Health & Retirement Services Of Illinois
June 2010 Newsletter

OUR NEWS LETTER

Genworth study: Long-term care costs on the rise

RICHMOND, Va.

Adult day care and assisted living costs both grew at a 12 percent clip this year compared to 2009, but other forms of long-term care showed more restraint, according to an annual survey from Genworth Financial.

The median daily rate for nursing care in both private and semiprivate rooms increased by more than 5 percent. The cost of services that let patients stay in their homes rose 3 percent or less, the Richmond, Va., long-term care insurance provider said.

The median cost of a private nursing home -- the most expensive long-term care -- rose to $206 per day this year, compared with $203 in 2009.

That adds up to a national median of $75,190 per year but the cost varies tremendously depending by state: Private rooms in Louisiana cost about $51,056 a year, for instance, but more than $200,000 in Alaska.

On the opposite end of the cost spectrum, the cost of home health aide services rose 2.7 percent this year from 2009 and an average of 1.7 percent annually over the past five years. Such aides provide non-medical care like help bathing and dressing.

The cost of homemaker services, which provide help with cooking or running errands, rose 3 percent to a national median hourly rate of $18.

Genworth surveyed about 13,000 long-term care providers in 436 regions nationwide. The survey did not explore why costs rose.

Genworth Senior Vice President Beth Ludden said it was too early to speculate on the cost impact of recent federal health care reforms that aim to cover millions of uninsured people.

In Our Newsletter

1. ASSISTED LIVING/NURSING HOME COSTS.
2. ALLSTATE RAISES RATES IN ILLINOIS.
3. PRESCRIPTION DRUG PLANS "DISCOUNT PROVISION EFFECTIVE JAN 1, 2011"
4. AUDIT FINDS PROBLEMS WITH ILLINOIS "ALL KIDS" PROGRAM.
5. BRAND NAME DRUG PRICES RISE.
6. SUNSCREEN.
7. FDIC / U.S. BANKS.
8. BOOKS – NY TIMES BEST SELLERS.
9. EMPLOYER MANDATE COST CALCULATOR.
10. 'DOUGHNUT HOLE' NOT SO SWEET.

Allstate's in-state home insurance holders will see 8% rate hike

By: Steve Daniels April 27, 2010

(Crain's) — Allstate Corp. is hiking rates on homeowners policies in Illinois by 8.2% beginning in July.

At the same time, the insurance giant, which remains the nation's second-largest insurer of homes and vehicles despite losing marketshare in Illinois and the U.S. in its core auto insurance business, is adding an array of discounts to its auto product, including a new 5% discount for customers who switch to Allstate from Geico, a spokeswoman says. Those go into effect early next month, she said.

Allstate filed the rate changes with the Illinois Department of Insurance on Friday, she said.

The homeowners' increase will add between $72 and $84 annually to the average premium in Illinois, the spokeswoman said.

Last summer, Northbrook-based Allstate hiked homeowners rates in Illinois between 8% and 27%, with the lower increases applied to longer-tenured customers. In recent years, higher damages from wind, hail and other storms have led the company to pay more in claims and expenses than it receives in premiums.

On the auto insurance front, "we're just looking to grow," the spokeswoman said.

Allstate has lost marketshare to Geico, a direct marketer that's perceived as a lower-cost option than agent-sold Allstate and spends more on advertising than any other auto insurer. For years, Allstate has offered a discount on auto rates to customers switching from Bloomington-based Country Financial, the state's third-largest auto insurer, the spokeswoman said. Geico is the second competitor that Allstate has targeted in Illinois, she said.

In addition, the company is hiking its discount to 15% from 12% for customers who insure more than one car and a residence with Allstate.

It's also increasing the number of auto deductibles offered to customers who want to reduce their premiums, establishing a $2,000 deductible for the first time. Currently the highest deductable available is $1,000.

(back to index)

PRESCRIPTION DRUG PLANS "DISCOUNT PROVISION EFFECTIVE JAN 1, 2011".

CMS Says Prescription Plans Responsible For Providing 50% Discount To Medicare Beneficiaries.

CQ HealthBeat (5/4, subscription required) reports, "A preliminary guideline issued by the Centers for Medicare and Medicaid Services says that the prescription drug plans in the Medicare program are responsible at the 'point of sale' -- when the beneficiary pays for the prescription -- for providing a 50 percent discount on brand name drugs in the Medicare coverage gap known as the 'doughnut hole.'" Notably, "under the health care overhaul law, brand name drug makers must provide a 50 percent discount to Medicare beneficiaries on drugs that fall into the coverage gap. The 50 percent reduction is off the price negotiated by the drug manufacturer with the prescription drug plan." This "provision also applies to 'authorized generics,' which are generic versions of a brand name drug sold by the brand name company itself." CQ adds, "The discount provision takes effect Jan. 1, 2011."

(back to index)

Audit finds problems with Illinois' expanded children's health insurance program

By Associated Press 12:49 p.m. CDT, May 11, 2010

SPRINGFIELD, Ill. (AP) — An audit says Illinois could save money by increasing oversight in its "All Kids" children's health insurance program.

The report Tuesday by Auditor General William Holland finds problems with the way the program determines who's eligible. And it says the program keeps paying claims when families don't pay their premiums.

Officials say they are fixing problems, including a computer glitch that allowed payments after some recipients turned 19.

Ousted Gov. Rod Blagojevich introduced "All Kids," which is considered a national model. The program covers undocumented immigrant children and children whose family income is too high for traditional government health insurance.

The audit says expanding "All Kids" cost the state $70 million last year.

(back to index)

BRAND NAME DRUG PRICES RISE

Brand-Name Drug Prices Rose 9.7% In Last Year, Data Indicate.

CQ HealthBeat (5/18, Reichard, subscription required) reports that "manufacturer prices for brand-name drugs widely used by Medicare enrollees rose 9.7 percent in the 12 months that ended in March," AARP reported Monday. "The increase 'was the largest twelve-month spike since AARP began tracking drug prices in 2002,' the lobby said in a news release." According to AARP, the cost of "specialty drugs used in the Medicare program rose...by 9.2 percent," and "prices for those drugs, which treat conditions such as multiple sclerosis and cancer, range between $1,000 and more than $20,000 per month."

In a story on its website, NPR (5/18, Hensley) reports, "Brand-name drug prices are galloping upward just before drugmakers have to start paying a new tax in 2011 to help pay for health overhaul." AARP "says it's the biggest jump since at least 2002." In a statement contesting AARP's findings, "the drug industry trade group PhRMA disputed the report, saying it was 'based on incomplete information.'"

The Wall Street Journal (5/18, Hobson) also covers the story and includes a list of the top 10 brand-name drugs that rose in price in the last year, noting the percent change in the manufacturer's price, as reported by AARP.

(back to index)

What's the best sunscreen for kids?

May 21, 2010

Recommendations by Consumer Reports and the Environmental Working Group out next week.

Sunscreen can help prevent those painful episodes of childhood sunburn, a risk factor for skin cancer later in life. But though sunscreen is recommended for infants older than six months by everyone from the National Institutes of Health to the American Academy of Pediatrics, there's growing concern by advocacy groups, parents and some doctors that some of the chemicals in the products are endocrine disruptors and may pose risks to children.

The U.S. Food and Drug Administration, which drafted sunscreen safety standards in 1978, is expected to issue the final rules in October. But for the last three decades, "it has been a Wild West on the market," said Jane Houlihan, senior vice president of research for the advocacy group **Environmental Working Group**. "Parents need to be careful what they're using, as well as follow other sun-safety measures, including wearing protective clothing and sunglasses," she said.

EWG, which plans to release its fourth annual sunscreen safety report on Monday, recommends against using any product containing the ingredient oxybenzone. Though oxybenzone is one of more than a dozen ingredients approved by the FDA, "we know it's absorbed significantly into the body," said Dr. Alan Greene, the author of "Raising Baby Green: The Earth-Friendly Guide to Pregnancy, Childbirth and Baby Care" (Jossey-Bass).

What concerns Greene is that the tests evaluating oxybenzone have been done on healthy adults in the middle of life. "Permanent changes of puberty happen with one drop of sex hormones," he said. "We don't know the impact of kids and babies who get at least three times the concentration as adults."

But the data are preliminary. Moreover, "absorption alone isn't enough to justify any posture," said Dr. Michael Smith, director of pediatric dermatology at Children's Hospital at Vanderbilt University.

"We are very comfortable with zinc oxide and titanium dioxide agents," said Smith, chair of the AAP section on dermatology. He added that he's unaware of compelling data showing that parents need to be concerned about any ingredients in current FDA-approved sunscreens, including oxybenzone.

Still, zinc and titanium products have their own issues: They may contain nanoparticles that have limited safety studies, may be dangerous if inhaled and may pose a risk to the environment. (Regular sunscreen is generally made with microsize particles; nanoparticles are even smaller.) The FDA doesn't require the manufacturer to list nanoparticles on the label.

So far, the data show the use of nanoparticles on the skin is safe for adults; the EWG calls nano-scale zinc and titanium "a reasonable choice" in sunscreens.

But experts caution that there is little, if any, data on the potential impact on children's health. For that matter, "information on the safety — or lack thereof — of sunscreen chemicals is, to the best of my knowledge, very limited," said Dr. Philip J. Landrigan, director of the Children's Environmental Health Center at Mount Sinai School of Medicine in New York.

Sunscreen tips:

• Zinc oxide and titanium dioxide-based sunscreens that do not contain nanoparticles are generally thicker and whiter than those that do. Avoid nano-sprays or powders altogether, especially near the face, because the particles can be inhaled into the lungs, said Greene.

• Once your baby is 6 months old, the American Academy of Pediatrics recommends products with a rating of SPF 30 or more with a broad-spectrum sunscreen, or one that protects against both ultraviolet A and B rays.

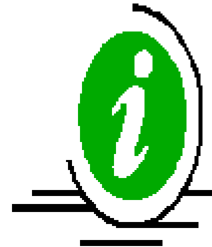
• "Avoid products that combine bug repellent and sunscreen," said Dr. Michael Smith of Vanderbilt. Bug repellent isn't known to be safe for frequent application — but you do.

• Need to reapply sunscreen to avoid burn every 1 1/2 hours. And use enough: 3 teaspoons for an average toddler, 6 teaspoons for an 8-year-old, Smith said.

(back to index)

FDIC: One-tenth of U.S. banks on 'problem' list.

Published on May 21, 2010 6:01 AM



McClatchy-Tribune Newspapers | First-quarter profits tripled for the nation's banking industry as big banks recovered their footing, the government reported Thursday.

But the news was not all good for the industry. Troubles at smaller lenders swelled the number of problem banks to nearly 10 percent of all institutions, according to the report by the Federal Deposit Insurance Corp. The agency said that 775 institutions -- most of them community banks -- were on its list of troubled banks as of March 31, up from 702 at year-end.

That was the most since 1,066 in 1992, as the savings and loan crisis played out. The number peaked at 2,165 in 1987, but there were about twice as many U.S. banks and thrifts then, an FDIC spokesman said.

Names on the list are kept confidential to keep from spooking depositors while regulators work with the problem banks to clean up soured loan portfolios and to raise capital. "The vast majority of troubled banks do not fail," FDIC Chairwoman Sheila Bair said in announcing the quarterly industry results Thursday morning.

Last year 140 banks failed, and 72 have gone under in 2010.

The total assets of problem banks increased to $431 billion from $403 billion, or an average of $556 million per bank, the FDIC said. By contrast, the largest banks -- JPMorgan Chase & Co., Bank of America Corp., Citigroup Inc. and Wells Fargo & Co. -- each have more than $1 trillion in assets.

Taken as a whole, the banking industry is looking stronger. Government-insured banks and thrifts reported $18 billion in first-quarter profits, up from $5.6 billion a year earlier and the highest total in two years.

The largest year-over-year improvements occurred at the biggest banks, but 52.2 percent of the nation's 7,932 insured institutions reported net income growth.

Bair noted that overall lending has yet to pick up, a result of lower demand for business loans and lending standards that remain drum-tight at most banks.

But provisions for loan losses were down, the balance sheet of the deposit insurance fund improved slightly, and these days there are more bidders and higher bids at failed-bank auctions -- which means lower losses for the FDIC when it negotiates loss-sharing deals with acquiring banks.

And banks in need of fresh capital to bolster their reserves have been more successful in recent months at finding investors.

"The banking system still has many problems to work through, and we cannot ignore the possibility of more financial market volatility," Bair said, but she added: "The trends continue to move in the right direction."

In reporting its tale of two sectors, the FDIC said large banks have worked through many of the losses on mortgages and mortgage-linked securities that triggered the near meltdown of the financial system in 2008.

The losses at the small banks, mostly on construction loans and commercial mortgages, have built up as a result of the troubled economy, Bair said.

In a question-and-answer session, FDIC officials said they had not changed their estimate of $100 billion in losses the fund is expected to incur in the latest round of bank failures. But they said they might consider lowering that estimate in the future.

(back to index)

New York Times Bestsellers -- Fiction

Bestseller list for the week of May 14, 2010.

#1
Dead In The Family
Charlaine Harris
#2
The 9th Judgement
James Patterson and Maxine Paetro
#3
Innocent
Scott Turow
#4
The Help
Kathryn Stockett
#5
Deliver Us From Evil
David Baldacci
#6
Lover Mine
J. R. Ward
#7
The Shadow Of Your Smile
Mary Higgins Clark
#8
Hannah's List
Debbie Macomber
#9
Blue-Eyed Devil
Robert B. Parker
#10
Tell-All
Chuck Palahniuk

New York Times Bestsellers -- Nonfiction

Bestseller list for the week of May 14, 2010

#1
Spoken From The Heart
Laura Bush
#2
The Big Short
Michael Lewis
#3
This Time Together
Carol Burnet
#4
Chelsea Chelsea Bang Bang
Chelsea Handler
#5
Mom
Dave Isay
#6

Oprah
Kitty Kelley

#7
The Last Stand
Nathaniel Philbrick
#8
My Dad Says
Justin Halpern
#9
My Fair Lazy
Jen Lancaster
#10
Lift
Kelly Corrigan

(back to index)

EMPLOYER MANDATE COST CALCULATOR

Health Care Reform (Patient Protection and Affordable Care Act of 2010 – PPACA) is now the law of the land. One key issue affecting all employers – but especially the retail and restaurant industries – is the employer mandate, seen here as employer mandate penalties for failure to offer or an offer of unaffordable coverage.

These financial penalties apply to employers with more than 50 full-time or full-time-equivalent employees who either do not offer coverage to full time employees (and one full-time employee is eligible by income for a subsidy) or offers coverage to full-time employees and the cost exceeds a threshold of a full-time employee's income. The employer mandate penalties begin in 2014.

Sounds complicated?

The National Retail Federation has created a special Health Mandate Cost Calculator to help you better understand your potential mandate penalty exposure. Your actual status could change in a given month in response to a surge in part-time hours or as your business grows. You should review your health plans and changing obligations under the law with competent benefit advisers. NRF provides this Health Mandate Cost Calculator as a service to its members and the public to provide general information and it is not nor is it intended to provide legal advice.

(back to index)

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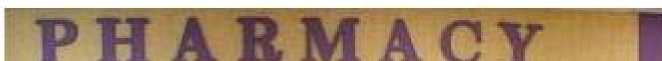
'Doughnut hole' not so sweet.

By Steve Twedt, Pittsburgh Post-Gazette Sunday, May 23, 2010

While health reform measure closes the gap, it will be awhile before seniors feel the full benefit



Herb Swanson/Bloomberg News

Verna Alexander, 86, talks with Bill Hewitt about her prescription at the Rosemont Pharmacy in Portland, Maine. U.S. states from California to Maine, already facing a surge in the cost of providing health care to the poor, may be big losers again with the $395 billion overhaul of the federal Medicare program for the elderly.

The infamous "doughnut hole" gap in Medicare prescription coverage -- which requires beneficiaries to pay 100 percent of medication costs after they've used up their initial coverage but haven't yet hit a "catastrophic" level -- is closing under the new health care reform law.

That's the good news.

The not-so-good news: Although there is some immediate relief, it will be a decade before the hole closes for good.

Under the new law, seniors will receive a one-time $250 rebate when they reach the doughnut hole level this year. In 2011 brand-name drugs will be discounted 50 percent during the doughnut hole period, and in 2013 there is a provision for an additional federal subsidy of 25 percent on brand-name drugs.

But with drug costs going up between 8 percent and 10 percent annually, the benefit loses some of its punch for those on Medicare now, which includes nearly 400,000 Pennsylvanians.

"It's not unusual that brand-name drugs at full price often exceed $100 and potentially exceed $200," said William McKendree, lead counselor for Apprise, a state-sponsored program that provides free health insurance counseling for Medicare recipients.

"The [$250 rebate] provision may provide some relief. But for individuals taking multiple prescriptions or individuals taking one expensive prescription drug, it will not mean total relief," he said.

The years beyond 2010 still hold uncertainty, too, such as how the 50 percent discount on brand-name drugs and 2013 federal subsidy will be implemented. The gap is not scheduled to entirely close for 10 years.

But this is a start, Mr. McKendree said.

"We have programs in place that didn't exist before. This is at least a step to reduce the 100 percent cost people had to pay during the coverage gap."

When Medicare's Part D prescription plan launched in 2003, legislators included the doughnut hole to keep the program's cost in check. Seniors have coverage until they reach a certain dollar limit, then -- unless their plan offers additional coverage -- they pay all of their medication costs until they reach a "catastrophic amount," at which point near-full coverage resumes.

In 2010, Part D covers the first $2,830 in prescription drug costs, then beneficiaries pay the next $3,610 before coverage kicks in again.

The $2,830 represents the total cost of the medication, not just the amount the Medicare beneficiary pays, a distinction that can catch seniors by surprise, Mr. McKendree said.

Without reform, congressional estimates projected the gap that seniors must cover would have risen from $3,610 this year to $6,000 by 2019.

Although Medicare recipients are notified throughout the year how close they are getting to the doughnut hole limit, many do not realize they're over until they are at the pharmacy counter. In a panic, they'll call agencies such as Apprise for help.

"It's probably one of the hardest calls we'll do, because we're dealing with individuals who are afraid they will not be able to maintain the medication that will maintain their [lives]," Mr. McKendree said.

A 2008 Kaiser Family Foundation study found 15 percent of seniors simply stopped taking their medications once they reached the doughnut hole limit, at least temporarily.

When people call Apprise (412-661-1438), Mr. McKendree said one of the first steps the organization takes is to determine if the caller qualifies for one of three programs to help low-income seniors afford medications: the state-run PACE and PACENet programs or the Extra Help program, funded by the federal Social Security Administration (1-800-772-1213). Each has different income eligibility criteria.

Mr. McKendree said 390,000 Pennsylvanians risk falling into the doughnut hole this year. If they can afford it, many will then pay for the medication themselves until they make it to the other side when catastrophic coverage kicks in. That can be a pretty daunting "if," Mr. McKendree said.

"The truth is that many people never get to the catastrophic coverage because they find it impossible to pay 100 percent of the prescription costs once they hit the doughnut hole."

(back to index)

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Seniors Wary Of Healthcare Overhaul.

The AP (4/1, Alonso-Zaldivar) reports, "Seniors aren't celebrating President Barack Obama's healthcare overhaul," and Democrats "fear that seniors won't see it that way for this fall's elections." An Associated Press-GfK survey in March "found that 54 percent of seniors opposed the legislation that was then taking final shape in Congress," and last week a USA Today/Gallup Poll "found that a majority of seniors said passing the bill was a bad thing." Undoubtedly, "the broad cuts in projected Medicare payments to insurance plans, hospitals, nursing homes and other service providers will sting," but "the new law also improves the lot of many Medicare beneficiaries." AARP and "other major organizations representing seniors supported the law, despite the polls," and "now they're planning a sustained outreach campaign to call attention to the legislation's benefits. It might not be an easy sale."

http://www.washingtonpost.com/wp-dyn/content/article/2010/03/31/AR2010033102331.html

(back to index)

Baffled by Health Plan? So Are Some Lawmakers.

By ROBERT PEAR Published: April 12, 2010

WASHINGTON — It is often said that the new health care law will affect almost every American in some way. And, perhaps fittingly if unintentionally, no one may be more affected than members of Congress themselves.

In a new report, the Congressional Research Service says the law may have significant unintended consequences for the “personal health insurance coverage” of senators, representatives and their staff members.

For example, it says, the law may “remove members of Congress and Congressional staff” from their current coverage, in the Federal Employees Health Benefits Program, before any alternatives are available.

The confusion raises the inevitable question: If they did not know exactly what they were doing to themselves, did lawmakers who wrote and passed the bill fully grasp the details of how it would influence the lives of other Americans?

The law promises that people can keep coverage they like, largely unchanged. For members of Congress and their aides, the federal employees health program offers much to like. But, the report says, the men and women who wrote the law may find that the guarantee of stability does not apply to them.

“It is unclear whether members of Congress and Congressional staff who are currently participating in F.E.H.B.P. may be able to retain this coverage,” the research service said in an 8,100-word

memorandum.

And even if current members of Congress can stay in the popular program for federal employees, that option will probably not be available to newly elected lawmakers, the report says.

Moreover, it says, the strictures of the new law will apply to staff members who work in the personal office of a member of Congress. But they may or may not apply to people who work on the staff of Congressional committees and in "leadership offices" like those of the House speaker and the Democratic and Republican leaders and whips in the two chambers.

These seemingly technical questions will affect 535 members of Congress and thousands of Congressional employees. But the issue also has immense symbolic and political importance. Lawmakers of both parties have repeatedly said their goal is to provide all Americans with access to health insurance as good as what Congress has.

Congress must now decide what steps, if any, it can take to deal with the problem. It could try for a legislative fix, or it could adopt internal policies to minimize any disruptions.

In its painstaking analysis of the new law, the research service says the impact on Congress itself and the intent of Congress are difficult to ascertain.

The law apparently bars members of Congress from the federal employees health program, on the assumption that lawmakers should join many of their constituents in getting coverage through new state-based markets known as insurance exchanges.

But the research service found that this provision was written in an imprecise, confusing way, so it is not clear when it takes effect.

The new exchanges do not have to be in operation until 2014. But because of a possible "drafting error," the report says, Congress did not specify an effective date for the section excluding lawmakers from the existing program.

Under well-established canons of statutory interpretation, the report said, "a law takes effect on the date of its enactment" unless Congress clearly specifies otherwise. And Congress did not specify any other effective date for this part of the health care law. The law was enacted when President Obama signed it three weeks ago.

In addition, the report says, Congress did not designate anyone to resolve these "ambiguities" or to help arrange health insurance for members of Congress in the future.

"This omission, whether intentional or inadvertent, raises questions regarding interpretation and implementation that cannot be definitively resolved by the Congressional Research Service," the report says. "The statute does not appear to be self-executing, but rather seems to require an administrating or implementing authority that is not specifically provided for by the statutory text."

The White House said last month that Mr. Obama would voluntarily participate in the health insurance exchange, though the law does not require him or other administration officials to do so. His participation as president may depend on his getting re-elected in 2012.

Representative Jason Chaffetz, Republican of Utah, said lawmakers were in the same boat as many Americans, trying to figure out what the new law meant for them.

"If members of Congress cannot explain how it's going to work for them and their staff, how will they explain it to the rest of America?" Mr. Chaffetz asked in an interview.

The provision governing members of Congress can be traced to the Senate Finance Committee. When the panel was working on the legislation last September, Senator Charles E. Grassley, Republican of Iowa, proposed an amendment to require that elected federal officials and all federal employees buy coverage through an exchange, "rather than using the traditional Federal Employees Health Benefits Program."

A scaled-back version of the amendment, applying to members of Congress and their aides, was accepted in the committee without objection.

The federal employees program, created in 1959, now provides coverage to eight million people and, according to the Congressional Research Service, is the largest employer-sponsored health insurance program in the country.

(back to index)

TIMELINE CHART FOR HEALTH CARE REFORM LEGISLATION.

National Association of Health Underwriters
How the Health Care Reform Legislation Will Impact
Your Individual and Employer Clients
March 29, 2010

http://www.healthcareil.com/newsletter_files/HCreformtimeline.pdf

(back to index)

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5 PROVISIONS EFFECTIVE IN 2010.

There are five provisions effective this year that will be of great interest to you.

1. **Dependent Coverage Extended to Age 26 (beginning with plan years on or after September 23, 2010)**
    1. Dependent children must be covered until the child reaches age 26. This includes married dependent children, but does not include the spouse or grandchildren
    2. Grandfathered plan may exclude such dependent children if they are eligible for coverage under another employer-sponsored plan
    3. Dependent age extension applies only to medical plans
2. **No Lifetime Limits (beginning with plan years on or after September 23, 2010)**
    1. No lifetime dollar limits on the value of "essential benefits"
    2. Lifetime limit prohibition does NOT apply to non-essential benefits
    3. Grandfathered plans may not receive this benefit change until their next scheduled renewal date
    4. Prohibition on lifetime limits applies only to medical plans
3. **No Pre-existing Condition Exclusions for Dependent Children (beginning with plan years on or after September 23, 2010)**
    1. Prohibits pre-existing condition exclusions on children under the age of 19
    2. Prohibition of pre-existing condition exclusions for adults takes effect in 2014
    3. Prohibition on pre-ex applies only to medical plans
4. **Retiree Reinsurance Program (Beginning June 23, 2010)**
    1. New program to encourage employers to maintain benefits to retirees over 55 and not eligible for Medicare
    2. The program will reimburse employer-provided health plans for 80 percent of certain costs of providing health insurance to early retirees
    3. Reimbursement applies only to claims that exceed $15,000 but are no greater than $90,000
5. **Small Business Tax Credit (Effective Now)**
    1. Must cover at least 50 percent of the cost for workers, pay average annual wages below $50,000, and have less than the equivalent of 25 full-time workers (i.e. a firm with fewer than 50 half-time workers would be eligible)
    2. Tax credit worth up to 35 percent of the premiums (25 percent for nonprofits)
    3. Full credit is available to firms with average wages below $25,000 and less than 10 full-

time equivalent workers.
4. Phases out gradually for firms with average wages between $25,000 and $50,000 and equivalent of between 10 and 25 full-time workers

(back to index)

Woman's Health Week.

National Women's Health Week is a weeklong health observance coordinated by the U.S. Department of Health and Human Services' Office on Women's Health (OWH). National Women's Health Week empowers women to make their health a top priority. With the theme "It's Your Time," the nationwide initiative encourages women to take simple steps for a longer, healthier, and happier life. Important steps include:

- Getting at least 2 hours and 30 minutes of moderate physical activity, 1 hour and 15 minutes of vigorous physical activity, or a combination of both each week
- Eating a nutritious diet
- Visiting a health care professional to receive regular checkups and preventive screenings
- Avoiding risky behaviors, such as smoking and not wearing a seatbelt
- Paying attention to mental health, including getting enough sleep and managing stress

Learn more about National Women's Health Week.
http://www.womenshealth.gov/whw/about/

(back to index)

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