

# CALIFORNIA BROKER

VOLUME 39, NUMBER 3

Serving California's Life/Health Professionals & Financial Planners

DECEMBER 2020

# COVID-19 & Voluntary Benefits

## PLUS:

- Managed Care—A Value Proposition
- How Women Rise
- Tackling the Dental Opioids Crisis



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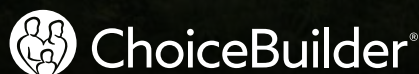
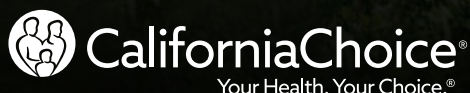


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DECEMBER 2020

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HOW WOMEN RISE: PART 6

# How Women Rise: Self-determination, Allies, Mentors and Sponsors

By Cerrina Jensen

**T**HIS IS THE SIXTH and final installment of a multi-part series which has featured a Q&A format based on the book “How Women Rise,” by Marshall Goldsmith and Sally Helgesen, with responses from some of the speakers slated to present at the 2nd CAHU Women’s Leadership Summit, now rescheduled for April 7-9, 2021, at the Green Valley Ranch Resort just outside Las Vegas.

As a reminder, while our focal point has been female leadership and the habits covered in the book that can hamper success, it’s meant to shed light on these issues for not just women but the men we work, live and play alongside.

This final question, compliments of Amy Evans, is, “Some of us have built our careers through sheer self-determination, without any external support. Others have had the benefit of allies, mentors or sponsors who have helped us to navigate our career paths. Many of us have found success and look beyond ourselves to support other women in our industry. How can we be good advocates for each other and provide meaningful support and opportunities? How can we help other women

find success? Has there been someone in your career who has advocated for you?”

Our responses this month come from Lisa Hutcherson and Leilani Quiray, both of whom have contributed to multiple installments of this series.

## **Lisa Hutcherson:**

“This question calls me to reflect deeply on the women who gave me their time and attention along this career journey. Many times they reminded me that my open doors were symbolic of laying bricks that would build bridges for other women to cross. That my walk in this industry and life would be one of change, tearing down walls and advocating for those who have not yet found their truth. It has been said to me often from women who entered this space long before me, ‘whenever you are invited to the table (board room, business meeting, golf outing) make sure that you show up.’ These are words that I live by today both personally and in business. I am reminded daily that as an African American woman who has experienced



abundant levels of success in the insurance industry, The following actions must be an intentional part of my daily drive:

- *Pay it forward by helping others navigate through the systemic stereotypes and bias*
- *Edify and encourage one another*
- *Provide coaching, direction and a sounding board for strategic conversations*
- *Sponsor others by making recommendations and introductions for career opportunities when I have a seat at the table.*

"This is how I have been able to advocate, support and bring possible opportunities to women. There have been many women in my career that have walked alongside and who have sometimes carried me on this career journey. Coaching me on how to keep my skills sharp and relevant. Encouraging me during difficult seasons by reminding me of who I am and the quiet strength that lies within. Pushing me to move forward sometimes with caution and other times with great confidence and certainty. When it's all said and done, what matters most is my ability to look beyond myself, knowing that I have a unique opportunity to impact the lives of other women, and the communities and households they serve. This is my big picture thinking."

#### **Leilani Quiray:**

"A few years ago when I started my business I reached out to people on LinkedIn and asked them to coffee or lunch. I would write to them something like, 'I'm not a weirdo. I'm not trying to sell you anything. I'm honestly looking to make my LinkedIn connections a real-life connection.' Also, I didn't use the LinkedIn tools they provide. I was writing this myself.

"Why did I do this? Because a person had commented, asking if I knew "so and so" and I didn't.

"Results? I met the most influential, nicest, supportive people in my community and beyond.

"So here's what I do now—no matter who the person is or where they are in their career (or even if they do not have one)—I say YES to meeting with them. And when I do, I am sure to uplift them, encourage them, tell them my story (life and business) and offer my support as they rise. We all have to help each other along our life paths to do great things and care for each other!"

#### **Cerrina Jensen:**

"I want to personally thank each of the amazing colleagues who contributed to this series, starting with Amy Evans who envisioned the idea and formulated six intriguing questions for us to ponder and articulate. Special thanks to Lisa Hutcherson as well, who responded to all six calls for input...nothing short of amazing, if you ask me! I greatly appreciate Emma Fox, Stephanie Berger, Leilani Quiray and Amira Alvarez for their great insights as well. It's been an honor to work on this for the last six months, particularly given the strange times we're living through in the age of COVID-19. I've learned so much. Hope you have, too!"

## Biographies



**Cerrina Jensen** recently joined the team at Verus Insurance as a benefits consultant and team leader, and is the founder of Stellar Stories, a communications and leadership development firm. She consults nationwide with both small and large employers seeking real solutions.



**Amy Evans** is the president of Colibri Insurance Services, a boutique insurance agency that simplifies employee benefits for employers in Southern California. She's also the founder of AlignWomen, a leadership and networking organization for professional women.



**Lisa Hutcherson** is the west territory enrollment manager for Aflac and the founder of Darlis LLC, a company specializing in training leaders in both business and ministry. She is also a certified John Maxwell trainer, business coach, public speaker, poet and author.



**Leilani Quiray** is the CEO and founder of Be The Change HR, a social enterprise that helps small businesses with their HR across the U.S as well as providing free job readiness coaching to those in need.

# How to Become a Trusted Advisor

BY BY JACK KWICIEN

**I**N THE NOVEMBER ISSUE of Cal Broker, I talked about the pyramid of relationships and why you should want to aspire to be a “trusted advisor” for every one of your important client and business relationships. Just to refresh your recollection, the graphic succinctly illustrates the salient points.

So what kind of client relationships do you want? What actions will you take to move up the relationship pyramid? You really need to give this very serious thought since it will drive everything about your business and your future financial security. When contemplating your past results, think about the clients that you have lost or the RFPs you were not successful in winning. What could have been done differently? It may have nothing to do with your technical knowledge about benefits or your insurance expertise. More than likely it had everything to do with the types of relationships that you had and the client's perception of your value to their business.

So, what strategies can you and your team implement? These unprecedented circumstances require some creative, out-of-the-box thinking. It's not business as usual. Let's face it, your clients and prospects do not want to meet with you in-person. For that matter, you and your employees are likely working from home at least part of the week. So where does that leave you?

Consider immediately developing a marketing and communications campaign to maintain regular contact with existing clients, prospective clients, and important business relationships. Elements can include:

- Twice weekly or weekly email campaign to your entire database providing updates, commentary on changes in laws, regulations and restrictions
  - Regular blog content on pertinent topics that can be archived in a library on your website
  - Periodic webinar series, including PPT presentations, regarding relevant issues such as cost-containment strategies, sources of business financing, best practices in HR, labor law concerns, new voluntary or lifestyle benefits, etc.

You may have to reach out to some of your important business relationships (attorney, accountant, banking relationship) and ask them to collaborate with you. That's fine; they are in the same boat as you are right now anyway, and should welcome the opportunity to maintain positive contact with the marketplace. And they can include their clients in your campaign which can potentially lead to more business for your firm, as well for their organization.

How are you going to accomplish all this? Here's a strategy that is easy to implement and that will deliver very positive results.

I'm not talking about approaching other professionals and saying, “Let's share clients and prospects,” in a passive, pleading manner. I am talking about proactively developing a strategy to cultivate centers of influence with a stated purpose that will be mutually beneficial for both firms. At one of my conference presentations, an attendee said that this was a brilliant idea. I certainly appreciate the positive reinforcement, but the point is that this strategy works and has filled the sales pipelines of multiple firms over the years.

So, you say you want to expand your centers of influence, but you're not sure where to start? I'll give you one simple idea that's easy to implement. Have someone on your team ask each current client as part of a survey for the name of the clients' accountant, attorney and banking relationship. Why? Because those are your clients' “trusted advisers” and that is how you want to be perceived. And you should know who their other advisers are anyway to coordinate discussions and to provide consistent, coordinated counsel.

You want to align yourself with your client's other trusted advisers to leverage their relationships and elevate the perception of you and your practice. You don't see those trusted advisers having their services evaluated on a spreadsheet do you? You don't see them being replaced every few years based on price, right? That's exactly the position you want to establish and you also want to be part of that “inner circle” peer group.

## PART 2

### What is a "Trusted Advisor"?

As a Trusted Advisor your client's senior officer team takes you into their confidence. You are involved in open discussions of business issues, and your counsel is sought prior to strategic decisions being finalized. You are believed to be an invaluable resource to aid in the decision making process.

Problem Solvers or Counselors have a deeper, more permanent relationship with their clients, are involved in strategic issues and have ready access to the "C-Suite."

Credible Sources are proven vendors; a "go to" relationship of choice. In this role you are possibly involved in contractual discussions with the client.

Vendors are "product sales people". They take quotes. They respond to RFPs. They take orders.

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## You want to align yourself with your client's other trusted advisers to leverage their relationships and elevate the perception of you and your practice.

Have the data from the survey arrayed on a spreadsheet to make it easy to analyze. It will be enlightening. You may find that you have 4 or 5 clients in common with one or more of the other advisers. That's extremely valuable information. Won't that be an easy call to set up lunch next week to explain what you have learned and to talk about strategies to enable both firms to make that 15 or 20 shared clients?

Offer to establish an educational seminar series that you will jointly present. Suggest that monthly or quarterly you invite your respective clients and prospective clients to an educational webinar that you will jointly present. Eventually, we will be able to get back to in-person seminar events. But for now, leveraging conference calls, webinars and video conferencing is essential to maintaining and expanding your market contact. Consider topics like: ACA compliance requirements; the intelligent integration of voluntary benefits to fill the gaps in an employer's current benefits program; and creating a benefits strategic plan as a means for managing benefits decisions and benefits expenditures. These are terrific topics because you are educating your audience and differentiating yourself from 99% of all the other benefits brokers in your area.

Right now your clients and prospective clients have the time to spend learning new approaches to managing their business operations and they have a very active interest in hearing from a valuable and trusted advisor. You cannot be frozen like a deer in the headlights. It's time to be proactive. Your business and family

relationships are counting on you. Now more than ever before, you need to leverage telephonic and electronic communications to stay connected with your community. This is a winning strategy. I know, because we have helped any number of advisors over the years to create these kinds of communication campaigns, and that was long before the current pandemic. Consider that with the current change in working environment, you have a much more receptive audience to your message that also has time to absorb what you are communicating. And most of all, they need your advice and counsel. Step up and make a difference. Everyone will be better for it.



**JACK KWICIEN, CLU, ChFC**, registered investment advisor, is managing partner of Daymark Advisors, LLC ([www.daymarkadvisors.com](http://www.daymarkadvisors.com)), a position he has held since co-founding the firm in 2001. He has over 40 years of executive management and entrepreneurial experience with specialization in business development, negotiating strategic alliances, financing transactions and mergers and acquisitions. Kwicien has significant experience in insurance, benefits and voluntary benefits. He is also the co-developer of the SMART Benefits Strategic Planning program ([www.smartadvisors.biz](http://www.smartadvisors.biz)).



# INDUSTRY NEWS

The logo for Joe Biden and Kamala Harris, featuring the words "BIDEN" and "HARRIS" in white capital letters on a blue background, with a red and white striped graphic element between the two names.

## AHIP's Eyles Congratulates Biden/Harris

Matt Eyles president and CEO of America's Health Insurance Plans (AHIP), sent a resounding welcome to President-elect Joe Biden and VP-elect Kamala Harris. On November 7, after the results were finally apparent, Eyles issued a statement congratulating the two and saying that AHIP looks forward to working with the new administration to deliver a *"competitive system that leverages private sector innovation to improve on what is working, so that everyone has access to affordable coverage and high-quality care."*



## SCAN Health Plan Earns 4.5-Star Medicare Rating for Fourth Straight Year, Named to U.S. News Best List for Third Straight Year

SCAN Health Plan announced it received a 4.5-star rating from the Centers for Medicare and Medicaid Services (CMS) for the fourth consecutive year, making it the only Medicare Advantage plan in California to do so. SCAN was also named to U.S. News & World Report's 2021 list of Best Insurance Companies for Medicare Advantage in California for the third year in a row. Also for the third year running, 90% of SCAN members gave the plan high marks in the annual CMS Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey, which gauges member satisfaction. Way to go, SCAN!

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## How Does Race, Wealth & Power Shape Public Health?

A new KCET documentary called **POWER & HEALTH** has economists, sociologists, epidemiologists and experts join a discussion in examining how the intersectionality of race, wealth and power shape public health outcomes and contribute to structures of discrimination resulting in health inequities. This is worth watching! The film is available to stream at [Kcet.org/PowerAndHealth](http://Kcet.org/PowerAndHealth).



## Rapid Results COVID-19 Test Coming to a CVS Near You

**C**VS Health announced plans to expand COVID-19 testing services at select CVS Pharmacy locations to include rapid-result testing at nearly 1,000 sites by the end of the year. The sites will include California locations.

Rapid-result COVID-19 diagnostic tests are available at no cost to patients who meet Centers for Disease Control and Prevention criteria. In addition, rapid-result tests may also be available as a testing option for eligible employees or students affiliated with an organization that has adopted CVS Health's Return Ready return-to-work COVID-19 testing program.

Patients must register in advance at [CVS.com](https://www.cvs.com) to schedule an appointment. Children can be tested, but must be accompanied by a legal guardian if they are 15 or younger. Procedures will vary by location, but CVS says most locations will ask patients to proceed to a designated structure in the parking lot for a test kit and instructions. A CVS Health team member will observe a self-swab process and patients will wait in their cars for results. The process, from the collection of the swab to the delivery of the results, is expected to take approximately 30 minutes.

## LIMRA Studies Shed Light on Industry

**N**early eight months into the pandemic, Americans' concerns about COVID-19 and the U.S. economy persist. According to LIMRA's latest consumer sentiment study, nearly 3 in 5 consumers report being "very" or "extremely concerned" about the virus and half report this level of concern regarding the economy. Good news is, a record number of Americans (41%) say they have "extreme" or "quite a bit" of confidence in life insurers. Confidence in financial pros also hit a new high, with 33% of consumers saying they have a high level of confidence in insurance agents and brokers and 37% have a high level of confidence in financial advisors.

In other research, 40% of employers say the coronavirus pandemic has affected their views about the importance of benefits, and the shift is almost universally towards viewing benefits as more important. LIMRA finds that employers believe benefits directly related to healthcare—such as hospital indemnity, critical illness, and major medical plans—are more important now than before COVID-19. They have also expressed increased interest in offering some supplemental non-insurance benefits, particularly telehealth services, mental health benefits, and employee assistance programs, in response to the pandemic. From the employee perspective, more than half of employees (54%) view their insurance benefits as more valuable than they did before the pandemic.

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20RLANSR254EN05

## Blue Cross of California Partnership Plan Fined \$1.2M

The California Department of Managed Health Care (DMHC) announced it's taken enforcement action against Blue Cross of California Partnership Plan, Inc. for failure to timely authorize coverage for medically necessary services. Blue Cross was fined \$1,205,000. Blue Cross confirmed receiving DMHC's notifications of two Independent Medical Review (IMR) decisions, but failed to timely authorize the enrollees' services. California law requires health plans to authorize the services within five working days of receiving an IMR determination accepted by DMHC. Health plans are subject to a fine of no less than \$5,000 for each day that an IMR decision is not implemented.

According to a DMHC written statement:



"The DMHC Help Center's appeals process, called an Independent Medical Review, is a critical protection for health care enrollees. The Independent Medical Review is a backstop to ensure health plans cover medically necessary health care services enrollees are entitled to receive," said Acting DMHC Director Mary Watanabe. "It is a serious violation when a health plan fails to follow the Independent Medical Review decision and cover the required medical services. This mandated fine is needed to prevent similar violations from happening in the future."

## MDRT Opens MDRT Academy

Did you know that more than 80% of new recruits leave the financial services profession after four years? That data is according to LIMRA. The Million Dollar Round Table, however, is aiming to keep more of those new financial pros in the business. MDRT, a prestigious association for financial service pros --announced it will be broadening its support and reach with a new kind of association, the MDRT Academy. The new association will

help financial advisors who want to reach MDRT's top-level qualification requirements. The MDRT Academy is a fully digital association that provides members with the resources they need to learn best practices, sharpen and develop skills, increase their production and achieve success. MDRT Academy content, which includes articles, videos, podcast episodes and Performance Guides, is all MDRT-original or MDRT-approved. The content topics are broken up

across four areas of focus that MDRT Academy has identified as being keys to success: marketing your practice, advising your clients, managing your business and developing yourself. Academy members also gain access to MDRT members and other industry leaders, and can connect with them in the app's community and during monthly webcasts. It sounds like the ticket! Get more info at [mdrtacademy.org](https://mdrtacademy.org).

## EVENTS

### LAAHU's Zoom Happy Hour

First Wednesday of the month from 4-5 p.m.PST. Members and nonmembers welcome.  
More info at [LAAHU.org](https://LAAHU.org).

### NAHU Power Hour

Fourth Wednesday of the month from 4-5 p.m.PST. Members and nonmembers welcome.  
More info at [NAHU.org](https://NAHU.org).

### NAIC Fall National Meeting

Virtual  
Dec 3-9.  
More info at [NAIC.org](https://NAIC.org).

### NAIFA-Los Angeles 68th Annual Will G. Farrell Award & Leadership Recognition Event

Virtual, Feb. 18, 2021.  
More info at [NAIFALA.org](https://NAIFALA.org).

### CAHU Women's Leadership Summit

April 7-9, 2021  
Green Valley Ranch in Las Vegas.  
Email questions to [info@cahu.org](mailto:info@cahu.org)





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# Managed Care— A Value Proposition

BY DAVID OLSON

**IT'S BEEN AN EXTRAORDINARY YEAR**—and it's not done yet—but one thing remains the same. Healthcare is again a hot topic, as it seems to be every time we go to the ballot box. On a national level, the future of the Affordable Care Act seems to hang in the balance. Local issues are also engaged.

This follows the Democratic primary season where Senators Bernie Sanders and Elizabeth Warren were joint advocates of “Medicare for All.” The eventual nominee, Joe Biden, president-elect, is not a supporter of the concept but has said he'll put forward the “public option,” offering Medicare to those under 65 who cannot otherwise obtain coverage.

As part of their advocacy of Medicare for All during the primary debates, the two senators attacked private health insurance companies. They questioned executive compensation, profit levels and other factors that they claimed added little or no value to the healthcare equation. Such attacks against health insurance in general and managed care, in particular, weren't breaking news. Politicians have inveighed against the health insurance industry for years. Often the criticism centers on, “what value do such companies bring to the table?”

Commentators have pointed out that despite this, at times, withering criticism, neither candidate who supported Medicare for All won the Democratic nomination. The majority of Democratic voters said no to Medicare for All. The fact is that approximately 170 million Americans have private health insurance through their employers. Generally speaking, these Americans are satisfied with

their health plans.

Now, does this mean that managed care can rest easy? I don't think so. While they didn't win, the senators did garner significant support. The idea of Medicare for All or another form of a single payer health insurance system keeps popping up in many and varied ways, from debates to ballot initiatives and in other forms.

One might recall that we had a ballot initiative on single payer here in California in 1998. It was soundly defeated. There's talk it could come back and other states have considered such initiatives. With persistent healthcare cost inflation back on the front burner of concerns, it's not time to sit back.

With all this going on, managed care needs to engage in a conversation with the American people about the value it brings to the cost of and access to healthcare services. It's not something to be tiptoed around or whispered about. Managed care brings real, tangible value to healthcare, individual health plans and the industry overall. This story needs to be told more dynamically so that managed care secures its place as part of the solution to our healthcare challenges—not as part of the problem.

So, what are our challenges? Two stand out—affordability and access. Managed care plays a pivotal role in each and in California the unique nature of our managed care marketplace makes it a model for the nation.

Let's look at affordability through the prism of the California marketplace. There are today approximately 230 medical groups and independent physician—or practice—associations (IPAs) up

and down the state. Most of the state's approximately 46,000 practicing physicians are in one or more such groups.

The groups serve as the organizing agents for care delivery and as the primary negotiating intermediaries between physicians—and in some cases hospitals—and health plans. It's always a good thing to remember that no other state has this kind of provider infrastructure. It's one of the secrets to our affordability success.

I use the word "secret" intentionally. I doubt if a regular health plan member knows how pervasive these organizations are. They might get a glimmer of how it works when an individual physician office complains about "the insurance company."

Often, the complaint is about the IPA. The member gets confused and caught in the middle. A potential complicating factor is the prevailing use of capitation to compensate physician groups and IPAs. From time to time, you'll hear negative noise about capitated arrangements. In use for many years here in California, such arrangements are becoming all the rage in other parts of the country, as everyone struggles with the ever-present affordability challenge.

One of the unsung benefits of capitated arrangements is that they are the only way to create financial incentives that see providers succeed when they keep members well and healthy. One big problem with fee-for-service is that no such incentives exist. Well performing capitated groups and IPAs do better when their members remain healthy. Further, this spurs a more comprehensive approach to preventive care. It should be noted that HEDIS and other quality measurement criteria have also helped.

When the costs of physician organizations are measured against costs of unorganized physician networks the comparisons are striking. When I was at Health Net, we studied the performance of our groups and IPAs in Southern California against the performance of our networks in the New York metropolitan area. Costs in New York were more than 40% higher with no discernable difference in quality.

At health care conferences, executives with plans in other parts of the country will tout their use of "value-based contracting." What they are really talking about is a form of capitation, where hospitals absorb financial risk in return for meeting certain quality metrics. It's what we've been doing here in California for many years.

But affordability isn't just about capitated arrangements. For many years, managed care plans have responded to employer requests for greater affordability with innovative solutions that have helped stem healthcare cost inflation. One example is the success in generating greater use of generic drugs through plan design and focused negotiations with pharmaceutical manufacturers when there are competing "me too" drugs in a single therapeutic category.

In addition, many plans have been more discerning about hospital contracting. It sometimes happens that one hospital has

**Managed care needs to engage in a conversation with the American people about the value it brings to the cost of and access to healthcare services.**

significantly higher charges for primary and secondary services compared with a cross section of similar facilities in a given region. If they won't budge on reimbursement, plans use favorable co-pays and deductibles to incentivize members to use lower cost facilities with comparable quality. The higher cost facility may remain in the network for tertiary and quaternary care. On rare occasions, certain facilities may be deemed out of network.

This last and most drastic step sends an important message throughout the system—that ever-increasing charges at levels well above healthcare cost inflation are not sustainable. Put another way, plans bear the responsibility to make sure every participant in the delivery system understands the need for constant watchfulness about affordability.

But, doesn't this seem counter to the desire for access? On the surface, it might seem that way. In order to hold the line on affordability, aren't plans shrinking networks, thereby limiting access? The argument is that if something is not affordable, access is a moot point. You could have access to a 100 ft. yacht but if it costs millions of dollars, the access is meaningless.

What access does mean is that a comprehensive range of services, including the newest technologies, is a given for a health plan. There are regulations that cover this but it's also a competitive imperative. If a plan's network lacks access to certain specialized services it will simply not succeed in the marketplace.

For this reason, any effort to pare the network of services is done only if similar services are available close by. In urban California where provider competition is robust this is not an issue.

Some of what has been discussed above is well known inside the business. Some isn't. What managed care plans should do, in my opinion, is put more resources behind communicating clearly and directly to all stakeholders the success they've had in ensuring both affordability and access. Some of this success involved hard choices. Some met with significant provider resistance. They all mattered.

Employers—they pay the bill after all—have welcomed these efforts and continue to spur plans to even greater innovation so that premiums will remain affordable. In so doing, employers can continue to provide their valued employees with the single most important benefit—health care.



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# Telehealth Enhances Home-based Palliative Care During COVID-19 Pandemic and Beyond

BY DR. TERRI MAXWELL AND DR. JASEN GUNDERSEN

**W**ITH THE COVID-19 PANDEMIC disproportionately affecting people who are seriously ill—especially older adults, the supportive role of home-based palliative care support programs (HBPC) has never been more critical. This aging population faces a dual risk, first from the coronavirus and second from the effects of isolation on their physical and mental health.

To begin with, it is important to understand the difference between hospice, palliative care and home-based palliative care. Designed for patients who have six months or less to live, hospice provides pain management, symptom control, psychosocial support and spiritual care to patients with incurable illness and their families.

Palliative care addresses symptoms, relieves pain and maximizes quality of life for people living with serious illness. It provides a layer of help for those who may be receiving curative treatments, such as radiation or chemotherapy. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at point in a serious illness and can be delivered with curative treatment. Home-based palliative care or HBPC, is care delivered in the home with the goal of treating the illness or injury, helping the patient get better, regain their independence and align treatment with goals of care.

Personal contact is the foundation of HBPC—virtual or direct. Conversation and relationship building helps support patients with serious illness and their families, clarifies their values and defines treatment choices in the face of serious illness.

HBPC professionals play a key role in the homes of many individuals who are now more isolated than prior to the pandemic. Technology and telehealth support tools are critical for meeting

care needs while avoiding direct contact that might affect the safety of the patient and clinicians. With these tools, HBPC clinicians can reach more people in a shorter amount of time, while also allowing seriously ill persons to remain in the safety of their home environment during the COVID-19 pandemic. It also helps HBPC clinicians conduct sensitive conversations with the patient and family members about prognosis, treatment, advance care planning and goals of care.

As part of this assessment process, they may ask questions such as: at what point would you want to stop treatment and transition to hospice care? What brings you joy? At what point would your life no longer be a life you want?

This change in care delivery may prove significant for brokers because it influences recommendations for Medicare Advantage plans or retiree benefits programs: telehealth will remain a fixture of healthcare delivery to improve access to care and meet the needs of patients and their caregivers.

## VIRTUAL INTEGRATION IN THE HOME

Virtually integrated clinical teams help both patients and caregivers participate in discussions regarding COVID-19 treatment, especially decisions regarding ventilator utilization, if necessary, as well as preferences for remaining in the home or options for hospice care.

For many, telehealth is not only essential to delivering palliative care support services to seriously ill patients in the current crisis, but it may also provide a more attractive option than in-person visits for what is for many stakeholders a sensitive and challenging discussion. What's more, virtual visits can occur more frequently and help to develop relationships that are more robust over time.



In addition, physicians, nurses and social workers can provide help to caregivers and patients working from home. In the process, they are able to continue to build trust, set goals of care, make shared decisions, provide symptom management, identify social determinants of health (SDoH), assess caregiver needs and find community resources.

The challenge is finding ways to ensure that patients with serious illness—and at highest risk of the virus—have adequate food, prescription medications and appropriate social contact. To protect patients and clinical teams from potential exposure to the virus while maintaining commitments to seriously ill patients, many HBPC programs have altered their care delivery methodologies and approach.

Telehealth and virtual care have emerged as an important way to provide access to clinical care, address the impact of social determinants of health and enhance the role of HBPC clinicians.

#### **HBPC BEST PRACTICES DURING THE PANDEMIC**

Home-based care programs, including palliative care programs for persons with serious illness, quickly needed to pivot their care models to limit exposure to both clinicians and their patients and families when COVID-19 first appeared. For example, Turn-Key Health, a Carecentrix company, immediately transitioned its HBPC clinical team from primarily in-home assessments to largely virtual care support. This change minimizes direct contact between providers and their seriously ill patients to limit any possible exposure to COVID-19. Despite these changes to

protocols, the team continues to exceed clinical performance standards and achieve high patient and caregiver satisfaction.

Patients with special or urgent needs continue to receive home visits from the programs' nurses and social workers based on a protocol for identifying priority patients and following strict guidelines for screening and use of personal protective equipment.

During the first months of the pandemic, recognizing their increased risk and special needs, the palliative care nurses and social workers contacted patients who lived alone or had risk factors, such as cardiac or pulmonary disease, weekly. During these calls, they reviewed the CDC guidelines on handwashing and reminded all patients of the importance of maintaining social distancing.

On an ongoing basis, the clinical team also provides patients specific instructions about what to do if they or their caregivers become ill. These check-in calls continue to cover other ground, offering the opportunity for staff to help a patient access food, medication and household goods by providing information about organizations that deliver food and supplies. They also take action to help ensure that patients have prescription refills and access to medication delivery.

At a time with much attention given to the urgency of the COVID-19 pandemic, HBPC teams are not losing sight of chronic disease management. During calls or videoconferences to patients and their caregivers, nurses evaluate new symptoms and provide education and support to make certain that patients

## While the pandemic has increased the challenges of navigating health and wellness for aging and retired populations, it also gives brokers an opportunity to highlight the value of HBPC when reviewing coverage options with clients and point out its important role in helping individuals in the transformation from home health to home-based care.

are managing their diabetes, hypertension, heart failure and pulmonary disease. This can mitigate negative health effects and prevent emergency room visits.

These calls, telephonic and video visits by clinicians also provide a personal connection greatly needed to help combat social isolation, especially for those living alone. Additionally, they allow the nurses and social workers to assess for signs of depression, anxiety or mental status changes such as confusion or signs of stress in caregivers.

When in-home visits are feasible, the team monitors for changes in the patient's mobility or ability to perform self-care, assesses the risk for falls or self-neglect, and evaluates the need for referrals to community-based services that bolster support for meal delivery, access to prescription medications and other issues.

These teams also engage patients in the important task of COVID-19-specific advance care planning. They use specially developed communication and decision support tools to initiate these conversations, which proactively address concerns and establish the patient/family goals of care if there is a decline in the patient's health, progression of disease or they become acutely ill with COVID-19.

Turn-Key's clinical operations team meets regularly to review current COVID-19 data regulations to identify the need for additional modifications and provide timely updates to their partners. A real-time dashboard to monitor COVID-19-related patient outreach activity is critical, as well as the need to examine any impact on clinical key performance metrics (KPIs) to enable prompt response to any concerns.

### REAL PATIENT STORIES FROM THE PALLIATIVE CARE FRONT LINES

Patient stories based on real-world situations illustrate the unique challenges of COVID-19 for seriously ill persons at home and the ways in which HBPC programs provide much needed care and support.

**Patient #1** – A 63-year-old male with COPD and lung cancer who lives alone. During a phone call with an HBPC nurse, he disclosed feeling fatigued, mildly short of breath and had a moderate cough and pain. His breathing sounded congested over the phone, but he did not have a fever. The nurse reviewed COVID-19 signs and symptoms, including a fever over 100.4, dry cough, sore throat, muscle and joint pain and difficulty breathing. The nurse instructed him to check his temperature every four hours and call back if a fever or any distressing symptoms developed. The nurse continued to check on him daily. By the third day, his condition was not significantly better. After consultation with his primary care provider, he went to a walk-in clinic and received Doxycycline for a non-COVID-19 upper respiratory infection. His cough and congestion improved with the antibiotic and his nurse continues to monitor him weekly.

**Patient #2** – A 69-year-old female with amyotrophic lateral sclerosis (ALS), a progressive motor neuron disease. She receives weekly calls from her HBPC team to monitor her fragile health status and make sure she has support during COVID-19 lock down because she lives alone. She relies on daily Meals on Wheels, but deliveries stopped during the crisis. Her social worker arranged a family meeting over the phone with her and with her estranged family to request support to obtain groceries and meal delivery. During the call, her grandson agreed to pick up groceries and drop off food. The clinician reviewed COVID-19 signs and symptoms, including a fever over 100.4, dry cough, sore throat, muscle and joint pain and difficulty breathing, and encouraged her to practice social distancing, masking and proper hand hygiene during food drop-offs.

**Patient #3** – A 75-year-old female who lives alone. She has diabetes with multiple complications including lower leg amputation. She receives assistance from a program that places caregivers in the home for several hours a week. Although she is grateful for this support, she was very concerned and anxious that her caregiver was not following proper hand hygiene. In addition, she was afraid to venture out of the home for groceries and medicine. Her HBPC nurse provided tips on ways that she could talk with the in-home care provider about hand hygiene. Ultimately, at her request and after conferring with the nurse, the company replaced the care provider with someone with whom she was more comfortable. The HBPC clinician also arranged for her to obtain free home delivery of her medications and identified a neighbor who agreed to deliver groceries. Her nurse continues to provide telephonic support weekly.

While the pandemic has increased the challenges of navigating health and wellness for aging and retired populations, it also gives brokers an opportunity to highlight the value of HBPC when reviewing coverage options with clients and point out its important role in helping individuals in the transformation from home health to home-based care.



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# How Anthem Blue Cross Reduces Dental Opioid Prescriptions

BY SCOTT TOWERS

**S**INCE THE AMERICAN opioid crisis began in the 1990s, it has continued to have a devastating impact on human lives and our economy. In 2017, the crisis was officially declared a public health emergency and since then, U.S. health care institutions and providers have worked to fight this epidemic, but they need help. This effort requires collaboration from all parties involved in our country's healthcare system, including employers and insurance companies.

The need to stop this epidemic has become even more urgent due to the COVID-19 pandemic, which has led to significant increases in opioid-related deaths in 35 states in just the last few months. Additionally, according to the National Institute on Drug Abuse, people who take high-doses of opioids may be more at risk for COVID-19 due to the negative effect opioids have on the lungs and heart, making them more susceptible to respiratory health challenges.

With America's healthcare system driven by employer-provided insurance, employers have a responsibility to understand the epidemic, its associated costs and how they can help their employees through this crisis. In turn, their insurance providers have a duty to provide them with the proper resources, education and support. Anthem Blue Cross has taken steps to do so with a program that has resulted in significant reductions in dental opioid prescriptions. By applying our whole health approach to opioid prescribing in dentistry and rolling out our Dental Patient Health History tool last year, Anthem has

seen a greater than 50% reduction in opioids prescribed by dentists since 2016. In that same time period, the number of opioid prescriptions by dentists exceeding a seven-day supply has dropped by more than 90%. Since the first exposure to opioids for many people, including 31% of adolescents (aged 10 to 19), occurs following dental procedures, we know that reducing dental opioid prescriptions in particular is critical.

## COSTS OF THE CRISIS

According to the latest available figures from the U.S. Centers for Disease Control and Prevention (CDC), opioids were responsible for 46,802, or 69.5%, of drug overdose deaths in the U.S. in 2018. The opioid crisis claims more lives from the 25 to 34-year-old age group than it does from any other, making it particularly horrifying.

On top of the human cost, there is a staggering financial cost. According to the Society of Actuaries (SOA), the opioid epidemic cost the U.S. economy more than \$630 billion between 2015 and 2018 in expenses related to premature mortality, criminal justice activity, child and family assistance and education programs. Of that total economic loss, lost productivity in the form of absenteeism, reduced labor force participation, and employer costs for disability and workers' compensation accounted for \$96 billion.

To address this nationwide problem, the CDC released updated opioid prescription guidelines in 2016. While guidelines and advisories from national health care institutions and leaders are important, they are ineffective without

buy-in from stakeholders up and down the chain of care—including Anthem.

## THE WHOLE PERSON HEALTH APPROACH

Recognizing the gravity of the situation and our responsibility to act, Anthem aligned with the CDC's recommendations shortly after their release and immediately applied our whole person health approach to reduce opioid prescriptions. In the traditional American healthcare model, information can travel very slowly or not at all between practice areas, which can potentially hinder a patient's health journey. Our whole person health approach connects dental, vision, pharmacy, disability and other medical claims data in real time to provide a holistic view of the patient's health.

With more information about their patients' medical and prescription histories, providers can see what patients are taking and why, to make better and more informed decisions and recommendations, and ultimately improve patient outcomes while reducing medical costs.

The solution to such a widespread problem needs to be bold, so our integrated approach to whole person health has enabled us to put our combined healthcare expertise toward developing a comprehensive and effective plan of action.

## REDUCING DENTAL OPIOID PRESCRIPTIONS

Through our whole person health approach, we initiated a multi-year effort



to create more targeted communications for network dentists who had higher volumes or longer durations of opioid prescriptions. We implemented stronger quantity limits on short-term and long-term acting opioids, while proactively recommending alternative, non-addictive pain management options such as acetaminophen or ibuprofen.

Additionally, our secure and HIPAA compliant Dental Patient Health History Tool allows network dentists to see integrated patient health histories across products including medical, dental, vision, behavioral health, and prescription drug coverage. The tool also includes opioid prescription data from other providers, helping to solve a major issue in single patients who possess multiple opioid prescriptions from different providers, and helping those providers avoid potential overprescribing.

On top of reducing opioid prescriptions by fighting over-prescription, prescription shopping and abuse, whole person health helps dentists recognize and manage systemic or chronic conditions. This can improve patients' overall oral health and prevent emergent events, such as infections, that can require support in the form of pharmaceuticals or opioids.

When opioids are absolutely necessary, dentists can recommend three-

day prescriptions instead of five, seven or 10, reducing the amount of time a patient takes opioids, the likelihood that they will become addicted and lastly, the cost of each prescription.

#### **HOW THIS BENEFITS ALL PARTIES**

Since this crisis began, American families have seen how devastating and harmful opioids can be. So, any solution to reducing prescriptions and usage of these medications needs to include a focus on the patient. By better educating patients about the risk of opioids, helping them to manage any underlying health conditions, and encouraging them to improve their overall health, it's possible to reduce the likelihood that they will need opioids in the first place, and potentially fall victim to addiction.

For providers, having access to the whole person health view of their patients' medical care and opioid prescription histories reduces the time spent gathering patient history and background. Making this information readily available to all care providers involved gives them more confidence in their decisions and recommendations and makes care more efficient from start to finish.

Employers obviously depend heavily on their employees, so it is in their best interest to ensure they are healthy and to

provide them with the tools necessary to get the best possible care. Reduced opioid prescriptions can help reclaim the billions of dollars lost to health care spending and lost productivity and lost work days created by the opioid crisis, while also reducing the cost associated with managing and treating addiction.

The American people need to be freed from the grasp of this crisis, especially in the midst of a pandemic. So, for brokers, I encourage you to seize this opportunity to work with insurance providers that offer a whole person health approach and be the partner that employers can count on to help combat this public health emergency.



**SCOTT TOWERS** is president of Anthem Blue Cross's Dental and Vision businesses. In this role, he is responsible for setting the strategic direction with accountability for product

development, operations, underwriting, network development and strategy, as well as managing membership across the enterprise.



# Celebrate the Family with Long Term Care Planning

BY MARCIA ISRAEL

**N**EVER HAS THERE BEEN a time when issues

surrounding Long Term Care have been more relevant or more top of mind in the public. We see the issues COVID-19 has presented with seniors. And we know that most people will get to a stage where they require an ever-increasing need for loving care. How can we help our clients prepare for this care in the “autumn” of their lives?

As insurance and financial professionals, most of us worry about how our clients will fare in retirement. Will they have enough money to hedge Medicare and other healthcare costs? Will they have enough life insurance coverage to leave something to their spouse or heirs? Will they be able to maintain their same standard of living? Most importantly, will they outlive their retirement funds?

These are all critical factors as we advise people to save, plan ahead and look forward to a worry-free retirement. Food for thought: Should advisors discuss more frequently with clients the reasons to purchase long-term care protection, notably as an essential component of every retirement plan?

When talking about long term care insurance (LTCI), other than cost, clients often asked the question, “Why is this coverage so fundamental?” Bear in mind that they need to purchase coverage way before they will use the benefits.

To answer the question of why, our agency consulted with several care specialists who actively find placement or are caring directly for seniors, either in-home, at assisted living, or at



board and care homes.

Here's what veteran board and care homes, assisted living, placement, memory-care, and home care experts share about the need for long term care insurance.

## HOW ARE FAMILIES PAYING FOR CARE?

“They literally ‘empty out’ the bank account.”

One expert hears this often, “Financially, this is all we have, can you please help us...?”

Caregiving

professionals all tell us that only about 3-8% of their clients have long term care insurance and the rest are private pay—meaning that the clients must find ways to pay 100% for long-term services (custodial care). They report that families with no LTCI are needing to do any or all of the following to pay for care: accelerate pensions, sell the home, find a reverse mortgage (if there is enough equity in the home), ask children/friends/family to pay a portion of the cost and/or deplete savings. This, of course, leaves the spouse or partner with reduced funds and security for their own long term care needs down the road. Those fortunate enough to have funds to pay for care can choose where, when, and who to receive care from; those who are more middle income, and have saved their whole lives for retirement, may see their hard-earned retirement savings exhausted in mere months.

If these specialists in the field are seeing only 3-8% of clients with LTCI, and these clients purchased coverage at least 10-15 years ago (when coverage was more affordable and underwriting much more lenient), we can only imagine as financial experts what a tsunami there will be in 15-20 years

# Many people understand the need for retirement planning, creating trusts/wills, succession plans, etc. but most do not have a transition plan in place for when seniors need care.

from now when so many baby-boomers do not have coverage and will need care. We need to ask NOW:

- Do families have a clear long term care plan in place?
- Have you chosen the place where you want to live?
- Where are the Military Service records?
- Is community living better for my loved one than home-care?

## WHAT ARE MY OPTIONS IF MY LOVED ONE HAS ALZHEIMER'S OR DEMENTIA?

Most families do not have a specific plan in place for a long term care. The senior advocates we spoke to indicated that when families come to them seeking care for a loved one, the transition for needing care is often urgent and most times stressful. Families must, all too quickly, begin to sift through a host of options to find placement and pay for the care. The task is exhausting and overwhelming. Children and spouses must suddenly scramble to find any insurance policies (Life/LTCI/Chronic or Critical Care, etc.), consult with attorneys, accountants and/or financial planners to figure out what to do—and how to pay for these services. All of this takes place while simultaneously making important decisions about which caregiving services are most appropriate for the loved one.

Having a plan in long term care plan and insurance coverage supports the family, and the loved one who needs care, allowing for a smooth transition from independent living to needing a part-time or full-time caregiver in-home, in assisted living, in a facility, at a board and care, and perhaps a nursing home. Most care begins as part time care with an increased need for services over time. Families who know and have easy access to legal records and documents are better able to make educated decisions about selling assets, utilizing LTCI, mortgaging the house, and accessing funds in pensions and retirement savings. Many people understand the need for retirement planning, creating trusts/wills, succession plans, etc. but most do not have a transition plan in place for when seniors need care. Where will the funds come from? What needs to be done to secure the funds? Which form of care is best suited emotionally and physically for the loved one? Who will handle the care vs financial costs for the care? LTCI plays an essential role in funding these care solutions.

## HOW DOES A LONG TERM CARE HEALTH EVENT AFFECT THE FAMILY?

- The caregiver may be at risk and pass away (as did my mom) before the cared-for loved one.
- Children or the spouse/partner may need to quit work, reduce hours, or suffer professionally.
- Caregiver retirement funds may be drastically reduced.

- What are the costs of human care?

Financial professionals understand the economic impact of care and paying for care, but what is the toll physically and emotionally? The loved one is being cared for, yet how does a long term illness affect the family? In many cases the spouse or partner has a diminished financial future. Medi-Cal may not be an option nor VA benefits. The family is scrambling to take shifts as caregivers. In some instances, the caregiving partner or friend also becomes ill or depressed, or even dies before the impacted loved one (in roughly 30% of cases). LTCI pays for respite care and Adult Day Care—offering family and friends time to refresh and renew.

## LTCI TO THE RESCUE

The crucial question for the clients we advise is: What happens down the road when you actually need long term care services?

We all understand that custodial care is generally not covered by health plans, that Medicare may offer very limited help, and that Medi-Cal/Medicaid may require a spend-down of sorts to qualify. Are we, as financial professionals, looking at this from every standpoint when speaking to clients about planning for retirement? Are we discussing LTCI?

For answers, just look to the caregiving professionals who place or provide direct care for seniors. LTCI makes the transition to care easy and affordable. It is a necessary protection, as well as an investment that should be a part of every retirement portfolio.

*Author's note: thank you to the wonderful caregiving professionals who helped contribute to this article: Ronda Wilkin (Silverado Senior Care- Memory Care); Ferdie Villegas (LivHOME-Home Care); Dina Vetchtein (Shalom Elderly Care-Board & Care); Elizabeth Godlewska (Marble Terrace-Board & Care); Kathleen Hall Goldner, SRES (Pinnacle Estate Properties); Daniel Sagal (Total Senior-Placement & Sr. Care Solutions); Barbara Oberman (Medicare & Sr. Care Advisor).*



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# The Future of Benefits Enrollment is Here

BY CHRIS DELLA SALA

**A**S COVID-19 CONTINUES to grip the U.S., employers aren't the only ones whose views have been altered as it relates to the importance of offering strong benefits. Employees are seeking assurance that their employer is going to offer a more responsible way to learn about and enroll in the benefit offerings designed to protect them.

There is no doubt COVID-19 has accelerated the desire for employers to expedite their natural shift to a contactless enrollment approach. And with so many Americans continuing to work from home, contactless technology is more relevant today than it ever has been. This need has employers desperately seeking affordable online solutions that will effectively engage and educate their remote employees during benefits enrollment season.

When you think about what most benefits technology platforms were built for, you realize those systems were built to support one primary activity—to block and tackle data. They were not built to deliver a high-quality user experience when it comes to things like multimedia or custom, high-resolution educational videos. With employers looking to accommodate a contact-free enrollment this enrollment season, it is crucial to engage a benefits technology partner who has pioneered this enrollment approach. So, what should a benefits technology partner provide for an online, open enrollment to be successful? That's easy: a full turnkey solution that addresses communication, engagement, education, enrollment and administration.

What exactly should a contactless enrollment platform do? It should:

- Provide consistent, engaging communication

- Support core and voluntary benefit offerings
- Provide easy-to-understand, personalized education on core and voluntary benefits offerings
- Provide an integrated, data-analytics driven decision support tool
- Deliver seamless data exchange between carriers and payroll
- Offer a robust on-demand reporting system

## CONSISTENT COMMUNICATION:

Benefit experts know when it comes to rolling out new products or processes for employees, effective and engaging communication is critical. When choosing your benefits technology partner, make sure their model consists of a comprehensive communications campaign that informs your client's workforce about the upcoming open enrollment and benefit offerings. This communication campaign should immediately begin engaging your client's workforce by way of dynamic electronic messaging on the employer's behalf without exposing any private health information. And it should occur through modern means that most employees readily have access to, such as e-mail and text messaging.

## SUPPORT CORE & VOLUNTARY

**OFFERINGS:** Building a benefits package that appeals to a diverse workforce at every stage in life can be challenging for many. Having a diverse catalog of voluntary benefits that include critical illness, accident and hospital coverage is desired, but what is the point if the enrollment technology does not support them? When transitioning to an online enrollment platform, be sure the

technology platform can manage all the voluntary benefit offerings.

## EASY ED ON CORE & VOLUNTARY BENEFITS:

Statistics show that traditionally only two out of 10 people feel they understand the benefits offered to them and 40% feel stressed when enrolling in their benefits. This is unfortunate as benefits are supposed to be good. So, why the dismal results? The answer is simple. We've been trying to educate people about their benefits over the past 20 to 30 years using methods that don't resonate with them. Whether attending group meetings where they receive very high-level generic presentations or sifting through cumbersome benefits booklets provided by their employer, these methods don't work when nearly 90% of the population are visual learners!

Consider this: our brains process visuals 60,000 times faster than written text, and 80% of written content goes unread—which is not good when it comes to something as important as benefits. People consume information differently, so delivering it in a way that can be easily understood and accessed during their decision making will make for more confident decision making. Studies show that consumers are less likely to question their personal buying decision when made after conducting their own education as opposed to those individuals who received coaching by a benefits enroller, whether in person or by phone. That being the case, your benefits technology partner should provide a benefits enrollment approach that consists of engaging tools and educational videos, in both English and Spanish, that utilize behavioral science





for a more personalized enrollment experience for every benefit offering and employee class available.

### **INTEGRATED DECISION SUPPORT**

**TOOL:** Several decision-support tools exist; however, the majority come with a price-tag, are fragmented, and operate separately from the actual enrollment technology itself. It is in your best interest to have a benefits technology partner with an integrated decision support tool that utilizes data analytics and machine learning technology to provide the enrollee with custom plan suggestions. The suggestions should also show enrollees how their benefits are designed to work together, in addition to how much they are paying and what they are paying for.

**SEAMLESS DATA EXCHANGE:** Select a partner known for simplifying the data exchange process to carriers and vendors. It is important to have the pipes connected for an easy flow of data amongst existing partnerships which is guaranteed to save time and money—as well as improve HR and administration efficiencies.

### **ROBUST ON-DEMAND REPORTING:**

Lastly, employers should be able to access their benefits data when and how they want. Running reports on-demand should be a native service for human resource managers so that they have the power to manage their company's benefits. It is after all their data.

As great as this sounds, it is impossible to ignore the fact that many people still like to go along with the “if it isn't broke, don't fix it” outlook when it comes to

their benefits enrollment approach. Unfortunately, COVID-19 has made it very clear that the traditional enrollment approaches are just not sensible options in this climate.

### **THIS IS THE MOST IMPORTANT ENROLLMENT**

Furthermore, I would argue that with many Americans sharing fears and concerns about their health in this environment, the next open enrollment is the most important one yet, as employees want to know how they're protected.

Technological advancements along with major shifts in customer expectations have accelerated the use and the need for contactless technology. Those that have been in the insurance industry for a while are amazed by the technological advancements over the past decade alone! Some may see the merging of insurance and technology as a disruption in the industry. I encourage you to take a step back and embrace the never-ending capabilities! New technology developments have enabled benefits enrollment to be 100% online. This evolution has enhanced the enrollment experience and has opened the door to finding new ways of increasing enrollees' comprehension of their health benefits.

With other industries moving forward in technology and with the influx of millennials in the workplace, the insurance industry landscape will likely do away with the traditional enrollment approaches and quickly provide access to a plethora of on-demand services. As the millennial generation continues to infiltrate the corporate infrastructure, there is becoming

more of a need to extend enrollment access so that benefits are accessible anywhere, at any time when using a mobile responsive enrollment platform. Enrollees are counting on their employer to provide them with the tools to make the decision that best benefits them and their family's well-being. On the flipside, your clients are looking to you, their consultant, to help them transition to the best contactless enrollment solution.

Change is inevitable. Enrolling into health benefits using contactless technology is not a fad or a bandwagon that people have jumped on. Contactless enrollment is, without a doubt, the future of benefits enrollment.



### **CHRIS DELLA SALA**

*serves as the VP of Sales at TBX®, an enrollment technology firm specializing in no-cost, contactless, self-serve enrollments. Chris recently joined TBX® after more than*

*8 years at Colonial Life, where he served in various capacities, including leading the Southern California, Orange County-based sales organization and most recently, the Large-group Practice Leader for the Southwest U.S. His vision for TBX is to serve as the premier broker partner, go-to technological enrollment platform, and ultimately disrupt the industry's mindset on enrollment technology and capabilities. Originally from Texas, Chris currently resides in Irvine, California. He can be contacted at [Chris@TBXBenefits.com](mailto:Chris@TBXBenefits.com).*

# Results from Cal Broker's Voluntary Benefits Survey

We've been at it again... this time we've contacted major players—**Aflac**, **CHOICE Administrators**, **The Guardian Life Insurance Company of America**, **MetLife**, **Colonial Life**—in the voluntary space to find out what you need to know now

COMPILED BY THORA MADDEN

## CB: Can you offer some insight on how COVID-19 has impacted voluntary benefits?

### Aflac:

COVID-19 has affected the supplemental benefits industry in two primary ways, which Aflac addressed in its white paper "Stronger on the Other Side."

First, it has amplified the need for supplemental insurance to help address the financial aspects of COVID-19, its potential long-term health complications and any potential future pandemics. Supplemental coverage not only helps with the expenses health insurance doesn't cover, but it also helps serve as a financial safety net if covered illnesses arise as complications of the coronavirus. After all, the coronavirus has been linked to lung, kidney and heart issues, significantly increasing the expense and length of recovery, according to experts at the University of California at Irvine.

### FOR EXAMPLE

- Hospital Indemnity plans help provide financial protection during treatment if an insured is admitted or confined to a hospital
- Critical Illness plans help if an insured is treated for a covered critical illness like a heart attack
- Disability Insurance plans can help financially if one is unable to work during recovery due to a covered illness.

Another option is Aflac's BenExtend®, which combines popular benefits from top plans such as hospital and critical

illness all in one product. In fact, 88% of employers said they are interested in offering their employees insurance to cover costs associated with diagnosis and treatment of COVID-19 or future pandemics, according to the 2020-2021 Aflac WorkForces Report. So, it makes sense for brokers to have a conversation about supplemental coverage with clients.

Second, it has disrupted the delivery and navigation of health care, emphasizing the value of services like telehealth and stress-management programs and resources. An Amwell survey notes that 59% of patients who have had a video visit with their doctor had their first one during the pandemic, and over 90% of patients said they were very or somewhat satisfied with video visits. And it's here to stay: 92% of respondents said they plan on using video visits in the future after COVID-19 quells. If clients aren't already offering this valuable service, talk with them about it today.

In addition to telehealth, stress-management programs and resources are becoming vital to helping foster financial and emotional well-being that can fuel workforce productivity. Consider these value-added services, which Aflac offers access to with our supplemental plans:

- Employee assistance programs (EAPs) provide short-term support from specialists who help resolve personal problems that are affecting performance on the job. EAPs can assist with a range of issues including substance

abuse, work/life balance, child care or relationship difficulties.

- Health advocacy services provide a personal health care concierge who can assist with numerous tasks, including explaining a diagnosis, clarifying health care coverage, addressing claims questions, obtaining second opinions, negotiating bills and finding doctors and treatment centers.

- Wellness programs such as online yoga and fitness classes help develop and nurture healthier lifestyles through virtual assistance, digital workshops, discounts, meal planning and more.

- Financial support services, including phone consultations with professional counselors on a range of topics such as debt management, life insurance, college funding, credit management and more, as well as access to financial tutorials and calculators, webinars and other resources.

### CHOICE Administrators:

In spite of COVID-19—or, perhaps, because of it—interest among employers for voluntary benefits continues to be high. Employees also continue to be interested because voluntary benefits give them the opportunity to personalize their coverage to match their individual or family health care needs.

### Colonial Life:

COVID-19 has radically changed the workplace. More than ever, employees want and need voluntary benefits that offer the flexibility to personalize their

benefit options for their unique needs. We've all been reminded that life is full of unexpected moments, and employees want to feel confident they are prepared for those unforeseen challenges. As organizations continue to adjust to a new 'normal' of social distancing and hybrid work environments, the need for flexible enrollment methods that provide employees access to benefits and education has never been greater. Colonial Life provides financial protection and personalized benefits to help our clients and employers successfully and quickly pivot to an engaging and flexible enrollment experience.

### **The Guardian Life Insurance Company of America:**

The pandemic has shed a light on the value of voluntary benefits with a growing interest from brokers in the products that can help their clients with unexpected medical costs, such as hospital indemnity insurance. While enrollment activity for voluntary benefits has decreased slightly this year, we expect more employees to participate in upcoming voluntary benefits enrollment because COVID-19 has increased employee awareness of the importance of voluntary benefits. For example, life insurance is a product where sales have increased on the individual side, and one that brokers should consider educating their clients on as a value add in the workplace.

### **MetLife:**

The recent pandemic has shed more light on the importance of voluntary benefits and the role they play to continually provide protection to employees and their dependents when it comes to unforeseen financial hardships. Since products like Critical Illness and Hospital Indemnity insurance can provide a benefit payout for someone that is diagnosed and hospitalized with COVID-19, we have seen an increased interest in employers offering these benefits. We have also seen employers possibly entertaining employer paid benefits as well. While it is too early to tell how this will all play out, we feel voluntary benefits like these have been elevated in the mindset of both employers and employees.



### **CB: List the voluntary/employee-paid benefits that you offer along with the minimum group size for each offering.**

#### **Aflac:**

Aflac's supplemental insurance policies can complement any benefits package by offering an additional layer of financial protection if the unexpected happens. Aflac offers both group and individual plans ranging from Life and Disability to Hospital Indemnity and Critical Illness. Additionally, Aflac's supplemental coverage provides cash benefits paid directly to the insured (unless otherwise assigned) to help with the expenses health insurance doesn't cover. Aflac pays cash benefits quickly so insureds can focus on recovery instead of their bills.

Aflac offers the following individual coverage:

- Accident
- Cancer/Specified Disease
- Specified Health Event
- Aflac Dental Insurance Supplemental Plan
- Hospital Confinement Indemnity
- Life: Whole, Term and Juvenile
- Lump Sum Critical Illness
- Short-Term Disability
- Aflac Vision Insurance Supplemental Plan

Aflac Group offers the following group coverage:

- Accident
- Short and Long-Term Disability
- Critical Illness
- Hospital Indemnity
- Whole and Term Life

- BenExtend®
- Aflac Dental
- Aflac Vision

In order for clients to establish an account, Aflac requests they complete and sign a Payroll Account Acknowledgement form and allow three separate W-2 employees to apply for at least one Aflac policy. To establish group billing, Aflac Group requires a minimum of 25 payers.

#### **CHOICE Administrators:**

We offer a variety of benefits that can be offered on a voluntary or employer-sponsored basis including:

- Employer-sponsored Dental (2-199 employees)
- Voluntary Dental (10-199 employees)
- Employer-sponsored Vision (2-199 employees)
- Voluntary Vision (2-199 employees)
- Employer-sponsored Chiropractic & Acupuncture (2-199 employees)
- Voluntary Chiropractic & Acupuncture (2-199 employees)
- Employer-sponsored Life Insurance (2-199 employees)

#### **Colonial Life:**

Colonial Life provides critical support to employees and their families when the unexpected happens. Our offerings include Disability, Life, Accident, Critical Illness, Cancer, Dental and Vision benefits, available to employer groups of at least three benefit eligible employees.

#### **Guardian:**

Guardian offers voluntary Accident, Accidental Death & Dismemberment, Cancer, Critical Illness, Dental, Hospital Indemnity, Life (Term and Permanent), Long Term Disability, Short Term Disability and Vision.

#### **Group size:**

- Permanent Life offered to groups of at least 26 lives
  - Voluntary Term Life, Accidental
  - Death & Dismemberment, Short Term
  - Disability and Long Term Disability require a minimum of 4 enrolled employees
- All our other voluntary group coverages can be offered to groups with as few as 2 employees



### MetLife:

We offer the following:

- Accident Insurance – 100 lives
- Hospital Indemnity Insurance – 100 lives
- Critical Illness Insurance – 100 lives
- Cancer Insurance – 100 lives
- Auto and Home Insurance – 100 lives;
- Legal Plan (MetLaw®) – 100 lives
- Worksite Short Term Disability – 100 lives
- Pet Insurance – 100 lives
- Health Savings Account (HSA) – 1 life
- Health Flexible Spending Account (FSA) – 1 life
- Limited Purpose Flexible Spending Account (LP-FSA) – 1 life
- Dependent Care Flexible Spending Account (DC-FSA) – 1 life
- Commuter Benefits – 1 life

### **CB: Do you have any benefit offerings for employees that work fewer than 40 hours a week?**

#### Aflac:

Yes, we do. Aflac individual and group plans are available for full-time employees, as defined by the client, who work fewer than 40 hours a week. Please note the following:

Individual Accident Disability Rider and Short-term Disability policies: Employees must work a minimum of 19 hours a week.

Group plans: Employees must work a minimum of 16 hours a week, with the exception of group Disability. In order to be eligible for worksite Disability, employees must work a minimum of 19 hours a week, and for true-group Disability, employees must work at least 20 hours a week.

### CHOICE Administrators:

Yes, we offer everything listed in the previous question to employees working 20 hours or more per week.

### Colonial Life:

Yes, Colonial Life offers flexible benefit solutions for both full and part-time employees who work at least 20 hours per week. In some cases, we offer benefit solutions for part-time employees working 17.5 hours per week.

### Guardian:

Yes. Guardian offers benefits to employees that work less than 40 hours a week. Our product offerings vary according to whether the employee works 30 hours or 20 hours a week.

### MetLife:

Yes. For our voluntary benefit products, we look to the employer to determine the group's definition of eligibility. While 30 hours is a common threshold for full-time consideration, some states mandate that employees working fewer hours be considered for benefits. During a group's implementation, we will confirm the number of hours to be considered full time and whether part-time employees will also be eligible for coverage. We adhere to all applicable laws and regulations concerning eligibility, which, in some states, exclude those not working more than 24 or 30 hours a week.

Employees must be actively at work to be eligible for our voluntary benefits. Actively at work means that employees are performing all the usual and customary duties of their jobs on a full-time basis. This must be done at:

- The group policyholder's place of business
- An alternate place approved by the group policyholder
- A place to which the group policyholder's business requires them to travel.

### **CB: Do you offer flexible enrollment data, billing capabilities and processes that work with the employer's systems?**

#### Aflac:

Yes. Aflac has the tools and flexibility to meet the unique needs of businesses of all sizes—from benefits marketing and education, to enrollment solutions and multiple billing options. We will work with employers to design a seamless experience tailored to their business.

Aflac has found that the key to a great billing experience is understanding the client's technical and payroll capabilities and assisting them with selecting the billing option that best fits their wants and needs. Aflac has the ability to work

with employers' systems as well as work with a wide range of third-party billing companies should the need arise.

### CHOICE Administrators:

We are working toward an integration with online enrollment platforms. However, at this time, our enrollment data and processes are not integrated. Billing data is broken down to display employer and employee contributions—making payroll deductions easier, whether it's handled in-house by the employer or through an external vendor.

### Colonial Life:

Yes, Colonial Life leverages technology and our flexible enrollment capabilities to help fulfill the unique needs of groups of all sizes. Our approach combines people and technology to streamline and simplify all aspects of enrollment and improve the overall customer experience.

Colonial Life's proprietary enrollment system, Harmony, is available to employers at no cost. Daily enrollment reporting includes data from employees who have met with benefit counselors to select coverage. This data helps plan administrators make real-time adjustments and assess enrollment progress daily.

When a platform is already in place, Harmony can seamlessly connect with various benefits administration and Human Resource Information System (HRIS) software, allowing employees to enroll in core and voluntary benefits securely in one place.

There are options to build group products on HRIS systems for qualified customers.

After enrollment, there are solutions to help employers receive and adjust bills and make payments easily online.

### Guardian:

We have tools in place to meet the unique needs of businesses. With respect to enrollment data, we have electronic data connections with over 300 entities. We leverage Electronic Data Interchange file transfer process where member data is sent quickly and

securely via a secured transfer protocol. In addition to our own online enrollment portal, we also have partnerships with multiple benefits technology vendors for benefits enrollment and administration.

With respect to billing, we offer traditional group billing which includes list bill, self-bill and self-admin billing options. For voluntary products, we also offer more flexible payroll billing. Finally with payroll billing, we can support the following: monthly variable billing, payroll frequency billing, seasonal billing, billing in arrears, payroll slotting, and flexible payroll deduction reports.

#### **MetLife:**

Yes. As the billing service provider for our products, we can work with virtually any TPA, benefit administration system or technology platform. We offer a platform-neutral payroll, time and attendance HRIS file feed at no additional charge. This feed can be linked with the customer's payroll and/or time and attendance systems to provide updates. We will assist with appropriately mapping the fields on the file to a customer's internal or third-party systems.

We are experienced and flexible in our ability to integrate with enterprise systems and enrollment firms to present a seamless enrollment process and ongoing administration. Our five most-used benefit administration vendors across all markets are bswift, businessolver, Empryan, PlanSource and Benefitfocus.

#### **CB: Do you offer the flexibility to conduct enrollments through one-on-one benefit sessions, group meetings, call centers and online self-enrollments?**

#### **Aflac:**

Yes. Aflac has the flexibility to conduct enrollments through each of these methods—virtual or in-person one-on-one benefit sessions, group meetings, call centers and online self-enrollments. Especially considering the pandemic environment and the need for safe distancing practices, Aflac offers virtual enrollment through videoconference and phone. However, the availability of each method is determined by the



number of eligible employees and state regulations.

#### **CHOICE Administrators:**

Yes, we commonly provide benefit enrollment sessions in person at group meetings (where and when permitted), and via telephone/conference call. In response to COVID-19, we now offer virtual enrollment meetings.

#### **Colonial Life:**

Yes. We offer multiple enrollment solutions:

- Group meetings: Our team of benefit experts can conduct group presentations in-person or virtually, prior to 1-to-1 benefit counseling sessions or as an alternative enrollment option.
- Custom communications: Personalized benefits communication and education based on each group's unique needs is available. We leverage email, digital postcards, custom websites, mobile apps, and digital benefits booklets to engage employees. Workers can also take advantage of our online scheduler to register for 1-to-1 benefit counseling sessions.
- Personal benefit counseling sessions: It's a powerful tool to help employees understand available options. We can assist employees working in multiple or remote locations and in various shifts. Multilingual counselors are available to offer assistance in person, over the phone or in video meetings.

#### **Guardian:**

Yes, we have capabilities to do virtual 1x1s, group meetings and benefit fairs. We have a call center and self-enrollment capability and also several key partners that provide such support on our behalf.

#### **MetLife:**

Yes. We partner with many companies (i.e., enrollment firms, technology vendors, third-party administrators and human resource outsourcing firms) who specialize in online enrollment and who deliver a high quality, flexible and relevant environment for employers and employees.

During the annual benefit enrollment period, we will ask that our voluntary products are programmed as an on-ballot benefit option with a yes/no benefit election decisions alongside the customer's medical, disability and life insurance. We can supply suggested text to the customer or their enrollment firm that will provide an overview of the products as well as the rates.

Upon request, we can provide onsite support before or during the customer's open enrollment period for group meetings and benefit fairs with more than 100 employees at one location. Onsite support for wellness and non-enrollment related events is typically provided for group meetings with 100 employees on location, and benefit fairs with more than 250 employees at one location.

An Onsite Services Enrollment Representative will work with the employer, their TPA or broker, to determine what types of meetings can be supported. Enrollment methods include:

- Group informational meetings followed by individual enrollment assistance
  - Employee group meetings
  - Train-the-trainer sessions for HR staff
- Benefit or health fairs

Our Onsite Services team works with over 400 benefit counselors across the country. These benefit counselors average 10 years of industry experience. Typically, there is no cost associated with these services.

#### **CB: Do you honor broker-of-record letters?**

#### **Aflac:**

Yes, Aflac accepts these.



## CHOICE

### Administrators:

Yes, we honor broker-of-record letters.

### Colonial Life:

Yes. Once received, the new broker will be placed on the account and will receive renewals on the in-force group product policies moving forward.

### Guardian:

Yes, Guardian honors broker-of-record letters.

### MetLife:

Yes. We will honor any written request from an authorized officer of a policyholder to recognize a broker or other intermediary as broker-of-record for purposes of providing such broker or other intermediary with information and/or paying commissions. This commitment is provided as long as the request is not inconsistent with any statutory laws or in-force compensation agreement.

### CB: Do you offer simple and hassle-free account billing and payment processes?

### Aflac:

Yes. Aflac's goal is to make billing and payment of premiums simple and hassle-free for your client. Aflac's systems are flexible to accommodate a variety of billing methods and handle almost any type of billing layout.

### CHOICE Administrators:

Yes, our bill is itemized to make it easy to understand. Employers can mail us a check, but we are seeing a growing

number of our customers either paying online or setting up auto-pay.

### Colonial Life:

Yes. Simplified benefits administration, including billing management, is core to our customer service model. We offer several electronic services that allow plan administrators to receive, adjust bills and make payments easily online. Account designated billing managers are also available to help answer any questions.

### Guardian:

Yes. Guardian offers a range of billing and payment options, from online to paper to electronic fund transfer, to help meet the varied needs of employers and ensure ease of administration.

### MetLife:

A single bill file platform is available for all voluntary benefit group products, which allows a single customer payment on a per-pay period or monthly basis.

However, unlike our other group products, our Pet insurance and Auto & Home enroll employees individually.

### CB: Does your billing system allow plan administrators to make online deletions and changes to their plan account?

### Aflac:

Yes, one of Aflac's billing options is an online invoicing portal for the employer to review current participants, plan levels and billing information. This portal is where the employer would reconcile their invoice monthly. Your clients are able to safely update, reconcile and pay their Aflac invoice electronically. This automated service enhances accuracy, speeds transactions and minimizes paperwork. Your client can save time and money, as their electronically remitted payments and changes are processed faster.

### CHOICE Administrators:

Yes, employers can make deletions or other changes to their account online.

### Colonial Life:

Yes. With the Colonial Life For Clients

*Guardian's benefit website offers a one-stop source for plan administrators to manage their account online.*

Portal, plan administrators can easily make changes and update employees' coverage online.

### Guardian:

Yes. Guardian's benefit website offers a one-stop source for plan administrators to manage their account online, including submitting eligibility changes that affect their bill. Plan administrators have the flexibility to recalculate their bill online to account for added and/or deleted members. Additionally, if a plan administrator is using a benefits administration (ben admin) system that Guardian integrates with, the plan administrator can make changes in the ben admin and Guardian will receive updates via data feeds.

### MetLife:

Yes. Through our online billing system, per-pay-period deduction amounts can be changed in accordance with each payroll run.

### CB: Does your billing/payroll deduction process make it easy for the employer to offer multiple products?

### Aflac:

Aflac offers many billing options designed to meet a variety of needs. Aflac can handle almost any type of billing layout and accommodate several billing methods (e.g., list bill, self-bill, summary bill, self-accounting).

### CHOICE Administrators:

Absolutely! This is exactly why so many employers like ChoiceBuilder. We offer multiple products through a single



program. It's a different experience for employers and members because we're different – California Different.

Billing is broken down to display each selected type of coverage and the company issuing the policy. It shows the employer's contribution and the contribution for each employee. This makes it easy for an employer to pay for coverage, while also providing an itemized list of what their employees have selected.

#### **Colonial Life:**

Yes. We can enroll an employer's core and voluntary benefits and provide the account with enrollment data on employee elections. Employers can securely submit this information through the Colonial Life for Clients portal and reconcile the bills to eliminate additional work.

#### **Guardian:**

Yes. Guardian offers a single bill (online or in the mail) for all Guardian coverages a client has, in order to ensure the payment process is easy to manage. In addition to standard list bill, Guardian also supports, Self-Bill and Self-Admin Billing.

#### **MetLife:**

We will accommodate a customer's preference. We can offer a single voluntary benefit deduction for numerous benefits or separate deductions for each benefit on one bill.

#### **CB: Does your system offer online searches for employee policy status, coverage effective dates and policy/coverage type?**

##### **Aflac:**

Aflac offers online services for policyholders who have an individual insurance policy. Policyholders can log on to [myaflac.com](http://myaflac.com) 24/7 to do the following:

- Download claim forms and check claim status
- Access policy information
- Update personal profiles
- Request forms or copies of their policies
- Obtain contact information for their



Aflac agent

- File claims quickly using Aflac Smart-Claim®

Aflac is in the process of updating its digital claims experience for group plans in 2021 as part of our Digital-First program designed to provide ease of service for our customers.

##### **CHOICE Administrators:**

Yes, employers can view all of this information, by line of coverage, at [www.choicebuilder.com](http://www.choicebuilder.com).

##### **Colonial Life:**

Yes. Plan administrators can leverage the Colonial Life for Clients portal to easily manage and access their company's benefits administration information, including employee policy status, coverage effective dates along with policy/coverage type.

##### **Guardian:**

Yes, Guardian's online platforms enable administrators to manage their account online, including look ups for

an employee's policy status, coverage effective date and policy/coverage type.

##### **MetLife:**

Our online billing system allows the employer to sort the bill by different criteria for group products. As previously noted, employees enroll individually for our Pet and Auto & Home policies .

#### **CB: Do you offer downloadable claim forms?**

##### **Aflac:**

Yes. Aflac policyholders who have an individual insurance policy may download claim forms from [myaflac.com](http://myaflac.com) or file online via Aflac SmartClaim® ([Aflac.com/claims](http://Aflac.com/claims)). For Aflac Group claims, forms may be downloaded as well as submitted online at [aflacgroupinsurance.com/customer-service/file-a-claim](http://aflacgroupinsurance.com/customer-service/file-a-claim), with an update to our digital claims experience coming in 2021.

##### **CHOICE Administrators:**

This question does not apply to

ChoiceBuilder, as we do not administer claims.

### **Colonial Life:**

Yes. We offer multiple convenient ways to file claims. Policyholders and plan administrators can access downloadable claims forms at ColonialLife.com or leverage our simple online claim submission option.

### **Guardian:**

Yes, Guardian's online platforms enable plan administrators and members to manage their account online, including the ability to download claim forms or e-mail a claim form directly to someone.

### **MetLife:**

Yes.

### **CB: Do you require carrier reps to have comprehensive knowledge of all the products they deal with?**

### **Aflac:**

Yes. Aflac's W-2 group reps and independent agents go through training to learn about products and processes particular to the company.

### **CHOICE Administrators:**

Yes, both our inside and outside sales representatives are trained to answer any product-related questions from brokers. We also have knowledgeable customer service team members available through our toll-free number to answer employer and employee/member questions.

### **Colonial Life:**

Yes. Colonial Life's 10,000+ national organization of benefit experts received training through our comprehensive training platform, My Learning Connection.

### **Guardian:**

Yes. Guardian sales representatives achieve a high level of comprehensive knowledge of the Guardian products they present through intensive and ongoing training. Guardian has a dedicated sales training team that helps to on-board new sales reps and provides ongoing regular training via virtual and classroom settings. Additionally,



the sales teams have access to Practice Leaders for Life, Disability and Supplemental Health products that they can leverage to gain additional product knowledge.

### **MetLife:**

Yes. Our licensed representatives have extensive experience designing benefit programs for all MetLife group products.

### **CB: How does your company support good working relationships between brokers and carrier reps?**

### **Aflac:**

Aflac has a strong history of working with brokers. In 2015, Aflac established a national, W-2 team of experienced group reps focused on broker partnerships and large employers. Since then, we have continued to expand and evolve our model so we are able to serve large national brokerage houses as well as smaller, regional broker firms. Our reps are assigned by brokers, giving them the best opportunity to build relationships and ensure Aflac is meeting the needs of our partners.

### **Colonial Life:**

We have reps both in the field and on the phone that support our brokers with respect to tools, training, processes and service support. Their job is to engage with brokers to develop strong and lasting relationships by providing "Service of Unequalled Excellence."

### **Colonial Life:**

Colonial Life leverages compassion, expertise and technology to offer our broker partners and their clients a streamlined benefits and enrollment experience. But at our heart is people helping people. We have a team of regional broker managers supporting national alliance partners and interacting with worksite specialist brokers.

### **Guardian:**

With one of the longest-tenured sales forces in the employee benefit industry, Guardian has a history of understanding the needs of growing businesses, which strengthens good working relationships. Guardian's promise is to give brokers more ways to take good care of their clients. Our flexible and comprehensive product portfolio and responsive, personalized service supports local relationships in delivering on this promise. Additionally, Guardian has practice leaders that help reps position and explain Guardian solutions such as Worksite and Absence Management. Guardian also has a Strategic Partnerships team that facilitates stronger partnerships with broker firms at the local and national level to develop unique solutions to meet client's needs.

### **MetLife:**

We have a broker-centric model with a dedicated team, access to experts and simplified processes and technology. Our model is designed to work the way you do and ensure that our team is responsive, accountable and has access to resources that will help support and grow your business.

### **CB: Do you offer marketing materials that are easy to present and simple for clients to understand?**

### **Aflac:**

With 65 years of experience in supplemental coverage and a brand that nearly 9 out of 10 people recognize today, Aflac's worksite marketing materials are designed to create awareness, improve understanding and increase participation in benefit programs. Whether supporting a small

*Yes, we offer a diverse array of marketing materials written and designed to be easy to understand. Several of our broker and consumer materials have earned recognition in national design competitions.*

## — CHOICE ADMINISTRATORS

business or large corporation with complex logistics, Aflac can help your clients reach employees through various channels, such as:

- Brochures and flyers
- Posters and tent cards
- Payroll stuffers and direct mail
- Product videos
- Microsites, web banners and emails
- Sponsored ads on social media
- Augmented reality
- Beacon technology
- Geotargeting

### **CHOICE Administrators:**

Yes, we offer a diverse array of marketing materials written and designed to be easy to understand. Several of our broker and consumer materials have earned recognition in national design competitions.

### **Colonial Life:**

Yes. Colonial Life marketing materials help educate our broker's clients and their employees. We understand each employer, and each one of their employees, has unique needs and challenges. That's why we offer a variety of marketing assets and custom enrollment communication tools.

### **Guardian:**

Our brand, "Everyone Deserves a Guardian" reflects our commitment to be simple and approachable for today's consumers, so our print and digital marketing materials aim to accomplish this. One notable example is our new "Simply Put" voluntary benefits video series that we launched to help employees understand what voluntary benefits are and address common voluntary benefits questions. Go to our site at <https://www.guardianlife.com/voluntary-benefits/simply-put>.

We also understand that customization is key in helping create awareness and understanding of our insurance products. As a result, we offer standardized and semi-customized marketing materials for the smaller end of the market. For larger cases, in addition to our standard materials, we can also provide customized marketing materials. Additionally, our Enrollment and Technology Consultancy team works to ensure there is a well-planned employee level communications strategy in place.

### **MetLife:**

Yes. We offer a broad range of materials that clearly demonstrate the value of voluntary benefits to employees. MetLife will work closely with brokers and their clients to understand an employer's workplace culture, communications style and preferences.

One of the keys to successfully enrolling current employees and new hires in voluntary benefits is using communication strategies that reflect the demographics of a group's employees, the available budget and the customer's participation expectations. We will work collaboratively with our customers to design tailored communication campaigns that promote awareness, education and enrollment in our products.

### **CB: Do you offer materials in any languages other than English?**

#### **Aflac:**

Yes. Aflac offers access to Spanish-language materials as well as those in English.

### **CHOICE Administrators:**

Yes, we offer materials in Spanish as well as English. Some carrier-supplied materials are available in additional

languages.

### **Colonial Life:**

Yes. Colonial Life's benefit counselors are also able to educate multilingual employees.

### **Guardian:**

We do offer some marketing materials in Spanish.

### **MetLife:**

We provide marketing materials for employers and employees in Spanish at no extra cost. These materials include product overviews, FAQs and slip sheets.

Additional materials can be translated on an as-needed basis to ensure that employees will be able to make informed decisions about their voluntary benefits. The charge for translating and publishing materials varies by the amount of content, the language and other factors.

### **CB: How do you track the quality of the customer service you provide to employers? For example, do you set annual service goals and measure and report results?**

#### **Aflac:**

Aflac constantly measures our customer satisfaction level with policyholders and business accounts in a variety of ways, such as surveys and audits, to ensure we are meeting our established customer service goals and standards. We monitor satisfaction with the total Aflac experience as well as satisfaction with enrollment, claims and billing. Aflac's customer service quality program is administered by our Quality Assurance department. Each major business function is sampled monthly. Additionally, for quality scoring, a minimum of five audits per month for each customer service center representative are guaranteed. All



## Voluntary Benefits

scoring and error trending are reported weekly, monthly and quarterly to management. Aflac's Internal Audit department also conducts audits by line of business in addition to their annual assessment of internal claims controls.

### **CHOICE Administrators:**

Yes, we measure and track both production and call center metrics on a daily, monthly and quarterly basis to ensure we are delivering quality, timely service to our broker, employer and member customers.

### **Colonial Life:**

We provide superior customer service to brokers, employer, and policyholders. We set internal annual customer service goals and results are measured quarterly. Colonial Life also works with independent research firms to conduct ongoing surveys of plan administrators and policyholders, and reports those results externally through news releases. In addition, all employees who have an interaction with a Colonial Life benefits counselor are asked to rate their benefit counseling experience following enrollment. Every account participating in the post-enrollment survey receives a report card with the survey results.

### **Guardian:**

Guardian puts the customer first, so we make it a priority to ensure our customers are getting the best service and that we are meeting their needs. We set goals, track and report the results each year. We also do regular Voice of the Customer surveys and monitor our Net Promoter Score and Customer Effort Score to make sure we are hearing what is important to our customers. For our Large Market customers, we have a dedicated Account Services manager who handles all service-related items related to the group.

### **MetLife:**

We have always viewed the delivery of high-quality customer service as a key element in our partnership with our customers. Our Voice of the Customer Satisfaction Survey program ensures that we solicit input from our customers and their employees and implement changes to improve the process when and where necessary.



Our research firm, Radius Global, conducts annual Client Service and Implementation surveys on our behalf for our group customers. The surveys are conducted to measure satisfaction with various aspects of our service and to evaluate the overall relationship between customers and their Client Service Team and to help assess our performance during the implementation process within 60 days of the effective date.

Upon request, we can provide utilization reporting to group customers. Each voluntary product has a set of service goals and performance standards. Whether we provide performance guarantees with a percentage of premium at risk depends on the customer-specifics and which products are sold.

**CB: Do you have an established local sales and service team that can provide critical service in the same cities the broker's clients are in?**

### **Aflac:**

Yes. We have a local account management structure to provide localized support for brokers and their clients. The company also offers a team of dedicated, W-2 group reps in every major metropolitan area to support and service Aflac's brokers and their clients. In addition, Aflac has a team of independent sales agents licensed to sell Aflac products throughout the United States. Aflac's certified enrollers are available to service multi-location accounts, and we have a national sales coordinator team to manage these relationships. Aflac's agent distribution

model and broker sales team can help you manage your clients' open enrollment needs no matter the size or location.

### **CHOICE Administrators:**

Yes, we have local sales and service team members statewide to assist brokers with clients, regardless of location.

### **Colonial Life:**

Yes. Colonial Life's nationwide team of benefit experts can provide local enrollment support and service to our broker partners and their clients without additional expenses. This team includes more than 5,000 benefit counselors who can provide on-site support across the country.

### **Guardian:**

Guardian has more than 40 local sales offices nationwide to support the needs of brokers and their clients. Our team in California is led by Joe Stefano, divisional VP for Western US, with offices in both Northern and Southern California. We have regional sales directors, regional service managers, sales reps, account managers and key account managers that support the sales and service function at the regional level.

### **MetLife:**

Yes. We have representatives who specialize in voluntary benefits located throughout the U.S.

**CB: Do you have sales reps and service reps? (A sales rep helps the broker market and position products, manage blocks of business and develop target markets. A service rep helps implement and fulfill account enrollments.)**

### **Aflac:**

Yes. We have local service teams that provide localized support for brokers and their clients. The service teams lead the broker and client throughout the implementation and ongoing administrative process. In addition, Aflac has W-2 group reps and account executives that focus on new sales, growing the inforce block of business, and assisting the broker in product and

market positioning.

#### **CHOICE Administrators:**

We have a team of dedicated employee benefits professionals to assist brokers and their clients, including an outside field representative, inside sales representative, and enrollment and renewal specialists. We also have a fully staffed Customer Service Center that supports brokers, groups and members.

#### **Colonial Life:**

Yes. Colonial Life's national team of benefit experts has specialized roles they perform during the enrollment process. Sales professionals work with brokers and their clients to develop voluntary benefit strategies to help clients solve their benefit challenges. Account coordinators help manage enrollment, and benefits counselors meet with employees to educate and assist with selecting plans to meet their needs.

#### **Guardian:**

Yes. Guardian has local sales representatives to help brokers market our products. We also have account managers and key account managers dedicated to growing the business, renewal placement and persistency. Additionally, we work with operational staff to ensure cases are implemented smoothly, and that we have met the needs of the client.

#### **MetLife:**

Yes. Our sales and service teams work together to meet the needs of brokers and their customers. The core members of the service team are the account executive (sales rep) and the client service consultant (service rep).

Account executive (AE) - the sales rep/AE develops benefit solutions specifically for a customer by using his or her detailed knowledge of our products and a comprehensive understanding of the customer's benefit goals. The AE answers the employer's or broker's questions related to the MetLife quote and our product solutions.

Client service consultant (CSC) - The service rep/CSC is the customer's MetLife contact for day-to-day administrative needs and claims

*Many times in the supplemental insurance business, companies tend to use the same approach to market similar benefits. Aflac is different.*

escalation. The CSC facilitates resolutions for billing inquiries, provides reporting, escalates claim inquiries, and coordinates plan changes.

After notice of a sale, each customer is assigned an implementation leader (IL) who will coordinate and manage the implementation. The IL designs a project plan and timeline for onboarding or transitioning the benefits to MetLife. The IL and the Implementation Team establish connections for billing, enrollment and any other systems to ensure the account is claim-read on Day One.

#### **CB: Do you specialize in voluntary benefits?**

#### **Aflac:**

Yes. Aflac is the No. 1 provider of voluntary/worksites insurance products in the U.S., according to Eastbridge Consulting Group ("Carrier Results 2018," July 2019). Aflac offers individual and group plans as well as a portfolio of value-added services. Aflac is a leader in providing policies that pay cash benefits directly to insureds, unless otherwise assigned. With our broad portfolio of offerings, Aflac's solutions suit virtually every business size and type. From three employees to more than 300,000, Aflac can fit easily within almost any benefits package. Many times in the supplemental insurance business, companies tend to use the same approach to market similar benefits. Aflac is different. We back our plans up with the following:

- Innovative marketing campaigns
- Strong financial stability
- Brand recognition
- A solid company reputation
- Responsive claims and customer service

#### **CHOICE Administrators:**

ChoiceBuilder is an ancillary exchange, which specializes in Dental, Vision, Chiropractic & Acupuncture, and Life products, all bundled together on a single administration platform. Our benefits are offered on both an employer-sponsored or voluntary basis, and are designed to supplement a member's medical benefits package.

#### **Guardian:**

Yes, Guardian has a broad product portfolio and products can be offered on an employer paid, contributory or fully employee paid basis. Over the last few years, we have developed new voluntary and supplemental health products, enhanced existing ones, and invested in new and innovative capabilities designed to support them.

#### **MetLife:**

Yes. Our leading market positions, innovative product offerings and 100+ years of group benefits' experience contribute to long-standing and productive relationships with our customers. We help our customers deliver information effectively and improve employee engagement and satisfaction. For more information, please visit [www.metlife.com](http://www.metlife.com).

Per LIMRA's first-quarter 2020 U.S. Workplace Voluntary Sales Report, our market rankings based on new sales are as follows:

- First in total Voluntary health sales
- First in the Critical Illness insurance market
- Second in the Accident insurance market
- Second in the Hospital Indemnity insurance market

# COVID-19: Lessons Learned in Client Communication

BY JASON L. SMITH

**IN A MILLION DOLLAR** Round Table (MDRT) survey conducted in April, 39% of clients said their dependence on their advisor would increase in a time of a recession, up from 32% in October 2019. Prior to the National Bureau of Economic Research's announcement that the U.S. entered a recession earlier this year, consumers were already expressing concerns related to economic uncertainty stemming from the impact of the coronavirus. When emotions run high, our role is to provide leadership to our clients and our team by encouraging them to stay the course despite the ambiguous future. To make these messages resonate with clients and their loved ones, proactive communication—and an integrated approach—is vital.

## SEGMENTED APPROACH

The same MDRT survey found that over half of Americans with advisors say their advisor can help them navigate the impact of coronavirus by discussing and adjusting their long-term (55%) and short-term financial goals (52%). More specifically, they look for guidance and updates on the following areas of focus:

- portfolio adjustments (44%)
- financial news and best practices (33%)
- ways to protect financial security in case of or in response to job loss (32%)

Knowing these priorities that inevitably emerged as the COVID-19 pandemic developed, I quickly realized the importance of being proactive in my

communications to ease client concerns. The same survey found 66% of clients say their advisor proactively reached out to talk to them about the coronavirus. You can fulfill this need for more proactive outreach by implementing a segmented approach that ensures your valuable time and bandwidth is not limited by individual phone calls.

For instance, my clients are designated as A, B or C-list clients. We focus on conducting calls with our A and B clients as an initial touch point. From there, we can strategize how to leverage different technologies to continue the communication. Then, we tend to be more reactive with our C-list clients—legacy clients that might not fit into our ideal client profile or those who are not as engaged in the planning process and simply worked with us for a transaction in the past—based on their needs. By altering the frequency and modality of exchanges with clients, you, too, can identify a successful and efficient way to support them.

## FREQUENCY

An initial touchpoint when the situation escalated was essential, but the work didn't stop once the crisis passed its initial peak. As we all look toward global recovery, I have increased the frequency of communications with my clients, getting in touch on a weekly basis at a minimum. I recommend implementing a similar approach but varying the ways in which you reach out to them. Using the same methods can reduce the effectiveness of messages especially as you ramp up frequency or

if you or your clients are not used to that level of interaction. Consider how you can scale your time to disseminate messages frequently and in a customized manner without placing individual phone calls each week.

## MODALITY

Many advisors are used to more traditional communication methods such as emails and phone calls between regular in-person meetings. Some may have tried out new strategies in the past, but the impact of stay-at-home orders has enabled our industry to experiment with innovative technologies at a rapid pace to improve the customer experience.

## SCREEN RECORDING

When COVID-19 news coverage began to increase, we knew many clients would be concerned about the implications on their individual financial plans. While it was important to make some initial calls—especially with our A-list clients—we could not conduct an hour-long review with each individual client as quickly as they would prefer.

To navigate this dilemma, we used Snagit, a screen recording product, to capture a 10 to 15-minute review and update of client plans. We customized recordings for each client to provide peace of mind, recording our screens as we navigated accounts and plans while narrating with our advice and guidance as appropriate. Then, if they had any questions after reviewing the recording on their own time, we could set up time to discuss. Evaluate how you can scale outreach efforts while still providing



## "As we all look toward global recovery, I have increased the frequency of communications with my clients, getting in touch on a weekly basis at a minimum."

updates specific to individual plans in a timely manner.

### VIDEO MESSAGES

To keep our communications engaging, we also subscribe to BombBomb, just one of the many platforms that distribute videos in mass. Every other week our advisors can use their webcams to record themselves speaking directly to multiple clients at once with high-level messages that are applicable to every viewer. The content of these messages can vary based on your needs and can even include updates about in-office protocols and in-person meeting availability. Many tools like BombBomb are available to integrate directly into your existing CRM systems for ease of use.

### VOICE BROADCASTING

Additionally, we work with a voice broadcasting service to send pre-recorded messages to clients' phones. The tool we use, Call Loop, also offers text messaging capabilities. This platform enables us to pick and choose who we send messages to so we can customize the outreach accordingly.

This integrated communication approach is important to continuously engage clients and drive them to take appropriate actions. For instance, we use each of these touchpoints to encourage clients to register for our webinars, which serve as reminders of the resilient plans we have in place for our clients.

### REINFORCED PLANNING

As I mentioned, webinars are another method that can help you disseminate messages to your full client base at one time. Our series entitled "Weathering the Storm" is designed to put clients' minds at ease and reinforce the planning we collaborated on leading up to this point. We provide a historical perspective on the market, citing what recessions during 2000-2001 and 2008-2009 looked like and how the markets recovered.

By having as many clients attend the webinars as possible, we can easily provide advice specific to how we

structure our clients' plans. Every client of ours has a bucket plan, which involves segmenting assets based on a time horizon and purpose. This commonality in planning gives us the ability to speak the same language to all clients. They can all relate to the same terminology, and these webinars can serve as critical reminders that the "now" and "soon" buckets they have in place enable them to wait out the volatility. If you are looking for a way to conduct webinars, identify the terminology and planning expertise that all clients can relate to as your first step.

One unique strategy to consider to expand your reach is to open up your virtual resources to clients' friends and loved ones. This gives you an opportunity to build goodwill with your existing client base and demonstrate the services to potential prospects. Not many advisors offer this, so it can set you apart and lead to a referral process. It is simple for clients to forward webinar invites or digital resources to show how they have high levels of financial support during uncertain periods that extend to their loved ones.

### SHIFTING PRIORITIES

Overall, your interactions with clients may still look drastically different than they once did, but your planning processes should not be put on hold during uncertain times. Instead, view the pandemic as a major life event affecting every single client. Step up and provide the additional guidance they need now more than ever. COVID-19 is certainly a trigger for us to return to our initial work and discuss fluctuations in priorities just as we would after any job change, marriage, death, etc. For instance, I use worksheets when meeting with new clients to help identify priorities and pain points. They rank common long and short-term goals based on their personal situation in an interactive exercise, which allows me to focus specifically on their goals rather than imposing my own. We re-evaluate these priorities in our annual review process and also explore changes after any life events.

As we look to return to a sense

of normalcy, nurture and maintain open communications. Now that you have established effective ways of communicating and planning in a virtual environment, continue to give your clients a choice moving forward. Virtual, in-office and traditional phone meetings are effective ways to ensure you can keep your relationships strong no matter the comfort level of your individual clients. If you offer virtual meetings, consider conducting tech tutorials so that this can become a viable long-term option. If you are accepting in-person meetings, provide updates on cleaning protocols, mask policies and contact limitations to ensure additional peace of mind.

Take the time to reflect upon what you have learned in this unique situation—such as client priorities and preferences—and apply it to your practice moving forward. Overall, our leadership and how we communicate our expertise is vital as we look ahead to the next few months.



### JASON L. SMITH

is a nationally acclaimed speaker, coach, bestselling author, entrepreneur and financial planner. He has been an MDRT Top of the Table

qualifier for 13 years. Jason is the creator of The Bucket Plan®, a holistic planning approach that purposefully structures assets throughout the phases of life. He has a passion for helping others, with the goal to simplify the financial planning process for one billion people worldwide.

Founded in 1927, Million Dollar Round Table (MDRT), The Premier Association of Financial Professionals®, is a global, independent association of more than 72,000 of the world's leading life insurance and financial services professionals. **More info at [mdrt.org](http://mdrt.org).**

# Helping Employees Clear the Hurdles of Unexpected Expenses

BY MICHAEL WILBERT

**E**VEN IN “GOOD” TIMES many employees face a major hurdle when confronted with an unexpected expense and how to pay for it. With the impact of the coronavirus pandemic on employee paychecks, those hurdles are even higher. There are, however, an array of voluntary benefits that could be important now more than ever for keeping financially-stressed employees out of deeper water.

All of us in the benefits industry—brokers, employers and providers—have been aware, even before the pandemic, of the industry statistics that many employees are living paycheck-to-paycheck and are stressed about their finances. Most workers don’t have enough emergency savings for unexpected expenses and struggle to make minimum monthly payments on credit cards and loans. The problem is even bigger than that because their financial stress also distracts them at work.

Whether it’s student loans, car payments, mortgage/rent payments, credit card debt, an unexpected expense or some other financial matter that they are worried about, the bottom line is that employees are spending time at work on these issues rather than doing the job employers are paying them to do. When employees bring that financial stress to work, it results in low productivity, absenteeism and, in many cases, higher healthcare costs.

## THE IMPACT OF UNEXPECTED EXPENSES

Here’s a snapshot of unexpected expenses that employees were experiencing prior to the pandemic this year. Results of a Harris Poll survey of 807 U.S. adults who are employed full-time revealed that 83% had an unexpected expense in the past 12 months (January – December 2019). The survey was conducted on behalf of Purchasing Power® in December 2019.

It’s interesting to look at the household income ranges for those who had unexpected expenses. Surprisingly, the higher the household income, the more likely the employee was to have an unexpected expense:

- Less than \$50,000 – 76%
- \$50,000 - \$74,999 – 80%
- \$75,000 - \$99,999 – 84%
- \$100,000 – 86%

Employees also were asked what the unexpected expenses were. According to the survey, they included:

- vehicle repair/replacement – 48%
- medical costs like a sudden illness or increase in cost due to pre-existing conditions – 35%
- travel for things such as a funeral, sick relative or unexpected move – 28%
- replacing or upgrading a major home appliance that stopped working – 28%
- home repairs – 27%

## HOW EMPLOYEES PAY FOR UNEXPECTED EXPENSES

Paying for those unexpected expenses can send those living paycheck-to-paycheck further into debt. According to the same Harris Poll survey, those who had unexpected expenses in the past 12 months covered those costs with a credit card (41%); cash (37%); money that was earmarked for other household bills (24%); money from their emergency fund (23%); a payday, title or home equity loan that they specifically took out for this unexpected expense (16%); by selling something such as jewelry, electronics or a car (15%); by borrowing from friends or family (15%); or by borrowing from their retirement savings (12%).

With so many workers living paycheck-to-paycheck, it’s easy to see why they are financially stressed. But life happens. Inevitably, an unexpected expense will occur. Examples include a major appliance that breaks down or a leaky roof that needs repair; a medical issue that results in large bills prior to reaching a super-high deductible; or their college freshman’s laptop that needs replacing. This is life. Situations are going to occur but they become insurmountable obstacles when financial resources aren’t available to make better choices. And then factor in a corona pandemic on top of that.

When just one financial situation disrupts the paycheck-to-paycheck cycle, it most likely means that person enters into a perpetual cycle of trying to catch up—but that never happens. Financially-stressed employees regularly find themselves in this perpetual cycle and they never reach the end. They often end up deeper in debt because they qualify only for subprime credit or no credit at all. The level of credit available to employees varies significantly and can be a major

source of financial stress. Some workers have no credit options at all. Others don't have many credit options, but are able to secure some subprime credit that carries a high APR which quickly adds up. According to the non-profit Credit Builders Alliance, the average consumer with subprime pays \$200,000 more for credit over the course of a lifetime. And then there are those who have prime credit, better financing

options and interest rates, but still can be pushing their balance maximums to the limit and be overextended.

Some employees will cover unexpected expenses by withdrawing from their retirement plans and, unfortunately, these funds usually don't get replaced. They are also using high-risk credit options that often come with hidden costs and associated fees that take a financially fragile situation and make it worse, such as rent-to-own deals and payday/title loans.

### COVID-19 FINANCIAL STRESS AND UNEXPECTED EXPENSES

There's no question that COVID-19 has thrown a curve ball into our entire lives and our financial circumstances. The "new normal" from the effect COVID-19 is having on jobs and the economy has created even more financial stress. Employees are worried more than ever about money. In fact, a March 2020 FinanceBuzz study showed that Americans are more worried about unexpected expenses (79%) and paying their bills (68%) than they were about catching COVID-19 (63%).

### VOLUNTARY BENEFITS THAT EMPLOYERS CAN PROVIDE

One way employers can help the situation is making sure employees are aware that voluntary benefits, as part of their overall employee benefits program could be a smart alternative for covering unexpected expenses. Often, employees aren't aware some of these benefits exist because it wasn't something they needed in the past. This is a good time for benefit communications about options in the employee benefits plan that might be helpful during this time.

### AMONG THE VOLUNTARY BENEFITS THAT CAN HELP WITH UNEXPECTED EXPENSES ARE:

- Employee purchase programs that allow workers to purchase consumer products and services through payroll deduction when they are unable or prefer not to use cash or credit. The program is an alternative to high interest credit cards and other sub-prime financing options for



customers desiring to pay for a purchase over time.

- Low interest installment loans and credit that help employees avoid payday loans and cash advances from credit cards when they have emergency needs such as unexpected out-of-pocket medical expenses.
- Student loan repayment benefit programs in which employers are making contributions to loan balances or providing methods for

employees to refinance their debt.

- Automated savings programs that encourage employees to start taking control of their financial future by saving money each month from their paycheck. Many employees don't have \$1,000 or more in savings to use for emergencies and saving a little each month can help build that emergency fund.
- Bill payment programs that empower employees with debt payoff strategies and the ability to make recurring bill payments on-time each month through payroll deduction.

### THE MESSAGE FOR BROKERS

The corona pandemic is bringing even greater focus to the need to cover unexpected expenses. Brokers may want to consider reviewing some of these voluntary benefit options and recommending them to clients who might not already have some of these options as part of their total reward strategy.

These voluntary benefit options may be one way to help ease employees' financial stress, in addition to improving the employers' bottom line.



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# COVID-19 makes Critical Illness Coverage more Important

BY TODD V. MASON

**C**RITICAL ILLNESS INSURANCE has been in the employee benefits spotlight for the past decade. It's one of the industry's top growth products, with sales up 14% last year to \$846 million.

Obviously, this trend started long before anyone had even heard of the coronavirus—and with good reason. Heart disease has been the leading cause of death in the United States for decades, and more than 600,000 people in this country will die from cancer this year. Thanks to better treatment, technology and detection, many more people are surviving these critical illnesses—but with a big price tag. Medical costs for cancer total \$80 billion in the U.S., while costs for cardiovascular disease treatment are projected to more than double from the current \$318 billion to \$749 billion by 2035. Add indirect costs to the tab—lost time at work, paying for additional services at home, transportation, child care and other expenses—and it'll skyrocket more than 55% to \$368 billion during that time.

## COVERAGE EVOLVES TO MEET NEW NEEDS

COVID-19 has now grabbed the headlines when it comes to serious health concerns. The good news is the vast majority of those who contract the virus survive. The bad news is—like heart disease, stroke, cancer and other critical illnesses—treatment can be costly. Public health experts estimate 15%–20% of people who get COVID-19 and seek treatment may need a hospital stay. Those without health insurance could see bills exceeding \$73,000, and nearly \$40,000 even for those with private insurance using in-network providers.

Some critical illness carriers are responding to this need for expanded financial protection by adding infectious disease coverage to their plans. The coverage may be offered as a rider that provides a lump sum benefit employees can use to help pay health care expenses, nonmedical costs or even day-to-day bills. Benefits typically are payable for hospital

stays of a set number of days, such as seven or 14. Covered conditions can include COVID-19 as well as a wide range of other infectious diseases such as antibiotic-resistant bacteria, Legionnaires' disease, meningitis, Lyme disease, sepsis and more.

Another way the latest critical illness plans are increasing their value is by expanding the covered conditions. Some plans cover 50 or more different serious conditions and treatment procedures such as heart attack, stroke, cancer, organ failure or coronary artery bypass graft surgery. Plans may pay benefits for multiple different critical illnesses as well as reoccurrence of the same illness, including cancer. Additional conditions covered for children can include Down syndrome, cystic fibrosis, cerebral palsy, spina bifida and cleft lip or palate, often at no additional cost.

Wellbeing assistance benefits are another category of expanded benefits and increased value. These benefits may cover dozens of different health screening tests, such as a colonoscopy, mammogram or BRCA genetic test that identifies breast cancer risk.

## WHAT TO LOOK FOR IN A CRITICAL ILLNESS PLAN

There's a tremendous amount of variety in the critical illness market. In addition to coverage for COVID-19 and a wide variety of other conditions, here are some features to look for to ensure you bring your clients the greatest value:

- Customization and choice. The newer critical illness plans provide many options to tailor coverage. Your clients should expect a choice of several different plan designs with different features. For example, they may want a plan that includes more cancer coverage to offer a combined benefit to employees. On the other hand, if they already offer a cancer plan, they may prefer a critical illness design with less emphasis on cancer benefits.



# The coronavirus crisis has shed new light on the value of critical illness coverage

- Personalization to meet individual needs. Employees should be able to choose from different levels of coverage to meet their financial and family situations, including spouse and child protection. They also may want to further personalize their coverage with riders that pay additional benefits for first diagnosis, heart procedures or progressive diseases such as Alzheimer's disease.
- Guaranteed issue with no health questions. This ensures all employees, spouses and eligible dependent children have access to coverage and increases participation.
- HSA-compatible. This allows employers to provide coverage that can be used alongside employees' health savings accounts
- Breast cancer coverage at 100% coverage. This benefit should apply to both invasive and noninvasive cancers.
- Access to mobile apps and online tools. Easy-to-

use technology helps employees track symptoms, treatment plans and appointments and find resources for transportation, financial assistance, and emotional support while dealing with cancer.

*The coronavirus crisis has shed new light on the value of critical illness coverage. Educate your clients on the importance of critical illness insurance as an affordable option that can help employees better protect themselves and their families from the unexpected.*



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# Health Benefits for Hospitals and Health Systems:

## Five Things Brokers Should Know

BY KERI DIXON

**H**OSPITALS AND HEALTH SYSTEMS provide care for the sick and injured, but they're also employers—some of which are quite large, operating with thousands of employees. As such, they also need health coverage for their own staff.

For brokers, this represents a significant opportunity. In California, there are approximately 400 hospital and health systems bringing in well over \$500 billion in revenue.

Across the nation, there are more than 6,000 hospitals and health systems with revenues exceeding \$3 trillion.

Similar to other types of employers, hospitals and health systems want to provide their employees with a competitive health benefits package, while at the same time controlling their health spend, fostering satisfaction among members, and improving future plan performance.

Due to the nature of these organizations—that they're directly involved in the provision of care—they have unique needs around their plan design. Brokers should become acquainted with these requirements in order to better serve this market with appropriate programs and solutions.

### 1. DOMESTIC NETWORK: PART OF A MULTI-TIERED APPROACH

Unlike other types of employers, hospitals and health systems have their own physicians, clinical staff and facilities. As such, they often want to form their own domestic network. By promoting utilization of these domestic providers, hospitals and health systems can



save significant costs and can better manage the health of their own employees. In addition, payments made on employee health services then go to supporting their own organization rather than a competitor.

However, because hospitals and health systems want to offer their employees a broad selection and choice of providers, they will usually offer their own domestic network as part of a multi-tiered approach.

This allows employees the option to seek care outside the domestic network, as long as they're willing to pay a higher tier-2 rate. This type of plan design—along with a strategically structured network, financial incentives, and member education—can steer a majority of members, as much as 80%, into the domestic network.

### 2. CUSTOMIZED REIMBURSEMENT

Hospitals and health systems also want the flexibility to establish their own domestic reimbursement model. This allows them to have more control over the costs of their plan and the amount they pay their internal providers. The plan administrator should be able to coordinate a variety of payment methods, with the most common being a percentage of billed charges.

In addition, hospitals and health systems typically want payments to its providers and facilities to be withheld to maintain their cash on hand. In other words, their funds aren't tied up in claims processing, but the transactions are still captured for data analysis.



# Hospitals and health systems need creative, out-of-the-box solutions to address today's most complex health challenges. Brokers can bring knowledge of the five factors to optimize their customer's plan design, facilitate a white-glove member experience and develop effective cost-containment measures.

## 3. THE IMPORTANCE OF MEMBER EXPERIENCE

As brokers know, it's important to get members to play an active role in their own health. Engaged members are more likely to understand and use their benefits, especially preventive services. This is particularly important for healthcare workers, who know a great deal about health and wellness, but since they're often busy caring for others, they may not prioritize their own health. A plan administrator—with seasoned care coordinators—can help by putting an emphasis on fully taking advantage of the health benefits provided to them by their employer.

In addition, member engagement must be personalized through a combination of high touch and high tech. In regard to “high touch,” care coordinators must have a deep understanding of the organization's health plan and domestic network so they can accurately answer members' questions. On the high-tech end, using data and analytics, plan administrators can target specific members, such as those diagnosed with a particular condition like diabetes, to receive reminders to schedule important services, such as regular HbA1c testing.

If a new plan is being implemented, the plan administrator should provide a member communications playbook with a timeline of touchpoints to engage members from the start. For some hospitals and health systems, a majority of touchpoints will be digital (e.g. customized landing pages and online plan comparison tools). For others, employees might be better served with print resources, in-person health fairs or teleseminars. No matter what the medium, resources should break down coverage options into easy-to-understand language and consolidate information, so members can find everything they need through a single source, rather than sifting through various documents.

## 4. COMPREHENSIVE CARE MANAGEMENT TO HELP CONTROL COSTS

Hospitals and health systems also want comprehensive care management to help control costs and improve health outcomes. Care management includes utilization review, case management, disease management, prenatal and other targeted programs. Hospitals and health systems that have leveraged these types of programs have seen a relatively low healthcare cost trend of 1.9% over a three-year period. By comparison, the industry average increased by 5.8% over the same span of time.

In some cases, hospitals and health systems may prefer to facilitate a ‘hybrid’ care management model, where the health plan must collaborate with their own staff. For instance, a hospital may want their health plan to work hand in hand with their medical director to oversee the utilization

review and pre-certification process.

## 5. SOPHISTICATED DATA ANALYTICS

If data tells a story, then analytics is the mechanism to tell it. In the past, hospitals sorted through piles of static reports. Today, they can tap into real-time data and visualize how their health plan is performing. For example, dynamic dashboards can display key performance indicators (KPIs)—such as total claims spend and out-of-network utilization—all in one convenient snapshot.

In addition to cost drivers, dashboards help hospitals and health systems understand utilization trends, domestic steerage and gaps in care. As such, brokers must ensure that their hospital and health system customers have access to a comprehensive analytics solution. This will enable them to see what's going on within their health plans, and they can take steps to achieve additional savings and value from their programs.

### An innovative mindset

Hospitals and health systems need creative, out-of-the-box solutions to address today's most complex health challenges. Brokers can bring knowledge of the five factors above to optimize their customer's plan design, facilitate a white-glove member experience and develop effective cost-containment measures.

As discussed, analytics is a vital tool in monitoring performance, addressing gaps in care and targeting high-cost areas. In addition, the technology supporting these health plans must be flexible enough to accommodate customizations and “plug and play” integration with other vendors, such as a pharmacy benefits managers or other care management programs. Hospitals and health systems want their members to also have access to high-tech tools, such as online portals and mobile apps, to engage with their benefits. Together, these capabilities foster a recipe for success at every level.



**KERI DIXON** is EVP of product and account management at HealthComp, where she works to create a seamless and radically simple health benefits experience for employers and employees. She regularly collaborates with hospitals and health systems to design and administer innovative health benefits that meet

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