



MEA UPDATE

Millard Education Association

4204 South 57th St. Omaha, Nebraska 68117 • (402) 731-0400

MEA Website: millardmea.org

Email: alevy@mpsomaha.org (groupwise: alevy)

THIS IS A SPECIAL INSURANCE ADDITION BROUGHT TO YOU BY THE INSURANCE COMMITTEE

MEMBERS OF THE INSURANCE COMMITTEE

Molly Erickson, Chair; Tony Levy, Paul Gable,
Paul Schulte, Nancy Dean, Angela Ralph, Arno
Neben, Karen Callinan, Sheila Bolmeier

CHARGE OF THE COMMITTEE

To inform members of insurance issues.
Empower members to become informed
insurance consumers. Work with the district
staff on current trends in our own plan.

REMINDERS

The MEA Insurance Committee would like to
pass on a few reminders to you.

If you are denied a claim on your health
insurance, here is the appeal process:

OPPORTUNITY TO REQUEST AN APPEAL

You shall have a reasonable opportunity
precertification or claim review decisions in
accordance with this Appeal Rights provision.
As part of the appeal, there will be a full and fair
review of the precertification and/or claim
review decisions.

The request for an appeal can be written,
electronically or orally submitted and should
include any additional information you believe
may have been omitted from United's
review or that should be considered by them.

United of Omaha will establish and maintain
procedures for hearing, researching, recording
and resolving any appeal. The notification you
receive regarding their precertification or claim
review decision will include instructions on how
and where to submit an appeal.

**You will have no later than 180 days from
your receipt of notification of United's
precertification or claim review decision to
submit a request for an appeal.**

The request for an appeal should include:

- (a) The name of the patient;
- (b) The name of the person filing the
appeal if different from the patient;
- (c) The Plan number;
- (d) The member number;
- (e) The nature of the appeal; and
- (f) Names of all individuals, facilities
and/or services involved with the appeal.

By requesting an appeal, you have
authorized United, or anyone designated by
them, to review any and all records (including,
but not limited to, your medical records) which
United determines may be relevant to your
appeal.

WHERE TO SEND YOUR APPEAL

Mutual of Omaha (Coventry)
Appeals & Grievances
P.O. Box 31640
Omaha, NE 68131-0640
1-800-351-1681

UNITED OF OMAHA'S RESPONSE TO APPEALS

Once your request for an appeal is received, a response will be sent no later than:

- (a) 72 hours for Claims Involving Urgent Care;
- (b) 30 days for claims and services for benefits requiring precertification (excluding Claims Involving Urgent Care); and
- (c) 60 days for claims and services for benefits not requiring precertification.

When United makes a determination they will provide you with:

- (a) Information regarding their decision; and
- (b) Information regarding other internal or external appeal or dispute resolution alternatives, including any required state mandated appeal rights.

INSURANCE AT RETIREMENT

If you would like to continue with our health and dental insurance when you retire from MPS, you **MUST** be enrolled in the plan for 60 months prior to your date of retirement.

The NSEA Retirement Blue Cross/Blue Shield Health insurance **IS NOT** available to Millard teachers. There is only one exception to this. If your spouse is covered by the active teacher family BC/BS Health insurance, and has participated in the program 60 months prior to their retirement, then the BC/BS is available to you and or your spouse.

HOW TO ACCESS INSURANCE

You can access our health plan, dental plan, and drug formulary list on the web by following these steps:

1. Go to: <http://mpsnet.mpsomaha.org/>
2. Log on and then pull down the menu bar and go to **Human Resources**
3. Click on **Documents**
4. Click on **Benefits**

5. Click on **Plan Documents**

You can access your health claim records and other specific information on our health plan by registering at

<https://www3.mutualofomaha.com/groupcustomeraccess/csregistration.jsp>

Pre-certification Requirements:

You must pre-certify the following:

1. Hospital Confinement due to a Sickness or Injury;
2. Hospital Confinement and partial hospitalization for Mental and Nervous Disorders or Alcohol and Drug Abuse and/or Substance Abuse;
3. Outpatient Surgical Procedures; and
4. Specialized Services and Supplies.

You, Your representative or Your Physician must request pre-certification from the Care Review Unit. The Care Review Unit will advise You and Your Physician of the review decision.

United recommends pre-certification be initiated at least even (7) days before the Hospital Confinement, Outpatient Surgical Procedure or Specialized Services and Supplies begin or are received. If not pre-certified at least one (1) business day prior, a penalty will apply.

Within two (2) business days, or as soon as reasonably possible for a Medical Emergency, You, Your representative or Your Physician must notify the Care Review Unit of the Hospital Confinement, the Outpatient Surgical Procedures and/or the Specialized Services or Supplies. If not pre-certified within this time frame, a penalty will apply. The Care Review Unit will advise You and Your Physician of the review decision.

INSURANCE COMPARISONS

The following is a comparison of Millard's health care plan and other Metro school districts and was prepared by the Insurance Committee.

INSURANCE COMPARISONS

	Westside	Papillion/ LA	Ralston	Bellevue	OPS	Millard
DEDUCTIBLES (out of pocket)						
Single in/out	550/1100	300/600	550/1100	300/600	300/600	250/500
Family in/out	1100/2200	600/1200	1100/2200	600/1200	600/1200	500/1000
MONTHLY COST OF TOTAL PLAN						
Single	371	390	371	390	390	325
Family	1046	1099	1046	1099	1099	890
MONTHLY COST PAID BY MEMBER						
Single	0	0	11	0	0	0
Family	675 first 2 years	77	81	220	709 first 3 years	0
					439 after 3 years	
PRESCRIPTION COPAYS						
Generic	25% Copay \$5min/\$25max	25% Copay \$5min/\$25max	25% Copay \$5min/\$25max	25% Copay \$5min/\$25max	25% Copay \$5min/\$25max	\$10
Formulary (preferred name brand prescription drugs)	25% Copay \$25min/\$50max	25% Copay \$25min/\$50max	25% Copay \$25min/\$50max	25% Copay \$25min/\$50max	25% Copay \$25min/\$50max	\$25
Non-Formulary	25% Copay \$50 min/100max	25% Copay \$50 min/100max	25% Copay \$50 min/100 max	25% Copay \$50 min/100max	25% Copay \$50 min/100max	\$40