Director, Health **Benefits**

Rights and responsibilities



Stephanie Stewart

s a member of the NALC Health Benefit Plan, you have many rights, including the privacy and confidentiality of your personal health information (PHI), up-to-date information about your Health Benefit Plan, courteous and respectful treatment, a right to be heard or appeal a decision, and much more.

As a member of the HBP, you also have many responsibilities, including reading any information that the Plan provides, accepting responsibility for charges not covered by the Plan, treating health care providers and their staff respectfully and honestly,

and providing the Plan with information to accurately process claims.

A full list of these rights and responsibilities can be found on nalchbp.org under the "About Us" tab. If you have not done so, I encourage you to read this section and become familiar with the details.

Please understand that I am not overlooking your member rights or minimizing their importance with this column, but I want to focus on some areas of responsibility to help our members prevent potential problems.

First let's talk about changes in family coverage status and eligibility. Only those individuals who are identified as qualified dependents are eligible to be on your policy. Qualified dependents are determined by the employing agency, but in doing so, the agency must follow the guidelines established in the Federal Employees Health Benefits (FEHB) program, and it must verify eligibility.

Circumstances can change after eligibility is initially established, so you should be aware of the following: If you are divorced or become divorced, you may not continue to maintain a former/ex-spouse on your HBP policy or use benefits under a former spouse's enrollment. If a court has ordered a health coverage provision to the former spouse within the final decree, this will not extend eligibility to the former spouse on your policy. In this case, you will need to contact the employing office to get additional information about other coverage choices available for purchase.

Also, though the Plan is unable to change a member's

file without direction from the employing agency, it is very important to notify the Plan when a divorce has been finalized. Upon receipt of the final decree of divorce—which includes the judge's signature—the Plan will document your file and discontinue processing the former spouse's claims while we wait for updated information from the employing office. Keep in mind, you will need to continue working with the employing agency after notifying us. We cannot implement enrollment code changes without the proper paperwork, and in some cases this may affect your monthly premium.

In addition to divorce, you must tell us immediately of changes in family member status, including marriage, annulment and birth. Some of these may require eligibility verification through the employing office and/or necessitate a change in plan type and premium payments.

Another area of responsibility is "other coverage notification" and retirement. You must tell us if you or a family member has coverage under any other health plan or automobile insurance that pays health care expenses without regard to fault. This includes Medicare enrollment.

When you have other coverage, one plan normally pays its benefits in full as the primary payor and the other plan pays a reduced benefit as the secondary

In order for us to process claims accurately, we need to know when another coverage is in effect.

When you retire, you should notify the plan, as it may change the other coverage payment or coordination of benefits. Also, be mindful of your eligibility before you retire. Generally, you must have been enrolled in the FEHB program for the last five years of your federal service to continue enrollment. Don't forget that if you are an annuitant and you cancel your FEHB coverage, you may not re-enroll in the FEHB program.

Your responsibilities matter. If we overpay for any of the above reasons, the Plan must make diligent efforts to recover benefit payments made in error, but in good faith. Unfortunately, this leaves the member financially responsible. So, please follow the advice I have provided and, most importantly, review our full member rights and responsibilities page.

Another check and balance I recommend is to review your 1095-B tax form each year. This form will reflect all dependents covered on the policy. If there is a discrepancy, notify your employing agency immediately.