

# CALIFORNIA BROKER



VOLUME 38, NUMBER 4

SERVING CALIFORNIA'S LIFE/HEALTH PROFESSIONALS FINANCIAL PLANNERS

JANUARY 2020

# 20

*Voices  
For*

# 2020



Conversations, Ideas & Inspiration  
for the New Year





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## 20 Voices For 2020

Welcome to 2020! We're kicking it off right by bringing you 20 voices germane to the California Broker world. Of course, this is not a ranking or top 20 list. We do think our contributors are tops, but we've merely arranged the pieces in alphabetical order by last name. You'll see that we have some longer contributions and some short Q&As and conversations. Our aim was to mix it up—and invite a few fresh faces to contribute along with a few regulars. Read on for what's on these folks' minds for 2020...

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# CALIFORNIA BROKER

## JANUARY 2020

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## California's Palliative Care Law Could Become Model

**A** new-ish law (SB 1004) that requires Medi-Cal managed care to cover palliative care for certain end-stage conditions even if the patient is receiving curative care at the same time may become a model for other states. Proponents say that it's a humane step to recognize palliative care as a foundation of basic care—and push back on the false idea that palliative care is only for people informed enough to ask or lucky enough to have good private insurance. In early 2020, California's Department of Health Care Services will release a clarified palliative care policy for both fee-for-service and managed care delivery system, agency spokesperson Katherine Weir told Hospice News. The policy will broaden the disease-specific eligibility criteria to include beneficiaries with any serious or life-limiting illnesses, as determined and documented by their health care provider.

## Aflac No. 17 on LATINA Style's List of the 50 Best Companies for Latinas to Work for in the U.S.

**A**flac announced that the company has once again been honored by LATINA Style as one of the 50 Best Companies for Latinas to Work for in the United States, landing at No. 17 on the list. This marks the 20th year that Aflac has been recognized in the 22-year history of the LATINA Style 50 Report. According to LATINA Style, the report reflects on programs Latinas are looking for when seeking job opportunities. Aflac's workforce comprises 67% women and nearly 40% ethnic minorities, including several Latinas serving as vice presidents. Catherine Hernandez-Blades, the company's chief communications and environmental, social and governance officer, is the 2018 LATINA Style Corporate Executive of the Year. LATINA Style will host the 22nd Annual LATINA Style 50 Awards and Diversity Leaders Conference, honoring the LATINA Style 50 companies and their highest-ranking Latina executives, Feb. 12, 2020, in Arlington, Virginia.

## DMHC Says Nope to OC Doc—No Surprise!

The California Department of Managed Health Care (DMHC) announced it has reached a settlement agreement against Dr. Nancy B. Way, a general surgeon in Newport Beach. Way must stop illegally balance billing patients, must conduct an audit to determine the amount of illegally collected balance billing payments and must reimburse patients. Way will also pay a \$13,000 civil penalty.

DMHC reminds all that if a consumer is balance billed or receives a surprise medical bill, they should file a grievance with their health plan and include a copy of the bill. Their health plan will review the grievance and should contact the provider to stop billing the enrollee. If the consumer does not agree with their health plan's response or if the plan takes more than 30 days to fix the problem, they can file a complaint with the DMHC Help Center at [www.HealthHelp.ca.gov](http://www.HealthHelp.ca.gov) or 1-888-466-2219.

## Researchers Get Rx Execs to Talk

**R**esearchers at Oregon Health and Science University and the OHSU/Oregon State University College of Pharmacy managed to recruit four pharmaceutical industry executives to speak confidentially about why drugs for multiple sclerosis have been rising 10 to 15% each year for the past decade. As a point of reference, U.S. Medicare patients with multiple sclerosis often pay, on average, nearly \$7,000 out-of-pocket to treat their condition each year. In their published study, which appeared in the journal *Neurology*, the executives were blunt about the rationale behind the pricing. One exec told the researchers this: "I would say the rationales for the price increases are purely what can maximize profit," one executive said. "There's no other rationale for it, because the costs (of producing the drug) have not gone up by 10% or 15%; you know, the costs have probably gone down."





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### Doctor Engagement is the Key to Healthcare Transformation 10, 20, and 30 Years from Today

Although some futurists believe that concepts like Medicare for all will solve our healthcare crisis, Dr. Anil Keswani explains how building on doctor engagement, clinical integration and third-party technology disruptors will improve and transform the functionality of health care delivery.

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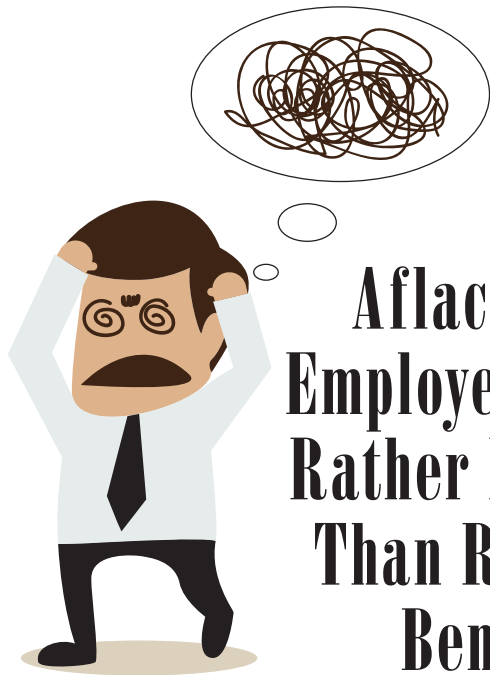
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## Aflac Study: Employees Would Rather Risk Life Than Research Benefits

**E**mployees really, really don't like researching benefits during open enrollment! The 2019 Aflac WorkForces Report found that more than half of workers (54%) would rather be subjected to bungee jumping off a bridge or singing the national anthem at a sporting event than research their open enrollment benefits. The desire to choose life risking and possibly embarrassing stunts over benefit research are highest among younger workers; 84% of Gen Z and 66% of millennials would choose some discomfort rather than research open enrollment benefits. According to the Aflac study, nearly 6 out of 10 (58%) employees say understanding what insurance or benefits they need is somewhat or very stressful, with levels even higher for Gen Z (68%) and millennials (64%). In addition, more than 6 in 10 (62%) say negotiating medical billing is somewhat or very stressful. These figures increase with generations, with 66% of millennials and 63% for Gen Z finding that medical billing is stressful, compared to 59% for those 39 and older. Finally, 43% of all employees say enrolling in health insurance is somewhat or very stressful. Similar to past years, an evaluation of employees' benefits enrollment patterns provides likely explanations behind shortcomings in understanding health care insurance. For example, the vast majority (93%) of employees still choose the same benefits each year. And more than half (56%) of employees surveyed spent less than 30 minutes researching their benefits options during the last open enrollment, including 14% who didn't do any research at all.



## Body Weight May Impact Flu Shot Effectiveness

**T**his is fascinating...it looks like researchers from the Centers for Disease Control and Prevention have found that the flu shot is less effective for people who are overweight or obese. As people become overweight, their metabolism changes. Metabolic shifts affect many cells, including immune system cells. As a result, a 30-year-old obese person has the immune cells that look a lot like what you might expect in an 80-year-old individual, according to researchers. Now that the issue is known, though, researchers are looking for ways to work around the problem with future immunization.



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## INDUSTRY EVENTS

### **SDAHU Expo 2020**

January 16, 2020 @ 8:00 am - 2:30 pm  
Town and Country Resort and Convention Center, San Diego. More info at [sdahu.org](http://sdahu.org).

### **Joint Industry Forum 2020, Insurance Information Institute**

January 16, 2020 @ Marriott Marquis, New York City  
Theme is "A 21st Century Workforce that Reflects the Communities We Serve."

### **OCAHU 8th Annual Business Development Summit**

February 28, 2020 @ DoubleTree by Hilton-Anaheim/Orange County. Contact [orangecountyahu@yahoo.com](mailto:orangecountyahu@yahoo.com)

### **The 29th Annual IEAHU Symposium**

March 10, 2020 @ Riverside Convention Center  
Inland Empire Association of Health Underwriters [ieahu.administration@gmail.com](mailto:ieahu.administration@gmail.com)

### **SIIA Self-Insured Health Plan Executive Forum**

March 16-18, 2020 @ Charleston, SC. More info at [siaa.org](http://siaa.org).

### **CAHU Women's Leadership Conference**

March 25-27, 2020 @ JW Marriott Resort & Spa, Las Vegas.  
More info at [cahu.org](http://cahu.org).

### **LAAHU Annual Symposium**

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# 20 *Voices For* 2020



Welcome to 2020! We're kicking it off right by bringing you 20 voices germane to the California Broker world. Of course, this is not a ranking or top 20 list. We do think our contributors are tops, but we've merely arranged the pieces in alphabetical order by last name. You'll see that we have some longer contributions and some short Q&As and conversations. Our aim was to mix it up—and invite a few fresh faces to contribute along with a few regulars. Read on for what's on these folks' minds for 2020....







# 20 *Voices* For 2020

## Food and Shelter: The Foundation of Wellbeing

**Seeing through the eyes of CHCF  
Engagement Specialist Xenia Shih Bion**

**F**or the California Health Care Foundation (CHCF), making more progress towards universal coverage, improving care access and quality in Medi-Cal, and improving access to quality mental healthcare are top priorities in 2020. Supporting the health care system in addressing the social determinants of health is also important. CHCF communicates about initiatives addressing these issues to its primary audiences of policy makers and health care leaders, and funds certain efforts through grants.

I'm encouraged that some health care systems are recognizing stable housing as fundamental to health. This is important for the industry AND the community to address. UnitedHealth Group started MyConnections, a program in selected cities that invests in housing and support services for UnitedHealth Medicaid members who are homeless. Oakland-based Kaiser Permanente invested a generous \$200 million into the Thriving Communities Fund. This stable housing initiative for Kaiser members and the broader community was championed by the late Bernard Tyson, chairman and CEO. He looked at patients holistically and pushed the organization to address social determinants of health, including stable housing. This exciting initiative is reaching 15 communities across America, seven of those in California.

Both programs recognize that getting patients off the streets is one of the most important steps to helping them heal, both physically and mentally. The healthcare system is designed to treat people once they're already sick but historically has not been designed to help prevent sickness. Living on the streets can lead to overuse and overcrowding of emergency rooms, with the health care system constantly treating surface issues and not causes.

It's also important to recognize the role of good nutrition for health. Medi-Cal is halfway through a pilot project that provides medically tailored meals to adults with chronic diseases. We can keep treating illnesses and injuries, but to

really invest in people's long-term wellbeing, we need to treat the underlying social determinants of health—like food insecurity.

### **What do you see as the role of brokers?**

Brokers play a vital role by providing consumers with accurate information about health plan choices. It's really important to steer clients away from short-term plans that are meant only as stop-gap coverage. These plans can lead to unexpected medical debts because they have a lot of holes. They can exclude essential benefits like emergency services and maternity care, and can charge higher prices for pre-existing conditions if they cover them at all.

Brokers also play an important role in removing barriers to enrollment, especially in the face of the Trump administration's changes to the "public charge rule" to favor wealthier immigrants who do not use public programs. Even though federal courts have blocked the final rule from taking effect, it's had a chilling effect on immigrant families that are legally in this country and are eligible for but avoiding or disenrolling in public programs like Medicaid, supplemental nutrition programs and housing assistance. Brokers can communicate to immigrant families that they can continue to use these services without fear. There's a campaign called Protecting Immigrant Families that has helpful resources that they can refer to.

Part of my interest in social determinants of health stems from me being the child of Taiwanese immigrants. I personally benefited from the Women, Infants and Children (WIC) program when I was an infant. Another experience that got me interested in public health nutrition was my time as a running coach for 9 to 10-year-old girls for the non-profit Girls on the Run. One of the units was on nutrition and how what you eat can impact how you run. It struck me as ironic that we were teaching them about eating highly nutritious foods when most lived in a community that historically was 'food insecure.' Here was a challenge. I became keenly interested in the concept of food deserts, and grassroots movements to improve community nutrition, and went on to earn my Master of Public Health. I feel really fortunate to work at CHCF where I can make an impact. I still write about food issues in the context of the many factors that

## Getting patients off the streets is one of the most important steps to helping them heal.

contribute to health and can even help lower health care costs.

I think my family's immigrant background motivates me to seek out stories that maybe other writers might not. One of my passion projects is a series of articles about the importance of listening in health care. Each explores an organization in California that proactively engages their patients and uses their feedback to improve the design and delivery of care.

The first article highlighted the Trust Health Center in Oakland that serves adult residents of Alameda county who are homeless or at risk of becoming homeless. To combat the stigma of homelessness, the clinic is committed to creating a safe, welcoming space with continuous feedback from the staff and patients. Another will explore the California Healthy Nail Salon Collaborative, which is dedicated to increasing awareness by salon owners, workers and patrons

of the effect of the toxic chemicals in nail products. There's a push to ban harmful chemicals, and to alert the public which salons to patronize. A true 'vote with your money' initiative, it's a great example of how policy can have an impact at the worker level.

Currently reading? Normal People by Sally Rooney

Favorite podcasts: "Tradeoffs" by Dan Gorenstein on health policy issues (CHCF is one of the funders). "Reply All" a clever take on all the oddities of the internet.



*Xenia Shih Bion, CHCF Engagement Specialist, serves on the External Engagement Team, handles social media and writes the Essential Coverage weekly column and more.*

— Linda Lalande

### The Texas Maverick

**A conversation with Josh Butler, president and CEO of Butler Benefits, in Amarillo, Texas.**

Anyone who attended the NAHU national conference in San Diego may have heard Josh Butler speak, a convincing evangelist for altering the focus of the industry from insurance to health care. His story goes like this: not so long after he and his wife opened Butler Benefits in Amarillo, Texas, Butler had a crisis of conscience. As he put it, he simply couldn't face another employer and tell them their rates were going up and their benefits were going down. Searching for solutions, Butler came upon Health Rosetta—a consortium of industry mavericks determined to find fixes and work-arounds for

skyrocketing health insurance. A couple of years down the road and he's happily—though slowly—converting employer groups to direct contracting with health care providers (costs are based on a percent of Medicare).

"In a nutshell, what we do differently than a status quo traditional broker is we have become more population health managers than just people who sell a product," explains Butler. "We do broker insurance. Yes, of course, we do because there comes a point when a company needs to transfer risk and they do that through insurance policies. But a lot of our time is now spent showing companies and their employees how to mitigate risk and how to manage it. If you have a gallbladder surgery coming up, what if I can save you \$9,000 on that procedure as an employer?" Butler points out that when

the big savings are achieved, some of that is naturally passed along to the employee too. Employees routinely walk away paying absolutely nothing for procedures they may have had to pay hundreds for previously. One of Butler's groups saved so much money, in fact, they took all 45 employees to Aspen, Colorado, for a summer retreat. Butler says it's hard work, but he sleeps better at night because of this change in business focus. "I think consultants should be paid on value and not on what the health insurance costs."

Butler says everything he's doing may not be as easy in California, but that doesn't mean it's not going to happen here. The Health Rosetta has gone from a few dozen original consortium members to now roughly 130—and growing.

— Victoria Alexander





# 20 *Voices* For 2020

## The Effect of Homelessness on Social Health

**Q&A with Kaiser Permanente's SVP and Chief Community Health Officer Bechara Choucair, MD**



**CB: What's important in 2020 for Kaiser Permanente, and how does addressing homelessness fit into that vision?**

Choucair: Kaiser Permanente has been dedicated to improving the health of our members and the communities we serve for 75 years. As we look to 2020, we are determined to continue to elevate social health to the same level as physical and mental health. A person's social health—having access to things like healthy food, stable housing, reliable transportation and meaningful relationships—has a strong impact on a person's total health. If a person does not have stable housing, for example, it is very difficult for them to maintain their health regardless of quality care.

**CB: What inspired the organization to invest in housing?**

Choucair: Housing and health are inextricably linked. We know that the life expectancy of a person experiencing chronic homelessness is on average 27 years less than those of us who are housed. And unsafe, unstable, or unhealthy housing can cause severe and costly health issues like asthma, lead poisoning and unintentional injuries. We are facing a crisis in this country. Many of the communities we serve grapple with some of the highest costs of housing and highest rates of homelessness in the U.S. As the nation's largest, integrated nonprofit health care system, we are uniquely designed to improve health outcomes where health starts; in our communities.

**CB: How do you qualify candidates for housing?**

Choucair: We have a diverse portfolio of strategies to address affordable housing, housing security and homelessness. For example, Kaiser Permanente partnered with Bay Area Community Services (BACS) to rapidly house 515 homeless individuals in Oakland, who are over the age of

50 living with at least one chronic condition. We are taking what we learned from that initiative to develop scalable solutions throughout our regions.

We are focused on housing for the most vulnerable people, such as those who have 0-80% of the area median income, those who need supportive housing, veterans or seniors.

**CB: What does the cost saving look like?**

Choucair: Patients without housing are 50.8 percent more likely to be readmitted to hospitals, and when admitted tend to stay 2.3 days longer. Hospitalization and emergency department costs among 6,500 homeless individuals in Boston turned out to be 3.8 times higher than those for the average Medicaid beneficiary.

Our work in Community Health is at the fabric of our model, a key component to the organization's mission to provide affordable health care and to improve health for members and communities alike. When we began 75 years ago, we started with a network of primary care doctors and specialists to support the physical health of our members; then we added mental health providers. And now, in this very pivotal moment, we are developing networks to meet the social health of our members. By moving upstream to address social health on the same level as mental health and physical health, Kaiser Permanente is continuing to be a national leader in improving health outcomes.

**CB: Can you give an anecdotal example?**

Choucair: In June, we shared the story of Joyce, (<https://youtu.be/DRk4idNZRg8>) a Kaiser Permanente member in Vancouver whose physician connected her with housing resources after discovering she was sleeping in her car. We also shared the story of Victor Nelson (<https://about.kaiserpermanente.org/community-health/news/transforming-housing-for-growing-aging-homeless-population>) who was housed through the BACS partnership.

**CB: How did you become so passionate about this?**

Choucair: When I first came to the U.S., (from Beirut) I trained to become a physician in programs focused on caring for people experiencing homelessness. While there, I met Judy.

Her ailments seemed straightforward. Aches and pains, minor infections and symptoms of substance abuse. But

soon it became clear that her challenges ran deeper. She had mental health challenges that made it hard to keep a job, and regular unemployment made consistent healthcare impossible. We were able to connect Judy with some social services, but it never felt like enough. The care I could provide wasn't going to break this vicious cycle.

During one visit, she told me her biggest concern was finding a place to sleep on that frigid Chicago night. One

day, I learned someone froze to death in a park near the clinic. It was Judy, and that broke my heart. I believe her death was preventable, but that the solutions were out of my reach.

I couldn't write a prescription for homelessness. To get to the heart of these challenges, I needed to shift my focus to the environments and policies that impact a person's conditions for health.

## Self-funding: Cost-Saving Alternative to Traditional Insurance

**Removing the blindfold to  
valuable data**

**Q&A with Daniel Corliss,  
director of Employee  
Benefits and Large Group  
Operations at Quantum Insurance  
Services, Los Angeles, Calif.**



**CB: Would you explain the concept of self-funding?**

Corliss: Self-funding is an alternative to the traditional approach for Large

Group clients who are under pressure to save money. Cost-shifting and 10-20% premium increases are forcing companies to ask WHY. Carriers just respond with, "you had a bad year, take the increase" but don't reveal the detail that self-funding would provide.

Self-funding takes the blindfold off and provides transparency to health plan data so you can control your spend down to every dollar. At Quantum, we're able to manage this effectively and save our clients money.

We can really dig into member-specific data. Using disease management reports, we can see who's just been diagnosed with say, end-stage renal disease (ESRD) or cancer, and get them to a high quality, low cost place of service. That's where we can really start incentivizing members by waving their out-of-pocket, and even provide travel assistance to seek this better care, achieving lower costs for the plan.

When self-funded, you're possibly renting a network from a carrier, but you are managing and administering your own health plan outside of any carrier control. Benefits and plan structure are the same or better, with more robust benefits and less deductible and co-pay.

As a new concept in most of California, there's much room for disruption and innovation. It's very exciting.

Quantum's priority in 2020 is expanding this impact and value to employers all over the country. We have a performance-based fee-structure with very low base fees, so if we don't provide savings, we don't get paid much.

**CB: What's your perspective on the future of the healthcare industry?**

Corliss: We're continuing to evolve towards true plan transparency, both from a healthcare data and financial perspective. I love that technology is getting better at showing how we can bend the cost curve and save clients' money.

**CB: What about the role of brokers?**

Corliss: It's evolving toward a consultative and continuous handholding approach, rather than brokering by spreadsheeting carrier rates. The traditional role is now being eclipsed by ongoing plan administration and cost mitigation. For brokers to gain control and give value, we use data to provide solutions that are going to save the plan money but also improve care and convenience. This is my passion.

**CB: How responsive have brokers been?**

Corliss: Some don't like it because

they only know fully insured business, and honestly, that takes less work and provides more revenue. BUT it's not doing the right thing for better management of the health plan or savings potential.

Some brokers don't go this route because they don't have the tools yet to manage a self-funded plan. Some don't know all the pieces to that puzzle, which are many. It would be irresponsible for some to try self-funding even if it would provide savings. If not done properly you could actually do more harm.

So that's where we see unique business opportunity. At Quantum, we have the expertise to build and customize that infrastructure, so we've just opened our doors for a co-brokering program to help brokers self-fund their clients. It's still their client, but we consult and coach the broker and client, then share the commissions in that scenario.

My vision is for brokers to be able to come to us if they have an interest in learning about taking their clients self-funded, and I sincerely welcome it.

**CB: What's your life philosophy?**

Corliss: Lean into your weaknesses and fears, and live life always slightly at your edge. I feel the most fulfilled when I'm challenging myself to go further and do better.

**CB: What's on your reading/listening list?**

Corliss: I'm listening to two audio books: Can't Hurt Me: Master Your Mind and Defy the Odds by David Goggins, and Dare to Lead by Brene' Brown.



# 20 Voices For 2020

## Empowerment is My Passion

By AXA's Michelle Curry

**A**n important passion of mine is finding ways to empower women. This is still a very male-dominated industry and it can be difficult to find your way. I'm fortunate that I have been able to find some amazing mentors in this business who have given such great advice and have protected and pushed me as I've found my way in this career. I want to be a role model for other female advisors and for my clients. I recently hosted a Women's Self-Defense class because it's important that we take empowerment beyond words. When I can be the conduit that may save someone's life either physically or financially, I feel I'm making the most impact. I love what I do.

This business allows me to focus on my passions (obviously financial planning being one of them). I have a dance background and love being involved in the arts. I've served on the Ford Theatre Foundation Board for the past 4 years and I still enjoy taking dance classes to stay in shape and as a mental break from the world. This industry allows me the flexibility to "dance" passionately on the business stage and put in the hours, but also the ability to be involved in the community and give back.

### My 2020 outlook

I feel like 2020 is a fresh start. It's a new decade. We can put things behind us and move forward into the future with clear 20/20 vision (pun intended)! I'm really looking forward to the next year—I've set some big goals both personally and professionally.



**The Curry Felendes family: Amelia, Michelle, Hudson and Hrvoje.**

### Envision the future of the insurance industry

I heard the phrase many years ago that you need insurance if "you owe someone or you love someone." These two things will always exist and people need guidance in creating their protection strategies. I also believe Long Term Care insurance will continue to be of greater and greater value as the population ages.

I've also been involved in our industry and advocacy associations. I served as the Young Advisors Team Chair for my local National Association of Insurance and Financial Advisors (NAIFA) branch for many years. I'm currently a member of the Association for Advanced Life Underwriting (AALU). It's important that we pay attention to the laws that govern our industry and work with our local representatives to ensure they are properly

informed about what is important and what best serves their constituents.

### Current "Listenings"

I rarely "read" books anymore, it's all Audible! In this business there's a lot of driving time so to make the best use of that time I listen to books. I just finished Malcolm Gladwell's latest, *Talking to Strangers*, which was very insightful. I've also just discovered a short, yet powerful book, *Love Yourself Like Your Life Depends on It*, by Kamal Ravikant. I'm learning that we are all better served if we take time to really look at ourselves and treat ourselves with love and care. When you love yourself, that translates into having the ability and capacity to be our best selves with others.

*Michelle A. Curry, CFP®, ChFC, CLU is a Certified Financial Planner™ Professional and Retirement Planning Specialist with AXA Advisors, LLC, in Woodland Hills. She's been practicing for 13 years and enjoys working with families and businesses. Email: Michelle.Curry@axa-advisors.com*



***This is a great place for women to find success. I've discovered that commissions are gender neutral—there's no glass ceiling.***

## Playing Happily in the Small Group Space

**A conversation with Amy Evans, president of Colibri Insurance Services in Sherman Oaks and founder of AlignWomen**



**M**y focus in 2020 is happily growing my agency in the Small Group arena (100 or less employees) in Southern California. I'm passionate about taking good care of my clients. There's a great need for brokers committed to making sure small employers feel it's worthwhile to invest in employee benefits is. I continue to play in that space since stepping into my own agency in 2015 after 17 years in the business, with an ambitious goal of increasing my revenue by 50% in 2020.

This is a great place for women to find success. I've discovered that commissions are gender neutral—there's no glass ceiling. I named my agency Colibri—French for butterfly—a symbol of freedom for me. It's a natural fit since I speak French fluently (and have a butterfly tattoo).

I plan to grow by 50% in two ways. First: by continuing to develop strategic partnerships with CPAs. It's been my best source of revenue generating referrals. They've uncovered small business clients who want to offer coverage for the first time, or find themselves in a sticky situation with their existing group plan and need a broker who can straighten that out. Many don't realize they are violating discrimination and ERISA rules when they start out covering a few, then grow to say 40. If they offer insurance to any, they must offer to all.

Second: via AlignWomen which I founded, born out of a desire to have more effective networking opportunities with women. Many in Align offer similar or complementary serv-

es, so we are a brilliant resource for each other. I started a Mastermind group of female agency owners that turned into Align Women (with a podcast and Facebook community), which became something much bigger as a mentoring and referral source. It's allowed me to build my dream team of women specialists in legal, payroll, HR and IT to call on when I need that expertise.

### Future vision

An expansion of Medicare may be the path of least resistance, but no time soon. I'm much more interested in what happens from here to there. Honestly, my biggest concern is carriers dropping commission rates as we've seen it drop a while back (in response to the upheaval caused by the ACA). It shoots carriers in the foot because we are their most effective marketing tool, helping consumers navigate the complexities of the marketplace. But agent compensation is a difficult conversation.

If we see that again, agents have no recourse or leverage to fight back—no collective bargaining on our side. So, we need to have an exit strategy to survive. I've been contemplating that "what if" with others because it would not be sustainable. Agents need to do all they can to stay informed and be of value of their clients.

### Life philosophy

"Go confidently in the direction of your dreams! Live the life you've imagined." —Henry David Thoreau

### Reading list

The Myth of Stress by Andrew Bernstein. "Things don't cause stress, your thoughts about them do. Dismantle your thoughts, change your life."

—Linda Lalande



# 20 *Voices* For 2020

## Time to Create A New Standard in Carrier Communications

By Jeff Grocky, LISI marketing director

**L**ISI's new video series, Coffee with Carriers, is just one way our company is trailblazing in carrier communications. The video series features a caffeinated jolt of premium product knowledge, new carrier technology, legislative updates and market trends. The video platform gives insurance executives a more personal way to reach brokers and introduces the people behind the brand. We're in the people business after all.

Coffee with Carriers ([www.lisibroker.com/news/coffee-with-carriers](http://www.lisibroker.com/news/coffee-with-carriers)) is a relaxed venue for executives to talk about their company's initiatives, discuss industry trends, and relate their professional journey in the insurance business. Unlike live webinars, the videos are easily accessed and shared on social media.

### Here are some highlights from recent videos:

Episode 1: UnitedHealthcare's Steve Cain, CEO, Northern California, and Meghan Newkirk, general manager, Southern California say that UnitedHealthcare is focused on taking the frustration out of getting care and medication. One example is an easy online tool, which is embedded into the medical record and allows doctors to easily check which prescriptions are covered and which need an authorization.

Episode 2: Colin Havert, VP and general manager, California Small Group Business, at Anthem Blue Cross says the company is pushing the needle on enrolling groups faster and improving efficiencies for their broker and General Agents (GA) partners. "We want to get more efficient with every enrollment. We want to make it as easy as possible for brokers to do business with us and for GAs to manage that business." He noted that Anthem can now do same day enrollments. Anthem also has application programming



interface (API) connectivity with Ease benefits administration software.

Episode 3: Geoff Abbott, Heartland Payroll territory manager, focuses on hiring the most experienced people to give payroll and HR support to brokers. With Heartland's support team, "We back you up and make you look like a superstar," he said.

Episode 4: Health Net SVP of Sales Scott Kranzel says the company is expanding self-service for members, brokers, and GAs. Health Net has added ways for members to receive care, including doctor visits.

Like so much of what we do at LISI, Coffee with Carriers breaks the mold of traditional business-to-business marketing. Coming from the consumer sphere, I see no reason why communications in the insurance industry should be any less engaging. In the business world, we're still speaking to real people. The sports fan who watches a Super Bowl commercial is the same person who steps into the office during the workweek.

The internet of things and social media are relatively new, but with increasing adoption they're growing in popularity for business professionals. We all consume and engage with content differently and my team strives to deliver information in the way brokers prefer to receive it. One recent example of our efforts is the LISI Skill on Amazon's Alexa platform. Brokers can now get their carrier updates recited to them from any device.

We believe the best way to show the broker community respect is to put serious effort into crafting interesting stories, eye-popping graphics, and interactive communications that rival anything you'll find in the consumer sector. We're only able to bring that level of expertise because we have an incredibly curious and talented marketing team that wants to deliver the best customer experience.

*Jeff Grocky is marketing director of LISI in Woodland Hills, Calif. He has a history of bringing technology and creativity together to lead highly successful marketing teams that prioritize data-driven growth.*

***The insurance industry faces enormous opportunities today to improve not only products, but also accessibility to information, transparency in processes, and efficiency in distribution.***

## 2020 Promises Opportunities for Accessibility, Transparency and Efficiency

**By Nicole Gunderson,  
managing director of GIA**

**W**ith nearly a year under my insurance/InsurTech experience belt, it is my background in financial services and fintech which gives me great confidence and excitement that the industry is still in the early days of major cultural, process and technology shifts as it continues to adopt innovation. The good news is, these innovative products and solutions don't have to be sexy to have a meaningful impact on the industry.

The insurance industry faces enormous opportunities today to improve not only products, but also accessibility to information, transparency in processes, and efficiency in distribution. There has been a significant influx of entrepreneurs into the industry in the last five years, bringing technology innovations that increase choice, improve customer experience, and even ease the burden of regulatory compliance. But, many of these innovations still lack product-market fit, a clear go-to-market strategy, and scale.

In 2020, there is another window in which the specificity and maturity of new ideas can be advanced and enhanced for the benefit of agents, brokers, brokerage general agencies (BGAs), insurers and policyholders alike. There are also challenges that must be overcome, of course, but the po-



tential far outweighs the risks.

There are natural friction points in the insurance process, such as the policy application or new business application process, where startups can have an immediate impact by reimagining engagement and retention more in line with the consumer experience achieved by the likes of Amazon.

On January 14, 2020, a new cohort of companies joins the Global Insurance Accelerator (GIA) in the insurance hub of Des Moines, Iowa, for the accelerator's 100-day program focused on tackling the many challenges faced by InsurTech startups through mentorship by insurance professionals.

The industry has been held back for years as siloes between insurers and distribution channel partners, between underwriters and agents, and even between policyholders and other insurance process stakeholders were reinforced. Today, InsurTech startups are breaking down those siloes and insurers of all shapes and sizes are engaging with startups for ideation as well as pilots or proof of concept (PoC) projects which can help spur tangible results for all parties.

By supporting and investing in such innovation across the entire value chain, the GIA makes the industry at-large better, for all stakeholders. There is plenty of opportunity to go around as the insurance industry changes and grows across all lines of business. The thing to keep in mind is that while progress and growth may occasionally be slow and somewhat painful, it does happen.

Respect the process, keep pushing, and be confident that a rising tide most certainly will lift all boats.

*Nicole Gunderson is the managing director of the Global Insurance Accelerator. Email: [nicole@globalinsuranceaccelerator.com](mailto:nicole@globalinsuranceaccelerator.com).*





# 20 *Voices* For 2020

## Putting Politics in Perspective

By Alan Katz, co-founder of Take 44

It's easy to get caught up in the day-to-day events that comprise America's politics. Like an easily distracted dog, every day brings another squirrel. Or three.

By the time you read this, for instance, cable news is no doubt obsessing over the twists and turns of President Donald Trump's impeachment trial. (As I write, the Judiciary Committee is getting ready for its first hearing, but where this road leads is pretty easy to map). Once the trial is over, the news channels will resume fixating on the Democratic Party's presidential nomination. That means we'll be hearing a lot more about Medicare For All, Medicare For All Who Want It and all the other permutations that are healthcare reform in 2020.

### A winning issue

In the 2018 mid-term elections healthcare reform played a critical role in helping Democrats capture a majority in the House of Representatives. That's in part because Republicans badly botched their "repeal and replace" approach to the Affordable Care Act (ACA), misplacing the "replace" part of the formula. For Democrats, healthcare reform is a winning issue. They'll keep it front and center in 2020.

Listening to politicians debate an issue that could devastate your profession and livelihood can be ... upsetting. Especially when the issues involve something as complex as healthcare reform and the politicians, by choice and necessity, talk in generalities and principles that often only glancingly connect with reality.

For example, the Democratic Presidential Debates over the past few months have spent considerable time on the need to fix America's healthcare system. They often fail to separate health insurance practices from, say, pharmaceutical company pricing decisions. There should be a warning on the screen: Politicians conflating insurance policies covering the cost of care and providers setting the cost of care may lead to indigestion and high blood pressure.



Or consider the appropriation of Medicare to sell a single-payer system. Any and every health insurance professional knows that when candidates talk about Medicare For All they are not referring to Medicare As It Is Today. Medicare As It Is Today includes premiums, co-pays, deductibles, coverage limits and more. It limits costs by setting reimbursement levels for doctors, hospitals and other providers. Medicare For All includes no cost-sharing. And it sets prices providers can charge—a fact no politician will emphasize.

However, Medicare As It Is Today is popular. Coopting the term "Medicare" for a government-run single payer plan is simply good marketing. And good marketing is good politics. Which means this conflation will continue.

### Governing isn't campaigning

There's a simple way to get through the coming stress-inducing political maelstrom. Relax. Pay attention. But don't panic. What you're hearing is the sound and fury to which William Shakespeare referred. He noted such noise signified nothing. In the case of healthcare reform, it signifies something, but much less than might be apparent.

That's because campaigning and governing are two different things. Campaigns are about hope (or fear). Campaigns are aspirational. Governing is about counting votes. Administrations are pragmatic. That's because the calculus each use is different.

Campaigns are about aggregating voting blocks to create a majority (or at least a plurality). In presidential campaigns this is complicated by the Electoral College, but let's not go there. That's why politicians talk about "big tents" and "coalitions."

Governing requires cobbling together sufficient majorities in a legislature (let's assume Congress). This process is focused on the needs and fears of 535 lawmakers, not 130 million voters.

### The 60th senator

The implications of this difference are profound. Despite all the attention paid to the presidential contest and the nearly \$2 billion that will be spent to influence who sits in the oval



## Lead Generation for Fast-Paced Times

By Chris Kelly, CEO, NextGen Leads



**B**efore founding NextGen Leads, I was in charge of marketing at a health insurance agency, and part of my job was buying leads. I was frustrated with the outdated platforms and anti-customer business practices I encountered. So, I took a hard right turn career-wise and started NextGen with the aim of building the lead generation platform I wish I had as an insurance agent. I would say what's important to me is providing the best experience possible to insurance agents. It's literally the reason I started this company.

Over the past five years, we've made a lot of progress toward this goal. We've introduced industry-leading campaign management tools, offered fair and transparent pricing, and generated millions of warm transfers from our California-based call center. But there's still a lot to do. Even if we executed perfectly on the vision we had for NextGen back in 2014, we'd be five years behind the times without constant course correction. Things are always changing.

One of the clearest trends we see not just in this industry but in society generally is our evaporating attention span. We used to be willing to wait a few days for a delivery; now we expect next-day shipping. We used to stand in line at the grocery store and just wait; now the phone comes out immediately. We used to read books and longform articles; now we scan social media.

This rapid decline in attention span affects the insurance industry. Carriers and agents are in an arms race to provide faster and more convenient quoting, underwriting and binding. Waning attention spans mean these innovations are no longer "nice to have" but mandatory, with companies that fail to adapt falling by the wayside.

We see this change and are doing our best to lean into it rather than resist it. We're gradually shifting our business away from "outbound leads" where agents buy a lead and dial out on it, and toward "inbound leads" where NextGen gets the consumer on the phone and transfers that person directly to the agent. In an impatient world, these rapid and seamless connections between consumer and agent are becoming the norm. We're also moving toward a more multimedia approach where we selectively use calls, texts and email to contact and connect people according to their personal preferences, not what's most convenient for us. Last but not least, we're taking a firm stance on compliance because it's the right thing to do, and because it's good for our customers.

The world is changing, and we're going to keep changing with it.

**Passion projects:** Being a good father to my 1-year-old son and learning piano.

**Life philosophy:** I admire talent, honesty and competence in no particular order.

**Currently reading:** A biography of Alexander the Great, but I generally prefer fiction.

*Chris Kelly is founder and CEO, NextGen Leads. Before starting NextGen, he was at Google where he served in product and marketing positions with AdSense and Google Apps. [www.nextgenleads.com](http://www.nextgenleads.com)*

office, the president doesn't get to decide the final shape of health care reform. That power resides with one senator.

Interestingly, we don't know who that is. Yet. But let any president, Democrat or Republican, try to push through healthcare reform and we'll find out. That most powerful Senator is whoever positions themselves as the 60th vote. (There are ways to change laws in the Senate with a simple majority, but let's consider the traditional method for now).

Getting to 59 votes is tough. Getting to 60 votes is much tougher. Senators who commit late are extremely powerful. They can often determine what the final bill contains.

In 2017 we saw an example of this phenomenon. Senate Republicans needed 50 votes to pass a "skinny" repeal of the ACA (why 50 were needed as opposed to 60 isn't relevant now). That crucial vote turned out to belong to Senator John McCain. And neither the president nor Senate Majority Leader Mitch McConnell could capture his support. In that famous "thumbs down" moment, Senator McCain doomed the Republican effort to kill the ACA.

### Medicare for All: Not happening

Come November 2020 we'll find out which party holds the majority in the Senate. Given that every Republican and several Democrats oppose Medicare For All, that proposal will be dead on arrival.

It's totally appropriate for Democratic candidates to use Medicare For All to define their aspirations and build their coalitions. When it comes time to govern, however, no matter who is elected, Medicare For All is not going to happen. The 60th senator—whoever that may be—won't let it.

This doesn't mean the healthcare reform debate this year is meaningless. This doesn't mean, as knowledgeable health insurance professionals, we can be detached or silent. Quite the opposite. Momentum matters. Education makes a difference. And advocates for a single payer system are not going away. Engaging in the debate is necessary and useful.

Just keep things in perspective. Your blood pressure will thank you.

*Alan Katz is a co-founder of Take 44, Inc., the company behind NextAgency, an agency management system for life and health agencies that saves them time, money and clients. Learn more at [www.NextAgency.com](http://www.NextAgency.com). Alan is a past president of NAHU, was a senior vice president at WellPoint and general manager of the general agency Centerstone. He has served as chief of staff to California's Lieutenant Governor and on the Santa Monica City Council. You can follow him on Twitter (@AlanSKatz), connect on LinkedIn ([www.linkedin.com/in/alankatz44](http://www.linkedin.com/in/alankatz44)) and contact him at [Alan@Take44.com](mailto:Alan@Take44.com).*



# 20 *Voices* For 2020

## Drive and Drama Keep Dede Going Strong

**A conversation with  
Dede Kennedy-Simington,  
president of BenAssist  
Health Insurance Services,  
Pasadena, California.**



**A**fter college I began my professional life with my father, James P. Kennedy. Dad was one of the pioneers of self-funding in the 70's, and owned a Third Party Administrative (TPA) firm. Fast-forward through many iterations of working in healthcare: from running enrollment for Access for Infants and Mothers (AIM) (the state-funded insurance program for pregnant women), managing contracting for a psychiatric hospital, being in the C-Suite at male-dominated brokerages, taking stock of my life with a five-month backpacking trip to Asia at age 30, stints working as an independent agent for others, then returning to owning my own agency two years ago. Job and major account losses taught me as much as successes in gaining the musculature I now possess. Those losses were learnings and propelled me to change.

I had two children later in life (at 37 and 40), and my husband and I appreciated this industry's flexibility. Having kids continually makes me take stock of my priorities. We have to keep the pressure on workplaces to adapt to both women and men as parents, in a humane way. Truly, we can NOT have it all—we have to make compromises.

I was trained to fit into the rigid masculine corporate space of our culture. It took years for me to feel confident to go out completely on my own, without sharing the helm with

male leadership. That path led me to confidently knowing I'm at the top of my game, able to be uniquely me, and expertly do what I do. I have dual passions: serving as chair (again) of the Legislative Committee of LAAHU, and building my employee benefit practice in the cannabis industry. I love lobbying in both Sacramento and D.C. It's given me tremendous knowledge of trends and the drama of that theater keeps me inspired.

Talk about drama! The cannabis space is incredibly dynamic and fascinating. What a unique challenge to apply the fundamentals of employee benefits to this nascent, contradictory industry that is bringing about nuanced economic, cultural, societal and political shifts. Cannabis companies have many idiosyncrasies, and investors as a rule don't understand nor anticipate health and welfare regulations. How do we project risk accurately? Will claims be different? How and when do we work with insurance companies to cover medicinal marijuana? I'm having the time of my career.

My reading list? I keep going back to *Blue Ocean Strategy* by W. Chan Kim and Renée Mauborgne. The metaphor of red and blue oceans describes the market universe. Red oceans are characterized by cutthroat competition which turns the ocean bloody; hence, the term "red oceans".

Blue oceans, in contrast, denote all the industries not in existence today—the unknown market space, untainted by competition. In blue oceans, demand is created rather than fought over. There is ample opportunity for growth that is both profitable and rapid. In blue oceans, competition is irrelevant because the rules of the game are waiting to be set. Blue ocean is an analogy to describe the wider, deeper potential of market space that is not yet explored.

Life philosophy? People first.

— Linda Lalande



## Committed to Shaping the Future of Healthcare for the Better

**Q&A with Oscar's Western Region Sales Director Michael Lujan**



quoting and paperless enrollments. Many integrated through application program interfaces (APIs), and virtual doctor visits. No more fax machines and almost no paper! At Oscar, we now have more than 4,600 appointed brokers in California who embrace our model. That number doubled since I joined Oscar in 2018, so I am very proud that we are growing our modern broker sales force.

### **CB: What's important to Oscar in 2020?**

Lujan: Growing our member footprint is our top goal this year. We believe health insurance and accessing health care is still painful and confusing for most consumers. We can do better. Our unique consumer-focused model is catching. We expanded our presence to a total of 26 markets in 15 states for 2020, and added a new product too (we launched Medicare Advantage in Texas and New York in 2020). That's a big milestone for Oscar. Here in California, we expect to expand mostly through enrollment growth on Covered California. A successful 2020 means we can continue to expand within California and more states.

### **CB: What's your view of the future of the insurance industry?**

Lujan: I like to think we're helping shape the future of our industry at Oscar. We see a continued trend to adopt technology and apply data science to health care. At Oscar, we continue to grow the percentage of our members who access care via telemedicine. While only 3% of the industry uses telemedicine, 21% of Oscar members are using our telemedicine and avoiding costly and unnecessary trips to the ER and urgent care. We use data to help make informed decisions about access to the right care, not only finding an in-network doctor, but guiding our members to the best providers with quality outcomes. We constantly monitor data to anticipate what comes next so our members stay healthy and happy. Our industry will look very different in just a few years.

### **CB: What about the role of brokers?**

Lujan: Brokers have proven to be the preferred channel for California consumers. As health care and insurance continue to evolve, brokers have also changed how they sell, and the tools used to sell. Veteran brokers have rolled with many changes and trends over the years. The newest generation of brokers came into their roles knowing only online

### **CB: What are your passions? What inspires you?**

Lujan: I love technology and have great respect for the innovators who leverage tech and data to modernize our industry and remove the painful and inconvenient barriers to health care. I've worked at both startups and mature companies, and both can do cool things to help define the next generation of healthcare.

My past experience as a broker and general agent helped inform and inspire my current work at Oscar. While helping build Covered California, I also found I had a genuine passion for health policy that helped my work supporting and promoting the role of brokers as consumer advocates when the ACA was being implemented, and as CAHU President. I am pretty passionate about the role agents (and tech) play in helping bridge the gaps in health care.

### **CB: Do you have a life philosophy?**

Lujan: Life is too short to do work that you don't love. Be passionate about your work and never stop learning. Take time to share what you have learned throughout your career with someone who is newer and values your experience. Give back. Volunteer and support your industry associations. Work hard, but remember to be "off" and be a whole person available to your family and friends. I'm getting better at applying these values to my own life!

### **CB: Reading list or favorite podcasts?**

Lujan: My list changes every month, but right now, I am a huge fan podcasts from TED Talks: Health, GeekWire Health Tech, Silicon Valley Insurance Accelerator's (SVIA) InsurTech Fusion, and The Herd with Colin Herd (for my sports fix). Every health insurance professional should read *An American Sickness* by Elisabeth Rosenthal, and *The Price We Pay—What Broke American Health Care—and How to Fix It* by Dr. Martin Makary.



# 20 Voices For 2020

## A New Zealander Takes U.S. Pharmacy to Task

By Casey Macpherson,  
COO of Rx Manage



**A**s a pharmacist living in New Zealand working with clients in the United States, I watch the rising cost of healthcare and in particular the costs of prescription medication with a sense of disbelief. The U.S. spends 30-190% more on prescription medications than other developed countries, and can pay up to 174% more for the same prescription medication than other countries. I feel fortunate that here in New Zealand, with a single-payer system we pay no more than \$5 for a prescription medication, making the cost barrier to accessing medication non-existent.

I travel to the U.S. several times a year to attend various benefit expos and conferences. When talking to brokers I consistently hear that the rising cost of prescription medications is becoming a significant concern for employers. A variety of cost containment strategies are being put in place by employers in an attempt to reduce their burgeoning healthcare spend. Frequently these strategies result in increased deductibles, co-payments and out-of-pocket limits for the employees. This can have unfortunate results: I have read many studies that indicate that increased patient cost sharing can be associated with decreased medication adherence, and poorer health outcomes.

As a pharmacist that concerns me greatly as we see what happens when patients are not compliant on their medications. Asthmatics end up in the emergency room, diabetics end up with uncontrolled blood glucose levels, which

can lead to a host of complications, and those with heart disease are at risk of a serious cardiac event. I recently read the results of a survey that found that of the 59% of Americans that regularly take medications 34% have taken less than their prescribed dose or not filled a prescription due to cost. Nobody should have to make that sort of choice.

I truly believe that by providing access to lower cost medications, Rx Manage makes a difference to people's lives and health outcomes. We do this by using

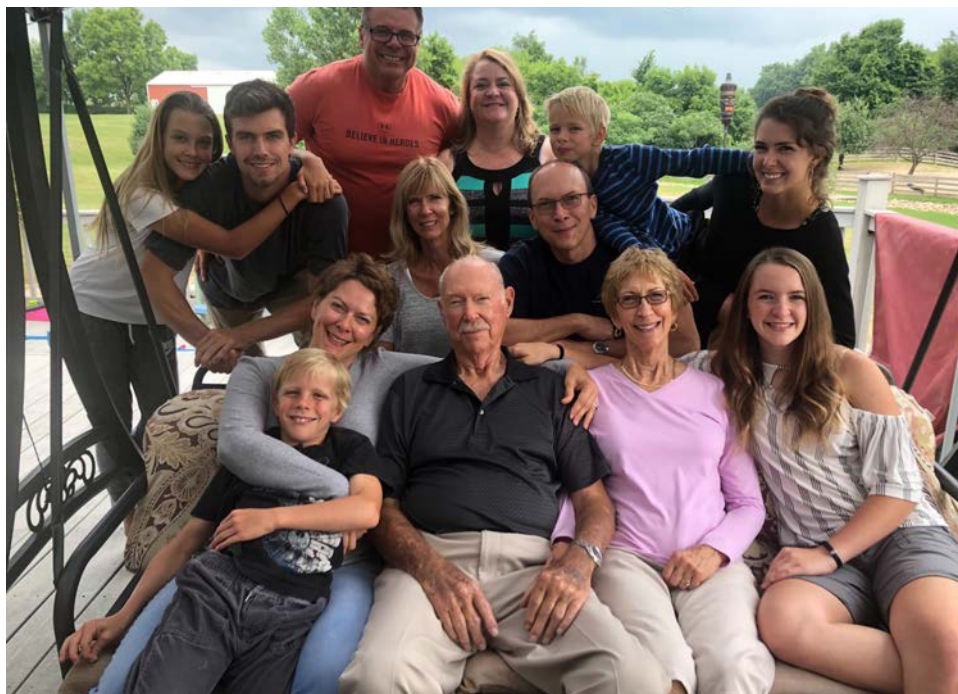
our network of international pharmacies to source medications at up to 70% less than the cost in the U.S. Additionally, medications on our formulary have a \$0 co-pay, further eliminating the cost barrier to accessing much needed medications. Members are able to stay compliant, resulting in better health, and less emergency room visits. Employers are saving up to 70% on their prescription claims. Everybody wins!

For a team like ours, made up of healthcare professionals, there is no better feeling than knowing that we have played a part in improving member's access to affordable medication. We frequently are told by members how much they appreciate our program.

I feel really blessed to associate with like-minded people in the broker community this year. We are all working toward the same goal: to drive down healthcare costs for both employers and employees.

I am excited to see the Rx Manage program reach growth in 2020 and continue to contribute toward improved access to medications, and financial easing of healthcare costs for employers.

*Casey Macpherson is COO of Rx Manage, an international pharmacy program headquartered in New Zealand. She is a registered pharmacist with the New Zealand Pharmacy Council and a member of the New Zealand Pharmaceutical Society.*



Karen is pictured (bottom left) with her entire family.

## SWOT—Sweet, Wonderful Opportunities Today

By Karen Kirkpatrick, On Your Mark Consulting

**T**ending to be a realistic optimist, I see our 2020 cup as overflowing with opportunities. Whether just starting in this business or having a rebirth or simply redefining success—you can accomplish what you set out to do.

2020 will find more insurance sales professionals turning toward consulting and fees (where permitted). Take a look at your beliefs and agency values, then practice beginning again with a new perspective. Ask yourself: What would my agency look like today with all the new healthcare options? What would success look like today with a new mindset? How would I structure my agency and incentivize staff? Brainstorm what would make sense to implement of all of those (previous) pie-in-the-sky beliefs and watch your world change overnight.

Personally, I am still working with

agents, as I have for nearly 25 years, but in a very different way. Oftentimes, I'm a professional muse—pushing them behind the scenes to get out of their own way, make a good and healthy living and to be the light to consumers.

Commissions, networks, golf clubs and resorts used to be common speak. (I grew up with insurance industry parents.) Now, the talk is bundled pricing, direct primary care (DPC), deconstructing traditional plans, RX supply channels, surgery centers, consulting fees, stewardship reports and more. If our options to access care and our terminology is changing, don't you think our mindset should too?

We can continue to expect healthcare delivery changes, transparency and pricing legislation to continue. All these changes may delay or nullify the need for single payer. Making healthcare more affordable, more cost transparent and

with better results for millions of consumers will change the way we provide and receive healthcare for generations to come. It took at least two generations to get to where we are today. Once the consumer's eyes are opened to the overpriced, low quality options they've been offered, turning back the clock to the status quo (or government-run) won't be easy and they won't go down without a fight. Don't worry though, the new generation of advisors (age neutral) have broken out of the status quo and paved the way for you.

Educate as many consumers as you can. Educate yourself to enlightenment. This country needs a healthcare True North, doesn't it? You can help guide it. And, if you need a muse...

*Karen Kirkpatrick, organizer of the Thought Leadership dinner at NAHU's annual convention, is the owner of On Your Mark Consulting.*





## 2020 is the Year to Further Protect Your Business Clientele:

### Consider Offering Employee Benefits Liability (EBL) Insurance

By Mike MacGillivray, agent and broker at Shaw, Moses, Mendenhall & Associates



**M**any of your business clientele probably offer a wide range of benefits to their employees. After all, it is a great way to attract and retain talent.

But your business clientele have a complex task: Benefits administration can be an intricate endeavor, explaining benefits to employees, enrolling them in plans, maintaining beneficiary information, all while keeping meticulous records. Mistakes can certainly happen.

When a mistake does happen, how might that affect your client? Allow me to cite an example: A property management company hires Carl as a new maintenance worker, and Carl completes his paperwork to enroll in the company health plan. He

gives the paperwork to Jill, the company's human resource manager, but Jill makes a simple, innocent clerical error that prevents Carl from being enrolled in the plan. The error goes unnoticed. Two months later Carl is hospitalized for a serious illness and while at the hospital, discovers he has no health insurance. To cover his medical bills, billed at full retail hospital rates due to lack of insurance, he sues both Jill and the property management company.

In situations like the example noted above, the legal defense costs and the costs to cover an injured party's medical bills can severely strain a company's financial resources and can potentially cripple a smaller company. Innocent clerical mistakes like this can happen, but how can you help protect your clientele should they occur? Offer Employee benefits liability (EBL) insurance.

EBL insurance is coverage that offers companies financial protection from lawsuits and claims that stem from errors, mistakes, or mismanagement in the administration of employee benefits. Not only will the coverage pay legal costs to defend your client, but it will also reimburse the medical costs of the injured/ill party.

EBL insurance is cost effective. Your clients can add \$1 million of coverage to their business liability policies for only a few hundred dollars a year.

If more coverage is needed, it can be purchased at cost effective rates.

EBL insurance is an especially important coverage for your clients to have if they offer group health benefits, but it is also beneficial to any of your clientele offering other benefits such as life insurance or disability coverage.

It should be noted that insurance companies offer different forms of EBL insurance. Some cover medical expenses of an injured party at full retail hospital rates, while others cover medical expenses at the contracted rate, so it is important to know how medical expenses are covered. I recommend your client look into a policy that covers medical expenses at the full hospital rate.

Whether or not your client needs EBL insurance, it's nice to have the conversation to let them know it is available. They will appreciate it, and it could very well save them from the financial ramifications of a future innocent clerical error in the administration of employee benefits.

*Mike MacGillivray serves on the USC Marshall School Of Business Risk Management Advisory Council, the board of IBA-BGP, an affiliated chapter of Independent Insurance Agents & Brokers of California (IIBACal), and on the Lead Up Council for IIBACal. He's a licensed insurance agent and broker at Shaw, Moses, Mendenhall & Associates in South Pasadena.*

## Four Top Trends Impacting Small Groups in 2020

By Michael Payton, VP of Sales, CHOICE Administrators

**2**020 is here and employers and employees alike are asking for—and expecting—increased price transparency and more plan choices.

Now more than ever, there are growing concerns about employer-sponsored health insurance due to increasing deductible costs and the larger impact on the affordability of health insurance. It is no longer just about premiums, but rather, the high out-of-pocket expenses that consumers face on a consistent basis.



While the rising cost of healthcare has sparked debate within the policy-making community, it's also created an opportunity for benefits professionals to provide increased value to their clients. Brokers are in a unique position to educate employers on changing trends, how they will impact coverage and service, and strategies to continue to meet employee healthcare needs in the years ahead. Diving in now will allow brokers to be more effective when working with small group clients as they plan for 2020.

### Below are four trends set to impact the small business market in 2020:

**1. Increasing demand for choice:** Modern workplaces are more generationally diverse than ever before. It is fairly common today to find millennials (born 1980-2000) working

# 20 Voices For 2020

alongside Baby Boomers (1946-1964), Generation X (1965-79), and Generation Z (2000 or later).

As Deloitte's 2017 Insight study found, changing immigration patterns are also reshaping the labor force, with more identification by gender, sexual preference, ethnicity, culture and religion in the workplace today. This can become a challenge for employers looking to provide health insurance options to an employee population with varying needs. For example, a young, single person just beginning his or her professional career has significantly different health care needs when compared to a more seasoned employee with a family.

To complicate matters further, today's myriad health insurance options can lead to confusion for both employers and employees, especially when physician accessibility enters the conversation. The good news is that benefit professionals can provide expertise to simplify the process. Brokers poised to succeed are those whose guidance can help their clients hone in on the range of plans available, coupled with how to access a broad network of options to ensure varying needs are met—while still controlling costs.

**2. Deductible transparency:** As the price of health insurance continues to rise, so do plan deductibles. Within the last several months, media outlets including the Los Angeles Times have reported on rising health insurance deductibles and their impact on affordability for workers. It is clear that there is a greater concern among employers and employees about financial security. This is especially true if there is an unexpected hospital visit or medical procedure in their future.

Brokers who stay apprised of the latest pricing fluctuations will position themselves for victory in a competitive market. Providing business owners and their employees with timely insight and counsel into multiple health plan options, a range of deductibles, application of deductibles on different services, and the potential out-of-pocket financial implications secures the broker's place as a trusted and valued partner.

**3. Decision-making tools:** Consumers are accustomed to researching information online and comparing products and services in real time. Looking up product reviews on Amazon or restaurants and other services on Yelp is the norm, rather than the exception. Healthcare plan comparisons and provider searches are no different. Benefits professionals can better serve the needs of their groups and members if they partner with carriers and exchanges (both public and private) that offer traditional and ancillary plan comparison tools as well as web-based doctor and hospital directories.

Cost estimators to research out-of-pocket expenses and/

or the potential charges for planned procedures (like a baby or expected surgery) can be valuable as well. They can be useful in helping employees narrow their plan choices based on the coverage of different services. Cost estimators also allow users to compare average provider costs (in- and out-of-network), view the average cost for specific treatments, and look up quality ratings and reviews concerning healthcare providers.

Many health plans and exchanges offer estimator tools. The Kaiser Family Foundation launched its own interactive calculator earlier this year. The tool gives users the ability to generate a cost estimate based on a variety of scenarios, including family size, income, insurance source, and health.

**4. Online enrollment (OLE):** Technology simplifies our daily lives in so many ways that it is easy to take it for granted. It also plays an important role in managing health. Whether it's tracking fitness levels on an Apple Watch or Fitbit, scheduling doctor appointments online, or reviewing test results on a smartphone, people expect quick and efficient ways to access information related to their health. That extends to health insurance information, too.

OLE platforms make it easy to enroll in benefits, access health-related information, and streamline the onboarding process for new employees. Online enrollment can also boost employee and dependent participation (as compared to paper applications), and it's easy to track and identify those employees who still need to complete their enrollment. Best of all, because employees often enter much of their own information, OLE can reduce errors and expedite a client group's underwriting—delivering a more satisfying experience for everyone.

Brokers who are tech savvy and able to provide strategic insights on the benefits of online enrollment, along with features that increase efficiencies for small group clients, are in a great position to empower employers and workers.

Choice, price transparency, and technology will continue to drive the health insurance industry—in 2020 and for years to come. Brokers who stay on top of these trends have the opportunity to solidify the overall value and expertise they provide to small business clients and their employees now and in the future.

*Michael Payton is VP of Sales at Orange, California-based CHOICE Administrators, where he is responsible for all products and distribution for the CaliforniaChoice multi-carrier, small business private health exchange and the Choice Builder ancillary benefits exchange. Prior to joining CHOICE Administrators in 2012 as national sales director for Choice Builder, he owned an employee benefits consulting firm and was a small business division sales leader at UnitedHealthcare.*



# 20 *Voices For* 2020

## It's All About Working Together

**A conversation with Naama O. Pozniak, Cal Broker  
associate publisher and CEO of A+  
Insurance Services in Studio City, California**



**T**he problem with health-care and insurance, says veteran broker and Cal Broker's new associate publisher Naama O. Pozniak, is not what we are doing. It's what we aren't doing. In a nutshell, the health insurance and healthcare systems haven't figured out how to make people healthier.

Meanwhile, Pozniak says true innovation in insurance policies and coverage has all but stalled amid essential health benefits and many other factors dictating what policies offer. You'd have to be living under a rock not to notice that deductibles for most people have skyrocketed.

"Bottom line is that what we're delivering right now doesn't make a lot of sense on many levels," says Pozniak. Does that bum her out? Nope. "I'm actually very optimistic.

We're going to see huge changes and I think we'll see changes for the better."

Pozniak says tech will play a key role in the future of improving public health. "There will be a day when there will be MRIs for \$10 on every block," she predicts. "You'll be able to check your diabetes using your phone and doctors will communicate with you through artificial intelligence (AI)."

Nonetheless, serious changes will only come when the majority of people are empowered to take their health into their own hands. For Pozniak, a meditation instructor and a big fan of yoga and healthy diet, that means a marrying of Eastern and Western approaches.

"The most important thing is that we ensure we work together," she says. "Everybody needs a seat at the table—hospitals, doctors, insurers, brokers, drug makers, A.I., tech, sages, scientists, startups, innovators—we need to come together and figure out how we can manifest what people really need—good health and a good, sustainable health care system."

And what hopes and dreams does Pozniak have for Cal Broker, now that she has a seat at this table? "I'm feeling humbled and grateful for being in this

position. If you had asked me a few years ago, I'd never have guessed I'd be a part of a magazine. But together I think we can bring new ideas and information to Cal Broker readers. Oh, and I also want to create the finest mindfulness event in the insurance industry." Stayed tuned for more on that.

— Victoria Alexander



# 20 Voices For 2020

## Health Care's Cost Problem Defines Its Future

By Leonard D. Schaeffer, founding chairman  
and CEO of WellPoint



I was appointed Administrator of the federal Health Care Financing Administration (HCFA) when Medicare and Medicaid were still relatively young programs. When I left in 1980, Medicare spending was \$36.8 billion, but the growing cost of the program was already a national concern. In 2018, nearly 40 years later, Medicare spending had reached \$740.6 billion. After HCFA, (renamed Centers for Medicare and Medicaid Services [CMS] in 2001), I worked in private sector health care delivery and health insurance. As this industry expanded, it too struggled with rising health care costs and keeping premiums affordable. Large employers with large risk pools had some tools to manage costs, but the problem was especially acute for individuals and small business. Many of the largest insurers avoided these markets but, at Blue Cross of California, we partnered with agents and brokers to make coverage affordable.

The problem of rising health care costs, however, continues unabated. We are approaching a tipping point where our nation will no longer be able to bear the consequences. For individuals, health care costs continue to rise faster than wages. Average annual family premiums for employer-sponsored coverage recently surpassed \$20,000, an increase of 54% over the last decade. Americans are frustrated with excessive hospital bills, drug prices and out-of-pocket costs. At 18% of GDP, national health spending is growing faster than the economy and crowding out other social priorities. And, our health spending is largely responsible for increasing the federal deficit, debt and interest costs to unprecedented levels that threaten our economy.

After a rocky start, the Affordable Care Act's (ACA) insurance marketplaces, (including the Small Business Health

Options Program) are finally working because health plans are learning to price appropriately and agents and brokers have played a critical role in helping consumers compare plans and apply for subsidies. Unfortunately, the ACA's cost control provisions have not reduced the underlying provider costs that drive premiums. In particular, the federal government's payment reform efforts to shift from volume to value-based care may have contributed to accelerating hospital consolidation, resulting in increased market power and higher prices.

Since leaving WellPoint, I have become very involved in the efforts at several universities, health care stakeholder boards, and the National Academy of Medicine to improve health policy. These experiences have broadened my perspective but also reaffirmed my belief that health policy is not just about health care. It's about costs, ideology regarding the role of government and cultural values.

Recently, the ACA has brought about a shift in public attitudes. Most Americans now support coverage expansion and a larger role for the federal government in helping families afford health insurance.

If our health care system, itself, fails to control costs, we may still achieve universal coverage but through a uniquely American system that relies on heavily regulated health plans and providers. Even in this environment, however, choice will remain, requiring agents and brokers to help consumers navigate the complexities of choosing a plan most consistent with their needs and values.

*Schaeffer is founding chairman & CEO of WellPoint (now, Anthem), Judge Robert Maclay Widney Chair and Professor at the University of Southern California (USC).*



## 2020 is the Year of Paperless

**A conversation with David Reid,  
founder and CEO, Ease**



In 2015 when benefits administration and HR software provider Ease launched, the company counted 151 competitors in California. “And now we can count our competitors on one hand,” says CEO David Reid. To say the least, it’s been a fast moving market in the enrollment and benefits admin solutions space. While so many companies didn’t make it, Reid says what’s emerged is good for everybody involved.

“What we’ve witnessed is the emergence of standards,” he explains. “I think carriers were really waiting to see who the credible aggregators would end up being. We feel fortunate that Ease is one of those. And now that we’re here, 2020 promises to be nothing short of a

watershed year for paperless enrollment and administration.” In fact, Reid goes so far as to deem it, “The Year of Paperless.”

Should brokers be wary of tech taking their jobs though? Reid, a former broker, says producers who focus on being the trusted advisor and consultant to their client’s business shouldn’t be concerned. “Employers still need that expert—the person who can answer the questions for them, the person who stays current with the laws, the person who presents the most relevant products to a sometimes very diverse employee population.”

And brokers are also being called on to educate employers and employees about being smarter health care consumers, which Reid predicts may play an increasingly important role in the health insurance and employee benefits ecosystem.

“Tech should help you do all this more easily,” Reid notes. “Tech will simply get you away from the B.S. that comes with the business so you can focus more on strategy and sales.”

— Victoria Alexander

## Move Over, Guys: Women Change the Face (and Dynamics) of the Workplace

**Q&A with Yolanda Webb, a key organizer of the 2020 CAHU Women’s Leadership Summit and president of Webb Insurance Solutions in Ontario, California.**

**CB: You’ve mentioned that when you started in insurance, it was an old boys club. Can you describe the experience of women at that time?**

Webb: I started in December 1999 and I didn’t really know the insurance business. However, I did know I could sell a plan and keep getting paid for it every month as long as the client paid his/her premiums. That was attractive to me. I figured that someone could build a very good business by selling group plans and, in those days, individual plans.

Things have certainly changed. If you were to take a poll of women insurance agents in 1999, the men outnumbered the women by far. And even more importantly, women as agency owners were slim to none. I think the population had the belief that insurance was sold by men. The days of the door-to-door salesman selling life insurance to all the housewives because they were home and not working weren’t that far gone. So, my personal experience at the time I started was that breaking through the glass ceiling was going to be a long way off.

My experience in the early years was that if you were not attractive and stylish you were not given the leads that maybe a more attractive agent would get. And of course, the best leads would always go to the men that were part of (for lack of a better word) the clique. Don’t get me wrong,

I am not here to bash men, I am here to tell you how it was at that time.

**CB: Has anything changed?**

Webb: Yes! Today we are seeing—we are demanding—change! More women have entered the workplace out of necessity and we are good at it. The ability to multi-task is a contributing factor to women’s success and enhances their leadership skills.

We have made tremendous strides with our association, the California Association of Health Underwriters (CAHU). Cerrina Jenson is the California chair for professional development. On a national level too, Cerrina is one of the leadership chairs. That’s quite an accomplishment. Because of Cerrina and her team, the CAHU Women’s Leadership Summit was born.

**CB: Tell us about CAHU’s Women’s Leadership Summit.**

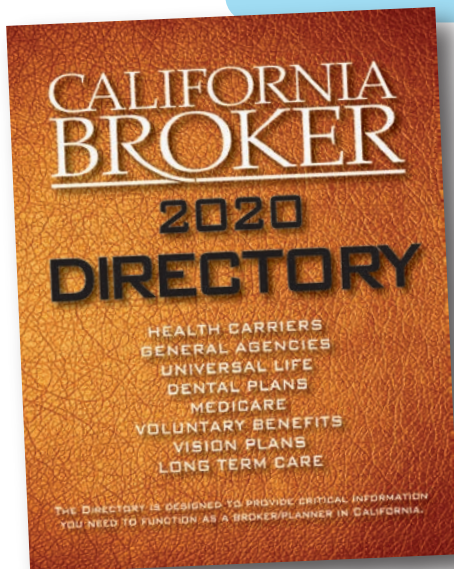
Webb: Last year was the launch of our first Women’s Leadership Summit. Our main goal was to show women that we can step out of our comfort zone, take a leap of faith, become stronger, be leaders. A true leader is a woman who knows she can’t do it all by herself. It always takes a team.

This year’s event promises to deliver a very special program too. We’re focusing on empowering women leaders both within and outside the insurance industry. Marketing veteran Lori Taylor is our keynote speaker. We’re delighted to have her speak on leadership and how to achieve success in today’s world.

**The CAHU Women’s Leadership Summit will take place in Las Vegas at the J.W. Marriott Resort & Spa, on March 25 – 27, 2020. Go to [CAHU.org](http://CAHU.org) for more info.**

# CALIFORNIA BROKER

Keeping up with the industry insiders in the California insurance business can be difficult. That's why Cal Broker publishes the most complete directory of contacts for virtually everyone in life, healthcare and financial planning.

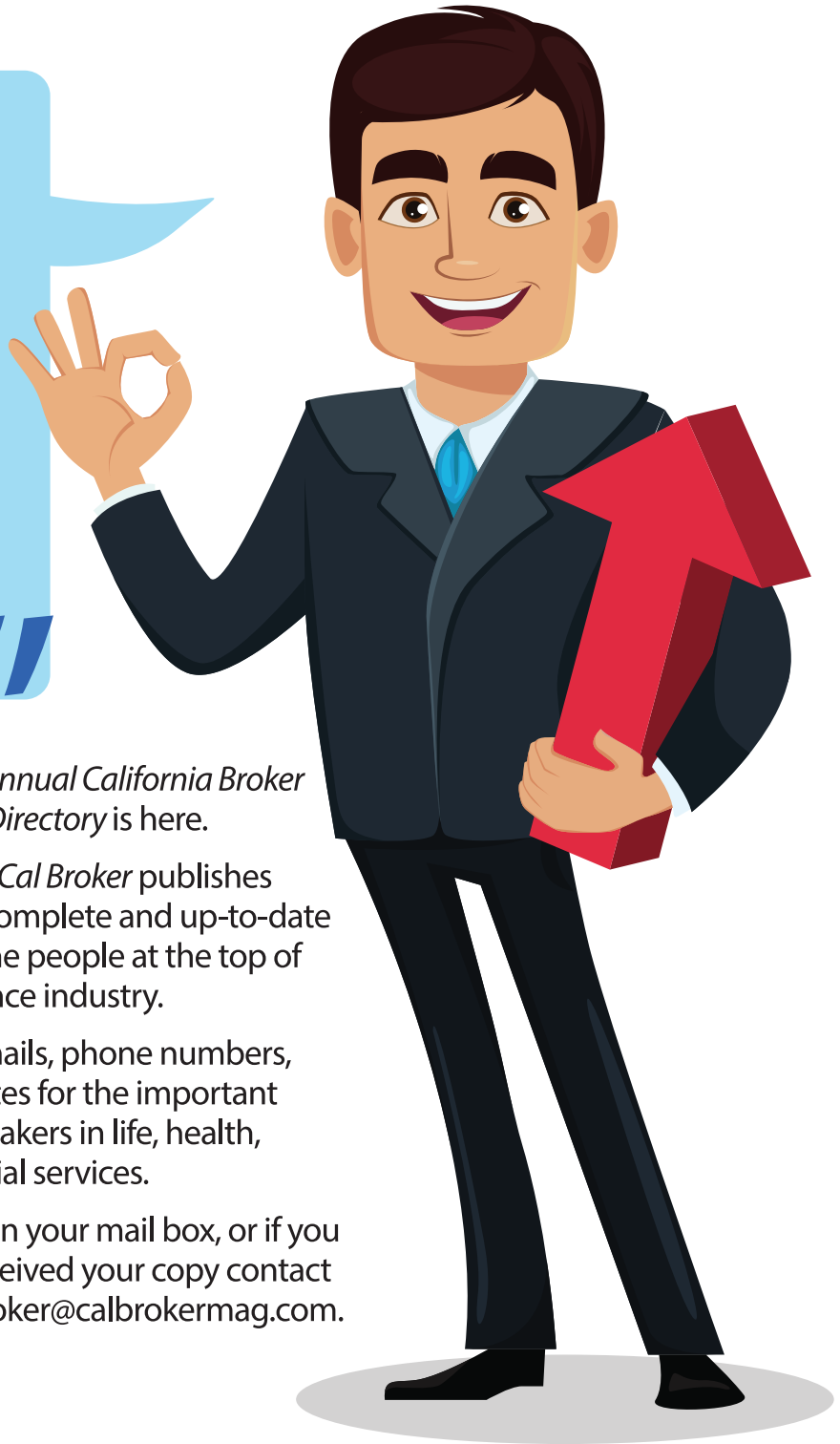


The *2020 Annual California Broker Insurance Directory* is here.

Every year *Cal Broker* publishes the most complete and up-to-date listing of the people at the top of the insurance industry.

Names, emails, phone numbers, and websites for the important decision makers in life, health, and financial services.

Look for it in your mail box, or if you haven't received your copy contact us at [calbroker@calbrokermag.com](mailto:calbroker@calbrokermag.com).





# 2020 VOLUNTARY BENEFITS SURVEY

Compiled by THORA MADDEN

**As part of our series of carrier surveys, Cal Broker reached out to some of the major players in voluntary benefits. Of course, they were happy to fill us in on what's happening in their worlds.**

**A**s part of our series of carrier surveys, Cal Broker reached out to some of the major players in voluntary benefits. Of course, they were happy to fill us in on what's happening in their worlds. Read on for everything you need to know—and more—about these important benefits.

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

**Rich Williams, EVP and chief distribution officer at 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 products 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 may not cover. Aflac pays cash benefits quickly—often in as little as one business day\*—so insureds can focus on recovery instead of their bills.

Aflac offers the following individual coverage:

- Accident (new product released in 2019)
- Cancer/Specified Disease
- Critical Care and Recovery
- Aflac Dental Insurance—
- Supplemental Plan
- Hospital Confinement
- Indemnity
- Hospital Confinement Sickness
- Indemnity
- Hospital Intensive Care

- Life—Whole, Term and Juvenile (updated products released in 2019)
- Lump Sum Critical Illness
- Short-Term Disability
- Aflac Vision Insurance—Supplemental Plan

Aflac Group offers the following group coverage:

- Accident
- Worksite Disability
- Aflac Dental Insurance—Group
- Supplemental Plan
- Critical Illness
- Hospital Indemnity
- Worksite Life—Whole and Term (new products released in 2019)

In order for clients to establish an account, Aflac requests they complete and sign a Payroll Account Acknowledgment 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.

**Michael Payton, Vice President of Sales, California Choice:**

- 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 (2-199 Employees)



**Brian Sullivan,**  
Humana



**John Stanley,**  
TransAmerica



**Steve Stigliano,**  
Nippon Life Benefits



**Scott Boore,**  
MORE Health



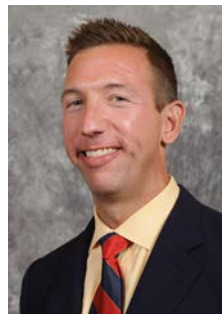
**Rich Williams,**  
Aflac



**Steven Johnson,**  
Colonial Life



**Michael Payton,**  
California Choice



**Tim Jander,**  
MetLife

#### **Steven Johnson, VP, Enrollment Solutions, Colonial Life:**

Colonial Life provides a wide array of voluntary benefits including short term disability, life, dental, accident, critical illness and hospital confinement with offerings down to employer groups of 3 eligible lives.

#### **Brian Sullivan, California VP for Humana's Employer Group:**

In California, Humana offers dental preferred provider organization (PPO), prepaid dental health maintenance organization (DHMO), Traditional Preferred (TRP), and Preventive Plus plans. In addition, we also offer Humana Vision plans. Both our dental and vision plans are available on a voluntary or employer-sponsored basis and require a minimum number of two lives to be enrolled.

#### **Mike Schell, VP, MESVision:**

MESVision provides vision care plans to employer groups on a voluntary basis with a minimum enrollment of five employees or 20% of the eligible employees, whichever is greater.

#### **Tim Jander, VP, Sales, Western Region, MetLife**

- Accident Insurance
- Hospital Indemnity Insurance
- Critical Illness Insurance
- Cancer Insurance
- Auto and Home Insurance
- Legal Plan (MetLaw®)
- Worksite Short Term Disability
- Pet Insurance

MetLife recently announced the acquisition of PetFirst, a fast-growing pet health insurance administrator. MetLife is working to launch the PetFirst offerings to Group Benefits customers beginning in the summer of 2020. More information about our new pet insurance offering will be available in early 2020.

MetLife's forthcoming Health Savings & Spending Accounts (HS&SA) offering is comprised of five different tax-advantaged benefits that help employees cover their healthcare and living costs. They are:

- Health Savings Account (HSA)
- Health Flexible Spending Account (FSA)
- Limited Purpose Flexible Spending Account (LP-FSA)
- Dependent Care Flexible Spending Account (DC-FSA)
- Commuter Benefits

More information about our HSSA plans will be available in early 2020.

#### **Scott Boore, SVP of Sales, MORE Health:**

When facing a major medical issue MORE Health connects the patient's attending doctors with one of our physician specialists to jointly develop a comprehensive collaborative diagnosis (or CoDiagnosis®) together with the optimum treatment plan or a second opinion.

Our HIPAA-compliant Physician Collaboration Platform™ allows doctors to work together from multiple locations in a truly effective manner. The MORE Health Co-Diagnosis® approach puts the patient at the center of the process.

Minimum account size is 10 lives for employer/broker paid coverage.

Voluntary coverage has a minimum of 100 lives.

**Steve Stigliano, 2nd VP Small Group Ancillary Sales, Nippon Life Benefits:**

Dental, Vision, Life, STD, LTD. Enrollment requirements: The greater of five enrolled or 25% of all eligible employees.

**John Stanley, VP, Managing Director of Employee Benefits at Transamerica:**

We offer a comprehensive suite of voluntary benefit solutions that allow employers to help employees care for their health while protecting and building wealth. We've created Express Designs, pre-set custom design plans for employers with 5 to 100 lives, available on nearly all of our voluntary benefits. For employers with more than 100 lives, we offer a wide range of coverage options and features. Our benefits include:

- Hospital Indemnity
- Critical Illness
- Supplemental Medical (GAP)
- Accident
- Cancer
- Short Term Disability Income
- Retiree Medical
- Universal Life
- Whole Life
- Term Life

In addition, we offer employer-sponsored retirement plans (defined contribution and defined benefit), along with Individual Retirement Accounts (IRAs).

**2. Do you have any benefit offerings for employees that work fewer than 40 hours a week?**

**Williams, 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 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.

**Payton, California Choice:**

Yes, we offer everything listed in question one to employees working 20 hours plus per week.

**Johnson, Colonial Life:**

Yes, we offer flexible benefits solutions to employees that work both full-time and part-time down to 20 hours per week.

**Sullivan, Humana:**

Yes, Humana has benefit offerings for employees that work fewer than 40 hours.

**Schell, MESVision:**

Yes. We accept the eligibility based upon the group's participation requirements for benefits.

**Jander, 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.

**Boore, MORE Health:**

Yes, MORE Health's Second Opinion and Co-Diagnosis® is available to all employees regardless of number of hours worked.

**Stigliano, Nippon Life Benefits:**

We can go down to 30 hrs per week.

**Stanley, TransAmerica:**

Yes, many of our products are available to employees who work only 20 hours a week.

**3. Do you offer flexible enrollment data, billing capabilities and processes that work with the employer's systems instead of the other way around?**

**Williams, Aflac:**

Yes. Aflac has the tools and flexibility to meet the unique needs of businesses of all sizes—from personalized benefit consultations with employees, to benefits marketing and education, to enrollment solutions. We will work with employers to design a seamless enrollment 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.



ties and assisting them with selecting the billing option that best fits their wants and needs. Aflac has the ability to work with employers' systems and transmit billing data to an account in a variety of different ways. If an employer's system does not seem like a good fit, Aflac and Aflac Group also work with a wide range of third-party billing companies in order to make the billing process as easy as possible for our customers.

#### **Payton, California Choice:**

Our enrollment and administrative forms are compatible with most online enrollment systems in the market today. In addition, billing data is broken down to display employer and employee contributions—making deductions easy for payroll.

#### **Johnson, Colonial Life:**

Yes, as your dedicated enrollment partner, Colonial Life gets to know your organization and adjusts to what your current needs and challenges are. We have the unique ability to create a technology solution that meets you where you are now, and accounts for where you want to go in the future.

The enrollment strategy is tailored to a companies' specific needs, from the methods and communications we use to educate employees, to the technology we use to enroll them. We want to help employees get the most out of their benefits when they need their benefits the most.

One of the most commonly utilized capabilities is Colonial Life's Harmony enrollment system. It is built to accommodate any size case and the many specialized needs businesses have for enrollments and data reporting. It is our proprietary enrollment system that we provide at no cost to the employer.

We also support multiple benefits administration and HRIS systems to provide companies with a simpler, streamlined benefits enrollment and administration. This allows users to enroll in their core benefits on a vendor's platform and seamlessly bridge to our Harmony enrollment system and elect their voluntary benefits. We also offer the option to build out our group products on another benefits administration or HRIS system for qualified customers. Our technology solutions ensure that data transfers are seamless and accurate. In addition, all of our data is securely encrypted to keep employee information safe.

We also can provide employers with daily enrollment reporting that shows which employees have been seen and which coverages they're selecting. This reporting capability allows employers to assess the enrollment's progress daily and make any necessary adjustments. Colonial Life also has several convenient electronic services for businesses that allow them to receive their bills, make payments and adjust their bills, as necessary, online.

#### **Sullivan, Humana:**

Yes, Humana is able to accept an electronic enrollment

via the SFTP or HTTPS protocol in a HIPAA 834 or Humana proprietary layout. There is not a cost assessed by Humana for implementation and maintenance of an electronic enrollment file feed. Humana offers both electronic and paper billing options as well as several bill sorting options to accommodate a group's billing needs.

- **eBilling**

We accept automated clearinghouse (ACH) payments via our online billing tool through Humana.com known as eBilling. eBilling is offered to groups invoiced through our billing system to enhance the administration of our clients' accounts. After we provide the group with a secured logon to our website, Humana.com, they are able to view the eBilling option in the billing panel of the employer self-service page, which offers the following features and conveniences:

- Receive email notification when the group's billing is available
- Access the last 18 months of the group's invoices (available the day after the group is billed)
- View summary and detail of an invoice (preferences are shared with the assigned billing representative)
- View detailed rosters of employees by type of coverage via PDF or Excel
- Download invoices into the group's benefit system to simplify reconciliation
- Terminate members online and see the adjusted premium instantly
- Make payments via electronic funds transfer, through either one-time or recurring payments

If electronic bill payment is the group's preference, the group can register to pay invoices electronically at Humana.com through eBilling, which offers the ability to sign up for email notifications, download invoices, review past invoices, view detailed employee listings, process terminations, and instantly receive credit. Wire transfers are also available.

#### **Schell, MESVision:**

Yes, MESVision offers flexible enrollment data, billing capabilities and processes that work with the employer's system.

#### **Jander, 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, Empyrean, PlanSource and Benefitfocus.

**Boore, MORE Health:**

Yes, MORE Health offers flexible billing capabilities and accepts many forms of enrollment data.

**Stigliano, Nippon Life Benefits:**

Yes, Nippon offers flexible enrollment data, billing capabilities and processes that work with the employer's systems.

**Stanley, TransAmerica:**

We have developed a simplified process that allows us to work with almost any benefit administration and enrollment platform. Our billing capabilities are extremely flexible and can meet nearly any need an employer has.

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

**Williams, Aflac:**

Yes. Aflac has the flexibility to conduct enrollments through each of these methods—one-on-one benefit sessions, group meetings, call centers and online self-enrollments. However, the availability of each method is determined by the number of eligible employees and state regulations.

**Payton, California Choice:**

We commonly provide Benefit Enrollment Sessions in person (at group meetings) and via telephone conference. Online enrollment is also available.

**Johnson, Colonial Life:**

Yes, we are a high tech and high touch enrollment firm. We know that employees still prefer personal interaction, based on Colonial Life's 2019 research. Employees identified email, group meetings, and 1-to-1 meetings as their preferred methods for learning about their benefits.

This is why it is Colonial Life's desire is to educate and enroll employees in all their benefits, all year round, wherever they are: in person, on the phone or online. We have a full spectrum of benefits communication and enrollment options, including group meetings, one-to-one meetings, call centers, co-browsing and online self-enrollments. Our national team of local, professional benefit counselors pride ourselves on educating and communicating benefits to employees so they can make better benefits decisions.

One unique way we do this is through Dispatch. Dispatch, powered by Wonolo, is an application that sends notifications of enrollment events to qualified benefits counselors. This mobile application is highly customized to Colonial Life's unique enrollment staffing strategy. The app allows Colonial Life to easily alert qualified benefits counselors, in a timely and efficient manner, through an application on their phone. By utilizing Dispatch, Colonial

Life pairs the human touch with technology to deliver the expertise our clients expect.

We also make it easy for employees to schedule benefits counseling sessions with our scheduler, powered by Interview Stream. In just minutes, employees can register for face-to-face, virtual or telephone enrollment appointments.

Scheduler is a tool integrated with our communications and makes it easy for employees to schedule time to talk with a Colonial Life benefits counselor about their enrollment options. One can schedule a date and time that fits their schedule. Once meetings are scheduled, employees receive a calendar invite and reminder emails or text messages leading up to the session. There is an 88% attendance rate for cases scheduled through this system.

Lastly, we know employees want choices. By 2020, an Intuit report predicts that nearly 40% of all U.S. workers will be engaged in some sort of alternative work arrangement. With our value proposition, we can honor our enrollment promise to its fullest potential. That is why we provide dedicated, telephonic support to every account, via all benefit platforms for mobile, remote, virtual or secure location employees. This is also a great enhancement to have in place for bi-lingual needs, multi-site locations, variable work schedule employees, high travel industries and new hire support. The experience is the same, and our team is trained on both voluntary and core offerings.

Overall, Colonial Life and its benefit counselors serve as an extension of one's staff, providing personalized service that positively impacts the overall employee benefits experience.

**Sullivan, Humana:**

Yes, to maximize employee participation in the group's dental and vision plan, Humana schedules enrollment meetings to meet the unique needs of a client's workplace. We assign the group a trained enrollment coordinator to conduct these meetings. Additionally, we supply an account representative to visit the group throughout the plan year for question-and-answer sessions with employees.

We also offer an enrollment package designed to educate and encourage members to utilize all their dental and vision benefits. Although our call centers are not available to enroll members, they offer the members information, answer any questions, and are able to assist in the enrollment process as needed.

Humana also offers all commercial employer groups the option for online web enrollment through the employer self-service portal. The Human Resources Benefit Administration (HRBA) web tool is the application used by employer group benefits administrators (BAs) to perform common enrollment and maintenance tasks on behalf of their employees, such as new hire additions, demographic updates, dependent additions, benefit elections and/or terminations. Additionally, HRBA is used by internal Humana associates as well as agents/brokers who have been granted access

and have the authority to make enrollment maintenance updates to the employer group's membership. It is the same tool for all users, ensuring continuity between user types.

#### **Schell, MESVision:**

MESVision will meet with the group's employees to explain the benefits and provide all materials to educate them on our vision care plans. Eligible participants must come directly from the group.

#### **Jander, MetLife:**

MetLife does not offer an in-house enrollment solution, 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 decision 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.

#### **Enrollment and Communications**

Our team of MetLife Voluntary Communications Specialists (VCS) will act as a dedicated resource throughout an employer's enrollment process. He or she will meet with the employer to gain an understanding of the company's demographics, voluntary benefits product history, organizational structure and any case-specific requirements. With this information, the VCS will recommend the best enrollment methodology and create communication materials to maximize employee education and participation. We can provide a variety of printed communication materials including posters, table tents, payroll stuffers and email blasts. The VCS can also provide digital copies of employee-facing materials such as product overviews, FAQs and slip sheets that can be added to a customer's communications.

We can also create microsites that feature product overviews. Our standard templates allow for customization such as customer logo, document downloads and other assets. A microsite cannot be used for enrollment but it can be linked to an employer's intranet.

#### **Onsite Services**

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.

#### **Boore, MORE Health:**

MORE Health is flexible in supporting the broker or account's enrollment methods.

#### **Stigliano, Nippon Life Benefits:**

Yes, we offer these.

#### **Stanley, TransAmerica:**

Yes, we offer all of the above. Our goal is to provide enrollment options that best suit the needs of the brokers, employers and employees.

#### **5. Do you honor broker-of-record letters?**

##### **Williams, Aflac:**

Yes.

##### **Payton, California Choice:**

Yes, so long as the business has been in force for six months or more.

##### **Johnson, Colonial Life:**

Yes. Upon receipt, the new broker is placed on the account moving forward and receives renewals on in-force group product policies.

##### **Sullivan, Humana:**

Yes, we can honor broker-of-record letters on a case-by-case basis based on the information received. However, we prefer the group provide us with a specific broker designation.

##### **Schell, MESVision:**

Yes.

##### **Jander, MetLife:**

Yes. MetLife 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.

**Boore, MORE Health:**

Yes, MORE Health honors broker of record letters.

**Stigliano, Nippon Life Benefits:**

Yes, we do honor these.

**Stanley, TransAmerica:**

Yes, we do honor broker-of record letters.

**6. Do you offer simple and hassle-free account billing and payment processes?**

**Williams, 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.

**Payton, California Choice:**

Yes, our bill is itemized, which makes it easy to understand. We also offer auto-pay.

**Johnson, Colonial Life:**

Yes. Colonial Life offers many electronic services for businesses that allow them to conduct transactions online such as receiving their bills, making payments and making any necessary billing adjustments.

**Sullivan, Humana:**

Yes, our billing and payment process offers a simple and hassle-free process.

**Schell, MESVision:**

Yes, we keep it simple.

**Jander, MetLife:**

Yes. 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.

One exception is that unlike our other group products, MetLife Auto & Home enrolls employees individually.

**Boore, MORE Health:**

Yes. The billing processes are extremely simple.

**Stigliano, Nippon Life Benefits:**

Yes. We have an easy to use system.

**Stanley, TransAmerica:**

Yes. In fact, because we know that billing can often be the most difficult part of the process, we offer self-administration which means that the employer simply needs to tell us how many people are covered and the total premium remitted by product and we will apply those funds to the group. This process eliminates billing frustrations and ensures that employees with coverage do not experience issues at claim time. As with our other processes, our

goal is to meet the needs of the brokers, employers, and employees in the most straight-forward manner possible.

**7. Does your billing system allow plan administrators to make online deletions and changes to their plan account?**

**Williams, Aflac:**

One of Aflac's billing options is an online invoicing portal for the account to review current participants, plan levels and billing information. This portal is where the account 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.

**Payton, California Choice:**

No, not at this time.

**Johnson, Colonial Life:**

Yes, Colonial Life offers online billing capabilities. A plan administrator also has the ability to make changes online, as well as update employees' coverage and general information through our secure website.

**Sullivan, Humana:**

Yes. A client's administrator can use Humana's website for changes, additions, and deletions to their employee and/or dependent information. However, if a client chooses EDI enrollment, all eligibility changes need to be made using the ongoing EDI files and the website then provides view capabilities only.

**Schell, MESVision:**

Yes. Our systems allows online changes.

**Jander, MetLife:**

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

**Boore, MORE Health:**

Yes, a portal is available to allow plan administrators to easily update their changes.

**Stigliano, Nippon Life Benefits:**

Yes. Changes are allowed.

**Stanley, TransAmerica:**

Yes, our online reconciliation process allows employers to terminate coverage.

**8. Does your billing/payroll deduction process make it easy for the employer to offer multiple products?**

**Williams, 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).

**Payton, California Choice:**

Absolutely! This is exactly why an ancillary exchange makes sense for small business owners. We offer multiple products in a single program. Billing is broken down to display employer and employee contributions--for all selected coverage. This makes it easy for an employer to pay for coverage, yet still have an itemized list of what their employees have selected.

**Johnson, Colonial Life:**

Yes. Colonial Life can enroll an employer's core and voluntary benefits and provide the account with enrollment data on all employee elections in an easy-to-use spreadsheet. Employers can electronically submit this information through our secure website, and Colonial Life reconciles the bill to eliminate any additional work for the employer.

**Sullivan, Humana:**

Yes, our billing options make it easy for a group to offer multiple products.

**Schell, MESVision:**

Yes.

**Jander, MetLife:**

Yes. 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.

**Boore, MORE Health:**

Not applicable.

**Stigliano, Nippon Life Benefits:**

Yes we make it easy.

**Stanley, TransAmerica:**

Yes, on our enrollment platforms as well as on our bills the policies are in one place. All policies will be shown on one bill or statement.

**9. Does your system offer online searches for employee policy status, coverage effective dates and policy/coverage type?**

**Williams, 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 of their Aflac agent
- File claims quickly using Aflac SmartClaim®

**Payton, California Choice:**

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

**Johnson, Colonial Life:**

Yes. The plan administration section of our website offers online searches for employee policy status, coverage effective dates and policy/coverage type.

**Sullivan, Humana:**

Yes, once a member signs into [Humana.com](http://Humana.com), they can review this information.

**Schell, MESVision:**

Yes.

**Jander, MetLife:**

Our online billing system allows the employer to sort the bill by different criteria for group products. MetLife Auto & Home enrolls employees individually.

**Boore, MORE Health:**

The portal allows an easy search for information or download of CVS file.

**Stigliano, Nippon Life Benefits:**

Yes, we have search capability.

**Stanley, TransAmerica:**

Yes, we offer the ability to search employee policy status to determine coverage type and effective dates.

**10. Do you offer downloadable claim forms?**

**Williams, 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).

**Payton, California Choice:**

Yes, many of our carrier partners' forms are available online.

**Johnson, Colonial Life:**

Yes. Policyholders and plan administrators can download and print Colonial Life claim forms on the company's website at [www.ColonialLife.com](http://www.ColonialLife.com). One can also file a claim online for many types of claims such as: wellness, doctor's office visits, accident, pregnancy, sickness and vision claims. They may also find answers to many claims related questions as well.

**Sullivan, Humana:**

Humana Dental: Humana doesn't have a single sample

dental claim form to provide as typically the dentist submits the dental claim directly to Humana. However, if a Humana member enrolled in dental benefits needs to submit a dental claim for reimbursement, they can send a copy of the itemized statement from the dentist to the address on the back of their dental ID card. The itemized statement should include the patient's name and the Humana ID number.

Humana members may also be able to get a claim form from their dentist. If using a dentist's claim form, members should mail the completed form to the following address: Humana, P.O. Box 14611, Lexington, KY 40512-4611

Humana Vision: Yes, claim forms can be printed from Humana.com. Members are only responsible for submitting claims when receiving out-of-network services. It is the responsibility of the provider to verify eligibility and submit claims forms for in-network services. Members are only responsible for the designated plan co-pays and any other incurred charges for in-network services.

#### **Schell, MESVision:**

Yes, MESVision is the largest vision care network in California and claim forms are only needed if the plan member accesses care from a non-network provider. 98% of our plan members stay in our network and claim forms are not needed.

#### **Jander, MetLife:**

Yes, claim forms are downloadable.

Accident, Cancer, Critical Illness, Hospital Indemnity and Worksite STD

For groups with less than 5,000 lives, enrolled employees can download claim forms on our employee website, MyBenefits. Online, participants can also:

- Initiate a claim
- Upload claim documents
- Check status of a claim
- Submit information electronically
- View claim correspondence
- Opt-in for eAlerts from product groups
- Access their core MetLife benefits such as Life, Disability and Dental
- Change beneficiaries

#### **MetLaw/Hyatt Legal Services**

Claim forms are not required for our legal services product because payment for covered services is handled between MetLaw and the network of provider attorneys. Participants simply call our toll-free number for a referral code for a participating attorney. Once the services have been provided, payment is facilitated from MetLife to the attorney at no cost to the participant.

#### **MetLife Auto & Home**

Claim forms are not usually required for Property and Casualty claims, as most claims are submitted telephonically and an adjuster can often settle the claim within

the same phone call.

That said, MetLife Auto & Home participants can download claim forms at MyBenefits, our employee website. Customers can submit completed claims information and photographs by uploading, emailing or mailing the claim form. In addition, we can process towing claims online in many states.

MetLife Auto & Home also offers a downloadable app for iOS and Android platforms which can be downloaded via the Apple App Store and Google Play Store.

#### **Boore, MORE Health:**

The second opinion/co-diagnosis process may begin with an email. Then a HIPPA form is sent electronically for the member to sign through docusign.

#### **Stigliano, Nippon Life Benefits:**

Yes, you can download forms.

#### **Stanley, TransAmerica:**

Yes, employees can download claims forms or simply submit claims online with our web-based forms.

#### **11. Do you require carrier reps. to have a comprehensive knowledge of all of the products they deal with?**

#### **Williams, Aflac:**

Yes. Aflac's broker sales professionals and agents go through training to learn about products and processes particular to the company.

#### **Payton, California Choice:**

Yes, both our inside and outside sales representatives are trained to answer any product-related questions. We also have a customer service team on standby to help employers and employees with answers to questions.

#### **Johnson, Colonial Life:**

Yes, from products to end-to-end enrollment with second to none service, we are committed to developing strong, long-term relationships with our teams. Colonial Life has a 10,000-member national organization of benefits professionals. These individuals receive comprehensive product training through Colonial Life College on both voluntary products and the employer's core benefits, at the employer's discretion. One of our areas of expertise is helping employees better understand their benefits programs, uncover their unique insurance needs and select the coverage they need to protect themselves and their families from financial risk.

#### **Sullivan, Humana:**

Yes, the assigned account representatives have comprehensive knowledge of all the products they deal with.

#### **Schell, MESVision:**

Absolutely and all of our MESVision representatives are licensed Life/Health insurance agents in California.



**Jander, MetLife:**

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

**Boore, MORE Health:**

Yes. All the MORE Health reps have an in-depth knowledge of the product and processes.

**Stigliano, Nippon Life Benefits:**

Yes, our knowledge is expert.

**Stanley, TransAmerica:**

Yes, we do require carrier reps to have comprehensive knowledge of our products and we provide in-depth product training programs for our new reps as well as for anyone who needs a refresher course.

**12. How does your company support good working relationships between brokers and carrier reps?****Williams, Aflac:**

Aflac has a strong history of working with brokers. In 2015, Aflac established a national, W-2 team of experienced insurance professionals 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 professionals are assigned by broker, giving them the best opportunity to build relationships and ensure Aflac is meeting the needs of our partners.

**Payton, California Choice:**

Our representatives are committed to fostering positive relations with our carrier partners and our customer brokers (as well as their customers). We regularly organize events to network with brokers regionally and statewide.

**Johnson, Colonial Life:**

Education, enrollment, administration, integration—we do it all. And when we do, both the brokers and clients save money and enjoy simpler, more streamlined enrollment process. This is why Colonial Life places a high priority on working with brokers to help solve their clients' benefit challenges. Colonial Life has regional broker marketing managers who are dedicated to strengthening broker relationships nationally and regionally, supporting national alliance partners and interacting with worksite specialist brokers.

**Sullivan, Humana:**

Humana has long been one of the most ardent supporters of the independent agent distribution model. We have supported NAU on a national, state and local basis. Many of our sales and service associates have served in volunteer and leadership roles within the state and local organizations. This is especially true in California. We partner

with several of the leading General Agencies in the state to support their distribution efforts in terms of their support of agents and brokers. Humana provides state of the art technology solutions for quoting, enrolling, installing and servicing of a producer's client base.

Our model of agent support is via a pod structure. We have sales and service associates in key markets in California buttressed by a phone based crew who support the agents telephonically and electronically. Our reps do not compete with, but rather collaborate with our General Agent partner. Our approach is many doors, one destination.

**Schell, MESVision:**

MESVision has been providing vision care benefits to thousands of employer groups and millions of plan members for over 43 years. We value our broker relationships and our carrier partnerships.

**Jander, 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.

**Boore, MORE Health:**

MORE Health works directly with the brokers and carrier reps.

**Stigliano, Nippon Life Benefits:**

Yes, we have a dedicated account manager for all size groups.

**Stanley, TransAmerica:**

Our carrier reps visit with brokers to learn their business and share how Transamerica products can provide solutions for specific clients. Our reps are available for face-to-face meetings and brokers also have continual access to our virtual reps who are easily accessible to support brokers throughout the sales process.

**13. Do you offer marketing materials that are easy to present and simple for clients to understand?****Williams, Aflac:**

With more than 60 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 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

**Payton, California Choice:**

Yes, our marketing materials are written and designed to be easy to understand.

**Johnson, Colonial Life:**

Yes. Benefits are only as valuable as the employees' understanding of them. That's why Colonial Life focuses on creating a customized, high impact communication strategy that enables employees to get the most out of the benefits an employer offers.

The marketing materials are available for our sales agents and brokers to use in educating customers and employees. One can quickly create digital postcards, customized fliers, posters, email campaigns, specialized benefits education websites, and booklets. We also have product and enrollment platform brochures available. Materials are available in English and Spanish.

Educating employees about the value of their benefits is at the core of what we do. We begin every enrollment with a series of communications, crafted to spark employees' interest and inform their decision making. Then we meet with them one to one to answer questions and help them navigate their benefit options.

We have found that the key to enrollment is reaching employees where they are, how they want to communicate and with information that interests them.

**Sullivan, Humana:**

Yes, we offer an enrollment package designed to educate and encourage members to utilize all their benefits and services. Our communication strategy consists of various components, which may include the following, based on a group's needs:

Certificate of Benefits/Subscriber Agreement (for fully insured clients) or Summary Plan Description (for self-funded clients); both are available electronically

- Network informational flyers
- Explanation of Benefits (EOB)
- ID card, available electronically
- Printed benefit descriptions

In addition to the materials listed above, we provide information on how to access our website, Humana.com. The site offers a broad range of tools and resources, including a tool for locating in-network dentists and specialists and

preventive health content through various respected health content vendors. The group can also work with their single point of contact at Humana to distribute any printed or digital educational materials to employees, as needed.

**Schell, MESVision:**

Yes, we have great materials.

**Jander, 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, communication 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.

Our communication campaign highlights a triple phase approach (announcements, enrollment period and reminders) with several delivery options. We will partner with the customer to develop a communication strategy that could include leveraging the following materials:

- Emails, intranet posts, product overviews, FAQs, posters, onsite presentations and benefit fair slip sheets
- Supplemental materials such as videos, microsites, infographics, and our new interactive BenefitTalk tool
- Direct mail options are available but utilization is determined on case-by-case basis and these strategies could incur an additional cost

**Boore, MORE Health:**

Yes. Materials for the employee and account are available.

**Stigliano, Nippon Life Benefits:**

Yes, we have extensive materials.

**Stanley, TransAmerica:**

Yes, we provide materials that take the guesswork out of voluntary benefit solutions. Our collateral explains the important features of our products as well as how employers and employees will benefit from the coverage. We continually evaluate our materials to determine if they are meeting the needs of brokers, employers and employees.

**We will run the remaining questions in our next issue and online.**

**Thank you to our contributors!**



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