



July-August 2021



Wespath

BENEFITS | INVESTMENTS

Via Benefits Plan Sponsor Calls

Agenda

- Transition to Direct Deposit (ACH)
- Enhanced product offerings
- Administrative updates
 - HRA for individuals Medicare eligible due to disability
 - Clergy or participant couples
 - Updated enrollment form
 - Upcoming Contract Amendments

Direct Deposit Transition

- Coming soon: all reimbursements will be available only through direct deposit option.
- Why the change?
 - Improved participant satisfaction
 - Fraud prevention
 - Speed of reimbursement
 - Reduce administrative burden (stale checks)
- New date anticipated: **January 1**



Increased overall participant satisfaction



Safest way to receive funds



Fastest way to receive funds



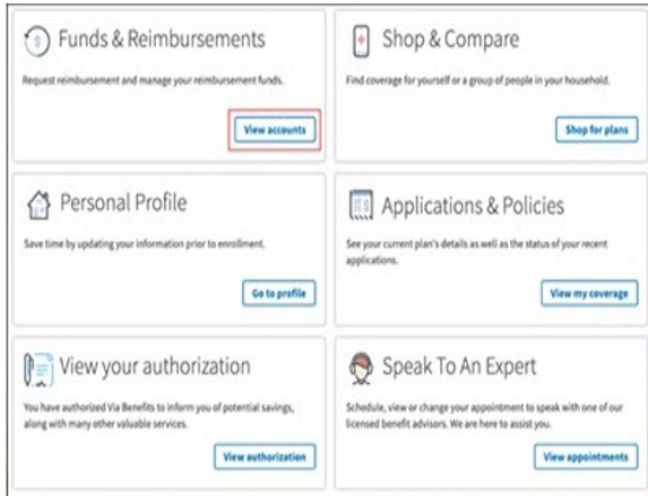
No more stale-dated checks

Participant Action Will Be Required

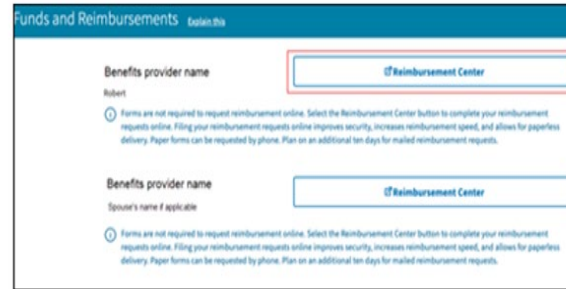
- Add direct deposit information online at <https://my.viabenefits.com/wespath> or through the Via Benefits mobile app.
 - 53% are already set up with direct deposit (range 25-75%)
- Contact Via Benefits by phone, 866-249-7785, to set up direct deposit through a representative
 - A personalized, barcoded form will be mailed for the participant to complete and return

Signing Up for Direct Deposit Online

1. Sign into your Via Benefits account.
2. Select **View accounts** in the **Funds & Reimbursements** section.



3. Select **Reimbursement Center** on the **Funds and Reimbursements** screen.



4. On the **Dashboard**, select your name and then select **Banking Information**.



Signing Up for Direct Deposit Online

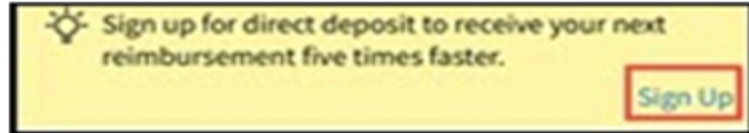
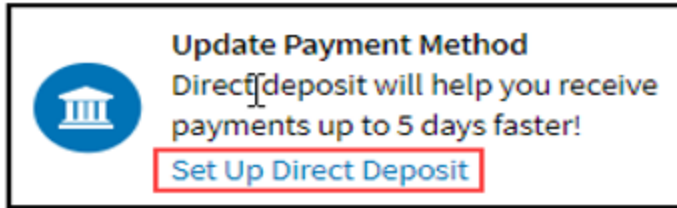
5. Select **Add Bank Account**.
6. On the **Add Bank Account** screen, provide the required information.
7. Select **Save**.

Please allow up to eight days for your banking information to be validated. Any payments made during this time will be in the form of a check. If your former employer requires direct deposit, you won't receive payments until your banking information is validated.

For most people, direct deposits are displayed in your bank account as "Via Benefits."

Signing Up for Direct Deposit on the Mobile App

1. Sign into the mobile app using your Via Benefits website username and password.
2. Select **Set Up Direct Deposit** on the **Dashboard**, or select **Sign Up** on the last screen after submitting a reimbursement request.



Note: Once you've signed up for direct deposit, both the **Sign Up** and the **Set Up Direct Deposit** messages go away.

Signing Up for Direct Deposit on the Mobile App

3. Provide all of the requested information and select **Add Bank Account**.

Note: For help locating your banking information, select the '?' next to **Account Number**.

Your direct deposit will take effect once your banking information is validated. Please allow up to eight business days for your banking information to be validated. Any payments made during this time will be in the form of a check.

The screenshot shows the 'Add Bank Account' screen in a mobile app. The title bar at the top is blue with the time '3:15' on the left and a close button on the right. Below the title bar, the form contains the following fields:

- Email Address ***: A text input field containing 'test@mail.com'.
- Bank Account Type ***: A dropdown menu with 'Checking' selected.
- Account Number ***: Two text input fields, each containing 'xxxxxxxx'. A question mark icon is to the right of the first field.
- Routing Number ***: Two text input fields, each containing '12345678'.
- Account Nickname ***: A text input field containing 'Ava checking'.

At the bottom of the form, there is a blue button labeled 'Add Bank Account' and a smaller 'Cancel' button below it.

Signing Up for Direct Deposit Using a Paper Form

You may also sign up for direct deposit or update your banking information by returning a completed Direct Deposit Authorization Form. The form is available by calling us and using our automated voice system or by speaking with a Via Benefits representative.

Note: Effective September 1, 2020, only Direct Deposit Authorization Forms with a barcode are accepted. Forms without a barcode won't be processed.

1. Complete the Direct Deposit Authorization Form.
 - Provide your banking information, including your bank account number and routing number. If you're requesting funds be deposited into a checking account, a voided check is also required.
2. Mail the form and voided check to the address provided on the form.

It may take up to 20 business days to receive and validate your Direct Deposit Authorization Form. Forms received between January 1 and March 31 can take up to 45 calendar days to be processed and validated.

Updating Direct Deposit Information

Update your banking information on the website

Whether you signed up for direct deposit on the website, on the mobile app or on a paper form, you can update your banking information on the website whenever you want.

If you already have direct deposit, follow these steps to update your banking information on the website:

1. Sign into your Via Benefits account.
2. Select **View accounts** in the **Funds & Reimbursements** section.
3. Select **Reimbursement Center** on the **Funds and Reimbursements** screen.
4. On the **Dashboard**, select your name and then select **Banking Information**.
5. In the **Actions** section of the **Profile** screen, select **Edit**.
6. Select **Delete Account** or select the **trash can** icon.
7. Select **Yes, Delete Account**. A message appears confirming your bank account has been deleted.

Expected Improvement in Overall Satisfaction



Numbers show an increase in participants' satisfaction as measured by the Net Promoter Score (NPS)



When a participant has one process automated (direct deposit), they are more likely to use other automated processes (Automatic Premium Reimbursement, Recurring Reimbursement, online submission), or the Via Benefits Accounts Mobile App which also has shown increased satisfaction with the reimbursement process

Reimbursement Speed and Safety



**No chance of check
being lost in the
mail**



**Lowers risk of
identity theft**



**Funds deposited
within
1 – 3 days vs. 7-10**



**Lowers risk of account
fraud**

Administrative Efficiency

A check will become stale and uncashable after 6 months.



On average, 20% of issued checks will go stale.



Money is pulled or pushed on issuing of checks and remains unavailable while check is out/becomes stale-dated



Concerns and Considerations

- Approximately 47% of retirees don't have direct deposit, which is lower than average Via Benefits clients.
 - UMC plan sponsors range from 76% to 26% of their retirees enrolled direct deposit.
 - Wespath and Via Benefits can work directly with plan sponsors directly on a campaign to increase awareness and enrollment in direct deposit for their retirees if desired.
- Other, similarly aged groups have already transitioned
 - UMC groups implementing in 2021 or later have implemented with direct deposit only
- If no response, members will be sent a check at the end of the year with all reimbursements for the year.
 - If ACH is truly not a viable option, the participant can call Via Benefits at 866-249-7785 and request an exception. If approved, they can continue to receive regular paper checks.

Communications Plan

All communications are targeted only to those not yet set up with Direct Deposit

- First email sent around 6 weeks prior to transition (e.g. 11/15)
 - If no e-mail address on file, sent via U.S. mail
- Second email sent 2 weeks prior to transition (e.g. 12/15)
 - If no e-mail address, sent via U.S. mail
- Third outreach—all via U.S. mail—2 weeks post-transition (e.g. 1/15/22)



Questions?

Enhanced Product Offerings

- Special Needs Plans
- Chronic Condition Plans
- Supplemental plan options
 - Accident Insurance, Hearing aids, Hospital indemnity insurance, Life insurance, Senior critical illness insurance, Short-term medical insurance.

Special Needs Plans

- A type of Medicare Advantage Coordinated Care Plan that provide limited enrollment to participants who have special needs.
- Use HEDIS performance data to identify opportunities for improvement, monitor the success of quality improvement initiatives, track improvement, and provide a set of measurement standards that allow comparison with other plans. Data allow identification of performance gaps and establishment of realistic targets for improvement.
- Measures relate to many significant public health issues, such as cancer, heart disease, smoking, asthma, and diabetes as it relates to care for older adults.

Special Needs Plans—Examples

- **Eligibility:**
 - Living in a health care institution
 - Eligible for Medicare and Medicaid (dual-eligible)
- **Benefits**
 - Requires a strict model of care based on the needs of each enrollee.
 - Provides a foundation for promoting quality, care management, and care coordination processes resulting in improved outcomes and cure options.
- **Other Considerations:**
 - Limits care to in-network services unless an emergency or dialysis (similar to other Medicare Advantage plans)

Chronic-Condition Special Needs Plans

- Eligibility:
 - Severe or disabling chronic condition as defined by CMS
 - Diabetes Mellitus, Congestive Heart Failure, Cardiovascular disorder, Cancer, severe Autoimmune Disorders (lupus, rheumatoid arthritis), chronic lung disorders
- Benefits:
 - May have larger network of doctors specializing in that condition
 - May have tailored drug formularies for medications specific to that condition
 - May have care coordination services to help improve understanding and compliance with treatment
 - Personal Emergency Response System
 - House calls
 - Non-emergent transportation
 - Coverage for diabetic shoes and supplies (e.g. ACCU-CHECK or One Touch glucose monitoring)

Additional Benefits



Accident insurance

Coverage for retirees with a high deductible health plan which mitigates out-of-pocket exposure in the event of an accident.



Life insurance

For those looking to ensure the cost of final expenses and funeral.



Hearing aids

Convenient and cost-effective way to improve hearing.



Senior critical illness insurance

Provides resources (\$) needed to recover from a critical illness.



Hospital indemnity insurance

Coverage to minimize exposure to high copays and deductibles that come with low-premium Medicare Advantage plans and high-deductible Medigap plans.



Short-term medical insurance

For retirees between the ages of 62 and 65 who want a high-deductible health plan alternative to Individual and Family Plans.

Administrative Updates

- Upcoming Contract Amendments
- HRA for individuals Medicare eligible due to disability
- Clergy or participant couples
- Updated enrollment form
- MSP-SEE process improvements

Upcoming Contract Amendments

- Updates to SOW coming
- Capture plan sponsor autonomy over HRA plan design
- Capture plan sponsor financial obligation for HRA
- Wespath plans to sever the HRA/Via Benefits offering from the HealthFlex plan document (creating a separate document)

Individuals on Disability—Current Rules

- HealthFlex Exhibit A: Options
 - Transition to Via Benefits or other Medicare plan (29% in 2021)
 - Remain on active plan with Medicare primary (3% in 2021)
 - Terminated from coverage (10% in 2021)
 - Not specified (58% in 2021)

Section 3 – Leave of Absence

- Clergy will continue to be covered in HealthFlex if placed on medical leave of absence, family leave, maternity leave (over 90 days), and/or approved for CPP disability*

Pre-65 Medicare eligible clergy who have been approved for CPP disability >2 years (choose one):

- Clergy <65 who have been on CPP disability >2 years and are Medicare eligible will be transitioned to the plan sponsor's Medicare plan.
- Clergy <65 who have been on CPP disability >2 years and are Medicare eligible will remain on the active plan, with Medicare paying primary
- Clergy <65 who have been on CPP disability >2 years and are Medicare eligible will be terminated from coverage.

(Post-65 Clergy on CPP disability can remain on the plan for up to 6 months after the CPP disability start date.)

Individuals on Disability—Current Rules

- HealthFlex Summary Plan Description—Rules
 - Plan Sponsor choice to offer coverage (not required by HealthFlex)
 - After 24 months, Medicare pays primary (to HealthFlex or Via Benefits/Medicare plan)
 - Plan sponsor can establish own rules for cost sharing as long as not discriminatory

HRA for Individuals on Disability

- Wespath Policy Change:
 - Effective immediately, Wespath will allow plan sponsors to offer Health Reimbursement Accounts to individuals who are Medicare eligible due to disability.
- There are still limitations in availability of Medicare supplement plans for individuals under 65 (most are Medicare Advantage and may be more costly)
- **Plan Sponsor Decision Point:** will you want to change your approach for individuals Medicare-eligible due to disability?

Clergy or Participant Couples

- Best practice—couples share a joint account
 - Benefit to participants: share HRA funds in the way that works best for the household
 - Benefit to plan sponsor reduces per-account administrative fees
 - Consideration: one retiree needs to appear as a dependent of the other, HRA communications and reimbursements will be sent in the name of the primary.
 - Not required, but needs to be decided in advance
- Recommendation to set a policy for participant couples
 - Individual with most years of service primary
 - Individual who is oldest or retires, becomes eligible for Medicare first
 - Birthday month
- Important to set them up in Benefitsolver correctly when the first individual retires
- Extremely difficult to split, join, or reverse accounts retroactively

Enrollment for Clergy Couples

Part 2 – Processing Event

Please check the processing event below.

Event effective date

- Newly eligible
 Retiree death
 New retiree
 No longer eligible for Medicare Secondary Payer Small Employer Exception (MSPSEE)
- New dependent
 Dependent death
 Retiree transition

Please list any special notes regarding the event:

Part 3 – Enrollment Information

- List new participant and all newly eligible dependents, including spouse, even if declining coverage. If participant is currently enrolled and adding/removing a dependent, list only that dependent's information.
- Indicate who will be covered in Via Benefits. **Important:** If you do not choose "yes" or "no" under the **Cover** column for each dependent listed, we will assume you **do not** want to cover that dependent(s) in Via Benefits.

| Name | Birth Date | Relationship | Gender | | Disabled | | Cover | | Annual HRA Amount* |
|------|------------|--------------|--------|---|----------|----|-------|----|--------------------|
| | | | F | M | Yes | No | Yes | No | |
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*Via Benefits will prorate for partial year

For participants and spouses enrolled in Via Benefits: please qualify these individuals for the following well-being programs (plan sponsor must have elected this on Exhibits B and E):

- Virgin Pulse®
 Blueprint for Wellness

Enrolling in Well-Being Programs

- Form updated to improve processing when Virgin Pulse or Blueprint for Wellness offered to Via Benefits participants and spouses

Part 3 – Enrollment Information

- List new participant and all newly eligible dependents, including spouse, even if declining coverage. If participant is currently enrolled and adding/removing a dependent, list only that dependent's information.
- Indicate who will be covered in Via Benefits. **Important:** If you do not choose "yes" or "no" under the **Cover** column for each dependent listed, we will assume you **do not** want to cover that dependent(s) in Via Benefits.

| Name | Birth Date | Relationship | Gender | | Disabled | | Cover | | Annual HRA Amount* |
|------|------------|--------------|--------|---|----------|----|-------|----|--------------------|
| | | | F | M | Yes | No | Yes | No | |
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MSP-SEE Process Improvements

- Health Team provides report of those approaching 65
 - Send spreadsheet to plan sponsors for confirmation
- Employer certification preferred 4-5 months before the eligible date
- Send 4 month letter once certification form received.
Objective: remind individuals to sign up for Medicare
- Follow up 2-2.5 months prior to Medicare eligible date to ensure Medicare application has begin
- Improve Wespath follow up with Medicare to limit delays



Additional Questions?



Wespath

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