

2011 -2012 Blue Springs School District Benefits Open Enrollment – Healthcare Reform

OPEN ENROLLMENT DATE: APRIL 1, 2011–APRIL 30, 2011

Healthcare Reform has received an incredible amount of media coverage over the past year. However, it is quite difficult for the average individual to figure out how this bill will affect their coverage. This is a brief overview of the law's effect on the Blue Springs School District Health Plan. This memo will only cover the provisions that will be effective as of July 1, 2011. There are portions of the law that go into effect at a later date and participants will be notified accordingly.

What is PPACA?

The Patient Protection and Affordable Care Act (PPACA) was signed into law on March 23, 2011. This coupled with the Health Care and Education Reconciliation Act of 2010 comprise of what is more commonly known as Healthcare Reform. For an overview of the entire legislation please click on the following link: Healthcare.gov.

Below are the provisions of the law that directly affect Blue Springs School District Health Plan participants as of July 1, 2011, followed by a detailed description of each change:

- Preventive Services Funding Changes
- Patient's Bill of Rights, which includes:
 - Dependent Age Eligibility Changes
 - Emergency Room Coverage Network Parity
 - Lifetime Benefit Maximum Exclusion

Preventive Services Funding Changes

These rules require health plans to cover certain preventive services, without imposing any cost-sharing requirements (co-pay, co-insurance, or deductible), when such services are delivered by in-network providers. This is already the case for the Consumer Driven Plan, this provision extends the rule to all plans.

For a list of preventive services covered under this legislation please click the following link: [Preventive Services List](#)

Blue Springs School District Benefits Links

You may click on the following links for quick access:

Blue Springs R-IV Website

- [Blue Springs School District Staff Benefits Webpage](#)

Carrier Websites

- [Aetna](#)
- [Delta Dental of MO](#)
- [Vision Service Plan \(VSP\)](#)
- [Colonial Voluntary Products](#)
- [Tri Star Systems \(FSA\)](#)
- [Forrest T. Jones Life](#)

COLONIAL VOLUNTARY PRODUCTS BOOKLET:

PLEASE CLICK ON THE LINK BELOW FOR A DETAILED BOOKLET ON THE PRODUCTS OFFERED BY COLONIAL. (ALSO AVAILABLE ON THE BSSD STAFF BENEFITS WEBPAGE)

[Click here for a PDF version of the Colonial Booklet.](#)

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2011 -2012 Blue Springs School District Benefits Open Enrollment – Healthcare Reform Continued

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Patient’s Bill of Rights

The Departments of Health and Human Services (HHS), Labor and Treasury have issued regulations to implement a new Patient’s Bill of Rights under the Affordable Care Act – which will help children (and eventually all Americans) with pre-existing conditions gain coverage and keep it, protect all Americans’ choice of doctors, and end lifetime limits on the care consumers may receive. These new protections apply to nearly all health insurance plans.

Please click the following link for a detailed look at the new Patient’s Bill of Rights: [Patient’s Bill of Rights](#)

Dependent Eligibility Changes

The PPACA provides that if an individual or group health plan (whether insured or self-funded) provides coverage for dependents, a dependent child must be allowed to remain on the plan until he/she reaches his/her 26th birthday. This provision in the law takes effect on the first day of the first plan year beginning on or after September 23, 2010 (July 1, 2011 for BSSD Plan).

Generally, a dependent includes a legal child, a child placed for adoption, or a foster child. Coverage is available without regard to whether the parent can claim the child as a dependent, and without regard to the child’s marital status. The law does not require coverage for a dependent child’s spouse, nor for grandchildren.

For information regarding the federal tax treatment of older dependent children (19-26 years old), please click the following link: [Tax Treatment of Older Age Dependents](#)

Emergency Room Coverage

If a group health plan provides coverage for services rendered in a hospital emergency room, then the plan must also cover emergency services without the need for any prior authorization determination, even if the emergency services are provided on an out-of-network basis, and without regard to whether the health care provider furnishing the emergency services is a participating network provider.

Lifetime Maximum Restriction

The PPACA provides that all group health plans are required to eliminate any and all Lifetime Maximum restrictions. The only Blue Springs School District Plan that this effects is the Buy Up POS. This provision will be effective July 1, 2011. The remaining plans are already in compliance with this provision.

