

Kellogg Community College

2012

Employee Open Enrollment



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# Meeting Dates/Times

**October 20, 2011**

Session 1 – 10:00 a.m. to 11:30 a.m.

Session 2 – 1:30 p.m. to 3:00 p.m.



# Agenda

1. Lisi Hahnenberg, Ballard Benefit Works – Introduction and Healthcare Reform Changes
2. Lisa Murdoch, BCBSM – Medical plan information
3. James Hogg, Wells Fargo – Health Savings Account (HSA)
4. Kathy Sage, Meritain – Dental, Vision, and FSA
5. Jan Nichols, HelpNet – Employee Assistance Program (EAP)
6. Questions/Miscellaneous



# Healthcare Reform – What’s Changing for 2012

## Summary of Benefits and Coverage Provision

### “Critical Provision Dates”

The Notice of Proposed Rule Making “NPRM” published .....	August 22, 2011
Comment Period ends .....	October 21, 2011
Interim Final Regulation “IFR” .....	TBD
Provision Effective Date .....	3/23/2012

Employers, employees and individuals shopping for and/or enrolling in health coverage must receive standard information so they can review plans, compare carriers and make decisions. The standardized Summary of Benefits and Coverage (SBC) includes:

Four-Page  
Benefits  
Summary

Medical  
Scenarios

Glossary

Customer  
Service &  
Website

Health insurers, employers of fully insured plans, and self-insured employers are responsible for providing the SBC as required.



# Healthcare Reform – What’s Changing for 2012

## Summary of Benefits and Coverage Update

### Formatting and Content

- ❑ Compliant in color or “grayscale”
- ❑ 12 point “Times New Roman” font
- ❑ Glossary on government website; no distribution unless specifically requested (within 7 days)
- ❑ Cultural and linguistic manner aligned with the PPACA appeals requirements; available upon request
- ❑ Coverage Example scenarios’ pricing will be updated annually via the government website (implement within 90 days)

### Distribution and Timing

- ❑ 60-day notification for “mid-year” material modifications only
- ❑ Client application / RFI requests (within 7 days)
- ❑ Initial enrollment post 3/23 with written materials and no later than effective date
- ❑ Policy renewals:
  - ❑ Positive enrollments, send w/ materials;
  - ❑ Automatic renewals, 30 days prior to effective date
- ❑ Post enrollment only if there are changes
- ❑ Client or customer requests (within 7 days)
- ❑ HIPAA special enrollments (within 7 days)



# Healthcare Reform – Exchanges Update

## Updated timeline for Healthcare “Exchanges”

- **Late 2010 – Mid 2013**  
Exchange Development
- **01/01/2013**  
State/ Regional Exchange Certification  
– Some may receive “conditional approval”
- **Fall 2013**  
Exchanges must be operational for open enrollment
- **01/01/2014**  
Open to individuals and small employers
- **01/01/2015**  
Exchanges financially self-sufficient
- **01/01/2017**  
May open to large employers



**BALLARD**  
BENEFIT WORKS

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# Healthcare Reform – Exchanges Update

## RESPONSIBILITIES AND STRUCTURE

- States may operate unique individual and SHOP exchanges, or they may choose to establish a single exchange
- HHS will issue minimum criteria for the certification, states have flexibility beyond minimum
- States may collaborate for regional exchanges – need not be contiguous
- The federal government will set up an exchange for states who don't
- Timetable is not yet available for the federal exchange
- States may adopt a State Partnership model that allows them to leverage some federal government resources while transitioning toward fully operating their own exchanges

## GOVERNANCE

- **Governance models may include:**
  - Public Agency - Governed and administered by a state agency
  - Public Non-Profit - Independent nonprofit or authority separate from state government
  - Quasi-Governmental Model - Administered by a state agency and governed by an independent board
    - Health insurers may serve on boards
    - States may charge assessments to issuers

