

WTIA OPTIFLEX FUNDING EMPLOYER FAQ



WTIA OptiFlex is a new level-funded health plan option! It offers the protection and flexibility inherent with self-funding your health plan without being overly expensive or complicated.

Question	Answer
What medical plans are available for me?	You have the flexibility to choose from WTIA's fully insured plan portfolio of 18 medical plans on two networks with Premiera Blue Cross. Premiera's underwriting and product rules will apply.
What other products are available through WTIA's OptiFlex program?	In addition to the 18 WTIA medical plans and five dental plans through Premiera Blue Cross, WTIA OptiFlex has two vision plans to choose from: Preferred and Enhanced through Premiera. These vision plans, should you choose to add this coverage, come embedded in the medical plan of your choosing for an additional cost. Life and Disability products, underwritten directly by MetLife, can also be purchased. WTIA Optiflex comes with Teladoc, as well as an employee assistance program through Premiera.
Will you require access to my business financial information?	Unlike traditional self-funded plans, the OptiFlex option does not require accessibility to the credit and financial information of your company.
What are the rate tier options?	Four tiers: EE, ES, ESC, EC.
What options do I have to pay my bill?	Preferred payment method is by automatic monthly pull from your bank account to Premiera. You may also pay online. Paper checks are not accepted.
Do you have to pay as billed?	Yes, OptiFlex funding requires that you pay as billed. Not paying as billed will result in pended claims payments. As a result of pay as billed, binder checks are not required or accepted.
Question	Answer

What kind of reports can I get and how do I get them?

You will have access to detailed claims data in an easy-to-review format through our online tool, Insight Reporter.

Can I include a dental plan with my OptiFlex medial plan? If so, what type of stop-loss protection will I have?

Yes, you can include a WTIA dental plan option. Aggregate Stop-Loss coverage will apply to your medical, prescription, and dental coverage. Specific Stop-Loss coverage will apply to medical and prescription coverage only. This provides financial protection when the cost of dental claims exceed the amount that a self-insured employer expected for an entire group.

What is the Patient-Centered Outcomes Research Institute (PCORI) and who pays the federally required fee to help fund it?

The Patient Protection and Affordable Care Act (PPACA) established PCORI to fund and conduct research that determines the effectiveness of various forms of medical services that treat, manage, diagnose, or prevent illness or injury.

For groups with OptiFlex funding, the fee will be the responsibility of the employer.

What is Specific Stop-Loss and what stop-loss levels are available with OptiFlex?

Specific Stop-Loss insurance provides financial protection from large medical and prescription claims for an individual for self-insured employers.

Stop-loss levels are based upon the number of enrolled employees:

SUBS	SPECIFIC STOP LOSS 2019	SPECIFIC STOP LOSS 2020
51-99	\$55,000	\$60,000
100-199	\$80,000	\$85,000
200+	\$105,000	\$110,000

What stop-loss contract type is available with OptiFlex, and what is Terminal Liability?

New groups

12/12 +15: claims incurred in 12-month contract period and paid in 12-month-contract period, with 15 months of Terminal Liability protection

Renewing groups

Paid in 12 + 15: claims paid in 12-month contract period with 15 months of Terminal Liability protection

Terminal Liability protection extends the paid claims period by a set number of months in the year of termination only, covering claims paid after the policy termination date.

Question

Answer

How do you calculate the renewal?

Premera will use the same standard formula used for traditional self-funded renewals for calculating claims, stop-loss, and administration fees for OptiFlex plans.

My OptiFlex claims factor in the Premera contract is different than the LifeWise contract - why?

As of Jan. 1, 2017, stop loss claims-related expenses such as Calypso and Blue Card Access fees will be covered when applicable. For all OptiFlex contracts issued with a start date of Jan. 1, 2017, and after, the OptiFlex claims differential will no longer exist.

How long after the completion of a plan year is the account reconciliation?

The annual accounting is performed within 120 days of your contract period end date, with no additional final accountings done after that time.

Claims surplus

What happens when I renew my OptiFlex plan with Premera if I have a claims surplus?

Your group is eligible for a 50 percent refund of the claims surplus.

What happens if I have a claims surplus and I convert my plan from OptiFlex to a fully insured Premera plan?

Your group is eligible for a 50 percent refund of the claims surplus.

What happens if I have a surplus and convert my plan from OptiFlex to an Administrative services contract with stop-loss?

Your group is eligible for a 50 percent refund of the claims surplus.

What happens if I have a claims surplus, terminate my OptiFlex plan, and leave Premera?

There is no refund of the surplus.

Claims deficit scenarios

What happens when I renew my OptiFlex plan with Premera if I have a deficit?

There is no deficit carry forward provision. Stop-loss covers the deficits.

What happens if I have a deficit and I convert my plan from OptiFlex to a fully insured Premera plan?

Stop-loss covers the deficits.

What happens if I have a deficit and convert my plan from OptiFlex to an administrative services contract with stop-loss?

Stop-loss covers the deficits.

What happens if I have a deficit and I terminate my OptiFlex plan and leave Premera?

Stop-loss covers the deficits.