



## Broker Broadcast

B&P News	Carrier News	Carrier News	Events
<ul style="list-style-type: none"> <li>● <a href="#">Work Smarter Not Harder</a></li> <li>● <a href="#">B&amp;P's Open Window Details</a></li> <li>● <a href="#">HSA-Compatible POP</a></li> </ul>	<ul style="list-style-type: none"> <li>● <a href="#">Aetna-Small</a></li> <li>● <a href="#">Aetna-Large</a></li> <li>● <a href="#">Anthem Blue Cross-Small</a></li> <li>● <a href="#">Anthem Blue Cross-Large</a></li> <li>● <a href="#">CaliforniaChoice-Small</a></li> <li>● <a href="#">CaliforniaChoice-Large</a></li> </ul>	<ul style="list-style-type: none"> <li>● <a href="#">Delta Dental</a></li> <li>● <a href="#">Health Net-Small</a></li> <li>● <a href="#">Health Net-Large</a></li> <li>● <a href="#">HSA California</a></li> <li>● <a href="#">Kaiser Permanente Choice Solution</a></li> <li>● <a href="#">Carrier Deadlines &amp; Offers</a></li> <li>● <a href="#">Broker Bonus Programs</a></li> <li>● <a href="#">Printer-Friendly Newsletter</a></li> </ul>	<ul style="list-style-type: none"> <li>● <a href="#">GGAHU Holiday Party</a></li> <li>● <a href="#">NCEBC Holiday Party</a></li> </ul>
Industry News			Other
<ul style="list-style-type: none"> <li>● <a href="#">Health Net's Excellence</a></li> <li>● <a href="#">Best Healthcare Executive</a></li> <li>● <a href="#">Michelle's Law</a></li> <li>● <a href="#">2009 HSA Contributions</a></li> </ul>			<ul style="list-style-type: none"> <li>● <a href="#">B&amp;P Web Site</a></li> <li>● <a href="#">Contact B&amp;P</a></li> <li>● <a href="#">Newsletter Archives</a></li> <li>● <a href="#">Feedback</a></li> <li>● <a href="#">Subscription</a></li> </ul>

### B&P News

November 2008



# Work Smarter Not Harder

**Reclaim your day with 51+ services from beere & purves.**

At the end of the day, do you still need to complete an RFP, notify multiple carriers of a census change, and assemble enrollment kits before your multiple enrollment meetings tomorrow? When you utilize our services for your 51+ business, we'll do all of this for you; giving you back the time to focus on bigger projects.

We have spent the last decade building trusted services for the 51+ market - **helping brokers place and retain more than \$170 million in premium** with our large group carriers. Our experience enables us to provide quick, accurate and personalized service while offering every group the same level of priority, regardless of group size.

**Just start with the quote.** When you send us the quote request, we're available to help with everything else. We don't want to promise too much, but you just might find time for lunch again.

## Services:

- Faster turnaround versus quoting direct
- Open enrollment meetings-Spanish too!
- Electronic enrollment kits
- Enrollment kits delivered next day
- Employer administration meetings
- One resource for carrier rules & updates
- Other invaluable tools & resources

## Rates & Compensation:

- Assistance with rate negotiation
- Rate & benefit comparisons
- Rates aren't affected by our services
- Our services don't affect commissions
- Agency overrides aren't jeopardized
- Carrier Reps still receive sales credit

**Call to learn more about 51+ at b&p - 888.722.3373.**

### Special Open Enrollment Windows

As announced through separate communications, the majority of the Beere & Purves Small Group medical carriers will hold a Special Open Enrollment Window allowing groups and members to move into specific plans within each of their portfolios. For your convenience, we have consolidated the details for each of the carriers listed below into a single communication.

- Aetna
- Anthem Blue Cross
- CaliforniaChoice
- Health Net
- Kaiser Permanente Choice Solution

Use the link below to view the document. Please note that the links within the document should also be utilized to access additional resources, including forms and applications.

### [Special Open Window Details](#)

If your clients choose to make HSA-Compatible plans available to their employees, take advantage of the HSA backpack, created for you and your clients by Beere & Purves. The HSA backpack provides the tools and resources to simplify the learning curve and drive participation in your client's HSA programs.

The HSA backpack and other HSA related resources are available on the beere&purves [website](#). Once you log in, simply click on the HSA backpack logo located in the right hand column. You can download all the materials for both 2008 and 2009.

[Contact](#) a member of your dedicated B&P Sales Team for more information regarding the Special Open Windows and to learn more about how the HSA backpack can be branded as your own.

### HSA-Compatible POP from Bancover Insurance

When an employer considers implementing a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), it is necessary that they set up a Section 125 POP with an HSA module if they want to give their employees the ability to make pre-tax contributions to their HSA.

The Shared Benefits Plan™, offered by Bancover Insurance includes the necessary language to ensure proper compliance when integrating an HSA into an overall benefit package.

To learn more about the Shared Benefits Plan™ [click here](#) or contact a member of your b&p Sales Team. If you have questions regarding an inforce group, please call 888.294.0651.

## Carrier News

### Plan Information - Aetna-Small

[TOP](#)

#### January Rate Adjustments

The following updates will become effective January 1, 2009:

**Benefits** - there are no benefit changes to existing plans

**Rating Area** - there are no rating area changes

**Rate Adjustments** - Medical, Dental, Life & Disability rates will be adjusted. Average medical rate increases are provided below:

Northern California	Southern California
HMO: 3.25%	HMO: 2.5%*
MC: 3.25%	MC: 3.5%

\* Region 4 - avn hmo rates reduced by 8%.

January 1, 2009 rates are available for quoting. Contact your Beere & Purves Sales Representative with any questions regarding Aetna's January 1, 2009 rate increases.

#### HSA Open Enrollment Announced

Aetna Small Group has announced their HSA Open Enrollment will take place in December and January. During these months your clients may offer employees, currently enrolled in an Aetna plan, the option to enroll in an HSA-compatible plan with January or February effective dates.

[Click here](#) for details. Please contact a member of your b&p Sales Team for assistance.

#### RAF Guarantee Extended through June 2009

Aetna RAF Guarantee (through June 2009 - [click here](#) for additional rules and conditions)

- 10-50 medically enrolled employees = .90 RAF

Please contact us to discuss Aetna's RAF Guarantee or to request a proposal containing the appropriate RAF guarantee.

#### HealthEquity - Aetna's NEW HSA Administrator

In an effort to better serve the small group market, Aetna Small Group announced that they are teaming up with HealthEquity to administer the Aetna HealthFund HSA. HealthEquity is a personal health care financial services company that specializes in health savings accounts (HSA).

#### Everything you need to know

The following links provide you all the information you need to get started with the Aetna HealthFund HSA with HealthEquity.

[Producer World](#)<sup>®</sup> - Includes the sales support materials that explain how the Aetna HealthFund HSA works with Aetna's HDHPs. Simply log in and select your state for the materials you need.

[Aetna HealthEquity website](#) - This website provides you with member enrollment materials and forms.

[Click here](#) to register learn more about HealthEquity via two webinars Aetna will be hosting in December.

## Network Updates - Aetna-Small

TOP

### Aetna Network: Community Health Plan - Monterey County

Community Health Plan signed an agreement for MC and PPO networks, effective October 25, 2008. The current agreement between CHP and its physicians requires that each physician be given the opportunity to 'opt-in' to new agreements. Aetna anticipates increasing physicians to increase the physicians in this area from 260 to well over 500 over the next three to four months.

### Aetna Network: Hill Physicians - San Joaquin County

Hill Physicians, San Joaquin was added to the HMO network effective October 1, 2008; expanding the Hill Physician network beyond the current contracted counties. Hill Physicians, San Joaquin will also be added to AVN HMO effective February 1, 2009.

### Aetna Network: Omni IPA Medical Group - San Joaquin County

Omni IPA Medical Group will terminate their Aetna HMO and AVN HMO network contract effective January 31, 2009. Omni IPA includes a total of 67 PCPs and 139 specialists. All but 83 physicians are also contracted under Hill Physicians, San Joaquin.

### Aetna Network: Aetna Value Network (AVN) HMO Updates

- Hill Physicians, Contra Costa was added to the AVN HMO network effective November 1, 2008.
- John Muir Physicians Network, Contra Costa terminated their AVN HMO network contract effective November 1, 2008. There will be some disruption to PCP and specialists with this change. Standard Transition of Care is available for members needing to complete or continue care through their current specialist. **This is only a change to the AVN HMO network.**

## Plan Information - Aetna-Large

TOP

### Dental Care Rewards Program

Better than a maximum rollover plan - the Aetna Dental Care Reward<sup>SM</sup> plan

Now, your clients' employees can save money just by visiting a dentist. When members see a licensed dentist for preventive care during the year, Aetna raises their benefits levels the next plan year.

Aetna Dental Care Reward is:

- **Focused on wellness** - promotes preventive care and member engagement
- **Simple** - Aetna automatically tracks benefits on an individual level
- **Flexible** - Lets the plan sponsor choose from many customizable options including the actual reward

Forget about maximum rollover plans that focus on carrying benefits over and not using them. Maximum rollover plans cap the amount that can be carried over, too. Not Aetna Dental Care Reward. Aetna's plan promotes preventive dental care, not delayed care. Their message is *get care and save!* Members simply seek preventive care and Aetna automatically handles the reward.

Available as a PPO or Indemnity plan, Aetna Dental Care Reward also offers your clients a great deal of flexibility. They can choose to raise benefits levels up to three times - by increasing coinsurance levels and/or plan maximums. If the member does not have a qualifying dental visit, their maximum may stay at the current level, reduce to the prior year level, or reduce to the original plan level.

[Click here](#) for the Dental Care Rewards Program brochure.

Please [contact](#) your B&P Large Group Specialist if you have any questions regarding Aetna 51-125.

### 51-125 Medical Plans Renamed

Aetna 51-125 recently updated medical plan names within the non-Spectrum portfolio for. The table below references the old and new plan names. The plans did not receive any benefit changes.

Old Plan Name	New Plan Name		Old Plan Name	New Plan Name
HMO High	HMO-1		OAMC Low	OAMC-7
HMO Alt High	HMO-2		OAMC Low Cost Driven	OAMC-8
HMO Medium	HMO-3		OAMC Alt Low	OAMC-9
HMO Alt Medium	HMO-4		PPO High	PPO-1
HMO Low	HMO-5		PPO Alt High	PPO-2
OAMC High	OAMC-1		PPO Medium	PPO-3
OAMC High Cost Driven	OAMC-2		PPO Alt Medium	PPO-4
OAMC Alt High	OAMC-3		PPO Low	PPO-5
OAMC Medium	OAMC-4		PPO Alt Low	PPO-6
OAMC Medium Cost Driven	OAMC-5			
OAMC Alt Medium	OAMC-6			

Please [contact](#) your B&P Large Group Specialist if you have any questions about Aetna 51-125!

#### Network Updates - Aetna-Large

[TOP](#)

No significant updates at this time.

#### Plan Information - Anthem Blue Cross-Small

[TOP](#)

#### Special Open Window for Specific Plans

Anthem Blue Cross announced their Special Open Window for specific plans for effective dates of December 1, 2008 through January 31, 2009; making it easy to move your clients to any one of their eligible plan offerings.

[Click here](#) for details. Contact a member of your b&p Sales Team for assistance.

#### 2009 Portfolio Updates

Anthem Blue Cross delivered great news regarding changes to their Medical and Dental portfolios; changes requested by you to help build and retain client relationships with affordable new HMO and HSA-compatible plan options.

#### [January 2009 Anthem Blue Cross Portfolio Changes](#)

Beginning with January 1, 2009 effective dates, the 2-50 and 51-99 EmployeeElect portfolios will include four new HMO offerings and one new Lumenos HSA:

- HMO \$25 100%
- Classic \$30 HMO
- Saver \$30 HMO
- Power \$35 SelectHMO
- Lumenos HSA 2000

In addition, the 2-50 Dental portfolio has been simplified from 46 to 12 plans beginning January 1, 2009. There are no benefit changes or rate increases, Anthem Blue Cross is just keeping the plans that make sense:

- All Dental Blue 100 - 80 plans
- Three original PPOs

- **One DHMO**
- **Two Voluntary plans**

The details on these changes can be found on our [January 2009 Anthem Blue Cross Changes](#) page. To discuss any of these changes or request a quote, please [contact](#) a member of your dedicated b&p Sales Team.

#### **Program & Bonus Details**

Anthem Blue Cross released news providing you with even more compelling reasons to increase your new business sales; bring groups back to Blue; and ensure your clients remain with Anthem Blue Cross. The programs are:

#### **New Business Programs**

- RAF Program - Extended
- Solution PPO Bonus - Extended
- Producer Trip - New

#### **Lapsed Business Programs**

- Come Back to Blue - Extended
- Come Back to Blue Bonus - New

#### **Business Retention Bonus Program - New**

[Click here](#) to access details on each of the programs mentioned above.

Please [contact](#) a member of your b&p Sales Team for assistance with your Anthem Blue Cross quotes.

#### **EmployerAccess Updated with Language Preference Fields**

Beginning January 1, 2009, Anthem Blue Cross will launch a new Language Assistance Program as part of their participation in California Senate Bill 853. The program better serves customers by offering free language assistance services.

#### **EmployerAccess updated to collect language data**

EmployerAccess was updated with new fields on October 20, 2008 for all regions. The Web tool is currently being updated, and documents and/or translations will be available in languages other than English beginning January 1, 2009.

When your clients visit EmployerAccess, they're now presented with a News Flash message on the login page. They'll have an option to accept or decline providing the data.

#### **Network Updates - Anthem Blue Cross-Small**

[TOP](#)

## Anthem Blue Cross Network: Select HMO Expansion

Anthem Blue Cross has expanded their Select HMO network. Effective November 1, 2008, they added the following PMGs to the Select HMO Network.

- Monarch Health Care of Orange County - Orange County
- Affinity Medical Group Rossmoor Region - Contra Costa County
- Accountable Health Care IPA - Los Angeles County
- Hollywood Presbyterian Med Grp, Inc - Los Angeles County
- Family Choice Medical Group - Orange County
- Amvi Medical Group Inc - Orange County
- Gateway Medical Group Inc - Orange County
- Children's Physicians Medical Group, Inc - San Diego County

Earlier this year, Anthem Blue Cross added groups to Select HMO that included HealthCare Partners, Harriman and Jones/Long Beach, PrimeCare (Corona, Hemet Valley, Redlands, Sun City), Saint Francis IPA and Coastal Communities Physician Network. Additionally, they expanded their Select HMO Network coverage to include Ventura County with the addition of Regal Medical Group in Ventura.

### Plan Information - Anthem Blue Cross-Large

[TOP](#)

#### Prescription Drug Creditability Notices for Medicare Part D

Anthem Blue Cross has reminded all of their employer groups that they were required to provide a Medicare Part D disclosure notice to their Medicare-eligible employees by November 15. The notice explained whether the pharmacy benefits in the employer plan they've chosen is "creditable" (equal to the standard Medicare benefit) or "non-creditable" (not equal to the standard Medicare benefit). Even though Anthem Blue Cross is reminding employers directly, this may be something to follow up on.

Below are the documents being shared with employers. They explain the nature of the notice, when these notices need to happen, and why they're important. Each one also includes a grid that shows which Anthem plans are creditable or non-creditable.

[Credibility of plans for 51-99 Groups](#)

[Credibility of plans for other Large Groups](#)

#### Anthem ID Cards Getting a Makeover

You'll be seeing something different from the Anthem Blue Cross member ID cards in the coming months. A new look, a new organization of information - and in some cases, new information.

The Blue Cross and Blue Shield Association (BCBSA) has established new rules for all Blue Cross and/or Blue Shield member ID cards. The rules, which begin to take effect in 2009, create a consistent, reliable look which makes the BCBS brand even stronger. Information on the ID cards will not be removed but the placement may move to a new consistent location. Members simply continue to use their existing ID cards until a new card arrives. The result is a straight-forward, seamless, organized member experience.

#### Large Group transition starts in November 2008\*

Anthem members will begin to receive redesigned cards starting in November, 2008. Rather than a mass replacement of cards, there is a transition plan. So members of the same group may very possibly have different cards for a period of time. Here's how the transition will work:

Beginning November 1 (and continuing through the first quarter of 2009):

- New business and *renewals who only have benefit changes* will receive a new and improved ID card. Starting the transition in November lets us introduce it before open enrollment season and will eliminate the need to replace a group's ID cards later on.
- New Members to existing groups will receive new and improved ID cards, as will all members requesting

replacement ID cards.

Beginning April 1st:

- New business and *all renewals* will receive new and improved ID cards.

*By January 1, 2011, all members in all groups will receive a redesigned card.*

Anthem Blue Cross anticipates a smooth transition to the new cards. In fact, your clients don't need to do anything other than keep an eye out for their new cards and enjoy the new design.

*\*Small Group (2-50) rolled out the new ID cards beginning May 1, 2008.*

### **Expanded, Affordable HMO and Lumenos® Plan Options for 51-99 Groups**

#### **Five new plans to help you build and retain business**

The demand for more plan options is clear. So to help you win new business and keep the hard-earned Anthem Blue Cross clients you already have, Anthem Blue Cross is expanding their HMO and HSA-compatible menu. They just introduced five new plans to their EmployeeElect 51-99 portfolio:

- HMO \$25 100%
- Classic \$30 HMO
- Saver \$30 HMO
- Power \$35 SelectHMO
- Lumenos HSA 2000

Each plan features familiar HMO and Lumenos plan designs and offers all the benefits of Anthem membership. You may review the Anthem Blue Cross Small Group section for plan details.

B&P will include each of the new plans in all 51-99 Elect quotes. Please [contact](#) us with any questions.

#### **Network Updates -Anthem Blue Cross-Large**

**TOP**

Please see the Anthem Blue Cross-Small Network Updates.

#### **Plan Information - CaliforniaChoice®-Small**

**TOP**

#### **Update Your Enrollment Applications**

Please visit [www.beerepurves.com](http://www.beerepurves.com) or contact a member of your dedicated Sales Team, to obtain the new CaliforniaChoice® enrollment forms for your groups.

**You must use the Employer Application and Employee Application dated 10/2008 beginning with a January 2009 new business effective date.**

#### **Special HSA Enrollment**

A special enrollment period will be allowed for CaliforniaChoice® members who want to enroll in an HSA-qualified plan effective January 1, 2009.

- Only current CaliforniaChoice® Blue Shield of California plan members are eligible for this special enrollment.
- A completed employee enrollment application must be submitted to CaliforniaChoice® by December 15, 2008. Please visit [www.beerepurves.com](http://www.beerepurves.com) for a current application. Send the completed form with a cover letter to ID the special enrollment to: Fax: 714.558.8000 OR Mail: CaliforniaChoice®; 721 South Parker, Suite 200; Orange, CA 92868.
- Two HSA-qualified plans are available: HSA 1500\* and HSA 2400\*.
- Employees who select and fund an HSA plan are not eligible for chiropractic benefits.
- All other enrollment guidelines apply.

*\* HSA-Qualified High Deductible Health Plan*

*Note: Members may only enroll onto plans available to their employer group.*

Please contact a member of your dedicated B&P Sales Team if you have any questions regarding the Special HSA Enrollment.

**Early Bird from CaliforniaChoice® and HSA California**

Group numbers guaranteed on the effective date with CaliforniaChoice® and HSA California.

When you submit your group through Beere & Purves by the 18th of November for a December 1, 2008 effective date, and all pending requirements are completed by the 24th of the same month, we will submit your case to CaliforniaChoice® or HSA California as an Early Bird case. Cases meeting special receipt and pending item dates receive a group number on the requested effective date.

**Early Bird Special Timeline:**

November Timeline for December 1st Groups:	December Timeline for January 1st Groups:
18th - submit group to Beere & Purves	19th - submit group to Beere & Purves
24th - all missing requirements must be complete	29th - all missing requirements must be complete
1st - group number will be issued	1st - group number will be issued

If you have any questions, please contact one of the B&P Underwriters.

**Summary of Changes for Groups Renewing 1/1/09- 6/1/09**

CaliforniaChoice® groups renewing January 1, 2009 through June 1, 2009 will receive the changes provided in the [Summary of Changes](#) document.

**Network Updates - CaliforniaChoice®-Small**

TOP

No significant updates at this time.

**Plan Information - CaliforniaChoice 51+**

TOP

**Special HSA Enrollment**

A special enrollment period will be allowed for CaliforniaChoice 51+ members who want to enroll in an HSA-qualified plan effective January 1, 2009.

- Current CaliforniaChoice 51+ Health Net plan members are eligible for Health Net HSA-qualified plans.
- Current CaliforniaChoice 51+ Kaiser Permanente plan members are eligible for Kaiser Permanente HSA-qualified plans.
- A completed employee enrollment application must be submitted to CaliforniaChoice 51+ by December 15, 2008.

Please visit [www.beerepurves.com](http://www.beerepurves.com) for a current application. Send the completed form with a cover letter to ID the special enrollment to: Fax: 714.664.1711 or Mail: CaliforniaChoice 51+; 721 South Parker, Suite 200; Orange, CA 92868.

- Two HSA-qualified plans are available with Health Net: HSA 1500\* and HSA 2000\*.
- One HSA-qualified plan is available with Kaiser Permanente: HDHP 1500\*.
- Employees who select and fund an HSA plan are not eligible for chiropractic benefits.
- All other enrollment guidelines apply.

*\* HSA-Qualified High Deductible Health Plan*

Please contact your B&P Large Group Specialist if you have any questions regarding the Special HSA Enrollment.

## Network Updates - CaliforniaChoice 51+

TOP

Please see the CaliforniaChoice® -Small Network Updates.

## Plan Information - Delta Dental

TOP

### January 2009 Small Group Program Changes

Delta Dental has announced their California Small Group program changes going into effect January 2009. In comparison to year's past, the changes being implemented are extensive but they are intended to deliver improved benefits to members while reducing their out of pocket costs.

[Click here for the 2009 Delta Dental Small Group Program change details.](#)

Information within includes:

- Industry Ratings (SIC Changes)
- Diagnostic & Preventive Maximum Waiver Option
- Portfolio Updates
- Underwriting Updates
- Rating Updates
- Group Number Change

Quoting is available at Beere & Purves for the Classic plans (5-49), Options plans (50-99) and DeltaCare USA plans (5-99). We are also available to assist you with any questions - **888.722.3373**.

## Plan Information - Health Net-Small

TOP

### Special Open Window for Specific Plans

Health Net announced their Special Open Window for specific plans that will run December 1, 2008 through January 31, 2009 for both January and February effective dates; making it easy to move your clients to any one of the eligible plan offerings.

[Click here](#) for details. Contact a member of your B&P Sales Team for assistance.

### RAF Guarantee through 2009

- 6-9 medically active enrollees = .95 RAF\*
- 10+ medically active enrollees = .90 RAF\*

*Please note Health Net's RAF program expires following December 1, 2008 effective dates.*

### Other Important Facts

- 4th quarter rollover - dollars paid toward the plan deductible in the 4th quarter are rolled over to the next calendar year
- More flexibility with husband & wife sole proprietors, carve-outs and 1099s than other carriers
- Enhanced Choice available down to 2 lives
- Hn Options available alongside Kaiser with 75% participation across - all carriers
- Waivers not required for Kaiser enrollees (Hn Options only)
- Palo Alto Medical Foundation participates in Health Net's HMO network
- Competitive rates

### New Mail Order Pharmacy Vendor

Please be advised that Health Net has selected a new vendor for their Mail Order Pharmacy program - CVS/Caremark - which applies to both Small and Large groups.

Effective December 1, 2008, CVS/Caremark will replace Express Scripts as Health Net's mail order pharmacy. (Please note, this change only affects prescriptions filled through the mail order pharmacy.) The decision to use CVS/

Caremark's Mail Order Pharmacy was based on their customer focus, which recently earned them JD Power's award for "highest in Customer Satisfaction with Mail Order Pharmacies."

A letter was mailed to members with pharmacy benefits on October 24, 2008 to notify them of this change. In November, all members will get information in the mail about how to use CVS/Caremark, even if they've never used the prescriptions by mail service before.

Members should continue to refill any existing mail order prescription with Express Scripts through November 30, 2008. Any remaining prescription refills will be automatically transferred to CVS/Caremark as of December 1, 2008. The only exceptions will be controlled drugs and prescriptions with no refills remaining. These cannot be automatically transferred, and members will need a new prescription from their doctor.

Health Net is excited about their new partnership with CVS/Caremark, and are glad to continue providing their members with this convenient and cost-saving service.

Visit [www.beerepurves.com](http://www.beerepurves.com) to obtain the CVS/Caremark mail order pharmacy form.

### Hula with Health Net

Health Net is honoring their top-selling Small Business Group brokers with a sales rewards trip to Hawaii.

- The top 50 brokers who sell the most new, small group business.
- The qualifying period starts in June and runs through December 2008.

So get ready, get set ... sell Health Net to secure your spot for Hula 2009!

- The final results will be determined within 45 days after the year-end close.
- If you're among the top-sellers, Health Net will send the trip details then.

For more details on Health Net's sales rewards trip to Hawaii, [click here](#).

### Introducing Health Net's New Dental Vendor

**Action is required for inforce Health Net dental groups.** Please reference the article in the Health Net Large Group section for details.

#### Network Updates - Health Net-Small

TOP

#### Health Net Network: Salud HMO y mas Network Expansion - Inland Empire

Salud HMO y más continues to grow to select areas of San Bernardino and Riverside counties. Health Net recently signed on Inland Healthcare Group to be one of their Salud providers in the Inland Empire effective September 1, 2008. With the addition of IHG, the Salud network has grown to 51 PCPs and 160 specialists in the Inland Empire.

#### Plan Information - Health Net-Large

TOP

## [January 2009 Benefit or Coverage Changes](#)

Commercial Large Group and Small Business Group plan Certificate of Insurance (COI) and Evidence of Coverage (EOC) booklets, with the effective date of January 1, 2009 and later, will be updated to stay current with legislative and regulatory requirements and Health Net administrative changes.

Please click on the link below for details on the benefit or coverage modifications for 2009, and inform your employer group clients of the changes described in the notice.

### [2009 Notice of Benefit or Coverage Changes](#)

Your B&P [sales team](#) is available if you need any additional information regarding Health Net 51+!

## [Action Required - New Dental Vendor](#)

Please note that the following information also pertains to Health Net Small Business Group.

Effective January 1, 2009, Health Net Dental HMO plans will be provided by Dental Benefit Providers of California, Inc., and Health Net Dental PPO and indemnity insurance products will be underwritten by Unimerica Insurance Company (together, "the DBP Entities"). This change will go into effect for new and existing groups on January 1, 2009, regardless of the client renewal date. Your clients' dental benefits and rates will remain the same until their next regularly scheduled renewal. We will be sending you, your clients and their employees additional information and communication throughout this process.

After careful consideration, Health Net selected the DBP Entities because of their national network capabilities, strong operational performance and demonstrated delivery of superior customer service.

In order to complete the transition of the dental plan partner from SafeGuard Dental to the DBP Entities, all groups who currently have Health Net Dental benefits must sign and return an Acceptance Agreement (DHMO) and/or a Group Application (DPPO) acknowledging the dental partner change.

Health Net will be mailing the following dental packets to current Health Net Dental clients beginning October 27, 2008. Employer packets will vary depending on the dental product(s) currently in place. The packets will include:

#### DHMO Only Packet

- Employer Letter-DHMO
- Group Contract for Prepaid Services Acceptance Agreement ("Agreement") - Must be signed and returned by your client
- Return envelope

#### DPPO Only Packet

- Employer Letter-DPPO
- Employer Application ("Application") - Must be signed and returned by your client
- Copy of New DPPO Exclusions and Limitations
- Return envelope

#### DHMO & DPPO Packet

- Note: Groups with both DHMO and DPPO plans will receive all of the above items (two letters, two forms, one return envelope, etc.). Groups with DHMO and DPPO will need to sign and return both forms.

Beginning in December, Health Net Dental will send group members new dental ID cards reflecting the change in the

Health Net Dental plan provider. New plan documents will be mailed to dental groups and members in early 2009.

**Important:** Groups that do not sign and return this form prior to Dec. 31, 2008 will not be transferred to the DBP Entities, and they will lose their Health Net Dental benefits. If the group chooses not to stay with Health Net Dental, they will need to directly enroll with another dental plan, losing the conveniences of combined billing and Account Management for medical and dental.

## Network Updates - Health Net-Large

TOP

No significant updates at this time.

## Plan Information - HSA California

TOP

### Introducing HSA California

A New *CHOICE* Administrators® Benefits Program for Groups with 2-50 Employees available exclusively through Beere & Purves and Word & Brown General Agencies.

What is it? - [Click here](#) to learn more.

Call Beere & Purves today at 888.722.3373 for assistance with HSA California!

### Broker Stimulus Package

Beginning with December 1, 2008 effective dates, you can earn cash for any new group you write and that's on top of your commission and any other bonus you're eligible for!

### Stimulus Package Details

- All *CHOICE* Administrators® programs are eligible
- December 1, 2008 through March 1, 2009 effective dates
- Bonuses are paid based on group size
- No limits; no caps; no minimums
- No strings attached
- Added to your commission or any other available bonus or reward

Bonus good for groups NEW to *CHOICE* Administrators® only (*CaliforniaChoice*®, *CaliforniaChoice 51+*, HSA California, Kaiser Permanente Choice Solution, Contractor's Choice®). Groups moving from one *CHOICE* Administrators® program do not qualify.

### Bonus Payout Structure\*\*

- 5-9 lives = \$50
- 10+ lives = \$100

\*\$1,000 bonus paid after all ten groups have been on the books for 90 days

\*\* Bonus paid by American Express gift card

The faster you quote, the faster you'll receive your bonus in the mail. Call 888.722.3373 for assistance.

**Early Bird from HSA California** - [Click here](#).

## Network Updates - HSA California

TOP

No significant updates at this time.

## Plan Information - Kaiser Permanente Choice Solution

TOP

## Update Your Enrollment Applications

Please visit [www.beerepurves.com](http://www.beerepurves.com) or contact a member of your dedicated Sales Team, to obtain the new Kaiser Permanente Choice Solution enrollment forms for your groups.

You must use the Employer Application and Employee Application dated 10/2008 beginning with the January 2009 new business effective date.

## Special HSA Enrollment

A special enrollment period will be allowed for Kaiser Permanente Choice Solution members who want to enroll in an HSA-qualified plan effective January 1, 2009.

- Only current Kaiser Permanente Choice Solution members are eligible for this special enrollment.
- A completed employee enrollment application must be submitted to Kaiser Permanente Choice Solution by December 15, 2008. Please visit [www.beerepurves.com](http://www.beerepurves.com) for a current application. Send the completed form with a cover letter to ID the special enrollment to: Fax: 800.566.8514 OR Mail: Kaiser Permanente Choice Solution; 721 South Parker, Suite 200; Orange, CA 92868.
- Three HSA-qualified plans are available: HDHP 1400\*, HDHP 2400\* and PPO HSA 2200\*.
- All other enrollment guidelines apply.

\* HSA-Qualified High Deductible Health Plan

*Note: Members may only enroll onto plans available to their employer group.*

Please contact a member of your dedicated B&P Sales Team if you have any questions regarding the Special HSA Enrollment.

## Summary of Changes for Groups Renewing 1/1/09- 6/1/09

Kaiser Permanente Choice Solution groups renewing January 1, 2009 through June 1, 2009 will receive the changes provided below.

### New PPO HSA

The Kaiser Permanente PPO HSA 2200\* gives members the power to choose any physician they want, anytime, without a referral.

And, the PPO HSA 2200 is HSA-qualified so members can open a Health Savings Account (HSA), start setting money aside right away, and it's there when members need it to pay for qualified medical expenses like office and prescription drugs copays.

[PPO HSA 2200 Benefit Summary](#)

### New HSA Contribution Amounts for 2009

Now you can contribute up to \$3,000 for individual coverage and \$5,950 for family coverage into your HSA.

### Free Language Assistance for Employees

Great news! Certain important communications (including some letters and enrollment forms) will be available free to employees in the following languages: Spanish, Vietnamese, Tagalog and Chinese, if the Health Plan also uses one of these languages. Interpretation Services in 150 different languages are also available through Kaiser Permanente Choice Solution's Customer Service Center at 800.580.9626.

## Network Updates - Kaiser Permanente Choice Solution

No significant updates at this time.

TOP

## Industry News TOP

### Health Net Plans Earn NCOA's "Excellent" Accreditation Status

Health Net, Inc. health plans in Arizona, California, Connecticut, New Jersey and New York have earned the "Excellent" accreditation status from the National Committee for Quality Assurance (NCQA). The distinction is for the plans' commercial HMO, commercial HMO/POS and Medicare lines of business.

"Earning the 'Excellent' designation demonstrates Health Net's commitment to providing our members with access to quality health care," said Jonathan Scheff, M.D., chief medical officer for Health Net, Inc. "And it demonstrates that our contracting physicians, medical groups and hospitals share our commitment to quality." [Click here](#) for the full press release.

### Ronald A. Williams Named "Best Healthcare Executive"

Aetna announced on October 31, 2008 that Ronald A. Williams, Aetna chairman and chief executive officer, was named Best Healthcare Executive by the Executive Council, the premier business forum for leaders and innovators at the sixth annual New York Ten Awards(TM). The Ten Awards is a selection of ten companies and individuals in the greater New York business community that display extraordinary innovation and leadership in their industry and beyond. [Click here](#) for the full press release.

### Need to Know: Michelle's Law

On October 9, 2008, President Bush signed into law "Michelle's Law."

To whom does Michelle's Law apply?

Applies to both large and small group health plans, including self-funded, fully insured and governmental plans.

[Click here](#) for details pertaining to Michelle's Law.

### HSA Contribution Caps, Deductibles Rise in 2009

The maximum contributions that can be made to health savings accounts have increased for 2009. In addition, the minimum deductible imposed on health insurance plans linked to HSAs and the maximum out-of-pocket expenses that employees can be required to pay also will rise, the IRS said.

In 2009, the maximum contribution that can be made to an HSA for:

- single coverage will increase to \$3,000
- family coverage will increase to \$5,950

In addition, the maximum out-of-pocket expense—including deductibles—that employees with single coverage can be required to pay will rise to \$5,800, up from \$5,600 in 2008. For those with family coverage, the maximum will rise to \$11,600 from \$11,200.

The minimum deductible of the health plan to which HSAs must be linked will increase to \$1,150 next year for employees with single coverage, up from \$1,100; the minimum deductible for those with family coverage will increase to \$2,300 from \$2,200.

## Events TOP

### **GGAHU Annual Holiday Party - December 3, 2008**

GGAHU will be holding their Annual Holiday Party on Wednesday, December 3, 2008 at the Hilton Concord from 10:00am-1:30pm. Details to be available at [www.ggahu.org](http://www.ggahu.org) soon.

### **NCEBC Annual Holiday Party - December 4, 2008**

The NCEBC will be holding their annual Holiday Party on Thursday, December 4, 2008 from 4:00pm-6:30pm. [Click here](#) for more information.

## **Contact B&P** TOP

For a complete list of B&P contacts, [click here](#). Questions for Beere & Purves? [click here](#).

## **Feedback & Suggestions** TOP

Please [e-mail](#) suggestions, topics or comments.

## **Subscription Management** TOP

To subscribe to the *Broker Broadcast*, please [click here](#). To unsubscribe from the *Broker Broadcast*, [click here](#).