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• *Group Insurance That
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● *Benefit Plan Developments*

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Michigan Paid Leave Act— Caution Law May Change Any Day

by Sandra M. Andre, Miller Johnson Attorneys

Does My Time-Off Plan Comply With Michigan’s Paid Medical Leave Act?

In December, the Michigan Legislature passed the Michigan Paid Medical Leave Act (MPMLA), an amendment to the adopted “Earned Sick Time” ballot proposal. The MPMLA requires employers of 50 individuals or more to provide eligible employees with (generally) at least 40 hours of paid leave per benefit year; each eligible employee using paid leave must be paid at a rate equal to the greater of minimum wage or the employee’s normal hourly base wage; and eligible uses include: use for the employee’s own illness, injury or preventative medical care; use for an eligible employee’s family member’s illness, injury, or preventative medical care; use related to domestic violence and sexual assault; and use related to public health emergency or communicable disease. Employers have several options on how they choose to comply with the new law, including how an eligible employee earns the time, in what increments of time MPMLA must be taken, what notice, procedural, and documentation requirements an eligible employee must follow to use the time, and whether to pay out time when an employee separates from employment.

The law provides for a rebuttal presumption that an employer who provides at least 40 hours of paid leave to eli-

gible employees each year is in compliance with the law. However, employers who assume that their time off policies meet the requirements under MPMLA just because they provide 40 hours of paid leave each year should take caution. With the law’s March 29th effective date looming, employers need to complete a thorough review of their existing policy language for issues such as employee eligibility (do your part-time employees earn paid time off?), the amount of time off provided per year, how that time is provided, and whether time used under its current paid time off policy is protected from disciplinary action under its attendance policy (just to name a few).



There has been some recent activity suggesting that the state legislature may have overstepped its bounds when it amended both the minimum wage and MPMLA ballot proposals, and this activity raises a question about the constitutionality of both of these laws. However, as of today (March 15th), neither of these new laws has

been ruled unconstitutional and are still slated to go into effect on March 29th. Employers should continue preparing to comply with both laws by March 29th.

If you have questions about the MPMLA, please contact this article author at Miller Johnson, Kalamazoo office: 269-226-2950, Grand Rapids office: 616-831-1700 or: www.millerjohnson.com.

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For more information,
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Member Online Services

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- Find drug Reference and Interactions
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- View Deductibles and Out of Pocket Maximums
- Print an Explanation of Benefits (EOB)

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To access your Claims History account online, please go to the Member section at www.groupmarketingservices.com and complete the Member Access Request form.

In accessing your Claims History Account, a default login has been created for our members.

Locate network logo on your ID card.

Select logo on bottom of page that matches the logo on your ID card.

- Search for Participating Providers based on Name, Zip code, City, or Specialty.
- Request your Primary Care Physician to send all ancillary services to in-network providers.

Claims History Login:

User ID: Enter Member ID # (shown on your Member ID Card)

Password: Enter Your Date of Birth (numeric, MM/DD/YYYY)

(Once logged in you can change your Password).

Out-Of-Network Coverage Is Disappearing But Not On The GLEA Plans

For many, Out-Of-Network Coverage is disappearing– But NOT for those covered on the Great Lakes Employers Association Group Insurance Health Plans.

One reason surprise medical bills are going up: Coverage for out-of-network care is going down, according to the Robert Wood Johnson Foundation (RWJF), whose findings include:

- Just 29% of insurance plans in the individual market provide any benefits for out-of-network providers. That's down from 58% a mere three years ago.
- Coverage is also declining in the market for small businesses, but not nearly as dramatically – 64% of small-group plans offer some out-of-network coverage, down from 71% in 2015.
- Those small-group numbers are probably roughly in line with where things stand among large employers' Qualified plans.

Why it matters: The burgeoning controversy over surprise hospital bills stems partly (though not exclusively) from the bills patients receive when they're treated by an out-of-network provider – even without their knowledge, often within an in-network facility.

- Out-of-network coverage has obviously never been as generous as in-network coverage (that's the whole point of creating a network), but as insurers pull back even further, more patients will likely find themselves on the hook for even bigger bills.

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Prescription Benefits Login:

To create an initial account, select the *Sign Up Now* button and complete the online registration.

The Importance of Exercise for the Ages

By Lynn M., RN, Group Marketing Services, Inc.

Exercise is one of the most important things people can do to be healthier: mind and body.

The well proven benefits are, we feel much better physically, mentally, spiritually and emotionally.

Proper exercise contributes to the quality of our lives, is vital to controlling or preventing serious medical conditions such as diabetes, joint, back and spine problems, and helps us maintain independence as we age.

According to the National Institutes of Health (NIH), National Center for Complementary and Integrative Health, there are some specific benefits of exercise for health and aging:

- **Fitness and cardio-respiratory health:** In one study, moderately fit women and men had a 50% lower risk of type 2 diabetes, hypertension, coronary heart disease, obesity and some cancers when compared with their low fit peers. Very fit people obtained additional benefit, typically another 10-15% lower risk.
- **Reduced pain and better function with osteoarthritis (OA):** In a clinical trial of people age 60 and older with knee OA, those who participated in an aerobic exercise or resistance exercise program reported less pain and better function than those in the group assigned to a health education program.
- **Preventing diabetes:** Results from the NIH-sponsored Diabetes Prevention Program, which examines ways to prevent or delay the development of non-insulin-dependent diabetes, found that people over age 60 at high risk for diabetes reduced their risk by 71% by adopting a moderate exercise routine and a low-fat diet.

When a person reaches age 40, the nature of the human body makes exercise even more important. After age 40 our metabolism (rate at which calories are burned) slows down. This results in weight gain.

You will start to store more fat. Additionally, we lose muscle mass, and bone density, causing weaker bones. Exercise keeps bones stronger. Doctors state most people over the age of 50 show signs of being pre-maturely old with stiffness, frailty, heart disease, diabetes etc. However, many patients including elderly, have seen dramatic improvements in health and well-being once they began to exercise.

According to the American College of Rheumatology, arthritis is one of the most common reasons people give for limiting physical activity and recreational pursuits. For many older people with arthritis, joint and muscle changes due to aging make matters worse. However, physically active individuals are healthier, happier and live longer than those who are inactive and in poorer physical condition. This is especially true for people with arthritis. Exercise and arthritis should coexist. People with arthritis who exercise regularly have less pain, more energy, improved sleep and better day-to-day function.

“Exercise Builds Brain Health” by Carl W. Cotman, Ph.D at UC Irvine Institute for Memory Impairments and Neurobiological Disorders. Dr. Cotman states that there are many

products advertised to enhance mental and physical health in a relatively fast and painless fashion with miracle elixirs, supplements etc. There is little evidence of efficacy for such claims, but one that is well-documented in the scientific literature is the benefit of physical activity/ exercise on cognitive and physical health. There is an increasing body of scientific evidence from human and animal studies revealing the many health benefits of regular physical exercise, including the health and function of the brain. With aging, the levels of a protein called brain derived neurotrophic factor (BDNF) decrease, and this decline is one of the reasons for impaired age-related cognitive function. Exercise counteracts the age declines in BDNF levels.



The U.S. News and World report (noted below) provides a guide for exercising through the ages. Check the fourth website referenced for fitness tips from ages in 20s to age 70+. In your 20s: Build a fitness base. Start a strength-training routine two to three times a week. This should consist of lifting weights or doing exercises that use your body weight for resistance such as push-ups and lunges, for 30 minutes. Age 30s: Goal is to Diversify. Cross-training is a great way to prevent imbalance and overuse injuries. A swimmer can add cycling and running. The fitness regimen should also include balance and flexibility exercises. Age 40s: Preserve strength, fight belly fat. This age is a time where there is a tendency to be sedentary and stop lifting weights, or children, when it should be just the opposite. Age 50s: Protect your heart and core muscles. Yoga and pilates for strengthening abdominals/back/and all core muscles. The American Heart Association (AHA) also recommends 30 minutes of aerobic activity five times per week to preserve heart health. Age 60s: Focus on prevention. Exercise regularly. It doesn't have to be overly strenuous or include heavy weights. Strong muscles and bones and good balance can help prevent falls. Group fitness classes such as Zumba and water aerobics are offered at many gyms and community centers. Age 70+: Sustain strength and flexibility. Continue to work on strength, flexibility and balance. No rigorous workouts or gyms are required. Simple activities done on or around a chair, followed by stretching, is appropriate.

Bottom Line:

It is important to remember that results are not immediate or always visible. Even people who carry a little extra weight can be stronger and healthier when they adopt a lifestyle that includes regular exercise. There is no quick fix to losing weight or improving your health. Diet pills can be dangerous, and becoming a “weekend warrior” without a regimen of regular exercise increases the risk of injury. It takes time, and you are never too old to start increasing your physical activity level. Rather than making a short-lived New Year's Resolution, make a commitment to lifestyle changes and conditioning, setting realistic goals to anticipate discouragement that will cause a return to a sedentary lifestyle and unhealthy habits. Even individuals with chronic illnesses and physical limitations can exercise safely and benefit. Always talk with your doctor regarding the best way to increase your activity level.

Benefit Plan Update: Dental Schedule of Benefits

Effective for 2019, for Dental Policy (ies) N193-15705, N193-15706, N193-15707, N193-15708, the Calendar Year, Annual Maximum Benefit, has increased from \$1,500 to \$2,000 per person.

The Maximum Benefit Payable per person (includes Class I, II, and III): \$ 2,000 per calendar year (January 1 to December 31)

Orthodontia Lifetime Maximum per child (to age 19): \$ 1,500

Based on the incurred Eligible Expenses in the following categories: (No network required).



| | | |
|-----------|---|------|
| Class I | Preventive Services (no deductible applies) Includes prophylaxis oral exams and cleanings (2 x per calendar year); fluoride application (for children under age 19); sealants (for children under age 19); space maintainers to replace primary teeth (for children under age 19); bitewing x-rays (limited 2 per 12-month period); single film x-rays as required and full mouth x-rays (once in every 5 years). | 100% |
| Class II | Basic Services Includes amalgam & porcelain fillings; emergency treatment (palliative); extraction of teeth; periodontics; endodontic treatment; recementing crowns, inlays, or bridges; adjustments to dentures or bridge work; and bite guards. | 80% |
| Class III | Major Services Includes (attachments) full cast or veneer crowns; all gold and cast restorations; initial fixed bridgework, splints and dentures for the replacement of permanent teeth. | 50% |
| Class IV | Orthodontia (dependent children up to age 19) | 50% |

Family Security Benefit: Continuation of Dependent’s coverage for 12 months upon the death of the employee included. No additional payment of premium.

Rev: 01/2019

Take Action to Repeal ACA’s “Cadillac”/ Excise Tax!

On March 6, 2019, Senators Mike Rounds (R-SD) and Martin Heinrich (D-NM) introduced S. 684, and in January, Representatives Joe Courtney (D-CT) and Mike Kelly (R-PA) introduced H.R. 748, legislation to repeal the ACA’s Cadillac/ excise Tax. NAHU has been a leading advocate for a full repeal of the tax, and in the interim, the recent delays of tax signed into law in 2015 and 2018. However, we continue to stress the importance of fully repealing the tax as Americans see drastic cuts to their health insurance benefits as employers begin planning for the tax to take effect.

The Cadillac Tax calls for a 40% excise tax on the amount of the aggregate monthly premium of each primary insured in-

dividual that exceeds the year’s applicable dollar limit, which will be adjusted annually to the Consumer Price Index plus 1% initially and then CPI. Given that the pace of medical inflation is well beyond that of general inflation, the tax is destined to out-grow itself in short order and many employers will be impacted by the cost of the tax and the enormous compliance burden that the tax creates. An estimated 60% of employers will be hit when the tax is due to take effect in 2022, so we urge you to take action now! Contact your congressional representatives and let them know you support fully repealing this burdensome tax.



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