## Welcome to the PIAG 2020 Open Enrollment Kickoff Meeting





### Jason Cline President/CEO PIAG & PIAG Insurance





### Patsy Baugus Executive Operations Manager PIAG Insurance



## What is new for 2020/2021?

- PIBT has decided to bring the PPO options back into the Trust. The new Trust self-funded plans will be called PIBT Freedom Plans
  - These plans will replace the Blue Shield products.
- The 5 plans that are being offered will closely match the old Blue Shield Plans.
- The new plans will be administered by Group & Pension Administrators (GPA)
- The plans will feature a cost containment program through ELAP Services.
- Kaiser plans are still available and will be discussed shortly
- PIAG can shop your company outside of PIBT with all the major carriers as we have your census. This option is called a Custom Plan.
- You can keep your PIBT dental, vision and life all on one bill with the custom medical if we decide to move you outside the group. Still one bill one add or termination form.



## Why did PIBT make this change?

#### Cost:

IF we had renewed, Blue Shield rates were set to increase 20 to 25%. The new Freedom Plan rates are close to the expiring Blue Shield rates. PIBT will have more control on future increases.

 Refund issued by Blue Shield will be applied to rates for the Freedom Plan.

#### **Options and Support:**

This new option will provide much more personalization, interaction, and guidance with your employees than the prior plan.

These plans will allow you, your employees and their families:

- To see the doctor of your choice
- Provides a nurse navigator to help assist the member
- Provides custom service with bills, id cards, pharmacy issues
- The employee will pay a lot less out of pocket expenses since there is no longer a separate in and out of network benefit.



## **Blue Shield Plan Conversion**



Plans Terminating 11/30/2020	Plans Beginning 12/1/2020
Blue PPO 25/500 (10/40): \$25 OV \$500/\$1,000 Ded. (10/40) 10%+\$100 Hosp., 15/30/50 \$250 RX Ded. \$3K/\$6K OOP	PIBT Freedom 25-500 \$25 OV \$500/\$1,000 Ded. 10%+\$100 Hosp., 15/30/50 \$250 RX Ded. \$3K/\$6K OOP.
Blue PPO 30/1000 (20/40): \$30 OV \$1K/\$2K Ded. (20/40), 20%+\$100 Hosp., 15/30/50 \$250 Rx Ded., \$4K/\$8K Max OOP Blue PPO 35-1000 (20/40):	<u>PIBT Freedom 35-1000</u> \$35 OV., \$1K/\$2K Ded. 20% +\$100 Hosp., RX 15/30/45 \$250 Brand Ded., <b>\$4.5K/\$9K</b> Max OOP
\$35 OV \$1K/\$2K Ded. (20/40), 20%+\$100 Hosp., 15/30/45 \$250 Rx Ded., \$5.5K/\$11K Max OOP Blue PPO 40/2500 (20/40): \$40 OV \$2.5K/\$5K Ded. (20/40), 20%+\$100 Hosp., 15/30/45 \$250	PIBT Freedom 40-2500 \$40 OV \$2.5K/\$5K Ded., 20%+\$100 Hosp., 15/30/45 \$250 Rx Ded.,
Rx Ded., \$6K/\$12K Max OOP	\$6K/\$12K Max OOP <u>NEW PLAN : PIBT Freedom 45-4000</u> \$45 OV, \$4K/\$8K Ded., 30%+\$100 Hosp., RX 15/20/50% \$250 RX Ded.
Blue HSA Savings 5500:	\$7K/\$14K Max OOP <u>PIBT Freedom 5500</u>

\$5.5K/\$11K Ded. (20/50) 20%+\$100 Hosp., 15/30/50% to \$100/ 30% to \$200 \$6,650/\$13,300 Max OOP \$5.5K/\$11K Ded., 20%+\$100 Hosp., RX 15/30/50% to \$100 /30% to \$200, \$6,650/\$13,300 Max OOP

## How the PIBT Freedom Plans are better/different



 ✓ Your payroll deductions are now lower by not taking the increase from Blue Shield

✓ No separate in/out of network deductible and out of pocket max.

✓ All doctors are available on this plan

- Services include Hospital, ER, Outpatient Surgery, Labs, Diagnostic
- Every bill is reviewed by ELAP to catch overcharging
- Provide individual assistance if you receive a balance bill

## Who is GPA?

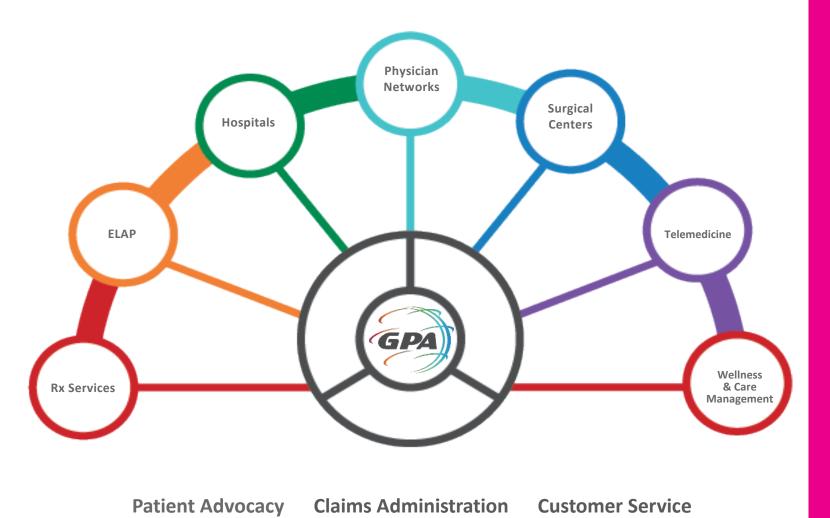
GPA is a national health plan administrator that that will be administering the new PIBT Freedom Plans

They provide support to:

- Be your advocate for any issues that may arise
- Explain benefits
- Make sure claims are paid timely
- Assist with claims questions



## **GPA is the HUB!**





## **Nurse Navigator**

#### Your Personal Healthcare Concierge that will:

- Provide guidance & education
  - Obtain medical records for appointments
  - Locate provider options for medical services
    - Schedule appointments
- Assist with health plan benefits and more!

Call: 800-827-7223 Or 972-238-7900



## **GPA Member Services**

Call: 800-827-7223

Or 972-238-7900

Email: memberservices@gpatpa.com

**Bi-Lingual language support provided** 

Hours: Mon-Thurs: 8am – 10pm EST Friday: 8am – 8pm EST

Average time for answer: 45 seconds

Member Services Professionals are knowledgeable about the PIBT plans

You now have the option to call PIBT or GPA for customer service



### GPA Member Portal, Mobile App & Communications

Catalog of resources available via the GPA member portal and mobile app, including: Employees can view their medical claims Ability to access ID Card Helpful hints and support videos for balance bills

Integrated messaging directly with ELAP

#### **OPEN ENROLLMENT** 2020 KICKOFF MEETING



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## TelaDoc: Enhances your Primary Care Experience

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away

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#### SET UP YOUR

Set up your account by phone (toll-free) web, mobile app or by texting **"Get Started"** to **469-844-5637** 

#### Online: Go to Teladoc.com and click "set up account".

Download the app and click **"Activate account"**. Visit teladoc.com/mobile app to download the app.

Mobile app:

#### **Call Teladoc:** Teladoc can help you

register your account over the phone.

2	

#### PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

#### **REQUEST A CONSULT**

3

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app

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#### Call: 1-800-TELADOC or Visit: www.Teladoc.com

## Who is ELAP?

- Provides claim review and audit
  - Handles all Balance Bill issues





Member receives care

ELAP will review claim to check for errors & charges above plan's limits GPA sends an adjusted payment to the provider

**GPA** 

Pays Provider

#### If you have a question about the status of your claim, you may contact the Balance Bill Response Team any time:

Phone: 1-800-977-7381 Email: <u>blancebills@elapservices.com</u> Hours: 9am – 8pm EST



## **Balance Bills**

Make sure your EXPLANATION OF BENEFITS (EOB)...

#### Health Benefits Plan EBBB Amount you owe: \$50



...Matches the bill from your

provider

From your health plan (this is not a bill) From the Provider

If you have a question about the status of your claim, you may contact the Balance Bill Response Team :

Phone: 1-800-977-7381 Email: <u>balancebills@elapservices.com</u> Hours : 9am – 8pm EST

*If your EOB and Bill do not match, it is important to send every non-matching bill you receive to ELAP!* 



## PIBT Freedom Plan Pharmacy Benefits

- Allows 90-day prescriptions for maintenance medications to be filled at local pharmacies
- PIBT Freedom Plan prescription drug benefits are administered by Magellan Rx Management.
- The formulary we will be using is the Magellan Standard Formulary
- Present your medical ID card when picking up prescriptions.
- For subscribers currently in the PIBT Blue Shield Plans, you will not have to go through step-therapy again
- You will need to get new paper script if you are using mail order.
- If you have questions about your prescription drug coverage, contact PIBT or GPA.



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#### What Doctors & Facilities Can You see?

- Virtually all healthcare providers accept this plan
  - Plans use the PHCS Practitioner & Ancillary network
  - You are not restricted to this network
- If you are looking for a new doctor
  - To select a doctor from the network go to <u>www.multiplan.com</u> There will be a flyer to provide additional information.
- There is no Facility network
  - You may go to virtually any facility you choose
  - They will need to contact GPA to confirm your coverage.
- If you know the doctor you want to see is out-of-network
  - Bring your ID card and the Practitioner Guidance Flyer with you

#### Nurse Navigator is always available to help you!

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## **GPA Practitioner Guide:**

The full GPA Practitioner Guide can be found on the portal to provide to your Doctor.



#### **GPA PRACTITIONER GUIDANCE:** PROVIDING CARE AND PROCESSING CLAIMS FOR GPA MEMBERS

#### Q: My patient says they have health benefits with GPA. Who is GPA?

A: GPA is a national third-party administrator, administering your patient's group health plan. The employer or patient's group health plan sponsor is Printing Industries Benefit Trust (PIBT).

#### Q: What network does this health plan use?

A: Members of Printing Industries Benefit Trust (PIBT)'s Health Plan access care using the PHCS Practitioner Plus Ancillary network, a MultiPlan network. The network is PHCS Practitioner & Ancillary Only network. Multiplan.com | 877.952.7427.

#### Q: My practice does not participate with this network. What now?

A: Unlike most group health plans, Printing Industries Benefit Trust (PIBT) Health Plan members pay the same copays for out-of-network care as if they sought treatment from network-participating practitioners. Please collect only the appropriate out-of-pocket amount from the member as indicated on their benefit summary and contact GPA Member Services for any questions at 800.827.7223.

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## Accessing Care AFTER December 1st

Question	Answer
What should I communicate to my doctor, and/or pharmacy?	Notify your providers office that your insurance has changed and they will ask for your new ID card and information. Please direct them to call or email GPA 800-827-7223 with questions <u>memberservices@gpatpa.com</u> . You may also contact PIBT
What if I haven't received my ID card by December 1 <sup>st</sup> ?	You can still visit the doctor/pharmacy and they will verify eligibility by calling GPA or PIBT. You can also provide the temporary member ID letter, print out an ID card on <a href="https://www.gpatpa.com">www.gpatpa.com</a> or access a virtual ID card on the GPA Mobile app. PIBT will also have access to this information.
Do I need to request a new prescription if I have remaining refills at the pharmacy?	Generally no. Give your pharmacy your new ID card.
How do I transfer my mail order prescriptions?	Call GPA after December 1 <sup>st</sup> , or get the mail order form from the PIBT website. You will need a new prescription from your doctor.
What happens if I am in the middle of treatment/procedure?	The Transition of Care form will be on PIBT's website. Send the completed form to GPA. A Nurse Navigator will reach out to you and help you transition to the new plans.

## **Transition of Care Form:**

The full Transition of Care Form can be found on the portal to provide to your Doctor.



Group & Pension Administrators, Inc.

Park Central 8, 12770 Merit Dr. Suite 200, Dallas, Texas 75251 + 800-827-7223 + https://www.gpatpa.com/healthwatch.php

#### TRANSITION OF CARE REQUEST FORM

**Instructions:** Utilize this form to provide notification to GPA HealthWatch of any members with ongoing care such as scheduled procedures during time of transition to new medical plan or current enrolled in HealthWatch Programs. Each member will require completion of a separate form and the Medical Release Form.

Patient Information:	
Name (First and Last):	
Employer Group Name:	
Other ID Number:	
Date of Birth (DOB):	
Employee:	
Name (First and Last):	
Other ID Number:	
Date of Birth (DOB):	
Treating Provider:	
Name (First and Last):	

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## **New PIBT Freedom ID Cards:**

All Blue Shield participants moving to the new PIBT Freedom plans will receive New ID Cards.

ID card(s) will be mailed to your home. Prior to receiving your ID card, you can print out on <u>www.gpatpa.com</u> or access via GPA Mobile app. PIBT will also have access to your id card.

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## **Kaiser Permanente**



## No benefit changes to Kaiser plansSee yearbook for rate changes

## Life, Vision and Dental







## No benefit changes Possible rate change if employee moves to a different age bracket





## No benefit or rate change for VSP.

 Eyemed had small increase no benefit changes.

## Delta Dental, Cigna & Humana



# Delta Dental & Cigna: No changes Humana: small rate change – see yearbook

## MHN : Employee Assistance Program Benefits



## **MHN: EAP Benefit**



- Employers can elect to purchase for employees
  - 5.37 per employee (paid by employer)
- Offers many types of services such as:
  - Personal Wellness Coaching
  - Online wills and trust prep
  - Financial Consulting
  - Identity Theft Assistance
  - Dependent Care Assistance
  - Referral Options
    - I.E. : pet care, home contractors and travel arrangements

€ (800) 449-4898 SonlineHelpDesk@pibt.org	<b>OPEN ENROLLMENT</b> 2020 KICKOFF MEETING
Home About Us Forms & Documents Resources FAQ Contact Us	
	Cologo Insurance
	V(800) 449-4898       ContineHelpDesk@pibt.org         Home       About Us       Forms & Documents       Resources       FAQ       Contact Us

## **Employee Update Form**

Company Name:

Company ID #:

PIBT Employee ID #:

EMPLOYEE COVERAGE UPDATE

5800 S. Eastern Ave., Suite 400 • Los Angeles, CA 90040 • License #074742

Phone: (323) 728-9500 • Outside Southern Cal: (800) 449-4898 Email: pibt@piasc.org • Fax: (323) 215-1796 • Web: www.pibt.org

- Use this form to cancel coverage for employee
- and/or their dependents
  Provide the information in sections 1 5
- Employee and Employer signature is required in section 6

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05																
SECTION 1. EMPLOYEE INFORMA Last Name:						First Name: M.I.:						M.I.:	Hours worked per week:			
Social Security #:						Email:										
	ne Addres Ide ST, AVE, C		)								City:					
Sta	te:	Zip:				Home Ph	one #	:			Mob	ile #:				
SE	CTION 2.	COVER	AGE E	END D	DATE	:										
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SE	CTION 3.		AGE T			OPPED:	(che								j	
	All Cover	age		Medi	cal			Denta	al	Οv	/ision		) Me	ental He	∋alth	
	Basic Gro	oup Life		Volur	ntary	Term Life										
SE	CTION 4.	DROP C	OVEF	RAGE	FO	र:										
Employee and dependents (if any)					Child Only Name:											
Spouse/Domestic Partner only							Child	Only	Name	Jame:						
	Spouse/D	omestic F	Partner	and c	:hild(r	en) only		Child	Only Name:							
	All childre	n only				Child Only Name:										
	CTION 5.															
No	n-COBRA	or State	e cont	tinuat	ion (	coverage	e qua	lifying	l eve	nts list	ed be	elow:				
	Covered group	under and	other			Death of Dependent Unable to pay pre										
CO	BRA or S	tate cor	tinua	tion c	ove	rage qua	lifyin	ıg evei	nts li	sted be	elow:					
	Employee Medicare	e's Enrolln	nent in		Ov	verage De	pende	ent		Divorc on:	ed Fir	nalized		Legal on:	Separati	on
SE	CTION 6.	SIGNAT	URE:	(Rea	uired	)										
The cove Enro	available co erage. By re ollment perio rect as indica	overage ha fusing cov od or qualif	s been erage I ying ev	explair acknov ent per	ned to vledge iod. A	me by my e that my d dditionally	epend by sig	ents and gning be	d I may	/ have to	wait to	be enro	lled ur	ntil the n	ext Open	
Employee Signature:								Date:								
	horized Co presentativ		re:										Date	e:		
		-														

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Print Name:

GA Rev. 05/2019

Title:

## **Employee Termination Form**



Email: pibt@piasc.org • Fax: (323) 215-1796 • Web: www.pibt.org	
	EMPLOYEE TERMINATION NOTICE
Use this form if for an employee who is or became	Company Name:
<ul> <li>ineligible for coverages.</li> <li>Sections 1 – 4 are required to be completed by an</li> </ul>	Company ID #:
Authorized Company Representative.	PIBT Employee ID #:

REPORT ALL TERMINATIONS WITHIN 30 DAYS FROM EMPLOYMENT TERMINATION DATE.

SECTION 1. EMPLOYEE INFORMATION:											
Last Name:		First Name:							M.I.:		
Social Security #: Email:											
Home Address:						City:					
State:	Zip:	Home Pho	ne #:			Mobile #:	¥:				
SECTION 2. CO	OVERAGE TERMINAT	ION DATE:									
Enter the last	Enter the last date of employment: The coverage termination date is effective at the end the month in which employment ended.							e at the end of			
SECTION 3. R	EASON FOR TERMIN	ATION: (COBF	RA OR STATE C	CONT	INUATIO	N COVERAG	GE QUA	ALIFYII	NG EVEN	T)	
Select one:	Uoluntary	lnvol	untary		Reduc	tion of Ho	ours		<b>Death</b> Date:	of Employee	
SECTION 4. AU	JTHORIZED COMPAN	NY SIGNATUR	RE: (Required)								
No retroactive terminations are allowed. This is a change implemented by carrier's requirement. If the employee is re-hired within 30 days from termination date, group health benefits will be reinstated without the waiting period applied and without lapse in coverage. If the employee is re-hired after 30 days from the termination date the company's waiting period will apply, there will be a lapse in coverage and new enrollment forms must be submitted.											
Authorized Company Representative Signature: (Required)							Date	:			
Print Name:							Title:				

PIBT will send out all required notices of COBRA. Employers will not be responsible for collection of premiums. For additional questions regarding COBRA contact PIBT Customer Service at 800.449.4898

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Employment Termination Rev. 05/2019

## **Next Steps:**

- Time to make a decision!
  - Do you want to renew with PIBT?
    - If not, PIAG will shop your coverage with other local carriers.
    - Please contact Patsy at <u>patsyb@piag.org</u> to let her know to shop your company with other carriers.
  - If renewing with PIBT the Plan Effective Date will be 12/1/20
  - Complete your Participation Agreement in PIBT portal or send in paper copy to <u>pibt@piasc.org</u>
  - Once the PA has been processed you can pull your custom enrollment form with all your new plans.
- PIAG staff can provide virtual enrollment meeting with your staff, if requested.
- Changes with a 12/1 start date will need to be submitted by 11/20.
  - Changes with a 1/1 start date will need to be submitted by 12/20.

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## TASC

- Flexible Spending Account Option
  - Employers save money when employees elect the FSA pre-tax as it reduces your FICA.
  - Employees can increase take home pay by reducing taxable income.
  - For more info see yearbook



## 

PIAG Insurance is still partnering with AFLAC to offer extensive voluntary benefits. Our rep also sells individual life products. For more information contact Patsy



### Custom Quotes (Outside of PIBT)

## aetna Anthem.







It's said that you protect what's important to you, so what are you insuring?



Group Health Gro

Group Dental Group Vision

Group Disability



get a FREE quote on insurance at www.piaginsurance.com

Home

Renters

Medicare

Personal Auto

Individual Life

Personal Umbrella

call us today at (770) 433-3050



## Thank you!

For questions:

**Patsy Baugus** 

patsyb@piag.org

678.816.1161

