

TheWPInsider

Your Carrier Update from Warner Pacific

August 2008

Warner Pacific 4600 S. Syracuse #525 Denver, CO (800) 801-2300

Our Carrier Partners:



Anthem – Small Group

Introducing 3 New Traditional PPO Plans – now available to quote for 10/1/08 effective dates!

PPO \$25 Copay \$2000 Deductible – benefits include 4-tier drug coverage. Available on the BeneFits and Employee Elect portfolio.

PPO \$30 Copay \$3000 Deductible – benefits include 4-tier drug coverage. Available on the Employee Elect portfolio.

PPO \$40 Copay \$5000 Deductible – benefits include 4-tier drug coverage. Available on the Employee Elect portfolio.

Note – The Premier HMO and Premier HMO Select will be removed from Employee Elect as of 10/01. BeneFits will not be affected. These plans will remain active for groups that currently have employees enrolled on either product.

Good Samaritan Medical Center Joins Anthem's network!

Good Samaritan Medical Center, an Exempla hospital in Lafayette, has joined the Anthem network effective July 1, 2008.

New transparency tool thrives in consumer-driven market.

As employees are asked to share in health care costs and treatment decisions, it's no surprise that they're demanding a clear picture of costs and options. Adding the capability for Colorado members is a step in providing complete transparency to all Anthem members.

As a result, Anthem introduces *Anthem Care Comparison*. Through this innovative program, you can show employers how Anthem is arming members with timely information to make smart health care decisions.

Anthem Care Comparison is a new online tool that compares prices at different facilities for a number of common procedures and tests. It also includes quality information so members can estimate expertise and experience. Based on months of consumer research, it's the only transparency program that gives a complete price for a medical procedure and its related services.

Finally, thanks to this program, cost information is clear, easy to find and easy to understand. This means:

- Employees can make more informed health care decisions
- Consumer-driven health plans can be more attractive to employers
- Lower premiums may be possible

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Aetna- Small Group

**Effective August 1st Aetna will cover Domestic Partners
Win big in the 4th quarter—double your bonus dollars and maximize your sales!**

- New sales with effective dates 10/1/08 – 12/15/08 for cases with 1-50 enrolled subscribers
- Applies to new sales only
- Based on total applications sold for the applicable period
- Start at zero at the beginning of the 4th quarter
- Payments are retroactive to the first application sold in the qualifying period

4 levels per qualifying period:

Level 1: 25-49 apps = \$50/app Level 3: 75-99 apps = \$150/app

Level 2: 50-74 apps = \$100/app Level 4: 100+ apps = \$200/app

Forms:

New Employer Application
New Supplemental/Change Form

Kaiser Permanente--Group

Kaiser Permanente welcomes Mike Rankin, Director of Small Group and Individual New Sales and Account Management.

Coming soon: Web-based multi-plan calculator tool – no more confusing grids!

Effective 10/1/08 – dual-option rules restructured offering greater flexibility for your clients

Groups with 1-4 employees: standalone only (formerly 2-9)

Groups with 5-19 employees: dual-option plans including multi-choice (formerly 10-20)

Groups with 20+ employees: triple-option plans including multi-choice (formerly 21+)

Kaiser Permanente--Individual

Tired of waiting for status on KPIF clients?

Do you want to give your clients information first?

Do you want to know the reasons of *Declines*?

If you answered YES to any of these questions, then you should be utilizing the Kaiser Permanente Individual & Family enhanced Apply Online (KPAOL) website!

This is the new top of the line broker access program where you can:

- Manage your book
- Generate proposals
- Help your clients apply
- Link to your website
- Much, much more!

For additional information, contact Maha Roberts (303) 779-0100 x6114@ MahaR@warnerpacific.com

Anthem -Individual

Reminder: new PO Box number for applications - Just a reminder, as of June 1, 2008, Anthem closed PO Box 173334. Use the following addresses when mailing your Individual applications:

Medical applications:
PO Box 9041
Oxnard CA, 93031-9041

Dental applications:
PO Box 9051
Oxnard CA, 93031-9051

You can also fax applications to Individual Underwriting at 800-327-9255.

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Effective August 1 - To help keep client information safe and secure, Anthem will no longer set up or make changes to recurring checking deduction or credit card payments over the phone. These requests will now need to be submitted in writing. Your clients can complete the payment option portion of the application to sign up. Existing members can complete the stand alone forms available on Agent Services.

- **Choose the day to pay:** Checking deduction allows a client to choose any debit day from the 1st to the 28th of the month.
- **Choose how often to pay:** Recurring credit card option allows the client to debit in monthly, bimonthly or quarterly increments.
- **Go monthly:** With either option, payments can be debited monthly.
- **Stop worrying about bills:** The premium is auto debited and automatically applied to the policy.
- **Save on postage:** There are no payments to mail.

This does not affect one time payments by check or credit card. Anthem will continue to take these types of payments over the phone.

Aetna - Individual

Effective September 1, 2008 - the medical underwriting guidelines for tobacco use including smoking, tobacco products and smoking cessation will be changing.

The new rating levels for smoking listed below will be for all applications **received on or after September 1, 2008** regardless of the requested effective date.

A) Standard rate; B) 25% rate-up; C) 50% rate-up; D) Decline

- Discontinued smoking or tobacco use over 12 months ago, no prescription smoking cessation medications for one month (OTC medication OK) - **A**
- Smoking or tobacco use within the past 12 months **OR** Currently smoking, or tobacco use - **B**
- Discontinued smoking or tobacco use and currently maintained on a single prescription smoking cessation or anti-anxiety medication - **B**
- Same criteria as (B); requires 2 prescription smoking cessation or anti-anxiety medications - **B**
- Does not meet any of above criteria - **D**
Marijuana and cocaine; use the Drug Abuse guideline

This guideline will **not** be used if other medical conditions are listed on the application and the "condition" guideline has smoking included.

**** Please note: Existing members who have already been underwritten and approved will not be re-underwritten and they will not see a change in rating level at this time. Existing members are still subject to annual rate actions and/or may be re-underwritten due to a requested plan change.***

Important Note: This change was inadvertently put into place on June 18, 2008 which affected anyone who was underwritten on 6/18, 19, 20 or 23. The Underwriting Team reviewed each case where smoking was indicated as a medical condition, and where the new guideline was applied, they re-underwrote the application. The 93 affected applicants and their brokers will be notified in writing during the week of 6/30/08 via a revised approval letter or replacement of the decline letter by an approve with rate up letter (i.e. an applicant declined became an approved applicant, an applicant rated up to B or C was re-rated to an A or a B).

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Assurant - Individual

10% Credit to Calendar-Year Network Medical Deductible!

- **With proof of prior coverage from a major medical health plan which terminated no more than 63 days prior to your new plan effective date**
- **This one-time credit will even carry over to the next year until you use it!**

For additional information, including qualified proof of coverage documentation, contact Maha Roberts (303) 779-0100 x6114 MahaR@warnerpacific.com

Delta Dental - Group

Delta Dental is pleased to announce *Prevention First Dental*.

Prevention First Dental promotes regular visits to the dentist for preventive care, which can improve oral and overall health. With this option, members who visit the dentist at least once a year for preventive care immediately benefit by not using up those dollars under their plan year maximum.

- Preventive care visits do not count towards the member's annual maximum
- Allows members to stretch their maximum which can prove useful should they need additional treatment that year
- Prevention First Dental can be added to Delta Dental PPO & Delta Dental Premier plans

The cost of adding the Prevention First Dental option will vary based on current plan maximum and claims experience.

Broker Bonus:

For a limited time, Delta Dental of Colorado is offering brokers \$5 in additional compensation per subscriber, for each new Patient Freedom Plan you sell through Warner Pacific. Simply place a new, fully-insured dental plan with an effective date between July 1, 2008 and December 31, 2008 and earn an extra, one-time \$5 per subscriber for your efforts in addition to your normal compensation.

Delta Dental - Individual

Welcome to Delta Dental for Individuals and Families!

Now, you can be a Delta Dental member even if you don't have dental coverage through your employer. With Delta Dental for Individuals and Families, you can choose between a discount plan or two different insurance plans:

Patient Direct – 400 Dentists in Colorado (discount plan)

- No annual maximums
- No annual deductibles
- No waiting periods
- Must receive care from Patient Direct selected network dentist

PPO Direct – 1, 130 Dentists in Colorado (insurance product)

- \$1000 maximum per person
- \$75 per person deductible
- Waiting period on some services
- PPO dentists accept reduced fees
- Must receive care from Delta Dental PPO Dentists

PPO Plus Direct – 2,500 Dentists in Colorado

- \$1,500 maximum per person
- \$50 per person deductible
- Waiting period on some services
- Greatest savings from PPO dentists but can receive care from any dentist

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Legislation

2009 HSA Amounts Released by IRS:

The Treasury Department and IRS issued new guidance on the maximum contribution levels for Health Savings Accounts (HSAs) and out-of-pocket spending limits for high-deductible health plans (HDHPs) that must be used in conjunction with HSAs. These amounts have been indexed for cost-of-living adjustments for 2009.

The new 2009 levels are as follows:

- For an eligible individual with self-only coverage, the maximum contribution is \$3,000
- For family coverage (two or more individuals), the maximum annual HSA contribution is \$5,950
- Catch-up contributions for individuals 55 or older (and not yet enrolled on Medicare) is \$1,000

| Coverage Type | Regulation | 2008 | 2009 |
|---------------|-----------------------|----------|----------|
| Self-Only | Annual Contribution | \$2,900 | \$3,000 |
| | Deductible | \$1,100 | \$1,150 |
| | Out-of-Pocket Maximum | \$5,600 | \$5,800 |
| Family | Annual Contribution | \$5,800 | \$5,950 |
| | Deductible | \$2,200 | \$2,300 |
| | Out-of-Pocket Maximum | \$11,200 | \$11,600 |

To be considered qualified for an HSA, the HDHP must meet certain IRS regulations. For 2009, to qualify as an HDHP:

- The minimum deductible amount must be \$1,150 for self-only coverage and \$2,300 for family coverage; increased from 2008 requirements.
- The out-of-pocket maximum must be no higher than \$5,800 for individual or \$11,600 for family coverage; increased from 2008 requirements.
- The HDHP must be set up with a combined medical/pharmacy deductible. This deductible must apply to the out-of-pocket maximum; no change from 2008 requirements.
- All medical and pharmacy services must be subject to deductible and out-of-pocket maximum except for preventive services.

Warner Pacific System Enhancements

As a result of broker feedback, you now have the ability to override the composite setting for Colorado Headquartered groups.

Quotes

Send **GROUP** quote requests to our dedicated email address:
quoteco@warnerpacific.com

Send **INDIVIDUAL** quote requests to Maha Roberts, your dedicated Individual Specialist:
mahar@warnerpacific.com

All information is subject to carrier approval and guidelines.
All benefit summaries and forms are available at www.warnerpacific.com

Questions? Call your Warner Pacific Sales Executive at (800) 801-2300.



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