Department of Finance & Administration - Employee Benefits Division, for the members of the ARBenefits Plan. It shall stand as a Summary of Material Modification (SMM) to the Summary Plan Description (SPD) governing the Arkansas State and Public School Health Plan (ARBenefits).