



Thank you for your continued support of Health Alliance for Technology (ALLtech).

Effective July 2010, ALLtech will implement a new product portfolio aimed to provide more options and improved rating for its member companies and prospects.

Please review this document carefully to learn about the changes in products and business rules effective July 2010.

The requirements for processing renewals remain unchanged. To ensure eligibility is active on the renewal date, please complete the ALLtech Group Master Application and return to Wells Fargo Insurance Services by the 15th of the month prior to the effective date.

Groups whose renewals are not submitted by the third Friday of the month prior to the effective date will be terminated and will cause coverage disruption if the renewal is received after that date.

INCLUDED IN THIS BULLETIN:

- **Summary of Medical and Prescription drug benefits renewal changes.**
- **Summary of Dental benefits renewal changes.**
- **Summary of Vision benefits renewal changes.**
- **Summary of Life and Disability benefits renewal changes.**
- **Wellness Program.**
- **Renewal Submission Requirements.**
- **New Business Submission Requirements (IMPORTANT CHANGES).**
- **Associated Industries Third-Party Administration Updates and Changes.**
- **Updated ALLtech Contact Information.**
- **Links to important 2010 ALLtech Forms**

Program Management Provided by Wells Fargo Insurance Services, USA

600 Union Street, Suite 1300 Seattle, WA 98101 | alltech.ins@wellsfargo.com | www.alltechbenefits.com

MEDICAL AND PRESCRIPTION DRUG BENEFITS RENEWAL

UNITEDHEALTHCARE

July 2010 plan changes are as follows:

New “Module” Benefit Plan Structure Replaces Existing Plans.

Tech 1- Plans ranging from \$0, \$250, \$500, \$1000 deductibles with 90% and 80% coinsurance levels and various out of pocket maximum options.

Tech 2- Similar plans to Tech 1 but with benefit maximums, copays and out of pocket variations.

Tech 3- Plans ranging from \$500, \$750, \$1250, \$1500 and \$2000 deductibles with 80%. And a \$0 deductible 50% coinsurance plan.

Consumer Driven High Deductible Plans- Current HSA and HRA plans with minor changes.

What can I do at **myuhc.com?**

- Find a doctor.
- Track my blood pressure.
- Find a great hospital.
- Track my weight.
- Look up my claims.
- Improve my health.
- Order my prescriptions online – and save.
- Chat with a nurse.
- Simplify my life.
- Learn about diabetes.
- Save money on services.
- Stay healthy.
- Replace my ID card.
- Record my health history.
- Keep track of my family's medical history.
- Estimate costs ahead of time.
- Embrace wellness.
- See my benefits.
- Keep track of my shots.
- And much, much more.

It all adds up to
peace of mind.



**MEDICAL AND PRESCRIPTION
DRUG BENEFITS RENEWAL CONT'D**

UNITEDHEALTHCARE

MODULE BENEFIT DIFFERENCES

Benefit Category	TECH 1	TECH 2	TECH 3
Deductible	Family 2x Individual	Family 3x Individual	Family 3x Individual
Out of pocket Maximum	Family 2x Individual	Family 3x Individual	Family 3x Individual
Non-Network Coinsurance	30% or 40%	40% or 50%	50%
Durable Medical Equipment	Limited to \$10,000 PCY	Limited to \$5,000 PCY	Limited to \$5,000 PCY
Emergency Room Services	Subject to \$75 or \$100 copay not subject to Ded/Coins for plans with an ER copay.	Subject to \$150 copay and network coinsurance. Deductible waived. Copay waived if member is admitted into the hospital.	Subject to \$150 copay and network coinsurance for plans with an ER copay.. Deductible waived. Copay waived if member is admitted into the hospital.
Hearing Aids	Limited to \$5,000 per year.	Limited to \$5,000 per year.	Limited to \$5,000 per year.
Inpatient Hospital	Subject to Ded/Coins	\$250 per occurrence deductible which will accumulate to the out of pocket maximum	\$250 per occurrence deductible which will NOT accumulate to the out of pocket maximum
Minor Lab and X-ray	Choice Plus/HRA: Minor lab/x-ray performed during an office visit will be included in the OV copay HSA: Subject to Ded/Coins	Minor lab/x-ray performed during an office visit will be covered at Ded/Coins NOT by the OV copay. Only minor lab/x-ray performed during a preventive care visit will be covered by an OV copay.	Minor lab/x-ray performed during an office visit will be covered at Ded/Coins NOT by the OV copay. Only minor lab/x-ray performed during a preventive care visit will be covered by an OV copay.
Outpatient Rehab Services	Choice Plus: Includes 20 visits of Massage Therapy PCY HSA/HRA: Includes Massage Therapy and subject all therapy classes to a combined 45 visits PCY: Chiro is excluded from the combined 45 visit limit.	Includes Massage Therapy and subject all therapy classes to a combined 30 visit limit PCY. Chiro is excluded from the combined 30 visit limit.	Includes Massage Therapy and subject all therapy classes to a combined 30 visit limit PCY. Chiro is excluded from the combined 30 visit limit.
Outpatient Rehab Services - Chiropractic Services	Choice Plus: Limit to 24 visits PCY HSA/HRA: Limit to 18 visits per year	Limit to 18 visits PCY	Limit to 12 visits PCY
Prosthetics	Limited to \$10,000 PCY.	Limited to \$5,000 PCY.	Limited to \$5,000 PCY.
Vision Exam	Limit to one exam PCY	Limit to one exam every 3 years and cover at Ded/Coins	Limit to one exam every 3 years and cover at Ded/Coins

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MEDICAL AND PRESCRIPTION DRUG BENEFITS RENEWAL CONT'D

UNITEDHEALTHCARE

OTHER PLAN CHANGES: FEDERAL & STATE MANDATED CHANGES

Medical Plan Required Changes

This document is intended to highlight changes in benefits and should not be relied upon to fully determine coverage. If this document conflicts in any way with the plan documents, i.e., the Certificate of Coverage (COC) including Schedule of Benefits and Benefit Summary, the plan documents shall prevail. For a copy of plan documents, please refer to www.myuhc.com.

Federal Mandated Changes effective July 1, 2010					
Description	Bill #	Documents Impacted	Minimum Requirement	Current Benefit	New Benefit
Chemical Dependency Services – Inpatient and Intermediate	Federal Mental Health Parity	<ul style="list-style-type: none"> - Certificate of Coverage - Schedule of Benefits - Benefit Summary 	<ul style="list-style-type: none"> - Coverage substance use at the same level as any other inpatient or outpatient benefit. - Applies to groups of 51 or more employees. 	Benefit covered at a copayment or coinsurance and is limited to \$14,500 during any consecutive 24 months.	Benefit maximum eliminated for all groups
Chemical Dependency Services – Outpatient	Federal Mental Health Parity	<ul style="list-style-type: none"> - Certificate of Coverage - Schedule of Benefits - Benefit Summary 	<ul style="list-style-type: none"> - Coverage substance use at the same level as any other inpatient or outpatient benefit. - Applies to groups of 51 or more employees. 	Benefit covered at a copayment or coinsurance and is limited to \$14,500 during any consecutive 24 months.	Benefit maximum eliminated for all groups
Hearing Aid	Americans with Disability Act	<ul style="list-style-type: none"> - Certificate of Coverage - Schedule of Benefits - Benefit Summary 	<ul style="list-style-type: none"> - Coverage of hearing aids for groups of 15 or more employees - Offering of hearing aids for groups of 2-14 employees 	Excluded	<ul style="list-style-type: none"> - New category and benefit for coverage of Hearing Aids for all groups. - Benefit subject to coinsurance and is limited to the dollar maximum listed in the Certificate of Coverage
Mental Health Services – Inpatient and Intermediate	Federal Mental Health Parity	<ul style="list-style-type: none"> - Certificate of Coverage - Schedule of Benefits - Benefit Summary 	<ul style="list-style-type: none"> - Coverage mental health at the same level as any other inpatient or outpatient benefit. - Applies to groups of 51 or more employees. 	Benefit covered at a copayment or coinsurance	No change in benefit category
Mental Health Services – Outpatient	Federal Mental Health Parity	<ul style="list-style-type: none"> - Certificate of Coverage - Schedule of Benefits - Benefit Summary 	<ul style="list-style-type: none"> - Coverage mental health at the same level as any other inpatient or outpatient benefit. - Applies to groups of 51 or more employees. 	Benefit covered at a copayment or coinsurance	No change in benefit category
State Mandated Changes effective July 1, 2010					
Description	Bill #	Documents Impacted	Minimum Requirement	Current Benefit	New Benefit
Organ Transplant	SB 5725	<ul style="list-style-type: none"> - Certificate of Coverage - Schedule of Benefits - Benefit Summary 	Benefit cannot include a separate lifetime limit on transplants that are less than \$350,000	Non-network benefits are limited to \$30,000 per transplant	Non-network benefit maximum increased to \$350,000 per lifetime

DENTAL BENEFITS RENEWAL

UNITEDHEALTHCARE

- ALLtech's dental rates have been increased approximately 25%.
- We have not made any plan design changes to the dental program.

IF YOUR CLIENT DOES NOT HAVE DENTAL BENEFITS WITH ALLTECH, PLEASE REVIEW THE DENTAL RATES INCLUDED WITH THE RENEWAL CAREFULLY.

VISION HARDWARE BENEFITS RENEWAL

VISION SERVICE PLAN

VISION RATES AND BENEFITS REMAIN UNCHANGED IN 2010.

- Vision rates in the 2009 plan year were reduced by 20%.
- There is a 0% increase to the rate for the 2010-2011 plan year.
- Take advantage of the low vision hardware rates that ALLtech has to offer.
- **There are no changes to the vision hardware benefits through VSP.**

IF YOUR CLIENT DOES NOT HAVE VISION HARDWARE BENEFITS WITH ALLTECH, PLEASE REVIEW THE VISION RATES INCLUDED WITH THE RENEWAL CAREFULLY.

LIFE, AD&D AND DISABILITY BENEFITS RENEWAL

UNITEDHEALTHCARE SPECIALTY BENEFITS

ALLtech launched all life and disability products with Unimerica effective May 1, 2008. In an effort to align all lines of coverage renewals, we have extended rates through the 2010-2011 plan year. The GMA requires that you indicate the life and disability benefits that your client has chosen at renewal.

We encourage you review the life and disability options available.

ALLtech WELLNESS PROGRAM

HEALTH ALLIANCE FOR TECHNOLOGY

WARNING: Groups must submit their renewal or new group paperwork by the 15th of the month prior to their effective date. If paperwork is received after that date, they will not be able to participate in the program the first month of their plan year. They will be required to wait until the next month to begin the program.

Participation in the 2009 Your Health Counts Wellness Program was a huge success. Many companies met the requirements of the program and realized significant health premium savings.

Don't miss your opportunity in 2010-2011.

All groups are eligible. If your clients didn't meet the program requirements in 2009, they have another chance in 2010. If your client did meet the requirements and realized premium savings, they can increase their savings even more by participating again.

There are no changes to the wellness program. The familiarity of the program should help increase the success rate in 2010-2011.

Even if your client participated in the program last year, it is still beneficial for them to continue the program in 2010. Risk factors may change, and participation in the program can help your client stay ahead of the game and improve the health and wellness of their employees.

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ALLtech RENEWAL SUBMISSION REQUIREMENTS

WELLS FARGO INSURANCE SERVICES, USA

Renewal materials are due no later than the third Friday of the month prior to the effective date. Please read the ALLtech Wellness Program Section of this document for deadlines to participate in the wellness program the first month of the group's renewal period.

Please submit renewal materials to:

Preferred Method: Email
programservices@wellsfargo.com

Or

Wells Fargo Insurance Services
ATTN: ALLtech TEAM
601 Union Street, Suite 1300
Seattle, WA 98101

The following materials are required to process a renewal:

- ☑ **Completed 2010-2011 Group Master Application**
- ☑ **For groups moving from single choice to dual choice:**
 - Enrollment and change forms for employees moving to the new plan.
 - No enrollment and change forms required for employees remaining on the in-force plan.

ALLtech NEW GROUP SUBMISSION REQUIREMENTS

WELLS FARGO INSURANCE SERVICES, USA

New groups must be delivered to your assigned UnitedHealthcare Sales Representative by the 15th of the month prior to the effective date to ensure eligibility is loaded on the carriers' systems prior to the first of the month effective date. Groups wanting to participate in the Wellness Program must submit materials to their UHC representative by the 10th of the month prior to be able to participate in the program the first month of their effective date.

IMPORTANT NEW GROUP SUBMISSION CHANGE IN 2010: NEW PROCESS - NO EXCEPTIONS WILL BE MADE.

- All new groups must submit a copy (all pages, including grand totals) of the most recent state Quarterly Wage and Tax Report (QWR)/Form 5208 is required for all sold groups, unless eligible to submit payroll records.
- Employer must indicate employment or eligibility status for each employee listed on the submitted Form 5208: A (any employee submitting an Application), W (Waiving), P/T (Part-Time), T (Terminated/including termination date), S (Seasonal), and WP (Waiting Period).

PLEASE REFER TO THE NEW GROUP SUBMISSION CHECKLIST FOR FURTHER DETAILS LOCATED ON THE WEB AT WWW.ALLTECHBENEFITS.COM

Required materials must be submitted complete and include all of the information listed on the new group submission checklist (no partial submissions will be accepted).

THIRD-PARTY ADMINISTRATOR UPDATES AND CHANGES

ASSOCIATED INDUSTRIES ADMINISTRATIVE SERVICES

ALLtech now provides COBRA Administration Services Free of Charge for all ALLtech Member Companies.

ALLtech Member Companies that qualify for COBRA per the federal law are administered by Associated Industries free of charge. There is no set up application, process or fees for this added service.

Third-party COBRA Administration Updates and Changes

Employer groups have the option to waive out of the Associated Industries default ALLtech COBRA Administrative Services. To waive out of Associated Industries ALLtech COBRA Administrative Services, employer groups must complete the Voluntary Waiver of ALLtech COBRA Administrative Services. Please refer to the Third-party COBRA Administrator Requirements Document for more details.

Once the Voluntary Waiver of Associated Industries ALLtech COBRA Administrative Services has been received, ALLtech will provide plan information and rates directly to the assigned Third-party COBRA Administrator through the ALLtech COBRA Employer Specification Worksheet.

All communications, enrollment updates, eligibility changes and premium payment must be directed to Associated Industries only.

Change requests or payments made directly to the carriers will delay enrollment and cause disruption in COBRA beneficiaries' coverage.

COBRA Election

When notified by the employer, member terminations will be processed by ALLTECH (no notifications or forms will be sent to the termed employee by ALLTECH). ALLTECH [COBRA Enrollment Forms](#) must be sent by the Third-party COBRA Administrator to the termed employee (No alternate forms can be accepted).

Please submit completed COBRA Enrollment Forms in an accurate and timely fashion. Copies of the COBRA election forms must be sent to Michelle at the address indicated on the Contact Sheet found on the web. ALLTECH will ensure enrollment information is forwarded to the appropriate carrier(s).

Open Enrollment

When employer groups renew, the ALLTECH will provide the Third-party COBRA Administrator an updated ALLTECH COBRA Employer Specification Worksheet. In the event new plan selections are required, the [COBRA Enrollment Forms](#) must be submitted to the ALLTECH in a timely manner.

Monthly Premium Payment

The ALLTECH will bill the Third-party COBRA Administrator directly for COBRA beneficiaries. Invoices will be provided to the Third-party COBRA Administrator, listing all active COBRA participants and the premium due. The invoice is generated the third Friday of the month for the next coverage month. Should there be any questions on the invoice, contact Michelle Walczak.

In the event premium payment is not received by ALLtech by the due date, coverage will be terminated and notice will be sent to the Third-party COBRA Administrator. No reinstatements will be allowed after the third

ALLtech ANNOUNCES NEW BILLING PROCEDURES

ALLtech instituted some important invoicing changes intended to provide a more efficient billing system, bringing their procedures up to industry standards, and making the invoice easier to read.

Effective January 1, 2010, payment is due the first of the month as indicated on the Group Master Application. There will, however, be a 10-day grace period.

If payment is not received by the end of the month due, coverage will be terminated retroactive to the first of the month. Any claims incurred by an employee will then be the employee's responsibility.

Other procedure changes include the following:

- A reasonable late fee of 12% per annum will be charged for payments not received by the 10th of the month due. This fee will be implemented upon your 2010 renewal.
- A \$30 fee will be charged for NSF checks. Replacement funds must be paid by Cashier's Check within 10 business days of notice.

To make submitting your payments easier, an ACH payment option is now available.

Call AI for additional information:
509.326.6892 or 800.274.5309



ALLtech CONTACT INFORMATION

WELLS FARGO INSURANCE SERVICES, USA

For any questions or if you are submitting competitive quote information please contact your assigned WFIS Program Manager.

Paul Baker

Paul.baker@wellsfargo.com
206.892.9573

For any other daily business with ALLtech, please refer to the 2010 contact sheet on the web.

ALLtech LINKS TO IMPORTANT 2010 FORMS

WELLS FARGO INSURANCE SERVICES, USA

www.alltechbenefits.com

[Group Master Application](#)
[Health Risk Questionnaire](#)
[Enrollment and Change Form](#)

[July 2010 Forms Library](#)

THANK YOU VERY MUCH FOR YOUR CONTINUED PARTNERSHIP WITH ALLTECH.

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