

**Ohio Health  
Benefits, LLC.**  
P.O. Box 411  
11681 Hayden Street  
Hiram, OH 44234

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

ISSUE  
**1**  
Summer  
2010

# Ohio Health Benefits News

Inside:

Ask The Experts P.2  
Medicare Minute P.3

## OHB's Steve Clark Advises the Uninsured on WEWS Newsnet Five!

At a recent Health Underwriters conference, Alicia Booth, Health Care Reporter for Newsnet5 asked our very own Steve Clark what steps the uninsured or those about to lose COBRA benefits should take. See his answers online at: <http://www.newsnet5.com/dpp/news/health/advice-for-the-uninsured>.

## Greetings!

*Welcome to the first edition of what we hope will be many future editions of our newsletter. If you are receiving this publication, the first thing we want to say to you is a heartfelt Thanks! Whether you are one of our more than 2,000 clients (each written one at a time), or one of the many accountants, attorneys, financial planners, or other insurance professionals that continues to refer clients to us, we sincerely appreciate your faith and trust in us to do the best job possible to serve our clients. We owe our success to you! The fact that you continue to "talk us up" with your family and friends is the sincerest form of appreciation we can receive for our efforts. You guys are awesome!*

*Wow, what a year it has been in the health insurance industry. There is so much going on now with the passage of the health care bill. We are receiving new information daily on what exactly is in the bill and more importantly how the bill will affect our clients in a positive and/or negative way. We have received many calls from clients concerned about the future of health insurance. Specifically there is much concern about future changes to Medicare Advantage programs. Although we realize that the current legislation includes cuts to the Medicare Advantage program, we certainly believe that when the dust finally settles and the bill is worked out that cooler heads will prevail. Eventually the people in Washington will realize that people really enjoy the benefits of their Medicare Advantage plan and they certainly don't want to see their benefits cut! We continue to encourage people to contact their politicians and let them know how they feel about future cuts to the Medicare program.*

*On the non-Medicare side of our business, we are encouraged by some of the changes the State of Ohio implemented this year as well as some of the changes in the health care bill. Allowing kids to stay on their parents plan until age 28 is a good thing! Figuring out a way to get affordable health coverage for everyone and not deny coverage is a concern of people on both sides of the aisle. Only time will tell if this goal is actually going to be accomplished.*

*On a lighter side, we hope you enjoy our newsletter. Our goal is to be able to keep in contact with our clients and let you know we are here for you! If there is anything we can do to help give us a call! If you are having trouble with a claim or some other issue give us a call! We are here to service what we sell! We want to continue to provide exceptional products and service to our customers. Your referral is our best compliment!*

*- Dave and Steve*

## Key Dates & Time Frames To Remember



- Don't go without Insurance for more than 63 Days!
- Between November 15 and December 31 is the window for changing your Medicare plan.

## Ohio Health Benefits News



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

**Ohio Health Benefits, LLC.**  
**Your Health Insurance Partner!**  
[www.OhioHealthBenefits.net](http://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.)

**Serving Your Health Insurance Needs:**  
Monday - Friday, 9 am - 6 pm, or by appointment.

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

## Issue 1 Summer 2010



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

## Healthcare Reform: WHAT DOES IT MEAN FOR YOU?

We've all been hearing a lot of news lately about the "sweeping changes" about to occur now that President Obama's health care legislation has passed. But just how will these changes affect you and I? And when will these changes be put into effect?

According to a recent article, "Timeline for Health Changes from now to 2018," by AP reporter Alonso-Zaldivar, the major expansion of coverage for uninsured workers and their families won't come until 2014 – after the next presidential election. In fact, some parts of the plan won't be fully phased in for several years – but ultimately 94% of eligible Americans would have coverage.

So what will this overhaul mean for you now?

*(Continued on page 2)*



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



**Do You Have Questions  
about your Healthcare  
Coverage?**

Questions for  
Dave and Steve can be  
emailed to: [service@  
OhioHealthBenefits.net](mailto:service@OhioHealthBenefits.net)

Please type  
**Ask The Experts**  
in the subject line.



*"Ohio Health Benefits  
helped me with my  
Medicare questions and  
helped me find a plan that  
worked for me."*

- Joel Savransky,  
East Palestine

**Healthcare Reform, cont'd**

According to Zaldivar's article, this year you can expect the following changes to be instilled:

- The federal government will begin to set up a high-risk health insurance pool to provide affordable coverage for uninsured people with medical problems.
- Six months after enactment, insurers will be required to maintain dependent coverage for children until age 26, and are prohibited from denying coverage to children with pre-existing conditions.
- Insurance companies will be barred from putting lifetime dollar limits on coverage and cancelling policies except for fraud.
- Tax credits will be provided to help small businesses with up to 25 employees get and keep coverage for their employees.
- The Medicare prescription coverage gap will begin to narrow by providing a \$250 rebate to seniors, beginning this year once they have spent \$2,830. The gap would be fully closed by 2020.
- Projected Medicare payments to hospitals, home health agencies, nursing homes, hospices and other providers will be reduced.
- A 10 percent sales tax on indoor tanning will be imposed.

*Next issue:  
Changes to  
expect in  
2011!*

**ASK THE EXPERTS**

**Q: I have been hearing on the news lately that my dependent child may be covered by my health insurance until age 26. Is this true?**

The answer to this question is a little complicated right now. There are two new laws regarding coverage for dependent children. The State of Ohio passed a law requiring dependent children to be covered until age 28. The recently signed national health care reform bill requires dependent children to be covered until age 26. Neither law requires the student to be a full time student! The State law which has already been signed will affect group policies that renew on or after July 1<sup>st</sup> 2010. The Federal law which is still being discussed requires coverage for dependents six months after the bill became law. My best advice is to talk to the HR department at your place of employment and to look for information forthcoming from your employer. In the meantime, if your son or daughter is getting ready to graduate from college you may need to purchase a separate plan for them until the law requires your employer to cover them to avoid a lapse in coverage. Once they are able to get back on your family plan you can then drop the individual plan you purchased. Give me a call to discuss all of your options!

**Q: I have heard that there are going to be new Medicare supplements available June 1<sup>st</sup>, 2010. Is this true? Can I still keep my old Medicare Supplement plan?**

In October of 2008 the Medicare Improvements for Patients and Providers Act (MIPPA) was passed into law. Part of this legislation was used to create new "Modernized" Medicare supplement plans. These new plans become available to consumers on June 1<sup>st</sup> 2010. Medicare Supplement plans D, E, H, I, and J will no longer be available to purchase after May 1<sup>st</sup> 2010. New lower cost plans M and N are now available to apply for to have in place on June 1<sup>st</sup> 2010 or after. If you are covered by a plan now that will no longer be available you will not be dropped from your plan. You can stay on that plan or move to a new plan if you prefer. The two most popular Medicare supplement plans (plans C and F) are still going to be available in their "modernized" form. Now would be a good time to shop your Medicare Supplement plan if you feel like you are paying too much for your current plan. Give me a call to go over your new plan options! Medicare Advantage plans (PPO and HMO plans) and Medicare Part D drug plans are not affected at all by the above mentioned changes.



**Medicare**



**Minute**

**ABC's of Medicare**

*I thought I knew my ABC's back in Kindergarten. How is it that the Medicare ABC's are so difficult to understand? Here are some basic terms to know:*

**Medicare part A**

This part of Medicare insurance that pays the hospital for services for an overnight stay. This year the Medicare part A deductible is \$1100.00. Most Medicare supplements pay this deductible so you don't have to!

**Medicare Part B**

This is the part of Medicare that pays for the medical expenses, like the doctor and medical equipment. Medicare part B has a \$155.00 yearly deductible then pays at 80 percent. You still have to pay 20 percent of the Medicare approved amount. This 20 percent is sometimes called coinsurance.

**Medicare Part C (Medicare Advantage Plan)**

A plan offered by a private company which contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. Medicare Advantage Plans are HMOs, PPOs, or Private Fee-for-Service Plans. If you are enrolled in a Medicare Advantage Plan, Medicare services are covered through the plans, and are not paid for under Original Medicare.

**Medicare Part D**

A stand-alone drug plan, offered by insurers and other private companies to beneficiaries that receive their Medicare Part A and/or B benefits through Original Medicare; Medicare Private Fee-for-Service Plans that don't offer prescription drug coverage; and Medicare Cost Plans offering Medicare prescription drug coverage.

*These letters of Medicare are not to be confused with Medicare Supplement letters. (Medicare established plans offered by insurance companies to pay the deductibles and coinsurance.) So guess what? Supplements have letters to describe what they cover A, B, C or F. So if you want to talk in alphabet soup, you could say, "AARP offers a Medicare Supplement C."*



**Health Insurance Humor!**



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



*"My husband and I  
reviewed our medical  
and prescription plans  
with Dave. Dave found  
the best supplemental  
plans for both of us at a  
cost we could afford."*

- Maryan Jenkins  
Hiram



*"I have been an OHB  
customer since 2006.  
They have saved me  
approximately \$500.00 per  
month by changing from  
my wife's employer's  
coverage to their  
recommended plans."*

- Irv Higgins,  
Garrettsville