



The Benefits Group, Inc.

Member of Connecticut Health Partnership
Member of the CT Better Business Bureau



Your Healthcare Benefit Source

MAY/JUN 2011

Colonoscopy Procedures - Important Information

We receive phone calls frequently from clients who have had colonoscopies and get a subsequent bill, which they were not expecting. They went in for a 'routine' colonoscopy, but it was applied to their deductible or they were charged an outpatient hospital copay. Why? The most common reason is because the person had a prior colonoscopy and had polyps removed. Though they may have been non-cancerous, in most cases you will no longer be classified as receiving 'routine' or 'preventive' screenings. When the doctor's office bills the insurance companies, the procedure codes they use will include the previous diagnosis. The insurance carriers can only process the claims as they are billed. Therefore, while we usually recommend that you call your insurance company when you have a claim question, in these cases, the first call should be made to the doctor's office to see **how** it was billed. If it was billed with a prior diagnosis, then your responsibility is what the explanation of benefits states. However, if there was an error in the billing, the doctor's office will have to submit a 'corrected bill'; this is not something the insurance company, or we, can do. Please be sure to communicate with your doctor's office *prior* to the procedure for information about how your claim will be billed.



Please circulate this newsletter to:

- Human Resources
- Accounts Receivable
- Insurance/Plan Administrator
- Post on employee bulletin board

GRADUATION 2011!

It's *GRADUATION* time!! You or 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. 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.

Congratulations to all the graduates!

Insurance Companies Are Adopting A Baseball Rule

3 strikes and you're out! If your coverage has been terminated due to a late payment and you have already been reinstated twice previously, some

insurance carriers will cancel your coverage *permanently*, without the possibility of reinstatement. We understand times are tough, but we don't want you and your employees to be left without coverage. If you think you're going to be late, call the

insurance carrier directly to explain. We cannot guarantee that they won't cancel you, but the communication may help.



Health Care Reform

Reminders for 2011:

- There is a 20% tax for non qualified HSA withdrawals (previously 10%).
- State of CT has passed legislation to set up an Insurance Exchange; there are no details yet as to how it will be administered, at what cost and to whom.
- The value of employer sponsored coverage must be reported on W-2's.
- There are no pre-tax reimbursements from health care accounts (FSA, HSA) for non-prescribed over-the-counter medications.
- Sick pay leave will be required for employers with 50 or more employees, in certain industries with some exceptions. (currently on the Governor's desk for signature).



Looking ahead to 2012:

- Effective 4/1/12, federal health care reform will require employers to give employees 60 days notice for any 'significant' changes in their medical plan or contributions (the feds haven't determined what the definition of 'significant' is yet).
- State of CT wants to force the insurance carriers to have a public symposium for any large rate increases, potentially at a cost of \$2 million to taxpayers.

Summer Hours

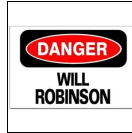
The Benefits Group will be closing at 1 pm on Friday's from June 24th through September 2nd.

Happy Summer!



Consumer Warning

The State of CT has issued a warning to consumers to be aware of a number of unlicensed entities that may be marketing low cost health insurance or medical discount plans via phone, internet, email and fax. Insurance companies must be licensed in order to do business in CT.



The Benefits Group only conducts business with properly licensed companies. In addition, our agents are also licensed with the State of CT. Licenses can be verified online at www.ct.gov/cid or by calling 1-800-203-3447. If you have any questions, please call your agent.

Who Wants To Pay More For Their Insurance?

No one does, of course! This is why it is extremely important that you check your bills on a monthly basis.



When an employee is terminated from coverage, please make sure they come off the next bill, if not, contact your carrier immediately. Most insurance companies will only go back 1 month to cancel coverage; you don't want to pay unnecessary premiums for an employee that no longer works for you!

It is especially important to check your first bill when you have switched carriers to make sure all the employees are accounted for and are being billed for the right amounts based on their coverage level (employee only, family, etc.). You can compare these to the rate sheet your broker provides you during the renewal process.

Likewise, it is also important to make sure new hires appear on your bill.

Voluntary Life and Disability Benefits

Voluntary employee benefits are a great way to offer quality benefits at group prices for employees. UNUM Life Insurance Company offers life and disability products which are affordably priced and portable; this means that if an employee leaves your company, they can take their coverage with them at the same affordable group rates. Contact your broker for more information.



Payroll Reminders

Please notify your payroll service when you begin an H.S.A. plan to see if they have any special rules or regulations to follow when setting up employer and employee funding arrangements.



It's Renewal Time!

We know your time is valuable and so are the benefits you provide for your employees. During renewal time, please make time to visit with your broker. Health insurance is likely your biggest expense after payroll and we need the time to explore all your options and answer your questions about health reform. Please schedule appointments promptly so we have time to make any necessary changes to your plan.



New 2012 HSA Limits



HSA holders can choose to save up to \$3,100 for an individual and \$6,250 for a family (HSA holders 55 and older get to save an extra \$1,000 which means \$4,100 for an individual and \$7,250 for a family).

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!

Employers and employees should periodically update personal and group life insurance beneficiaries. Make this a practice during the annual open enrollment; it's a good time to review all aspects of your insurance benefits.



If you would prefer to receive this newsletter via email and you have Microsoft Publisher, please send your request to Nancy at Nmccaughy@thebenefitsgroupofct.com and she'll email the next newsletter to you.

