We recently notified members who are eligible for Medicare to make them aware of potential concerns if they are also enrolled in an individual plan.

- Individual plans do not coordinate benefits.
- Members who are covered by both Medicare and an individual plan through the Marketplace are not eligible for an APTC or other cost savings.
- Members with dual coverage must pay full price for Marketplace plans.

For additional information, members can visit HealthCare.gov and select the “Income/Life change? UPDATE NOW” link or call the Marketplace.

Effective July 1, 2016 Alliant is implementing the following changes:

- List-Bills End on June 30, 2016. Due to the explicit IRS prohibition that employers may not pay for employees individual coverage, we will discontinue offering list bill invoicing on June 30, 2016. The potential liability for employers and Alliant is too great to accommodate the few that are using a list-bill. We will notify members currently on a list-bill; as well as the list-bill contact, prior to April 1, 2016. Members currently on a list-bill account will have invoices mailed to the mailing address we have on file beginning with the July 1, 2016 invoice.

- Non-Metal SoloCare Plans Sunset June 30, 2016. Individual policies sold prior to January 1, 2014 will sunset on June 30, 2016. Prior to April 1, 2016, we will notify this small number of subscribers by mail that their plan will sunset. Because we are sunsetting these plans, we are not able to crosswalk them to new plans but will provide information on where to find alternate plan information. The sunsetting of these plans does create a Qualifying Life Event and members would be eligible for a Special Enrollment Period (SEP).

- Alliant WILL pay standard commission on those members that are enrolled in a Special Enrollment Period due to the sunsetting of the plans announced above.

If you have any questions, please contact the Sales Department at 877-668-1015.

TRANSITIONAL RELIEF EXTENDED

CMS recently announced in the Final 2017 Notice of Benefit and Payment Parameters that “grand-mothered” or “transitional” plans may continue to be renewed, as is, as long as these policies end by December 31, 2017. This date replaces prior guidance giving these plans a term date of October 1, 2017.

In light of this announcement, Alliant will extend the legacy group plan renewal deadline to December 31, 2016. Please contact your account executive with any questions about renewal dates for your group clients. If you have any questions, please contact the Sales Department at 877-668-1015.

CHANGES TO SOLOCARE COMMISSIONS

As the Affordable Care Act (ACA) continues to re-shape the individual health insurance market, we also must change with the marketplace to remain competitive. Therefore, we have made changes to our commission payment policy for SoloCare SEP enrollments:

- We will continue to pay commissions on policies with effective dates prior to April 1, 2016.
- We will no longer pay commissions on SoloCare SEP enrollments with effective dates between April 1, 2016 through December 31, 2016.

If you have any questions, please contact the Sales Department at 877-668-1015. Applies to SoloCare plans.
DRUG RECALL NOTICE

Nabitus Health Solutions notified members on February 17, 2016 that Baxter International voluntarily recalled 0.9% Sodium Chloride Irrigation, USP, 500 mL Plastic Pour Bottle. This drug is recalled due to a complaint that particulate matter had been found in the solution prior to use.

This solution can be used to rinse and clean wounds; for example, a single use for rinsing during surgery. It may also be used to flush or rinse medical equipment such as catheters. The recalled lot was sent to customers and distributors in the United States between November 12, 2015 and January 11, 2016. They came from Lot Number G120162. Members should not use this product and should return it to Baxter for credit. For more information, members can contact Baxter Healthcare Center for Service at 1-888-229-0001, Monday - Friday, between 7 a.m. and 6 p.m CT; or email onebaxter@baxter.com. They will be happy to provide an unaffected replacement of the product.

FORMULARY CHANGE NOTICE

Members who may be using prescription AB otic (Aurlagan otic (ear) drops) were notified that beginning April 1, 2016, this drug will be removed from the formulary.

The FDA informed companies that they must stop manufacturing these unapproved prescription otic products or be subject to enforcement actions, including seizure, injunction and/or criminal proceedings.

Unapproved prescription otic drug products are frequently given to children suffering from ear infections and other conditions that cause ear pain and swelling. Patients taking unapproved drugs may be at greater risk because there is no proven safety or effectiveness information. These products may be contaminated or manufactured incorrectly, which could result in patients receiving the wrong dose, even when administered according to the labeled directions for use.

This action does not affect FDA-approved prescription otic products, or legally marketed otic products sold over-the-counter.

Members who believe they are using these prescription ear drops should contact their health care provider to discuss alternatives.