



Office of Employee Benefits

January 2024 Lunch & Learn Presentation

Roadmap

- New Plan Year Considerations
 - Medical/Rx Coverage
 - Dental Coverage
 - Vision Coverage
 - HSAs
 - Health FSAs
 - DCSAs
 - Deferred Compensation Plan
- Rewards for Wellness 2024-2025
- John Davia (BCBSRI) presentation

New Plan Year Considerations

New Plan Year – Medical/Rx Coverage

- New year, new plan?
 - If you have a new plan, take the time to think about how your experience of using health insurance may change
- New ID cards?
 - Familiarize yourself with your new ID card and be sure to present it to your providers when you first visit them in 2024
 - Double-check your PCP name on the card and make sure it is accurate
 - Call BCBSRI to correct or assign a PCP

New Plan Year – Medical/Rx Coverage

- New deductibles and out-of-pocket maximums (OOPM) - complete reset to zero as of 1/1/24
- Remember how your plan works:
 - Deductible expense is anything that doesn't have a copay associated with it
 - Coinsurance applicable for deductible-type expenses after deductible is met and until OOPM is met
 - Anchor/Anchor Plus: medical and prescription copays applicable at all times until OOPM is met
 - Anchor Choice:
 - Preventive drugs: copays applicable at all times until OOPM is met
 - Non-preventive drugs: copays applicable only after deductible is met and until OOPM is met
- Separate deductibles and out-of-pocket maximums for network providers and non-network providers and expenses incurred at each never cross-apply

New Plan Year – Medical/Rx Coverage

- Review referral status
 - Log into mybcbsri.com and click on “Referrals”
 - If any referrals are expired or you want to make sure they’re extended, contact your PCP
- Familiarize yourself with mybcbsri.com
 - While checking on referral status, check out the rest of the site and see how it can be of use to you later
 - Of note:
 - Claims search/review and explanation of benefits document
 - Real-time deductible and out-of-pocket maximum progress (including Rx expenses)
 - Written inquiry submission tool
 - Single sign-on to Virgin Pulse and HSA
 - Provider finder and cost estimator




You'll earn \$25
co-share credits
in 2025 for each
new registration
at mybcbsri.com
and Virgin Pulse

New Plan Year – Medical/Rx Coverage

- Don't forget [Caremark.com](https://www.caremark.com) either!
 - Access detailed Rx coverage information
 - Submit prescriptions for fill and refill using CVS pharmacy or CVS mail order pharmacy
 - Use check drug cost tool to avoid sticker shock at the pharmacy counter
 - Learn about drug savings opportunities
 - Email a pharmacist

New Plan Year – Dental Coverage

- New year, new plan?
 - If you have a new plan, take the time to think about your new coverage and how to best take advantage – occlusal guard, braces or implants?
- New ID cards?
 - Familiarize yourself with your new ID card and be sure to present it to your providers when you first visit them in 2024
- Reset of plan year maximums, but not lifetime maximums
- Register/log-in at deltadentalri.com for detailed dental coverage information



You'll earn a \$50
co-share credit
in 2025 by
having a dental
cleaning/exam
in 2023

New Plan Year – Vision Coverage

- New year, new plan?
 - If you have a new plan, take the time to think about your new coverage and how to best take advantage – don't forget about featured brand special discounts and other great VSP deals (see [summary of coverage document](#) on OEB website)
- Reset of plan year allowance availability – will you get contacts or frames this year?
- Register/log-in at vsp.com for detailed vision coverage information
- Remember to always make sure your vision care provider participates in the VSP network (non-network benefits are extremely limited)



You'll earn a
\$50 co-share
credit in 2025
by having a
vision exam in
2023

New Plan Year – HSAs

- New year, new HSA?
 - If you are new to the Anchor Choice Plan and have a brand-new HSA for the first time, make sure you log into mybcbsri.com and visit your HSA page and download the Blue Solutions HSA app for your smart phone
- Develop and implement your HSA strategy:
 - Use HSA debit card regularly and expend HSA funds?
 - Pay for qualified expenses with non-HSA funds and allow your HSA to grow
 - Make sure to keep receipts for qualified expenses as they can be reimbursed out of your HSA at any point in the future with no time limit applicable

New Plan Year – HSAs

- If you're not already contributing, use Workterra to set up pre-tax paycheck deduction contributions
- Use the online tools to transfer HSA balance over \$1,000 (and set up recurring transfers) into your investment account, then select/manage your investment portfolio
- Print the beneficiary designation form, complete it and submit it to UMB Bank as directed on the form

New Plan Year – Health FSAs

- New year, new FSA?
 - If you are new to the FSA program, make sure you register/log-in at my.asiflex.com and download the ASIFlex app for your smart phone
 - Set up your account by providing:
 - Your bank account information for easy direct deposits of reimbursements
 - Your preferred contact methods
 - Your cell phone number and opt into text messaging
- Check out the direct link to the FSA Store through your ASIFlex account – easily and conveniently shop for qualified expenses without even needing to enter your FSA debit card information

New Plan Year – Health FSAs

- When using your health FSA, be aware that **ASIFlex will request substantiation** of expenses any time the amount does not neatly coincide with a copay amount under the State’s medical/prescription, dental or vision coverage plans, **OR** if you do not have coverage from the State
 - This means that the following expenses will all require substantiation:
 - Medical/prescription expenses subject to deductible/coinsurance
 - All dental coverage expenses
 - Most vision coverage expenses

New Plan Year – Health FSAs

- FSA Claim Substantiation
 - When using your health FSA, be aware that **ASIFlex will request substantiation** of expenses any time the amount does not neatly coincide with a copay amount under the State's medical/prescription, dental or vision coverage plans, **OR** if you do not have coverage from the State
 - If substantiation is not timely provided, per IRS guidance your FSA will be suspended until you provide sufficient substantiation to clear the pending card swipe(s)

New Plan Year – Health FSAs

- FSA Claim Substantiation (cont.)
 - Sufficient substantiation is documentation showing the following 5 points of information:
 - Provider name/address
 - Patient name
 - Date the service was provided
 - Description of the service or health care supply
 - Dollar amount owed
 - Explanations of benefits are perfect substantiation documents, and you can access those off the carrier member portals without having to bother your providers

New Plan Year – Health FSAs

Type of expense	Substantiation not required	Substantiation required
Dental		✓
Vision		✓
Medical		✓
Prescription and other plan copays	✓ You must be enrolled in your employer plan and that enrollment must be reported to ASIFlex	✓ If you are not enrolled in your employer plan
Over-the-counter products	✓ If purchased at an IIAS* merchant that inventories and identifies eligible expenses	✓ If purchased at a non-IIAS merchant
Recurring expenses from same provider for exact same dollar amount	✓ Required only for the first transaction	✓ Required if provider differs or the dollar amount varies

* IIAS stands for inventory information approval system. It is a point-of-sale technology used by retailers that accept FSA debit cards, which are issued for use with medical flexible spending accounts (FSAs), health reimbursement accounts (HRAs), and some health savings accounts (HSAs) in the United States.

New Plan Year – Health FSAs

- Did you have carryover from 2023?
 - Carryover funds from the prior year are available on the first day of the new plan year
 - Carryover funds “float” between the two years and can be used for expenses incurred in either year
 - The deadline to submit for reimbursement of claims incurred in 2023 is 3/31/24

New Plan Year – DCSAs

- New plan year, new DCSA?
 - If you are new to the DCSA program, make sure you register/log-in at my.asiflex.com and download the ASIFlex app for your smart phone
 - Set up your account by providing:
 - Your bank account information for easy direct deposits of reimbursements
 - Your preferred contact methods
 - Your cell phone number and opt into text messaging
- Set up recurring direct payments through my.asiflex.com
- If you had a DCSA in 2023, your deadline to submit for reimbursement of claims incurred in 2023 is 3/31/24

New Plan Year – Deferred Compensation Plan

- The beginning of the year is always a great time to evaluate your retirement savings goals and progress
- For many employees, the State offers a mandatory hybrid retirement plan comprised of two portions:
 - Defined benefit pension plan administered by ERSRI
 - 3.75% contribution rate
 - 401(a) defined contribution plan administered by TIAA
 - 5% contribution rate from employee, 1% from State

New Plan Year – Deferred Compensation Plan

- Employees cannot contribute more or less to hybrid retirement plan
- For employees that would like to contribute more, they must use the deferred compensation plan
- Contributions subject to IRS limits (\$23,000 in 2024, additional \$7,500 if over 50)
- Not to be viewed as a regular checking/savings account – contributed funds are inaccessible until employment termination unless you experience an unforeseeable emergency causing a severe financial hardship

New Plan Year – Deferred Compensation Plan

- Enroll/manage contributions via [Retirement@Work](#) platform
 - Register at Retirement@Work
 - Indicate per-pay period contribution amount
 - Indicate what percentage of this amount should go to each investment provider
 - Visit investment provider website(s) to register, select investment funds and assign beneficiaries



Rewards for Wellness 2024-2025

What is the Rewards for Wellness Program?

- Rewards for Wellness (RFW) is an incentive-based wellness program aiming to help you live a healthier lifestyle or to live better with an existing illness
- RFW is comprised of many activities, the completion of which will earn you co-share credits (reductions of your medical coshare) in 2025 – in total you can earn a maximum of \$500 off your medical coshares in 2025
 - Activities must be completed during 2024 (1/1/24 – 12/31/24)
 - Only active State of Rhode Island employees who are paying State medical co-share at the time of the incentive delivery are eligible to receive co-share credits
- RFW is a State program administered with support from BCBSRI and Virgin Pulse (BCBSRI's wellness platform)

Rewards for Wellness 2024-2025

- Where can you learn more?
 - [RFW 2024-2025 webpage](#)
 - [Virgin Pulse webpage](#)

CONTACTING OEB

Contacting OEB During Open Enrollment

- Submit an OEB website online inquiry at <https://employeebenefits.ri.gov/contact-us>
- Email doa.oeb@doa.ri.gov
- Call (401) 574-8530

A dark blue rectangular button with an orange inner section. On the left side of the orange section is a white double arrow icon (»). To the right of the icon, the text "Submit a Question" is written in a dark grey font.

» Submit a Question

THANK YOU!

Questions?