

# WTIA OPTIFLEX FUNDING EMPLOYER FAQ



WTIA OptiFlex is a level-funded health plan option designed as a solution to your clients that grow. It offers the protection and flexibility inherent to self-funding a health plan without being overly expensive or complicated. WTIA works with Vimly to support the eligibility and billing of the OptiFlex option. This relationship brings employers an online benefit administration system. In this FAQ we will provide some of the important details around the product which can be shared with your large group employers.

## Proposal Details

Question	Answer
What medical plans are available for me?	For groups with 51+ employees. You have the flexibility to choose from WTIA’s fully insured plan portfolio of 19 medical plans on two networks with Premera Blue Cross. Premera’s underwriting and product rules will apply. Split funding between coverages is not available at this time.
What other products are available through WTIA’s OptiFlex program?	In addition to the 19 WTIA medical plans and five dental plans through Premera Blue Cross, WTIA OptiFlex has two vision plans to choose from: Preferred and Enhanced through Premera. 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 can also be purchased.
What are the rate tier options?	Four tiers: EE, ES, ESC, EC.
Are the tiered rates the same for WTIA OptiFlex and WTIA fully insured?	Yes. The tiered rates are the same between WTIA fully insured and WTIA Optiflex.

<p>When do I receive the rate splits?</p>	<p>WTIA OptiFlex rate splits are provided when the Producer confirms the sold plan designs. The rate splits are outlined in the WTIA OptiFlex Quote Assumptions.</p> <p>The administrative and Producer commission splits are listed in the administrative Quote Assumptions.</p> <p>The stop-loss splits are listed in the Stop Loss Quote Assumptions.</p>
<p>How are Producer commissions paid on the product?</p>	<p>Commissions are paid on a PEPM basis. If a percentage commission is requested during the RFP process, it is converted to a PEPM. The PEPM commission is noted on the Premera Quote Assumptions.</p>
<p>What coverages are included under the stop loss?</p>	<p>Aggregate stop-loss coverage will apply to the lines of coverage purchased (I.E. medical, dental, prescription, vision, and dental coverage). This provides financial protection when the cost of claims exceeds the amount that a self-insured employer expected for an entire group.</p> <p>Specific stop-loss coverage will apply to the medical and prescription coverage only.</p>
<p>What stop-loss contract type is available?</p>	<p><u>New groups</u> 12/12 +15: claims incurred in 12-month contract period and paid in 12-month-contract period, with 15 months of Terminal Liability protection</p> <p><u>Renewing groups</u> Paid in 12 + 15: claims paid in 12-month contract period with 15 months of Terminal Liability protection</p>
<p>What is terminal liability protection?</p>	<p>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. Terminal liability protection does not apply if the group terminates the contract off-renewal.</p>

What is specific stop-loss and what stop-loss levels are available with WTIA OptiFlex?

Specific Stop-Loss insurance provides self-insured employers financial protection against large medical and prescription claims for an individual member on the plan.

Specific stop-loss levels are based on the number of enrolled employees at time of sale:

SUBSCRIBERS	SPECIFIC STOP LOSS 2022
51-99	\$60,000
100-199	\$85,000
200	\$110,000

What personal funding account administration is offered with the WTIA OptiFlex plans?

Groups may elect to offer Optum Health Savings Account (HSA) administration with their WTIA OptiFlex plan. Optum Health Reimbursement Account (HRA) and Flexible Spending Account (FSA) administration is not available on WTIA OptiFlex at this time.

In addition, groups can elect to participate in Navia Benefit Solutions HSA or FSA (medical & day care) with no set up or monthly administration fees.

Will the group receive RX rebates?

No, RX rebates will be held by Premera.

### Implementation Process

Will you require access to my business financial information?

Unlike traditional self-funded plans, the WTIA OptiFlex option does not require accessibility to the credit and financial information of your company.

<p>What group paperwork is needed to implement a new WTIA OptiFlex group?</p>	<p>Our WTIA OptiFlex implementation checklist outlines the forms required to implement a new group. <a href="#">New Group Paperwork Checklist: OptiFlex</a></p> <p>In addition to the implementation forms, the group must complete an email attestation noting their participation decision for the WA Balance Billing Protection Act. The attestation template will be provided by your Premera Sales team and will need to be returned 45 days prior to the effective date for OIC filing.</p> <p>For a renewing group converting to WTIA OptiFlex, your WTIA Sales Team will provide the applicable paperwork.</p>
<p>Are binder checks required?</p>	<p>No, binder checks are not required.</p>
<p>What is the due date for implementation Paperwork?</p>	<p>Completed implementation paperwork should be submitted 30 days prior to the effective date to allow adequate time for filing the stop loss information with the OIC.</p>

## Plan Reporting & Renewal

<p>What is the Patient-Centered Outcomes Research Institute (PCORI) and who pays the federally required fee to help fund it?</p>	<p>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.</p> <p>For groups with WTIA OptiFlex funding, the fee will be the responsibility of the employer.</p>
<p>What kind of reports can I get and how do I get them?</p>	<p>You will have access to detailed claims data in an easy-to-review format through Premera's online tool, Insight Reporter.</p>
<p>How do you calculate the renewal?</p>	<p>Premera uses a standard formula for calculation claims, stop-loss, and administration fees for WTIA OptiFlex plans.</p>
<p>How long after the completion of a plan year is the account reconciliation?</p>	<p>The group will receive a year-end Group Experience Report indicating the final surplus/gain position 120 days following the end of the contract year. If the group is in a surplus, they have the option of having the funds delivered via check or ACH push. If electing ACH push, the group will need to provide us with their banking information.</p>

What happens if a large claim comes in after the surplus share has been released to the group?	The current year contract would cover the claim as the stop loss contract for renewing groups is paid in 12 months.
Is the group responsible for the IRS 1095-C notifications?	Yes. As a self-funded employer, the group is responsible for sending 1095-C information to their own employees.
Is the group responsible for the Summary Plan Description (SPD) document?	As part of the WTIA OptiFlex plan we have a SPD template that we can customize for your group making this administration task easier. This would only suffice for products bought through WTIA OptiFlex.
What type of plan utilization reporting is available?	<p>Group administrators and producers can access detailed plan utilization reporting through the Insight Reporter tool which is housed in the secure employer portal. All group and Producer representatives accessing Insight Reporter will need to be listed on the Self-Funded Health Plan Information Recipient List form completed by the group during implementation.</p> <p>In addition to the Insight Reporter, a Group Experience Report tracking the plan's surplus/deficit position will be delivered via email from the Premera Sales team on a monthly basis.</p> <p>Please note that the Group Experience Report will provide information on a cash basis while Insight Reporter provides information on an accrual basis. The primary difference is Insight reports claim overpayments regardless of whether they have been recovered and the Group Experience Report includes claim overpayments only if they have been recovered.</p> <p>Due to the differences in accounting methods, the data on the two reports may not match exactly.</p>

## Claims Surplus & Deficit Scenarios

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.
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?	There is no deficit carry forward provision. 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?	There is no deficit carry forward provision. Stop-loss covers the deficits.
What happens if I have a deficit and I terminate my OptiFlex plan and leave Premera?	There is no deficit carry forward provision. Stop-loss covers the deficits.
Why don't I have to pay back the deficit upon termination?	The stop-loss terminal liability protection included in the OptiFlex product covers the deficit upon termination.

### Billing and Eligibility Information

How does a group receive their billing statement?	Billing statements are available 24/7 on the SIMON system. Statements post around the 15th of each month.
What options does a group have to pay their bill?	Groups have the option to pay through the ACH pull or online using the SIMON portal. To avoid potential delinquency, the ACH pull is preferred.
Does a group have to pay as billed?	Yes, the WTIA OptiFlex product requires the group to pay as billed. If a group does not pay as billed, their claims may be placed in a pended status until payment is received.
How is a group billed for mid-month enrollments?	Enrollment requests received after the 15th of the month will appear on the next month's statement.
When is premium payment due to Vimly?	ACH transactions will be initiated on the first of the month. If electing to pay through the portal, payment is due by 5pm on the 10th of the month.

<p>How does a group make eligibility updates and changes?</p>	<p>Updating and maintaining employee eligibility can be done via SIMON, an online Vimly system available 24/7 at <a href="http://SIMON365.com">SIMON365.com</a>.</p>
<p>Can a group setup an 834 file feed for their eligibility?</p>	<p>Yes, Vimly does have the ability to accept 834 file feeds.</p>
<p>How is COBRA managed through Vimly?</p>	<p>WTIA offers free COBRA administration through Vimly for WTIA OptiFlex groups. The group is welcome to use an independent COBRA administrator as well.</p> <p>Utilizing Vimly for COBRA Administration for OptiFlex removes the need for the employer to track COBRA payments or enrollments for ease of administration.</p>
<p>Who does the group contact regarding eligibility or billing questions?</p>	<p>If a group has questions about eligibility or a billing issue, they have a dedicated team at Vimly to help. The group may contact Vimly directly at:  Phone: 425-771-7359  Email: <a href="mailto:LWA@vimly.com">LWA@vimly.com</a></p>