



Health Insurance Renewal Information Enclosed

****** Time-Sensitive Material ******

Deadline for 2010 Plan Changes Is December 18th

***New Option:* Respond to this renewal Online. Look for more details with your password sent in a separate mailing.**

No-Cost Services for Members:

- \$3,000 AD&D Coverage for Every Employee (*NEW*)
- COBRA & HIPAA Compliance Monitoring Services
- PKC Online Clinical Decision Support and Monthly Campaigns
- Health Savings Accounts

November, 2009

Re: Blue Cross and Blue Shield of Vermont (BCBSVT) Renewal 2010

We are writing to inform you of the new rates and plan designs for your Blue Cross and Blue Shield of Vermont Health Insurance Program¹ offered through Business Resource Services (BRS). These rates are effective January 1, 2010 and are guaranteed through December 31, 2010². Some plans are being eliminated. If your existing plan is being eliminated you will be moved to a plan which closely matches your current benefits unless you make a different selection. Please review the enclosed information regarding changes to some of BCBSVT's co-pays and benefit exclusions and limitations.

We encourage you to work with your insurance broker to select the BRS plan option that best meets your needs. Please respond to this renewal even if there is no plan change. If you do not respond with a different selection by December 18, 2009 your coverage will automatically be renewed at the new rate or converted to the plan indicated on the enclosed chart. Please note, if you choose to switch to a BlueCare plan, an enrollment form for each employee must also be returned with Primary Care Physician information.

We will continue to offer a choice of Vermont Freedom Plans, Health Savings Account (HSA) Qualified Plans and BlueCare(HMO) Plans. Detailed plan information for all plans can be downloaded from our website at www.brsvt.com Employee Benefits/Medical Plans. If you don't have access to the web, please check the appropriate box on the attached form and fax or mail it back.

This is your opportunity to elect your health plan(s) for 2010. Please use the attached Plan Election Form to indicate your choice of plan design(s). You may fax the completed/signed form to (802) 304-1029 or mail to the address shown. This change will be effective on the anniversary date, January 1, 2010. This form needs to be returned to us no later than December 18, 2009. Respond early as delays in response will have an impact on the implementation of benefit changes, billing invoices and receiving BCBSVT ID cards and plan outlines in a timely manner.

Members leaving the BRS health insurance pool will not be allowed to return for 18 months.

This is also the time to make changes to probationary periods for your new and rehired employees. Please submit changes in writing to BCBSVT, PO Box 186, Montpelier, VT 05601, prior to January 1st.

BRS is rated as a large group; therefore, all members of BRS are required by law to comply with COBRA mandates regardless of the number of active employees. Failure to comply with COBRA requirements may result in serious penalties imposed by federal regulators. **BRS membership includes primary COBRA and HIPAA monitoring services at NO MONTHLY COST for up to 20 employees.** Enrollment information is available on the website or call for details.

As a service to members, we have marked the plans that meet Medicare Part D creditable coverage criteria with an asterisk (*) on the enclosed Plan Election Form.

Should you have any questions concerning this renewal, please contact your Insurance broker, or call our office at (802) 865-4560, and reference the BRS renewal. Questions can also be directed via e-mail to mcarrigan@brsvt.com.

Other Association Updates: **BRS members will receive \$3,000 of AD&D coverage effective January 1st 2010, for every employee.** (See enclosed flyer) The BRS Dental Plan and Group Life Insurance plans both received 0% increases and are open to new subscribers. Contact your broker for details. BRS offers over 20 programs for members; see enclosed Bookmark for complete listing. Further information can be found at www.brsvt.com.

Sincerely, *Business Resource Services*

¹Fleischer Jacobs Group is the consultant for these medical insurance plans offered through BRS. Fleischer Jacobs Group is a Vermont based organization dealing with VT businesses as BRS members. We feel strongly about keeping a Vermont based insurance company as the provider of the health plans and we will continue to work, on your behalf, to keep your plans competitive.

²Note: Rates quoted are approved by the Department of Banking, Insurance, Securities and Health Care Administration.



2010 Plan Election Form

Please correct any company information that is not correct or is incomplete. **For detailed plan descriptions see our website.**

Company Name: _____ Total # of full time employees: _____

Contact : _____ Total # of enrolled employees: _____

Company Phone: _____ e-mail address: _____

BCBSVT Group Number: _____

Plan for 2010 is: **Single:\$ 2 Person:\$ Family:\$ Carve out:\$**

We elect to stay with the same plan with changes as outlined in this letter **OR** convert to the new coverage as indicated above:

OR

We elect to change to the Blue Cross Blue Shield coverage as indicated below:

Vermont Freedom Plans

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>	<u>Medicare Carve out</u>
____ \$750 Ded,\$30 OV,\$3750/7500 OOP Max,Rx \$100 Ded \$5/\$25/\$50*	\$667.23	\$1336.32	\$1801.52	\$542.78
____ \$750 Ded,\$30 OV,\$3750/7500 OOP Max,Rx \$100 Ded \$5/40%/60%*	\$648.21	\$1298.26	\$1750.15	\$477.51
____ \$1,500 Ded,\$30 OV,\$7500/15,000 OOP Max,Rx \$100 Ded \$5/\$25/\$50*	\$613.41	\$1226.79	\$1656.17	\$498.75
____ \$1,500 Ded,\$30 OV,\$7500/15,000 OOP Max,Rx \$100 Ded \$5/40%/60%*	\$594.37	\$1188.75	\$1604.79	\$433.49
____ \$2,500 Ded,\$30 OV,\$7500/15,000 OOP Max,Rx \$100 Ded \$5/40%/60% *	\$546.70	\$1093.41	\$1476.08	\$391.17
____ \$5,000 Ded,\$30 OV,\$7500/15,000 OOP Max,Rx \$100 Ded \$5/40%/60% *	\$481.26	\$962.54	\$1299.44	\$352.79
____ \$10,000 Ded,\$30 OV,\$10,000/20,000 OOP Max,Rx \$100 Ded \$5/40%/60%*	\$388.94	\$778.66	\$1051.16	\$333.35

Health Savings Account Plans

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>	<u>Medicare Carve out</u>
____ HSA \$2,250/4,500 Ded,80/20% to \$3250/6500 OOP w/Prev Care *	\$512.08	\$899.41	\$1307.54	\$329.49
____ HSA \$4,000/8,000 Ded, 80/20% to \$5,000/10,000 OOP w/Prev Care	\$449.46	\$749.26	\$1087.44	\$255.70
____ HSA BlueCare \$5,000/10,000 (stacked) 100% after Deductible	\$266.65	\$533.29	\$719.93	
____ HSA BlueCare \$3,000/6,000 (stacked) 100% after Deductible	\$357.65	\$715.29	\$965.64	
____ HSA BlueCare Access \$3,000/6,000(stacke) 80/20% to \$4000/8000 OOP	\$339.65	\$679.30	\$917.06	
____ HSA BlueCare \$2,500/5,000 100% after Deductible*	\$377.73	\$627.45	\$906.92	
____ HSA BlueCare \$2,500/5,000 (stacked) 80/20% to \$3500/7000 OOP	\$346.46	\$692.92	\$935.43	
____ HSA BlueCare \$2,000/4,000 100% after Deductible*	\$406.50	\$691.43	\$1000.29	
____ HSA BlueCare Access \$2,000/4,000 Ded, 80/20% to \$3000/6000 OOP*	\$384.14	\$653.03	\$944.98	

(Note: All HSA plans include the Preventive Care Benefit; see following page for description)

BlueCare Plans

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
____ BlueCare D \$20/30 OV, \$500/200 IP/OP Copay,Rx \$100 Ded,\$5/\$25/\$50*	\$558.69	\$1117.37	\$1508.45
____ BlueCare D \$20/30 OV, \$500/200 IP/OP Copay,Rx \$100 Ded, \$5/40%/60%*	\$540.05	\$1080.10	\$1458.13
____ BlueCare I \$20/30 OV,\$1000 IP/OP Comb Ded, Rx \$100 Ded,\$5/\$25/\$50 *	\$528.09	\$1056.18	\$1425.85
____ BlueCare I \$20/30 OV,\$1000 IP/OP Comb Ded, Rx \$100 Ded, \$5/40%/60%*	\$509.45	\$1018.91	\$1375.53
____ BlueCare J \$20/30 OV, \$1500/750 IP/OP Ded, Rx \$100 Ded,\$5/\$25/\$50*	\$522.06	\$1044.11	\$1409.55
____ BlueCare Access\$20/30 OV,\$1500/750 IP/OP Ded, Rx \$100 Ded, \$5/40%/60% *	\$503.42	\$1006.84	\$1359.23
____ BlueCare K \$20/30 OV, \$2000/1000 IP/OP Ded, Rx \$100 Ded,\$5/\$25/\$50 *	\$498.59	\$997.18	\$1346.20
____ BlueCare K \$20/30 OV, \$2000/1000 IP/OP Ded, Rx \$100 Ded, \$5/40%/60%*	\$479.95	\$959.91	\$1295.88
____ BlueCare Options POS \$30 PCP, \$3000 Ded, Rx \$100 Ded, \$5/40%/60% *	\$391.81	\$783.63	\$1057.90
____ Vision Option (BlueCare Plans Only-not including HSA BlueCare)	\$8.33	\$16.66	\$22.49

\$20 OV Copay- \$20 Materials Copay

If you are selecting one of the BlueCare plans for the first time, please complete a group enrollment form as it is necessary for each subscriber and dependent to select a Primary Care Physician from the TVHP Network. You must return completed enrollment forms for all employees with your plan election form.

Signature: _____ Date: _____

Please return this form by **December 18, 2009**. You may **fax form(s) to (802) 304-1029** or **mail to the following address:**

Business Resource Services, Attn: BRS Renewal, PO Box 9367, South Burlington, VT 05407-9367 Phone: (802) 865-4560 mcarrigan@brsvt.com

I do not have internet access. Please send me a hardcopy package of **all** the plan designs. **Note: Benefit Outlines and new booklets are sent to all groups that make plan changes.**

I am interested in how the **Guardian Dental Plan** can save us money

I am interested in learning more about the **GUARANTEED ISSUE** Life Insurance Program through BRS

2010 Legislative Mandates

Colorectal Cancer Screening Mandate

Defines and limits maximum allowable member cost-sharing amounts for Colonoscopies, Sigmoidoscopies and fecal occult blood tests associated with colorectal cancer screening procedures.

VFP Plans:	Members will pay a maximum co-pay that is equivalent to their benefit plan's office visit co-pay for mandated services.
HSA Blue Plans:	Members will not be required to pay any amount for mandated services.
HMO Plans:	Members will not be required to pay any amount for mandated services.
HSA BlueCare Plans:	Members will not be required to pay any amount for mandated services.
BlueCare OAP Plans:	Members will not be required to pay any amount for mandated services.

BRS MEMBERS MUST BE IN COMPLIANCE WITH "COBRA" MANDATES

Business Resource Services (BRS) is rated as a group, therefore, all members of BRS are required by law to comply with COBRA mandates regardless of the number of active employees. Failure to comply with COBRA requirements may result in serious penalties.

Under COBRA, an employer must give covered employees (including spouses and dependent children who are covered) the opportunity to elect continuation coverage under an employer maintained group health plan (including plans to which the employer does not contribute financially) after any of the following events:

- A. The death of the covered employee;
- B. The divorce or legal separation of the covered employee;
- C. A reduction in hours that result in a loss of coverage, or the termination of the employee's employment, unless for gross misconduct;
- D. The covered employee becomes entitled to Medicare;
- E. A dependent child ceases to be covered by the plan due to his or her attained age;
- F. The filing by the employer for Chapter 11 bankruptcy

Continuation Coverage

The coverage that is offered must be identical to the medical coverage offered prior to separation.

The plan administrator may require the covered employee (spouse or dependents) to pay a premium, but generally cannot exceed 102% of the cost of the plan for a person in a similar situation.

Terminated employees and employees with reduced hours must be provided coverage for up to 18 months (up to 29 months if disabled [by Social Security definition] during the first 60 days of COBRA coverage). Widows, divorced spouses, spouses of Medicare eligible employees and dependent children who become ineligible are given up to 36 months of coverage.

Written notification must be given to all employees of his or her continuation coverage rights when they first become eligible for benefits under your plan.

BRS makes COBRA & HIPAA Monthly monitoring services available to members for no cost for up to 20 employees. For further information please call or visit our website at www.brsvt.com

For more information regarding "COBRA" laws call your broker or the U.S. Dept. of Labor, Pension and Welfare Benefits Administration (617) 565-9600.