

BMI Spouses and Dependents Eligibility Audit

This message is posted on the Benefitsmemphis website. It also is posted in the benefits office and will go out to all employees. Additionally, City Auditor Leon Pattmon is drafting a Q&A to answer most frequently asked questions concerning the BMI Audit. Will keep you posted.

NOTICE!!!

“The City of Memphis Benefits Office will not accept audit documents. They have to be sent directly to the vendor by the responding insured party. Our office has been receiving calls from employees and retirees as well as people coming to the office to drop off audit documents, which my staff cannot accept. Also, I have heard back from BMI customer service. The longest wait times on yesterday were 3-5 minutes. If you need to reach BMI Audit Service, you may do so by calling [\(877\) 634-7780](tel:8776347780) Mon –Thurs 8am-8pm and Friday 8am-5pm.”

Quintin Robinson

City Personnel Committee Questions & Answers sent by Director Robinson, Wednesday, April 1, 2015.

1. Is there an in-network, out-of-pocket expense for retirees and actives?
With the exception of one of the Medicare Supplemental Plans offered to the Post 65 Medicare A & B retirees, all plans offered and/or sponsored by the City have deductibles and co-pays. These deductibles and co-pays vary by plan; however, the applicable co-pays and deductibles are the same for all individuals enrolled in the same plan type. The plans also include an annual maximum out of pocket expense.
2. What is the reason for separating the pre-65 retirees and their dependents? Pre 65 retirees and their dependents have not been separated regarding coverage amounts if they are on a family plan. We have issued different ID numbers to track participants for reporting purposes.
Post 65 Retirees with Medicare A & B who moved to the fully insured product must be linked to the individual's social security number. Because of this, retirees and their dependents are each provided a separate ID number based on their own social security number. The City and Cigna are taking the necessary steps to ensure that the accounts are linked so that the appropriate deductible and out of pocket maximum are applied.
3. How do you then track the dependent?
We are working with CIGNA to assure that all separate ID numbers that belong to a family plan are linked to a primary number. The primary number belongs to the active employee / retiree. That way all appropriate charges will roll up to the family deductible.

4. Do a pre-65 and an active have the same coverage?
The various plans have different coverage options, and different costs associated with them. However, all individuals in the same plans have the same coverage whether a pre-65 retiree or an active employee.
5. How do you account for the changes in rates?
The difference in rates is calculated based on the experience of each group as a whole in the various plans. They are reviewed annually to determine any recommended changes.
6. How do you calculate the rate for a pre-65 retiree and an active of the same age?
The rates are based on the experience and usage of services of each group as a whole, so the rates for any individual are determined by the plan they pick, and its corresponding rates. The City has always grouped retirees and active employees separately in setting rates.
7. Is the in-network out-of-pocket expense something that the City does?
Most health insurance plans have in-network and out of network, as well as out-of-pocket expenses listed. These are common health insurance plan design features.

After the Council committee meeting of last week on 3/17/15, my office discussed the issue relating to the documents that Ms. Triplett raised regarding our Enrollment Guide and a document identified as "1/1/2014 ASO/EHB State-TN, Open Access Plus-Copay-Premier Plan OAP-93910" with our Cigna representatives.

According to Cigna, Both the Cigna EOB and City of Memphis 2015 summary guide are correct. I looked at the summary guide and it shows a "N/A" under the Annual Out Of Pocket (OOP) Maximum – Medical. What this means is that there is no in-network out-of-pocket that has to be met before the plan pays 100% because the Premier Plan already pays 100%. For instance, it is necessary to put the OOP Maximum benefit for the Basic Plan, because the plan pays 90% until the member hits the \$1,500 in-network OOP, at that point the Basic Plan pays 100%.