

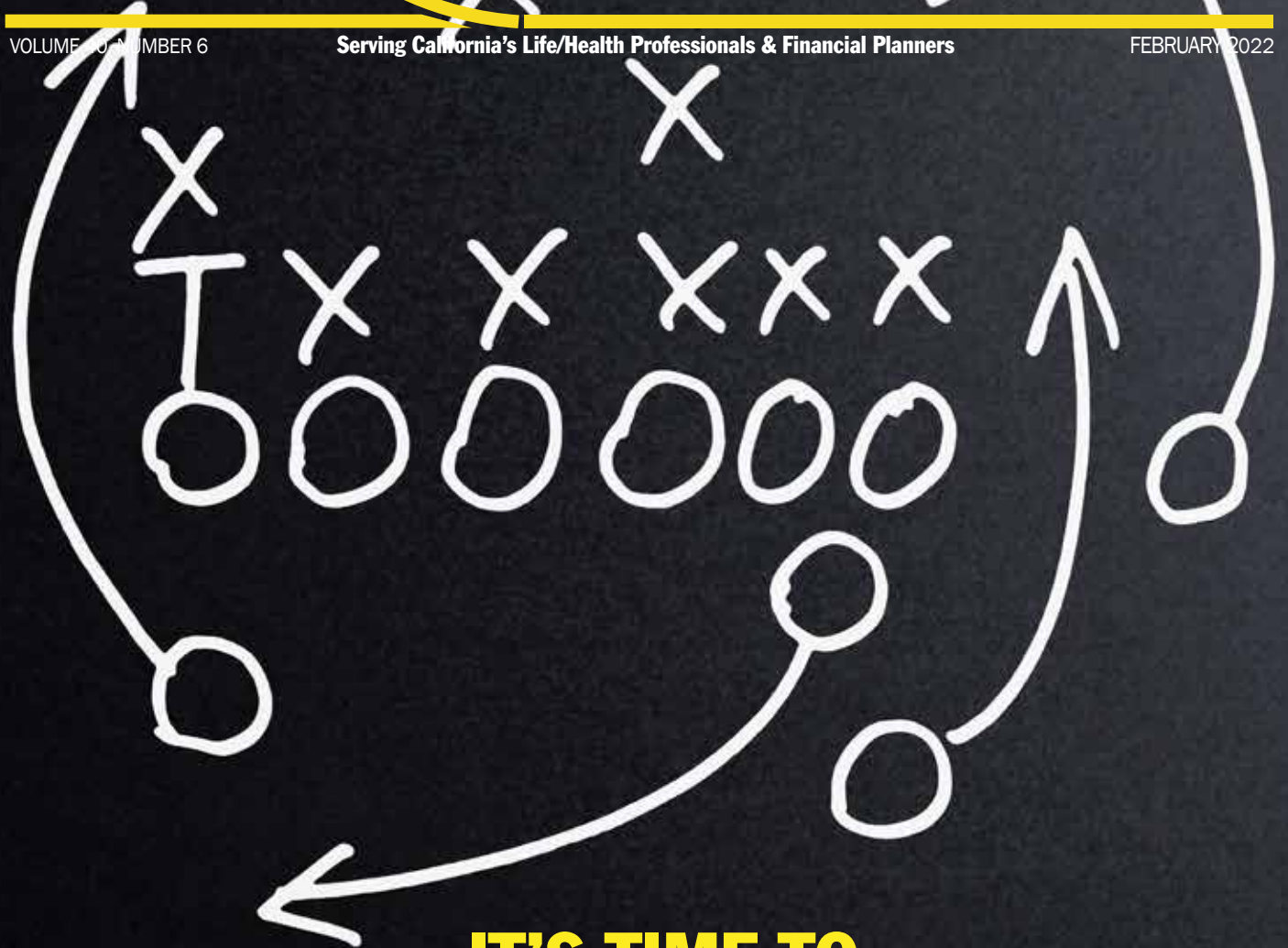
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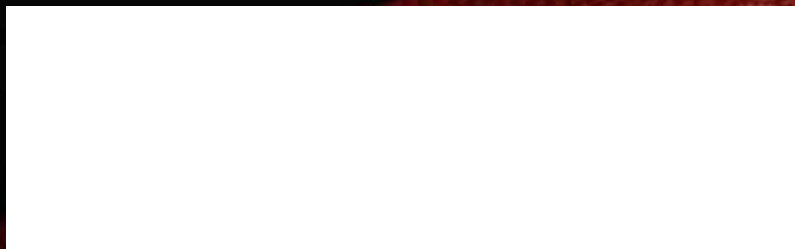
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Going into another year with pandemic uncertainty and challenges, an increasing focus on boosting employee productivity and well-being is one of the top work trends in 2022.



BUSINESS LOAN INDEMNIFICATION DI

When a lender provides capital to a business, proof of disability insurance on the borrower is often required. The Business Loan Indemnification DI Plan continues loan repayment to a lender, should a borrower become sick or injured. And unlike overhead expense plans, the Loan DI Plan covers the loan principal as well as the interest.



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BY DR. TATJANA KOLEVSKA

A Kaiser Permanente study shows a well-designed screening program for patients with breast cancer increased assessments for depression and referrals for appropriate care.

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LONG TERM CARE

TO OPT-OUT OR NOT TO OPT-OUT of Long Term Care: THAT IS THE QUESTION

BY LOUIS H. BROWNSTONE

The California Long Term Care Insurance Task Force has been charged with "exploring the feasibility of developing and implementing a culturally competent statewide insurance program for long-term care services and supports." A major issue is whether to grant citizens an option to opt-out of such a program and avoid a mandatory tax by doing so.

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Breaking the Cycle of Bad Benefit Enrollment Habits

BY BOB RUFF

Brokers play an important role in educating young workers to break the cycle of benefits selection by habit.

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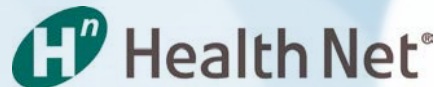
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INDUSTRY/NEWS

Medi-Cal Extends More Assistance, Benefits Remain Same

Medi-Cal, the nation's largest public health insurance program, will now be able to extend more helping hands to those in need. Federal regulators recently approved a number of Medi-Cal adjustments. Medi-Cal benefits won't change. However, the "enhanced care management services" will now include a "care coordinator" under Medi-Cal managed care plans. The coordinator will be able to help Medi-Cal members find doctors, schedule appointments and set up medical transportation. The coordinator will also help members understand medications, find mental health services, and locate and apply for community-based services such as housing subsidies or food assistance.

We Stand Corrected: Pfizer Only Approved for Emergency Use Only

Reader Paula Gallegos from Thousand Oaks reached out to us recently with the following email:

Although it's been sitting on my desk a while, I just read the article by Michael Giusti on Vaccinations [December 2021 California Broker magazine, p. 12].

A statement in the second paragraph jumped out at me, as it is totally false. *The FDA has never fully approved the Pfizer vaccine. All shots being given in the US are still Emergency Use Authorization only. While the FDA has approved the Comirnaty, it is not yet on the market in the US. This article is very misleading on that point. I feel a correction is in order.*

Thank you for the note, Paula! We always appreciate comments and corrections: editor@calbrokermag.com.

This Month: Will G. Farrell Award Event

Okay, not that Will Ferrell. You don't have to be funny to attend! The Will Farrell in question here was actually Will G. Farrell, co-founder of the Life Insurance Committee of the L.A. Chamber of Commerce. We had to look into that. Anyhow...NAIFA-Los Angeles & Financial Service Professionals-Pasadena are gearing up for the 69th Annual Will G. Farrell Awards event on February 24, 2022. The event will be via Zoom from 11:30 am - 1:30 pm PT. More info at NAIFALA.org.


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*The additional metal tier options are available for new employer enrollment and renewing employers starting with the coverage effective date of October 1, 2021. Eligibility requirements apply. **Employers must contribute at least 50% of the lowest cost plan in the metal tier they choose to set their reference plan. The preferred CCSB employer contribution strategy is to base your contribution on silver and gold metal tiers.

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WHAT'S UP AFTER CARES ACT?

The Coronavirus Aid, Relief and Economic Security (CARES) Act and American Rescue Plan Act have allowed people far more leeway in how much of their own money they can keep in their FSAs, HSAs and dependent care flexible spending accounts. As we know, much of that leeway came to an end on Dec. 31, 2021.

With the expired provision, 2022 will be the last year people can bring their entire FSA with them into the new year. Unless anything changes, people will be able to carry no more than \$570 with them into 2023, the amount reflecting an inflation adjustment from \$550. Pros say we could see problems if people have trouble accessing medical services in 2022.

California Has an Official College Savings Plan

Maybe you already knew this, but we didn't. California has an official college savings plan. It's called ScholarShare 529. Furthermore, there's a website called College Countdown and it features lots of good info. The folks at College Countdown, in fact, recently announced that beginning in 2022, Patricia A. Roberts, Gift for College's Chief Operating Officer, will be a monthly contributor to its new Distinguished Contributor Series on College Countdown. Roberts has assisted tens of thousands of families across the country in figuring out how to pay for college. Great info to pass along to clients!

SHARE WHAT YOU KNOW

California Broker taps into the insight of industry movers and shakers with a number of opportunities each year to have their voices heard. Contact Thora Madden (Thora@calbrokermag.com) for more info on this year's chances, especially if you think a rep from your company or you should be included.

Here's a list of surveys planned for 2022:

May: Mental Health

June: Pet Insurance (NEW)

July: Dental Carrier Survey

September: Life View From the Top

October: Large Group Round Up

November: Individual & Small Group Round Up

December: Voluntary Benefits

Are You Working from Home Now? Time to Change Your Address

Many readers have had a change of work address. If you are now working from home and would like to receive your California Broker magazine there, contact Lex with your name and new address: Lex@calbrokermag.com.



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SIIA Announces Two New Board Member

The Self-Insurance Institute of America, Inc. (SIIA) announced that two members have been elected to its board of directors for 2022. Those new directors are:



Deborah Hodges
President
Health Plans, Inc



Amy Gasbarro
Chief Operating Officer
Valenz

The balance of SIIA's leadership team for 2022 is as follows:

Kari Niblack, CEO
ACS Benefit Services
Board Chairperson

Tom Belding, President
Professional Reinsurance & Marketing
Services

Liz Middtlen, Vice President,
Emerging Markets
AmeriHealth Administrators
Board Chair-Elect

Laura Hirsch, Co-CEO
Aither Health

John Capasso, President & CEO
Captive Planning Associates, LLC
Treasurer/Corporate Secretary

Lisa Moody, Chairwoman
Renalogic

Shaun Peterson, Vice President,
Stop-Loss Voya

Yep. Think of Social Security Advice as a Gateway Drug

Mary Beth Franklin at InvestmentNews says financial advisors may be the answer to the Social Security Administration's (SSA) problems with a recent avalanche of applicants and SSA staff retiring. Since 2000, SSA has offered an online portal for applicants but too few retirees actually use it. A report by the Center for Retirement Research at Boston College found the reasons respondents cited for contacting SSA representatives instead of applying online can be divided into four categories:

- complex issues that clearly require talking to an SSA representative, such as discussing the specifics of spousal and survivor benefits;
- general aversions to online services, like a concern about data privacy;
- straightforward inquiries that could be addressed without contacting a representative, like checking the benefit amounts and eligibility;
- and obstacles to online claiming that could be remedied by SSA service improvements, such as fixing data errors.

The report says that as the online experience improves and the generations retiring become more and more comfortable with online services, more will obviously use it. Right now, however, the problem is an opportunity for financial advisors. One source jokingly says that financial advisors should think of social security advice as a gateway drug for financial planning services.

Says Franklin: "Those financial advisers who can help answer clients' questions about Social Security benefits will be well-situated to respond to the current retirement surge."

EVENTS

You Powered Benefits Symposium,
in person, Feb 6-9, Phoenix. Info at epoweredbenefits.com.

CAHU Women's Leadership Summit,
in person, March 14-16, 2022, Green Valley Ranch, Las Vegas,
Info and registration at CAHU.org.

LAAHU Annual Symposium,
in person, April 26, Pasadena Convention Center. Info at LAAHU.org.

BenefitsPro Broker Expo,
in person, May 23-25, 2022, Austin, TX. Info at benefitspro.com.

What Football Teaches Us About Financial Planning

I'm of the opinion that all too often advisors use confusing jargon to explain financial concepts that can't be easily understood in layman's terms. It's one of the reasons people can be apprehensive and often have difficulty building trust with an advisor. An advisor is not unlike a great teacher. Isn't the challenge to find a way to educate your clients even when the subject isn't riveting?

I suggest you search your memory for experiences or analogies that can more easily educate your prospects and clients.

BY GLENN CRAWFORD



Which brings me to the subject of this article: I started playing football at an early age and attended college on a full-ride football scholarship. The game gave me so much more than the joy of playing. It helped build my character, my resolve, taught me how to work with others, take instruction and criticism, overcome adversity, along with the value of hard work and much more. Much of what I learned playing football can be applied to coaching clients in financial well-being.

As you know, one of the biggest mistakes made is that the great majority of people simply do not have a plan. Here are some lessons that directly apply to our business that I learned from playing football and observing great coaches.

HAVE A PLAN

There's never been a great coach worth a damn who didn't believe in planning. Coaches will stay in the office late at night planning. Heck, they'll stay in the office all night if they think it will give them an edge. Why do they plan? Because they are looking for an area of opportunity to take advantage of or an area of deficiency that needs to be addressed.

When a coach plans, they take everything in account. They look at all their assets, all their weaknesses, they examine their goals, they are mindful of timelines, and they look at how all these pieces work in conjunction with one another.

Coaches believe that in absence of a plan, you are somewhat flying by the seat of your pants. You are leaving critical things to chance.

Further, great coaches know that constructive plans are dynamic, leaving room for the unexpected. A plan needs to be regularly reviewed and routinely adjusted based on what happens during the game. Developing a great plan is your strategy and changes you make during the game are tactics. But never lose sight of the name of the game — the goal is to WIN!

Speaking of winning, the difference between winning and losing can be ever so slight. It can be a matter of inches or seconds. Stay vigilant on your job. Your clients are expecting you to be on their team and to never be asleep at the wheel.

Let's take it a step further. Leaders of corporations, leaders of militaries and political leaders all believe in planning and practice it.

So, here's the question to ask your clients and prospects. If coaches, military leaders, political leaders, and leaders of corporations believe that planning is important, doesn't it make sense that you follow suit? This is certainly the biggest game plan of a life, the one you only get one chance for, the one you must get right by applying the same tenets that great leaders subscribe to.

Corporations, businesses and countries will spend great time, energy and expense evaluating their performance. Like great coaches, they want to find opportunities to take advantage of and identify areas of exposure that need to be addressed. I scratch my head wondering why some people won't even do it for free.

PLAY THE WHOLE GAME

Here's another football analogy. What else do great

coaches know about developing a plan? The plan must be for the whole game. Planning for the 1st half alone won't get it done. A quality plan accounts for the whole game. Many of our clients are doing a great job of playing the 1st half (collecting assets) of their financial game. But very few of them have a game plan for the 2nd half of their financial game plan. Having a collection of assets at the end of the 1st half is not in and of itself an effective plan for the 2nd half: turning assets into the most predictable, most consistent, most ongoing income with the least tax implications.


PLAY OFFENSE AND DEFENSE

Advisors generally run in two camps. Some are heavy on investments like stocks, bonds and mutual funds. The idea is given certain projection expectations, you should have a pile of money at a given point in the future. The issue is, they provide no guarantees.

Then there are the insurance guys who say "put your money in insurance and annuity products, because they provide guarantees." The problem is, insurance products have modest returns and don't provide the potential upside found in investment products.

My football sense likens investments to offensive strategies and insurance products to defensive strategies. I was a fine wide receiver once upon a time. I wanted to throw the ball every play. In fact I wanted to throw deep every play. But even I know, defense wins championships. There has never been a great team that didn't have at least a modicum of a stout defense. You need both a solid offense and a stout defense to win consistently.

Now if having a great defense works for every great football team, every great military leader, every corporate leader, and every leader of great countries, doesn't it make sense that it would greatly increase the probability of winning a financial game plan?

Effective communication is one of the keys to success in all things. Advisors can create value for clients by communicating the importance of having a plan. If you aim at nothing, you'll hit it with amazing accuracy. Learn how to set prospects and clients at ease by explaining things in simple terms. Search your personal and life experiences and see how many analogies you can come up with that apply to our business. At times advisors get so impressed with their own knowledge and training about finances that they overwhelm clients with superlatives. 



GLENN CRAWFORD is a wealth asset manager, insurance broker, CDFIA® & Mediator with Signature Resources Insurance and Financial Services. He's also past president of NAIFA-Los Angeles. Glenn brings a coach-like approach to his advisory practice to help clients understand sound practices of financial planning.

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Watch Your Back Local Brokers, Competition Comes From Many Places

BY PHIL CALHOUN with MAGGIE STEDT

This is a two part article with **Part One** covering the rising competition in the Medicare market and **Part Two** outlining competitive actions local independent brokers can take to highlight their unique strengths and expose the weaknesses of larger competitors.

Phil Calhoun:

While Maggie Stedt and I both operate as independent brokers and focus on health insurance with an emphasis on Medicare, Maggie's work at the local and state level with our professional association (CAHU) is special and has benefited all brokers. For me, moving from 20 years as a retail health broker deeper into consulting with brokers on Commission Protection and Exit Planning, I bring both 20 years of experience with Medicare clients and a recent direct experience in the Medicare marketing blitz (I turned 65 last June). So we both have significant input to offer our readers on this topic.

When it comes to Medicare marketing and competition we know our friends can be competitors as well. The direct marketing carriers and healthcare providers perform is growing. I experienced this and more in my mailbox! The numerous mailers sent to me all teaching about being 64 and needing to call for information or to enroll has made quite a varied collection. It does not stop as I still see mailers well past my enrollment window and all suggesting the sender has something to offer – "it's not too late to call!"

Maggie's industry service work for years and interest in this Medicare related topic is why we chose to collaborate on an article directed at the Medicare market and the independent local broker. Maggie's CAHU and OCAHU connections add a special and unique insight brokers can benefit from as she not only pioneered the Medicare Summit but traveled statewide networking with numerous Medicare professionals including local brokers.

What makes this enjoyable is that we are both focused on a common goal: to help brokers learn and compete through raising their expertise and professionalism in order to make a difference with consumers.

When the mailers came I was surprised to see where some came from. The mailers from carriers, my fellow brokers and health care providers were expected. Surprisingly the competitors I did not expect were active as well, like my alumni association, eHealth and other dot coms, WalMart Insurance Services, my home and auto broker, my pharmacy,

CVS and GoodRx, and, I was even called, mailed and emailed by Blue Shield where I had my previous group medical plan. At least now I know my group clients are being called by Blue Shield captive employee representatives who enroll in the same plans independent local brokers do. Just one more competitor, inside your book of business I thought!

COMPETITION LEADS TO ACTION

All of these mailers, and carrier phone calls, serve as motivation all brokers can use to take action. "Brokers must be proactive with their IFP and group clients who reach 64. Begin with a personalized education program on the value an independent local broker brings to clients," says Maggie. "Of course Kaiser members are not likely to work with local brokers in most of California. So, spending time communicating and building relationships with your individual and group clients will lead to enrollment in either a Medicare Supplement plan or an MAPD," she suggests.

WHY DO SO MANY COMPETITORS TARGET CALIFORNIA?

"California MAPD commissions are among the nation's highest. This is why some competition is coming from outside the state and also why local providers and the health plans are attempting to enroll or steer members and patients to seek enrollment with them," Maggie explains.

In our next article we will outline how the out-of-area competitor's "enroll and run" approach can be addressed as local brokers focus on educating consumers. "We have the expertise to enroll people in most if not all of the MAPD plans. We can make sure clients access their doctors and hospitals. This is a significant and valuable difference for consumers," shares Maggie.

One final area to address is the increasing competition from medical groups, health care systems and health plans. The actions they take to directly target clients and patients, many who were enrolled by local brokers, are an attempt to move them to Medicare plans they prefer. The financial incentive of the capitation dollars, which exceed \$1,000 a month per member, is the reason for the aggressive targeting of Medicare Supplement policyholders designed to enroll them in a MAPD. The direct marketing occurs without concern about the impact on the local broker who represent many of the people targeted with phone calls, mailers and emails.

The chart below outlines key reasons why local brokers

LOCAL BROKER**VS.****OUT OF THE AREA CAPTIVE AGENTS****Broker****Agent**

Independent,
not employed by an
enrollment company

Captive to an insurance carrier or employer
and is paid to enroll only

Represents the clients
needs over the insurance
carrier, looking beyond the sale

Looks at the sale only and passes off service

Often representing
several medical plans
providing a best fit for clients

Mostly have a few plans to offer and in
some cases works for the insurance
company as a paid employee

Paid by the medical carrier
only after matching a client with
the coverages they need at a
price within their budget

Paid for enrolling and meeting
quotas to pay for the advertising
on TV, in newsprint and many mailers

Is an advocate for clients
after a plan is selected.

Looks at the sale only and passes off service
work to an 800-call center

Licensed, certified, and has a
local presence and image

Trained by their employer to enroll with no
local connection to health care providers

Knows the local healthcare systems
- IPAs, medical groups, networks and
current changes

Enrolls without depth of knowledge of local
healthcare plan competition or providers

are better able to help local individuals. Maggie asserts, "We provide both local medical plan knowledge and provider intelligence as well as a far stronger commitment to personal service."

"Local brokers provide service and support to help clients get their healthcare needs met," says Maggie. "As we consistently perform this "client first" role we prove we truly are advocates for our clients. The failure of a call center enroller is they rarely provide service support and instead use an 800 option which is not local. This can void of any local connections or the knowledge needed to address their health access needs. This is why consumers end up stuck between the opposing agendas of the carriers and the health care providers. This can leave the individual spinning around and often results in dissatisfaction and giving up. The 800 help line is no solution for issues that need a local personal touch to resolve. Enter the local independent broker advocate."

Part Two will focus on what areas local brokers can compete in through differentiation. We will outline collaborative steps to take that will rally local brokers to collectively send a consistent message about their unique offering to consumers. It is time local Medicare beneficiaries know about what local brokers offer and why they need to look deeper at working with a local independent broker. **CB**



PHIL CALHOUN published "The Health Insurance Broker's Guide: How to Protect, Grow and Sell Your Commissions" last year. His goal is to help active brokers reach 100% commission protection and retiring brokers make the exit planning process work for them. Phil consults with brokers statewide and offers his eBook free online at www.healthbrokersguide.com

www.healthbrokersguide.com

Contact: phil@integrity-advisors.com or call 1-800-500-9799 to schedule an appointment and get your personal questions answered.



MAGGIE STEDT is an independent agent that has specialized in the Medicare market for the past 21 years. She is currently president of California Association Health Underwriters (CAHU) and is a past president of her local Orange County Health Underwriters Association (OCAHU) chapter. Reach her at maggiestedt@gmail.com.



An Observation about the Pandemic, Agents and Single Payer

The pandemic has revealed a lot about the world, our business, our society and, oh yeah, the state of humankind. I never anticipated I'd ever say this in 2018 but there's no doubt in my mind that everyone reading this knows someone close to them who has contracted the virus. My heart goes out to those of you who suffered a loss from COVID-19.

THE GOOD

In this article, I'm going to be sharing my perspective on how our industry has done over the last two years. I'm going to focus on the good, bad and the tragic and the lessons learned. First, let's talk about the health insurance industry here and "the good." I'll never forget when the lockdowns first started. I remember being more than a little worried about what closing

The good, the bad, the tragic and the lessons learned

BY JOHN NELSON

businesses would mean for retention. When talking to colleagues at carriers and agents, forecasting a 20-25% hit in retention was commonplace. We thought we would see a 10% drop in the number of employers offering coverage and with the remaining employers an overall drop of 10% in employees. I remember talking to agents who were wondering if they were going to have

any clients left by year's end.

Fortunately, this precipitous drop never materialized. Retention was at an all time high. Hardly any small group clients dropped their coverage and to their immense credit, almost every employer kept their employees and families insured, regardless of whether they were working or not. Insurers also did herculean work. They allowed employers to keep their employees enrolled even though they were working less than the required hours. Many employees were allowed to remain covered even though they weren't working, at all. Beyond that, some insurers even provided premium holidays enabling some employers to skip a premium payment. Everyone made a big effort to keep everybody insured.

As an aside and of particular note, despite the apprehension agents had

about their own practices, you all were on the phones helping your clients and their loved ones through the worst of times. In my opinion, the insurers and agents really stepped up and enabled our clients to have at least a little piece of mind via the knowledge that at least their health coverage was still intact.

THE BAD

On the flip side (“the bad”), there were the restaurants, hospitality and other industries that got hit hard. A lot of them went out of business. Every day, there’d be a multitude of news reports about these closures. We could see it ourselves, right? Our favorite eateries were closed. All of them. And yet, as described above, our retention was at an all-time high. Why the contradiction? It’s because these industries, for the most part, don’t offer their employees health insurance. We didn’t see a drop-in retention because we never had them as clients in the first place.

Businesses in the service sector got hit hard by the pandemic and the human cost for not having the level of coverage that we are used to providing our clients was significant. **Remember, the type of health coverage you have dictates the level of access to care you can get.** Better benefits translate to more comprehensive networks and more accessible providers. Substandard coverage yields the opposite.

THE TRAGIC

This leads us to a discussion about “the tragic.” The pandemic hit those who are most vulnerable in our society. Those who had resources (money) did comparatively well during the pandemic. Those who didn’t, suffered a lot. By way of example, let’s chat about New York City (NYC). Per the New York Times in a mid-2020 article, three-quarters of the 33,000 COVID-related deaths in NYC occurred in public hospitals that primarily serve the under and uninsured populations. The mortality at public hospitals was disproportionately higher than in private hospitals. For example, mortality at NYC’s Langone hospital (private) was 11%. Yet, mortality at Coney Island (public) was about 40%! Why the disparity? A lot had to do with resources. For example, in private hospitals, there were roughly 3-4 patients for every nurse. In public

hospitals, the number of patients to nurses was 20 to 1. This matters a lot when you’re talking about COVID-19 because of the need for ventilators. They require constant monitoring. If a patient wakes up from an induced coma, a nurse needs to be ready to be there to respond. When they’re not, tragedy can strike. A lot of COVID-19 patients in public hospitals died simply by awakening, unplugging themselves from their support devices and dying while trying to reach the bathroom.

THE REALITY: NO MONEY, NO COVERAGE, NO CARE

The point of all this is that most of our customers have resources to buy health insurance. But **there’s a population of about 90 million people who are not even prospects for the coverage we sell because they can’t afford it.** I think we as an industry of agents tend to forget this and that’s understandable. We all have our day jobs and families to support. Retention is up and it’s hard to ignore the benefits of that. But there’s another world of hurt out there that is not always visible to us. And we need to understand this. Not having access to good coverage affects the type of care people get. This is an argument that proponents for a Single Payer solution make.


THE ROLE OF SOCIAL DETERMINANTS

But it’s more complicated than that. It’s not as simple as giving everyone good coverage. Social determinants also weigh heavily on health outcomes. Ready transportation, decent housing, education, mental health, proper nourishment, are all just as important.

To address this, a number of years ago, a hospital somewhere on the east coast provided air conditioning to low income housing residents, dramatically lowering the admittance rate for asthmatics. Kaiser Permanente recently helped house the homeless in Oakland. It was more effective and less expensive doing that than it was treating them for exposure and other environmental issues in their hospital. Humana provides one of its insureds in Florida transportation to and from her church. She simply wants to be with her friends and their comradery but doesn’t have the personal means to get there.

Better to provide her that and give her a purpose in life rather than pay for the expensive medical and emotional consequences of lonely depression.

History will no doubt look upon the pandemic as the cause for a lot of changes in our country such as how and where we work, what’s really important and what’s really not. Who did well and who suffered the most. COVID-19 has shown a bright light on our society like never before.

The question for us as an industry is how do we help those who need it the most? Understand what’s going on outside our world. Read up on these things. For example, you might discover that COVID-19-related admissions are up for certain hospitals rather than others. And then talk about this. Not just with colleagues, but family and friends, too. It’s a very complicated set of issues but one that is more than worthy of the challenge. 



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small employers.

John has long been a champion for the brokerage industry and fuels Warner’s mission of making health coverage accessible to all. John’s known for his legislative and educational efforts in the brokerage and health insurance industries. He has also been an adviser and friend to industry leaders, business groups and consumers and has had a hand in educating thousands of health insurance professionals.

John is a past president of the National Association of Health Underwriters and currently serves as a member of the Council of Employee Benefits Executives’ advisory committee.

John earned a Bachelor of Arts degree in Economics from UCLA and was bestowed a Chancellor’s Marshall Award for service to the university.



Understanding How

Reiki

Practice Can Benefit

you AND your clients

Health care professionals recognize that patients who access their inner resources tend to have better outcomes, and are easier to work with

A conversation with **BY PAMELA MILES**

Medical Reiki Master

In response to these particularly stressful times, CalBroker Magazine explores a way you and your clients can stay healthier and more balanced in this Q&A with a top Reiki expert.

CALBROKER: WHAT IS REIKI AND WHAT ARE SOME OF THE COMMON MISCONCEPTIONS ABOUT IT?

Pamela: Let's start with what Reiki isn't, dispelling three common misconceptions. The first one is that you need to go to someone else for a Reiki treatment. Not at all. You can easily learn First Degree Reiki self-practice. That's your best investment by far, because you can then practice on yourself as often as you like, for the rest of your life. I've given myself a Reiki treatment every morning — in bed, as I'm waking up — since I learned to practice in 1986, and I wouldn't have continued if it weren't so easy and effective. You can also practice Reiki informally with family, friends, and pets.

The second misconception is that Reiki practice is woo woo, and maybe even, very woo woo. If you see Reiki presented that way, and it doesn't appeal to you, know it doesn't appeal to me either, which might be why I was asked to collaborate on the first-ever hospital Reiki program back in the '90s. There are no standards in Reiki practice, no agreements about how to practice or train, so all things Reiki are not the same.



The third misconception is that Reiki is energy healing. While Reiki practice confers the benefits of energy healing, it's actually a spiritual practice. What's the difference? Spiritual practice is a larger umbrella, and can be practiced at home without a lot of training. Meditation is an example.

Spiritual practices are how you connect with your inner resources, so you feel calmer, more centered, more in control. In daily life, that translates into meeting challenges with creativity and a collaborative approach. Health care professionals recognize that patients who access their inner resources tend to have better outcomes, and are easier to work with.

It's a lot easier to show you what Reiki is than to write a definition that does it justice. If I were to lightly place my hands on the top of your head, within moments you'd start to feel a gentle release as your breath became more open. I state that with confidence because since the '90s, whenever I present at medical conferences or hospitals, I start with offering the doctors and nurses just a few moments of Reiki touch (with the help of students or colleagues, if it's a large audience). Without a felt experience, an audience of critical thinkers would just keep trying to plug Reiki into their medical framework, and they'd miss the point. I knew I was onto something when doctors admitted in front of their peers that they felt calmer, more relaxed, more centered, less pain — different ways to describe that gentle shift toward balance that characterizes the response to Reiki practice.

Even a few minutes can change the tone of your day, increasing your productivity and bringing a sense of ease. And remember, you can learn to do this for yourself.

CB: WHY DO YOU THINK THE HEALTHCARE INDUSTRY SHOULD TAKE REIKI SERIOUSLY?

Pamela: Your state of health, your sense of well-being, and your self care always matter. Reiki practice can help prevent lifestyle illness by restoring balanced functioning to the body, optimizing self-healing and immunity. If you're already sick or recovering from injury or surgery, Reiki practice can accelerate healing. In the case of chronic illnesses, Reiki practice can at least improve comfort and slow the progression of disease.

It seems Reiki was first offered in HIV care, but it quickly spread to cancer care, hospice, and rehab medicine (an area where the speed of healing is documented). While



I knew I was onto something when doctors admitted in front of their peers that they felt calmer, more relaxed, more centered, less pain — different ways to describe that gentle shift toward balance that characterizes the response to Reiki practice.

researching my first peer-reviewed medical paper, published in 2003, I found Reiki already mentioned in medical and nursing journals associated with fourteen specialties. The prevalence of Reiki in health care is much greater now.

The pandemic aside, most of the diseases that afflict Americans today are lifestyle diseases, diseases caused by an unhealthy lifestyle, such as diabetes 2 (once known as adult-onset diabetes).

Even diseases that aren't caused by an unhealthy lifestyle are worsened by an unhealthy lifestyle. While this statistic has been lost in the understandable push to get people vaccinated, before vaccines became available, it was widely reported that 90% of the people who died from COVID-19 had underlying medical conditions. Their bodies were so preoccupied with fighting to keep functioning that they couldn't handle one more stressor. Not only are people with pre-existing medical conditions more vulnerable to COVID-19, if they get sick, they also have less ability to fight the infection.

Reiki practice can support prevention and recovery because when you're stressed — and that's likely more often than you realize — it encourages your nervous system to down regulate. Being a spiritual practice, Reiki's precise mechanism is as yet unknown. However, there's some research support, including a study we did when I was teaching at Yale University School of Medicine. It was published in the prestigious Journal of the American College of Cardiology.

Here's a link to my article that explains the findings in lay terms: <https://reikiinmedicine.org/clinical-practice/reiki-heart-attack-reik/>

Here's the journal citation: <https://www.jacc.org/doi/10.1016/j.jacc.2010.03.082>

CB: WHAT DO YOU MEAN BY 'DOWN REGULATE'?

Pamela: When your nervous system down regulates, your body's priority moves out of survival mode — getting away from that saber-toothed tiger — to maintenance and self-healing, as seen by improved breathing, digestion, and sleep. Given that you're not actually facing too many saber-toothed tigers or other life threats on a daily basis, that's an important shift.

Your body functions differently when you're up regulated, and that affects how your mind works. When your nervous system is up regulated, you're functioning from a fear

When your nervous system is up regulated, you're functioning from a fear state, meaning you're focused on threat, always waiting for the other shoe to drop, you're not in a collaborative frame of mind (which affects your relationships and work productivity), and you're making short term choices; in other words, you're spending all your capital on problems that don't even exist.

state, meaning you're focused on threat, always waiting for the other shoe to drop, you're not in a collaborative frame of mind (which affects your relationships and work productivity), and you're making short term choices; in other words, you're spending all your capital on problems that don't even exist.

When your nervous system down regulates, your inclination becomes more collaborative, you see past immediate survival to the bigger picture, and you not only breathe, sleep and digest better, your body prioritizes self-healing.

Prioritizing self-healing means your body corrects imbalances-in-the-making, the essence of prevention. If you're undergoing medical treatment, it means your body becomes an active partner in your recovery. Even life-saving medical interventions — think surgery or chemotherapy — are arduous and stressful, and contemporary neuroscience tells us the body just doesn't heal when stressed or frightened. Reiki practice helps the body shift out of the trauma of surgery, for example, into self-healing mode, and anecdotally, we see faster recovery times. Safely getting patients out of the hospital even a half day faster is significant.

CB: WHERE DO YOU SEE HEALTH INSURANCE COVERAGE COMING IN? SHOULD INSURERS BE COVERING REIKI — OR ARE THEY ALREADY?

Pamela: Some people have paid for Reiki treatment or training with their medical savings accounts. Others have negotiated with carriers for a series of Reiki treatments for back pain, as an example, in hopes of avoiding more invasive, more expensive treatment.

While improvements in pain and anxiety show up most often in Reiki research that's been done in a range of populations, what gets missed in the medical insurance model is that, unlike pharmaceuticals, Reiki practice isn't a treatment that targets specific symptoms, conditions, or pathogens. **Instead, Reiki practice helps your system return to a balanced state in which your body's ability to self-heal is optimized. And you feel better.**



That said, there won't be widespread insurance coverage without an insurance code, and that's usually tied to research data, which we don't (yet) have, and may never have, unless some industry decides it would be good business.

At this point, the National Institutes of Health and the Veterans Administration concur that there's no evidence base for Reiki practice. That's largely because there's no incentive for anyone to study it. Most

studies done look at Reiki's benefit to a specific downstream outcome, which is not how the practice helps.

CB: HOW DOES REIKI HELP HEAL?

Pamela: Reiki doesn't target conditions or symptoms directly; it helps the whole system to balance. That generally starts with relaxation, which on its own improves stress-aggravated symptoms. Once the nervous system is balanced, not only do people quickly feel better, function better, and make better choices, but also, their body's innate capacity to self heal is unlocked.

That's why you see a fast response to Reiki practice — the initial relaxation response. Plus deepening benefits lead to sometimes surprising healing with continued treatment. We are seeing this either with self practice, or by receiving Reiki treatment from a family member, friend or professional — or both!

CB: DO YOU FORESEE RESEARCH BEING CONDUCTED THAT WILL VERIFY REIKI'S BENEFITS IN MAINSTREAM MEDICINE?

Pamela: In order to get meaningful research conducted into the effectiveness of Reiki practice to improve outcomes, we need researchers to think outside the pharmaceutical research box. They would need independent funding sources or work with hospitals willing to allocate dollars to document benefits.

The National Institutes of Health states on its website (<https://www.nccih.nih.gov/health/reiki>) there's "no evidence of harm attached to Reiki treatment." Based on that and strong anecdotal evidence, Reiki treatment is offered to patients in many hospitals, including some in California.



COVID-19 has at least temporarily closed many hospital programs. This is just another reason to encourage the public to learn self Reiki as basic home care that supports but doesn't interfere with standard medical care.

CB: WHAT IF SOMEONE WANTS TO TRY REIKI? WHERE SHOULD THEY LOOK? WHICH COMPLAINTS IS REIKI MOST IDEALLY SUITED FOR?

Pamela: Given that Reiki balances the whole system, it can actually help in any situation by at least making someone more comfortable. This corresponds to positive physiologic changes such as improved breathing, heart rate and blood pressure. Subjectively, the most common responses to Reiki are expressions such as feeling better, calmer, centered, refreshed, "more like myself."

It's worth noting the response to self practice is the same as when receiving treatment from someone else. I've seen this anecdotally in 35 years of professional practice, and documented it among my hospital HIV students.

Here's a link to the documentation: https://reikiinmedicine.org/pdf/research_letter.pdf

- When seeking a Reiki teacher or practitioner, be mindful of the lack of standards for Reiki practice and wide range of approaches, some more credible than others. Just as you would do with any health care professional (or even personal care pros such as a masseuse, or hair stylist) put a little time into your choice to find someone who is qualified and a good match for you.

- To learn Reiki practice, avoid pre-recorded video training. Look for small group trainings over several days, in which you interact with the teacher, even if on Zoom. And make sure the class includes both actual practice time together in class, and on your own at home.

- More details to guide your choice are outlined in this article: <https://reikiinmedicine.org/communicating-reiki/reiki-classes-right-for-you/>

- A chapter of my book, "REIKI: A Comprehensive Guide," is devoted to helping you make a good choice.

If you'd like to receive a professional treatment before learning to practice, look on the practitioner's website to learn about their training, their experience, and their approach to practice. Don't assume anything. Many of the points discussed above are relevant.

The most important question to ask any Reiki professional is: "Do you practice hands-on self-Reiki every day? If the answer is anything other than "I can't imagine a day without Reiki," go on to the next candidate. Someone who practices daily self Reiki understands the practice and what it offers better than those who don't, and is better equipped to support you with respectful boundaries.

CB: WHAT DO YOU THINK THE FUTURE OF REIKI IN THE U.S. LOOKS LIKE? ARE YOU SEEING MORE PEOPLE ADOPTING THE PRACTICE? DO YOU SEE A DAY WHEN THE VAST MAJORITY OF PEOPLE SEE A REIKI PRACTITIONER OR EVEN PRACTICE REIKI ON THEMSELVES?

Pamela: The future of Reiki practice is uncertain. On the one hand, public awareness and interest are growing rapidly. On the other hand, the inclusion of Reiki into healthcare threatens grassroots accessibility and ease by making it appear to be a medical treatment that needs to be standardized, rather than a spiritual practice primarily for home self-care.

Despite the NIH's statement of "no harm" associated with Reiki, some states are trying to require licensing. That goes against the advisories of Presidents Obama, Trump, and Biden, who oppose unnecessary vocational licensing. It hurts small business, depresses the economy, and burdens already disenfranchised populations such as women, single mothers and people of color.

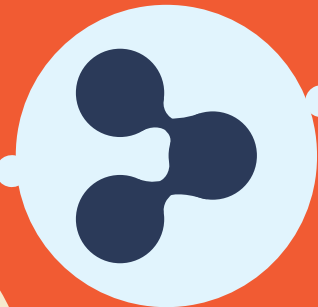
CALIFORNIA IS ONE OF THE STATES THAT PASSED SAFE HARBOR LEGISLATION.

Popularizing Reiki practice without homogenizing it can help the American public move toward health-promoting behaviors that can lessen the need for medical intervention, and make it more effective when needed. It can also ease the suffering of patients and families at end-of-life, possibly reducing unnecessary medical spending driven by families and professionals who are challenged when faced with the inevitable. **CB**



PAMELA MILES is an internationally respected Reiki master best known for her pioneering work in Medical Reiki. She created the first hospital Reiki program in the '90s, and has collaborated with academic medical centers including the NIH, Harvard and Yale. Pamela is published in peer-reviewed medical journals and appears on popular media (The Atlantic, U.S. News, CBS, NBC, CNN, etc.). She practices Reiki as taught by Hawayo Takata, who brought Reiki from Japan. Pamela leads two free global practice sessions each week to help you support your health and well-being.

Here is the link to participate: <https://reikiinmedicine.org/online-community-reiki-self-practice-sessions/>

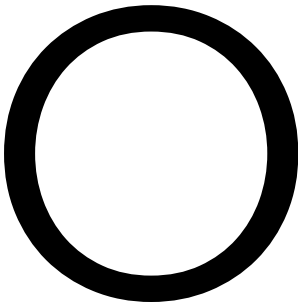


EMPLOYEE HEALTH AND WELLNESS TRENDS IN 2022

What will happen in the next phases of the pandemic?

BY DR. TYLER AMELL

Chief Health & Strategy Officer, MediKeeper



One of the most important stories in health and wellness programming and solutions, and the employee benefit plans they are part of continues to be the COVID-19 pandemic and its far-reaching impacts. As our collective COVID-19 experience passes the two-year mark, it has driven substantial changes in how and where we work, as well as introduced new stressors and health risks, which has impacted our overall health in many ways.

It is hard to predict what will happen in the next phases of the pandemic, as it is very much related to our collective drive to move forward with vaccinations and other health measures that are evidence-based and very effective. It is however a little easier to predict what is happening now and will continue to happen in 2022 from an employee health and wellness trend perspective.

Understanding these trends can help organizations better plan for 2022 and beyond and help best support their people. Understanding the currently available resources that help target the trends enables brokers and their clients to improve health outcomes, support engagement and help employees and the organizations they are part of thrive in a positive culture of health.

SUSTAINABLE RETURN TO PLACES OF WORK — LIVING WITH COVID-19 RISK

As we move into the next phases of the pandemic, with looming next waves and case surges like we are seeing at time of writing with the Omicron Variant, as well as vaccine mandates on the horizon, one thing is certain, workplace health programming looks a lot different in a pandemic that outside of one! Employers have digital tools at their disposal to help them to safely return people and customers to offices and business locations while minimizing risk. Digital vaccination and near real-time testing status tracking solutions

are cost-effective, easy to deploy and necessary both under the OSHA Emergency Temporary Standard, and as a best practice. These solutions are essential tools for employers that are needed from the start of 2022 onwards.

The flipside is living with COVID-19 risk, which will not be going away anytime soon as the virus continues to mutate. Since we have very strong evidence that people with chronic health conditions are at increased risk for severe outcomes, such as prolonged work absences, hospitalization and death, it makes sense to arm your people with additional support, beyond vaccination and testing, by

helping them become engaged in improving their health status. Wellness technologies and portal solutions are crucial to this endeavor and not only help people achieve their best self, they help organizations with costs.

PERSONALIZED TECHNOLOGY SUPPORT IS CRUCIAL

Given the hybrid work environment, with many people continuing to work from home for a portion or all of their work time, having the ability to reach people where they are at, and support their health journey with leading technologies is a trend that will continue through 2022. Having



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employer sponsored programming that is personalized to their journey will pay off significant dividends.

BRAIN HEALTH & PSYCHOLOGICAL SAFETY — Mental Health Challenges Mount

As I wrote in California Broker in May 2021, rust-out and burn-out levels are at an all-time high in people, with no end in sight. It is impacting their ability to work and live. The need for brain health related solutions for people will continue to rise in 2022. Stress, anxiety and depression are showing up in people, as are the effects of negative coping strategies such as increases in alcohol and substance use and abuse.

The increase in brain health issues that started prior to the pandemic has accelerated during, and shows no signs of slowing down. In fact, prescriptions for anxiolytic (anti-anxiety) and antidepressant medications hit an all-time high in 2020, hit another all-time high in 2021, and is being set up for even more growth in 2022.

Compounding the issue is the climate crisis, which is fueling additional stress and anxiety above and beyond the pandemic as people struggle to cope with a changing world, their place in it, and what it means for their children and future generations.

Health and wellness solutions that focus on mindfulness, resiliency, exercise and diet, along with positive coping mechanisms will need to be a pillar of any benefit strategy in 2022 to help people enhance engagement and support positive culture all while improving society and social justice.

DIVERSITY, EQUITY, AND INCLUSION (DEI) — DOES YOUR EMPLOYEE WELLNESS PROGRAM STACK UP?

Employers will continue to be focused on improving diversity, equity and inclusion for their people and their organizations. The trend of employers being supportive of people, in a tight labor market where health benefits, culture and total compensation will be a driving force in 2022. Racism, ageism, ableism and gender equality are key issues for employers to address, with the help of their brokers, from a variety of perspectives, including health. The stress, anxiety and depression

experienced by people who have been historically marginalized in the workplace and society manifests itself in health-related issues, and must be part of a holistic wellbeing solution.

Organizations should strive to include DEI in their health strategy. For example, MediKeeper is a California-based technology company that powers industry leading health and wellness programs. We are not like many other tech firms. Our highly engaged team is split 50-50% on gender, including our senior management team. We are very proud of the fact that our VPs of Engineering, Product and Finance are all strong women! Additionally, the chair of our Board of Directors is a strong female leader as well.

FINANCIAL HEALTH — LITERACY IS NOT ENOUGH


A key driver of stress for employees is related to making ends meet, as nearly 55% of U.S. citizens live paycheck-to-paycheck. The lower the income bracket, the higher the proportion of people struggling to pay their bills. The events of the past couple of years have driven the need for improved financial health and wellbeing and support for workers. This will continue to be a need as the economy looks to rebound later in 2022.

Employers must understand that financial literacy is only part of the problem, and that actual budgeting and savings are crucial for their people to be engaged. The 'Great Resignation' is what we are seeing now as a record number of people quit their jobs, as millions look for other opportunities. Savings have improved recently due to a few factors, but fundamental, sustainable behavior change when it comes to personal and family finance is critical for many people, including those in the most precarious positions.

Financial wellbeing is a pillar of any well designed and holistic health and wellness program. The rising cost of everything, from food, to shelter to services are underpinning the need for enhanced financial health. Inflation is here and will impact life for your people dramatically in 2022.

DATA DRIVEN DECISION MAKING — DRIVING ENGAGEMENT AND HEALTH OUTCOMES

A key trend for health and wellness programming for 2022 will be the increasing use of data and evidence to support program design, program evaluation and outcomes. Technology that has strong data reporting, or even elements of artificial intelligence and machine learning in the form of automation and algorithms has had profound impacts in other areas of society such as transportation, hospitality, medicine, media and social connection. The timing will be right in 2022 for health and wellness programming that is supportive of employees on their journey to improved health and higher engagement.

These trends were discussed in late 2021 in a webcast and whitepaper, which can be found here: <https://medikeeper.com/resources/content-library/employee-wellness-trends-for-2022/> 



DR. TYLER AMELL is an internationally recognized thought leader on the topic of workplace health and productivity and Chief Health & Strategy Officer

at MediKeeper. He also serves on the executive board of directors of the National Wellness Institute and the Work Wellness Institute. In the past, he served on the executive board of directors of the Integrated Benefits Institute (IBI) and the Canadian Association for Research on Work and Health. He was a past partner and VP at a global HR consulting and technology company, CEO of a HR technology company and VP of Canada's largest independent health care, occupational rehabilitation, and return-to-work company. Dr. Amell holds an adjunct faculty position at Pacific Coast University for Workplace Health Sciences. He has given seminars and presentations at more than 250 events globally.

New Year, New Resolutions:

Helping Employers See the Value of Premium Vision Plans to Boost Employee Productivity and Wellness

BY JONATHAN ORMSBY



Going into another year with pandemic uncertainty and challenges, an increasing focus on boosting employee productivity and well-being is one of the top work trends in 2022. The COVID-19 pandemic has altered the way that employees work and live and, according to the Centers for Disease Control and Prevention (<https://www.cdc.gov/mentalhealth/stress-coping/employee-job-stress/index.html>) high-levels of fear, anxiety and overall workplace stress can lead to exhaustion and burnout.

According to the U.S. Labor Department, the number of American employees quitting their jobs rose to 4.5 million in November 2021, up from 4.2 million reported in October 2021, accelerating a trend that has become known as the 'Great Resignation' (<https://www.bls.gov/news.release/jolts.nr0.htm>). November's number topped the prior record of 4.4 million reached in September. That means 3% of workers voluntarily left their positions, matching September's record high.

Now more than ever, employers must invest in the health and wellness of employees and their families — or face the consequences of an unsatisfied workforce or even difficulties with employee attraction and retention.

Premium eyewear options, often covered in full or in part by vision benefits plans, can help maintain or improve overall employee health and wellness. In fact, employee wellness can be a significant factor in the efficiency of a company's operations, as they can help provide the best workplace environment for employees to reach their highest potential. And, employees agree — with 88% reporting workplace

wellness initiatives would improve their overall health. This according to the 2020 Transitions Optical Workplace Wellness Survey (conducted online among 1,300 nationally representative U.S. adults, ages 18-plus, who are employed full time or part time and whose employers offer vision benefits).

Additionally, 83% say workplace wellness initiatives can also help to increase their productivity. Almost half (47%) report encouragement to take breaks to rest eyes and

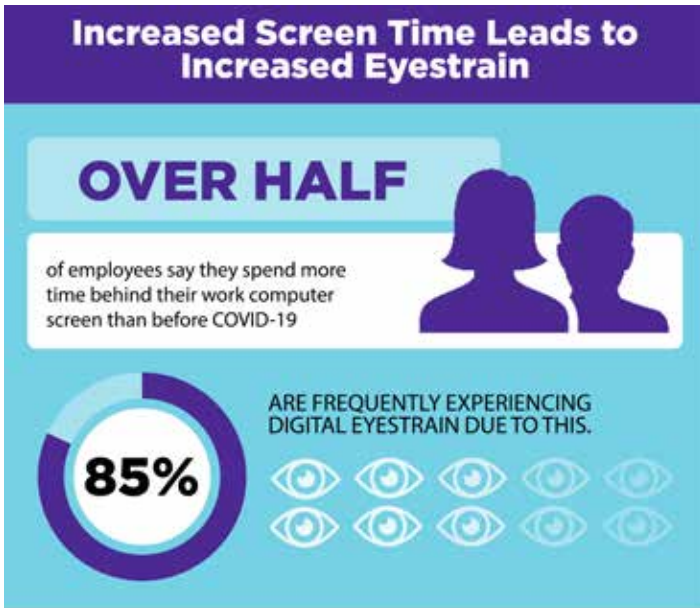
prevent eyestrain would be the best way to improve their productivity versus receiving fitness financial assistance (45%) and catered lunches (40%).

These findings emphasize the importance of ensuring employers

are taking the right steps to help protect employee eye health. This includes encouraging periodic breaks to rest their eyes and providing access to vision benefit plans with premium lens options to help protect their eyes from potentially harmful blue light, digital eyestrain and fatigue.

Employees not only need vision benefits — they want them, and they're more likely to engage with employers who offer them. In fact, nearly two in three employees say they would be more likely to accept a job offering vision benefits, according to the 2020 Transitions survey, emphasizing that simply offering an attractive vision benefits plan may help employers with attraction and retention of top talent during this time of rapid and record-breaking resignation (<https://www.bls.gov/news.release/jolts.nr0.htm>).

Premium eyewear options, often covered in full or in part by vision benefits plans, can help maintain or improve overall employee health and wellness.



Transitions 2021 Transitions Workplace Wellness Survey. Conducted by Wakefield Research for Transitions Optical.

Transitions 2020 Transitions Workplace Wellness Survey. Conducted by Wakefield Research for Transitions Optical.

HELPING TO ALLEVIATE THE INCREASING DEMAND ON EMPLOYEES’ EYES

Over half of employees report spending more time in front of their work computer screens than they did before the pandemic, according to the survey. Among these employees, nearly nine in 10 (85%) are experiencing more digital eyestrain – with many also experiencing corresponding symptoms, such as headaches (51%), dry eye (48%), and light sensitivity (29%).

As a result, employees are becoming more concerned about their eye health than ever before, with the survey finding that almost half are more concerned about digital eyestrain in general; half are more concerned about light sensitivity and one in three is more concerned about eye damage from harmful blue light.

Facing increasing visual demands, employees are looking to their vision benefits plans for eyewear options to help protect their eyes and enhance their overall vision. According to the 2021 survey, one-third of employees will actively seek out information about blue light eyeglasses, update their prescription, and/or buy new glasses.

As many employees continue to work in remote or hybrid situations – with this being the new, indefinite norm for some – they are also finding it hard to break away from their computer screens, digital devices or both. This can mean more exposure to unwanted side effects – such as increased digital eyestrain and potentially harmful blue light – which may take a toll on vision and ultimately impact how employees feel and perform.

TIME FOR A VISION BENEFITS UPGRADE

Seven out of 10 employees indicate that protecting their eye health is more important today than before the global pandemic (according to 2020 Transitions Optical Global Consumer Sentiment and Behavior Survey). This means that employers who offer premium vision benefits that cover both

annual, dilated eye exams and eyewear options that protect and enhance vision can help them stand out in the crowd.

Not only does poor vision impact work, but it also impacts an employee’s overall health. In addition to comprehensive eye exams identifying common problems with vision – such as trouble seeing up close or far away – they can also detect eye diseases and certain serious overall health issues – like diabetes – while it’s still early enough to seek treatment and save on medical costs.

Known for being low in cost to both employers and employees, vision benefits offer a high return-on-investment for employers. Some of the returns that employers may see include medical cost savings – because of the connection to costly eye disease and serious medical conditions – and improved employee productivity. (Studies have found that even slightly miscorrected vision, so slight that an employee doesn’t notice, can impact productivity by upwards of 20%.)

To help elevate the importance of comprehensive eye exams and quality eyewear available through vision benefits, many vision plans and optical companies offer complementary resources that brokers and employers can access free-of-charge. A variety of employee- and employer-focused tools and education can be accessed at **HealthySightWorkingforYou.org**.



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How to Gauge Prospects' Financial Needs in 10 Minutes

Develop a comprehensive, one-page form to capture key assets, needs and debts

BY CARLYLE FLETCHER

Gauging a prospect's complete financial situation tends to be a long, drawn-out process – usually due to the time spent on financial needs analysis. Even with a thorough financial background, it often takes an extended period of time to complete this analysis, largely due to the careful consideration we must give each clients' unique situation.

A quick way to simplify this process? Develop a comprehensive, one-page form that breaks down the key aspects of the clients' assets, needs and debts.

By compiling the questions into a brief form, you'll make the process easier for the prospect to digest, without it becoming too overwhelming for them. This form can also serve as a checklist for you to ensure you don't miss any points during the conversation.

When done correctly, you can complete the financial needs analysis in 10-minutes or less!

FINANCIAL ANALYSIS 101

To start, begin by listing out what personal information you will need from each client, such as:

- name, birthdate, occupation and income
- marital status and whether they have children, as you'll need the same information for their spouse, and the birthdates of their children
- whether they have insurance, and if so, what it covers.

Clients typically remember this information easily and it helps shape the basis of the application.

Next, begin getting a sense of their financial background. Start by asking what assets they own, as well as their value. For example, houses, motor vehicles and investments are all important facets of their financial portfolio.

In addition to what they own, you also need to know what they owe and the approximate amount. Ask your prospect to list all of their debts, such

as mortgages, student loans, credit card debt, etc., and if those debts are insured. It can also be helpful to ask the monthly cost of supporting their family, as that plays a large role in their overall expenses. Gathering this basic information will allow you to have an idea of their financial standing and what they may potentially need coverage for, while simultaneously decreasing time spent analyzing their needs.

By decreasing the overall time spent during the application process, you'll create more space for prospects to become long-term clients.

BUILDING THE FINANCIAL PLAN

Once you have a basic understanding of their personal and financial background, you should inquire about their coverage needs and preferences. The most important piece of information you need to take note of is how they want to allocate their funds and repay their debts.

Begin by asking the prospect to list their uninsured debts and their preference on how they'd like to pay them off. Additionally, determine if they are interested in paying for higher education for their children, as well as the amount, and if there is anyone else they are interested in supporting financially. If they plan on allocating funds for those scenarios, it's important to know if they would prefer to pay a lump sum or incrementally, since you may have to strategically plan payments or funds later on.

The last factor you need to incorporate in the process is who their primary beneficiary would be. The general synopsis of these needs will help you gain an understanding of how they intend to distribute their funds long-term. After you complete the form, take the sum of these needs and use it as a guideline for helping you craft the best financial plan for them.

INCREASE CLIENT TRUST

When first developing this form, take time to craft it well. It must be detailed enough to gain a thorough

understanding of the prospect and their needs, without it becoming an arduous process.

While creating a one-page financial needs analysis can seem like a daunting task, the results are worthwhile. Not only will you save time, but you'll also establish yourself among your client base as a financial consultant with innovative solutions to streamline their financial concerns.

You'll also be able to increase transparency by providing prospects their own copy of the analysis that they can refer to for future reference.

By decreasing the overall time spent during the application process, you'll create more space for prospects to become long-term clients. Plus, the extra time you free up allows you to get to know your clients even better and establish a healthy rapport, beyond simple fact-finding. **CB**



CARLYLE FLETCHER, *CLU, is a Chartered Life Underwriter who has been in the insurance industry for more than 40 years. Carlyle is a life member (19-years to date) of the Prestigious*

Million Dollar Round Table (MDRT) and is a branch manager with Guardian Life in Trinidad and Tobago. His specialty area is Training and Agent Development. He has trained hundreds of successful agents in his career, many of whom have blossomed into successful managers.



Depression screening improves care for patients with cancer

A Kaiser Permanente study shows a well-designed screening program for patients with breast cancer increased assessments for depression and referrals for appropriate care

BY DR. TATJANA KOLEVSKA

THE IMPACT OF BREAST CANCER

Approximately 1 in 8 American women will develop breast cancer during their lifetimes. In 2021, the American Cancer Society, estimated 281,550 new cases of invasive breast cancer were expected to be diagnosed in women in the U.S., along with 49,290 new cases of non-invasive (in situ) breast cancer according to 2019-2020 Breast Cancer Facts & Figures (<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/breast-cancer-facts-and-figures-2019-2020.pdf>).

Getting a mammogram is the most effective way to detect breast cancer early, when the odds of survival are highest. Kaiser Permanente performs more than 1 million mammograms every year. Breast cancer is also an active area of study for Kaiser Permanente Research. Scientists across the organization have used rich, comprehensive, longitudinal data to advance knowledge in the areas of understanding risk, improving patient outcomes and

translating research findings into policy and practice.

APPROACH TO CARE IS MORE THAN PHYSICAL

“Early identification and treatment for mental health issues is critical, yet depression and other mental health issues are often underidentified and undertreated in breast cancer patients,” said the study’s lead author, Erin E. Hahn, PhD, a research scientist with Kaiser Permanente Southern California Department of Research & Evaluation. “Our study showed that the use of implementation strategies to facilitate depression screening is highly effective and provided insights into how to create a sustainable program to help our cancer patients achieve the best possible health.”

UNDERSTANDING DISTRESS DURING DIAGNOSIS

It has been difficult historically to incorporate mental distress screening during cancer care when patients tend to be vulnerable to mental health challenges. Researchers

from Kaiser Permanente in Southern California set out to determine if a process of incorporating depression screening into routine clinical care with support from researchers might make a difference.

They separated medical oncology teams at different locations into two groups. In the first group, physicians and nurses received education about depression screening, regular feedback on their performance, and support in determining the best ways to add depression screening into their current workflow. In the second group — the control group — physicians and nurses received only education. Screening was conducted using the Patient Health Questionnaire 9-item version, known as the PHQ-9.

All patients diagnosed with new breast cancers who had a consultation with medical oncology between October 1, 2017, and September 30, 2018, were included in the study. Researchers enrolled 1,436 members: 692 in the control group and 744 in the intervention group. The groups were similar in demographic and cancer characteristics.

- 80% of patients in the intervention group completed depression screening versus less than 1% in the control group.
- Of intervention group screenings, 10% scored in the range indicating need for referral to mental health services. Of those, 94% received referrals.
- Of those referred, 75% completed a visit with a mental health provider.
- Additionally, patients in the intervention group had significantly fewer clinic visits to the oncology departments, and no difference in outpatient visits for primary care, urgent care, and emergency department services.

“The trial of this program was so successful that, with funding from our Care Improvement Research Team, we have rolled out depression screening initiatives across all our Kaiser Permanente medical oncology departments in Southern California,” said Hahn. “We are incorporating the lessons learned from the trial, particularly the importance of ongoing audit and feedback of performance, and are

5 THINGS TO CONSIDER WHEN CHOOSING HEALTH COVERAGE FOR CANCER CARE

1. **Personalized cancer care that starts with prevention and early detection**
2. **Multidisciplinary teams, supported by telemedicine expert consultation**
3. **Virtual navigation and psychosocial support with guided meditations in digital resources**
4. **Shared Electronic Medical Record (EMR) where doctors, hospitals, and health plan work together**
5. **Access to clinical trials**

encouraging our clinical teams to adapt the workflow to meet their needs.”


PATIENT-FOCUSED TEAM DURING CHALLENGING TIMES

Kaiser Permanente provides treatment to over 500,000 cancer patients each year. (“Destination Health: Stopping Cancer Before It Starts,” Permanente.org, January 21, 2020 - <https://about.kaiserpermanente.org/our-story/our-care/destination-health-stopping-cancer-before-it-starts>). Within the fully integrated care and coverage model research scientists, clinicians, medical groups, and health plan leaders collaborate — this environment is unique and allows teams to contribute important knowledge about breast cancer, and many other topics of research with the larger community.

As one of the nation’s most productive research institutions, Kaiser Permanente is transforming the future of health and healthcare. Researchers use their deep expertise, strategic partnerships, and the rich resource provided by electronic health record system to conduct groundbreaking research that translates into benefits for individual patients, health care delivery systems, and society at large.

To learn more about Kaiser Permanente’s approach and innovations in cancer care, and educate your clients, visit kp.org/choosebetter and contact your Kaiser Permanente account representative.

ABOUT KAISER PERMANENTE

Kaiser Permanente is committed to helping shape the future of healthcare. Recognized as one of America’s leading health care providers and not-for-profit health plans. Kaiser Permanente is dedicated to care, innovations, clinical research, health education, and the support of community health. 



DR. TATJANA KOLEVSKA is the medical director of the Kaiser Permanente National Cancer Excellence Program overseeing cancer care for more than 12 million members across eight Kaiser Permanente regions. She is also the chair of the Kaiser

Permanente Northern California Oncology, Hematology and Infusion Centers. Additionally, Dr. Kolevska is the chair of Kaiser Permanente Northern California Physician Education and CME Program leading education for more than 10 000 physicians. She co-directs the Kaiser Permanente Northern California Oncology Clinical Trials Program, overseeing clinical research for 150 cancer experts.

In her role she organizes and leads cancer prevention, diagnosis and treatment strategies harnessing the advantages of the integrated, national Kaiser Permanente healthcare system.

Dr. Kolevska completed a hematology and oncology fellowship at Columbia University in New York. She received an MD degree and Master of Science in Clinical Immunology and Allergy at the University of Zagreb, School of Medicine.

The California Long Term Care Insurance Task Force has been charged with “exploring the feasibility of developing and implementing a culturally competent statewide insurance program for long-term care services and supports.” A major issue is whether to grant citizens an option to opt-out of such a program and avoid a mandatory tax by doing so.

The Task Force Committee of fifteen members represent the California Department of Insurance (DOI) and caregiving organizations. Its members have met four times, have scheduled a dozen meetings during 2022, and must report its findings to the legislature by the beginning of 2023.

The committee is trying to solve a very complex set of issues and recommend a plan that will be acceptable to all the stakeholders. Most of its discussions have centered on adapting the model of the Washington State Cares Act. This act imposes a mandatory payroll tax of .58% on all W-2 earners in the State. This will give workers a lifetime benefit of up to \$36,500, adjusted annually for inflation, and offer a wide range of benefits.

The concept here is that the California state program would become a motivator, providing a small long-term care benefit to most citizens and encouraging those who can afford it to buy wrap-around private long-term care insurance. This would provide many citizens with good protection and save the state many millions of

future Medi-Caid dollars.

One way to encourage citizens to buy private long-term care insurance is to allow a citizen to opt-out of paying the mandatory tax by doing so. The state of Washington decided to offer a very limited six-month opportunity ending November 1, 2021, for citizens to opt-out of the program.

This decision created a huge mess. There was a rush to purchase private long-term care insurance, especially by high income earners. Many believed they could purchase insurance with small benefits, cancel it within a few months, and still avoid the tax. The insurance carriers were unable to cope with the volume of applications, and soon decided to stop accepting them.

Other provisions of the act seemed to be unfair, and created opposition to the entire act. People who lived in neighboring states but were paid by entities domiciled in Washington would have to pay the tax but would have to move to Washington in order to receive benefits. The same would be true of those who retired and then moved out of state. The self-employed would have to opt-into the program, and spouses of W-2 earners would have to do the same, creating questions of how to tax them fairly and administer their accounts. Other concerns were fair treatment of the military, Indian tribes, and green card holders.

As of this writing, Washington’s Governor Inslee has delayed the imposition of the tax from January 1

TO OPT-OUT OR NOT TO OPT-OUT OF LONG TERM CARE: THAT IS THE QUESTION

BY LOUIS BROWNSTONE

to April 1. The Washington legislature will receive revised recommendations from the Cares Act committee members and may well determine the fate of the entire enterprise.

Given these significant issues in Washington, the California Task Force Committee knows that it must make a different decision on the opt-out issue. Most members have voiced strong opposition to any opt-out at all.

Why have they reached this conclusion?

DON'T ALLOW AN OPT-OUT

There would be many administrative issues if an opt-out were allowable, including the need for continual recertification of private insurance and notification of employers of any changes in a person's status. What if a person drops their private long-term care insurance? The administrative complexity increases as citizens change jobs or become self-employed. Or if they work remotely outside of California or work for an employer who is either not domiciled in California or moves their domicile out of California.

But the main reasons to not permit any opt-out option are financial. The tax is progressive based on income. The citizens who would opt-out would be the ones with the highest income. For them, private long-term care insurance is the better value. Their opting-out would substantially reduce the revenue of the state fund. The very limited opt-out window in Washington was utilized by close to a half a million people. The population of California is more than five times the population of Washington, so a large number of Californians might opt-out.

The task force could be forced to substantially raise the tax rate in order to allow an opt-out provision. This raise could be partially offset by making the opt-out requirement that a private long-term care insurance policy have a certain minimum range of benefits, thus reducing the number of citizens who would choose to purchase such a plan. Still, the decrease in revenue could be very large.

ALLOW AN OPT-OUT

On the other hand, the main goal here is to enable citizens to protect themselves from a long-term care event and give their families peace of mind. Furthermore, Medi-Cal costs will not be substantially reduced unless many purchase private long-term care insurance. Therefore, committee needs to find a way to encourage the sale of private long-term care insurance.

HOW DO YOU ENCOURAGE THIS?

One way is to admit that the state program only provides small benefits — which in most cases will not come close to paying for a long-term care event. This is true, but it's very unlikely that a state would market the shortcomings of its program in such a way. The California Task Force needs a good public relations campaign if it is to gain the support of California's citizens to urge the legislature to enact the program.

The other way to do this is to offer a financial incentive

for those who purchase private long-term care insurance. An opt-out or a partial opt-out could be such an offer.

This would create an alternative for those who are opposed to paying taxes and for those who believe for any reason that they are being discriminated against. This would create a program which would be considered by many to have an element of fairness and not just be a way for the state to collect more money from its citizens.

The many administrative issues discussed above would have to be dealt with. These would be in addition to the many administrative issues even without an opt-out. There would be additional administrative costs that would have to be justified.

However, the economic costs could be offset in several ways, which I would advocate in any event.

- 1 Allow the fund to place a small portion of its investments in non-fixed instruments.
- 2 Create an elimination period or 30 or 45 days in order to receive benefits.
- 3 Settle a person's account upon retirement who resides out of state by refunding their tax amount but retaining any investment growth.
- 4 Allow benefits to be paid only if the employee receives those benefits in California.

These four offsets would cushion the loss of revenue of those who choose to opt-out. I would advocate that an opt-out would have basic minimum benefits, including at least a \$150 daily benefit, a two-year benefit period and 3% compound inflation. Similar minimums should be set for hybrids and for life insurance and annuities with long-term care riders. These basic minimum benefit requirements would increase in future years.

TO OPT-OUT OR NOT TO OPT-OUT?

There are strong arguments in either case. Stakeholders, including the insurance industry, need to make their positions known to the California Task Force Committee. Their hearings have time for public comment, and the Committee can benefit from outside counsel in reaching their very complicated decisions.

For more info: <https://www.insurance.ca.gov/0500-about-us/03-appointments/lctif.cfm> 



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www.CaliforniaLongTermCare.com

Breaking the Cycle of Bad Benefit Enrollment Habits

Brokers play an important role in educating young workers to break the cycle of benefits selection by habit

BY BOB RUFF

Young adulthood is filled with countless firsts: first cars, first apartments and first jobs, just to name a few. Since coverage on a parent's health benefits plan generally ends when you turn 26, Generation Z is also taking the reins of their benefits enrollment for the very first time.

Recent studies suggest that older generations are prone to stubbornly enrolling in the same benefits each year and defaulting to the same rote enrollment strategies without asking for help. Which may mean employers won't necessarily want them as the role model for the next generation when it comes to benefits.

Preventing these bad habits from reaching Gen Zers won't be easy. By working with clients to educate young workers, brokers play an important role in breaking the cycle of benefits selection by habit. To do it successfully, benefits consultants first need to understand exactly what bad habits they can help break – then decide how to help clients overcome them in 2022 and beyond.

Always encourage employees to act on their benefits – even if it's a confirmation.

Over time, many employees settle into a troubling pattern: they generally enroll in the same benefits each year. Roughly 94% of employees choose the same benefits year after year, and 58% of employees spend less than 30 minutes researching their insurance options.

This is according to the 2021 Aflac WorkForces Report, conducted by Kantar on behalf of Aflac. This 11th annual study examined benefit trends and attitudes across the U.S. in various industries and business sizes. The employer survey took place online between June 28 and July 14 and captured responses from 1,200 employers. The employee survey captured responses from 2,000 employees between June 28 and July 16. Learn more at [Aflac.com/awr](https://www.aflac.com/awr).]

This trend is less damaging for older generations, whose life situations change less year-over-year compared to younger workers. As young adults reach new life milestones and gain new responsibilities – such as earning a big

promotion, getting married or having a child – they should be prepared to add new benefits that fit their new lifestyles.

Fortunately, recent events indicate this troubling pattern may be changing due to external forces: 29% of American workers recently said the pandemic has made them more aware of the costs associated with health care. Consequently, workers are quickly becoming more aware of and more engaged with their benefits choices than ever before. Clients should capitalize on this trend. The bottom line is that no matter your age, it remains essential to consistently evaluate whether your benefits are doing what they're supposed to for you.

Break the habit: Recognize the temptation to put benefits enrollment on autopilot. Encourage employers to create compelling benefits education programs that lead to a healthier long-term enrollment approach. Another great approach is to incentivize employees to take action to finalize their benefits selections. A simple confirmation step, like needing to refresh their flexible spending arrangement contribution, can help encourage employees to briefly review their plans and inspire any necessary changes.

BALANCE NEW DIGITAL RESOURCES WITH REAL HUMAN INTERACTIONS

Employees of all ages overwhelmingly want their insurance providers to be leaders in digital innovation, including 95% of Gen Z and 85% of Millennials. In theory, the conclusion here may seem simple: Employers should go fully digital. But not every client can just do away with years or decades of low-tech enrollment strategies – nor should they.

The key to engaging the workforce in their benefits decisions lies in balancing digital solutions with real virtual or in-person discussion and consultation. Prior to enrollment, brokers can work with clients on implementing educational solutions that live online, such as videos, digital postcards and customized landing pages. But agents and brokers should not let clients forget the importance of being available for a quick conversation or in-person demo so their clients have year-round benefits consultation.

Break the habit: Recommend providers invest in technology services such as online enrollment, benefits management and claims submission while also connecting employees with a qualified benefits professional, who can still have a significant impact on benefits knowledge. Clients should always have real people available for employees to provide advice, especially prior to enrollment, about filing claims, negotiating billing or other common policyholder challenges. Involving these consultants in the pre-enrollment process can ensure employees' concerns are addressed on a personal level. As it is so often, balance is the key here.

COME TO TERMS WITH A NEW WORKFORCE REALITY

As important as it is for employees to acknowledge their bad benefit enrollment habits, recent research shows that employers have some soul-searching of their own to do. The

The key to engaging the workforce in their benefits decisions lies in balancing digital solutions with real virtual or in-person discussion and consultation.

recent Aflac survey found that 72% of employers believe their workforce understands their health care costs very well – but only 59% of workers feel confident they understand their costs. The data also shows that more than three-in-four employers (76%) think their employees are highly satisfied with their benefits, yet just 61% are extremely or very satisfied.


Such a disparity in understanding suggests there may be more that employers can do to support employees with the

financial challenges they face. And these challenges are significant: Less than half of American workers say they could afford an out-of-pocket medical expense of \$1,000 or more – hardly an uncommon occurrence in today's healthcare environment. If clients want to help their workers overcome some of their bad habits, they first need to address the disparity between what they believe and the harsher reality.

Break the habit: Brokers can help their clients by informing them of this disparity and discussing potential solutions to close the benefits knowledge and satisfaction gaps. To do so, brokers should work with clients to develop clearer educational resources that directly address how various policies can save employees money. Employers must avoid the temptation to paste in generic descriptions of policy options and ensure every message is customized to their specific worker audiences. When clients take these steps, they help foster a workplace environment where enrollees leverage all human and digital resources available to put together the best possible plan.

HEALTHY BENEFITS HABITS FOR LIFE

We all know onboarding sessions can quickly turn into information overload, and new hire benefits education is no different. Entering the workforce can be stressful for younger workers, but benefits do not need to add to the weight. In fact, benefits should help give employees peace of mind that they're prepared for whatever may come their way.

Breaking the bad benefit enrollment cycle means building healthy benefits habits for life. This starts with smart brokers and clients being wise to the common pitfalls and creating streamlined benefits processes that appeal directly to young workers' needs. 



BOB RUFF is senior vice president of Growth Solutions at Aflac. He is responsible for the development and execution of key growth initiatives for Aflac U.S., including product development, enrollment, business development and market development.

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