What to Know This Month

Here's a sneak peek at the articles in this issue:
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3. Explore Class Carve-Out Plans
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Important Updates to Your Health Benefits

Two important updates are being made to the benefits in Allied National’s major medical Funding Advantage Plans:
- New telehealth provider
- Discontinuation of Member Connection program

Effective Oct. 1, 2021, your telehealth provider will change from MeMD to Cura TeleHealth & Wellness. Cura offers exceptional virtual visits with primary care, urgent care, behavioral health and other specialty providers. You and your employees still have the same great benefits of contacting a doctor from your phone or computer 24/7. The cost is covered 100% by your health plan. If you have an HSA plan and are still in your deductible, it’s a low-cost alternative to an office visit. Call 620-740-2872 to register.

Allied’s Member Connection, powered by Benovate, will be discontinued effective Dec. 31, 2021. This app-based program was your primary access to telehealth benefits and your Self-Service Site account. You can access the new Cura telehealth program at the number above and your Self Service account from our home page at www.alliednational.com. If you have earned a reward
Through the Benovate program, you must redeem your reward by Dec. 31 before your access to the app will be discontinued.

**Medicare Part D Notices Due Oct. 15**

Employers who provide a health care plan that includes a prescription drug benefit have until Oct. 15 to notify all Medicare-eligible members as to whether their current prescription plan is considered “creditable coverage” and what their options are through the federal Medicare Part D program.

As an employer covered under one of Allied National’s group health plans, the notification process doesn’t get much easier. During the first part of October, Allied will provide notices to anyone in your company age 64 or over (along with a copy for you). The letter informs you and your employees if their prescription drug plan is considered creditable coverage or non-creditable and the consequences of employees’ decisions on Part D coverage.

As an employer, all you have to do is complete an online report with CMS (the Centers for Medicare and Medicaid Services) indicating whether or not you have “creditable coverage”. Go to [www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/index.html](http://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/index.html) and click on “Disclosure to CMS form” and follow the directions.

If Medicare-eligible members have creditable prescription drug coverage, they can opt to delay enrollment in Medicare Part D to a later date without penalty.

Members with non-creditable coverage, and who elect not to enroll in Medicare Part D until a later date, will be subject to late entrant penalties.

**Class Carve-Out Plans: A Solution for Providing Health Benefits**

A class carve-out is a solid way to offer full major medical or limited health benefits to employees who don’t have coverage.
To do this, you can separate your employees into different “classes” such as:

- Management-level employees
- Exempt employees
- Hourly or salaried employees
- Full-time or part-time employees

You can even separate classes by job title, job description, wages, etc.

In general, employers may treat employees differently provided that they are not violating federal rules that prohibit discrimination.

Using a class carve-out, allows you to choose the health benefit plan that is best for each class. Allied National provides a variety of major medical plans like our Freedom Plans or limited benefit plans such as Cost Saver for employers trying to maintain coverage for different classes of employees.

If you’re an Applicable Large Employer (50 or more full-time equivalent employees), choosing to opt for a class carve-out is a viable option to provide low cost benefit that will avoid penalties set by the Affordable Care Act’s employer mandate.

Contact your agent to discuss if a class carve-out would be a beneficial option for your business.

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**Questions About Your Plan? We Have Answers**

Employees always have a lot of questions about their health benefit coverage plan. “Which providers will take my coverage? Is this procedure covered? Where can I go for a second opinion? What are my out-of-pocket costs for a doctor’s visit? Is there someone I can talk to about depression?”

Allied National has the answers. We have specialists who are trained to answer members’ questions. Here’s who your employees should contact when they need assistance 8 a.m.-4:30 p.m. Monday through Friday:

- **Client Services:** Representatives are available to answers members’ questions about their plans.
  - **800-825-7531**
  - **clientservices@alliednational.com**

- **Allied HealthCare Assistant:** Allied HealthCare Assistant has access to health care experts, such as disease specialists and diabetes or mental...
• Elite Experience Team: Members can contact the Elite Experience Team if a new provider doesn’t recognize the non-PPO Freedom health plan. They also can contact the team if they receive a balance bill from a provider.
  - 866-332-1987
  - elite@alliednational.com

For assistance around the clock, check out:

• Allied’s Self-Service Site: Members have 24/7 access to information about their benefits, including plan documents and claim payments.
  - www.alliednational.com

Remember – help is as close as a phone call, email or online visit.

Read Our Blogs

The Allied Blog address issues faced by small business employers. Bookmark our web address, www.alliednational.com/blog, and come back regularly for industry-related content!

4 Ways to Make Renewal Time a Walk in the Park
Your Health Plan and Medicare Part D - What to Know About Drug Coverage
Rock on for Wellness
Allied National is a 90 Degree Benefits Company, a subsidiary of Blue Cross Blue Shield of Alabama.