

# Benefits Buzz

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## DID YOU KNOW

The 11<sup>th</sup> U.S. Circuit Court of Appeals recently declared unconstitutional the “individual mandate” provision of health care reform, which requires people to buy health insurance. It held, however, that the rest of the law could stand.

This differed from a decision offered by the U.S. Court of Appeals for the 6<sup>th</sup> Circuit, which declared the entire law constitutional. A third federal appeals court is also expected to review the case.

Many experts believe that this decision will prompt the U.S. Supreme Court to review the law, possibly after its current recess ends this fall.



## Survey: 71 Percent of Employers to Conduct Passive Open Enrollment

In a recent survey by consulting firm HighRoads, 71 percent of respondents hold “passive” benefits enrollments (as opposed to “active”), allowing employees to automatically renew most of their plans.

Though this practice seems like less hassle for employees and benefit administrators alike, it can be risky. Employees may not be aware of plan changes or may not re-evaluate if their current coverage still fits their budget and health care needs.

### Health care reform changes

This risk is especially concerning in the wake of health care reform, as many plans are changing coverage options and other significant details. Employees who roll over coverage passively may miss out on changes that could benefit them or be stuck paying more than they need to.

In light of these risks, and particularly if your plan features significant changes due to health care reform, you may want to consider conducting a solely “active” enrollment to protect employees and ensure they choose the best coverage possible.

### Communication is paramount

Whether you practice passive or active enrollment, communicating plan changes and details to employees is vital, albeit challenging. Employees may be eligible for extended coverage or may face new limits, for example, and it is up to you to educate on these important changes. Look for ways to best reach your employees, which may mean communicating through multiple channels and methods. The clearer and more effective your employee communication is, the smoother your enrollment will go for all parties involved.

## New Women Preventive Care Coverage Required

One provision of health care reform requires non-grandfathered plans to cover certain preventive care with no cost to the patient. Recently, HHS expanded the preventive coverage guidelines to include additional women care, including:

- Annual well-woman visit
- Gestational diabetes screening for women 24-38 weeks pregnant
- Human papillomavirus (HPV) testing for women age 30 and older
- HIV counseling and screening
- Sexually transmitted infection counseling
- Breastfeeding support, supplies and counseling
- Domestic violence screening and counseling

These services must be covered in all non-grandfathered plans starting on or after Aug. 1, 2012.