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NEW ONLINE CAPABILITIES - ADMINISTRATOR ONLINE ACCESS IS NOW AVAILABLE FOR GROUP ADMINISTRATORS!



Cox HealthPlans is pleased to announce our newest value-added service: online access for Group Administrators! The broker community and our mutual clients have requested this benefit and we are happy to be able to accommodate the request.

Employers simply go to www.coxhealthplans.com, select the **I Am An Employer** link, then select **Register** from the left-side login area. This will take them to the Registration/Login page of the portal.

This new capability provides our Group Administrators with the following services:

- 1) View member roster
 - Search for a specific member or scroll through the roster.
 - View member and dependent information.
- 2) Order ID cards / Print Temporary ID cards

- 3) Change members' personal and mailing information
- 4) Secure messaging to and from Cox HealthPlans
 - Please note that attachments cannot be placed in secure messaging.
 - Administrators will need to login to the site to retrieve responses from Cox HealthPlans.
- 5) View member benefits

Please note: ONE user name/password applies to each employer group. Therefore, brokers may have online access to their group accounts with the permission of each Group Administrator. The Group Administrator would give this permission by providing their Broker of Record with the user name/password they have created. Should their Broker of Record change or should there be turnover of staff in either the broker's office or the Group Administrator's office, the password can be changed in real time at the site for security. Also, if a group has a dual option with both HMO & PPO coverage, each group number and accompanying data would require it's own login registration.

As this is a new venture for Cox HealthPlans, we welcome your comments and suggestions regarding the Administrator Online Access.

Instructions with easy to follow screen shots are available upon request. Please request by sending an e-mail to: GroupHealth@CoxHealthPlans.com.

NEW ADDITION PROVIDES YOU AND YOUR CLIENTS IMPROVED SERVICE



Tina Dold
Client Service
Representative
Group Sales

Tina Dold joined the CHP Marketing Department in July 2009. Tina comes to us with 10 years of health care and marketing experience, most recently with Primrose Health Care in Public Relations and as Office Manager. She received her bachelor's degree from Missouri State University in Marketing. Tina is a Client Services Representative for Group Sales and will be working with Valerie Adams.



HELPFUL INFORMATION:

MARKETING

(417) 269-4679

(800) 664-1244

FAX: (417) 269-4667

MEMBER SERVICE

(417) 269-2900

(800) 205-7665

FAX: (417) 269-2949

ENROLLMENT

FAX: (417) 269-2801

HELPFUL WEB LINKS:

COX HEALTHPLANS:
COXHEALTHPLANS.COM

COX HEALTH:
COXHEALTH.COM

PRIVATE HEALTH CARE
SYSTEMS (PHCS):
PHCS.COM

CATALYST RX:
CATALYSTRX.COM

COMPANION LIFE:
COMPANIONLIFE.COM

Networking is published semi-annually by Cox HealthPlans for Agents and Brokers. Please send comments or suggestions to:

grouphealth@coxhealthplans.com



Spotlight on:

MEDICARE SECONDARY PAYER (MSP) REGULATIONS

Recently enacted regulations now require insurance carriers to obtain specific information on employer group plans for submission to Medicare. In order to meet the requirements of the new data collection regulations, Cox HealthPlans now requires a new form called the Medicare Secondary Payer Change form (MSP) at each employer's health care renewal annually.

The Cox HealthPlans Marketing Department will collect information from each employer with 10-25 enrolled employees at the group's annual renewal or at the time of initial group issuance. The information requested will be used to verify whether the employer employed 20 or more employees, full time and part time, for each working day, in each of the 20 or more calendar weeks in the current or preceding calendar year (weeks do not need to be consecutive) according to MSP guidelines.

Cox HealthPlans will submit this information to Medicare on a quarterly basis.

BENEFIT CHANGES IN 2010

Effective January 1st, 2010 Cox HealthPlans will be expanding the Preventive Benefits offered under the PPO benefit plans and changing Prescription benefits for all current Cox HealthPlans HMO, PPO and Individual Health plans.

- Colonoscopy will be added to the list of routine medical procedures allowed under the Preventive Benefit when billed as a routine service under PPO plans. Charges that exceed the member's 1st dollar Preventive Benefit maximum will then apply to the member's deductible & coinsurance.
- Specialty Drugs will now incur a 4th Tier copay Rx of \$100.

Look for additional details in upcoming eblasts, newsletters, and communications.



NETWORK UPDATE

Effective 9/5/09, Apria Healthcare will no longer be part of the PHCS provider PPO network. Effective 8/6/09, Apria Healthcare will no longer be part of the Multiplan (Out of Network) provider network.

If a member is currently utilizing Apria Healthcare as part of PHCS or Multiplan they may wish to contact the applicable customer service department to inquire about an alternative provider in their area.

- PHCS Network PPO
(Out of Area members)
866-680-7427
- PHCS Healthy Directions
(In CHP Service Area):
800-678-7427
- MultiPlan Network
(Out of Network):
888-342-7427

FALL AGENT FORUM 2009

Please join us Thursday, September 10th, 2009 for the Fall Agent Forum. There are a lot of new items and changes that you won't want to miss!

Where: Bass Pro Shops, "Uncle Buck's" Auditorium

When: 8:30 a.m. – 10:30 a.m. *

*Breakfast to be served at 8:30**

Topics scheduled to be included:

- Cox HealthPlans Website Enhancements
- Administrator/Member Online Access
- New Individual Ancillary Products
- Group Ancillary Product Update
- Updated Individual Quoting/Application Tool
- 2010 Agent Bonus Levels
- New Medical Management Programs
- ID Cards Enhancements
- Pharmacy Updates

For those of you whom have already RSVP'd for the event, we look forward to seeing you on Thursday!



FREQUENTLY ASKED QUESTIONS OF THE CHP INDIVIDUAL DEPARTMENT



How long will it take for an individual policy to be approved?

Underwriting takes two to three weeks. If medical records are requested by the underwriter additional time may be needed.

How long does a member need to be on the plan in order to have benefits for maternity?

The member will be required to pay twelve months of maternity premium before any benefits will become available.

What is Kids First?

Kids First is the rider that can be added to any of our plans to allow us to insure children without an adult. Children must be six months old to be eligible for Kids First, and must be converted to an adult policy at the age of 19. All of our plans are available for Kids First.

Why do you ask about my prior health insurance coverage?

If the applicant is age 30 or over, the underwriting department requires that the applicant has had at least 12 months of continuous coverage in the last 18 months, to qualify for the lower deductibles. If the applicant does not meet this requirement, a higher deductible will be required for the first year of the policy in order to verify the status of their health. Statistics show that people with health insurance take better care of their health and so will incur fewer claims over all. If after the first year the member is interested in a lower deductible option, the underwriter will review the member's request for consideration at that time.

What is an Alternative Offer?

Sometimes, due to health history, an underwriter will not approve the requested plan or deductible but will approve an "alternative". At this time, the member may decide to accept or decline the offer.

Are the co-pay's for individual policies all inclusive?

No, a member will be responsible for a co-pay for a physician's office visit charge. Any additional services such as lab tests, x-rays, etc. are not included in the office visit co-pay; those charges will apply to deductible and coinsurance.

TICKET TO THE TOP - AGENT REWARDS PROGRAM

Don't forget about our "Ticket to the Top" rewards program! There are only 4 short months left to accumulate your tickets for your personal reward.

All new groups with effective dates of May 1, 2009 through December 15, 2009 will earn you tickets, which you may cash in at anytime for the reward(s) of your choice. The more new groups you submit, the bigger the size, the more tickets you will receive – and the greater the reward!

Enrolled Employees	Tickets Awarded
2 - 10	1
11 - 25	2
26 - 40	3
41 - 65	4
66 - 99	5
100 +	6



ANCILLARY COVERAGES WILL ALSO EARN YOU TICKETS!!

Prizes this year include 2 Nascar tickets, a weekend for 2 at the Chateau on the lake, and a 7 day Disney Getaway & Resort passes for a family of 4 among many other prizes. For additional information on ancillary tickets or reward levels, please contact your Cox HealthPlans Account Manager.

Cox HealthPlans is pleased to offer a NEW "Ticket to the Top" agent rewards program for 2010! Please contact your Account Manager with any ideas or suggestions on prizes you'd like to see.