



KEEPING YOU INFORMED

Health Care Reform & Unintended Consequences

If you are looking for individual medical coverage for your family which includes children under the age of 19, you may have been frustrated to find that you can not enroll them outside of the special "open enrollment periods" which will occur twice a year. If you miss these windows, you are out of luck!

This is just one of the unintended consequences which are a result of the recently enacted Affordable Care Act otherwise know as Healthcare Reform. One of the provisions is that insurers cannot impose pre-existing condition waiting periods on children under age 19, which is a good thing if you are looking for coverage for your children. However, as a result, insurance carriers are wary of the risk involved in taking on children without the benefit of the Standard Health Questionnaire.

The individual health insurance market will have two special open-enrollment periods for children this year. Parents who want to add their children to their individual health plans or buy child-only plans can do so from March 15-April 30, 2011 and from Sept. 15-Oct. 31, 2011.

Implementation of Non-Discrimination Provisions Delayed

The federal health reform law, the Patient Protection and Affordable Care Act (PPACA), includes applying Internal Revenue Code 105(h) to employers offering insured benefit plans. This prohibits employers from discriminating in favor of highly compensated employees and is referred to as "nondiscrimination."

In late December 2010, the IRS issued a notice that it will suspend enforcement of the health reform law's nondiscrimination provision until it issues and finalizes regulatory guidance. Based on the best information available to us at this time, that follow-up guidance is expected to be issued in mid-2011.

The IRS's nondiscrimination rules will apply to

During open-enrollment times, children under age 19 cannot be denied health insurance because of a pre-existing condition. People looking for coverage for their children outside of the enrollment dates can apply either to the Washington State Health Insurance Pool (WSHIP), or if they qualify, to the new Pre-existing Condition Insurance Plan (PCIP-WA). To enroll in PCIP-WA, you must have been uninsured for at least six months and have a pre-existing medical condition.

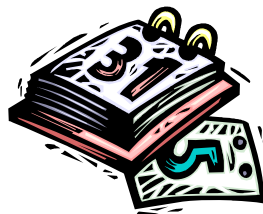
Exceptions where parents can apply for individual coverage for their kids anytime include the birth or adoption of a child or if a child or the parent:

- Is no longer eligible for a state program.
- Loses coverage due to a divorce.
- Loses employer-sponsored coverage.
- Moves and their plan is not available where they live.

In 2014, when the full health reforms take effect, no one of any age can be denied insurance because of a pre-existing condition. The question is, which insurance companies will continue to offer coverage?

non-grandfathered, fully insured groups (self-funded groups are already subject to the non-discrimination rule in Internal Revenue Code 105(h)). The effective date of new rules, once final, likely will be the first plan year after the rules are finalized.

All plans will be required to comply with the non-discrimination rules beginning in 2014.



Staff Spotlight

Melissa Nesland joined Olympic Crest Insurance in 2010 as an Account Executive with nearly 10 years of business experience in Human Resources and Employee Benefits.



Melissa has re-entered the workforce after staying home with her children for a few years. While at home, Melissa worked as an independent contractor, assisting a former client, Talyst, with their Human Resources function. Prior to that, she was with Kibble & Prentice in Seattle for 5 years. While at Kibble & Prentice, Melissa worked her way up from an Account Manager to an Account Executive where she worked on a wide range of groups from large to small. While at Kibble & Prentice, Melissa was awarded the "Heavy Hitter" award for her outstanding sales numbers and the Employee Benefits "Pathfinder" (Employee of the year) award. Before joining Kibble & Prentice, Melissa worked in the Human Resources field.

Melissa is a licensed agent and broker in Washington, with an expertise in Medical, Dental, Disability and Life.

Melissa is currently a member of the Society of Human Resources Management. She enjoys volunteering at her church and just completed a term as Finance Manager for her local MOPS group.

Melissa grew up in Eastern Washington and has lived in the Pacific Northwest her entire life. She currently resides in Gig Harbor with her husband and three children.

Melissa can be contacted via our regular phone numbers or by email at: melissa@olympiccrest.com.

We Can Help! Call or Visit Us Today.

Toll-free: 1-800-644-2568 or on the web at www.olympiccrest.com

February is Healthy Heart Awareness Month

Valentines Day inspires thoughts about those that make our hearts go pitter patter, but



February has another reason to think about your heart as well, it is American Healthy Heart Month.

According to the CDC (Center for Disease Control)

Heart Disease is the number one cause of death in America. About every 25 seconds, an American will have a coronary event.

The chance of developing coronary heart disease can be reduced by taking steps to prevent and control factors that put people at greater risk. Knowing the signs and symptoms of heart attack are crucial to the most positive outcomes after having a heart attack.

Some heart attacks are sudden and intense; however, most heart attacks start slowly, with mild pain or discomfort. Often people affected aren't sure what's wrong and wait too long before getting help. Here are signs that can mean a heart attack is happening:

- **Chest Discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness, or pain.
- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach.
- **Shortness of breath.** May occur with or without chest discomfort.
- **Other signs.** These may include breaking out in a cold sweat, nausea, or lightheadedness.

Source: www.cdc.gov



Caught a Cold? Try These Tips.

'Tis the season for a runny nose, cough, sore throat and other symptoms of the common cold.

You shouldn't treat a cold -- always caused by a virus -- with antibiotics, since these medicines are meant to treat bacterial infections. But there are things you can do to feel better while the cold runs its course.

The University of Virginia Health System offers these suggestions:

- Try over-the-counter medications, such as an antihistamine, decongestant or cough medicine.
- Get plenty of sleep.
- Increase the amount of fluids you drink.
- Take a pain reliever to control headache and fever.
- Soothe a sore throat by gargling with warm salt water.
- Apply petroleum jelly to sore, dry skin around the nose and lips.
- Use a warm steam to ease congestion.

What Do You Know About Wellness Programs?

Wellness programs are gaining in popularity as employers look for new ways to incentivize employees to become active in their own health. Before implementing a program, it is important to understand the role of HIPAA and non-discrimination.

There are basically two types of programs. The first type does NOT require an individual to meet a health related standard in order to receive a reward, such as gym membership discounts, diagnostic testing, or reimbursement for smoking cessation programs.

The second type of program bases the reward on satisfying some type of requirement or standard related to a health factor. For example, a program which rewards a non-smoker or a person who exercises a certain amount with a higher premium contribution. A program is allowed to discriminate on health factors if the following safeguards are followed:

- The reward must be limited to 20% of the employee only premium under the plan.
- The program must be reasonably designed to prevent disease or promote health.
- The program must give eligible members an opportunity to qualify at least once per year.
- The reward must be available to all comparable individuals. Also, a reasonable alternative must be available for whom it may be medically inadvisable to participate.
- The alternative must be communicated as part of the program.



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