

The Administrators, Inc. Benefits

Insurance products to fit your needs & budget

June 2006

Begin Planning Now for January 2007 Increases

We anticipate that Independence Blue Cross will begin to notify us of 2007 rates in October. Because of the large number of companies that take advantage of new options, the insurer typically imposes a deadline for changes within a short period of time.

To help with your decision-making process, each year we send renewal rates for *your* current plan as well as rates, information and enrollment materials for *alternative* plans.

This year, we'd like to recommend that you begin reviewing your options now. Because 2007 rates are not yet available, this is an excellent time to focus on understanding your benefits and deciding on your optimum benefit levels so that you are prepared with your selection when rates are announced in October.

The following tips may be useful as you begin:

- Employers are coming to grips with the concept of employee cost-sharing with regards to health insurance.
- Always keep in mind, increasing co-payments can often decrease the amount you pay each month in premium.
- Your company can choose higher deductibles to reduce premium by choosing a High Deductible Series Option, and still maintain low co-payments for doctor visits and therapies.
- Removing unutilized dental and vision riders can lower premiums.
- Downgrading from one product line to another can reduce premium (i.e. Personal Choice® to Keystone Health Plan East Point of Service).

The staff of TAI are ready to consult with you about all available group and non-group products. Contact a Benefits Specialist at 610-604-4500 to begin to explore your options for 2007.

Welcome to *BeneFits*

BeneFits is TAI's report for you. Each issue will provide you with information on accessing your benefits, cost saving tips, new products, and ideas on how to keep your business healthy. Our contact information is also included so your benefit questions and needs can be met by our knowledgeable specialists.

View Benefit Explanations Online

TAI has upgraded www.tai-pa.com to make it easier for you to manage your health insurance.

Employers can upload PDFs for their employees to view

Customize our site for your employees by adding PDFs concerning your company's benefits, policies, etc. For example, you may wish for your employees to have access to your personnel policy manual or specific policies regarding benefits.

Such information can now be added to your account online. It will be private and only available for viewing by you and those employed and covered by your company.

Contact TAI's IT Department to activate this new feature.

Employees can view detailed explanations of their benefits.

Now, in addition to basic coverage information, your employees can view detailed explanations of their benefits. *This should be of service to them and to you in terms of the time you personally devote to explaining benefits.*

Visit the Association Member Insurance page at www.tai-pa.com. Click on the Member Log In button and enter your user name and password.

Go to the Employee Current Coverage Information section and click on the name of the product that you would like to view. A PDF with the details of your coverage will appear. (Benefit explanations may not be available and may not appear for all products.)

Only employees in a company that have a designated Benefits Administrator have been provided with user names and passwords. To designate a Benefits Administrator you can do so by contacting our Enrollment Department at 610-604-4500.

Building a Healthy Business

When Medicare Demands Payment from a TAI Subscriber

If you, an employee or a dependent have health insurance through The Administrators, Inc. and are on Medicare here's something you should know:

Medicare law obligates Medicare to recover payments mistakenly made when a group health plan is the proper primary payer. Medicare can recover from any entity responsible for making primary payment, including employers, other plan sponsors and insurance carriers.

In the case of TAI subscribers, it is the carrier who determines who is responsible for payment of this debt. Usually the first demand for payment letter is sent to TAI from Medicare or from a Health Care Financing Administration subcontractor (i.e. Mutual of Omaha) and lists the company and association name. TAI then works with the carrier to resolve the debt. Once settled, Medicare sends a confirmation to TAI that the debt has been reduced to "0" and the case is closed.

That's not always the case. Sometimes the demand for payment notice from Medicare is sent directly to the employer. **If you should receive one of these demand for payment notices, please let us know. We will take over the case and work to get the payment settled for you.**

Never before has health insurance been so important or confusing. And if you don't take the time to understand your benefits - you may pay for it financially. This Medicare issue is another example of how TAI helps you manage your benefits.

Always remember, TAI is your consultant in all matters of coverage and our staff are available to guide you through each insurance process - enrollment, policy change and claim problems.

Please be aware, signed authorization forms are now required in order for the carrier to investigate and resolve the outstanding claim issues. As a result, you will be asked to complete this form when you first contact TAI for assistance.

Your Household's Health

You Can Make a Difference in Fighting Fraud

Preventing health care fraud is the responsibility of everyone involved in the health care delivery process: the doctor, the insurance company **and most of all you, the patient.**

Your role as patient puts you directly in the center of the process. Your firsthand knowledge of what occurred during your doctor visit empowers you with a unique and potent fraud prevention tool. That's why it's important that you examine your Explanation of Benefits (EOB) form as soon as it arrives. Read each line and explanation as if you were writing a personal check for the total amount. Health care fraud takes money out of your own pocket.

If you do not understand an explanation, call Member Services at the telephone number on your ID card. If the EOB shows a charge for a treatment or service you did not receive, call the Independence Blue Cross (IBC) Fraud and Abuse Hotline at 866-282-2707 to report your suspicions to the Corporate and Financial Investigations Department. Check for names of doctors you have never seen, dates of services when you were elsewhere, or unrecognized locations of a service.

Source: Independence Blue Cross *Update* Spring 2006



**Fax
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Interested in receiving info on our insurance products?*

- | | |
|---|---|
| <input type="checkbox"/> Accident | <input type="checkbox"/> Health |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Life |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Overage |
| <input type="checkbox"/> Discount RX Plans | <input type="checkbox"/> Dependent Coverage |
| <input type="checkbox"/> Employee Assistance Plan | <input type="checkbox"/> Vision |
| | <input type="checkbox"/> Workers' Comp |

Fax your info to 610-604-4922:

Name _____

Business Name _____

Business Address _____

*Not all products are association endorsed.