



The Benefits Group, Inc.

Member of Connecticut Health Partnership
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Your Healthcare Benefit Source
We help, so you benefit.

A Message from Bob Feen President of The Benefits Group

As the New Year unfolds, we find ourselves in uncharted territory. Many of our clients are experiencing decreases in sales and thus, must decrease their staff. We hope that our new President's programs will stimulate our economy.



In the meantime, we are all tightening our belts and trimming anywhere we can. The Benefits Group has traditionally offered ways to help contain costs while offering quality products. In past years, many clients have hesitated to try the 'new-fangled' HSA (Health Savings Account) plans; this should be the year you consider it for your company.

Change can be difficult, but we can help you, and your employees, through the transition. 100% of our clients that have chosen the HSA plans continue to renew them. Please consider these options at your next renewal.

The Benefits Group will continue to be here for you. Thank you for your business and we look forward to an improved 2009!

HSA Information

As more and more of our clients enroll in HSA and HRA plans, there have been more questions about them:

What if I haven't received my debit card?

Please call the bank you set the account up with. Legally, we are not able to inquire about your personal bank accounts.

Why did I receive a 1099 SA?

You receive this tax document if you used your HSA account for qualified medical expenses. Please have it available for your tax counselor and keep your receipts with this document.

What if I contributed to my HSA account with a personal check (i.e. post tax money)?

Employees can take an "above the line" deduction on their personal taxes.

Please consult with your bank or tax advisor if you have more specific questions.

ADMINISTRATIVE NOTES

We'd like to bring you up to date with the challenges we are facing while working with our insurance carriers.

In the past, when you called us for assistance, we were able to respond to most of your calls within a day. Unfortunately, due to insurance company reorganizations and lay offs, *we* are not getting responses in the timely fashion that we have been accustomed to. Please allow 24-48 hours for us to get back to you.



As an alternative, please feel free to call the customer service numbers on the back of the insurance ID cards, or on your bills, for assistance. It may seem difficult to believe, but you may get an answer before we do. Why? Some companies have designated phone numbers for brokers, however, they are not staffed as well as the employee customer service lines. When we have to wait for service, unfortunately, so do you.

Employees claims questions can be resolved by calling the number on their card or by calling their providers directly; many providers are already working to resolve the claim from their end. Also, please note that in most cases the providers cannot speak with us due to HIPAA privacy laws.

If, after calling the insurance carrier and/or their provider, the employee is still experiencing problems, please give us a call and be prepared to fax or email all the bills, EOB's (explanation of benefits) and documentation of your calls, so that we can help bring the situation to a resolution.



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WE APPRECIATE YOUR PATIENCE

When the State of Connecticut mandates new benefits under group health insurance contracts, sometimes the insurance companies are not prepared to handle the changes as fast as they'd like since it may require unscheduled system updates and changes.

For example, effective January 1, 2009, the State of CT allows dependents up to age 26 to remain on their parents coverage subject to certain rules. Unfortunately, some of the carriers are having system related issues making these changes. Therefore, it may take longer for dependents to be added and receive their insurance card. Thank you for your patience as we navigate through these types of transitions.



Retail Pharmacies Prescription Plans

Many more retail pharmacies are introducing new plans from free antibiotics to \$4 Rx's. Did you know you can check online to see if your medication falls under one of these plans? Go to the company's website and you'll find links to their pharmacy programs, or, you may call the pharmacy.

While we know that employees are searching for the best bargain, for safety's sake, it is best to have all your Rx's filled at the same pharmacy so they can look for drug interactions. When you use more than one pharmacy, you lose this safety net.



One note about the free medication offers: it is illegal for the pharmacy to run your Rx through your insurance and 'waive' the copay, it must be completely free. If you need an antibiotic, bring the list of antibiotics being offered under the program to your doctor's appointment. If your bacterial infection can be helped by one of them, ask your doctor to write for that prescription. However, please follow your doctor's advice as to which Rx is most effective; not all antibiotics are created equally.

HSA Bank Accounts

For employees that are responsible for funding their own HSA accounts, please be aware that bank accounts that do not have a balance can go dormant. In order to reactivate it, some banks charge a fee to wire money to the account and some charge a fee to receive it. If your account is inactive, please contact the bank to check for the most cost effective way to deposit additional funds.



General Housekeeping

Here are some general answers to the administrative questions we receive the most.

1. Insurance is payable in advance, not arrears. The bill due March 1st is for coverage during the month of March. If the payment is not received by the end of the month that it's due, coverage will be cancelled and employees will receive cancellation letters. Some companies impose late fees or may not choose to reinstate coverage. Please allow at least 7 days for payment to be posted. We realize that times are difficult right now, but this is one of those 'must pay now' bills.
2. Please check your bill for additions and deletions. However, DO NOT take deductions for terminated employees. Report them the way your insurance company requests and wait for the adjustment on a future bill.
3. People that are NOT eligible for coverage include relatives that are not full time employees actively at work. Ineligible dependents include parents, grandparents and siblings of the employee. However, any court ordered dependents are eligible when proper documentation is provided.
4. Please make sure the employee fills out the applications completely and *legibly* or it may delay the issuance of ID cards.
5. Please submit enrollment to the insurance company, or to us, asap. It can take up to 2 weeks for ID's to be issued.



Lay Offs and Rehires

The economy has caused many employers to reevaluate their staff and some, unfortunately, have had to make cuts.

Different carriers have different time limits for rehiring employees without having to wait the 'new employee' waiting period. Please check with your contract or carrier if you are facing this situation and are considering making changes of the length of time to waive the waiting period.



Hope this helps!