



**2010 OPEN ENROLLMENT
BRIGHTON CHAMBER OF COMMERCE**

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

Enclosed are the 2010 Plan Comparisons and Rates for the products offered through the Brighton Chamber of Commerce.

MVP Health Care plans (formerly Preferred Care)

As per previous correspondence, your current plans have been replaced by new MVP plans and you are being automatically enrolled in the new products with no paperwork required. Below is a list of your current plan name along with the plan code referenced on your 2009 invoices along with the name of the new MVP plan you are being enrolled in effective January 1, 2010. Please see the benefit comparisons enclosed for plan details and rates. You will be receiving a new (plastic) ID card for your new plan. **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
PC Basix 220-2	BASIX-2ER	Preferred EPO E0041S
PC Basix 220-2 (Sole Prop)	BASIX-2(1)	Preferred EPO E0041S
PC Basix 220-4 (Sole Prop)	BAS/-4(01)	TriVantage EPO T03SA

IMPORTANT FEATURES: All MVP EPO plans cover preventive care in full. MVP Preferred EPO, TriVantage EPO and High Deductible EPO plans include benefits such as a National Provider Network, no referrals, and cash benefits for living healthy. High Deductible EPO plans are HSA compatible. Please note all plans have strict participation guidelines and require 75% participation. Groups with 1-5 employees enrolled may select one product offering. Groups with 6 or more enrolled may select two plan offerings. You cannot pair an EPO plan with an HMO plan.

Effective 01/01/10, MVP Health Care will be implementing a New York state approved 15% surcharge for all sole proprietors. With regards to medical insurance coverage, insurance carrier definitions are as follows:

Sole Proprietors: One sole owner/employee of the company (as reflected by a K1 showing 100% ownership by one individual, NYS-45 payroll documentation reflecting the business owner as the sole employee, or a 2009 DBA reflecting one business owner).

Employer Group: Two or more owners of the company (as reflected by two or more K1s adding up to 100% ownership), NYS-45 payroll documentation showing 2+ employees (wages must reflect at least 20 hours/week at minimum wage to contribute towards total employee count), or a 2009 DBA reflecting 2+ owners.

Please keep this in mind as you make your plan selection this year. If you are a sole proprietor you will be subject to the sole proprietor rate listed on the comparisons.

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 with the same coverage as the parent.

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? For MVP plans the 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 MVP ID number. The child will be placed on a single policy on the employer's invoice. The employer will be responsible for collecting the full single premium each month but are NOT required to make any contribution toward the contract premium.

COBRA Eligibility Extension to 36 Months

This New York state law allows 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.

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 required in the future.

HDHPs

As you explore your options this year, please remember that HDHPs, such as the High Deductible EPO plan offered through MVP Health Care is an affordable option that can be paired with a Health Savings Account or HSA (set up through your 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. Underwriting packets can be downloaded from our website at www.bene-care.com by clicking on the 'Chambers and Associations' tab and selecting the Builders Exchange link. If you do not have internet access please call for this information.
- MVP product changes will require full underwriting. 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% 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.

All changes must be received by Bene-Care no later than December 10, 2009. Please note that this is a strict deadline enforced by the carriers. All changes and underwriting documentation can be mailed (please use our new address) or faxed to Bene-Care Agency, LLC at (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.