

ESSENTIALS BY DEBI & JIM BOWMAN

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Celebrating 13 Years

Healthcare Reform Update - Grandfathering

In Mid June, the Department of Health & Human Services (HHS) issued rules on grandfathering of health plans. They made the rules retroactive to the passage of the law (PPACA), March 23, 2010.

Grandfathering refers to current plans keeping their current benefits and not being subject to the new law's mandated benefits, which are effective January 1, 2014. The issue here is whether the new non-grandfathered plans will be more costly than pre-March 23 grandfathered plans.

Any plans issued and any plans that made changes that went into effect on March 23, 2010 or later are subject to the mandates of the new PPACA law. This applies to both group and individual/family plans.

Here's what the new law mandates as of January 1, 2014.

1. Guarantee issue. No Medical underwriting.
2. Modified Community rates.
3. Limits on plan deductibles and co-pays.

All plans, effective September 23, 2010 must:

1. Offer coverage to children under age 19 with pre-existing conditions. As of now, the effect on premiums has not been determined. It is not clear whether current riders on children will be removed.
2. No more annual or lifetime benefit limits, except for non-essential benefits. No limits beginning January 1, 2014.
3. Dependents can stay on parent's plan to age 26. Dependents can be married. Dependent must not be eligible for any other employer sponsored health insurance.
4. Rescissions of health plan coverage can only be for cases of fraud or intentional misrepresentation of a material fact. Notice must be given to member prior to cancellation.

Beginning September 23, 2010 non-grandfathered plans must:

1. Offer preventive care benefits at first dollar level (ie. not subject to deductible).

Reminder - Office Closed on Fridays

Beginning Friday May 28, our office will be closed every Friday until September. Any needs about your insurance plan can be directed to the insurance company. The membership number is on your ID card.

Blue Cross & Blue Shield Policyholders

BCBSTX just announced as of June 14, 2010 members will not be allowed to make any automatic plans changes, which would result in losing grandfathered status. This “hold” is temporary and only lasts for 90 days while they review the new PPACA regulations just released by HHS.

In their view, loss of grandfathered status possibly could increase the cost of the plan, which would offset the cost savings of increasing the deductible or reduced benefit. Since the rules of the new law were just released in mid-June, they will need time to evaluate the impact on rates.

However, if you are not concerned about grandfathering, and you want to lower the premium you pay by increasing the deductible or making a plan change, you can complete a new application and go through underwriting just like you initially did. Your claims history with BCBSTX will have an impact in the underwriting decision.

All members have access to the nurse line 24/7. Call 1-800-581-0393. Program this number into your cell phone.

Medicare Summary Notices

When you receive a Medicare covered service, you will get a Medicare Summary Notice (MSN) in the mail, which shows all the services or supplies that providers and suppliers billed to Medicare during each 3 month period. It shows what Medicare paid, and what you may owe the provider. Your Medicare Supplement pays the amount owed to the provider in most cases. There are some supplements with deductibles that must be met first.

The MSN is NOT a bill, just a recap of your Medicare usage. Please make a file and keep this copy. If there is problem with the provider requesting payment from you, this important document will be needed to see how the claim will Medicare was handled. If you ask for our assistance, we will need this MSN.

For more details, see page 46 of the 2010 Medicare and You book.

You can also register an account at www.mymedicare.gov and track your claims there. This is recommended. PLEASE use an ID and PW that you are willing to share with us, should you need our assistance with claims review.

New Era Life Policyholders

New Era Life has announced to all Medicare Supplement policy holders they have added a no-cost value added service. This is a voluntary program.

By contracting with the USA Senior Care Network, New Era Life offers you a \$100 premium credit check for any inpatient hospital stays at one of the contracted facilities in which the Part A hospital deductible is waived. Call 1-800-872-3860 or visit their website at www.usamco.com/newera to view the list of facilities.

You must show both your New Era Life Medicare Supplement card and the USA Senior Care Membership card.

Websites of Interest

www.aetna.com – Aetna insurance company Client website

www.eams.com – AMS insurance company Client website

www.bcbstx.com – Blue Cross & Blue Shield insurance company Client website

www.myrxhealth.com – Blue Cross & Blue Shield prescription Client website

www.humana.com – Humana insurance company Client website

www.myuhc.com – United Healthcare insurance company Client website

www.newlifestyles.com – List of state licensed senior living facilities at New Lifestyles website.

This newsletter intends to offer factual and up-to-date information on the subjects discussed, but should not be regarded as a complete analysis of these subjects. Professionals should be consulted before implementing any option presented. It is meant for informational use only.

This is a Christian business based on the teachings of the Bible, with a strong belief in the Holy Spirit. We believe that God has blessed each of us and assigned us the task of stewardship during our lifetime. All efforts are focused towards this walk.

As it is written, "Minister to one another, as good stewards of the manifold grace of God"

1 Peter 4:10