



Walsh Benefits "PARTNER PRESS"
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- When writing an **Aetna** Dental plan, you **MUST** fill out an NB750 (employer application) and submit it with the employee applications. The employer application for group medical **IS NOT AN ACCEPTABLE SUBSTITUTE FOR DENTAL**. You can download the NB750 off of the Walsh Benefits website.
- **Aetna** has instituted a new rule concerning receipt of new business submissions. Effective 4-1-2004, all new business must be received in Aetna's Cranbury, NJ office **THREE BUSINESS DAYS** before the requested effective date. That means that you should have the paperwork into our office a few days before that.
- **Aetna** has introduced new 3 tier prescription drug options effective July 1, 2004. The new options, \$15/25/40 and \$10/20/35 will have a **2 TIMES CO-PAY** mail-order benefit.
- Effective July 1, 2004 **Aetna** will introduce a new Vision Reimbursement Benefit for certain plans.
- **Aetna** Member Advantage Programs now offers wellness counseling by registered nurses to eligible members and/or covered dependents enrolled in the Aetna Healthfund.



- **AIG/American General** has announced their new pricing trends for their dental products effective August 1, 2004. Both the *Ultimate Advantage* and the *UltraDent* will have a 5% **decrease** for new business and **no increase** at renewal. The AIG PPO will have no increase for both MAC and R&C.
- The Trudent National PPO Dental Plan has been enhanced to include Reasonable & Customary (R&C) out of network benefits for group of 2

to 9 lives. A \$100 deductible and a \$1,500 annual maximum is now also available.

- Effective 8/1, **AIG** is **reducing** National Network PPO Rates in NY, NJ and PA for 2 plus life groups by 10%. **AIG** can also offer a 2 year rate guarantee on National Network PPO R & C out-of-network proposals.



- **Amerihealth** has announced that AdvancePCS will be their new Pharmacy Benefit Manager. This transition is scheduled to take place effective July 1, 2004. I.D. cards will start to go out after the August 1, 2004 transition date.
- **Amerihealth** has introduced a new deductible/co-pay drug program. It is designed for two and three tier co-payments plans only. Deductible will be \$100 and \$200. These new drug programs **CAN ONLY BE OFFERED WITH THE HMO, POS AND OPEN ACCESS MEDICAL PLANS THAT HAVE A OFFICE VISIT CO-PAY OF \$15 OR MORE. PPO PLANS MUST HAVE A \$20 OR MORE OFFICE VISIT CO-PAY.**
- **Amerihealth** is introducing its brand new *Amerihealth POS Plus* plan effective July 1, 2004. This product is available to New Jersey domiciled groups of 51+. This product is an open access POS.
- **Amerihealth** has introduced a new, streamlined Explanation of Benefits (E.O.B.) statement. These statements will include a summary of claims for ALL family members and will be sent out twice each month. E.O.B. statements will only be sent out when there is a patient liability, i.e. deductible, coinsurance and services that are not covered. Members can check their claim status by visiting www.amerihalthexpress.com
- **Announcing the AmeriHealth Broker Bonus Program for the second half of 2004!!!**
 - Bonus available on groups size 2 – 999
 - Bonus will be paid monthly based on sold new business contracts only with no minimum requirement
 - Effective Dates 7/1/04 – 12/15/04
 - Groups <50: \$30 per contract
 - Groups 51 – 499 : \$25 per contract
 - Groups 500 – 999: \$20 per contract



CIGNA

A Business of Caring.

- **Cigna DOES NOT** permit off-anniversary plan changes to a small group's benefit package. **Cigna** will allow, upon written request, changes in

group name, employee effective date, employee termination date and/or employee eligibility ONCE per calendar year.

- All **Cigna** small group new business submissions **MUST** be accompanied by the **CAF 1 and CAF 4 forms**. These commission forms should also be submitted when doing a Broker of Record change.



- Empire BCBS will be issuing non-social security numbers as empire identification numbers. Members will begin to receive their new ID cards as follows:
 1. New Groups with June 1, 2004 effective dates
 2. Group renewing with benefit changes effective June 1, 2004
 3. Groups renewing without benefit changes will receive their card two months after the renewal.
- Empire BCBS offers "Empire Healthy Discounts" for the following alternative therapies, acupuncturists, massage therapists, dieticians and chiropractors.
- Empire BCBS has introduced a bonus program that runs from January 1, 2004 to December 15, 2004. If you sell 50 new Empire small group contracts, you will be paid an additional \$30.00 per contract. Bonus payments will be made in April of 2005.
- All new business submissions **MUST** be in at least **10 BUSINESS DAYS** before the requested effective date.
- Effective 7/1/04, Empire is offering **Reimbursement Accounts** for Groups 51+. Go to www.empireblue.com for information.



- Effective July 1, 2004 Health Net will introduce new 3 tier pharmacy plans for New York small business. All new business submitted with a 3 tier option **MUST** choose from the new plans.
- Health Net has a **new business bonus program** for 2004. To be eligible you will have to satisfy these minimum requirements:
 - Five new cases written in the calendar year.
 - 25-99 New Employee/contracts – 1.00%
 - 100-174 New Employee/contracts – 2.00%
 - 175+ New Employee/contracts – 3.50%For more details, please call our office.
- Guardian Health Net announces new NY Plan Designs!! Effective 7/1/04, Guardian Health Net has just made available 6 additional HMO and six Point of Service plan design options. The main

difference between these plans and their existing plans are lower premiums and higher co-payments.



HORIZON BCBS EXTENDS BONUS INCENTIVE PLAN THROUGH THE 3RD QUARTER 2004!!!!

Here are the criteria and qualifications for this new incentive program:

1. The new business must be effective date by June 28th, 2004
2. The case must have 51 to 499 eligible employees and must be **NEW** to Horizon BCBS.
3. You must submit the notice of sale by September 15, 2004.

For each case that qualifies, you receive:

- 51 - 99 eligible employees - \$30.00 per enrolled subscriber
- 100-250 eligible employees - \$25.00 per enrolled subscriber
- 251-400 eligible employees - \$20.00 per enrolled subscriber
- 401-499 eligible employees - \$15.00 per enrolled subscriber

There is **NO** limit on the number of cases you can sell as long as they are sold in the third **calendar** quarter of 2004.

- **Horizon BCBS** has introduced the capability to put renewals on-line and have them e-mailed to you thru our office. Please call us and let us know if you would like your BCBS renewals e-mailed to you each month. Please make sure we have your active, correct e-mail address on file.
- **Horizon BCBS** has also extended its Bonus program for the third quarter of 2004. All new business sold with an effective date between July 1, 2004 and September 30, 2004 will result in a \$25.00 per contract bonus to the producer. Payouts will be made at the time standard commissions are paid.
- **Horizon BCBS** will introduce their new PPO 100/80/60 Plus plans to the small group market effective July 1, 2004.
- Beginning August 1, 2004, **Horizon BCBS** will begin to monitor the use of certain drugs to ensure that they are prescribed within safety parameters for age, gender, dose and/or duration. Letters have been sent informing physicians and those members who may have received medication outside the dispensing limits. If medication is needed outside the dispensing limits, a medical necessity and appropriateness review must be initiated.
- **Horizon BCBS** Dental will introduce a new Interactive Voice Response (IVR) system in July so members can access benefit information 24 hours a day.
- **Horizon BCBS** has introduced iScribe electronic prescription technology that allows physicians to transmit prescriptions directly to a patient's pharmacy or print a legible prescription.

- On **7/10/04**, the **Domestic Partnership Act** will be effective in **NJ small groups**. The law applies to same sex domestic partners age 18 or older. Please contact Walsh Benefits for information on providing domestic partner coverage and proof of eligibility.
- Effective **8/1/04**, groups will only be able to change their waiting period on their anniversary date.
- Effective **10/1/04**, **Horizon BCBS** has made changes to their small employer health benefits program. The coinsured charge limit and coinsurance cap limit have been eliminated and replaced with **Maximum Out of Pocket**. Also, preventative care benefits have **increased** to \$750 per calendar year for newborn children in which the child turns age one and \$500 per calendar year for all other covered persons (except HMO)
- Replacement of the 60-day limit for short-term therapies under HMO with the following:
 - 30 day combined limit for speech and cognitive rehabilitation
 - 30 day combined limit for occupation and physical therapies
- Effective **8/1/04** – **Horizon BCBS** is requiring new employment verification forms for **Groups 2 to 5 Eligible and Husband Wife Groups**.



- **Oxford** has announced a merger with United Healthcare. This merger will hopefully be a positive for both companies. Press releases are available from both of the carrier's websites. We will pass along more information as we receive it.
- Starting **7/1/04**, **NY new and renewing small groups** will have the following changes:
 - Double exercise facility reimbursement
 - Expanded list of medication available through mail order
 - Option to enroll in OxfordFlex, flexible spending account, for the first year with no annual set-up fee.
- **Oxford** regularly evaluates its **drug formulary** and has made the following changes:
 - Preferred brands (2nd tier) – the following drugs have changed from non-preferred brand (3rd tier) to preferred brand (2nd tier): Copegus, Lexiva, Pegasys and Phenytek. Users may pay a lower copayment
 - Non-preferred brands (3rd tier) – Rebetol will change from a preferred brand (2nd tier) to a non-preferred brand (3rd tier). User may pay a higher copayment
 - Precertification – the following drugs have been added to the list of medications that require precertification: Elidel and Proctopic.
 - Quantity Limit Updates – the following drugs have quantity limits in place: Caduet, Cipro XR 1000 mg, Climara Pro,

CombiPatch, Estrasorb, Lotronex 0.5 mg, Provigil, Spiriva, Zavesca, Zithromax 500 mg.

This drug formulary is accessible on the Oxford website at www.oxfordhealth.com

- Effective **October 1, 2004**, Oxford announces **NJ Small Group Plan changes** in deductibles, coinsurance, coinsurance charge limits, maximum out of pocket, and ER copayment. Contact Walsh Benefits for details.
- Beginning **10/1/04**, Initial Pre-natal Visit copay will change to the plan's PCP copay.
 - The ER copay will change to:
 - HMO - \$100
 - Current POS - \$75
 - New POS - \$100 (below)
 - Split copay plans - \$100 then deductible and coinsurance
- Beginning **10/1/04** – the \$15/50% and all three tier pharmacy options will contain a mail order at 2x copay and expanded list of mail order drugs.



- **UnitedHealthcare** has combined its New Jersey & New York operation staff into a single location for quotes and new business submissions. We strongly encourage you to submit ALL new business submissions thru our office but if time becomes an issue you can mail it directly to:
United Healthcare
Attn: Small Business
Two Penn Plaza, 7th Floor
New York, NY 10121
- Effective **8/1/04**, **United** is offering a 15/30/50 drug card. Also effective **9/1/04**, **United** is offering two more drug cards, a 15/35/75 and a 15/35/75 with a \$100 deductible. These 2 new cards also come with a 2.5x mail order copy.



- Please remember that paperwork for new business submissions is due into **Wellchoice 10 BUSINESS DAYS** before the requested effective date.

LEGISLATION NEW JERSEY

The following is part of the legislative environment in New Jersey.

- The N.J. Senate approved medical malpractice legislation that includes a proposal to subsidize medical malpractice insurance premiums with a \$3.00 per employee fee on employers which can be passed on to the employee. The Bill, [A50](#) now goes back to the Assembly to vote on the new Senate amendments.
- [A1914](#) passed the Assembly 72-6-1 and now moves back to the Senate Health & Human Services Committee. This is the bill that would require small employer health insurance carriers to provide coverage for the treatment of infertility.
- [A-2261/S862](#) was signed into law by Governor James Mc Greevey on 7/7/04. The law requires insurance companies to cover mammograms for women under 40 with a history of breast cancer when recommended by her doctor.
- Governor James McGreevey signed into law the Fiscal Year 2005 budget and related bills on 7/5/04:
 - [A3125](#) - establishes a 6% gross receipts assessment on certain cosmetic procedures
 - [A3116](#) – imposes a special interim assessment of 1% of the net premiums received by HMOs in NJ to fund payments from the Health Care Subsidy Fund.
 - [A3104](#) – redirects \$100 million unemployment taxes to Health Care Subsidy Fund

FEDERAL

- [S2077](#) seeks to establish long term care partnerships under the Medicaid program. The bill is currently in the Senate Finance Committee.
- [S 2328](#) “*The Pharmaceutical Market Access and Drug Safety Act*” A group of non-partisan Senators has introduced legislation that would allow the reimportation of drugs from other nations.
- Senator Charles Grassley has introduced legislation ([S2307](#)) also allowing for the reimportation of drugs from Canada with certain limitations.
- The House passed [H.R. 4281](#), *The Health Fairness Act of 2004* by a vote of 252 to 162. This bill would allow for AHP's as an alternative method for employers to provide low cost health insurance for their employees. The bill now moves to the Senate.

- The House passed **H.R. 4279 FSA Rollover**. This legislation will allow employees to carry over up to \$500 from the unused portion of the previous year's FSA account.

WALSH PARTNERS

- We can **no longer work on your claim issues** unless you send us a legible **Explanation of Benefits (EOB)** along with other documentation. It helps immensely in the successful resolution to the claim problem.
- **Please make sure your clients fill out and send back their New Jersey Certification form. The insured group generally will receive this form 90 days before their renewal date. Carriers reserve the right to terminate a group if they do not receive the certification form back.**

Thank you for your business!!