

FLASH REPORT

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Good Health Benefit

Blue Cross and Blue Shield of RI is spreading the word about their value-added Good Health Benefit® (GHB) program for Small Groups. Recently, you may have noticed print and online advertisements that promote the Small Group plans and showcase GHB, BCBSRI's innovative wellness program.

Ads are appearing in *Providence Business News* and the Rhode Island Newspaper Group's (RING) community newspapers. GHB will also be featured in an ad in Kent County's *Chamberworks*.

This promotion can also be found online. Web banners at Projo.com, PBN.com, and the RING's Websites are live and currently link to GHB content on BCBSRI.com.

GHB is a unique and exciting addition to the BCBSRI Small Group plans, and BCBSRI is eager to engage your existing and prospective accounts in this program. If you have a client interested in learning more about the program, please let one of the BrokerNetUSA Broker Service Representatives know and they will coordinate a meeting between a Wellness Coordinator, you and your client.

Upcoming CE Opportunity

Please join us for "Street Level Ethics" presented by Robin Federici of IETA. The course is being held on February 2, 2010 from Noon to 4:00PM at Chelo's on the Waterfront in Warwick, RI. Registration and lunch will be held from Noon to 1:00PM. The course provides 3 RI CE Credits. If you wish to attend, please contact Gloria Hollis at gloria.hollis@amwins.com. There is a \$25 fee to attend and checks should be made payable to BrokerNetUSA.

BCBSRI Revised Forms

Recent form updates include:

CVS Caremark Mail Order Form

CVS Caremark Mail Order Brochure

Request for Amendment to the Sales Agreement

Group Activity Report

Please be sure to destroy any previous versions that you may have on file. Electronic versions are attached and are also available to download on www.brokersnet-usa.com. Please contact any member of the BrokerNetUSA team for a printed supply.

1st Quarter Rider Rates

Enrolled Group Size	Basic Blue 1	Acupuncture	Vision
	1-50 Can be added off cycle	1-50 Cannot be added off cycle	1-50 Can be added off cycle
Individual	\$6.30	\$1.89	\$0.72
EE/Spouse	\$15.12	\$4.54	\$1.73
EE/Child(ren)	\$12.29	\$3.02	\$1.15
Full Family	\$21.67	\$5.10	\$1.94

COBRA Premium Reduction

The effect of the 2010 DOD Act

Changes Regarding COBRA Continuation Coverage, as amended by the 2010 DOD Act

The 2010 DOD Act extended the COBRA premium reduction eligibility period for two months, until February 28, 2010.

The Act also increased the maximum period for receiving the subsidy for an additional six months (from nine to 15 months).

Individuals who had reached the end of the reduced premium period before the legislation extended it to 15 months will have an extension of their grace period to pay the reduced premium.

To continue coverage, subscribers must pay the 35 percent of premium costs by February 17, 2010, or, if later, 30 days after notice of the extension is provided by their plan administrator.

Individuals who lost their subsidy and paid the full 100% premium in December 2009 should contact their plan administrator to discuss a credit for future months of coverage or a reimbursement of the overpayment. Additional information is available at the US Department of Labor website by following these links:

<http://www.dol.gov/ebsa/newsroom/fscobrapremiumreduction.html>

<http://www.dol.gov/ebsa/cobra/COBRAPremiumReductionProvisionExtension.html>

Tips to Ensure Expedient Processing

Quote Requests – Provided in 2 hours or less!

- Send all requests to brokernet.quotes@amwins.com or submit requests through our website at http://www.brokernet-usa.com/documents/BCBSRI/NewBusiness/Census_2009_fi llable.pdf. This will ensure that quotes are returned within 2 hours.
- To ensure expedient processing of new business, it is imperative that the initial *census* submitted for the account include the **full company name that appears on their tax documentation**.

Broker of Record Letters and Broker Authority Letters

- BCBSRI Broker ID number MUST be indicated. This will ensure that commissions are paid to the appropriate account and that the letter can be processed so you have faster access to the information you need to service your new client.

Request for Amendment to the Sales Agreement

- To ensure that retained product offerings are not inadvertently terminated from the account, you MUST list all active products on this form. If the client is only changing one product, a line item to retain (Key Code "R") should be indicated.
- To ensure that commissions are paid, when adding a new product line (i.e., client has health only and is adding dental) the amendment MUST be accompanied by a Broker of Record letter.

If you need assistance completing enrollment or renewal materials for your client, please feel free to contact the Broker Service Department for assistance. Our team is available to walk you through the forms completion process.

Legislation Update

Effective January 1, 2010, **Section RI General Law 27-50-5**, Restrictions Relating to Premium Rates, was updated. Subsection 6 of the law now reads:

"For a small employer group renewing its health insurance with the same small employer carrier which provided it small employer health insurance in the prior year, the combined adjustment factor for age and gender for that small employer group will not exceed one hundred twenty percent (120%) of the combined adjustment factor for age and gender for that small employer group in the prior rate year."

This legislation requires that a carrier cap the increase for age/gender factor at 20% upon renewal. This cap on the age/gender factor does not apply to new business groups.

HealthMate Deductible Descriptions

The family deductible accumulates differently with different plan options. Traditional small group HealthMate plans work differently than the three aggregate deductible plans that are currently offered.

With traditional plans including HealthMate \$50ER, 15/25, 100/80, 90/70 and 80/60 Co-insurance options, the deductible works as follows:

- Two family members must satisfy the individual deductible. Once the second family member meets their individual deductible, the family deductible is satisfied and any deductible credit taken on remaining family members will be reimbursed.
- Once the out-of-network deductible is met, the family only needs to pay coinsurance (if applicable) up to the out-of-pocket maximum.
- The family out-of-pocket maximum accumulates the same way as the family deductible.

With aggregate plans including HealthMate 2000/4000*, HDHP 1500 and HDHP 3000, the deductible works as follows:

- All family members' claims accumulate to the family deductible. The deductible can be satisfied by one or more members of the family.
- The family out-of-pocket maximum is calculated the same way as the family deductible.

***Please note:** HealthMate 2000/4000 is not considered an HSA eligible plan based on current IRS guidelines as the Prescription Benefit on this plan is not subject to the deductible.

All small group health plans, including traditional and aggregate options, have calendar year deductibles regardless of the effective date or renewal month for the plan. Please be sure to advise your clients that deductibles reset at \$0 automatically, on January 1st of each year.

If you have any questions, please feel free to contact any member of the BrokerNetUSA team.