



Walsh Benefits "PARTNERS PRESS"
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- **Aetna** has introduced its Health Savings Account (HSA) to be used in conjunction with high-deductible plans. "HSA Bank" is the Aetna recommended bank for these new plans. Log on to www.msabank.com and you will be given an agent I.D. number.
- 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 WILL NOT ACCEPT ANY OLD PAPERWORK BEARING THE U.S. HEALTHCARE LOGO OR THE OLD 6 PAGE EMPLOYER APPLICATION. THERE WILL BE NO MORE EXCEPTIONS OF ANY KIND TO THIS RULE WHICH TOOK EFFECT 1-15-2004. PLEASE DISCARD ALL OLD FORMS.** **Aetna** has introduced a **brand new employer application** which has been neatly streamlined to 3 pages. You can download this new application as well as all others off of the Walsh Benefits website.
- **Aetna** members can now access Certificates of Creditable Coverage off of the Aetna Navigator website at www.Aetna.com. Members have already received notification of this new service from **Aetna**.
- **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.



- Effective January 1, 2004, all voluntary dental plans, comprehensive dental plans and the comprehensive portion of the dual option plans will be administered by Healthplex. **AIG/American General** will no

longer be issuing certificates or I.D. cards. All enrollments, changes and terminations must be sent to Healthplex. **Producers MUST BE licensed and appointed with Dentcare!** You can call Healthplex at 516-794-3000, ext.2230 for administration and ext. 2269 for marketing. Your clients will be receiving a letter from **AIG/American General** making them aware of these new changes.

- Effective immediately, AIG/American General has increased its rate guarantee for their life and disability products to two (2) years.



- **Amerihealth** has introduced two new HMO Co-insurance plans in the 2 to 50 marketplace effective 4-1-2004. Please call our office for more information.
- **Amerihealth** has announced that AdvancePCS will be their new Pharmacy Benefit Manager. This transition is scheduled to take place effective July 1, 2004.
- **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.**



A Business of Caring.

- **Cigna's** announced that it is extending its flu vaccine coverage to include intranasal vaccines (such as FluMist) for people aged 5 to 49.
- **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 has scheduled some seminars in New York to introduce you to several of their new programs and products.
- Empire's effective dates are the first and fifteenth of each month. New group submissions **MUST** be in 10 business days before the requested effective date.
- Effective January 1, 2004 Empire BCBS will go to a (2 x co-pay for a 90 day supply) mail order provision.



- Effective April 1, 2004 Health Net will institute changes to New Case Submissions. These changes will apply to New Jersey cases only with 5 or fewer employees enrolling.
 1. The most recent Quarterly Wage and Tax Statement (WR30) must be submitted.
 2. A W4 may be substituted for employees NOT on the WR30.
 3. Husband and wife groups may submit a spousal business statement.
- 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.



Horizon Blue Cross Blue Shield of New Jersey

HORIZON BCBS EXTENDS BONUS INCENTIVE PLAN THROUGH THE 2ND 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 June 15th, 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 second **calendar** quarter of 2004.

- **Horizon BCBS** has introduced their newest Health and Wellness Education Program to fully insured members. The *Hepatitis C*

Education Program will allow members to receive assistance from a personal care specialist who will provide education and support. This is a voluntary program and is offered at **NO** additional premium cost. Members can call 888-334-9006 for more information.

- Beginning May 1, 2004, **Horizon BCBS** will not permit the purchase of a new prescription or refill with a greater than 90 day supply. has made enhancements to its Pharmacy Services Web page. There is a new pricing and coverage tool which allows your clients to see the formulary status of their medication. There are also features that include pharmacy locators, reference tools and mail order management. Log on to www.horizonblue.com and click on **pharmacy services**.
- **Horizon BCBS** will begin to **STRICTLY ENFORCE** 90 day supply limitations that currently exist in your client's prescription benefit plan. Beginning on May 1, 2004, your clients and their employees **WILL NO LONGER** be able to purchase an amount greater than a 90 day supply on any new or refill prescription. This **IS NOT** a benefit change; this is simply stricter enforcement of the existing contract.



- **Oxford** will be introducing an HMO plan effective 5/1/2004. Two (2) options will be available, both with in-hospital co-pays and a new 7/15/25 drug card.
- Keep in mind that there is a list of medications that require precertification from **Oxford**. Members can call 800-905-0201 for more information.
- Effective 4/1/2004, **Oxford** will introduce new 3 tier Rx plans to the New York small group market.



**UNITED'S NEW 2004 BONUS PROGRAM IS DRIVING
BROKERS..... INSANE!!!!!!**

United Healthcare has announced their 2004 Bonus Program for the Small Business market (2 to 50). The qualifying period is effective dates of January 1, 2004 through June 15, 2004. All you have to do is sell two (2) group per month with at least 10 enrolled and you will be earning the following each month:

10 – 25 subscribers - \$1,000.00

26 – 50 subscribers - \$2,500.00
51 – 75 subscribers - \$5,000.00
76 – 100 subscribers - \$7,500.00
101+ subscribers - **\$10,000.00**

This is an unbelievable opportunity to earn extra dollars. Please call our office for more details or our United Healthcare Representative, Kevin Martin at 973-244-8055.

- Please note that ALL of **United's** products are **non-gated**. Your clients will not have to get referrals with any United plan design.



- Effective April 1, 2004, **Wellchoice** will increase their commission to a flat 5.5% for new HMO and PPO business. Renewal business will remain at a flat 4.5%
- **Wellchoice** has added Zetia to its "Prior Authorization Required" list.
- 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.

- **S963** was passed by the Senate 39-0 on March 22, 2004. The legislation would provide for continuous health coverage for certain persons covered under small employer health plans in certain circumstances.
- 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.

- **A2261** was passed by the Assembly by a vote of 79-0. This bill would require health benefits coverage for annual mammograms for women under 40 years of age in certain circumstances. The bill now moves to the Senate.

FEDERAL

- **S2077** seeks to establish long term care partnerships under the Medicaid program. The bill is currently in the Senate Finance Committee.

WALSH PARTNERS

- **PLEASE** make sure the paperwork you send is legible. Please take a few minutes to review your submissions before you send them to us. **Remember, if you can't read it, we probably can't read it either!**
- 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.
- Walsh Benefits **DOES NOT** accept quote requests over the phone. Please continue to fax or e-mail your requests to our office.
- **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!!