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PPACA Brings New Taxes

Below is a listing of some of the taxes included in Health Care Reform:

1. Individual Mandate Tax (Possible Penalty)
2. Employer Mandate (Possible Penalty)
3. Surtax on Investment Income
4. Excise Tax on Comprehensive Health Insurance Plan
5. Increase in Medicare Payroll Tax
6. HSA Withdrawal Tax Increase
7. Medicare

Expanded women's preventive care services on or after Aug. 1, 2012

New coverage guidelines under the Patient Protection and Affordable Care Act (PPACA) require health plans to cover an expanded list of women's preventive care services with no cost-share (copayment, coinsurance or deductible) as long as services are received in the health plan's network. Coverage for the following expanded women's preventive care services becomes effective the first plan year beginning on or after Aug. 1, 2012:

Breast-feeding support, supplies, and counseling, including costs for renting or purchasing specified breast-feeding equipment from a network provider or national durable medical equipment supplier

Domestic violence screening and counseling
FDA-approved contraception methods, sterilization procedures and contraceptive counseling

Gestational diabetes screening for all pregnant women
HIV counseling and screening for all sexually active women
Human papillomavirus DNA testing for all women 30 years and older

Sexually transmitted infection counseling for all sexually active women annually

Well-woman visits including preconception counseling and routine, low-risk prenatal care

It is important to note that for renewing fully insured plans, the effective dates for medical coverage and pharmacy coverage for expanded women's preventive care services may be different. Medical coverage begins on the fully insured plan's first renewal date on or after Aug. 1, 2012, and pharmacy coverage begins on Aug. 1, 2012, regardless of the plan's renewal date as long as the group has oral contraceptive coverage today. For all other new or renewing plans, pharmacy and medical coverage becomes effective as of the first plan year, or the first health plan renewal date, on or after Aug. 1, 2012.

Cabinet Tax
8. Flexible Spending Account Cap
9. Tax on Medicare Device Manufacturers
10. Increase on Medical Itemized Deductions
11. Tax on Indoor Tanning Services
12. Elimination for Tax Deduction for Employer-Provided Retirement RX Drug Coverage in Coordination with Medicare Part D
13. Blue Cross Blue Shield Tax Hike
14. Excise Tax on Charitable Hospitals
15. Tax on Innovative Drug Companies
16. Tax on Health Insurers

Medical Loss Ratio Rebates

Insurance carriers have begun issuing the rebate checks mandated by Reform, if they failed to meet the targets set by the Minimum Loss Ratios. The MLR rules apply to all fully insured health plans (even grandfathered plans), individual and group. Self-funded or partially self-funded plans are not required to meet the MLR requirements.

Most confusing is what happens when that rebate is payable to a group policyholder. If a rebate is payable to a group policyholder, the insurer must issue a single rebate check to the plan; and the plan sponsor must then decide whether and how to pass the rebate on to the plan's participants.

But, before issuing rebates, insurers must send written notices to their subscribers, informing them that a rebate will be issued. Employers must be prepared to respond to questions from participants who receive these notices.

Even if an insurer meets the MLR requirements, the insurer must notify subscribers that no rebate will be issued. This notice is included with the first plan document provided to enrollees on or after July 1, 2012

Rebates in the Group Market

The Department of Labor (DOL) issued Technical Release 2011-04, summarizing how ERISA plan sponsors should handle MLR rebates. For a copy of this information [click here](#).

Be sure to review this information before distributing a MLR rebate check. Should you have additional questions, be sure to contact your Stuckey benefits team.

One More Time - House Repeals PPACA

Wednesday, July 11, for the 33rd time in 18 months, the US House of Representatives voted to repeal PPACA (Health Care Reform). And, for the 33rd time, this action has no chance to move forward. The Senate has confirmed, it will not be voted upon.

As always, we hope you enjoyed this edition of our monthly newsletter. We thank you for the confidence you have placed in our firm and look forward to servicing all of your insurance needs.

Your friends at Stuckey Insurance

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