

**2010 OPEN ENROLLMENT
ROCHESTER EMPLOYER GROUPS**

Effective January 1, 2010 Excellus BlueCross BlueShield, MVP Health Care & Guardian will be implementing a rate increase. Your new monthly premium will be reflected on your January invoice which is forthcoming.

MVP Health Care plans (formerly Preferred Care)

As per previous correspondence, your current plans will be replaced by new MVP plans. Below is a list of your current plan name/2009 invoice plan code, along with the name of the new MVP plan you are being moved into effective January 1, 2010. Please see the benefit comparisons enclosed for plan details and rates. You will be automatically enrolled in the new MVP plans with no paperwork required and will be receiving a new (plastic) ID card reflecting your new MVP ID number & plan information.

If you do not want to remain in the MVP product you have been automatically enrolled in, you may change at this time but full underwriting must be completed. (Please refer to the Underwriting guidelines on the reverse side of this letter.)

Old PC Plan	PC Code on Invoice	New MVP Plan	Old PC Plan	PC Code on Invoice	New MVP Plan
PC EPO Option 1	P/EPO-1	TriVantage EPO T03SA	MyCare 680-3	MYCARE/3, MYCARE/3*	High Deductible EPO NEHD08S
PC EPO Option 2	P/EPO-2	Preferred EPO E0044S	PC TriVantage 250-1	PC/TRI-A*, PC/TRI-F*, PC/TRI-H*	Preferred EPO E0044S
PC EPO Option 3	P/EPO-3	Preferred EPO E0050S	PC TriVantage 250-3	TRI250-3/A, TRI250-3/F, TRI250-3/I	Preferred EPO E0044S
PC Opportunity w/ Rx	PCOPP/RX*	Preferred EPO E0044S	PC Basix 220-3	BASIX*	Preferred EPO E0050S
PC Opportunity w/o Rx	PCOPP*	Preferred EPO E0044S	PC Basix 220-4	BAS-4	Preferred EPO E0046S
PC Community	PC201*	TriVantage EPO T03SA	PC Basix 220-2	BAS/2M	TriVantage EPO T03SA
PC US Direct	USDIRECT	Preferred EPO E0046S	PC HSA	HSA/650-3	High Deductible EPO NEHD08S
PC US Direct 6	US-6	TriVantage EPO T03SA	PC TriVantage 250-2 Active	250-2A	TriVantage EPO T03SA
PC US Direct 4	US-4	Preferred EPO E0009S	PC TriVantage 250-2 Family	250-2F	TriVantage EPO T03SB
MyCare 680-2	MYCARE/2, MYCARE/2*	High Deductible EPO NEHD07S	PC TriVantage 250-2 Healthy Alternatives	250-2H	TriVantage EPO T03SC

IMPORTANT FEATURES: All MVP EPO plans cover preventive care in full. MVP Preferred EPO, TriVantage EPO and High Deductible EPO plans also include benefits such as a National Provider Network (utilizing a portion of CIGNA insurance company's national network), no referrals, and cash benefits for living healthy (please visit mvphealthcare.com for more information regarding these cash benefits). **High Deductible EPO plans are HSA compatible** (see side box on the reverse side of this page for more details). Please note all EPO plans require 75% eligible employee participation. Groups with 1-5 employees *enrolled* may select one product offering. Groups with 6 or more *enrolled* may select two product offerings. You cannot pair an EPO plan with an HMO plan.

Excellus BlueCross BlueShield plans

- Introducing SimplyBlue. These plans cover preventive services in full and offer an allowance of up to \$300 for membership in a health club or gym. These plans have higher copays for services like inpatient hospitalization to offset lower premiums.
- Re-introducing HealthyBlue. These plans also cover preventive services in full and allow employees to earn up to \$1000 per family per year for doing everyday things to live healthier. Please log onto excellusbcb.com for more details on these rewards.
- Please note all plans have strict participation guidelines and typically can only be sold as a group's sole product offering. Please call a representative today if you are interested in one of these plans.
- Dental Blue options are available for groups of 2 or more with certain participation requirements – please visit our website at www.bene-care.com for plan comparisons and underwriting information.

Full benefit summaries for all plans may be downloaded from our website www.bene-care.com.

More important information to note this Open Enrollment:

Insuring Dependents through Age 29

Recently a New York State law was passed that provides health insurance coverage for unmarried dependents through age 29. Eligible dependents will be given the option to enroll in a single policy matching the plan the parent enrolls in.

WHO IS ELIGIBLE? All unmarried dependents, under the age of 30, that live in New York and are not eligible for health insurance through his/her employer and are not covered by Medicare. (Dependents must meet all of these criteria.)

WHEN ARE THEY ELIGIBLE? They can be enrolled during your group's open enrollment period or within 60 days of a qualifying event (i.e. exceeding age limit under parent's policy, loss of their current employer coverage, moving back into the insurance plan's service area, divorce, or any change in status that makes that person a newly eligible).

HOW DO THEY ENROLL? There are several different ways to enroll these young adults. With both MVP and Excellus you can choose the 'Make Available Option' which is a rider that is available to the group at an additional cost which allows unmarried dependents through age 29 to remain on the parent's family policy. **Please note this rider would be placed on the plan for the whole group.** If you do not want to add the rider, the following options are available:

1. For parents with an MVP plan, their eligible dependent must complete a separate application and send it to Bene-Care, indicating on the Enrollment Form that it is for a dependent to age 30 and include the parent's name & MVP ID number. **The child will be enrolled in a single policy and billed on the employer group's monthly invoice.** The employer will be responsible for collecting the enrolled dependent's premium each month but are NOT required to make any contribution toward the contract premium.
2. For parents with an Excellus plan, the eligible dependent must contact Excellus directly at (877) 682-4183. Excellus will be handling the enrollment process for these eligible dependents and invoicing them directly.

COBRA Eligibility Extension to 36 Months

This New York State law allows former employees the opportunity to continue their health insurance coverage through COBRA for an additional 18 months. This extension will be in effect on your group's renewal date (**January 1, 2010**) and **applies to all former employees whose COBRA coverage is exhausted on or after this date**. Please note this extension does not apply to dental coverage.

At this time you do not need to do anything to implement this extension and we will continue to bill these COBRA members in the same way we have been billing them to this point. We will let you know if additional paperwork is needed by the insurance carriers if their requirements change.

High Deductible Health Plans

As you explore your options this year, please remember that HDHPs, such as the SimplyBlue HDHP and HealthyBlue HDHP offered through Excellus as well as the High Deductible EPO plans offered through MVP Health Care are affordable options that can be paired with a Health Savings Account or HSA (set up through a bank) and allow you to deposit pre-tax dollars to help fund your deductible and other qualified medical expenses. *Please note these plans have strict participation guidelines and in some cases can only be sold as a group's sole product offering. Please call a representative today if you are interested in one of these plans.*

PLAN CHANGES and UNDERWRITING:

Please see below for instructions on how to make a plan change for the 2010 Open Enrollment:

- All Excellus enrollments and product changes will require full underwriting. 2010 underwriting packets can be downloaded from our website at www.bene-care.com by clicking on the 'Open Enrollment' tab. If you do not have internet access please call for this information.
- MVP product changes will also require full underwriting. 2010 underwriting packets can be downloaded from our website or you may call our office for this information.
- Adding a Guardian dental plan to your portfolio will require full underwriting. Please note these plans require 75% eligible employee participation and a minimum of 2 enrollees. Underwriting packets can be downloaded from our website or you may call our office for this information. Benefit summaries for these plans are also available online.

Complete underwriting must be received by Bene-Care no later than December 10, 2009 to ensure a January 1, 2010 effective date Please note that the insurance carriers have made it clear that they will not be granting exceptions to this cutoff date for any reason this year. All changes and underwriting documentation can be mailed to Bene-Care at 1260 Creek St, Webster, NY 14580 or faxed to (585) 347-1301. **Please include your contact information in case additional paperwork is required.**

Please contact Bene-Care Agency, LLC at (585) 347-1300 with any questions.