

FLASH REPORT

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Issue XLVIII

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1st Quarter 2011 Rider Rates

	Basic Blue 1	Acupuncture*	Vision**
Enrolled Group Size	1-50	1-50	1-50
Individual	\$6.56	\$1.43	\$2.40
EE/Spouse	\$15.74	\$3.43	\$5.76
EE/Child(ren)	\$12.79	\$2.29	\$3.84
Full Family	\$22.57	\$3.86	\$6.48

* Not available on BlueSolutions for HSA.

** Not available on BlueSolutions for HSA or BlueChiP for Healthy Options.

BCBSRI Introduces VantageBlue

Starting on April 1, 2011, Blue Cross and Blue Shield of Rhode Island will deliver an entirely new portfolio of health plans with features and benefits designed especially for small businesses.

The **VantageBlue** plans are PPO based, using the popular Coast to Coast BlueCard network. In addition, these products use a **“hybrid” deductible**. This allows all family members to contribute to the family deductible amount; however, no individual family member will ever pay more than the individual deductible amount. In addition, the deductible will apply toward the out-of-pocket maximum.

These plans offer wellness incentives, including reduced copayments for prescriptions and services for members with certain health conditions, as well as \$50 Gift Card incentives for each subscriber and enrolled spouse that completes an online Personal Health Assessment (PHA).

The existing IRS qualified HSA eligible plans will be re-named **BlueSolutions for HSA**. Prescriptions on these plans will be subject to flat copayments after the deductible is fulfilled. These plans will continue to utilize the **“family” deductible** where one family member can satisfy the entire family deductible and out of pocket maximum.

HealthMate Coast to Coast 2000/4000 is the only remaining HealthMate option, and will continue to utilize the **“family” deductible**.

BlueChiP for Healthy Options continues to be offered and continues to use the **“two-person” deductible** structure, where two family members must each meet the individual deductible amount in order to satisfy the family deductible.

Beginning 4/1/11 and rolling upon renewal:

Groups will be transitioned to the new portfolio of products. Clients wishing to enroll in a plan other than the option pre-selected for them will need to submit a Request for Amendment to the Sales Agreement.

Groups will be switched to a **plan year deductible** upon their renewal beginning April 1, 2011. Deductibles incurred between January 1 and renewal will be reset at \$0. Clients wishing to maintain the calendar year deductible will need to submit a Request for Amendment to the Sales Agreement. The new Amendment form is attached and includes an area to indicate the request to remain on a calendar year deductible schedule.

The 5/15/30/30 and 7/25/40/40 Rx options will be eliminated upon renewal beginning April 1, 2011. Groups currently enrolled in these Rx options will automatically renew in the 7/30/50/75Rx option. This is the only available buy-up option from the **standard 10/35/60/100 Rx**.

More Exciting Changes for BCBSRI

The **Broker Tool Kit** is attached and includes the information you need to familiarize yourself with the new portfolio and changes.

In conjunction with the new portfolio rollout, BCBSRI is transitioning groups to their new computer platform effective April 1, 2011 and upon renewal. The new computer system will generate a **new ID number** and card for each subscriber and member. These are no longer lifetime numbers, rather a random, 9 character ID that will change with each product change.

In February, an **advertised campaign**, including print, radio and television ads is being launched to introduce VantageBlue to the general public.

In March, BCBSRI is launching a new, informative **website for brokers and clients** that will provide helpful information on products, services and reform issues. This site will be updated regularly.

Also, in March, BCBSRI will launch **BlueEnroll**. This is a true online enrollment system that all groups will be given access to. Brokers will also be given access to their clients on this system. BCBSRI will provide training prior to the actual launch of the program. Groups will have access to the system 2 weeks prior to their renewal date.

Throughout the transition period, at least 90 days prior to renewal, plan administrators and members will receive a letter that notifies them that their group plan will be changing upon renewal. About one month prior to renewal, clients will receive a **Pre-Renewal** package which introduces the new plan options and changes. Renewals will be sent to brokers between 60-75 days in advance, allowing you time to reach out to your clients before they receive their actual renewal package. The Pre-Renewal package is attached for your review.

We are working closely with the BCBSRI Sales Department to ensure a smooth transition and to give the broker community all of the resources and tools needed to properly educate their clients. If you would like to review the rollout or have any questions, please feel free to contact any member of the BrokerNetUSA team.

OTC Changes for January 1, 2011

In March, 2010, Congress passed H.R. 3590, the Patient Protection and Affordable Care Act (PPACA). This Act amended previous legislation in which over-the-counter (OTC) medicines and drugs had been deemed eligible for reimbursement from a Flexible Spending Account (FSA), Health Saving Account (HSA), and Health Reimbursement Arrangement (HRA).

Effective on January 1, 2011, all medicines or drugs purchased over-the-counter **require a prescription or Letter of Medical Necessity** from your medical practitioner if the expenditure is to be reimbursed from your Medical FSA.

All OTC health-related supplies continue to be eligible for reimbursement after 12/31/2010 without additional documentation. Some examples include the following:

- Bandages & First Aid Dressings
- Blood Pressure Kits
- Contact Lens Solution
- Diabetes Testing Supplies
- Hearing Aid Batteries
- Hot, Cold, & Steam Packs
- Insulin
- Splints, Supports, & Braces

If you have any questions about these changes, please contact Dave Antonelli at david.antonelli@amwins.com or 401-734-2453.

Understanding BCBSRI Rating

For groups that have less than 20 total employees, Medicare is the **primary** payer of claims. For groups that have 20 or more total employees, Medicare is the **secondary** payer of claims.

BCBSRI rates are factored based on the information you provide to us. The BrokerNetUSA Census form includes an area for you to indicate if the company has 20 or more employees on payroll.

For companies that have subscribers age 65 or older on their census, this information is mandatory and will be required before we can provide rates.

Also, as a reminder, the Federal ID number is required to quote any group with less than three enrolled employees.

Please be sure to request this information from your client at your initial meeting to ensure expedient delivery of new business proposals. This will also avoid delays in the set up process at the point of sale.

Revised Forms

Recent form updates include:

- Sales Agreement
- Census Form
- Request for Group Insurance Amendment to the Sales Agreement

Electronic versions of these forms are attached and are also available to download on www.brokernelnet-usa.com. Please be sure to discard any outdated forms as they will not be accepted going forward.

London Health Administrators

London Health Administrators is a third party administrator specializing in the design and administration of consumer-driven health plans. They were founded in 1964 with an underlying philosophy of being the answer to their clients' employee benefit obstacles, and their partner in financial growth.

London is headquartered in East Providence, Rhode Island, serves over 100,000 members, and is one of the most innovative third-party administrators in the Northeast. They are also the HRA, FSA, & HSA preferred vendor for Blue Cross and Blue Shield of Rhode Island. There is no client too small or too large; London strives to help all businesses overcome rising health care costs. If you are interested in the services of London Health Administrators, please contact Dave Antonelli at david.antonelli@amwins.com or 401-734-2453 or Chris Cote, Managing Director of London Health Administrators at 401-435-4700 ext. 203 or ccote@londonhealthusa.com.

ALERT - BCBSRI Updated Deadlines

The deadlines and turn-arounds below take effect for April 1, 2011. Please keep in mind that all deadlines and turn around times assume receipt of COMPLETE information needed for submission to BCBSRI.

ACTION	DEADLINE	TURN AROUND
New Business Estimated Rate Request	23rd of the month, two months prior to the requested effective date	Rates are turned around in 2 hours
New Business Enrollment Submission*	23rd of the month, two months prior to the requested effective date	Group Number is available in 24-48 hours. ID Numbers are available prior to the effective date.
Revised Rate Request (rerate on existing business)	6th of the month in which the group renews	Rates are turned around in 3-5 business days
Revised Rate Acceptance	15th of the month in which the group renews	Rates are implemented in 10-12 business days
Benefit Change Request*	23rd of the month, two months prior to the group renewal date	Plan Design and rates are implemented by renewal date
Routine Membership Maintenance	Last day of the month in which the change is to be effective	Changes are implemented in 10-12 business days (Immediately when using BlueEnroll)
Broker of Record	Prior to requested effective date	Changes are implemented in system within 5-7 business days
Group Termination Letter	30 Days prior to termination date	Termination is processed in 10-12 business days

*Example: April New Business and Benefit Change Submissions MUST be received by February 23rd. May New Business and Benefit Change Submission MUST be received by March 23rd.