

THE BENEFIT

Housing Benefits Plan (HBP) is the medical plan provided to you by your housing authority. It is directed by housing authority Executive Directors from across Southeast and Southwest NAHRO for the benefit of housing authorities.

Please share this with all of your HBP employees, retirees, and COBRA members. Share with the ED, HR, and Finance as some information may be pertinent to them.

Open Enrollment Information Sent/O E Dates are Nov. 2 - Nov. 30

Annual enrollment information was emailed Tuesday to Mercer's billing contact at each housing authority (HA). The SBCs included in the email are labeled with codes. Provided below are the plan names & coordinating codes.

Value PPO – **BCYU/2VX**

Value PPO with Premier RX – **BCYU/H9X**

Premier PPO – **BCYC/H9X \$500 Deductible**

Premier Plus PPO – **BCYB/H9X (formerly Premier Partial)**

Out of Area – **BCYC/H9X \$450 Deductible**

Wednesday the SBCs for the 5 plans were separated, plan name labeled, and emailed to the newsletter contact at each HA.

Please note that the **Premier Partial plan's name changed to Premier Plus.**

If the HA isn't making any changes there is no paperwork for the HA to submit. Employees who are not making changes have nothing to submit. If an employee is making a change such as adding or dropping a coverage or dependent then an enrollment/change form must be completed and emailed to ClientServices_Billing3@mercer.com or faxed to 1-515-365-1310. See attached form. If an HA needs to make a change or add a coverage, please contact Marketing at hbp@callhsa.com or 1-800-288-7623, option 5

National Public Health Emergency Extended

The national public health emergency has been extended through Jan. 20, 2021, for diagnostic and antibody testing and test-related visits, COVID-19 in- and out-of-network telehealth, and COVID-19 Virtual Visits.

In addition, UHC is extending in-network treatment for COVID-19 through Dec. 31, 2020, and out-of-network through Oct. 22, 2020 at no cost.

UnitedHealthcare is also extending in-network expanded telehealth through Dec. 31, 2020. Expanded telehealth allows members to connect with their doctor through live, interactive audio-video or audio-only visits. This includes physical therapy, occupational therapy, speech therapy and chiropractic services (audio-visual only).

Upcoming UHC Web Trainings

The following web trainings have been scheduled. Registration information along with login information for the day of the training is being emailed to the newsletter contact at each housing authority prior to the training.

- Fri. Oct. 23, 10 am Eastern - How to Create a Respectful Workplace (2 hrs) for all employees
- Tues. Nov. 10, 10 am Eastern - Best Practices for Working Remotely During COVID-19 (1 hr) for all employees
- Tues. Nov. 17, 10 am Eastern - How to Build Workplace Motivation and Morale (2 hrs) for managers and supervisors
- Wed. Nov. 18, 10 am Eastern - Five Steps to Healthier Eating (1 hr) for all employees

Trainings will be recorded. If you are not able to participate during the scheduled time please contact Jessica Strange at hbp@callhsa.com for access to the recorded session.

Visit www.housingbp.com for more information or contact us at hbp@callhsa.com or 1-800-288-7623, option 5



October 2020

New Policy Notices

Membership in your regional NAHRO organization (SERC or SW NAHRO) became a requirement for HBP members in January. Effective September 11, the HBP Board of Directors established a new policy. If a housing authority (HA) has not paid the current dues (for this year the 2019-2020 dues) by Nov. 30, the HA will not be able to renew its coverage and it will end Dec. 31.

This notice has been emailed to the newsletter contacts at all HAs with delivery and read requests attached. Many HAs have not confirmed receipt of the notice. Please check your spam folder for this notice and send a read receipt or reply that it has been received.

Please note that the notice is not implying that your HA hasn't paid. Any HA with outstanding dues has already been contacted.

Real Appeal Enrollment

To enroll in Real Appeal use one of the following options:

Enroll via www.myuhc.com

Enroll at www.realappeal.com

Engage.realappeal.com will not work.

COVID-19 Resources

Please click on the below link for the **most current COVID-19 information** from United Healthcare.

<https://www.uhc.com/health-and-wellness/health-topics/covid-19/faq>

For your **most up-to-date plan and benefit information**, please visit www.myuhc.com/covid

Know Before You Go

When scheduling a test or procedure inquire about the ancillary providers such as anesthesiologists and radiologists. If they are not in-network, find ones that are, even if you need to change to another in-network facility.



Enrollment and Change Form

Please print or type clearly in blue or black ink.

EMPLOYER SECTION Please complete for employee

Agency Name _____ Agency State _____ Billing Acct # _____
 (from the bills of current members)

CHECK ONE: ☐ New Enrollment ☐ Addition ☐ Change
☐ Voluntary Cancellation ☐ Non-Voluntary Cancellation ☐ Other _____

Date of Hire _____ Effective Date of Change _____

Type of Change _____ Reason for Change _____

EMPLOYEE INFORMATION

Name (Last) (First) (MI) _____ Social Security Number _____

Address _____ City _____ State _____ ZIP _____

Gender _____ Status _____
☐ Male ☐ Single Date of Birth _____ Occupation _____
☐ Female ☐ Married

MEDICAL PLAN (check one)

- ☐ Employee ☐ Employee + Spouse
☐ Family ☐ EE/+ Child(ren)
☐ Coverage Waived
☐ Not applicable (Benefit not offered by authority)

Circle or Write Plan Name - (Value PPO, Value PPO w/Premier RX, Premier PPO, Premier Plus PPO, Out of Area)

LIFE AD&D INSURANCE

- ☐ Life Insurance/AD&D Coverage - \$10,000
☐ Life Insurance/AD&D Coverage - \$50,000
☐ Life Insurance/AD&D Coverage - ☐ \$20,000 ☐ \$30,000 ☐ \$40,000 ☐ Other: Per \$1,000 = _____
☐ Not applicable (Benefit not offered by authority)
- ☐ **Optional Dependent Life:** \$2,000 for Spouse and \$1,000 per child
☐ Not applicable (Benefit not offered by authority)

Beneficiary/Beneficiaries (Last, First, MI)	Percentage of Benefit	Relationship
_____	_____	_____
_____	_____	_____

DENTAL PLAN (check one)

- ☐ Employee ☐ Employee + Spouse
☐ Family ☐ EE/+ Child(ren) ☐ Coverage Waived

☐ Not applicable (Benefit not offered by authority)
 Benefit through United Healthcare
www.welcometouhc.com/openaccess 888-679-8925

VISION PLAN (check one) - VSP <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Family <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Coverage Waived	<input type="checkbox"/> Not applicable (<i>Benefit not offered by authority</i>) Benefit through Vision Service Plan www.vsp.com 800-877-7195
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VISION PLAN (check one) - UHC <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Family <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Coverage Waived	<input type="checkbox"/> Not applicable (<i>Benefit not offered by authority</i>) Benefit through United Healthcare www.myuhcvision.com 800-638-3120
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LONG TERM DISABILITY <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Coverage Waived <input type="checkbox"/> Not applicable (<i>Benefit not offered by authority</i>)	Monthly Salary \$ _____ Occupation _____
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DEPENDENT INFORMATION Please list all eligible family members to be enrolled in medical, dental and/or vision coverage. Add separate sheet if necessary.							
Dependent Full Name	Sex	Date of Birth	Social Security #	Relationship	Medical	Dental	Vision
_____	___	_____	_____	_____	___	___	___
_____	___	_____	_____	_____	___	___	___
_____	___	_____	_____	_____	___	___	___

AUTHORIZATION

- ** I accept the coverage provided by **Housing Benefits Plan** and authorize deductions from earnings of the required contributions, if any, towards the cost of my coverage. This authorization applies only if employee contributions are required.
- ** Unless otherwise provided, where two or more beneficiaries are named, the proceeds shall be paid in equal shares to the named beneficiaries, if surviving the insured, or to the survivor or survivors. If no beneficiary survives, payment shall be made in accordance with the terms of the policy. This designation revokes any and all previous designations. The right to further change the beneficiary is reserved unto the insured.
- ** I understand and acknowledge that **Housing Benefits Plan** is a tax qualified voluntary employees' beneficiary association sponsored by SERC-NAHRO & SWRC-NAHRO and not by my employer. I further acknowledge and agree that **Housing Benefits Plan** is subject to the provisions of the Internal Revenue Code and ERISA.
- ** I hereby certify that the foregoing information is true and correct to the best of my knowledge and accept the provisions above.
- ** I have read and understand the eligibility rules and represent and warrant the people I have enrolled are eligible.

Employee Signature _____ Date _____

For individuals making changes to their coverage, or being added to or terminated from the Housing Authority's plan, please scan/email this completed form to ClientServices_Billing3@mercer.com or fax it to 1-515-365-1310.