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ISSUE

4

Fall  
2011

www.OhioHealthBenefits.net

# Ohio Health Benefits News

Inside:

Healthcare Reform P.2

Did You Know? P.3

Medicare Minute P.3



## SAVE MONEY WITH YOUR HSA

**Are you funding  
your Health Savings  
Account?**

**Be sure to take  
advantage of the tax  
savings by funding  
your HSA account.**

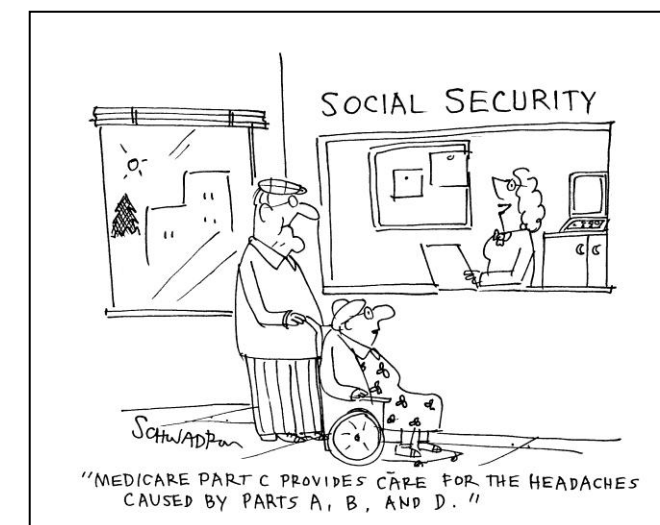
**For 2011, the  
maximum allowable  
contribution is \$3050  
for an individual and  
\$6150 for a family  
of two or more.  
Also, those that are  
55 yrs old or older  
(but not yet  
Medicare eligible)  
can contribute an  
additional \$1000 as  
a "catch-up"  
contribution.**

**If you have an HSA  
qualified health plan  
but have not yet set  
up your Health  
Savings Account,  
give us a call for  
advice on how and  
where to add this  
great health plan  
feature!**

Hello,

2011 has been a very busy year in the health insurance industry! All of the insurance companies we work with have been busy trying to figure out exactly what is in the health care reform bill and making the necessary changes to be compliant with the new law. Even though many aspects of the bill do not take effect until 2014, there are many new requirements in place now for health insurance companies. As an agency we are seeing the results of this legislation with daily updates from the insurance companies and we are adjusting accordingly. Part of the healthcare reform bill deals with the Medicare market. We have been very nervous about the negative affect we may see on Medicare plans but we are happy to report that so far the changes we are seeing for 2012 are minimal. We have seen a little consolidation in the industry but for the most part the plans that have been the strongest in the past continue to look very strong going forward. We are seeing a slight increase in some Medicare advantage premiums and most if not all of the zero premium plans continue to be zero premium for 2012. It also seems that any of the plans we represent that offer the Silver Sneakers program will continue to offer this very popular program for 2012. In any event, if you are concerned about your plan for next year give us a call. Remember, the Medicare Annual Enrollment Period ends on December 7<sup>th</sup> this year (see article in this newsletter for details). So if you want to change your plan, or have questions about your current plan, give us a call.

*Dave & Steve*



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**Ohio Health Benefits, LLC.**  
**Your Health Insurance Partner!**  
www.OhioHealthBenefits.net

**Major Carriers We Represent: AARP, Advantra, Aetna, Anthem Aultcare, Blue Cross Blue Shield, Coventry, Humana, Kaiser, Medical Mutual of Ohio, Secure Horizons, SummaCare, United Healthcare, and more!**



From L-R: Dave Auble, Lori Vaught, Debbie Lester, Ann Patella, Rick Lohr, Susan Smith, Roy Bryant, Cathie Clark, Jan Naso, Denise Larson, and Steve Clark.

### **Let's Get Green!**

If you have email, sign up to receive periodic customized email notifications from us so we can keep you informed about your specific healthcare needs! Drop us a note at: [service@OhioHealthBenefits.net](mailto:service@OhioHealthBenefits.net), and we'll add you to our growing list!

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**LIKE US on Facebook  
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on the latest in health  
insurance information  
in between newsletters!**



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or call us toll free at:  
1-866-235-8378.



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**The ABC'S of  
Medicare Explained  
Every Tuesday**



**MEDICARE BASICS** is a seminar for those turning age 65 that may have questions about Medicare.

**MEDICARE BASICS** is offered at both offices every Tuesday from 2-3 p.m.\*

**Seating is limited - call your benefit consultant to register!**

\*If this day and time does not work with your schedule, contact us for a private session.

## Healthcare Reform: Changes for Women

On August 1, 2011, HHS (Health and Human Services) released an interim final rule adopting additional guidelines for women's preventive services, including contraception, well-woman visits, support for breastfeeding equipment and domestic violence screening. These items must be covered by non-grandfathered plans and issuers without cost-sharing in the first plan year that begins on or after August 1, 2012. (Group health plans sponsored by certain religious employers are exempt from requiring coverage for contraceptive services.)

*The new guidelines include:*

- **Breastfeeding support, supplies and counseling** – Comprehensive lactation support and counseling by a trained provider during pregnancy and/or the postpartum period, and costs for renting breastfeeding equipment.
- **Annual screening and counseling for interpersonal and domestic violence**
- **Annual counseling and screening for human immune-deficiency virus** for all sexually active women.
- **Annual counseling for sexually transmitted infections** for all sexually active women.
- **HPV DNA testing** – Human Papillomavirus DNA testing in women every three years, beginning at 30 years of age.
- **Screening for Gestational Diabetes** – Screening for pregnant women between 24 and 28 weeks of gestation, and at the first prenatal visit for pregnant women identified as being at high risk for diabetes.
- **Well-woman visits** – Annual well-woman visits for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care.
- **Contraception and contraceptive counseling** – All FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity. (Abortion drugs are not included.)

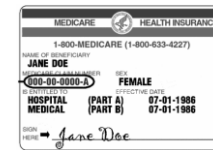


### Annual Coverage Notices to Arrive Soon....

For those covered by Medicare Advantage plans and/or Medicare Part D drug plans, watch your mailbox for the annual **A.N.O.C. (Annual Notice of Change)** to arrive soon. Insurance companies will begin mailing these notices out in the month of September. **The A.N.O.C. will list all of the changes in your plan for 2012.** You'll also want to review any changes to the prescription formularies for next year to be sure your medications are covered.



**Medicare**



**Minute**

**More and more Medicare plans for 2012 will include a deductible on prescriptions.** As the cost of prescription medications continue to increase from year to year we are expecting to see more Medicare Part D plans to include some form of deductible at the beginning of the year. Having a deductible with a prescription plan allows the insurance companies to keep premium increases at a minimum or in many cases have no premium increase at all. For 2012, Medicare allows a prescription plan to have a deductible as high as \$320. We expect at least half of the plans available to have a deductible at the full \$320 but we also expect that many plans will have a smaller deductible.

Regardless of the size of the deductible, the concept works the same. When you begin to fill your prescriptions on January 1 or later, you will pay full price for the medication up to the deductible amount. For example if your plan has a \$100 deductible the first \$100 in drug cost are paid by you and then the drug is subject to the co-pay. Any prescription deductible would be for the calendar year (from Jan 1 to Dec 31) and once satisfied would not need to be satisfied again until the next year. The net result would be higher drug costs at the beginning of each year but only for a short time until the deductible is reached. Of course, if you are taking advantage of the \$4 programs many drug stores are now offering, any deductible would have no affect on those medication costs.

**Medicare's annual election period ends earlier this year.** For those people looking to change their Medicare Advantage plan for 2012 the time frame to do this has been shortened. **This year the election period ends on December 7<sup>th</sup>.** In the past you had all the way up to December 31<sup>st</sup> to make a change. **If you currently have a Medicare Advantage plan, watch your mail closely for changes for 2012.** Insurance companies have already started mailing the "Annual Notice of Coverage Change" letters describing the benefit changes for 2012. If you are looking to change plans you'll have to get the paperwork done by December 7<sup>th</sup>. Give us a call if you feel you want to change to a different plan.

**CMS Announces Medicare Part D Amounts for 2012**  
*For 2012, the Standard Medicare Part D Minimum Benefits are:*

	2012 Basic Benefits	You Pay
<b>Deductible</b>	\$320	100% of first \$320 in Rx cost
<b>Initial Coverage Limit</b>	\$2,930.00	25% of the next \$2,610 in Rx cost
<b>Coverage Gap (Donut Hole)</b>	\$3727.50	50% of brand-name and 86% of generic drugs of the next \$3,727.50 out-of-pocket cost
<b>Annual Out-of-pocket costs</b>		<b>\$4700*</b>
<b>Catastrophic Coverage</b>	Medicare and Plan 95%	You pay the greater of \$2.60 for generic/preferred multi-source drug and \$6.50 for all other drugs; OR 5 percent coinsurance

- *The Centers for Medicare & Medicaid Services (CMS) is the federal agency that runs Medicare. They have worked with drug companies to give you discounts on your medicines. As a result, you'll get almost 50 percent off on covered brand-name prescriptions while you are in the coverage gap.*
- *CMS will work with health plans to help you pay for generic drugs while in the coverage gap. Your plan will cover 14 percent of the generic drug costs in 2012. If you already have generic coverage in the coverage gap, you may not qualify for more help.*

\*Does not include monthly premium



**Dave Auble**  
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**DID YOU KNOW?**



Over 30 name-brand drugs are expected to go generic in the next year including:

- Gabitril®*
- Zyprexa®*
- Symbyax®*
- Solodyn®*
- Lipitor®*
- Caduet®*
- Clarinox®*
- Clarinox-D®*
- Geodon®*
- Lexapro®*
- Seroquel®*
- Avandia®*
- Plavix®*
- Singulair®*
- Actos®*

For a complete list, visit:  
[www.medcohealth.com/art/corporate/anticipatedfirsttme\\_generics.pdf](http://www.medcohealth.com/art/corporate/anticipatedfirsttme_generics.pdf)