

NCFlex 2018 HBR Training Q&A

1. Employee goes from 20 hrs/week to 40 hrs/week, does the HBR submit an exception to allow them to enroll in their NCFlex benefits?
 - a. No. A permanent employee working 20 hrs/week is eligible for NCFlex benefits already.
 - i. Reference page 5 of the NCFlex 2018 Admin Manual: Eligibility/Employee: An employee is eligible to participate in NCFlex if they are an employee of a state agency, university, select community college or select charter school working 20 or more hours per week in a permanent, probationary or time-limited position.
2. If an eligible employee is on leave without pay (LWOP) during annual enrollment can they elect or make changes to their benefits for the upcoming plan year, if their return to work date is known.
 - a. No. employees must be actively at work or on a paid leave of absence to enroll or make changes to their NCFlex benefits. Once they return to active employment the employee may then complete their annual enrollment.
 - i. Reference page 5 of the NCFlex 2018 Admin Manual: Eligibility/Employee: Employees must be actively at work or on a paid leave of absence to enroll or make changes to coverage under the NCFlex plans. Actively at work is defined as the employee being physically present at his or her customary place of employment with the intent and ability of working the scheduled hours and doing the normal duties of his or her job on that day.
3. What is the process in regards to the FSA plans when an employee terminates?
 - a. For Health Care FSA - Reference page 8 of the NCFlex Admin Manual: Enrollment Procedures: FSA: Coverage is lost as of the employee's termination date. If the employee's termination date is earlier than the end of the month, the HBR has the option to e-mail P&A Account Manager and verify the last month of payroll deduction and request the termination date be the end of the payroll deducted month.
 - i. Example: During annual enrollment Susie Smith elected to enroll in the Health Care FSA with a 1200 annual amount [100 deducted monthly] effective 1/1/18. Susie Smith's separation date is 4/18/18. As is, Susie's HCFSA would term effective 4/18/18. Susie calls her HBR and requests an extension for this benefit knowing she is having some dental work done on 4/20/18. Adam Housecat, the HBR, sends an email to the P&A Account Manager, in said email he verifies Susie's LDW and on 4/30/18 the full monthly election amount of \$100 was deducted from Susie's last pay check for the HCFSA.
 - ii. P&A after reviewing each account and exception request on an individual basis will then make the determination on whether or not to grant the extension.
 - b. For Dependent Day Care FSA – Reference page 13 of the NCFlex Enrollment Guide: If an employee terminates during the plan year they may submit claims for services incurred on or before their coverage termination date. Services incurred after their termination date will be reimbursed up to their available balance. Meaning yes, they could continue to submit claims for services past their termination date through the end of the plan year up to the amount they contributed prior to separating.
4. How long will vendors go without payment before they term an employee on LWOP?

- a. Each vendor is different however, we typically see after 2 missed payments or about 60 days.
5. When a dependent becomes no longer eligible for coverage after reaching age 26 are they eligible for COBRA? If so, how are they notified?
 - a. Depends on the product
 - i. Dental/MetLife – yes, MetLife would send information to the address on file
 - ii. Vision/EyeMed – yes, EyeMed would send information to the address on file
 - iii. Cancer & Critical Illness/Allstate – yes, the child would need to contact Allstate directly.
 - iv. Life, AD&D, and Accident/Voya – Term Life the child can continue coverage by converting; AD&D yes; Accident can only be continued by the child in the event of the employee’s death but not due to aging off of the plan – for all plans the child would need to contact LifeHelp directly.
 - v. TRICARE Supplement - Once a dependent child turns 26 they’re no longer eligible for TRICARE Young Adult so their supplement would end and there would be no option to continue because they no longer have TRICARE. At that time they would need their own health insurance plan.
6. If an employee transfers from one participating employer to another participating employer within the first few days of a month and there is not enough pay from the former employer to cover the NCFlex benefits does the new employer take on payment for that month?
 - a. Yes, our expectation would be that the receiving employing unit would take the deduction for that month.
7. Is there a version of the enrollment guide in Spanish?
 - a. We have brought this issue back to our manager and once the guide is redone for the fall we are going to work on getting a Spanish version.
8. Does the accident plan send out 1099’s?
 - a. Yes, see page 35 of the HBR Admin Manual
9. Does the accident plan pay benefits in addition to workers’ compensation?
 - a. Yes, the accident benefits are separate from workers’ comp benefits.
10. How do you file an accident claim?
 - a. Participants call LifeHelp at 1-877-464-5111, after some basic information is collected (usually by Tracy Duarte) a claim form is sent directly to the participant either via email or mail. The claim form includes most of the information (including the employer form) completed leaving only a few things left for the participant to complete. The participant finishes the forms, attaches any supporting documentation, and sends to Voya’s claims department per the information on the form (fax, mail, or upload online). If an employee bypasses calling LifeHelp and completes a form found online and submits, the employer form will be missing and the claim filing may take longer.
11. For the HCFSAs rollover...is there still the 3/15/18 extension date for incurring claims? What date in 2019 must 2018 incurred claims be submitted by?
 - a. See the 2018 claims kit in the FSA section of www.ncflex.org, page 4, screen shot of the information:

HCFSA Claims

Claim reimbursement is based on the date you receive eligible expenses, not the date you pay the invoice or the date you are billed, which must be between January 1, 2018 (or your plan effective date) and December 31, 2018. You will have until April 30, 2019 to submit claims for reimbursement and to verify NCFlex Convenience Card expenses. Note: the HCFSA rollover, effective for the 2018 plan year, allows you to rollover up to \$500 of unused account balances into the next plan year. This rollover applies to future plan years.

DDCFSA Claims

Claim reimbursement is based on the date you receive the dependent day care service, not the date you pay the invoice or the date you are billed, which must be between January 1, 2018, (or your plan effective date) and March 15, 2019. You will be reimbursed up to the available balance in your DDCFSA on the processing date.

12. Why when I went on the website to order a new convenience card is there a charge?
 - a. There should never be a charge for an FSA convenience card from P&A. Previous vendors have charged for cards, but P&A does not. If you ever come across a note saying there is a charge, please take a screen shot and send to the P&A account manager or ncflex@nc.gov.
13. A check was received by DPS main personnel from EyeMed with employees' names, some not with DPS. The check was sent to BEST Shared Services. What was this for?
 - a. This check was to pay vision claims through Correction Enterprise which is why employees from different locations were listed. Our manager has been in discussion with EyeMed and others about where this check should go from now on.