

Ohio Health
Benefits, LLC
<return address
field>

PRSR-T-STD
US POSTAGE
PAID
AKRON OHIO
PERMIT #784

ISSUE

3

Spring
2011

Ohio Health Benefits News

www.OhioHealthBenefits.net

Inside:

Healthcare Reform P.2

Ask The Experts P.2

Medicare Minute P.3

NEW IN-HOUSE SEMINAR OFFERED EVERY TUESDAY!

Learn the ABC's of
Medicare at:
MEDICARE BASICS,
a seminar geared
towards those turning
age 65 who may have
questions about
Medicare.

MEDICARE BASICS
will be offered at
both Tallmadge and
Hiram locations
EVERY TUESDAY
From 2-3 p.m.
Seating is limited,
so call your
benefit consultant
to register today!

(If this day and time does
not work with your
schedule, contact us for
an individual session.)

Hello!

We hope everything is going well for our clients!

We just finished up the Annual Enrollment Period with Medicare in January, and it was as busy - if not busier - than any other year. So far, 2011 has been a little bit different for us since there is less opportunity for Medicare beneficiaries to change their plans. In the past, you could change your Medicare plan in January, February, and March. 2011 is the first year that you are not allowed to change your plan during the first three months of the year. This fall will have even more changes in store since the Annual Enrollment Period for changes will start in October and end on December 7th. That means if you want to change your Medicare plan for 2012, you will have to have the paperwork done by December 7th. Of course, if someone is choosing to leave their employer retiree plan they can really do that anytime throughout the year. We are seeing more and more retirees opting to leave their employee retiree plans as the costs of these plans, in most cases, continue to rise each year.

On the non-Medicare side of things we have been very busy sorting out and dealing with some of the new changes due to healthcare reform. Two of the changes that we have seen with the largest impact are the lack of child only policies and the creation of the new Ohio High Risk Pool. Unfortunately as an unintended consequence of the Healthcare Reform Bill all of the major insurance companies have decided to exit the market for child only policies. We are still hoping that this changes soon, but only time will tell. On the positive side, the Ohio High Risk Pool is up and running and we have been able to enroll several people into this program that would have been otherwise declined insurance. The rates on the Ohio High Risk Pool (underwritten by Medical Mutual of Ohio) are very good. The biggest challenge we see with the risk pool is the requirement that you must go without insurance for at least 6 months to qualify. If you or someone you know wants information on the Ohio High Risk Pool, give us a call.

Finally, if there is anything we can do to assist you, please contact us! If you are having trouble with a claim or some other issue, call us! We are here to service what we sell! We want to continue to provide exceptional products and service to our customers. If it weren't for you, all of us at Ohio Health Benefits would be doing something much less enjoyable. And if for some reason we have let you down, please tell us! We see mistakes as an opportunity to continue to grow and improve.

Have a great day!

Steve and Dave



"Have you heard about the new Medicare drug plan called plan C?
Medicare gives you \$30 for a bus ticket to Canada!"

Ohio Health Benefits News

Issue 3 Spring 2011



TALLMADGE
Steve Clark
Licensed Benefit Consultant
P.O. Box 52
30-B Northwest Ave., Suite 110
Tallmadge, OH 44278
Phone: 330-633-7713
Toll Free: 1-866-235-8378
Fax: 330-633-7726
sclark@OhioHealthBenefits.net



LIKE US on Facebook
and keep up to date
on the latest in health
insurance information
in between newsletters!

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

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



From L-R: Cathie Clark, Ann Patella, Steve Clark, Susan Smith,
Dave Auble, Alisha Jakacki, and Debbie Lester. (Not pictured:
Roy Bryant, Jan Naso and Rick Lohr.)

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, and we'll add you to our growing list!



HIRAM
Dave Auble
Licensed Benefit Consultant
P.O. Box 411
11681 Hayden Street
Hiram, OH 44234
Phone: 330-569-3379
Toll Free: 1-866-557-9745
Fax: 330-569-3281
dauble@OhioHealthBenefits.net

If you do not wish to receive
this newsletter, or prefer to
receive it electronically,
please email: service@OhioHealthBenefits.net,
or call us toll free at:
1-866-235-8378.



Tools YOU Can Use!

Need help uncovering
how to choose a
health plan? Go to
www.healthguidein15.com
for a simple, online
tutorial that will walk
you through the
process.



Steve Clark
Licensed Benefit
Consultant
1-866-235-8378

Meet Rick Lohr!



Benefit Consultant

Rick comes to us with 27 years of account management experience. He received his Benefits Consultant License from the State of Ohio in 2010.

Rick and his wife Stephanie, have resided in Tallmadge since 1991. They have two grown children, Ashley and Zach, and a grandson, Maddox. Rick's hobbies include golf and woodworking.

Healthcare Reform:

CHANGES THAT MAY AFFECT YOU THIS YEAR

In past issues, we've been mentioning some of the changes you can expect to see – now health carriers have begun to implement some of these changes, or soon will in this calendar year such as:

- Preventative services with no cost-sharing
- Coverage for dependent children until age 26
- No pre-existing condition exclusions for children under age 19
- No lifetime dollar limits on essential health benefits
- Small business tax credit
- Transitional high-risk pool

For more details and information on these changes, visit www.anthem.com/healthcarereform.



ASK THE EXPERTS

Background on question:

Before 2011, once Part D users reached their coverage limits, also known as the *donut hole*, all prescription drug coverage stopped completely, and they had to pay all prescription drug costs themselves until they reached the catastrophic coverage threshold. In 2011, however, reforms meant to help close the donut hole went into effect. Part D members who enter the donut hole should now receive discounts of 50 percent off covered name-brand prescription medications and a 7 percent discount on covered generic medications until they reach the catastrophic coverage stage.

Q: What if I don't get a discount and I think I should have?

A: If you think that you have reached the coverage gap and you don't get a discount when you pay for your brand-name prescription, you should work with your drug plan to make sure that your prescription records are correct and up-to-date. If your drug plan doesn't agree that you are owed a discount, you can appeal. You can get help filing an appeal from your State Health Insurance Assistance Program (SHIP) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Call 1-800-MEDICARE or look at the back cover of your "Medicare & You" handbook to get the telephone number for your local SHIP.

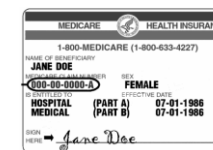
Do You Have Questions about Your Healthcare Coverage?

Questions for Dave and Steve can be emailed to:
service@OhioHealthBenefits.net

Please type
Ask The Experts
in the subject line.



Medicare



Minute

High-income individuals Will Pay Higher Premiums for Medicare Part D Coverage

As of Jan. 1, Medicare beneficiaries who are considered high-income earners will pay a higher premium for their Part D Medicare prescription drug coverage. The government will deduct the additional premium amount from the beneficiary's Social Security benefit payment. The increase will not impact the rates charged by their health insurance company.

Individuals with an income of \$85,000 or above, or married couples filing jointly with an income of \$170,000 or above, must pay an extra premium amount for Part D coverage. This extra premium amount is called the income-related monthly adjustment amount (IRMAA). This amount is based on modified adjusted gross income as reported on the beneficiary's most recent IRS tax return.

CMS (Centers for Medicare and Medicaid Services) recently provided the following tables showing the Part D premium adjustment amount based on income threshold. If the beneficiary is single and filed an individual tax return, or married and filed a joint tax return, the following chart will apply:

	Beneficiaries who file individual tax returns with income that is:	Beneficiaries who file joint tax returns with income that is:	Part D-Income Related Monthly Adjustment Amount will be:
Income Threshold Tier 1	Less than or equal to \$85,000	Less than or equal to \$170,000	\$0.00
Income Threshold Tier 2	Greater than \$85,000 and less than or equal to \$107,000	Greater than \$170,000 and less than or equal to \$214,000	\$12.00
Income Threshold Tier 3	Greater than \$107,000 and less than or equal to \$160,000	Greater than \$214,000 and less than or equal to \$320,000	\$31.10
Income Threshold Tier 4	Greater than \$160,000 and less than or equal to \$214,000	Greater than \$320,000 and less than or equal to \$428,000	\$50.10
Income Threshold Tier 5	Greater than \$214,000	Greater than \$428,000	\$69.10

If a beneficiary is married and lived with their spouse at some time during the taxable year, but filed a separate tax return, the following chart will apply:

	Beneficiaries who are married but file separate tax returns from their spouses with income that is:	Part D-Income Related Monthly Adjustment Amount will be:
Income Threshold Tier 1	Less than or equal to \$85,000	\$0.00
Income Threshold Tier 2	Greater than \$85,000 and less than or equal to \$129,000	\$50.00
Income Threshold Tier 3	Greater than \$129,000	\$69.10

How will you know if you have to pay Part D-IRMAA?

Social Security will send you a letter if you have to pay an extra amount for your Medicare prescription drug coverage. This letter will explain how they determined the amount you must pay and the actual IRMAA amount. Your health plan does not determine who will be subject to the Part D-IRMAA. Therefore, if you disagree with the amount, you must contact the Social Security Administration. Visit www.socialsecurity.gov/mediinfo.htm, or call 1-800-772-1213, or visit your local Social Security office. TTY users should call 1-800-325-0778.



Dave Auble
Licensed Benefit
Consultant
1-800-379-9621

DID YOU KNOW?



Did you know that Lipitor (medication for control of cholesterol) will be available as a generic after November 30, 2011?

Right now Pfizer, the manufacturer of Lipitor, is offering a \$4 co-pay card for Lipitor.

To inquire about a \$4 co-pay card, call Pfizer at 1-888-547-4867 or go to www.lipitor.com for details.