We can help you navigate the Health Insurance Marketplace!

Issue 9 Summer 2015

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Benefits Insight

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You can create your own quotes and review your possible subsidies with our new software. Just visit our website and find the "Click Here" button on our home page. This is an easy way to avoid healthcare.gov to browse plans in your area.

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We look forward to hearing from you and becoming
Your Health Insurance Partner!

www.OhioHealthBenefits.net

Determining if a doctor is in your network can be puzzling

"Is this doctor in my insurance network?"

That is a question many people ask when considering whether to see a certain doctor . The answer may not be as simple as Yes or No.

That's what Hannah Morgan learned when her husband needed surgery to remove his appendix. When they met with the surgeon at the hospital ER, Morgan asked whether he was in the provider network for her policy. The surgeon assured her that he was. When she got home, Morgan confirmed this by using the online provider search tool for her plan. But the surgeon's services were billed at out-of-network rates, leaving the couple on the hook for $747.

The surgeon's office later told her that he belonged to two different medical groups and only one was in the network. Following multiple phone conversations with the surgeon's office and the insurer, the in-network rates were applied and the bill shrunk to $157.

"I did everything I was supposed to do," says Morgan. "I thought I did it right, and there's still another hoop to jump through."

Using out-of-network providers can rack up huge bills. HMO's generally don't cover any non-emergency services provided by physicians or hospitals outside the network. PPO's typically do cover out-of-network services, but pay a smaller percentage of the charges. Out-of-network services may have higher deductibles and higher out-of-pocket maximums as well.

Figuring out in-network providers may not be straightforward. "Physician groups can be in network even though individual physicians in that group may not be," says Susan Pisano, a spokesperson for America's Health Insurance Plans. That situation might occur if some of the physicians in a medical group agreed to accept the rates negotiated with an insurer, but others did not. The physicians who didn't accept the network rate would be out-of-network for a patient.

Consumer advocates say the lack of transparency is unfair to consumers.

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New Law Brings Some Changes to Medicare

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) became law on April 16, 2015 and will modify certain Medicare provisions including the ones summarized below.

- The physician payment cut that has been debated for several years has been permanently repealed, and the law includes annual payment increases for physicians for some Medicare services. This may help ensure that patients will have continued access to their physicians.
- New quality measures for physicians and certain

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Determining if a doctor is in your network can be puzzling: continued from page 1

In addition to confusion about doctors who are part of more than one practice, consumers may also run into billing troubles if their doctor operates practices in different locations and accepts different insurance plans at each.

If the physician's office submits the paperwork to the insurer with the information for the wrong office location, the patient may get hit with an out-of-network charge. In that case, the patient may have to contact the doctor's staff and ask them to resubmit the charges through the other practice.

Adding to the confusion is the fact that even if a physician is in a consumer's insurance network, the hospital or clinic she works at may not be. When undergoing a procedure or treatment, the patient could get hit with out-of-network facility and other charges.

Ohio Health Benefits helps put the pieces together

When you are in need of medical care, you shouldn't have to worry about sorting through provider lists and formularies.

As your agent, we are here to help with those things. We are already very familiar with the networks and are experts in deciphering the lists. And in the event that you find yourself with a bill that doesn't seem right, we are going to help you get a resolution. When you reach out to us, we communicate with the carrier so you don't have to.

SOURCE: kaiserhealthnews.org Michelle Andrews

OHB represents major carriers like AARP, Advantra, Aetna, Anthem Blue Cross Blue Shield, Coventry, Humana, HealthSpan, Medical Mutual of Ohio, SummaCare, United Healthcare, and more. Visit us online at www.OhioHealthBenefits.net for a complete list.

Getting Coverage through a Special Enrollment Period

A Special Enrollment Period (SEP) is a time when you're allowed to make changes to your health insurance plan or enroll in new coverage even though it's not an Open Enrollment Period. Under normal conditions, you are not allowed to sign up for health insurance or make any health plan changes except during the annual open enrollment period. However, certain qualifying events will trigger a special enrollment period allowing you to make changes for a brief time period (usually 60 days).

What Qualifying Events Trigger a Special Enrollment Period?

Things that change the size of your family or cause you to lose other health insurance coverage are likely to trigger a special enrollment period. Examples include:

- Divorce
- Marriage
- Birth of a child
- Adoption of a child
- Death of a spouse leaves you uninsured
- Loss of your spouse's job-based health insurance
- Loss of your own job-based health insurance
- Reduction in work hours makes you ineligible for health insurance
- A Qualified Medical Child Support Order
- You move outside of your HMO's covage area

What do you do if you're eligible for a Special Enrollment Period?

If you, or someone you know, may be eligible for an SEP, you simply contact Ohio Health Benefits for assistance. We handle everything from applying for the SEP, choosing the right policy and even determining if you are eligible for a Premium Tax Credit (subsidy) to help pay the plan's premiums.

SOURCE: healthinsurance.org

New Law Brings Some Changes to Medicare: continued from page 1

hospital departments have been instituted; physicians who provide high-quality care will be rewarded.

- The legislation authorizes and funds the removal of Social Security numbers from all Medicare cards. For newly issued cards, this must be accomplished by April 16, 2019; existing cards must be reissued no later than four years after that.
- Some beneficiaries with higher incomes pay higher premiums for Part B (medical insurance) and Part D (prescription drug coverage). Beginning in January 2018, new income limits (thresholds) take effect which will subject some Medicare beneficiaries to higher income-related premium adjustments.

SOURCE: skwealth.com

SilverSneakers:
What is SilverSneakers and what do members receive?

The SilverSneakers Fitness® program is a fun, energizing program that helps Medicare enrollees take greater control of their health by encouraging physical activity and providing opportunities for social interaction.

SilverSneakers members have access to a wide variety of benefits, including:

- A basic fitness membership at any participating location around the country, with access to all amenities usually included with a basic membership
- A trained Program Advisor℠ at each fitness location to introduce you to SilverSneakers, show you around the location and help you get started in your SilverSneakers classes
- Health education seminars and other events
- And more… www.silversneakers.com

Which of the plans available from OHB include Silver Sneakers?

Many of the Medicare Advantage and Supplements that we offer here at Ohio Health Benefits include the added benefit of SilverSneakers. These plans include:

- AARP / United Healthcare supplement and Advantage plans
- Anthem Advantage plans
- Coventry / Advantra Advantage plans
- Healthspan Advantage plans
- Humana supplement and Advantage plans
- The Health Plan supplement and Advantage plans

SOURCE: silversneakers.com

Focus on Employees & News from OHB
News and information from our offices

Vince C. Tassone, Benefit Consultant, Tallmadge

Vince obtained his licenses for Health & Life Insurance in 2014 and joined the OHB team in 2015. Prior to making the move to health insurance, he enjoyed a 20 year career in banking and had a reputation for excellence in customer service. Vince is an honors graduate of Walsh University where he earned his degree in business. Vince resides in Munroe Falls and has two wonderful kids, A.J. and Marissa.

Roger W. McCoy, Benefit Consultant, Tallmadge

Roger joined the OHB Team in November of 2014. He became a Licensed Agent for the State of Ohio in 2005. He specializes in the Major Medical field for the 18 – 65 age group, Supplemental Insurance for the 18+ age group including Life and Disability. Prior to that, he worked in the jewelry industry for 16 years going from a part time employee to a District then Regional Manager and finally a Business Owner. He is a Kent State University graduate and prides himself on being extremely reliable, dynamic personality coupled with strong communication skills and passion for quality customer service.

OHB represents major carriers like AARP, Advantra, Aetna, Anthem Blue Cross Blue Shield, Coventry, Humana, HealthSpan, Medical Mutual of Ohio, SummaCare, United Healthcare, and more. Visit us online at www.OhioHealthBenefits.net for a complete list.

For more information on any of the topics discussed in this newsletter, contact either Dave or Steve. They can also help you select a health plan that is just right for you or your business!

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.

Dave Auble Owner,
Licensed Benefit Consultant

Hiram Office:
Phone: (330)569-3379
Toll Free: 1(866)557-9745
Fax: (330)569-3281
Email: dauble@OhioHealthBenefits.net

Steve Clark Owner,
Licensed Benefit Consultant

Tallmadge Office:
Phone: (330)633-7713
Toll Free: 1(866)235-8378
Fax: (330)633-7726
Email: sclark@OhioHealthBenefits.net

Ohio Health Benefits LLC

30-B Northwest Ave Suite 110 • PO Box 52
Tallmadge, OH 44278

Steve Clark, Tallmadge Office
Your Health Insurance Partner!

Ohio Health Benefits LLC

Q: I'm leaving my job and will be eligible for COBRA. Can I shop for coverage and subsidies on the Marketplace instead?

A: Yes. Within the first 60 days we can help you apply for a Marketplace plan and determine if you are eligible for subsides and cost sharing reductions. Be aware that this should be done before you make a COBRA election. Once COBRA starts, you will not be eligible for a Marketplace plan until the next open enrollment.

Want to know more?

If you have questions about your healthcare coverage, we want to answer them. Email questions to service@OhioHealthBenefits.net, and include "Ask the Expert" in the subject line. We'll do our best to answer your questions in an upcoming newsletter.

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Important dates for 2016 enrollment:

Under 65 – Affordable Care Act plans

- November 1, 2015: Open Enrollment starts - first day you can enroll in a 2016 Marketplace plan
- January 1, 2016: First date 2016 coverage can start
- January 31, 2016: Open Enrollment ends - last day to enroll in 2016 plan without a Special Enrollment Period

65+ (or under 65 eligible) – Medicare Plans

- October 15, 2015: Open Enrollment starts – First day to make changes to your Medicare health plan or prescription drug plans for 2016
- December 7, 2015: Open Enrollment ends