GTCMHIC Website Overview and Portal Submission Training

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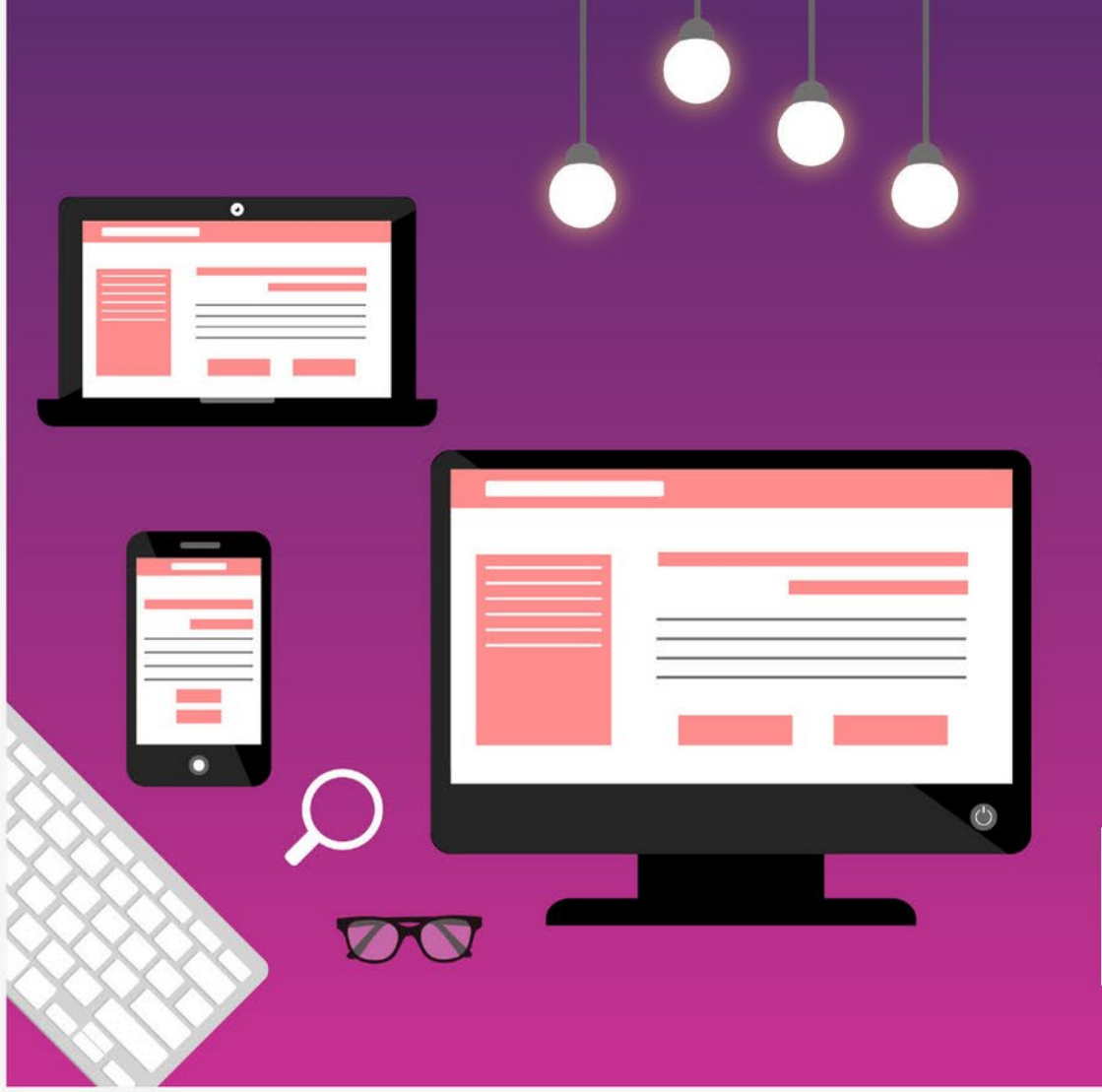
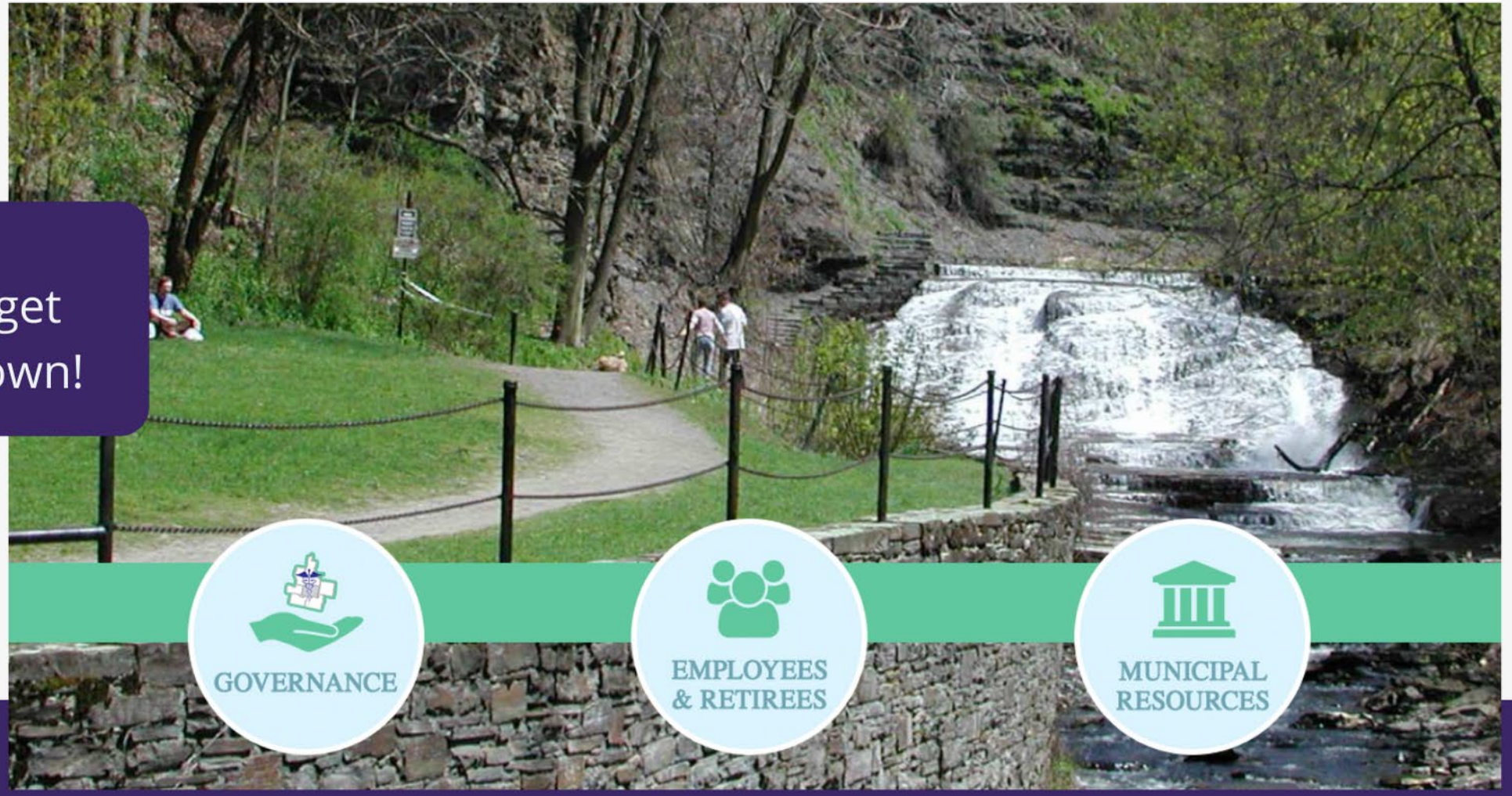
GTCMHIC Benefits Specialist

www.healthconsortium.net

Covered Topics

- Website Homepage
- Access Agendas/Minutes of all Committee Meetings
- Access Municipality Benefit Summaries
- Access the Municipality's Enrollment/Plan Change form
- How to submit plan changes to the Consortium (if a municipality is not doing direct Excellus submissions)
- Other Website Tools
- Access the Wellness Program- updated monthly (emailed monthly)
- Access the newsletter (emailed quarterly)





Tip:
Don't forget
to scroll down!

www.healthconsortium.net

Committee Meetings/ Agendas

1. To find previous Committee meeting minutes or upcoming agendas click on the Goverance Tab

2. To find upcoming meeting dates and times scroll down while on the home page. See the Calendar of Events.

3. Zoom links to meetings are emailed. If you need a link sent email consortium@tompkins-co.org

Where do I find Benefit Summaries?

Under the Employee/Retiree Tab You will find Plan Information By Municipality by just hovering over the tab.

Once on the 2021 Benefit Summaries by Municipality you scroll down until you find your location and click the name. It will list all plans where you can click to obtain Benefit Summaries.

City of Cortland Plan Information

Benefit Summary	Summary of Benefits & Coverage	Prescription Plan*
Classic Blue	Classic Blue	$ 10/25/40 Retail $ 20/50/80 Mail
Platinum Plan	Platinum Plan	$ 5/35/70 Retail $10/70/140 Mail

* Prescription Plan is linked to Drug Formulary.

* To view Participating Providers and your subscriber information please sign on to your Excellus account

Once you are clicked into your municipality you will see Benefit Summaries and Summary of Benefits, which are not the same.

Excellus

Excellus BluePPO Signature Copay 1

Platinum Plan

01/01/2021 - 12/31/2021

GREATER TOMPKINS CO. MUNICIPAL HLTH INS CONS

General Information

Cost Sharing Expenses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Deductible - Single	$0	$500	
Deductible - Family	$0	$1,500	Each individual does not exceed the single deductible.
Coinsurance	0%	20%	
Annual Out of Pocket Maximum - Single	$2,000	$3,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.
Annual Out of Pocket Maximum - Family	$6,000	$9,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.

Office Visit Cost Shares

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cost Share - Primary Care	$15 Copayment	20% Coinsurance Subject to Deductible	
Cost Share - Specialist	$25 Copayment	20% Coinsurance Subject to Deductible	

Benefit Summary

Is an overall summary of benefits, such as deductible, maximum out of pocket (MOOP), co-pays, etc.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Excellus BCBS: Excellus BluePPO Signature Copay 1

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PLATINUM PLAN

GREATER TOMPKINS CO. MUNICIPAL HLTH INS CONS

Coverage Period: 01/01/2021 - 12/31/2021

Coverage for: Family | **Plan Type:** PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-499-1275 or visit Our website at www.excellusbcbs.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.cciio.cms.gov or www.healthcare.gov/sbc-glossary or call 1-800-499-1275 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Out-of-Network: $500 Individual/$1,000 Two Person/$1,500 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes, Preventive Care	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network: $2,000 Individual/$4,000 Two Person/$6,000 Family; Out-of-Network: $3,000 Individual/$6,000 Two Person/ $9,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Costs for premiums, balance billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.

Summary of Benefits

Gives your answers to important questions such as what is not included in the out of pocket limit?

Enrollment Forms

If you submit directly through Excellus or you submit through the Consortium Portal you still need to know where to find your current enrollment forms.

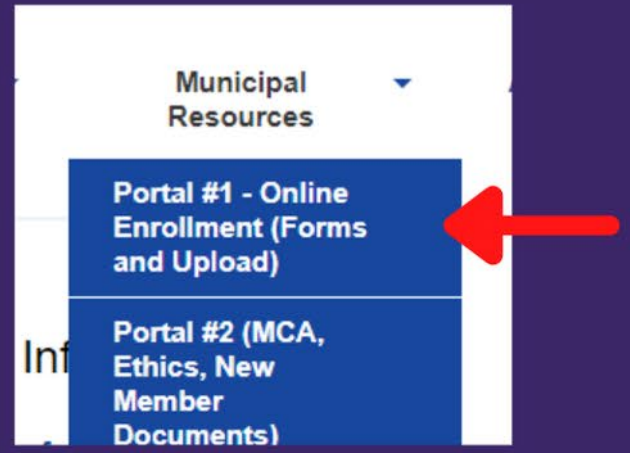
The following slides will walk you through where to find your enrollment forms that then can be printed. **Enrollment forms are used for plan changes/updates as well.**

We will also briefly discuss areas that must be completed on an enrollment form for a new hire.

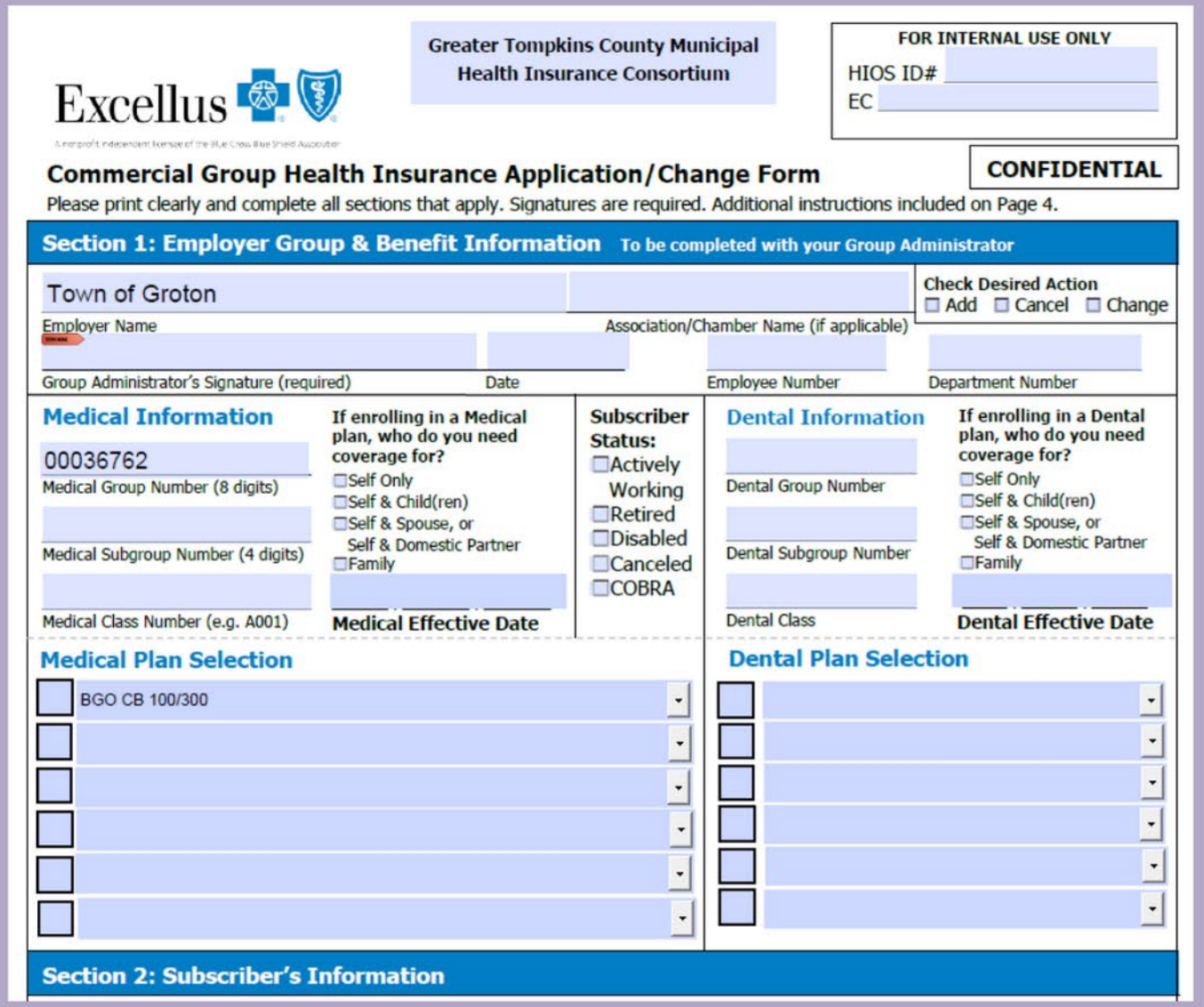
Enrollment Form

Hover over the Municipal Resources and click on Portal #1

ENROLLMENT DELEGATED TO CONSORTIUM: (FORMS LINKED TO MUNICIPALITY)	MUNICIPALITIES RESPONSIBLE FOR ENROLLMENT:
Town of Aurelius	Seneca County
Town of Caroline	Tompkins County TC3
Town of Catharine	City of Cortland



Scroll down until you find your Municipality and click on it.



Excellus

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Greater Tompkins County Municipal Health Insurance Consortium

FOR INTERNAL USE ONLY
HIOS ID#
EC

Commercial Group Health Insurance Application/Change Form

CONFIDENTIAL

Please print clearly and complete all sections that apply. Signatures are required. Additional instructions included on Page 4.

Section 1: Employer Group & Benefit Information To be completed with your Group Administrator

Town of Groton
Employer Name

Association/Chamber Name (if applicable)

Check Desired Action
☐ Add ☐ Cancel ☐ Change

Group Administrator's Signature (required)

Date

Employee Number

Department Number

Medical Information

00036762
Medical Group Number (8 digits)

Medical Subgroup Number (4 digits)

Medical Class Number (e.g. A001)

If enrolling in a Medical plan, who do you need coverage for?
☐ Self Only
☐ Self & Child(ren)
☐ Self & Spouse, or Self & Domestic Partner
☐ Family

Medical Effective Date

Subscriber Status:
☐ Actively Working
☐ Retired
☐ Disabled
☐ Canceled
☐ COBRA

Dental Information

Dental Group Number

Dental Subgroup Number

Dental Class

If enrolling in a Dental plan, who do you need coverage for?
☐ Self Only
☐ Self & Child(ren)
☐ Self & Spouse, or Self & Domestic Partner
☐ Family

Dental Effective Date

Medical Plan Selection

☐ BGO CB 100/300

Dental Plan Selection

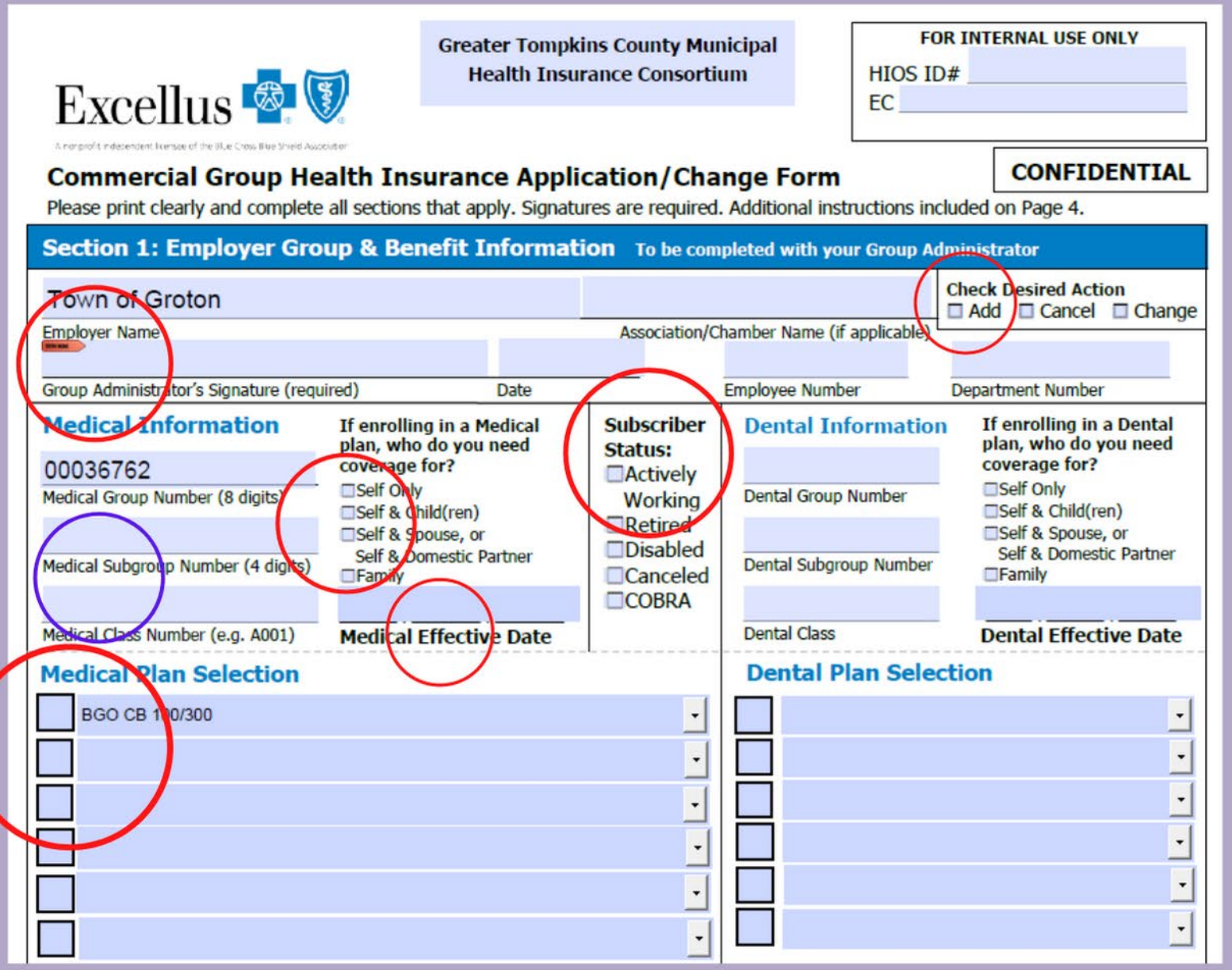
Section 2: Subscriber's Information

The enrollment form will show the group number and plans currently available under your municipality.

Please complete as much as the form as possible. Incomplete forms can slow down the enrollment process.

Let's briefly review how to complete an enrollment form for a new hire.

New Hire Form



Excellus

Greater Tompkins County Municipal Health Insurance Consortium

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Employer Name

Check Desired Action
☐ Add ☐ Cancel ☐ Change

Association/Chamber Name (if applicable)

Group Administrator's Signature (required)

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☐ Self & Spouse, or Self & Domestic Partner
☐ Family

Medical Effective Date

Subscriber Status:
☐ Actively Working
☐ Retired
☐ Disabled
☐ Canceled
☐ COBRA

Dental Information

Dental Group Number

Dental Subgroup Number

Dental Class

If enrolling in a Dental plan, who do you need coverage for?
☐ Self Only
☐ Self & Child(ren)
☐ Self & Spouse, or Self & Domestic Partner
☐ Family

Dental Effective Date

Medical Plan Selection

☐ BGO CB 100/300

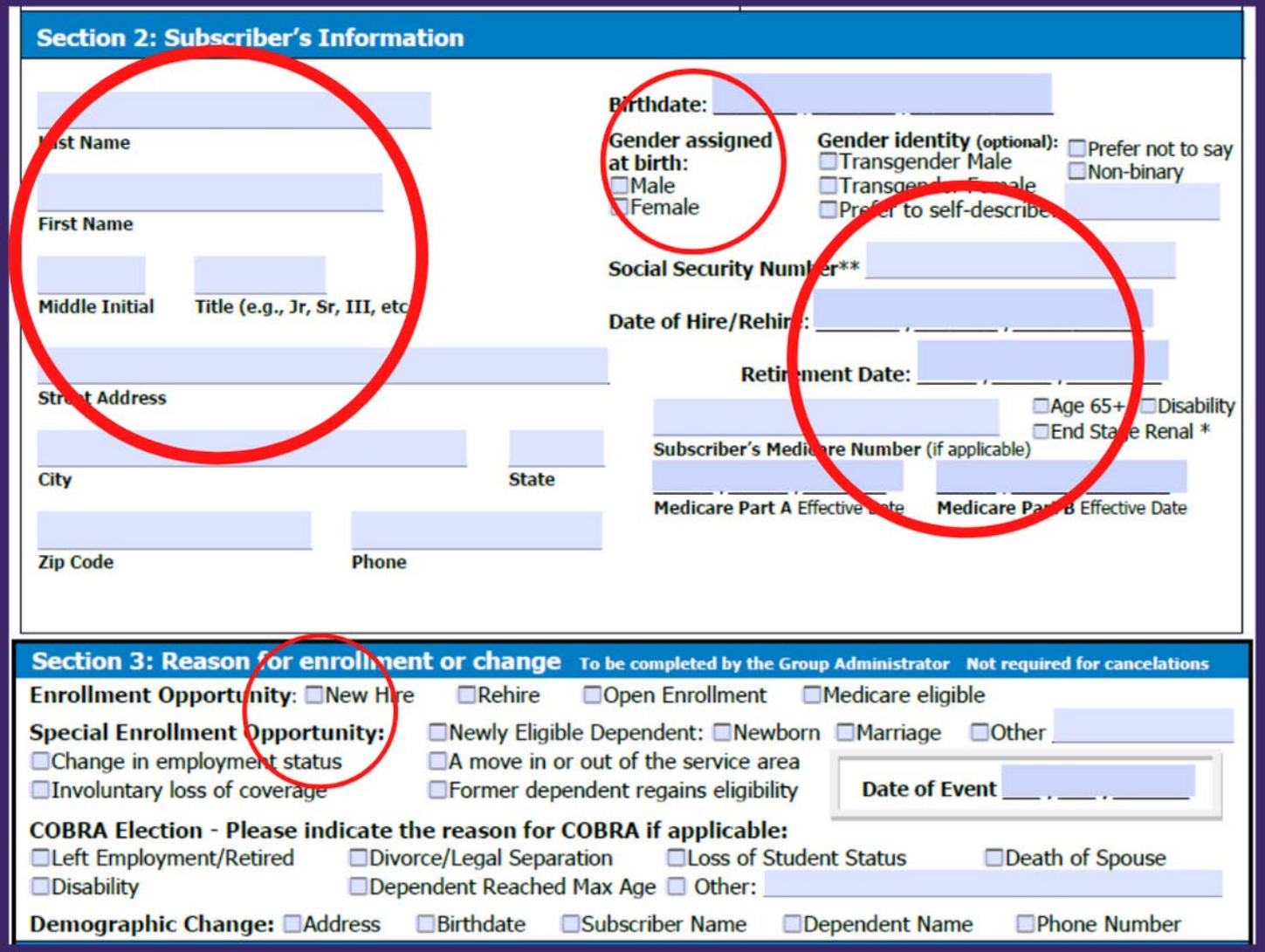
Dental Plan Selection

All the areas circled in red need to be completed.

The subgroup circled in blue is not required but helpful if your municipality offers multiple plans.

Let's review the remainder of the application.

New Hire Form



Section 2: Subscriber's Information

Last Name

First Name

Middle Initial

Title (e.g., Jr, Sr, III, etc

Street Address

City

State

Zip Code

Phone

Birthdate: ___/___/___

Gender assigned at birth:
☐Male
☐Female

Gender identity (optional):
☐Transgender Male
☐Transgender Female
☐Prefer to self-describe
☐Prefer not to say
☐Non-binary

Social Security Number**

Date of Hire/Rehire: ___/___/___

Retirement Date: ___/___/___

☐Age 65+ ☐Disability
☐End Stage Renal *

Subscriber's Medicare Number (if applicable)

___/___/___ Medicare Part A Effective Date

___/___/___ Medicare Part B Effective Date

Section 3: Reason for enrollment or change To be completed by the Group Administrator Not required for cancelations

Enrollment Opportunity: ☐New Hire ☐Rehire ☐Open Enrollment ☐Medicare eligible

Special Enrollment Opportunity: ☐Newly Eligible Dependent: ☐Newborn ☐Marriage ☐Other

☐Change in employment status
☐Involuntary loss of coverage
☐A move in or out of the service area
☐Former dependent regains eligibility

Date of Event ___/___/___

COBRA Election - Please indicate the reason for COBRA if applicable:

☐Left Employment/Retired ☐Divorce/Legal Separation ☐Loss of Student Status ☐Death of Spouse
☐Disability ☐Dependent Reached Max Age ☐Other:

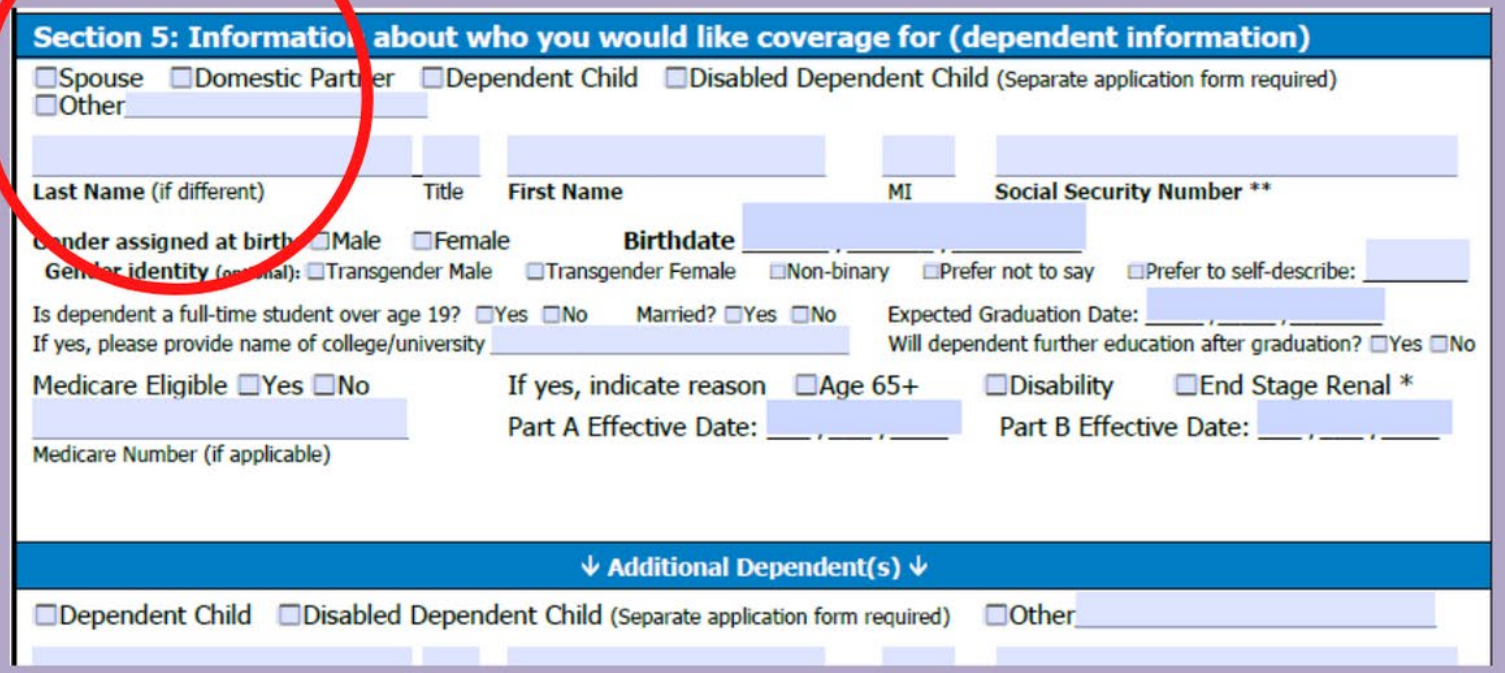
Demographic Change: ☐Address ☐Birthdate ☐Subscriber Name ☐Dependent Name ☐Phone Number

All of **section 2** will need to be completed. The Consortium leaves it up to each Benefit Clerk to collection proof of DOB, etc.

The Consortium only needs the enrollment form to complete enrollment not the supporting documentation.

Section 3 don't forget to mark New Hire. There are other boxes you may use here but for today we are only reviewing a new hire/new subscriber enrollee.

New Hire Form



Section 5: Information about who you would like coverage for (dependent information)

☐Spouse ☐Domestic Partner ☐Dependent Child ☐Disabled Dependent Child (Separate application form required)
☐Other

Last Name (if different) | Title | First Name | MI | Social Security Number **

Gender assigned at birth ☐Male ☐Female Birthdate

Gender identity (optional): ☐Transgender Male ☐Transgender Female ☐Non-binary ☐Prefer not to say ☐Prefer to self-describe:

Is dependent a full-time student over age 19? ☐Yes ☐No Married? ☐Yes ☐No Expected Graduation Date:
If yes, please provide name of college/university Will dependent further education after graduation? ☐Yes ☐No

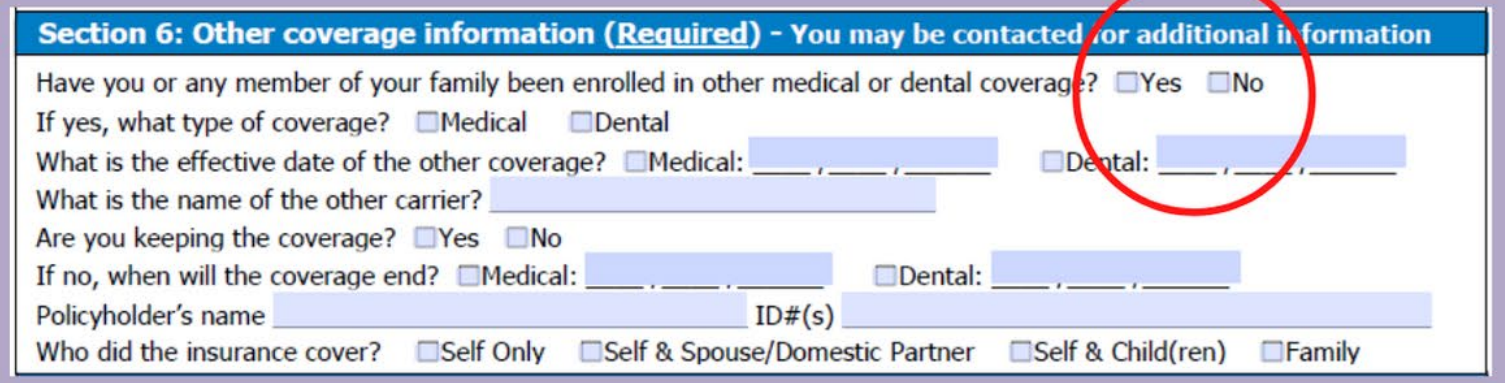
Medicare Eligible ☐Yes ☐No If yes, indicate reason ☐Age 65+ ☐Disability ☐End Stage Renal *
Part A Effective Date: Part B Effective Date:
Medicare Number (if applicable)

↓ Additional Dependent(s) ↓

☐Dependent Child ☐Disabled Dependent Child (Separate application form required) ☐Other

Section 5 is where you would enter a spouse, domestic partner, and/or dependents.

Dependents must be under the age of 26 and direct children, step-children, adopted children, or domestic partner dependents of the subscriber in order to qualify for coverage.



Section 6: Other coverage information (Required) - You may be contacted for additional information

Have you or any member of your family been enrolled in other medical or dental coverage? ☐Yes ☐No
If yes, what type of coverage? ☐Medical ☐Dental
What is the effective date of the other coverage? ☐Medical: ☐Dental:
What is the name of the other carrier?
Are you keeping the coverage? ☐Yes ☐No
If no, when will the coverage end? ☐Medical: ☐Dental:
Policyholder's name ID#(s)
Who did the insurance cover? ☐Self Only ☐Self & Spouse/Domestic Partner ☐Self & Child(ren) ☐Family

Section 6 only needs to be completed if there is additional coverage the member is already enrolled in and they are keeping. This assists with the coordination of benefits.

New Hire Form

Section 7: Release - You must sign and date this form to be eligible for health insurance

I acknowledge and agree that by signing this enrollment form and subsequently accepting services, I and everyone else who is covered under the contract you issue is bound by the terms and conditions of the contract applicable to my coverage. This includes, without limitation, the terms and conditions regarding the receipt and release of medical records and information. I make this acknowledgment and agreement on behalf of myself and each other person who accepts coverage under the terms of the contract applicable to my coverage (who may include, for example my spouse and my eligible family dependents).

I hereby accept responsibility for payment of any portion of the premium.
I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.
Pediatric dental is an essential health benefit mandated by the ACA. If your employer group does not provide pediatric dental coverage through this Excellus BCBS plan, you agree to enroll in the dental plan offered to you by your employer.

EXCLUSIVE PROVIDER ORGANIZATION (EPO) I understand that if I elect Exclusive Provider Organization (EPO) coverage, except in an emergency, all care must be provided by medical providers who participate with the EPO and I will not receive benefits for care that I receive from providers who do not participate with the EPO.

PREFERRED PROVIDER ORGANIZATION (PPO) I understand that the Preferred Provider Organization (PPO) coverage is comprised of an in-network benefit that is dependent on the utilization of medical providers who participate with the PPO and out-of-network benefit that provides coverage for services of medical providers who do not participate with the PPO. I understand that the in-network benefit provides the highest level of coverage under the plan.

I have thoroughly read, understand and agree to comply with the terms of the release in this section.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

Subscriber Signature _____ **Date** _____

Please return to P.O. Box 21146 Eagan, MN 55121-0146
If you have questions, please contact your Group Administrator. Or, visit us at: ExcellusBCBS.com

Section 7 the application must be signed and dated by the new employee/new subscriber to be processed.

Steps for submitting in the Consortium Portal

1

Scan the completed enrollment application and save it to your computer in PDF format.

2

Log into the portal from the Consortium website. As shown in coming slides.

3

Complete the form requesting your Benefit Clerk information. Upload the Enrollment Form PDF.

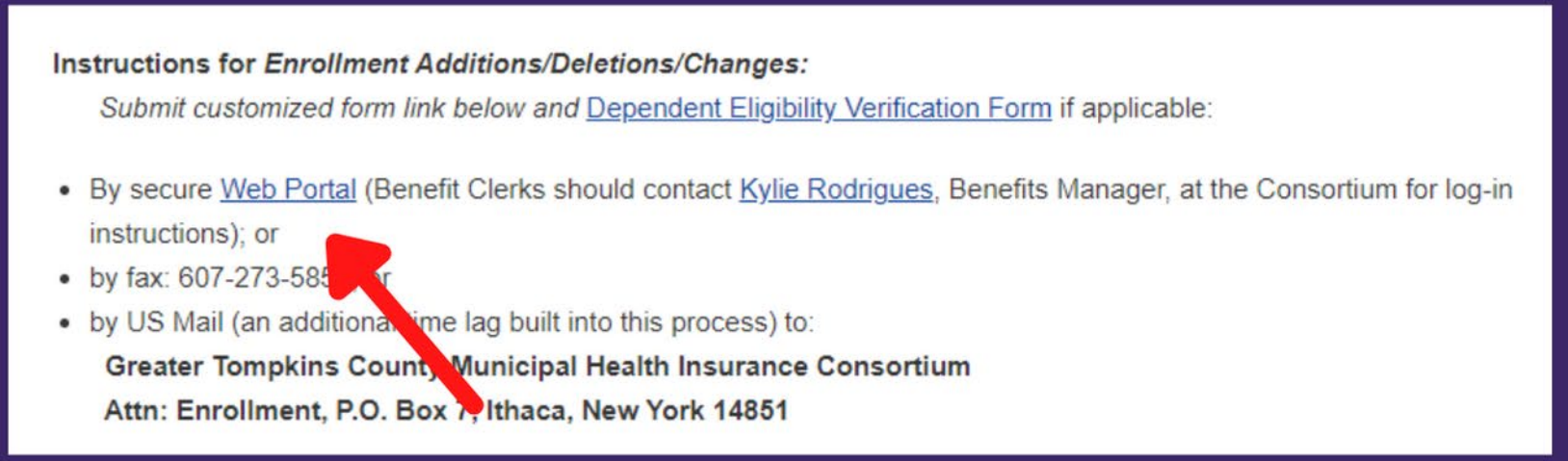
4

Hit submit and the information is directly sent to the Benefits Specialist at the Consortium to process. You will receive a confirmation of submission within 3 business days via email.

Consortium Portal

The following municipalities would use the Consortium Portal: Towns of Aurelius, Catharine, Caroline, Cincinnatus, Cuyler, Danby, Dix, Enfield, Hector, Homer, Horseheads, Marathon, Mentz, Montezuma, Moravia, Newfield, Niles, Owasco, Preble, Scipio, Sennett, Springport, Spencer, Tioga, Truxton, Virgil, Willet and Villages of Dryden, Freeville, Homer, Horseheads, Lansing, Union Springs, Watkins Glen, and Lansing Community Library.

Hover over Municipal Resources and click on Portal #1



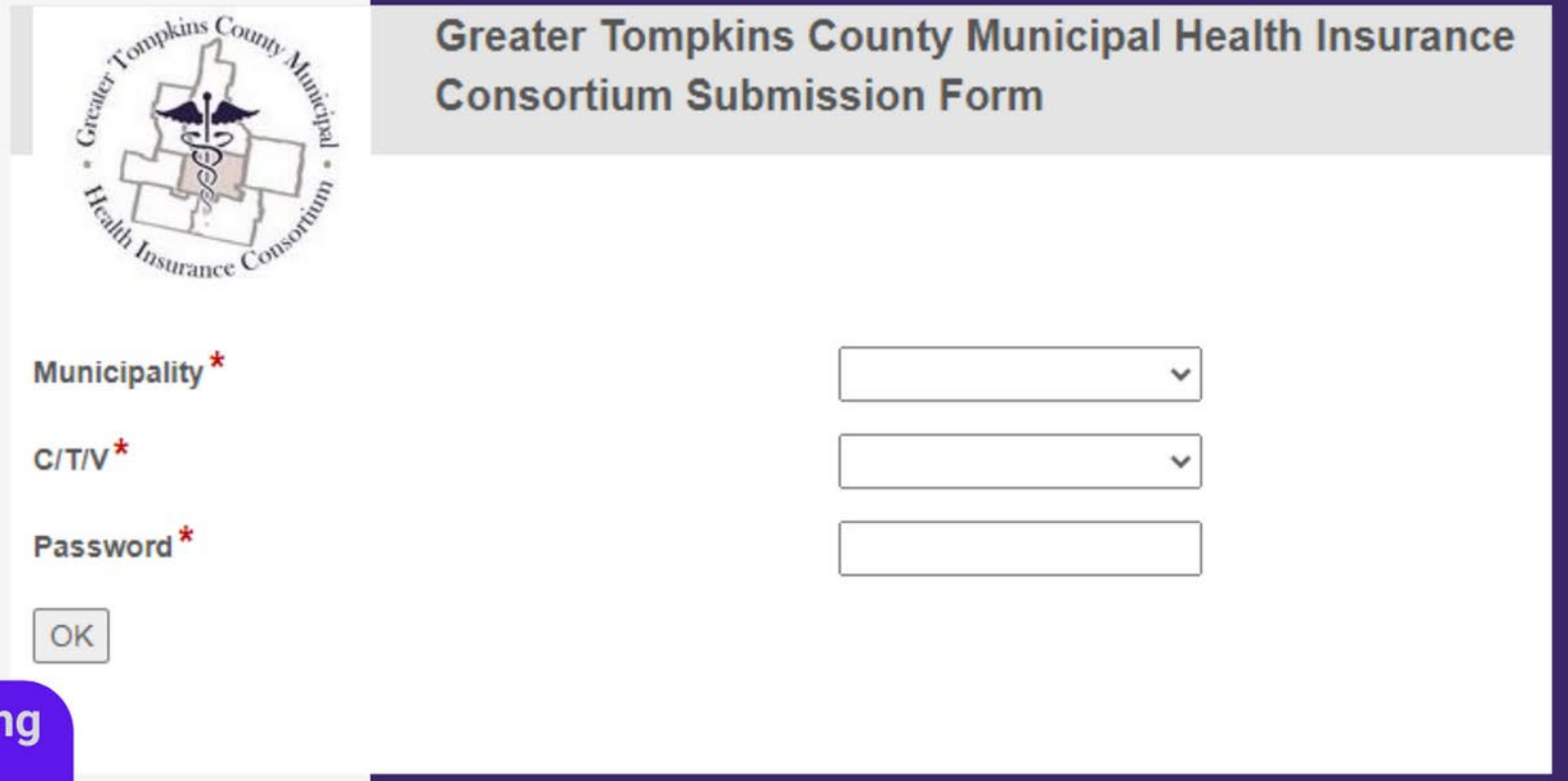
Scroll down until you find Online Enrollment. There you will find a link to the Consortium secure web portal.

Consortium Portal

Here you will select your municipality from the drop down menu.
Select C/T/V-City/Town/Village from the drop down menu.
Enter the password and select OK.

Note:
The Password is always
I15G2o!8

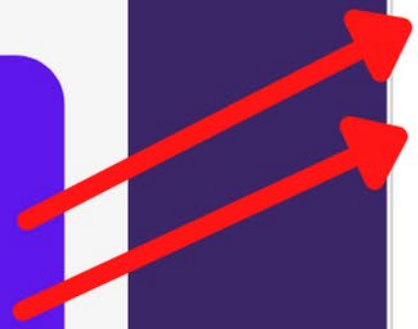
That's a capital "i" in the beginning not a lower case "l"



Consortium Portal

Once logged in you will complete the following form. Do not hit submit until you have uploaded the enrollment form.

These two areas must be completed and answered yes in order to submit the enrollment request.



Municipality* Caroline

C/T/V* Town of

Submitter Email Contact Info

Submitter Name

Email

Confirm Email

Phone Number

Date

Reason for Submission

Employee Information

First Name

Last Name

Effective Date

Upload Enrollment Form* Upload

Have you signed the Enrollment form and included an effective date?*

Have you completed a Member Verification form and filed it with your employee records?*

Information will be uploaded to Excellus within three days of receipt of information.

Email

Other Website Tools

Hover over Municipal Resources and you will find a list of tools available for Benefit Clerks.

The 4th section down is Premium Rates by Participant. This is where you can find the full rate for all plans for your municipality.

When submitting to the Consortium Portal you will find the Member Eligibility Verification Form here. These are completed and filed in your employee record.

Benefit Plans and Optional Programs has overview information on the Metal Level plans, CSEA Dental, and more!

This is also where you can find the Excellus Administrator's Guide that walks you through direct enrollment entry in Excellus (not every municipality does this).

Wellness Program Information

Every month we email out Wellness information and offer periodic Wellness Challenges to motivate members to stay healthy. In this section it repeats what is sent in the monthly email.

Hover over Employee/Retiree & Wellness Info then select Wellness from the drop down menu.

Winners of Employee Well-Being Challenge Announced

Read More Here!

On the home page if you scroll to the bottom we announce winners to our challenges (they are also emailed).

GTCMHIC Newsletter

Click on the Current Newsletter Tab. It will take you to a list of our newsletter since 2016. The most current issue will be at the top.

Our newsletter is published quarterly and contains information on a variety of topics including budget information, wellness, staffing changes, new member additions, and more!


Thank you!

Questions?

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