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A New Year of Vigilance



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Dependent Eligibility Audits and Your Employees

As employee benefit costs continue to escalate year over year, we are constantly looking for ways for our members to maintain meaningful benefits at a reasonable cost. One such option for group health plans is dependent eligibility audits, which can save an organization thousands (or even hundreds of thousands) of dollars on benefits provided to people who do not qualify as benefit-eligible dependents.

While dependent audits can lower costs and help members ensure that they are administering their plans properly, it is sometimes difficult for employees to get on board with them. For members who are considering an audit, our strategic partner Benefitfocus has provided a useful <u>resource</u> for helping employees understand that they are advantageous not only to the organization as a whole, but to individual workers as well.

Benefit Tip | Dependent Eligibility

Another effective dependent eligibility approach that some groups have taken has been to inform all location administrators of the importance of following eligibility guidelines to ensure fiduciary responsibility, avoid potential discrimination issues and protect the plan from unwarranted costs. Groups have done this by stating to their employing locations that 100 percent of any costs for employees and their dependents that are not eligible to be on the plan will be the responsibility of the employer. For example, if it is discovered that a \$150,000 claimant is ineligible for the plan, the location (not the self-funded health plan) will be responsible for paying the \$150,000 claim. This approach may be seen as a hard line, but it yields similar results to the formal auditing process with minimal financial contribution on the part of the diocese.

Red Flags | Are Leaves of Absence and Reinsurance Exposing Your Diocese to Risk?

Employee leaves of absence can lead to a lot of questions as to how long coverage by the group benefit plan should extend and under what circumstances. For example, under the Family and Medical Leave Act, in certain circumstances employers must continue health and other employee benefit plan coverage for employees out on leaves of absence. But, if the leave is not protected by law, or the protected leave ends and coverage continues, the employer can be exposed to significant out-of-pocket risk. This article, published by the workplace law firm Jackson/Lewis, offers a legal perspective on the topic.



CMG People | Annette Radde, Benefits Supervisor



Annette Radde was promoted to benefit supervisor on July 1, 2017. Annette first joined Catholic Mutual Group in November 2005 as a benefits specialist. She has more than 26 years of experience in the group healthcare industry, including sixteen years in the benefits consulting industry. Prior to that, Annette worked for a major health insurance carrier for ten years with a focus on group reporting, customer service and claims processing. Annette will continue to work with her current clients, and is looking forward to meeting and working with other CMG clients as well. She will also assist in coordinating departmental procedures that will help facilitate and support our client and carrier relationships.

People Are Talking | Catholic Diocese of Evansville

"Catholic Mutual has served as our broker for our medical insurance program. The work and assistance provided by our support team has been excellent in every respect. In the changing insurance environment under the Affordable Care Act, I am grateful for the work Catholic Mutual has done to ensure that our plan is efficient, effective and compliant."

-- Bob Cox, Treasurer, Diocese of Evansville

Annual Meeting Update



The 16th Annual Catholic Mutual Employee Benefit Buying Alliance Meeting will be Feb, 6 and 7, 2018 at the Scott Resort & Spa in Scottsdale, Arizona.

We will be offering a \$500 travel reimbursement to one member of any diocese wishing to send a representative to the meeting.

It is sure to be an informative and memorable time.

Wellness Corner | A Checklist on Adult Vaccines

Thanks to United HealthCare for providing this checklist on adult vaccines. Please feel free to share with your employees and encourage them to take along on doctor's visits and ask which vaccines are right for them. For more wellness checklists, please click here. For CDC immunizations schedules for all ages, go to www.cdc.gov. To print this checklist, click here.

☐ Influenza vaccine. Annual immunizations are the best way to prevent the flu.
☐ Tdap or Td vaccine. Tdap protects against tetanus (lockjaw), diphtheria and pertussis (whooping cough). Td protects against tetanus and diphtheria.
☐ MMR vaccine. Protects against measles, mumps and rubella (German measles).
☐ Pneumococcal vaccines. Protect against illnesses such as pneumonia.
☐ Hepatitis A and B vaccines. Protect against serious liver diseases.
☐ Hib vaccine. Protects against a dangerous bacterial disease called Haemophilus influenzae type b (Hib).
☐ HPV vaccines. Protect against human papillomavirus. Certain types of this virus cause cervical and other cancers. The vaccines are recommended for preteens. But young adults may still need them if they didn't get vaccinated as kids.
☐ Meningococcal vaccine. Protects against meningitis and blood infections. It's particularly important for college students who will be living in residence halls and people with certain health conditions.

☐ Varicella vaccine. Protects against chickenpox. You may need it if you have chickenpox before or weren't vaccinated as a child.	n't had
☐ Shingles (zoster) vaccine. Protects against a painful skin rash. It's generally recommended for adults 60 and older. (Note: Most plans don't cover it before a but there are some exceptions.) **Please watch for exciting news in regards to shingles vaccine coming to market in the near future.	ge 60,
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