



Helping you get the most from your benefit plan

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## Employer Benefit Adviser

March 2023

Self-Service Site

Employer Resources



### What to Know This Month

Here's a sneak peek at the highlights in this issue:

1. Prescription Drug Reporting Requirements Handled by Allied
2. Specialty Drug Assistance Available
3. Solution for High-Cost COBRA
4. 1095 Filing Deadline for ALEs
5. Health Care is Easier to Access When You Have Telehealth

## Prescription Drug Reporting Requirements Handled by Allied

As an employer group health plan sponsor, you are required to report detailed data about prescription drug pricing, rebates and health care spending to the federal government on an annual basis. The next report is due June 1 and Allied National works with your health plan's pharmacy benefit manager to file the report on your behalf.

The reporting requirement is part of the No Surprises Act and transparency requirements of the 2021 Consolidated Appropriations Act. The Departments of Health and Human Services, Labor and Treasury will use the information to prepare a biannual, public report on prescription drug reimbursements, pricing trends and the impact of prescription drug costs on premium costs.

## Specialty Drug Assistance Available

Allied National's Funding Advantage\* plans feature a drug assistance program to help with the costs of expensive specialty drugs. This

program helps both employers and members save money.

To qualify, a member's provider must submit the specialty drug request to Allied for preauthorization before purchase. The program is mandatory for all drugs costing more than \$500 and all specialty drugs. If the member doesn't participate, there will be no coverage.

There are some differences between the processes for Funding Advantage Freedom, PPO and Essentials plans. See below to get the most out of your plan benefits:



### Funding Advantage Freedom and PPO plans

Once a member receives prior authorization:

- The member will be asked to complete Patient Assistance Program (PAP) paperwork. Preauthorization is renewed annually.

If the request is denied, the plan will pay for the drug if the member participates in care management.

### Freedom Essentials

Once a member receives prior authorization:

- The member will be asked to complete Patient Assistance Program (PAP) paperwork. Preauthorization is renewed annually.
- There are some drugs considered “no exception coverage” and are not a covered benefit under the Essentials Plan.

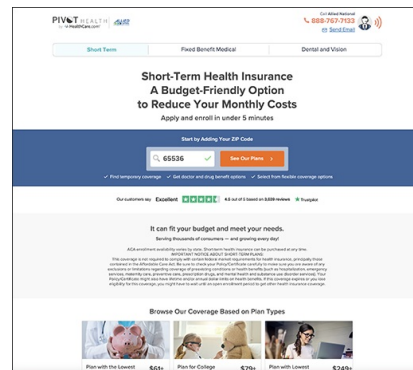
If the request is denied, there is no other option for coverage through your health plan.

*\*Please note that Cost Saver and Coterie plans do not qualify for this program.*

## Solution for High-Cost COBRA

These days, the high costs of health care make medical insurance an important part of your employees' financial security. That's why losing health care coverage – even if for just a short time – can be a daunting prospect.

Employers with more than 20 employees are required to offer COBRA to employees to continue their health care coverage while they are out of work due to termination of employment or a reduction in hours rendering an employee ineligible for health care benefits. However, many people find that the cost of continuing their health care coverage under COBRA can be prohibitive. Short-term medical



insurance can be an affordable option to Cobra.

Pivot Health short-term health plans by Healthcare.com can provide up to a \$1 million maximum benefit per covered period. Plans include coverage for health care related services such as:

- Doctor office visits, medical services and treatment, surgery and hospitalization.
- Preventive benefit and wellness visit benefits.
- Extended care facilities, home health care and mental health services.
- Local ambulance or air transport.

With Pivot Health's plans there is access to non-insurance benefits including:

- Telemedicine consultations with physicians who can diagnose and provide you prescriptions in just minutes.
- Discounted vision services.
- Card for discounted prescription medications.
- Patient advocacy and bill negotiation services.

There's no doubt that for qualified individuals, it's hard to beat the flexibility and coverage options that Pivot Health's short-term health insurance provides. Short-term medical can be a good fit if you need to bridge gaps between more permanent insurance solutions by providing the financial protection against unexpected health care costs.

Pivot Health Plan Options

## 1095 Filing Deadline for ALEs

Under the Affordable Care Act, the deadline for filing Forms 1095-B and 1095-C electronically with the Internal Revenue Service is March 31. The deadline for filing on paper was March 2nd.

All Applicable Large Employers (ALE: 50 or more full-time equivalent employees) must offer and show proof of offering affordable coverage to all of their full-time employees or pay a penalty. If you are an ALE, you will need to fill out 1095-C forms for your employees and the IRS to prove that you are in compliance.

Smaller employers who are not considered ALE and sponsor self-funded or level-funded group health plans must file 1095-B forms. Allied has already provided all of our employer groups with their 1095B forms.

If you need additional information from Allied for completion of 1095C forms, please contact Allied Client Services at 800-825-7531 and we can provide you with a spreadsheet of all your covered employees and dependents along with premiums paid for the 2022 calendar year.

# Health Care is Easier to Access When You Have Telehealth

Many of our members don't have access to 20 primary care doctors within five miles of their home. Instead, they must drive a long distance to reach a primary care doctor or a walk-in/urgent care clinic. Telehealth makes health care more accessible for all our members.



If members have access to a smart phone, computer or tablet they can speak with medical providers 24/7. These providers can write prescriptions when medically necessary and permitted by law. The cost of the telehealth consultation is covered by your Allied health plan.

Don't wait until you are sick to register for your telehealth service. When you receive your health plan ID card packet, look for the telehealth flyer and follow the instructions for registration. Then you will be ready the next time a sinus infection or the flu has you or your dependents feeling awful.

Visit [www.alliednational.com/telehealth](http://www.alliednational.com/telehealth) to learn more and to activate your account.

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