



The Benefits Group, Inc.

Member of Connecticut Health Partnership
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Your Healthcare Benefit Source

In The News...

We don't have to tell you that the economy is struggling right now...we are all feeling the effects of it.

What we can tell you is that we are here to offer you guidance during these difficult times. We have received many calls from clients that are having a tough time paying their bills because you are not getting paid from *your* customers. (Many of you are nodding your heads right now!)



If you find yourself in this position, please contact your insurance carrier to explain your situation and make arrangements, they may be able to keep your coverage from being cancelled. If you don't call them, they won't know of your difficulties and will automatically cancel the coverage.

In addition, during your renewals, we will explore all cost effective options; this may be the year you try an HSA.

Some reminders regarding your bills: please make a conscious effort to check your bills for changes (additions, terminations, renewal rates). Most carriers won't give credit for changes over 30 days old; you don't want to have to pay extra money if you don't have to!

Please call your agent with questions or concerns.

CONGRATULATIONS, GRADUATES!

It's *GRADUATION* time of year!! Your employees may have a son or daughter graduating from high school or college and may, or may not, be eligible to continue their medical insurance as a dependent. On January 1, 2009, Connecticut introduced a new law to cover certain dependents to age 26. Please check your policy for details.



If you have questions regarding COBRA for dependents, individual medical policies, or short term medical insurance, please call us.

ARRA of 2009—COBRA Update

URGENT!

The American Recovery and Reinvestment Act of 2009 includes a section of revised federal COBRA laws for employers with more than 20 employees.

If you have employees that have been *involuntarily laid off* since September 1, 2008, they may be eligible for the new COBRA subsidy. There is a subsidy available, for up to 9 months, in which the employee pays 35% of the COBRA premium and the employer, (or COBRA plan administrator) funds the 65% balance and is reimbursed by the IRS via the payroll tax on Form 941. There is a special enrollment period for those that were laid off from 9/1/08 to 2/17/09 (the enactment date). If an employee is *eligible* for other coverage (i.e. through a spouse, dependent eligibility, Medicare) then they are NOT eligible for the subsidy, but may elect the regular COBRA and pay 100% of the premium. There are specific model COBRA letters and Q & A's that are available on the Department of Labor's website, www.dol.gov/ebsa/COBRA.html and will be on our website as well.

The State of CT's continuation program for employers with under 20 employees is generally modeled after the federal COBRA program, however, there are differences. For example, to date, there is no special enrollment period, though we understand there is a proposal being submitted to the governor.

If you have had involuntary lay offs since September 1, 2008 and do not understand your responsibility, please call us immediately, so that we can help you become compliant with the new law.

There are a lot of nuances and stipulations of the law to understand. Above is only a brief glimpse of the highlights. Please call us with questions.



SERVICE - 24/7

Picture the scene: it's Friday evening after a busy week at work. You get home and in your mailbox there's a bill from your doctor for your last visit for \$200. A rush of anxiety comes over you—wasn't that a covered service? What happened? I'll call someone! The problem is that no one will be available until Monday morning. That's a whole weekend to worry about the possibility of having to come up with \$200. And, with Monday being the busiest day for customer service calls, it may be challenging to get a quick answer.

What can you do? Look up your claim online! Employees have 24/7 access to their claims history, just by registering with their carrier. They may find out that their provider has already resolved the issue and it has been reprocessed and paid.

Most ID cards have the carrier's website on them. If not, have them check:

Anthem.com
Aetnnavigator.com
Cigna.com
Connecticare.com
Healthnet.com
Oxhp.com (Oxford)



There are enough stresses in this world, this shouldn't be one of them!

Check for Participating Providers

Please remind employees to check to see if their providers participate BEFORE making the appointment. The referring doctor does not know who participates with your plan; it's the patient's (or guardian's) responsibility to check before the appointment.

The best place to check is on the insurance carrier's website or by calling the customer service number on the insurance ID card for the most up to date information. The printed provider directories are a good place to start, but since they may be outdated, it's best to call to confirm their status. You don't want a surprise the day of the visit, or worse yet, getting a large bill in the mail!



HSA REMINDERS....

We have had calls from clients that have had questions with their new HSA's. Here are some things to remember:

1. ALL claims should be submitted to the insurance carrier for processing (both participating and non-participating providers) to ensure proper credit towards deductibles and reimbursement.
2. Employees should NOT pay a participating provider's bill until they have received an EOB (explanation of benefits) from their carrier. When you visit a participating provider, they accept a negotiated fee. If you pay the full amount during the visit it may result in overpayment to your provider. If you have ever tried to get reimbursement from your provider, you'll know it's not always easy!
3. Paying the full amount at a provider may result in you using up your HSA funds prematurely and you'll have future bills and no funds left. Again, it can be an involved process to get it corrected.
4. If you do get a refund from your doctor, please make sure it is used towards qualified medical expenses!
5. If you offer an HRA account and the employee receives a refund, it is the *employer's* money, not the employees'. Therefore, the employee must pay close attention to the expenses they pay and may get reimbursed for.
6. Please remind your employees to keep accurate records. They should keep the receipts, bills and EOB's in a file and keep track of the reimbursements. It is easier to correct a situation when it first occurs than later on when more claims have been filed and reimbursed.
7. Employees can check their claims online to keep track of them easily. (please see adjacent article.)
8. Employees that are over age 65 are *no longer eligible* for HSA contributions. Also, Rx's are no longer creditable and they must elect a Medicare D plan.

Important Tips to Remember When Making Health Plan Changes

If you are making plan changes to your coverage, we suggest you make employee meetings mandatory, whenever possible. Experience has shown that the employees that did not attend the meetings were the ones most likely to have claims and billing problems.

In addition, new cases cannot be submitted until all of the enrollment forms are completed. If your case has to go in 'late', please advise the employees that they will not have their ID cards, or be 'in the system' for up to 2 weeks after the effective date and to plan doctor visits accordingly. Thanks for your help!