



NEWS

RENEWAL LETTERS UNDERWAY

Before you know it, Open Enrollment will be here. Alliant is in the process of preparing 2015-2016 member renewal letters. Please be on the lookout in the coming weeks as both grandfathered and grandmothers(legacy) plans will be mailed together. Open enrollment for individuals begins November 1, 2015 and ends January 31, 2016. Forms and processes are being streamlined to make this transition as smooth and understandable as possible. For more information, please contact SoloCare toll free at (877) 466-1766. *Applies to Individual/Family Plan members only.*



MEMBER HEALTH EDUCATIONAL LETTERS

Throughout the year, Alliant provides education on timely health topics aimed to help improve the overall health and well-being of its members. The most recent mailing was on [Colorectal Cancer](#). The letter included resources and support groups in Georgia; a basic information sheet from the CDC; as well as a list of questions to ask the doctor regarding colorectal cancer screenings.



IMPORTANT REMINDERS

- The Alliant Sense program ended on May 31, 2015. Group members have until July 31, 2015, to redeem accrued points for prizes or points are subject to forfeit.
- Open Enrollment for individual plans is November 1, 2015 through January 31, 2016.
- Alliant has filed rates/plans for 2016 but will not release until approved by CMS; which is not expected for several months.

ON THE Move



JUNE 2015

WRAP NETWORKS

Giving your prospects a choice is always our goal. As you've experienced with other issuers, the idea of "skinny-networks" has emerged as a serious trend in certain product lines; which for many is limiting the choices instead of the other-way-around. These major shifts require your attention to make sure clients understand what participating providers they may access in order to maximize their benefit plans. In 2015 Alliant offered two choices to those purchasing products without a Tax Credit (IFP or small group). They could purchase a plan with the Alliant Network ONLY or they could purchase a similar medical plan with the PHCS-wrap to complement the Alliant network. In past years, we had used a similar network; known as PHCS Healthy Directions. Although very similar, the new 2015 PHCS network is 'technically' a different network (although you'd be hard pressed to find a difference in the Georgia area). We communicated this change, but perhaps weren't very clear that



this "might" affect a few provider-choices for your clients in certain areas. Neither you nor Alliant has any idea where or why a client may elect to choose a provider; so performing a disruption report would have been meaningless. Since the introduction of managed care plan over years ago, brokers and members alike have been instructed to verify their choice of participating providers before seeking services they anticipate to be covered by their plan.



HOW DOES THE EMPLOYER MANDATE WORK?

As part of the health care reform law, Applicable Large Employers (ALE's) with 50 or more Full-Time Equivalent (FTE) employees are required to provide affordable health care coverage to employees or are subject to a penalty if at least one full-time employee qualifies for a premium tax credit and uses it to purchase coverage in the health insurance exchange.

Additionally, the health care plan an employer offers must be considered [minimum essential coverage](#). The plan must pay, on average, at least 60% of the total cost of benefits, and the employee's portion of the premium for individual coverage cannot exceed 9.5% of his/her household income.

The penalty amount assessed to the employer can vary based on whether the employer fails to offer any health care coverage to full-time employees or offers coverage that is not affordable and/or does not provide the minimum value required. The U.S. Chamber of Commerce developed a

[penalty calculator](#) to assist companies in determining whether they must offer coverage and what the penalty might be based on the number of full-time employees.

A full-time employee to whom coverage must be offered is defined as working 30 hours or more a week averaged over the course of a month. Employers can calculate the average number of employees by the following: determine the number of employees for each month; add each month's number to get an annual total; then divide by 12. If the result is less than 50, the employer is not required to offer health insurance.

Alliant will assist ALE's in filing this information with their returns to the IRS. Surveys were mailed out to all groups to begin the process. Please see the [info sheet](#) detailing how Alliant plans to help employers meet their ACA Tax Reporting requirements.

Applies to ALE's only.

UNDERSTANDING TRANSITIONAL RELIEF

(Repost from October 2014 newsletter)

The transitional policy, as originally announced on November 14, 2013 from CCIIO, applied to non-grandfathered health insurance coverage in the individual or small group market. It applies to in-force policies prior to October 1, 2013 and permitted such coverage to be renewed between January 1, 2014 and October 1, 2014 without complying with certain market reforms. This relief was originally intended for individual and small group, non-grandfathered, policies with policy years beginning on or before December 31, 2013.

The transitional policy extension on March 5, 2014 from CCIIO, does not impose the original requirement that coverage had to be in effect on October 1, 2013, meaning that individual and small group policies issued or renewed with coverage effective dates between October 2, 2013 and December 31, 2013 are now included in the transitional policy.



Such coverage may be renewed for a plan or policy year effective between January 1, 2014 and October 1, 2016, meaning it could stay in effect until October 1, 2017 (depending upon the renewal date) without being considered non-compliant. (For questions regarding specific situations, it may be advisable to seek legal advice)

Additionally, the March 5, 2014 bulletin provided a temporary reprieve for groups with 51-100 employees that were scheduled to be re-classified from large employer market to a small employer as of the first plan year beginning on or after January 1, 2016.

Type of Plan	Transition Relief	What is the Last Date to Remain in Current Plan?
Small Group and IFP plans purchased on/before January 1, 2014 Large groups purchased prior to January 1, 2014 that are now redefined as 'small' group as of 1-1-2016.	Renewal is available in current plan as long as no changes are made.	Renewal in 2016 through effective dates of January - October. November and December 2016 renewals are required to move to ACA-compliant plans.

It is important to note these provisions apply to non-grandfathered policies; individual, small group, and large group (50-100 employees) markets that were purchased and for which coverage became effective prior to January 1, 2014. This policy is not applicable to any policy that has been converted to

be compliant with the 2014 market reforms or to any newly issued coverage with a 2014-compliant plan. Additionally, this transitional policy extension is applicable to renewals of non-grandfathered policies on a prospective basis.



SOME ENDINGS ARE ONLY MEANT FOR NEW BEGINNINGS: INDIVIDUAL QUOTES SALES PORTAL COMES TO AN END

Providing technology solutions for the marketplace has always been a challenge. Our desire is to provide equivalent tools and resources made available by national issuers, but the high cost of implementation requires a more robust membership than we're able to achieve at this time. Our best attempts over the last few years have resulted in less than stellar results on any measurable end. Acquisition remains too high to consider continuing, so we've pulled the trigger on a different strategy.

Beginning July 1, 2015, our SoloCare site will go down as we internally develop an IFP (Individual/Family Plan) Retail-Storefront. We will relaunch our site prior to the 2016 open enrollment. The goal is to measure twice and cut-once so that we have end-to-end consistencies of our process. Our initial focus will be on providing the retail site as well as

direct-enrollment capabilities with CMS. After that is accomplished, we will develop and rebuild the "broker-portal" so that the functionality is both useful and correct.

As the IFP marketplace continues to expand both in depth and width; we want to assure you that we remain dedicated to providing effective technology solutions. We have an in-house team of nine developers working on this as well as other Alliant-related projects with that very goal in mind.

Please visit [alliantplans.com](#) to access 2015 plan information and rates, located under the Producer tab. Since there will be a few months where we will not have a site available for IFP quotes, please email solocare@alliantplans.com for any additional questions regarding SoloCare quotes.