



Broker Broadcast

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B&P News

September 2008

2009 HSA backpack Available Now from Beere & Purves

With January renewals quickly approaching, and the early announcements of Special Open Windows for HSA enrollments, the 2009 HSA backpack is available for your use. The HSA backpack equips you with the tools and resources to simplify the learning curve and drive participation in your client HSA programs.

HSA backpack includes:

- Sales Presentation
- Enrollment Presentation
- Savings Calculators
- Eligibility & Enrollment Worksheets
- Payroll Authorization Forms
- Important Facts Flyers
- Etc.

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 the 2008 and 2009 backpacks.

[Contact](#) your Beere & Purves Sales Representative to learn more about this invaluable tool and how it can be branded as your own.

Work Smarter Not Harder

How would you spend your day knowing that you don't need to drive by your client's office again to pick up enrollment paperwork, assemble enrollment kits, locate a Spanish interpreter, or complete another RFP?

You should start giving it some thought. When you partner with beere&purves, we'll worry about all of these things and more. We provide the resources to help you work more efficiently and be more productive for both Small and Large Group business - we make going to lunch a real possibility.

The ideal support center - for free - regardless of group size!

- Knowledgeable, friendly staff
- Local underwriting
- Current carrier materials
- Open enrollment meetings
- Onsite Spanish assistance
- Faster quote turnaround
- One resource for multiple carriers
- Employer administration meetings
- Free online HR administration
- Valuable tools and resources

Give us a call today to learn how we can help you with your Large and Small Group business - 888.722.3373.

Carrier News

Plan Information - Aetna-Small

[TOP](#)

October Rate Adjustments

The following updates will become effective October 1, 2008.

Average Rate Adjustments (with no Rating Area changes)

- Northern California: HMO = 3.0% and MC = 4.6%
- Southern California: HMO = 3.3% and MC = 5.8%

RAF Guarantee through 2008

Aetna RAF Guarantee (through December 2008 - [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.

Commission Rate Increased to 8%

For groups with 10 or more enrolled between September 1 and December 15, 2008, Aetna will pay a flat 8% commission for 12 months. Commission for groups with 2-9 enrolled will remain at a flat 7%.

New Aetna Small Group HSA Administrator

Think all HSA Administrators are the Same? Think Again.

- Superior employee experience
- Ahead of the competition
- Market leading, hassle-free
- Strong, simple sales platform that delivers

Aetna HealthFund HSA

In an effort to better serve the small group market, Aetna Small Group is excited to announce 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).

Advantages

Dedicated to helping members understand the financial side of health care, HealthEquity offers a wide scope of services including a robust, user-friendly plan sponsor and member portal. Highlights include and are not limited to:

- Electronic enrollment and eligibility
- Improved turnaround time for account installation and enrollment
- HSA account services including tracking, processing and reporting
- Dedicated support lines for brokers and plan sponsors

- 24/7 phone and web support to help employees understand and manage the financial side of health care
- No set-up or monthly administration fees
- No fees for investment transactions

Availability

New California Small Group business will have access to the Aetna HealthFund HSA with HealthEquity effective October 1, 2008. More details to be released soon.

Network Updates - Aetna-Small

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Aetna Network: Marshall Medical Center & Physicians - El Dorado County

Effective June 1, 2008 Marshall Medical Center & Marshall Medical Center Physicians have been added to the Aetna MC and PPO networks. Please note that Aetna is not licensed for HMO in El Dorado County.

Aetna Network: Tehachapi Hospital - Los Angeles County

Effective August 1, 2008 Tehachapi Hospital was added to the Aetna PPO network effective. This is in addition to the existing HMO, EPO and MC network.

Aetna Network - UCLA Neuropsychiatric Hospital - Los Angeles County

UCLA Neuropsychiatric Hospital has been reinstated retroactively, and will fall under the UCLA Medical Center hospital contract for Aetna's HMO, MC and PPO networks.

Aetna Network - UCI Medical Center & Medical Group - Orange County

Effective July 6, 2008, UCI Medical Center & UCI Medical Group have terminated from the Aetna network. This termination is for HMO, MC and PPO networks with the elimination of the hospital and some unique physicians with exclusive admitting privileges and UCI.

Plan Information - Aetna-Large

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NEW! Transparency and Aexcel® Expansions and Communication Tools

Consumers want to know as much as possible about health care costs and clinical quality when they're choosing a doctor, hospital or other facility for care. Aetna is pleased to announce the expansion of their transparency initiatives, giving more Aetna members this critical information - before they even make an appointment.

Medical Procedure by Facility Cost Tool and Unit Price Transparency Market Expansions

Aetna gives members information about the cost, clinical quality and efficiency of care provided by individual doctors in a growing number of markets. Aetna also offers their Medical Procedure by Facility Cost tool in select markets, allowing members to look up facility-specific costs for over 30 common medical procedures, including maternity care, CT scan and colonoscopy.

Only Aetna members registered with Aetna Navigator® can access transparency information - unit price transparency, clinical quality and efficiency information, as well as the Medical Procedure by Facility Cost tool. This information is not available on the Aetna public websites.

Additional Provider Types for Unit Price Transparency

In June, they added eight provider types to Unit Price Transparency, for all markets where they currently display rates. In addition to providing rates for primary care and specialty doctors, they will be providing rates for the following health care professionals:

- Audiologists
- Chiropractors
- Occupational Therapists
- Optometrists
- Physical Therapists
- Podiatrists
- Speech Pathologists
- Speech Therapists

NEW Aetna Navigator Health Information Guide

Aetna recently launched their new Aetna Navigator Health Information Guide, which provides all registered Aetna Navigator members with a starting point to find answers about their health care, types of treatment, cost of services and more. It's designed to improve a member's experience by providing them with links to some of the tools, programs and health content on Aetna Navigator that can help them make more informed decisions - before, during and after they receive medical care.

The Guide is located on the Aetna Navigator home page, under "Take Action on Your Health," and accessed by selecting "Health Guide." [Click here](#) to read more about Aetna Navigator.

Online Tools for Aetna Customers

Aetna understands the value of benefits administration technologies - from payroll and benefits administration to Human Resources Information System (HRIS) tools. That's why they offer many ways to help your client's get their job done.

Whether your clients want a simple online enrollment tool, a complete benefits administration system, or simply to send a data file from your HRIS, Aetna has Internet-based services to meet your needs.

Aetna eBilling - for electronic reconciliation and payment

Aetna eBilling is an option that delivers standard paper bills in an electronic format instead of through U.S. mail. It's available to all plan sponsors, except EZLink™ users. Aetna eBilling offers an electronic way to receive billing invoice(s). With this option, plan sponsors will see a picture of their bill showing the membership and premium due.

EZenroll® - for quick, easy and more accurate electronic enrollment

Forget the paper forms! EZenroll lets plan sponsors go online to manage eligibility data. Plus, they can make enrollment changes and terminations for their Aetna Medical and Dental products. This product is best-suited for smaller accounts with only one or two lines of coverage.

EZLink - for online benefits administration

EZLink is a full benefits administration system, supporting medical, dental, life, short-term and long-term disability plans, as well as health savings accounts (HSA), flexible spending accounts (FSA) and COBRA services. EZLink offers an online, consolidated bill for all Aetna coverages, and lets plan sponsors download their billing and census data to Microsoft Excel™ spreadsheets. EZLink is offered at no charge to Aetna customers.

Please [click here](#) for comprehensive brochure that includes a side-by-side comparison of the tools.

Contact your B&P Large Group Specialist for assistance with 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 will be offering a 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 the following plans:

- Solution 2500 PPO - New!
- Solution 3500 PPO - New!
- Solution 5000 PPO - New!
- Lumenos® HSA 1500
- Lumenos® HSA 3000
- Lumenos® HIA Plus 3000
- PPO 2400 (HSA-Compatible)
- PPO 3500 (HSA-Compatible)

More details will be available soon so stay tuned!

Bonus Program for New Enrollment - Solution PPO Members

Anthem Blue Cross has introduced a program that will allow you to earn a Bonus for each new member enrolling in a Solution PPO plan. How much can you earn? How about \$35 to \$50 for each new member! When you enroll new members in a Solution PPO plan with September 1, 2008 through December 15, 2008 effective dates you can earn:

- \$35 per Solution member
- \$50 per Solution member after 25 Solution members have been enrolled

Other contest rules apply. The payout will be in February 2009.

In addition, the [Solution PPO flyer](#) will help you help your clients understand the ins and outs of preventive care and physical exam benefits for Solution PPO plans. Understanding these benefits can help members get the most from their Solution PPO plans.

Improved Come Back to Anthem Blue RAF Program

#1: Lower RAFs

For a limited time only, Anthem Blue Cross is offering a NEW RAF reduction program when eligible groups re-apply for medical coverage under Come Back to Anthem Blue. No health questions required!

- Groups of 2-4 medically enrolled subscribers receive a 1.00 RAF.
- Groups of 5-9 medically enrolled subscribers receive a .95 RAF or a 5% reduction, whichever is lower.
- Groups of 10-50 medically enrolled subscribers receive a .90 RAF.

#2: 12-month rule waiver

Bring back groups that lapsed between October 1, 2007 and June 1, 2008. When they re-apply for medical coverage from Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company for September 1, 2008 through December 15, 2008 effective dates, Anthem Blue Cross will waive the 12-month waiting rule and guarantee issue those groups that would otherwise qualify under AB1672.¹

This offer is only available for qualifying AB1672 groups that cancelled their Anthem Blue Cross medical coverage between October 1, 2007 and June 1, 2008 and had RAF's of 1.05 or better.

Please note:

- Health questions may be required for groups requesting a lower RAF.
- Lowest RAF available is .90 and the RAF is guaranteed for the initial 12 months from the Medical coverage effective date.
- Bundling savings with Life, Dental and Workers' Compensation coverage still applies.
- Groups that have been denied reinstatement are ineligible.

- Come Back to Anthem Blue groups are not eligible for the Guaranteed RAF program, but are eligible for the lower RAF deal.

¹Anthem Blue Cross will review on a non-Guarantee Issue (AB1672) basis for groups that don't meet these requirements.

Please [contact](#) a member of your b&p Sales Team for assistance with your Anthem Blue Cross quotes through January 1, 2009 effective dates.

RAF Program Extended through December 2008

We are pleased to announce that Anthem Blue Cross has extended their RAF Program through December 2008 effective dates! Guarantees for groups of 10-14 and 15-50 with no health questions required!

- Groups with 10-14 enrolling employees receive a maximum .95 RAF.
- Groups with 15-50 enrolling employees receive a maximum .90 RAF.

For more information, [contact](#) your B&P Sales Team or [click here](#) for the New Business Deadlines & Offers from our Carriers.

Network Updates - Anthem Blue Cross-Small

[TOP](#)

Anthem Blue Cross Network: Pomona Valley Hospital Medical Center

Anthem Blue Cross has provided an external [Q&A document](#) to aide you in providing information about Pomona Hospital Valley Medical Center's termination. This document will help you respond to some of the confusion the hospital has created by telling Anthem Blue Cross members, clients, physicians and the community at large to call the hospital, rather than Anthem Blue Cross, with post-termination questions/concerns.

Anthem Blue Cross Network: Update - Stanford University Hospital and Lucile Salter Packard Children's Hospital

Anthem Blue Cross (Anthem) has been engaged in negotiations with Stanford University Hospital (Stanford) and Lucile Salter Packard Children's Hospital (Lucile). The contracts for Stanford and Lucile were scheduled to terminate effective September 1, 2008. Anthem Blue Cross is pleased to announce that Anthem has received signed Memorandums of Understanding that memorialize certain provisions of the renegotiations and extends the termination for both hospitals through September 30, 2008. Be assured that Anthem is working diligently to obtain executed agreements with each hospital prior to the extended termination date.

Anthem Blue Cross Network: Moreno Valley Community Hospital

In February 2008, Anthem Blue Cross announced the renegotiation of a three year contract with three Valley Health System (VHS) hospitals, Hemet Valley Medical Center, Menifee Valley Medical Center and Moreno Valley Community Hospital effective February 15, 2008.

In May, VHS sent a letter informing Anthem of the sale of Moreno Valley Community Hospital to Kaiser Foundation Hospitals (Kaiser).

The completion of the sale may not be effective until later this year. Therefore, at this time and until further notice, Anthem's current agreement with VHS will continue in effect and Moreno Valley Community Hospital remains an in-network participating provider.

Anthem Blue Cross Network: Mosaic Medical Group

Anthem Blue Cross is pleased to announce that they have reached an agreement with Mosaic Medical Group, located in Tulare County. The fully executed agreement is retro-effective from July 1, 2008 and extends for a period of one year.

Plan Information - Anthem Blue Cross-Large

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2009 Annual Benefit Changes

You can see benefit changes for next year right now. Every year, Anthem Blue Cross (Anthem) combs through their products and plans to find ways to make them more valuable for members and groups alike.

In particular, Anthem took a close look at preventive care. They believe that preventive care is extremely important for maintaining good health. That's why they continue to cover these services in all standard plans for children and adults, including screenings, immunizations and other services to detect medical conditions in advance. To support these services, they also removed the \$250 maximum on physical exams.

When deciding which services are considered preventive, Anthem listens to recommendations of the U.S. Preventive Services Task Force, the American Cancer Society, the Advisory Committee on Immunization Practices, and the American Academy of Pediatrics. In light of this, they've added colorectal cancer screenings to their preventive service list.

[Click here for a spreadsheet listing January's benefit changes for the 51+ market.](#) Benefit summaries are available October 1, 2008 and changes take effect on January 1, 2009. (Changes for 126+ RENEWING business will not take effect until April 1, 2009.)

Important January 2009 Quoting Activity Update

Please note any quotes delayed between December 1, 2008 to January 1, 2009 effective dates (including groups receiving rates prior to January 1, 2009 rates being available); need to have the following loads applied to the December 1, 2008 rates.

HMO - +2.6% (rates times 1.026)

PPO - +1% (rates times 1.01)

Please [contact](#) your B&P Large Group Specialist to request a requote.

New 51-99 Elect Medical Plan Change Request Forms

Anthem Blue Cross has updated their Renewal Plan Change Forms, for use at the group's renewal, to include the Anthem Blue Cross logo as well as the new Solution PPO plans.

Available forms include:

[Renewal Plan Change Form - All Plans](#)

[Renewal Plan Change Form - Designated Plans](#)

To request member plan changes, send the completed form to your B&P Large Group Specialist or fax your completed form to 805-499-0842.

2008 Partnership Advantage

Take the Anthem Blue Cross road to rewards and earn up to \$60,000 with Partnership Advantage 2008! Working with Beere & Purves does not affect your ability to participate in this bonus program.

How to earn points: Sell medical with the following specialty products: Life, Dental or Vision. Only medical cases with 51+ eligible employees will qualify. A specialty sale of Life, Dental and/or Vision is required with each qualifying medical case.

- Earn two points for each new eligible medical subscriber sold.
- Earn one point for each new eligible Life or Dental subscriber sold.

For details, see the [Partnership Advantage 2008 brochure](#).

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

Please see the Anthem Blue Cross-Small Network Updates.

Plan Information - CaliforniaChoice®-Small**TOP****Early Bird from CaliforniaChoice®**

Group numbers guaranteed on the effective date with CaliforniaChoice®.

When you submit your group through Beere & Purves by the 19th of September for an October 1, 2008 effective date, and all pending requirements are completed by the 25th of the same month, we will submit your case to CaliforniaChoice® 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:

September Timeline for October 1st Groups:	October Timeline for November 1st Groups:
19th - submit group to Beere & Purves	17th - submit group to Beere & Purves
25th - all missing requirements must be complete	23rd - 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.

New Hearing Program Free for All CaliforniaChoice® Members

Did you know that over 16 million working adults ages 35-65 suffer some sort of hearing loss? And while hearing loss is usually treatable, 80% of adults don't get treatment!

Introducing EPIC Hearing Vision Plan - CaliforniaChoice® now offers EPIC Hearing Service Plan (HSP) to all CaliforniaChoice® members at **no additional cost**.

Just have your clients and their employees login to www.calchoice.com and click on **Free Hearing Program** for details. [Click here](#) for more details.

Network Updates - CaliforniaChoice®-Small**TOP**

No significant updates at this time.

Plan Information - CaliforniaChoice 51+**TOP****Quote Groups with In Force Kaiser Permanente**

Effective July 1, 2008, CaliforniaChoice 51+ will quote groups with in force Kaiser Permanente membership!

Now your groups with 51-199 employees can continue to use Kaiser Permanente doctors and facilities - or have the option to enroll in Health Net and Cigna - all in the same program! And all CaliforniaChoice 51+ groups get these same great benefits:

- **Choose from Kaiser Permanente, Health Net & Cigna** - Employees choose the carrier that's right for them and their families.
- **Employer Defined Contribution** - Employers set a fixed dollar amount or percentage of cost for each employee and even dependents - it's the employer's choice!
- **Free Dental & Vision is included** - Buy-up options are available for dental, vision, chiropractic, acupuncture and life.
- **Superior website** - Complete account management including payment updates, sales and commission histories, new hire worksheets - and full marketing support!
- **Expert sales support** - From quoting and client presentations to enrollment and renewal - you'll find what you need to help you land the client!

- **Easy administration and single source billing** - One enrollment form, one line for questions and one bill makes enrollment and administration a breeze!

Get a quote in 24 hours!* Please [contact](#) your B&P large group specialist to request a quote today!

**For in force Kaiser Permanente Groups, quotes are delivered to you in about eight days.*

Network Updates - CaliforniaChoice 51+

[TOP](#)

Please see the CaliforniaChoice® -Small Network Updates.

Plan Information - Delta Dental

[TOP](#)

Language Assistance Policy

Beginning January 1, 2009 California law will require that all health care plans newly provide language assistance to enrollees who cannot sufficiently communicate in English to understand information about their plans or interact effectively with their health care providers. This includes information from and communications with Delta Dental, their dentists and dental office staff by the enrollees.

In order to comply with comply with C.C.R. 1300.67.04, also known as SB 853, Delta Dental was required to directly survey plan enrollees to assess their language preferences by February 23, 2008. [Click here](#) for the employee letter, including the survey web address.

Plan Information - Health Net-Small

[TOP](#)

November Rate Changes

Avoid Health Net's November rate increase by submitting new business for an October effective date and receive a 12-month rate guarantee.

- A modest trend rate increase for Medical.
- No increase for Dental and Vision.
- No increase for Life, Chiropractic, Acupuncture, and Combo Riders.

The following service area changes/additions are effective 11/1/08:

- 92275 (Salton City) has been moved from Riverside County (Region 5) to Imperial County (Region 7) and is thus no longer a part of the Silver Network.
- 85395 (Arizona) has been added to Region 0 (Flex)
- 85658 (Arizona) has been added to OOS PPO Region 1
- 80951 (Colorado) has been added to OOS PPO Region 10
- 89183 (Nevada) has been added to OOS PPO Region 1
- The following zip codes have been moved from Region 1 to Region 7: 92227, 92231, 92232, 92233, 92243, 92244, 92249, 92250, 92251, 92266, 92273, 92275, 92281, 92222, 92257, 92259, 92283

Please give us a call to discuss your active Health Net quotes or any of these changes.

Updated Directories Fall 2008

Health Net has revised their provider directories. In the past, Small Business Group and Mid-Market/Large Group have had their separate HMO Directories since there were differences between the networks for these two markets. Effective immediately, there are no longer differences in provider contracts for the two markets.

New directories are available by contacting beere&purves or by visiting Health Net's Doc Find.

CVS/Caremark: Health Net's New Mail Order Pharmacy Effective December 1, 2008

Effective December 1, 2008, CVS/Caremark will replace Express Scripts as Health Net's mail order pharmacy. Please note that this change only affects prescriptions filled through the mail order pharmacy. The full article is located in the Health Net Large Group section of the newsletter.

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

RAF Guarantee through 2008

- 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

Network Updates - Health Net-Small

[TOP](#)

No significant updates at this time.

Plan Information - Health Net-Large

[TOP](#)

CVS/Caremark: Health Net's New Mail Order Pharmacy Effective December 1, 2008

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 will be 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.

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

Updated Directories Fall 2008

Health Net has revised their provider directories. In the past, Small Business Group and Mid-Market/Large Group have had their separate HMO Directories since there were differences between the networks for these two markets. Effective immediately, there are no longer differences in provider contracts for the two markets.

New directories are available by contacting beere&purves or by visiting Health Net's Doc Find.

Network Updates - Health Net-Large

[TOP](#)

No significant updates at this time.

Plan Information - Kaiser Permanente Choice Solution

[TOP](#)

Bonus for Small Group HSA Sales

For each 2-50 employee group you enroll in Kaiser Permanente Choice Solution between July 1 and December 1, 2008, you'll receive a \$20 reward in addition to your regular sales commission for every member who enrolls in an HSA-Qualified plan!

This one time reward only applies to new members enrolling in one of the following Kaiser Permanente Choice Solution Small Business PPO or HDHP plans in California:

PPO HSA 2200

HDHP 1400

HDHP 2400

Rules and Conditions

- Participating brokers must be in good standing, with a current, signed Kaiser Permanente Choice Solution broker agreement and current license on file.
- Groups split among brokers for commission purposes will be considered split for group rewards at the same ratio as commissions.
- The maximum reward payment for any single group is \$50,000 for all rewards combined. If a group terminates prior to its next renewal date, the Total Replacement Reward will be rescinded.
- For group rewards, new members are those who have the same effective date as the date the group qualifies for the reward.
- Groups currently enrolled with Kaiser Permanente, Kaiser Permanente Choice Solution of California^{Choice®}, Professional Employer Organizations (PEOs), breakaways, or groups from associations, trust funds, and unions are not eligible for the reward programs.
- To receive reward payments, you must be the broker of record on the effective date the group qualifies for the reward.
- Reward program is subject to change at any time.
- Brokers and consultants shall disclose to their clients all commissions and other payments made to them by Kaiser Permanente Choice Solution in compliance with all legal requirements.

Contact a member of your b&p Sales Team at 888.722.3373 for assistance.

PPO HSA 2200 Plan

Kaiser Permanente Choice Solution is introducing the PPO HSA 2200, new for July 1, 2008 effective dates going forward.

New... PPO HSA 2200

The Kaiser Permanente PPO gives members the power to choose any physician within the PHCS participating network providers anytime, without a referral. And, the PPO HSA 2200 is HSA-qualified so members can open a Health Savings Account and start setting money aside right away—it's there when members need it to pay for qualified medical expenses, like office and prescription drug copays.

Medical Benefits	In Network (Member Pays)	Out of Network (Member Pays)
Deductible: Individual / Family	\$2,200 / \$4,400	\$3,200 / \$6,400
Office Visits	\$40 after deductible	50% after deductible
Lab and X-Ray - Outpatient	30% after deductible	50% after deductible
Hospital Care	30% after deductible	50% (\$600 Max/day) after deductible
Emergency Room	30% (\$100 copay per visit) after deductible	30% (\$100 copay/visit) after deductible

For detailed benefits, refer to the Kaiser Permanente Choice Solution [PPO HSA 2200 Benefit Summary](#).

Please contact a member of you B&P Sales Team for more information.

Network Updates - Kaiser Permanente Choice Solution

[TOP](#)

No significant updates at this time.

Industry News [TOP](#)

Proposed California Budget Forgoes More Health Care Cuts

California legislators have reached an agreement on a budget proposal that would increase spending on health care and education but still cut some services, the *Los Angeles Times* reports (Halper, Los Angeles Times, 9/15). [Click here](#) for the full article.

Campaigns Launched To Move Californians From Fat to Fit

Californians are overweight, out of shape and getting that way earlier in life, according to a study released this month. Even before the California Health Interview Survey was released by the UCLA Center for Health Policy Research, California health and government officials were responding to what some call a "crisis of growing proportions" by launching campaigns to turn fat to fit.

Here's a quick overview of the breadth of efforts under way:

- Anthem Blue Cross and the Governor's Council on Physical Fitness and Sports joined forces for a 15-week statewide mobile outreach campaign to encourage children to exercise and think about healthy choices.
- San Jose City Council members are considering a one-year citywide moratorium on new fast-food restaurants, following the model of a similar moratorium approved last month in south Los Angeles. Civic leaders argue that fast food contributes to people -- especially kids -- becoming overweight. In San Jose, the proposed moratorium would also ban new fast-food restaurants within 1,000 feet of schools.
- Health activists in San Mateo County launched two anti-obesity Web sites last week -- one aimed at parents and educators and one aimed at kids.
- Sen. Alex Padilla (D-Los Angeles) authored a bill that would require restaurant chains with 20 or more outlets to post calorie information on menu boards statewide. A similar proposition is under consideration in Los Angeles County.
- The California Medical Association Foundation has launched a campaign -- the Obesity Prevention Project -- to give physicians access to and assistance with education, advocacy and resources to help patients deal with and avoid obesity.

Other county and statewide efforts are also in the works. [Click here](#) for the full article.

San Francisco Employers Face Another Government Mandate

In their latest attempt to impose a mandate on business, San Francisco officials are now saying that every business with at least 20 employees must offer personnel one of three transit benefits. So far, the city requires employers to provide paid sick leave, health care benefits and pay a minimum wage that is one of the nation's highest.

The employers can choose from one of the following transit options:

- Free transit passes or vanpool reimbursement
- Door-to-door shuttle service on vans or buses
- Letting employees set up pre-tax commuter accounts to pay for mass transit (but not parking costs)

Officials maintain the plan may actually save money for businesses by lowering their payroll tax obligations without actually adding any out-of-pocket expenses.

The ordinance passed earlier this month by the San Francisco Board of Supervisors must be signed by the mayor before it becomes official policy. If it is approved, the rule will be implemented within 120 days.

Number of Uninsureds Drops

The U.S. Census Bureau announced September 2, 2008 that the number of uninsured in America had dropped for the first time in years, from 47 million in 2006 to 45.7 million in 2007. One of the most closely watched bellwethers in the industry, the Census Bureau estimates showed improvement in the number of uninsured largely because government programs provided coverage to an additional 2.7 million people in 2007. However, many of the underlying problems causing a drop in private coverage remain, and the struggling economy this year has some states trying to reduce their Medicaid spending.

Events TOP

SVAHU Member Mixer - September 17, 2008

SVAHU will be holding a member mixer at California Café in Los Gatos on September 17, 2008 from 4:30pm - 6:30pm. Click here for more details.

SVAHU Sales Expo 2008 - October 3, 2008

Join SVAHU for their Annual Sales Expo. It will be held at the San Jose Wyndham Hotel on Friday, October 3, 2008. Visit www.svahu.org.

SVAHU Sales Expo 2008
San Jose Wyndham Hotel
1350 N. First St.
San Jose, CA 95112

GGAHU Membership Meeting and Continuing Education - October 15, 2008!

Join GGAHU on October 15, 2008 for their Continuing Education & Membership Luncheon at the Hilton Concord from 10:00am - 1:30pm. Visit www.ggahu.org for more details.

Contact B&P TOP

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