



# The Benefits Group, Inc.

Member of Connecticut Health Partnership  
Member of the CT Better Business Bureau



JAN/FEB 2010

Your Healthcare Benefit Source  
We help, so you benefit.

## A Message from Bob Feen, President of The Benefits Group

As we bid 2009 farewell, we look forward to a better 2010. Many of our clients continue to experience decreases in sales and staff. We all continue to tighten our belts and trim costs anywhere we can.

You may also be reading articles about single digit rate increases and wonder 'where's mine'? The discrepancy may present itself in a variety of ways: the rate increases they refer to may be nationwide statistics, many states have lower rates due to less



covered services, other states have lower healthcare costs overall, their rates may not include increases attributed to new state mandated services, and they don't include the rate hikes for those who enter a new age band. All of these contribute to the high cost of health care in Connecticut.

The Benefits Group has traditionally offered ways to help contain costs while offering quality products. Be assured that we will work with each of you to choose the plan that best fits your needs and budget.

HSA (Health Savings Account) plans continue to gain in popularity; you may want to consider it for your company at your next renewal. Change can be difficult, but we can help you and your employees through the transition. The Benefits Group will continue to be here for you.

Thank you for your business and we look forward to an improved 2010!

## Please circulate this newsletter to:

- Human Resources
- Accounts Receivable
- Insurance/Plan Administrator
- Post on employee bulletin board

## Administrative Notes

We'd like to bring you up to date with the challenges we continue to face while working with our insurance carriers.

In the past, when you called us for assistance, we were able to respond to most of your calls within a day. We have limited access to the insurance companies information online and therefore, we have to call the insurance company ourselves for information. Unfortunately, due to insurance company reorganizations and lay offs, we are not getting responses in the timely fashion that we have been accustomed to. Please allow 24-48 hours for us to get back to you.



For faster service you, and your employees, can call the ID number on your card for claims and coverage questions, or the number on your bill for billing/enrollment questions. It may seem difficult to believe, but you may get an answer before we do. Why? Some companies have designated phone lines to assist brokers, however, they are not staffed as well as the employee customer service lines. When we have to wait for service, unfortunately, so do you.

Employees claims questions can also be resolved by calling their providers directly; many will find that their providers are already working to resolve the claim. Also, please remember that in most cases the providers and some insurance companies cannot speak with us due to HIPAA privacy laws. (See more about this topic on page 2.)

Another option for quick service is to register online for access to your company's benefits (where available) or to access personal claim information 24/7.

If, after calling the insurance carrier and/or the provider, the employee is still experiencing problems, please call us and be prepared to fax/email all the bills, EOB's (explanation of benefits) and documentation of calls made to the insurance company and provider, so that we can help bring the situation to a resolution.

Thanks for your understanding and assistance!

## Cost Saving Tips—Rx

To help lower prescription costs, ask your doctor/pharmacist to suggest alternatives for name brand only drugs. There may be a medication in the same pharmaceutical 'family' for what you need that already has a generic available.



**If you would prefer to receive this newsletter via email, please send your request to Nancy at [Nmccaughey@thebenefitsgroupofct.com](mailto:Nmccaughey@thebenefitsgroupofct.com) and we'll email the next newsletter to you.**

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## HSA Tax Information

As more and more of our clients enroll in HSA plans, there have been more questions about them:

### Why did I receive a 1099 SA?

You receive this tax document if you used your HSA account for qualified medical expenses. Please have it available for your tax counselor and keep your receipts with this document.



### What if I contributed to my HSA account with a personal check (i.e. post tax money)?

Employees can take an "above the line" deduction on their personal taxes.

**Legally, we are not able to inquire about your personal bank accounts. Please consult with your bank or tax advisor if you have more specific questions.**

## The *WAVE* of the Future: HIPAA/HITECH

Effective February 17, 2010, all Business Associates must comply with the new HIPAA/HITECH privacy laws which is a provision of the ARRA.

As part of the law, we are being trained to make sure that we are in compliance with the technology security standards and taking the appropriate steps to make sure your information is secure. We will be providing more information as it pertains to you either by mail or in person and with updates in our newsletter.



A positive impact will be the proper security for your confidential health information in the age of technology.

Unfortunately, the negative side is that it makes it much more difficult for us to provide service as we have in the past. There will be cases when we need written authority to inquire about claims and there will be delays while the form has to be approved by the provider and the insurance company. This is when we highly recommend that the employee contact the insurance company and provider as a first step to resolve claim issues. In many cases the problems are simple: the wrong ID number, claim billed to the wrong company or proper authorization was not requested. All of these common situations can be resolved by the providers office.

We will keep you informed during this compliance process.

## HSA User Alert

If you have an HSA account, please use the following steps to ensure the program runs smoothly.

1. Make sure you present your ID card for all services and prescriptions since your insurance carrier has a negotiated amount for each service; this will reduce the amount that goes towards your deductible and your upfront costs.
2. Please continue to use in network providers whenever possible and make sure prior authorizations are obtained when necessary for services both in and out of network.
3. Check EOB's (explanation of benefits statement) before submitting for reimbursement. If the EOB states 'amount applied towards the deductible', then you know this amount should be paid using your debit card or by check. If the charge is noted as 'not a covered' service' or 'not approved', then it has not been processed towards the deductible. If you used your debit card to pay for these services anyway, you will be 'short' of funds at the end of the year for properly processed claims that were applied towards the deductible.
4. Please be aware of the difference between HSA deductible expenses vs. HSA qualified expenses. Deductible expenses are covered medical expenses through your insurance coverage which can be paid with funds from your HSA bank account or debit card. Qualified expenses are legitimate medical expenses that are allowed to be paid through the HSA account, but may be services that are not covered by your insurance. Similar to #3 above, if you use the debit card to pay for these expenses that are not applied towards the deductible, you will be 'short' of funds at the end of the plan year for claims that were appropriately applied towards the deductible.



**Suggestion:** Keep a notebook binder to store all of your bank statements, EOB's, and receipts. Also, keep separate lists of services for each member of the family. This way, if there is a discrepancy, it will be easy to find.

## Housekeeping

Here are a few housekeeping items that will help us help you!

- ◇ Please remember to inform your agent when you have a change of address and/or phone number.
- ◇ Please let us know if your email address has changed.
- ◇ If you have a new benefits administrator or HR director, please let us know; we would be happy to meet them to bring them up to date on your benefits package.

