

Health Matters

by Nancy Glicksman



A NEWSLETTER CONCERNING COVERAGE AND BENEFITS

Third Quarter 2013

HEALTH CARE REFORM is here to stay, whether we like it or not!

The best thing we can do is prepare for the changes by educating ourselves and taking action. The majority of this newsletter is focused on the upcoming changes and impact that they will have on us as individuals, families and employers. The information shared is current as of the writing of this newsletter. However, things are constantly changing - policies, procedures, timelines, etc. It is important to remember that this information is for educational purposes only. As always, if you have any questions or need to let off steam on this topic, feel free to contact me.

- March 31, 2014 - Last possible day, except for special qualifying circumstances, to enroll in coverage for the year 2014

Can I Keep My Current Coverage ???

Most of you, as was I, were under the impression that you could keep your current health insurance once healthcare reform went into effect.

INDIVIDUALS who currently have medically underwritten insurance with Highmark will most likely, pending Pennsylvania Department of Insurance's approval, be able to keep their current plan through the end of December 2014, as long as they continue to pay their premiums. It is important to understand that there will be short benefit periods for deductibles since all plans need to end by 12/31/2014. UPMC has not released their policy as of yet in terms of individual coverage extension and Health America One most likely will not offer an extension. They reportedly will be notifying policyholders 3 months in advance of their effective dates of other options that are compatible with the Affordable Care Act. Once you are notified, please contact me directly so I can let you know of all of the possible

What are the important timelines ???

There are several key dates to know:

- October 1, 2013 - Open enrollment period begins
- December 15, 2013 - Last day to enroll in a new health care reform plan that will take effect on January 1, 2014
- January 1, 2014 - Most individuals are required to have coverage starting at this date due to the individual mandate. There is a tax penalty for those who are not exempt and don't acquire coverage.

options for individual plans at that time. Starting in January 2015, at the latest, all individual plans as they exist now will no longer be available and individuals will need to purchase products that meet Affordable Care Act guidelines. I will be able to help you secure plans both on and off of the Federal Marketplace.

For individuals seeking new individual or family health insurance coverage with the medically underwritten plans, the cutoff date to apply is the end of November 2013 for a December 1st effective date.

SMALL EMPLOYER GROUPS, with less than 50 full time equivalent employees, will NOT be penalized if they do not offer health insurance. However, these small groups will also be affected. The group health insurance plans that exist now will be available to enroll or re-enroll in a yearly contract up until a December 1, 2013 effective date, at the latest.

Some health insurance carriers are offering extended renewals as well as early renewals to try to allow companies to keep their coverage as long as possible in the year 2014. By signing up to participate in an extended or early renewal, it is important to understand that deductibles, out of pocket maximums, etc. reset at the new effective date, which will most likely be December 1, 2013. To change an effective date to 12/01, all paperwork has to be received by 10/1 the latest - no exceptions. Also, it is not recommended and/or not available for certain plans with HSA's, and HRA's due to tax implications.

What Is Different About Affordable Care Act Plans???

Plans will be offered based on metallic levels of coverage (coinsurance levels) - Bronze- 60%, Silver - 70%, Gold - 80% and Platinum - 90%.

Additional benefits, referred to as Essential Health Benefits, need to be included in all of the plans. (Please read article below for more information on these benefits.)

Guaranteed Issue and Rating - Health Insurance coverage must be offered to anyone who is eligible regardless of their health status. The only rating factors will be age, geographic area, tobacco use and family size.

What Are Essential Health Benefits???

All of the following benefits are required to be part of the new Affordable Care Act plans:

- Preventative and Wellness
- Laboratory Services
- Mental Health and Substance Abuse
- Prescription Drugs
- Maternity and Newborn Care
- Rehabilitative and Habilitative Services and Devices
- Hospitalization
- Pediatric services, including dental and vision care
- Ambulatory patient services
- Emergency services

Can I Qualify for Cost Savings ???

The Affordable Care Act implements both tax credits and cost sharing reductions, based on household income.

A tax credit can be applied in advance to lower monthly premiums.

Cost sharing reductions can lower out of pocket costs for services received. The income guidelines are estimates and obviously subject to change. Also, it is not clear what is counted as income.

The following chart will help you determine if you MAY be eligible:



Blue Peak Insurance

HOUSEHOLD INCOME		
HOUSEHOLD SIZE	COST SHARING REDUCTIONS	TAX CREDITS
1	\$ 11,490-28,725	\$11,490-45,960
2	\$ 15,510-38,775	\$15,510-62,040
3	\$ 19,530-48,825	\$19,530-78,120
4	\$ 23,550-58,875	\$23,550-94,200
5	\$ 27,570-68,925	\$27,570-110,280

Some small businesses may qualify for small business tax credit. In order to receive the credit, you would need to obtain health insurance through the Federal Marketplace in PA. If employers are paying part of the employee's costs, the employees will NOT be eligible for a subsidy unless their premium cost is greater than 9.5% of their income and they are under 400% poverty level.

I know that this is a lot of information to process and it can be extremely confusing. I just want to stress the importance of researching all of your

options. In PA there will be a federal marketplace as well as private, multi or single carrier marketplaces. I will have access to the plans and pricing both on and off the marketplace hopefully sometime in October of this year. Again, please call with any *questions and to review your options.*

Did you know?



1. Aflac is different from health insurance; it's insurance for daily living.

Major medical pays for doctors and hospitals. Aflac is insurance for daily living. It pays cash benefits directly to you, unless otherwise assigned, to help with daily expenses when you're sick or hurt.

2. Aflac is an extra measure of financial protection.

When you're sick or hurt, Aflac pays cash benefits that you direct to help you and your family with unexpected expenses. The benefits are pre-determined and paid regardless of any other insurance you have.

3. Aflac is affordable.

We have a range of products that fit most budgets. Aflac can provide you and your family with coverage and security to help maintain your everyday life in case of illness or injury. And, Aflac rates don't go up when you file a claim.

4. Aflac claims are processed quickly - usually within 4 days.

Filing a claim with Aflac is never a 'wait and see.' Claims are usually processed within 4 days. Our forms are also easy to complete. So while you're focusing on your health, we focus on getting you a check quickly.

5. Aflac pays you benefits even when you're healthy.

We want you to be healthy - that's why we promote preventative care. Get a routine physical, a mammogram, or an eye exam and we'll pay you*. It's that simple.
*Benefits may not be available in all states.

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