

NEW HBT MEMBER THINGS TO KNOW

Welcome to the NCLM Health Benefits Trust medical program! Here are a few things you need to know as a new member.

Enrollment of new hires, terminations and changes can be managed online through SIMON or by mailing or faxing the paper enrollment or change cards to MIT@nclm.org. If you are interested in accessing online administration, please contact MIT@nclm.org individuals listed on the Health Benefits Trust contact sheet.

Health Benefits Trust bills are sent electronically from SIMON each month unless otherwise requested. The bill should be paid as received or it will be considered a short pay and fees could apply. It is important to understand any eligibility changes that are received after the 10th of the month will not be reflected on the current bill, you will receive a credit or debit for these changes in the following months bill. If you would like to set up a draft for payment, please call the League's Finance Department at 919-715-4000.

Your Health Benefits Trust program is renewed on the fiscal year cycle; all new rates, plan changes or terminations are effective July 1 of each year. New rates are approved by the League's Risk Management Board of Trustees in February, and all renewal rates are sent electronically from the Health Benefits Trust Department. The new rates are also available on the League's website, www.nclm.org, in the Members Only web portal beginning in March. The program renews all programs automatically on July 1, unless we receive written notification of intent to terminate by May 31.

COBRA administration for medical and dental is managed by SIMON, and COBRA packets will be mailed automatically to the address on file when a termination is received from the employer. If you participate in VSP, our vision program, the COBRA packet is mailed from the VSP office when a termination notice is received in SIMON. All COBRA is billed directly to the individual, and the employer is not involved beyond sending in a termination notice for each of the above listed benefits. **1094-B/1095-B (under 50 employees) and 1094-C/1095-C (over 50 employees) must be filed by all size groups themselves.** The League's Health Benefits Trust is a self-funded pool; therefore, the federal government does not allow us to file these on behalf of the employer as a fully-insured typically would. Each December, SIMON will generate an eligibility report for you that will assist in the completion of these forms. For paper filings, these forms are typically due to the IRS by the end of February; electronic filings are typically due by the beginning of April. Please watch your emails for a Legislative update from the Health Benefits Trust Department this fall letting you know if any of the guidelines or rules have changed.

The Health Benefits Trust wellness program:

Individuals who do not complete the wellness requirements will face a 10% surcharge upon renewal with the medical program. This surcharge should be payroll deducted and is not paid by the employer. Individuals receive monthly updates that provide their status in meeting the wellness requirements. We also provide a list with your monthly bill after your first renewal with the medical program. This list will let you know who is missing a requirement and could be charged the 10% surcharge the following renewal if they do not successfully meet the requirements by the end of that current calendar year.

"Rule of the 15th"

- "If a member's coverage starts on or prior to the 15th of the month, you will be billed for the entire month's premium
- If a member's coverage starts after the 15th of the month, you will not be billed for that month's premium
- If a member terminates the plan on or prior to the 15th of the month, you do not owe that month's premium
- If a member terminates the plan after the 15th of the month, you owe the entire month's premium

