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MAY 2022



**Creating the  
Mental Health  
Workforce  
of the Future**

**Page 12**



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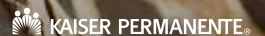
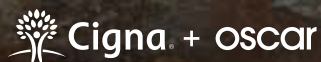
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# CALIFORNIA BROKER

May 2022



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## MENTAL HEALTH

### Creating the Mental Health Workforce of the Future

*Prioritizing public policies to recruit and train mental health professionals and expand access to care.*

BY COSETTE TAILLAC

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## LEADERSHIP

### CAHIP Women's Leadership Summit Receives Rave Reviews

*We welcomed a beautifully diverse group of women from all around the country, aged 11 to 70 something, in every shape, size, style and hue.*

BY KOREY ASHTON & CERRINA JENSEN

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BY TOM AVERY

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### 5 Mental Health Experts Weigh In

*These thought leaders give us a unique perspective on what's happening, how experts are addressing it, and where brokers can play a roll.*

COMPILED BY THORA MADDEN

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## AGENT'S VOICE

### Spring Fever Anyone?

*Conference season is back for our industry, following two years of staying at home – holy moly! And I wouldn't change a thing. As much as virtual work is part of the daily, there IS a difference when you share space with other humans.*

BY DAWN MCFARLAND

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## FINANCIAL PLANNING

### Everyone Has a Money Story

*Understanding one's relationship with money is essential to financial literacy*

BY WINONA HAVIR



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## AGENDA

### MONDAY, MAY 9

**1:00pm - 5:00pm**  
Board of Directors Meeting  
**6:30pm - 8:00pm**  
Vanguard Event

### TUESDAY, MAY 10

**8:00am - 10:00am**  
Registration, Breakfast, Vendor Time,  
General Session  
Justin Wallin  
CAHIP Single Payer Poll Results [https://  
www.jwallin.com/](https://www.jwallin.com/)  
**11:00am - 11:30am**  
Member Town Hall  
**11:30am - 12:30pm**  
Lunch  
**12:30pm - 3:30pm**  
General Session: Review 2022  
Legislative Talking Points  
**3:30pm - 4:30pm**  
House of Delegates  
MEMBER ONLY and IN-PERSON ONLY  
**4:45pm - 5:00pm**  
Announcements

### WEDNESDAY, MAY 11

**8:00am - 12:15pm**  
General Session  
Keynote speakers  
NAHU Leadership Panel  
Marshall Allen,  
author of "Never Pay the First Bill"  
and Christin Deacon, Health Care Leader  
**12:30pm - 5:00pm**  
Legislative Visits

### THURSDAY, MAY 12

Legislative Visits

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## FINANCIAL PLANNING

### Coaching versus Advising Planning a financial future is the biggest game of client's lives

*Many of our clients simply want to be  
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BY GLENN CRAWFORD

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*Do you just sell group health  
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struggling to keep up with skyrocketing  
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savings and even cause bankruptcy.*

*As one of the costliest areas of health  
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BY PHILIP CARROLL

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A CONVERSATION BETWEEN PHIL  
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### Legal and Identity Protection Benefits Help Employees and Employers in the New Socioeconomic Landscape

*In early 2020, the world changed. We  
experienced a fast, dramatic global  
transformation; every person, in  
every walk of life, was impacted, both  
personally and professionally.*

BY EMILY ROSE

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## LEGAL

### 5 Reasons Legal Insurance is Heating Up

*Roughly 47 million Americans left their  
jobs voluntarily in 2021, according to  
the U.S. Bureau of Labor Statistics. And  
the Great Resignation hasn't shown  
signs of stopping yet. As employers  
struggle to stem the tide, brokers are  
looking for ways to bolster their clients'  
benefits portfolios.*

BY DENNIS HEALY

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## Top Reasons for Employers to Offer Non-Medical Benefits

*BenefitMall* says there are some very good reasons for employers to offer non-medical benefits. Among those reasons:

- 1. Reduce lost work hours:** Employees' poor health cost American businesses \$575 billion and 1.5 billion days of lost productivity, according to Ameritas. Providing dental and vision benefits can help employees control costs and supplement the gaps in core medical plans.
- 2. Early detection of health issues:** Regular dental and vision exams provide opportunities to spot early warning signs of costly medical issues, such as diabetes and hypertension. In addition to controlling long-term costs for these and other diseases, identifying and treating these medical issues early can also mean a worker is less likely to take extended time off for more invasive treatments and recovery.
- 3. Improved self-care:** Insurer Cigna reported that employees who bundled dental with medical were more engaged in the management of their health. That means they were more likely to have regularly scheduled screenings and exams, and make more lifestyle changes to improve their own health. More than 70% of working adults with dental insurance see the dentist at least once a year, compared to only 40% of those without dental insurance. Similarly, employees with family dental coverage are more likely to seek regular exams for their children, lowering the likelihood they will need to take time off for a child's dental emergency.
- 4. Lower costs for other health plans:** Many insurance carriers will provide discounts to employers offering different lines of coverage, helping employers offer a better and more comprehensive range of benefits while keeping costs under control.
- 5. Be a trusted advisor:** Despite all of the benefits that dental and vision plans offer for employers, brokers can be hesitant to upsell due to the cumbersome nature of quoting and evaluating non-medical plans. But brokers who don't evolve their benefits portfolios with non-medical may find themselves struggling to keep the competition at bay. Employers want and need to offer well-rounded benefits packages and will seek out broker partners who can help them create and deploy the right offerings easily and securely.

## A Microcredential Course for California Leave Laws

Disability Management Employer Coalition (DMEC) is offering a microcredential course that focuses on state-level leave laws in California. Over three modules, you'll review the history and evolution of leave laws in the United States, get an in-depth look at leave laws specific to California, and explore real-life scenarios. Upon completion of the California State Leave Laws Microcredential Course, you will:

1. Understand the background and historical evolution of leave, including the federal laws and protections that helped shape the face of state laws.
2. Understand the eligibility requirements that must be met by both the employer and employee, the benefits provided, and other nuances of each state leave law currently in play in California.
3. Understand the interplay between state and federal leave laws in real-life scenarios.

**Interested? More info and registration for the self-paced course is at [DMEC.org](https://www.dmec.org).**

## OPEN FOR BUSINESS: THE OPTUM STORE

Here's some great info for your clients who have UnitedHealthcare medical insurance. The insurer operates an online Optum Store, which is part of UnitedHealth Group's investment in creating digital health solutions that meet the needs of diverse populations. The online marketplace offers a simple way to find, compare and select hundreds of over-the-counter health products and prescriptions, as well as health and wellness services.

Now the Optum Store accepts eligible UnitedHealthcare medical plans or Optum Rx pharmacy insurance as a payment option. UnitedHealth Group team members and consumers across the U.S. in eligible plans can use their insurance to fully or partially pay for prescriptions, products like sunscreen and vitamins, at-home COVID-19 tests and virtual health care visits, depending on a plan's coverage.

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3. Click on the dropdown menu next to your name
4. Select Payment and provide the requested insurance information

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More info at [store.optum.com](https://store.optum.com).

## Talage Live on the Nexsure Insurance Platform

XDimensional Technologies (XDTI) announced that Reno, NV-based, Talage is live on the Nexsure Insurance Platform. The platform will enable Talage to efficiently provide access to markets for their retail agency clients. With Talage, agencies can receive quotes from multiple carriers that they have direct appointments with or those they do not have an appointment with by using Talage's access to the unappointed carriers. **For more information, visit [www.talageins.com](https://www.talageins.com).**

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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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# INDUSTRY/NEWS

## Lara Announces New Members to Boards

California Insurance Commissioner Ricardo Lara announced several new appointments to multiple statewide boards. The appointments include one new member to the California Long Term Care Insurance (LTCI) Task Force, one member to the California Earthquake Authority (CEA) Advisory Panel, three members to the California Insurance Guarantee Association (CIGA) Board of Governors, one member to the California Organized Investment Network (COIN) Advisory Board, five members to the Insurance Diversity Task Force, and one member to the Workers' Compensation Insurance Rating Bureau (WCIRB) Governing Committee. Check out [insurance.ca.gov](http://insurance.ca.gov) for more information.



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## EVENTS

### **The Group & Worksite Benefits Conference,**

in person, May 3-5  
Boston, Mass. Info at [LIMRA.com](http://LIMRA.com).

### **CAHIP's Capitol Summit,**

in person, May 9-11,  
Kimpton Sawyer Hotel, Sacramento.  
Info at [CAHU.org](http://CAHU.org).

### **NAAIA Spring Career Fair,**

online,  
May 24, 11am-1:30pm PST  
Info at [NAAIA.org](http://NAAIA.org).

### **BenefitsPro Broker Expo,**

in person,  
May 23-25, Austin, Texas.  
Info at [BenefitsPro.com](http://BenefitsPro.com).

### **IEAHU, OCAHU & SDAHU Senior Summit,**

in person, Aug 23-25  
Pechanga resort, Temecula. Info at  
[OCAHU.org](http://OCAHU.org).

## **Most Docs Won't Get More In Medicare Payments**

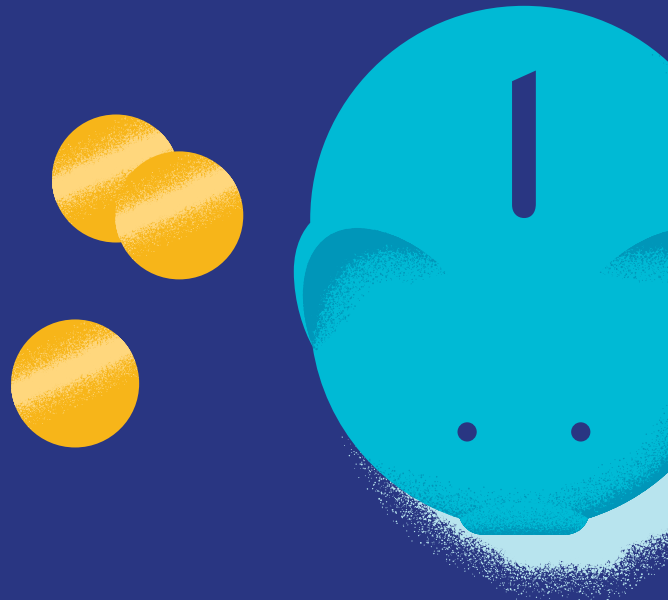
Medicare payments to physicians don't need to be increased next year, the Medicare Payment Assessment Commission (MedPAC) said in a report to Congress. The Medical Group Management Association (MGMA), which represents physician practices, and the American Medical Association are not so happy. MedPAC contends, however, that the data suggests physicians aren't opting out, which means that the payments must be okay.



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\*Yep, that's a real number. Among the 67% of UnitedHealthcare's Level Funded California business customers who received a refund in 2021, the average refund was \$13,390. UnitedHealthcare internal reconciliation analysis, Jan. 1, 2021 through Dec. 31, 2021. Please consult a tax and/or legal advisor to determine if, by receiving this refund, there are any restrictions or obligations. Surplus refund available only where allowed by state law.

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# Creating the Mental Health Workforce of the Future

Prioritizing public policies to recruit and train  
mental health professionals and expand  
access to care

**BY COSETTE TAILLAC**

There is an urgent need to provide universal access to effective, equitable mental health and addiction care services in this country. The mental health care access challenges facing healthcare organizations are layered and complex, and at Kaiser Permanente we believe it's time to prioritize expanding the available mental health workforce as part of the solution. We've made great strides in the areas of parity of care and stigma reduction.

However, access to a racially and culturally diverse, geographically balanced corps of clinicians who accept insurance and provide evidence-based treatment has remained inequitable. These barriers predate the COVID-19 pandemic and cause the greatest harm to people of color, rural and low-income residents, and people without adequate broadband or transportation.

When you add in the stress and social isolation brought on by the COVID-19 pandemic, especially among youth and older adults, we find ourselves in a mental health pandemic.

In 2022, healthcare stakeholders need to come together to build on emerging efforts to reshape the system that healthcare organizations rely on to attract, educate, license and deploy their mental health workforces.

### **Expanding the workforce is essential**

According to the Bureau of Health Workforce, (<https://bhw.hrsa.gov/>) the majority of states will experience shortages of licensed mental health counselors by 2030. Rural and low-income areas and communities of color are expected to suffer the most from these shortages. With growing numbers of clinicians approaching retirement age, both state and federal governments should engage stakeholders and begin to act. Kaiser Permanente supports prioritizing key policy actions including:

- Exposing young people to mental health career paths in high school
- Easing the time-consuming and financially burdensome clinical hours requirements future clinicians face as they pursue their licenses
- Focusing on filling the workforce pipeline with compassionate, ethnically diverse, multilingual clinicians prepared to work for clinics and health care organizations
- Reducing financial barriers to entering the mental health workforce by providing scholarships and supporting loan forgiveness and stipend programs

Kaiser Permanente is committed to doing our part. In 2021 we hired nearly 1,000 new therapists nationally and are actively recruiting to fill additional openings. We are

working to build the pipeline through a \$30 million investment in the Mental Health Scholars Academy that supports members of our own workforce who want to become mental health clinicians. In addition, we train hundreds of masters- and doctorate-level clinicians every year at Kaiser Permanente sites. We're doing this with a strategic emphasis on graduating bilingual and diverse students who reflect the people within the communities they serve.

This work complements an historic \$3 billion investment from the American Rescue Plan to the Substance Abuse and Mental Health Services Administration for block grants to address addiction and mental health, including a wide variety of mental health workforce expansion and support efforts.

### **Aligning the workforce to demand**


As the pipeline grows, stakeholders' focus should include incentives for hiring and retaining therapists to work for organizations providing care to patients with Medicare, Medicaid, and commercial health care coverage. Health care organizations and advocates will not be able to improve access if too many clinicians opt for private practice serving clients with the means to pay out of pocket.

We also need to consider removing some of the burdens emerging clinicians face between the time of receiving their degrees and securing employment as a licensed provider. Many of these individuals struggle to meet their supervised hours requirements because of low or no pay and sparse access to supervisors. Some states are providing licenses after people graduate and pass an exam so that newly graduated social workers can work for an agency providing services to patients within a defined scope of practice while reporting to more experienced licensed clinical social workers. We encourage other states to explore this model.

### **Improving access through telehealth**

The increased use of telehealth during the COVID-19 pandemic offers a significant opportunity to improve

access to care. Kaiser Permanente patients and clinicians alike are reporting greater convenience and comfort with telehealth sessions. A review of the literature released this year by SAMHSA (<https://store.samhsa.gov/>) acknowledges that "telehealth is effective across the continuum of care for serious mental illness and substance use disorders." Telehealth is here to stay and should be enhanced and expanded for those who can benefit from it. Critical to this is digital equity: continuing efforts to extend broadband availability to underserved populations.

The increased demand for mental health care predated COVID-19. The pandemic's soul-shaking impact on our sense of security, combined with the stresses of our modern world have cemented mental health and wellness as an essential health care need for all Americans. Let's come together to creatively meet the challenge through policies that truly build the mental health workforce that is needed today and into the future. 

*Reprinted with permission: Kaiser Permanente Public Policy Perspective*



**COSETTE TAILLAC, LCSW**, is the VP for Mental Health and Wellness at Kaiser Permanente. In this role, she leads the transformation of Kaiser Permanente's delivery of evidence-

based, outcomes-driven mental health and addiction care therapy and counseling services. Taillac is known for her work with the Early Start Perinatal Substance Abuse Prevention Program, which won an award from the American College of Obstetricians & Gynecologists in 2008. She has published research on Early Start Perinatal Substance Use Prevention Program and presented about it at conferences across the nation.

Taillac has worked for Kaiser for more than 20 years. A licensed, board-certified psychiatric social worker, she received her master's degree in child and adolescent mental health, from UC Berkeley.

# 5 MENTAL HEALTH EXPERTS WEIGH IN

MAY IS MENTAL HEALTH AWARENESS MONTH

COMPILED BY THORA MADDEN

*If the past two years of a global health crisis have taught us anything, it's that MENTAL HEALTH is fragile and extremely important to protect. Human beings are social creatures, and the lockdowns, isolation and existential dread have taken their toll on even the sunniest of dispositions.*

*We wanted to get a perspective on how the industry is responding to this demand for care for our tenderest of organs — our brains and mental wellbeing. These thought leaders give us a unique perspective on what's happening, how experts are addressing it, and where brokers can play a roll.*

**California Broker (CB): Describe your company's role or products in the behavioral health space.**



**Kim Rudeen, VP of Product Development & Management, Aflac**

There is a noticeable gap in behavioral health and insurance coverage. Aflac is committed to helping to close this gap. These are some of the ways we've sought to make a difference by

providing mental and behavioral health care for insured individuals:

- Aflac's new group critical illness product, launched in April 2022, offers a mental illness rider that covers serious mental illnesses, including bipolar disorder, post-traumatic stress disorder, substance use disorder, major depressive disorder and schizophrenia. Health screenings, including mental health exams that can help detect potential problems before they become more harmful, are also available.

- Earlier this year, Aflac partnered with NeuroFlow to offer a program for its Group Long-term Disability policies with 1,000 or more covered lives. The program offers access to NeuroFlow's mental health and well-being application that screens and monitors existing and undetected behavioral health conditions. This solution is designed to help close the gap that may exist in an employer's behavioral health program by proactively helping

individuals self-detect potential issues like depression, anxiety, sleep disorders and more.

- In January 2016, Aflac partnered with MeMD to offer telehealth services for treatment of mental health disorders. It has become our No. 1 value-added service in the individual market since smaller employers often don't offer major medical. It is also popular with groups that have major medical insurance because it gives employees access to lower copays for urgent care and therapy needs. Lower costs can help incentivize employees to seek care when they need it, which subsequently helps control premium increases year over year.

- Aflac's individual accident policy has evolved to include a benefit to support families, if they need to take time off from work to care for their child who is hospitalized, for instance. This helps increase family well-being and caring for the caregiver.



**Rick Porterfield, regional director, Pacific Northwest and Southwest, Guardian Life**

In 2021 we invested in and formed a strategic partnership with Spring Health, a leading behavioral health services provider that directs companies and employees to optimal mental health care. The Guardian Spring Health plans are personalized and provide members access to mental health professionals. Included are a wide range of solutions clinically proven to reduce recovery times while also helping companies decrease employee turnover and increase productivity.

Spring Health resources address a wide range of problems such as anxiety, depression, stress, burnout, sleep issues, relationship difficulties, eating disorders and substance abuse. Care plans available to employees and family members include in-person and virtual appointments with licensed care providers, digital Cognitive Behavioral Therapy (CBT), coaching, mindfulness exercises, and more. To learn more about the plans Guardian offers to support mental and emotional well-being, please go to [guardianlife.com/spring-health](https://guardianlife.com/spring-health).

Guardian also offers an Employee Assistance (EAP) program through Uprise Health, which has provided critical mental wellness resources for millions of Guardian members for more than 20 years. In addition to traditional EAP services including coaching and clinical resources, the Uprise EAP was recently enhanced to include new Cognitive Behavioral Therapy (CBT) options.



**Maria Villarosa, MD, assistant regional medical director, Behavioral Health Service line leader, Psychiatry chief of service - Riverside, Kaiser Permanente**

Kaiser Permanente's integrated system — which offers care and coverage together — is uniquely built to meet our members' needs. It enables us to provide a comprehensive level of mental health care not available with any other health plan. We draw from a full spectrum of proven care — from primary care to specialty mental health care, to emergency care, and everything in between. We act as a front door for our patients and help them navigate various culturally competent treatment options, all under one roof. This enables us to provide our members flexibility to receive care in the manner that best suits them: remotely — by telephone, video, or online, using a variety of tools and resources — as well as in-person.

Our integrated system is something we are very proud of as it supports the complexity of mental health care and acknowledges that no treatment is one size fits all. Our focus on measurement-driven treatment along with the tailored coordination of our care teams lead to high quality outcomes for our patients. Additionally, Kaiser Permanente believes in preventive medicine. So we have created programs to help patients better understand the challenges they face by offering asynchronous educational series and live webinars (available in both English and Spanish) which discuss an array of mental health topics. We make it a priority to offer a seamless entry pathway to

care through our central call centers. These help connect members to digital resources such as myStrength, Calm, and Ginger, educational classes, individual therapy and medication evaluations. We encourage ongoing feedback from our members to help us understand what tools, therapies and self-care techniques are working, what additional things need to be addressed, and what the path forward looks like after achieving treatment goals. The result is a fluid care experience that evolves with each member's needs.



**Randall Solomon, MD, DLFAPA, FASAM, Senior Behavioral medical director for Optum**

We have a distinctive role to play in the transformation of a more sustainable behavioral health system for today and into the future. We bring together technology, clinical expertise and strategic partnerships to ensure more people have access to quality, supportive behavioral health care services and are able to live better with these conditions.

UnitedHealthcare is the leader in health benefits, driving affordable coverage, simplifying the health care experience, addressing consumer health and social issues, and delivering access to high-quality care. We serve people from their earliest years through their working lives and into retirement. What unites us is our mission to help people live healthier lives and to help make the health system work better for everyone

We are expanding access to care in our community. Too often, communities have limited resources

to provide mental health care for their population. We believe we have a responsibility to make it easier for people to get the care they need.

Our partnerships and grants enable organizations to:

- Train and hire behavioral health clinicians and specialists, including diverse and culturally competent providers
- Provide virtual counseling to low-income or uninsured patients, including children
- Establish school-based behavioral health services including early intervention screenings
- Support parent coaching and intervention programs to improve parent-child relationships, promote mental health and reduce stigma
- Enable peer-to-peer support to encourage personal connections and decrease feelings of isolation and loneliness among at-risk populations including seniors and veterans.

Since 2019, UnitedHealth Group has invested over \$36M in more than 50 strategic behavioral health philanthropic partnerships.



**Ted Hong, chief engagement officer, Solera Health**

Solera's platform matches consumers to digital health solutions for personalized treatment and creates a centralized interface for accessibility and engagement. We ensure that people are getting the right level of support based on data monitoring of treatment progression. In addition, we provide payers and employers with the tools they need to manage these programs with only one agreement.

Solera simplifies difficulties in launching programs, including claims processing, consumer engagement, eligibility screening and vendor management. Some of our specific programs include Diabetes Prevention, Weight Management, Mental Health, Musculoskeletal, Social Isolation, Tobacco Cessation and Digestive Health.

**CB: The pandemic changed life and business for most people. Describe how it impacted your services and anything relevant that's happening now.**

*Rudeen, Aflac:*

The pandemic has had a significant impact on the way we live and work. We saw insured individuals staying closer to home for everything – work, school and play. Less travel and activity away from home means less potential for accident and injury. Large scale events like marathons and other team sports came to a halt or were drastically reduced in terms of participation, resulting in fewer of those “weekend warrior” injuries. As life picks back up for many, we anticipate typical injuries and accidents coming back to pre-pandemic levels.

We also saw a drop in regular health screenings. Cancer and other serious illnesses didn't take a break during the pandemic. Delayed screenings can mean they aren't detected as early. People with poor mental health are more likely to have a physical condition, so that's why mental and physical health screenings go hand in hand.

Because of the pandemic, consumers are concerned about critical illnesses that can be related to COVID-19 diagnosis and treatment. They are also showing more concern overall about the unexpected expenses that could come from being sick, injured or admitted to the hospital. For instance, our 2021-2022 Aflac WorkForces Report found that almost half of all employees purchased at least one new benefit directly because of the pandemic. Naturally, life insurance, critical illness insurance and mental health resources top the list, but accident insurance and disability insurance are also part of the mix of benefits that consumers purchased because of the pandemic.

*Porterfield, Guardian Life:*

We mobilized to address the impact of the COVID-19 pandemic on our customers and colleagues. The disruptions it brought led us to reexamine many elements of our business and create a comprehensive plan to make our company stronger and better.

Notably, we were one of the first carriers to offer pandemic support to our customers. This included premium credits and rate guarantee extensions as well as removal of claim requirements from rollover fund eligibility on impacted dental plans. We also offered eligibility extensions, many above and beyond state requirements, to employees who were affected by pandemic related furloughs and layoffs. Additionally, we were the first carrier to extend wellness benefits on applicable Supplemental Health products to treat COVID-19 testing as a covered service.

Finally, and importantly for our members and their families, our financial strength has been reaffirmed during a time of increased need: We paid \$7.4 billion in total benefits, an 11% increase over 2020, including \$1.9 billion in life insurance claims, \$200 million of which are COVID-19 related.

*Villarosa, Kaiser Permanente:*

Two years into the pandemic, the biggest impact on our behavioral health services continues to be the rise in demand. The prolonged state of the pandemic will continue to have lasting effects on our nation's mental health, most acutely among young adults and caregivers who have experienced the largest increase of stress and anxiety. Early in 2020, we moved quickly to shift delivery of nearly 100% of our scheduled mental health services to telehealth options. In the time since, we have invested in developing additional resources for an increasingly diverse set of patients seeking mental health care. During the pandemic, mental health awareness and care became a larger part of our national conversation. This conversation made seeking mental health care more acceptable and awakened a whole new group of people seeking care. With this new population, we found that Kaiser Permanente was in a unique position, given our integrated system, to help patients

understand their symptoms and their needs and develop treatment plans to set them on a path to recovery. The pandemic highlighted the strength of our approach, but it also challenged the system and our clinicians as we continue to manage an incredible increase in members seeking care. We recognize that this pressure is directly felt by all our front-line staff and physicians, including our mental health clinicians. This is why we implemented “Rise and Renew,” an internal program focused on making sure we are taking care of our frontline employees. As we focus on investing and building programs for members, we are equally focused on developing and building our own future workforce to meet the full needs of mental health care.

#### *Solomon, Optum:*

As part of the company’s response to COVID-19, The United Health Foundation provided a \$1M grant to the American Nurses Foundation to help build a virtual support system and promote mental health and resilience among front-line nurses.

It may not be surprising that the use of telehealth has jumped over the last year. With more people spending time at home, the number of older adults who had at least one telehealth visit increased substantially – from just 4% in 2019 to 26% in 2020.

With telehealth adoption comes greater access to clinical experts, including for virtual mental health care. During the pandemic, a growing number of people reported symptoms of anxiety or depression.

Psychiatrists and other mental health counselors have also seen a greater influx of patients in the past year.

#### **The benefits**

Dr. Saurabha Bhatnagar, chief medical officer and head of digital & technology for UnitedHealthcare, said it’s encouraging that more people are taking advantage of virtual mental health services and seeking the help they need.

“As we are more than a year into the pandemic, we know the short- and long-term toll this has taken on people’s emotional well-being,” he said. “Immune systems don’t function as well when we’re feeling down, so seeking

help is critical for maintaining overall health.”

This also allows a wider range of specialists who may be available, thanks to the virtual component. In fact, a third of psychologists said they are working with patients who live in a different state than their own.

A virtual conversation focused on improving emotional health may also be more private, comfortable and convenient from home – not to mention the potential cost savings. For eligible UnitedHealthcare Medicare Advantage plan members, telehealth visits are covered at no additional cost.

#### **Opening the (virtual) door**

These possible advantages are especially important to Medicare members over 65. One in four seniors in this population are estimated to be suffering from a mental health disorder – a figure that is expected to double by 2030.

“Addressing mental and emotional health concerns is especially critical among older adults,” Dr. Bhatnagar said. “You have to safeguard your mental health the way you would for any other body part and when something feels off, it’s time to get a professional opinion.”

He added there are several stressors seniors may face as they age, including an evolving purpose when entering retirement, changes in health status or a change in financial resources. These issues may be addressed through teletherapy in order to help ease anxieties and discover coping techniques.

#### **Other resources**

In stressful times, it may be difficult to manage symptoms. Here are some ways to help find care and support.

- A free 24/7 emotional support line is here for you to call any time at **1-866-342-6892**. This Optum Help Line is staffed by professionally trained mental health experts. It is free of charge and open to anyone.

- An on-demand emotional support mobile app called Sanvello is available to many UnitedHealthcare members to help cope with stress, anxiety and depression. Eligible members must register using their UnitedHealthcare member ID card.



*“The prolonged state of the pandemic will continue to have lasting effects on our nation’s mental health, most acutely among young adults and caregivers who have experienced the largest increase of stress and anxiety.”*

**Maria Villarosa, MD, assistant regional medical director, Behavioral Health Service line leader, Psychiatry chief of service – Riverside, Kaiser Permanente**



*“Addressing mental and emotional health concerns is especially critical among older adults,” Dr. Bhatnagar said. “You have to safeguard your mental health the way you would any other body part and when something feels off, it’s time to get a professional opinion.”*

**Randall Solomon, MD, DLFAPA, FASAM, Senior Behavioral medical director for Optum**

- The National Suicide Prevention Lifeline offers 24/7 support through an online chat called Lifeline Chat. You can also call **1-800-273-8255** or **1-800-799-4889 (TTY)** for support.

- The Crisis Text Line is a free resource available 24/7 to help you connect with a crisis counselor. **Text “Home” to 741741.**

*Hong, Solera Health:*

The pandemic has driven health consumers to seek out digital, virtual care to protect themselves from exposure to the virus. Along the way, consumers grew even more comfortable accessing care through their devices. In tandem, the isolating effects of COVID-19 created a greater need for many of our programs, particularly our Mental Health and Social Connections offerings as conditions like anxiety and depression have accelerated due to social isolation.

**CB: What should brokers and benefits people know and do to help clients better understand and utilize their behavioral health benefits?**

*Rudeen, Aflac:*

Take time to help employers understand the needs of their workforce. A few key data points include:

- Mental health negatively affected the job performance of one-third of the workforce in the past year.

- Women are more likely to have experienced burnout, and younger workers are most likely to say they are currently experiencing burnout.

- Most employers believe their workforce is financially able to meet their health care obligations, while many employees would struggle — 46% indicate that they would not be able to pay more than \$1,000 in out-of-pocket medical costs.

From mental health riders to value-added services and benefits for caregiving, there are many ways that supplemental benefits are caring for the whole policyholder. Take time to help insured individuals understand how to take advantage of these benefits from day one.

*Porterfield, Guardian Life:*

As our recent Guardian workplace study Mind, Body, and Wallet found, almost half of working Americans believe their employer isn’t doing enough to address concerns about workforce mental health. In contrast, 70% of employers believe they do an excellent job addressing workforce emotional health, so there is a disconnect in perception. This disconnect means that communication about benefits from employers is critical, not only to remind employees about the resources available to them, but also to normalize mental well-being needs along with physical and financial well-being needs.

Significantly, last year Guardian launched partnerships with cutting-edge decision support provider Nayya Health to bolster engagement at enrollment and during life events throughout the year. We believe providing practical advice when employees are making benefit decisions at enrollment will help them better understand what their employers are making available to them. Nayya and our API program make enrolling in and accessing benefits easier, which helps our customers and members to take better advantage of offered products.

Moreover, to help our customers and members more fully utilize their Guardian Spring Health mental and emotional wellness benefits, we are integrating Spring Health into our claim processes, beginning with Short-Term Disability (STD) claims. Guardian members with Spring Health and STD benefits will have an opportunity to receive claims-specific outreach during their STD journey, connecting them with meaningful mental wellness resources at a difficult time in their life.

*Villarosa, Kaiser Permanente:*

We encourage brokers and benefits people to use our various online resources — including our mental health webpage ([kp.org/mentalhealth](http://kp.org/mentalhealth)) to learn more about our services, our online classes and webinars, and our virtual treatment tools — to better understand our behavioral health benefits. These serve as a great starting point because they help patients understand what they are going through, which we believe is an essential first step in seeking mental

health treatment. Understanding what you are experiencing creates self-awareness allowing you to better communicate your needs. As patients move past the first steps in treatment, they can access multiple treatment methods, such as virtual and in-person one on one therapy and group therapy, or a combination of both. One on one therapy is the most widely requested treatment, but we know that patients benefit greatly from various options, including group sessions with other members who have shared experiences. In addition, we have found that our emotional wellness support resources have been essential during the pandemic. Whether it's to help with sleep, stress or relationships, we offer many digital resources for our members' mental health and wellness, including popular wellness apps like myStrength, Calm, and Ginger. The myStrength app (a wholly owned subsidiary of Livongo Health, Inc.) offers a personalized program with interactive activities, in-the-moment coping tools, inspirational resources, and community support. Calm is a meditation and sleep app designed to help lower stress and reduce anxiety. Ginger (available in Southern California and coming soon across California) is an app with on-demand mental health support including coaching, therapy, psychiatry and self-care resources. These resources further demonstrate Kaiser Permanente's unique integrated system which allows patients to utilize a spectrum of behavioral health benefits.

*Solomon, Optum:*

**Enhancing and Evolving our Network**

Optum delivers a comprehensive platform of coverage and care for behavioral health and wellness to over 35 million members across the spectrum of public, private and government payers and programs. Using evidence-based, data-driven insights and technology capabilities, Optum's model is designed to fully integrate the physical and behavioral health needs of our members, supported by timely and national access, improved care quality, and better health outcomes.

We want people to know, we help people access the most appropriate care using evidence-based guidelines, just as we do for medical care. We

develop our guidelines by consulting medical literature and the leading national medical and behavioral health communities, including the Substance Abuse and Mental Health Services Administration (SAMHSA), the American Academy of Child and Adolescent Psychiatry (AACAP) and the American Psychiatric Association (APA).

- 311,000+ BH providers and facilities in-network nationwide
- 73,000 virtual visit providers (combined BH and EAP)
- 3.5M members received behavioral health care in 2020, and 56% of UnitedHealthcare's behavioral health visits took place virtually in 2020
- 4,500+ Express Access providers committed to seeing patients within 5 business days, compared to the industry average of 14 days
- 93% of our members are within 20 miles of an Express Access Provider
- More than 7,000 medication-assisted treatment (MAT) locations for members in need of substance use disorder (SUD) treatment
- More than 94% of members living within 20 miles of a MAT provider

*Hong, Solera Health:*

Awareness and choice are key for consumers to understand and utilize behavioral health benefits. Brokers and benefits professionals must provide their clients with information explaining all of the benefits available to them. A digital front door empowers health and wellness consumers to self-select the solution that will work best for their needs, therefore, payers that partner with Solera Health will expand understanding and access to a myriad of proven interventions.

**CB: What is your company's major focus or major concern as we look toward the next year or two?**

*Rudeen, Aflac:*

Employees bring their whole selves to work. That includes everything they're dealing with physically, mentally and financially, and the last year and half has been especially challenging. Aflac is working to meet today's rapidly changing benefits needs with flexible coverage that helps take care of



*“From mental health riders to value-added services and benefits for caregiving, there are many ways that supplemental benefits are caring for the whole policyholder. Take time to help insured individuals understand how they can take advantage of these benefits from day one.”*

**Kim Rudeen, VP of Product Development & Management, Aflac**

*As our recent Guardian workplace study Mind, Body, and Wallet found, almost half of working Americans believe their employer isn't doing enough to address concerns about workforce mental health. In contrast, 70% of employers believe they do an excellent job addressing workforce emotional health, so there is a disconnect in perception. This disconnect means that communication about benefits from employers is critical.*

**Rick Porterfield, regional director, Pacific Northwest and Southwest, Guardian Life**



expenses health insurance doesn't cover. Insured individuals can use their benefits to help with medical co-pays, deductibles and prescriptions or everyday living expenses like rent, utilities or child care.

*Porterfield, Guardian Life:*

As our CEO and President Andrew McMahon writes in our 2021 Annual Report, "In 2021, Guardian set a new strategic course, guided by an overarching purpose to inspire well-being. Our purpose flows through every action and decision we make and incorporates our colleagues, customers, and the communities we serve. We believe that dedicating ourselves to protecting and enhancing the well-being of all stakeholders will position us to grow and deliver superior value for decades to come. We are fulfilling our purpose to inspire well-being by advancing three strategic priorities: wow the consumer, reimagine mutuality, and unleash what's possible. While we

laid the foundation in 2021 to advance these aims, our vision is far-reaching, and our efforts will extend into 2022 and beyond."

*Villarosa, Kaiser Permanente:*

Addressing the growing demand for mental health and addiction care services continues to be our top priority and main area of concern. We recognize this is a national issue and are focused on investing in solutions that will result in high-quality outcomes for both our employees and our patients. Leaning on our uniquely integrated system, we are exploring solutions that consider the complexities of mental health care and offer meaningful improvements for employees and patients alike. From a workforce perspective, one of the biggest issues affecting our ability to meet demand is staffing. Much like the national mental health crisis, there is a well-known healthcare staffing crisis in the U.S. That is why we are focused on building our workforce from within. Our

Mental Health Scholars Academy, which is active in California, is an initiative that attracts a diverse talent pool from within Kaiser Permanente to train new mental health care professionals. This initiative coupled with increased investments in recruitment will help us to begin to alleviate pressures our current clinicians face. We are also focused on addressing the issues that impact patient demand for care such as wait times and access to clinicians of similar background and/or belief. We continue to invest in virtual and online resources which allow patients to access care in a more timely manner and distribute demand throughout our network. With each of these investments, we remain focused on delivering care that is both feedback and outcomes based which will continue to ensure quality care.

*Solomon, Optum:*

Demand for behavioral health services outstrips access to care, particularly in rural areas, for populations facing health disparities and for certain provider specialties. Also, a lack of integration across physical and behavioral health providers can result in fragmented care. Quality of care and treatment effectiveness can be impacted by lack of adherence to evidence-based guidelines and measurement of health outcomes. The total cost of care is three to five times higher for patients with co-occurring physical and behavioral health conditions compared to those without.

We are meeting this challenge by delivering a comprehensive platform of coverage and care for mental health, SUD and behavioral wellness. We use a model designed to fully integrate the physical and behavioral health needs of our members, supported by timely and national access, improved care quality, and better health outcomes.

- Increasing access to high-quality and consumer-driven behavioral health care through a national, high-performing provider network that gives members seamless access to timely care and support – in person and virtually. By designing care experiences around the person, we're creating optimal pathways that help align care

with the needs of the member. We use a range of options to deliver treatment and wellness solutions through digital therapeutic platforms and applications, virtual telepsychiatry and teletherapy, traditional brick-and-mortar specialty treatment, as well as integrated primary care.

- Improving quality of care by integrating behavioral and primary care, aligning payer and provider incentives to better manage care, and offering a full range of care delivery solutions – such as digital health tools, care at home, virtual care, and primary and specialty care locations – to meet consumers' needs and preferences.

- Lowering total cost of care and improving health outcomes by blending analytics and care delivery capabilities to manage total health care costs while improving health outcomes by:

- Utilizing advanced analytics to enable rapid interventions at the right level of care

- Leveraging our pharmacy capabilities to improve medication adherence and medication access through partnerships with Community Mental Health Centers

- Improving the patient and provider experience and lowering costs by embedding behavioral care clinicians with primary care practices to better serve patients

- Reducing low-value behavioral health care by implementing measurement-based care that rewards optimal outcomes and positive patient and provider experiences.

*Hong, Solera Health:*

Moving forward, Solera's main focus is to continue curating partnerships with like-minded payers and employers to maintain outstanding behavioral health programs and continue to provide people with accessible treatment. In the pipeline are several other conditions that will be added to the platform later in the year. We are very excited to help our populations reach their mental health goals and more for the rest of this year and beyond.

To participate in CalBroker's many surveys, contact: Thora Madden  
**Thora@calbrokermag.com**



*“Awareness and choice are key for consumers to understand and utilize behavioral health benefits. Brokers and benefits professionals must provide their clients with information explaining all of the benefits available to them.”*

**Ted Hong, chief engagement officer, Solera Health**



**CAHU/CAHIP President Elect Sue Wakamoto-Lee sharing her vocal talents to open Day 2.**

# A CAHIP WOMEN’S LEADERSHIP SUMMIT RECEIVES RAVE REVIEWS

Fosters personal growth, leadership and self-awareness

**BY KOREY ASHTON AND CERRINA JENSEN**

In 2019, CAHU (now known as CAHIP) introduced the Women’s Leadership Summit (WLS) as a first-of-its-kind event, and we promptly started planning our 2nd annual summit, set for March 2020. But alas, COVID-19 had other plans and after a 2-year hiatus we finally convened for the 2nd WLS on March 14 to 16, 2022 just outside Las Vegas.

The purpose of WLS is to gather existing and aspiring women leaders to foster personal growth, leadership and self-awareness. We provided an atmosphere that encourages intimacy, relationship building, frank and open discussions, and most of all, an opportunity to learn and grow. And we’re so proud that we seem to have done just that. We

welcomed a beautifully diverse group of women from all around the country, aged 11 to 70 something, in every shape, size, style and hue. We even had three brave male attendees, and enjoyed engaging with them during the summit!



**Cohosts Korey Ashton and Cerrina Jensen with Special Guest Keynote Lori Taylor (center).**

The program was kicked off by none other than Lisa Hutcherson who also graced our stage at the first WLS, and consistently contributed to our subsequent series of articles in this publication.

Our second day began with guided meditation by Naama Pozniak, followed by a beautiful performance by Sue Wakamoto-Lee of Stevie Nicks’ Landslide. The founders of WLS — Stephanie Berger, Cerrina Jensen, Korey Ashton, Dawn McFarland

and Jolene Bibian – then told the WLS Origin Story, which literally began with little plastic party favors at a birthday celebration during NAHU’s 2018 Capitol Conference.

From there, our featured keynote session got underway. We are grateful to Jessica Word of Word & Brown for sharing her incredibly talented older sister, Lori Taylor, who brought the house down with great insight and inspiration, and plenty of laughs. Like her enlightening story about when she so proudly declared to her husband upon completing her first ever black diamond ski run that she had not fallen even once. His reply stunned her at first but was quite the game changer in the end. He told her, “You can be proud that you didn’t fall, but that just tells me you weren’t really trying.” Lori also challenged the audience to ponder why they avoid opportunities for growth, and reminded us that the only PR that matters is Personal Responsibility. Playing comparison games serves no other purpose than to lower your own bar. She reiterated, “it’s okay to not be okay when circumstances knock you on your butt.”

We had several other keynotes, including Emma Fox's incredible story of how she emerged from a very difficult childhood into the firebrand she is today. Our first panel featured a chat about leadership with Pat Griffey, Alycia Reidel, Susan Rider, Stephanie Berger, and Sue Wakamoto-Lee (pictured below). Another panel focused on Queen Bee Syndrome, with Megan Chiarello, Susan Combs, Emma Fox and Cerrina Jensen.

Our program also featured Words of Wisdom (WoW) TED-style talks on a variety of subjects including vulnerable leadership, empowerment, finances, social purpose, CBD as medicine, and being unapologetically you. Thanks to all our WoW speakers, including Amy Evans, Cerrina Jensen, Samantha Siders, Corey Ashton, Leilani Quiary, Jennifer Lowery and Elisabeth Mack.

Another unexpected highlight of this summit was our youngest



**Enjoying a 1920's speakeasy costume party at The Mob Museum in old-town Las Vegas.**

**Leadership panelists Pat Griffey, Alycia Reidel, Susan Rider, Stephanie Berger and Sue Wakamoto-Lee.**



participant. We love that Jennifer Spiegel Berman shared WLS with her remarkable daughter, Abby, (pictured right) who brought her own perspective and observations to the conversation and dazzled us all with her charm!

After this special day of self-discovery and emotional aha's, we hopped on a bus and a few Ubers for a drive to The Mob Museum in old-town Las Vegas. There we hosted a 1920's speakeasy costume party that featured bootleg spirits, secret rooms, private tours, and lots of fun.

In our closing session, the final keynote by Jenna Phillips Ballard — another special guest orchestrated by

Jessica Word — was phenomenal! She showed us that you can interpret any and everything **HOWEVER** you want. She reminded us that transformation only happens in the discomfort zone and encouraged us to rewire our thoughts to “everything happens **FOR** me, not to me.” Jenna emphasized that we were all born with the ability to manifest **ANYthing**, but that we've simply forgotten how. And she cautioned us that being busy and exhausted is not a badge of honor and a full calendar does not prove your value.

Jenna also gave us a parting gift in the form of a transformational video where she asserted that you **CAN** have



**Jennifer Spiegel Berman shared WLS with her daughter, Abby.**

it all, once you give yourself permission.


Since the conclusion of WLS on March 16, many conversations have been taking place around the country about the profound and life-changing impact this program had on many of our participants. We appreciate all the thank you's, accolades and feedback, and look forward to sharing more about the future of WLS in the coming weeks and months. Exciting developments are in the works! **CB**

**Contact: [info@cahu.org](mailto:info@cahu.org)**

# Spring Fever Anyone?

*Just like spring flowers, in-person events are opening up*

**BY DAWN McFARLAND**



**C**onference season is back for our industry, following two years of staying at home — holy moly! And I wouldn't change a thing. As much as virtual work is part of the daily, there IS a difference when you share space with other humans. And no doubt it is exhausting to restart. I'll share my experience from the events I have had the good fortune to attend.

- **YOU Powered Symposium,** (Feb 6, 2022) - a wonderful event with a focus on solutions like direct primary care and data driven decisions vs. accepting the rates spit out of a quoting system.

- **NAHU's Capitol Conference** in D.C. - (Feb. 28, 2022) if you have never participated, you should consider it at least once. There is something special about being in our nation's Capital, doing our civic duty and having a voice in shaping our country's healthcare.

The wide variety of museums and monuments are also a must. Visit the Arlington Cemetery and watch the changing of the guard at the tomb of the unknown soldier. Makes you think about how lucky we are to be Americans and how many have given their lives for our freedom.

Be sure to check out the CAHIP

STATEment for more detail about the legislative activities in D.C. (Speaking of CAHIP Legislative activities, there were over 2200 pieces of legislation introduced this session and CAHIP has determined its list of priorities.)

• **CAHIP Women's Leadership Summit** took place in March after a 2-year pandemic postponement. And WOW, the words of wisdom (pun intended) and vulnerability shared filled a lot of cups. It's been a rough couple of years, compounded by the recovery from years of fighting to be treated equally to our male counterparts. (See coverage on page 22).

• **The CAHIP Capitol Summit** is next up — first in-person CAHIP event since COVID-19 — and the speaker's lined up will be worth the trip to Sacramento. Check it out!

### Market Updates

Here are a few things I am preparing for as an agent that serves the IFP and Medicare markets.

### Two impactful things to be aware of regarding Medi-Cal with a magic date of July 1, 2022:

**1** The first change is the COVID-19 Medi-Cal process. During the pandemic no one was moved off of Medi-Cal, even if their income increased to no longer qualify financially. Starting July 1st, as redeterminations occur, people with increased income will lose their Medi-Cal and be directed back into whatever exchange the state they reside in uses.

[See Wayne Guzman's article on Medi-cal Redetermination on Page 36 of the April CalBroker Magazine.]

The NAHU Education Foundation is working on developing material that can be distributed in low income communities directing them to agents that can help them navigate the change back into the marketplace. NAHU also plans to create material for agents as a resource for the intricacies of this demographic. This is definitely a great way for agents to show up for our communities.

**2** Additionally, on July 1, low income seniors will have a chance to qualify for Medi-Cal benefits and help without eating through all of their savings. Currently if a person over age 65 has more than \$2,000 in assets they are not eligible for Medi-Cal. On July 1, 2022, the Medi-Cal asset test will significantly increase to \$130,000 for an individual and \$65,000 for each additional family member. The asset test will be fully eliminated for these Medi-Cal programs effective July 1, 2024. This will be incredibly helpful for the seniors that have \$100,000 sitting in an annuity or investment account — there are many beneficiaries I help that have \$40-\$50 K sitting in a savings vehicle and it makes them ineligible. Medi-Cal benefits have a huge impact on Rx costs for seniors.

Another big topic of conversation in the Medicare market is that the Medi-Cal Medi-Connect program is going away, effective December 31, 2022. This matters to those of us that serve the senior market because there are plans called "DSNP Look Alike Plans" that will no longer be offered so Medicare beneficiaries will need to be helped navigating these moves.

Covered CA still has special enrollment periods (SEP's) for COVID-19 believe it or not. Another interesting point to factor is if someone had to pay a tax penalty. So, if you run across someone that is stuck without insurance there is still a way to help.

Current discussions are happening around the ARPA additional subsidies that are due to expire at the end of this year.

**AND FINALLY it looks like the "Family Glitch" may get fixed!** Family Glitch happens when the dependents of an employee (who receives affordable coverage from the employer) do not qualify for a subsidy even if the household income falls in the federal poverty chart. Check out the recent NAHU Healthcare Happy Hour podcast for more info.

In conversations with my employee benefit friends, it seems rates on renewals are showing increases, believed to be evidence of the theory rates would go up when claims started to shake out post COVID-19. (Am I really

saying that? POST COVID?!?!?!)

On that note, I know the pandemic and concerns of new strains still exist, and at this point it seems to be getting closer to calling COVID an endemic vs. a pandemic. In fact, "...California has adopted the first endemic policy for COVID in the U.S. According to The Associated Press, the California plan "emphasizes prevention and quick reaction to outbreaks over mandated masking and business shutdowns." Mental health inquiries are increasing, with employers asking for Employee Assistance Programs (EAP).

Agents are still seeing a lot of growth with new hires in groups and a lot of groups wanting to offer health insurance when they previously didn't. Employers are also asking for additional benefits where they previously just wanted health insurance. The "Great Resignation" sure did motivate employers to pay more attention to the attract and retain employees! Stay on your toes out there!

So, this is us, in our usual mode of ever changing and evolving. I love seeing vacation pictures and families gathering again. It has been so beautiful in southern California, even if we are having 90 degree weather in APRIL! I know I am itching to step away from the screen and spend a little time chillaxing and enjoying the outside. I bet you are too. Let's do it! Just make sure you also schedule the upcoming events below, please. I hope to see you soon!

• **CAHU Capitol Summit** May 9-11 Sacramento, Calif.

• **NAHU Convention** June 25-28 Austin, Texas.

• **NAHU Power Hour** — every 4th Wednesday @3:30 pm PST — open to all at no charge. Great place to experience one of my favorite NAHU member benefits — camaraderie!

• **YOU Powered** Feb. 5-8, 2023 — just announced! 

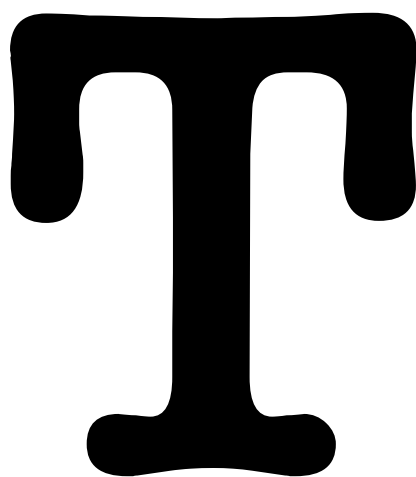


**DAWN MCFARLAND** is VP of legislation for CAHU (now known as CAHIP) and president of M&M Benefits Solutions in Los Angeles.

# 3 Questions Proactive Brokers Are Asking About Compensation

## Disclosure

New disclosure requires extra step for brokers



BY TOM AVERY

here's a new federal broker compensation disclosure requirement that's encouraging greater transparency in the benefits industry — and creating an extra step for brokers.

The Consolidated Appropriations Act (CAA) of 2021 [<https://www.natlawreview.com/article/broker-and-consultant-disclosures-to-group-health-plans-under-division-bb>] introduced new regulations about broker compensation. The goal is to improve transparency about the way brokers are paid beyond client transactions.

### What does this actually look like for brokers in practice?

Yes, brokers now have to complete an extra step to remain in compliance. But the nature of the law also means that broker relationships with their clients could be affected.

When brokers have to disclose the compensation they receive for steering clients towards a certain package, will it cause clients to see the services brokers provide in a different light?

Now that brokers are receiving more guidance from the Department of Labor on what complying with this law means, it's time to think ahead to client conversations.

- <https://www.dol.gov/agencies/ebsa/employers-and-advisers/guidance/field-assistance-bulletins/2021-03>

• <https://www.benefitspro.com/2021/07/09/transparency-in-coverage-rules-act-ticra-a-3-month-plan/>

Brokers who want to retain (and grow) their book of business need to start by asking themselves these three questions:

### 1. Do my clients understand how I'm compensated for the services I provide?

Because brokers have not previously had to disclose their compensation for providing healthcare products, clients may be unclear about how their broker is actually paid.

For example, employers may not know if their broker is paid on a commission-based model and whether they would earn more as their client's costs increase.

Once they have more information about how their broker is compensated, it will be up to employers to decide

- whether they believe their broker is actually providing them with the best health plan recommendation and
- whether the cost is worth the service.

If an employer is surprised by how their broker is compensated, or the broker feels uneasy about having to make this disclosure, it could mean big trouble for retention.

### 2. Is my book of business at risk?

More transparency means the plan sponsor has more leverage in selecting insurance products and negotiating with plan vendors.

If a client sees that their broker is pushing a plan for which the broker can reasonably expect a large amount of compensation — directly or indirectly — it could raise flags about whether the broker is actually committed to finding the client the best products. Employers may be keener to hire brokers who are providing the best value for their dollars now that they can see what they make on commission.

Sometimes, brokers may not be receiving much in terms of compensation or incentives from carriers. In that case, it will be even easier for the broker to show clients that they're genuinely interested in providing them with the best plan.

It's also very possible that the plan that is best for the client is also a plan that provides brokers with strong incentives. Brokers will need to go the extra mile to prove why that plan is the best — and also be prepared to speak to all of the other things they're doing for the client.

More transparency doesn't have to be a bad sign for broker income. The updated disclosure rules for ERISA increased transparency and subsequently drove down fees and overhead costs for 401(k) plans, and brokers still did great business.

### 3. Am I doing enough for my clients?

Speaking of everything brokers do for their clients — compiling these disclosures could cause some brokers to reflect on the services they provide to their clients in relation to their compensation.

For example, the new regulation puts some of the work on the plan sponsor to ensure compliance. However, brokers can

be proactive by providing that disclosure information before the client even has to ask.


**Note: The CAA establishes that plan sponsors can immediately terminate contracts with providers that fail to disclose this compensation.**

Compensation disclosures are just one more compliance document that brokers need to provide. In terms of workflow, it shouldn't be an issue to add it to the workflow for creating other compliance documents (assuming the broker has a process for automating client document creation).

The additional work comes from the need to do more to help clients cut costs and provide great services to their employees. For example, brokers can help clients improve their employees' benefits package education by providing a custom benefit book. Brokers can also apply their expertise to help clients ensure they're in compliance with ERISA.

For the proactive broker, CAA compliance will prompt them to find new ways of delighting clients and justifying their position as the client's broker.

### Be prepared for client questions ahead of broker compensation disclosure

As with ERISA, this broker compensation disclosure law will impact how health plan pricing is structured and possibly how brokers are compensated. In the short term, brokers will need to reevaluate how they position the services and value they provide to their clients. 



**TOM AVERY** is the founder and president of Innovative Broker Services ([innovativebroker.com](http://innovativebroker.com)), an independent boutique brokerage company and a Top-10 Employee Benefits Agency for 12 consecutive years (*Sacramento Business Journal*). Avery is also the founder and president of Signal Sync ([signal-sync.com](http://signal-sync.com)), an insurance industry SaaS and agency automation solution designed for the independent agency. He continually writes regarding the many challenges faced by today's agencies and has developed Signal Sync to overcome these challenges.

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# Everyone Has a Money Story

Understanding one's relationship with money is essential to financial literacy

**BY WINONA HAVIR**

**M**y “Nâi nai,” (grandmother) realized that if her children remained in China they would all be killed. She found passage for them, including my father, on an American ship leaving the port of Shanghai. My Zū fù (grandfather), had already passed away and my father realized that he would probably never see his mother again. That gut feeling was correct. I still hang onto the letters we received decades later from a

woman in China who said she was his mother asking us to send money.

My father's ship was captured. Three years later the Americans liberated him from a wartime prison camp and took him to the Port of Los Angeles. The kindness of strangers and the will to not just survive but to thrive inspired him to finish high school, go to college while working three jobs, and realize the American dream. He also understood the importance of financial literacy.

As the daughter of an immigrant, I often heard the phrase from my father, “We don't have any money!” I was embarrassed and didn't understand why we stood in line to get huge blocks of orange cheese, powdered milk, and a loaf of white bread. In fact, echoes of “we don't have any money” played in my head over and over long after I had established a successful career in financial services and earned numerous degrees and designations.

Yet despite our often-limited finances, an agent from Occidental Life sold my father a life insurance policy on me which enabled me to graduate with my bachelor's and master's degrees without any student loan debt.

### **Why do I tell this story?**

It is my "money story." It shows the importance of understanding where the foundation of my relationship with money came from. It can also help us build awareness of the impact of unconscious bias towards anyone who appears different and how this potentially hinders our ability to build a more inclusive thriving community and culture both personally and professionally.

Through my money story, I came to understand my father had been teaching me to be more empathetic and to give back to help others gain access to the basics of financial literacy.

1. Have a practical plan that is customized to your budget, lifestyle and risk tolerance.
2. Get a trained professional you can trust and who is there to cheer you on throughout the process.

My money story has guided my professional journey. It also shows why diversity, equity and inclusion (DEI) are so important to me and our industry.

### **Diversity's place in insurance and financial services**

As a founding member of the National Association of Insurance and Financial Advisors (NAIFA) Diversity, Equity, and Inclusion (DEI) Council, I strive to advance our mission to be the industry experts on DEI. We encourage NAIFA membership to serve and promote an environment of multiculturalism, equity and inclusion. We provide the tools and resources to educate and increase financial literacy from Wall Street to Main Street America.

Diversity, as it is defined, recognizes the range of human differences, including race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical abilities or attributes, religious or ethical values, national origin, and political beliefs. Within our industry, we need to embody an understanding and appreciation for

diversity of thought and practice and encourage diversity in advisors and agents, as well as company leadership. Only with diversity within our profession can we serve the full range of Main Street communities throughout our nation.

Groups like NAIFA and Women in Insurance and Financial Services (WIFS) are leading efforts to create and promote a culture that attracts new, diverse members into our organizations. They deliver value through a variety of educational programs based on our DEI work. NAIFA's Diversity Symposiums, for example, offer engaging speakers who challenge servant leaders in our industry to think and act differently by understanding new and different points of view.

Progress is evident in the recruitment of diverse peoples who represent the ever-changing community and culture where we serve and live. As our profession increasingly reflects every Main Street in America, we are gaining agents and advisors who ethically serve the insurance and financial needs of everyone with an emphasis on financial literacy and education.

### **Women and diversity**

Women have many compelling and often challenging money stories. These stories may illustrate their need for financial services and financial literacy education. They may also inspire women to become financial professionals or involve themselves in the DEI efforts of groups like NAIFA and WIFS.

Serving the needs of women as professionals and clients is a key component of advancing DEI in our industry. Women have been disproportionately affected by economic hardships, including the impact of the COVID-19 pandemic on their careers. They have suffered more financially, some to the point of having to leave the workforce. Some media outlets have begun using the term "she-session" to describe our current economy, and women of color are even more likely to be affected. It is our obligation and duty as financial professionals to help these women rewrite their money stories.

**An important part of financially empowering women is providing professional opportunities for women in**

**insurance and financial services.** Women are often best served by other women who understand their circumstances and challenges. This is why the WIFS mission to "Attract, Develop, Advance" women is so important. We can promote financial literacy simply by sharing our stories, giving women access to financial education, and, even more importantly, attracting women to financial services careers.

I remember that as a young woman in our profession it was so difficult when there were many around me who I could not relate to, let alone trust. I was fortunate that I crossed paths with a financial professional who took a chance and believed in a young girl from East L.A. who didn't look or act like any of his other agents. This has become another important part of my money story. Women and those from diverse communities need opportunities in our industry. They need mentors and the support of great associations like NAIFA and WIFS.

Only as we continue to expand diversity within our industry will we improve financial literacy and promote financial security for everyone, everywhere. We will be able to edit out lines like "We don't have any money" and help women and people from all diverse communities rewrite their money stories to reflect greater financial success and prosperity. **CB**



**WINONA "WIN" HAVIR** currently serves as the EVP of Business Development for Educators Insurance Resources Services Inc. She represents The Horace Mann Companies which was "founded by

educators for educators." Havir serves as a trustee for NAIFA. She is one of the founding members of the NAIFA Diversity, Equity, and Inclusion (DEI) Council and holds a DEI Certification from Cornell University. She is a founding member and past president of the Twins Cities chapter of WIFS.

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# COACHING VERSUS ADVISING

**PLANNING A FINANCIAL FUTURE IS THE BIGGEST GAME OF CLIENT'S LIVES**

**BY GLENN CRAWFORD**

**O**ur industry does a great job of confusing the people we serve from the onset. For example, we go by so many different titles and these titles often have acronym designations that are hard to follow. I know we work very hard and put in lots of hours training to achieve these distinctions. Nonetheless, all those credentials are worth little if the sophistication they may enable adds unnecessary complexity and otherwise hinders client interactions as we seek to achieve better financial outcomes.

That in mind, I submit we should see ourselves as coaches or teachers. I believe many of our clients simply want to be “coached up” in their financial game plan. Planning for their financial future is the biggest game of their lives — they only get one chance and they must get right.

Our credentials are important, but your client is putting their faith in YOU, not any of your credentials. Our clients don't need exhaustive explanations riddled with financial jargon to show how much we know. Rather than speaking over their heads, we should try formulating plain speak in digestible nuggets. I've found that using a sports or life experience analogy to explain a financial concept can be very effective. Simplify your language into digestible, common logical explanations and trust that your clients can make sound decisions.

Perspectives from a few of America's most-loved coaches may be instructive. I date myself here, but Vince Lombardi was the greatest football coach alive when I was a kid. Coach Lombardi led the Green Bay Packers to five NFL championships in a 9-year period. He took them from the bottom to the top.

Coach Lombardi said, “They call it coaching, but it is teaching. You do not just tell them; you show them the reasons.”

The people we serve generally have some angst about figuring out the best way to navigate their financial lives. Moreover, they can be apprehensive about seeking advice. They are constantly bombarded by news outlets that sensationalize the financial markets with either doom and gloom prognostications and “pick these 5 best stocks” rhetoric. Take a page from Coach Lombardi: teach your clients what you know about planning and provide supporting evidence why they should consider your suggestions.

The great John Wooden is regarded as perhaps the greatest coach of all sports, not just the greatest basketball coach of all time. Coach Wooden won 10 NCAA titles in 12 seasons

and had two of the longest college winning streaks in history. But the players he coached don't talk about the wins. They reminisce about what he taught them about life. If you don't know about Coach Wooden's Pyramid of Success, here is the graphic (see right).

Coach Wooden said, “It matters not the subject taught, nor all the books on all the shelves, what matters most, yes most of all, is what the teachers are themselves.”

Have you ever had a teacher that turned things around for you by making a subject you might have thought was boring into something you could embrace? I sure did. They did so by having enthusiasm and communicating subject matter in a manner that was easily digestible. You can get your clients engaged by sharing examples they can relate to in their own lives.

Bill Belichick stands in the Mt. Rushmore of coaching as well. Coach Belichick architected the most recent sports dynasty of our time, one the rivals the Celtics: The Lakers and the NY Yankees. In 21 seasons, he's won six Super Bowl Championships.

Bill said, “Whatever success I've had it is because I've tried to understand the situation of the player. I think the coach's duty is to avoid complicating matters.”

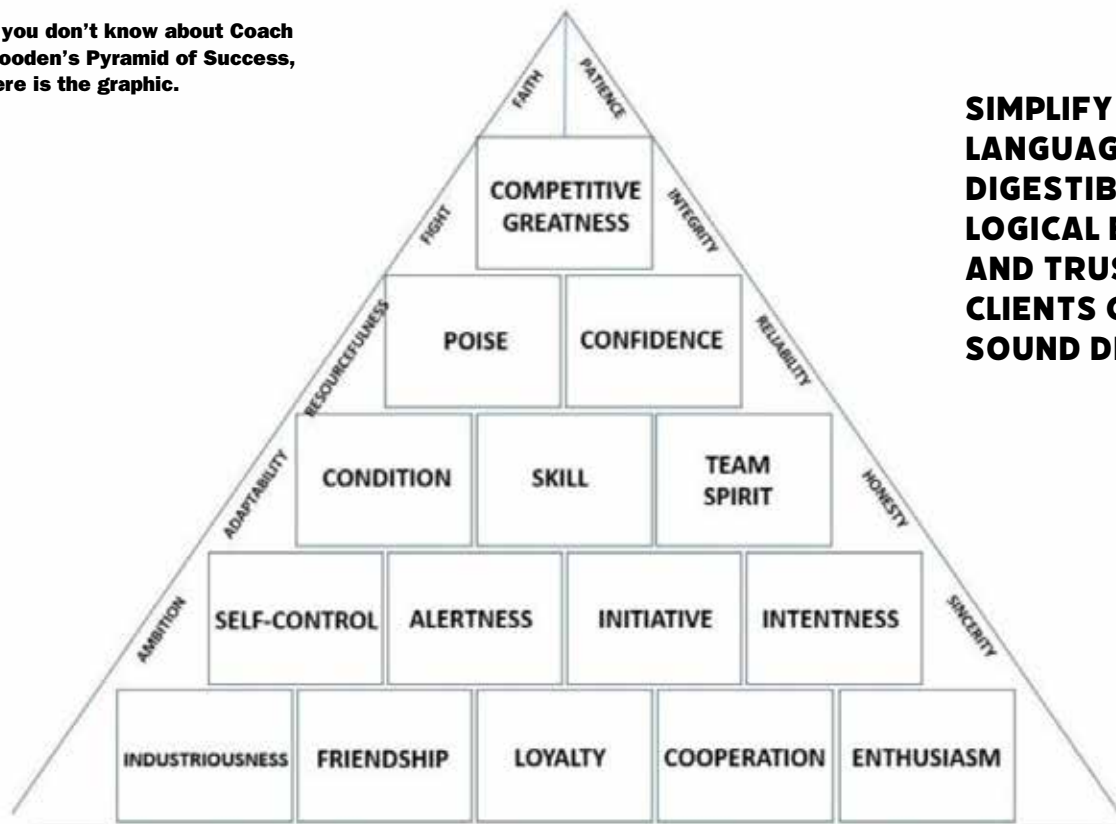
## **Profound, isn't it?**

How does this apply to our work? We are taught to gather information and look for a problem to fix, look for the sale. I submit a better approach would be to simply foster objective conversations with your prospects to get to know them. Don't have a sale in mind or a predetermined solution you want to position. Your objective is to make them better and help them achieve better outcomes by identifying areas of opportunity to take advantage of or areas of deficiency that need to be addressed. If you are the person who can help them to a better outcome, you can be their coach and if you can't, be truthful and let them know you are not the coach for them. But, by all means, encourage them to find the right coach.

Yet another legend in her efforts not only to coach, but also to educate, Pat Summitts led the University of Tennessee Lady Volunteers basketball team to eight national titles. With 1,098 career victories, Summitts won more college basketball games than anyone, male or female.

Coach Summitts said, “Most people get excited about

If you don't know about Coach Wooden's Pyramid of Success, here is the graphic.



**SIMPLIFY YOUR LANGUAGE INTO DIGESTIBLE, COMMON LOGICAL EXPLANATIONS AND TRUST THAT YOUR CLIENTS CAN MAKE SOUND DECISIONS.**

the games, but I get excited about practice because that's my classroom."

The nugget here is for you to do the work necessary to offer sound advice. You are the professional and your clients look to you for answers.

Vince Lombardi, John Wooden, Bill Belichick and Pat Summitts were all great coaches, but they also saw themselves as great teachers. And vice-versa: great teachers have to be great coaches to inspire their students, players or employees to achieve things perhaps beyond what they believed they had the capacity to attain.

The value of your work lies in your ability to help people achieve better outcomes. Better outcomes mean different things to different people, but what I've found is that in general, people want to learn how to get the most use and enjoyment out of what they've worked so hard for over the years.

Coach Belichick has it right: find out what they want. Where do they want to live? What kind of lifestyle do they want? Do they want to leave a legacy for their loved ones? Do they want to travel? It's not rocket science. What do you want to achieve? Where are you today towards that aim and what is the gap or roadblock getting in the way? Your job as coach is to help bridge the gaps.

We can all learn and apply the tenets shared by these great coaches. Work on your craft and sharpen your chops as a financial professional. Develop your ability to educate without talking above people. Put aside what I call "financial arrogance" and the need to show how smart we are.

In addition to realizing they were teaching, these great coaches all had something else in common: **"they are not afraid."**

Great coaches put in the work on their plan and have absolute

confidence that they have prepared well. They are not afraid to make decisions and are willing to accept the consequences of the moves they make. Great coaches instill confidence in the team and players when the game is in question or the odds are against them. In life, just like sport, the score is dynamic. Could part of the great value you bring be in your ability to coach clients through challenging times? Assuredly, there will be bumps in the road as you help your clients navigate plan implementation. Differentiate yourself by being a rock for your clients in good times and tough times.

I'm not claiming to be some guru here, I'm just sharing what I've learned through the years and believe to my core. Put the interest of your client first, learn what they want to achieve and what's getting in the way of them achieving said goals, explain options in a way that they can easily understand and be their rock in challenging times. In other words, be a great coach. **CB**



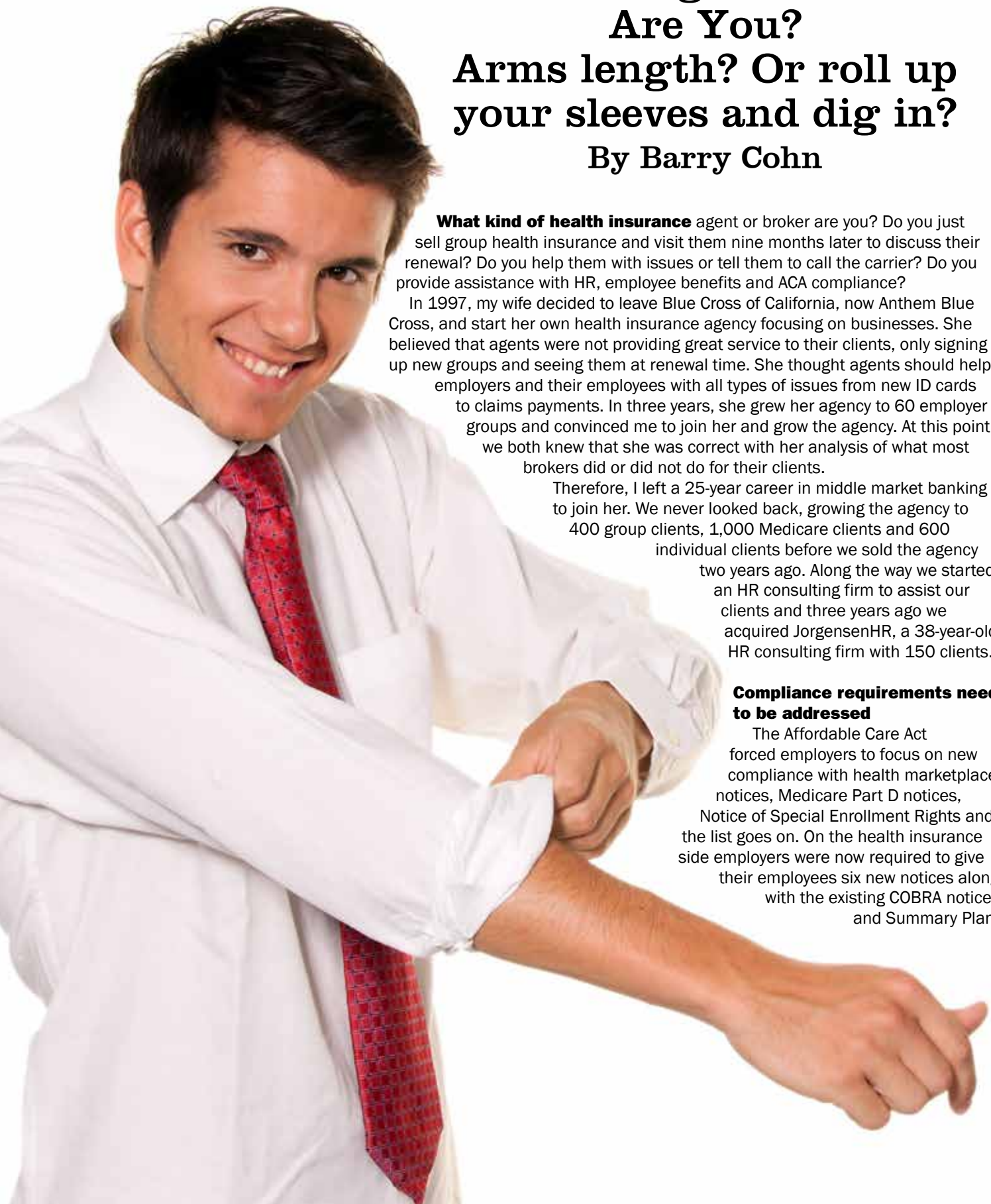
**GLENN CRAWFORD** is a wealth asset manager, insurance broker, CDFA® & Mediator with Signature Resources Insurance and Financial Services. He's also past president of NAIFA-Los Angeles. Glenn brings a coach-like approach to his advisory practice to help clients understand sound practices of financial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

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# What Kind of Health Insurance Agent or Broker Are You?

## Arms length? Or roll up your sleeves and dig in?

By Barry Cohn



**What kind of health insurance** agent or broker are you? Do you just sell group health insurance and visit them nine months later to discuss their renewal? Do you help them with issues or tell them to call the carrier? Do you provide assistance with HR, employee benefits and ACA compliance?

In 1997, my wife decided to leave Blue Cross of California, now Anthem Blue Cross, and start her own health insurance agency focusing on businesses. She believed that agents were not providing great service to their clients, only signing up new groups and seeing them at renewal time. She thought agents should help employers and their employees with all types of issues from new ID cards to claims payments. In three years, she grew her agency to 60 employer groups and convinced me to join her and grow the agency. At this point, we both knew that she was correct with her analysis of what most brokers did or did not do for their clients.

Therefore, I left a 25-year career in middle market banking to join her. We never looked back, growing the agency to 400 group clients, 1,000 Medicare clients and 600 individual clients before we sold the agency two years ago. Along the way we started an HR consulting firm to assist our clients and three years ago we acquired JorgensenHR, a 38-year-old HR consulting firm with 150 clients.

### **Compliance requirements need to be addressed**

The Affordable Care Act forced employers to focus on new compliance with health marketplace notices, Medicare Part D notices, Notice of Special Enrollment Rights and the list goes on. On the health insurance side employers were now required to give their employees six new notices along with the existing COBRA notices and Summary Plan

Descriptions. A couple of years into the ACA, the Department of Labor started to audit employers that offered health insurance to their employees to make sure they were compliant with ERISA, with additional compliance requirements.

The health insurance agencies that focused on selling insurance and renewing insurance began losing clients to agencies that offered ACA compliance assistance, ERISA help and HR assistance.

Our agency, Really Great Employee Benefits, changed our sales process and focused first on employee benefits and HR assessments to ascertain what the companies were missing and where they had compliance issues. We did not ask for a census, permission to quote health plans, provide a proposal and ask for a Broker of Record. We focused on learning about their HR and employee benefits policies, procedures, benefits administration & communication and compliance.

After performing over 150 assessments from 2015-2020, we never found an employer 100% in compliance. Over 60% of these employers were still using paper enrollments and did not have vibrant HRIS systems. They were treading water when it came to benefits and compliance.

In California, if you have less than 25 employees, when you hire a new employee, you are required to give the new employee the following 12 forms, notices and brochures. If the employer has 25-49 there is another notice and if they have 50 or more employees, all FMLA notices are added.

- Form I-9 – new employees only
- W-4 Form – new employees only
- DE-4 Form – new employees only
- DLSE-NTE Notice to Employee Wage & Workers Comp Information - new employees only
- DWC 9783 Personal Physician Designation Form - new employees only
- Notice of HIPAA Privacy Practices – all employees
- DE 2511 Paid Family Leave Notice - all employees
- DE 2515 Disability Insurance Brochure - all employees
- DFEH 185 Sexual Harassment

Brochure - all employees

- DE 2320 Unemployment Insurance Brochure - all employees
- AB 1487 Notice of Eligibility for Earned Income Tax Credits – all employees
- Health Insurance Marketplace Coverage Notice – all employees
- Rights of Victims of Domestic Violence, Sexual Assault, or Stalking – (25+ employees)
- FMLA Notice (Family Medical Leave Act) – (50+ employees)
- Notice of FMLA Eligibility Rights – (50+ employees)
- FMLA Designation Notice – (50+ employees)

When you add on the ACA and health insurance notices, employers have another 8-10 documents to provide employees depending on whether the employer is changing health insurance coverage.

### Employers need your help!

How can employers know all these rules and requirements? We are not even counting the wage and hour laws, meal and rest break regulations among a multitude of others.

Health insurance agents can not only help their clients purchase and renew insurance but assist them with compliance whether it be labor law, ACA, city, county, state and federal requirements.


I am not talking about giving clients HR and compliance service platforms like Mineral (ThinkHR) or other such services or referring them to an ERISA Wrap vendor. I am talking about providing real value and charging fairly for it.

When our agency purchased a master license for ThinkHR 10 years ago we gave it to all our clients for free and sent them a ThinkHR video to show them how to use it. No one used it! Eight years ago, when we changed our sales process, we started to charge for the HR services such as ThinkHR, ERISA Wraps, POP plans, etc. We taught each client how to use it with a one-to-one session and priced it just below the market. In a couple of years, this new revenue stream grew to \$80,000 and we

decided to acquire JorgensenHR to further assist our clients.

As a closing example, I am currently speaking with an 80-employee law firm about their employee benefits. Their agent is earning over \$45,000 a year in commissions. You guessed it – paper enrollment, missing five health insurance/ACA notices, no Part D reporting to CMS and not assisting the employer or their employees. In addition, their dental plan is priced at 35% above other carriers in the market. In other words the broker is not providing \$45,000 in services and with the dental plan priced in the mid-\$80 range you have to wonder if they take their ethics CE training every two years.

It was this easy to grow our agency before deciding to sell and focus on our other company. Take advantage of opportunities to help your clients and their employees. Most importantly help your clients become compliant with new hire packages, annual employee notices, ACA notices and reporting and ERISA compliance.

Inspirational speaker and author Simon Sinek always focuses on the question “What is Your Why?” Why are you really in business? It is not just to make money or grow. If you asked any of our current 14 employees what our why is and why we are in business they would respond: “We Help People.” What is your Why? 



**BARRY COHN** CEO and Chief HR Guy at JorgensenHR (JHR) was listed as one of The Valley 200, Most Influential Leaders in the San Fernando Valley area for 2021 and

2022. Cohn also leads the LA and Ventura County Employee Benefits practice for Really Great Employee Benefits (RGEb), a division of Heffernan Insurance Brokers. He is very active in his community, both professionally and personally.

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*“You make your living by what you earn, but you make your life by what you give.”*

—Winston Churchill



# **The Great Potential of Biosimilars in Lowering Drug Costs**

**Poor health outcomes due to cost can be avoided**

**BY PHILLIP CARROLL**

**A**cross the country, households are struggling to keep up with skyrocketing healthcare costs, which can reduce access to care, deplete retirement savings and even cause bankruptcy.

Leading the way as the biggest expense are prescription drugs. As one of the costliest areas of health care, \$345.7 billion was spent on prescription drugs in 2019. That number is expected to climb to a new high by 2021, with approximately 46% of the U.S. population using at least one prescription drug within a 30-day period, according to the National Center for Health Statistics.

But poor health outcomes due to cost doesn't have to be the path forward. New innovations in technology and science are changing the way healthcare is delivered every day, with advancements in treatment and prevention options helping improve outcomes while lowering costs.

As a pharmacy benefits manager (PBM), we play a role in making innovative options available for patients that deliver high-quality care and constrain prescription drug cost growth. From new technologies and science and the potential of new drugs on the market, we look at everything to guide employers on how they can best serve employees.

**One trend we think holds great promise in lowering drug costs is biosimilars.** Medical products that are highly similar

care. The drug Humira, a commonly prescribed medication for arthritis sufferers, typically costs \$5,800 for a supply of two kits. However, the FDA has approved six biosimilars for Humira. The most recent approval earlier this year is Hulio, which will bring a more affordable treatment option to 23% of all adults — over 54 million people — living with arthritis.

One challenge PBMs and healthcare companies may face as they work to increase biosimilar adoption is health literacy. The general knowledge gap among healthcare providers and patients alike has inhibited awareness and adoption, with questions around safety a big concern. However, it needn't be. While fear of biosimilar's newness may make some partners skittish about putting their own brand equity behind them, **biosimilars have gone through the same process that any other drug approved by the FDA has gone through.** Companies can, and should, use their platforms and credibility to help educate consumers through healthcare provider and patient education programs.

It is possible to transform the drug market to one that achieves a high outcome and lower cost. However, I believe all players must be willing to consider new approaches to the model. We must be driven by the potential of innovation and science. PBMs can use clinical and analytical data around both traditional drugs and biosimilars to determine

## **BIOSIMILARS OFFER CHEAPER OPTIONS TO DRUGS THAT ARE TRADITIONALLY MORE COSTLY, WITH NO CLINICALLY MEANINGFUL DIFFERENCES IN SAFETY, PURITY, AND POTENCY.**

to other already approved biological medicines, biosimilars offer cheaper options to drugs that are traditionally more costly, with no clinically meaningful differences in safety, purity, and potency.

Biosimilars first came onto the scene in 2015, when the FDA approved Sandoz's Zarxio, a drug used in cancer patients to decrease incidences of infection while undergoing myelosuppressive chemotherapy. Their hope shone a bright light on a potential new era of prescription drugs, one in which the cost of innovation wouldn't get passed to consumers' pocketbooks. Yet, despite their potential, biosimilars have been met with challenges.

For the last five years, response from providers, payers, and other healthcare stakeholders has been lukewarm, with negative exposure due to legal action filed against biosimilar manufacturers by innovator companies, cooling their excitement. However, we are beginning to see positive momentum in the market, with 28 approved FDA biosimilars available today.

More than half of biosimilars launched in the United States were taken to market in the past year, with three competing against anti-cancer-drug heavyweights. A handful of big brand and generic manufacturers are now getting into the market with biosimilar programs of their own.

Healthcare leaders and PBMs should pay special attention to what happens next. The potential of biosimilars to improve outcomes and lower costs is a powerful combination.

A good example of a biosimilar's potential to improve outcomes while lowering costs, is in the area of arthritis

which drugs to include on their formularies. And while rebate programs have been an incentive to PBMs in drug selection, efficacy and cost should be explored in tandem.

Science has always driven healthcare and moved the field forward. Biosimilars could change the business model of drug pricing and serve as a real calamine to soaring healthcare costs. With affordable options that provide results, biosimilars could provide affordable options to clients and, at the end of the day, offer much-needed respite for consumers. **CB**



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# Embracing Fintech to **Thrive**

*Consumers still desire human touch in financial planning*

**BY PARESH SHAH**

**A**t the MDRT Top of the Table Conference in 2021, I took part in a long discussion with my fellow advisors on a burning question: will robo-advisors come to entirely replace human financial advisors, consumers having decided they can meet their financial needs without ever talking with another person? A January 2022 MDRT survey on Fintech ([mdrt.org](http://mdrt.org)) confirms our conclusion from that conference: **clients and prospects still desire an irreplicable human touch in financial planning**, but their expectations of financial advisors' technological proficiency continue to rise.

According to the survey, 56% of Americans want their finances handled by a mix of human advisors, robo-advisors and other technological tools. In the years and decades to come, advisors who successfully incorporate technology into their practice will thrive — and they will replace the advisors who fail to answer this call to action.

### The Value of Digitalization

Technological standards for financial services professionals do not remain static. They rise every year, driven by consumer expectations and the accelerating integration of technology into everyone's personal lives. Meeting these expectations is not just a matter of using technology, either: communicating our digital capabilities to clients is equally important. This is especially important for clients under age 45 — who, according to the MDRT survey, make up 44% of current clients.

This dual-ended need is particularly clear when it comes to cybersecurity. According to the survey, 75% of consumers find it extremely or very important that financial advisors use cybersecurity tools like password managers or two-factor authentication. At the same time, only 35% of clients report their advisor uses such tools. To be clear, it is not the case that 65% of financial advisors do not use cybersecurity tools. We would know if there was such a gaping hole in our digital defenses in our world full of hackers, scammers and cyberattacks. Instead, financial advisors — admittedly, myself included — are simply not communicating the tools they use

to clients. Advisors must do a better job of demonstrating cybersecurity capabilities to clients — both through conversation and through actions like obtaining certifications from cybersecurity providers.

Consumers expect more from advisors on digital communication, too. The survey found that 51% of consumers think it's extremely or very important that advisors use tools like email, social media, instant messages, webinars and videos to increase communications. But, again, only 35% of clients report their advisor doing so. It's not that advisors need to offer each and every one of those platforms. But in an era in which our interpersonal communications are stretched across ever more channels, advisors will need to meet clients and prospects more than halfway. To that end, I recently started posting educational videos on my social media platforms to reach clients and prospects who use such websites to learn about finance.

### Maximizing the human advantage

Integrating technology is not just important for its own sake — advisors cannot and should not try to replicate the digital operations of a robo-advisor platform. Instead, technology should augment advisors' biggest advantage over robo-advisors: emotional intelligence and the capacity for trusting, two-way relationships.

According to the survey, 66% of Americans believe the opportunity to establish trust and build a relationship is an advantage human advisors have over robo-advisors. To thrive in the digital age, advisors must fully commit to getting to know their clients as people. With most of my client check-ins happening virtually, I've shifted my less common, in-person client meetings to take place over dinner, sports or other recreational activities. This relationship building allows me to better serve my clients through my better understanding of them as individuals.

Such relationships allow advisors and clients to tackle more complex problems together and create deeper understanding of client needs. Take portfolio-building, for example: plenty of robo-advisor platforms present options like “aggressive,” “moderate,”

or “conservative” portfolio designs. But what these words actually mean to clients will differ from person to person. Most robo-advisor users don't have the time or financial knowledge required to effectively individualize their investments without exposing their assets to unintended risk. Human advisors can get to know each individual client's needs and preferences, no matter how the clients may word them.

Even for robo-advisor users, human advisors can provide an array of additional services well beyond the scope of an app. I currently have two clients who use robo-advisors to manage their brokerage portfolios, while I work with them on life insurance policies, tax optimization, estate planning and ensuring proper financial documentation. Many areas of financial planning still require a human touch and a human eye to truly deliver on client needs. Perhaps that is why, according to the survey, 69% of robo-advisor users have a human financial advisor too.

We have known for a long time that Fintech is here to stay, and there is undoubtedly an allure to making finance just one more thing that's handled on your phone. But the emotional advantages of human advisors are not something that can be replicated by any software program. The task facing financial advisors, then, is simple: increasing the technological capabilities of our practices so that our human advantages can be fully utilized.



### **PARESH SHAH**

*has been a wealth strategist for 17 years, specializing in pension and profit-sharing plans, asset protection, estate planning and business*

*succession. He was a cohost of the talk show “Your Money - Your Taxes” on the South Asian American channel ITV Gold. Shah is a 15-year member of MDRT with three Top of the Table and nine Court of the Table qualifications. He resides in Hicksville, New York, with his wife, Shimul. His son is a senior at Hunters College in New York.*

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# GROUP BENEFIT BROKERS 101 TO HELP CLIENTS WITH SUCCESSION PLANNING

FOR BUSINESS OWNERS “FAILING TO  
PLAN IS PLANNING TO FAIL”



## A CONVERSATION BETWEEN PHIL CALHOUN AND DANNIEL WEXLER

**Phil Calhoun:** Danny, your law career has specialized in and focused on estate planning — mostly for business owners. With the many business owners that you’ve worked with, can you share the issues you see with business owners and succession planning?

**Danny Wexler:** Let’s look at the facts. There are about 6 million privately held companies in America.

U.S. census data shows 63% of these are owned by baby boomers who range from 56 to 73 years old.

Boomers are set to reach the age of 70 within 14 years which represents 4 million businesses poised for transition.

The impact of this transition will not only be on the owner and their loved ones but on employees, vendors, customers, communities and charities. The transition process, often called “business exit planning,” needs to be explained.

Resources need to be made available to help owners develop a well organized plan and provide a successful outcome for the business owner. This is vitally important as most recently only 20-30% of business transitions are considered a success in the minds of business owners. This is due mostly to the poor end result where only 2 out of ten businesses actually sell. This trend calls for professional planning and when done with a proven professional approach, the chances of success are greatly increased. Health insurance brokers can make a huge impact as they are often advisors who are close to business owners.

**Calhoun:** We have worked on several exit planning cases both for health brokers and business owner clients. When it comes to health brokers who want to help their business owner clients what is a good first step?

**Wexler:** Matching business owners with exit planning advisors is simply being in what I describe the “Connector” Role.”

A first step brokers can take is to get to know professionals who specialize in this planning area such as attorneys, CPAs, financial planners, valuation experts, bankers, and Mergers & Acquisition professionals. We already know health insurance brokers regularly solve problems business owners face, so adding exit planning to their list of helpful connections is not that different from connecting owners with other professionals to help owner/clients seek business and personal problem solutions.

**Calhoun:** A few years ago you invited me to attend meetings where exit planning professionals presented case studies. This was a good introduction to the exit planning topic. Some exit planning organizations have resources online which are helpful to get comfortable with the exit planning process. What do you suggest a benefit broker do to get an introduction to exit planning?

**Wexler:** Brokers can connect their business owners to exit planning professionals once they have taken the time to build a few key relationships with advisors who have experience in this area. The best way to connect is to look for tax and financial planners and lawyers who have this experience. The Exit Planning Institute (EPI) and the Southern California Institute (SCI) are ideal places to start. Our Orange County EPI chapter, which meets on the second Thursday experience. The Exit Planning Institute (EPI) and the Southern

California Institute (SCI) are ideal places to start. Our Orange County EPI chapter, which meets on the second Thursday of the month at Maggiano's, provides all professionals an opportunity to connect in meetings and do online case review. There are other EPI chapters up and down the state of California, as well as across the nation, where benefit brokers can connect with this resource. SCI has also got a tremendous amount of information available on this process suited for business owners.

**Calhoun: I have enjoyed the EPI's great online resources. The local chapter meetings and state conferences are also a great way to learn from experts about case studies. When a benefit broker has a client question what do you suggest they do?**

**Wexler:** Look to collaborate with like minded professionals. Just like benefit brokers work with a General Agency and carrier reps to solve a client's benefit challenges, brokers can also connect with exit planning professionals to help their clients. There are many unique planning issues that are present in exit planning and the dynamics are always a blend of personal and professional issues. Having access to professionals who believe in a collaborative team approach is key to problem solving for each business owner.

My firm, Strazzeri Mancini LLP, has the expertise and ability to solve most client concerns. Normally we work with new clients through an intro from a close and trusted advisor who introduces us to a business owner and we either lead the planning process or join and provide assistance as needed. So, health brokers located in California with business owner clients can connect with a local expert or we can help. In all cases, health brokers stay involved as a member of the planning team. In many cases a comprehensive planning solution involves various insurances such as benefit packages which work to retain key employees throughout a business sale. Keeping key employees in place contributes to the value of a business and attracts more buyers. Health brokers who bring in an experienced exit planning team will both learn a great deal and participate in the success.

**Calhoun: I can validate how valuable the learning process is for business owner clients. Do you have other statistics we need to be aware of?**

**Wexler:** Phil, I know we work together on cases involving health brokers who look to sell their book of business. The rules on exit planning that apply to business owners apply to health brokers and then some. I like to say "failing to plan is planning to fail."

Surveys show that most business owners do not have a succession plan in place to keep their business afloat if they become disabled or die. With the right insurances and other planning tools most business owners can help employees and loved ones through their inactivity or even death.

This is not the way health brokers succession planning works. Brokers receive what I call "mailbox money" which is residual income through commissions. The risk to residual commissions is the health broker's inability to continue these commissions due to the insurance carrier requirements for an active broker. Insurance carrier agreements clearly state when a broker's license or certification is no longer active then commissions stop. Assigning commissions to a corporate entity or even another broker is not a lasting plan to continue commissions should something happen to a health broker. Assignment is temporary and ends upon the death of


the assignor.

Phil, as you have pointed out for years, health broker's need a written agreement with a named licensed and certified successor to properly continue their health insurance commissions. The agreement must define how the revenues will be directed in the event of the health broker's retirement, disability or death. Due to the carrier requirements, planning is more important than ever for active health brokers. Of course a broker looking to sell will need a buyer. A written agreement which includes the purchase price and payout terms along with performance after sale requirements is mandatory and is common practice for ALL business sales.

**Calhoun: Thank you, Danny, for your time explaining this huge trend in business transition and for great suggestions for ways health brokers can get involved. I hope brokers will consider accessing the resources listed below.**

- Strazzeri Mancini and Associates (**strazzerimancini.com**) is a leading law firm in the areas of estate, business and tax planning, and family wealth counseling. They have expertise with affluent families to get to the heart of highly relevant matters and resolve complex matters which in most cases are unique to each situation. Many cases involve work with other attorneys and planners close to the business owner in a comprehensive and collaborative effort to assist business owners and their family.

- Southern California Institute (**scinstitute.org**) is a thought leader community providing resources, education, and advice through collaborative think tanks, events, programs, online content, and introductions.

- The Founders Group (**foundersgroup.biz**) leads businesses through all phases of transition where increased clarity, net cash flow, and market value expands and solidifies choices for business transitions. Getting to when, how, how much, and to whom is the purpose of the group's planning services. 



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**PHIL CALHOUN** is president of Integrity Advisors. His ebook "The Health Broker's Guide: How to Protect, Grow and Sell Your Commissions" is free online at [www.healthbrokersguide.com](http://www.healthbrokersguide.com).

His goal is to help active brokers reach 100% commission protection and retiring brokers make the exit planning process work for them. Calhoun consults with brokers statewide.

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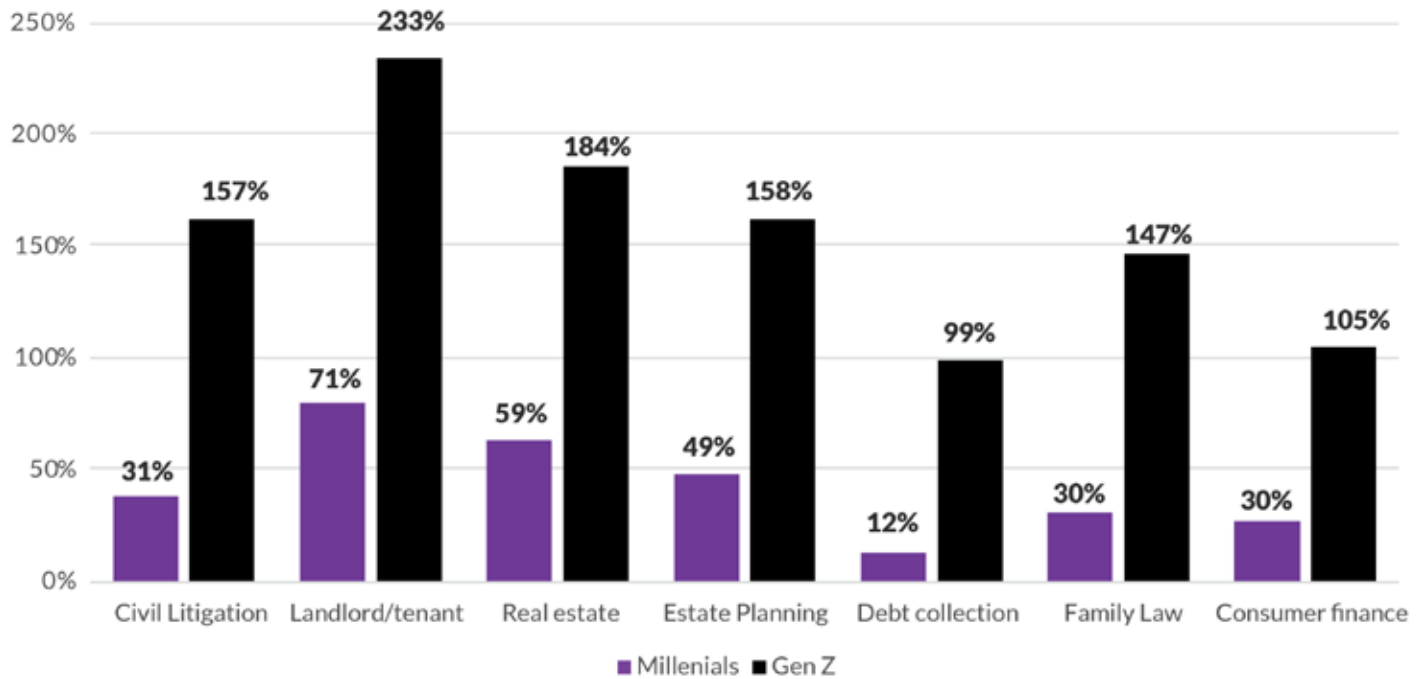
# Legal and Identity Protection Benefits Help Employees and Employers in the New Socioeconomic Landscape

*Providing peace of mind is priceless*

BY EMILY ROSE

## Service Request Changes Among Millennials and GenZ

3 year trend (2019-2021)



**In early 2020, the world changed.** We experienced a fast, dramatic global transformation; every person, in every walk of life, was impacted, both personally and professionally.

Like many professionals, I was suddenly spending much more time at home due to remote work and travel bans. My spouse was similarly impacted, as were our children who abruptly began attending school in front of their computers. Several folks on my block, also homebound, saw the shortcomings of their abode, and with interest rates so favorable, decided it was time to scale up to more spacious living quarters. A friend who lives down the street launched a major home renovation and is now locked in a legal battle with the contractor. Another neighbor is embroiled in a battle over the loss of her mother and the care she claims her mother should have received but didn't.

My personal circle is a microcosm of the new socioeconomic environment: Millions of people experiencing varying degrees of stress, some of which carry potential legal implications.

Recent data reported in Pre-Paid Legal Services, Inc. (PPLSI)'s latest whitepaper (<https://bit.ly/3CnsRpX>) verifies the pandemic's impact on personal needs. In 2020, our group voluntary legal plan, LegalShield, saw an overall 7.5% year-over-year increase in service requests, accompanied by more dramatic utilization spikes in the following areas of law:

- **Estate Planning:** up 26% as uncertainties brought by the pandemic prompted more members to ensure peace of mind for themselves and their families.
- **Landlord/Tenant:** up 22% due in large part to widespread job losses, driving member requests for help when unable to pay rent.
- **Family Law:** up 22% as families struggled to adapt to remote work, education, and countless other stresses.
- **Consumer Finance:** rose 13% as more members struggled with collections, taxes, billing disputes, and other matters.

## Legal needs among Millennials (26-41 years) and Gen Z (10 – 25 years) members soared in 2021

According to Caring.com's 2021 Wills and Estate Planning Study, the number of young adults with a will increased by 63%, and 18 to 34-year-olds were, surprisingly, 16% more likely to have a will than 35 to 54-year-olds (<https://www.caring.com/caregivers/estate-planning/wills-survey/>). Again, this demand was reflected in LegalShield member requests. Over the past three years, requests for legal services focused on estate planning rose by 49% among Millennial members and 158% among Gen Z. Still more dramatic increases were seen among younger generations in other areas of law, particularly civil litigation, and landlord/tenant issues.

## Taking care of mom and dad starts earlier

Related to estate considerations is the care of aging parents. Over the past three years, elder law requests among Gen X (42 – 57 years) have risen 27%, reaching a new five-year high. Even more significant is that elder law requests among Millennials have jumped up by 56%.

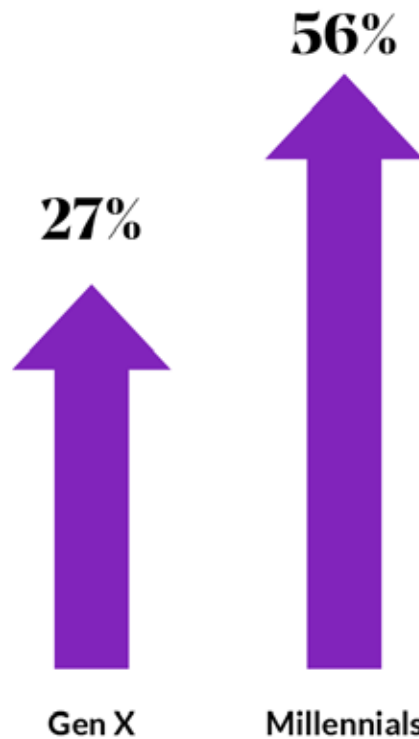
We anticipate this trend will continue in the years to come. In less than two decades, the inevitable graying of America will result in older adults outnumbering kids for the first time in U.S. history. Already, the middle-aged outnumber children, but the country will reach a new milestone in 2034 (previously 2035). That's when the U.S. Census Bureau projects older adults edging out children in population size: 65 and older are expected to number 77 million, while 18 and under will number 76.5 million. (<https://www.census.gov/library/stories/2018/03/graying-america.html>)

## More time online = higher incidents of identity theft

In addition to an increase in the request for legal services, PPLSI has seen a dramatic increase in the need for identity theft protection and restoration. Identity theft protection is another PPLSI area of expertise, as we offer IDShield as a group voluntary benefit, alongside LegalShield.

As remote work and education, social distancing, and corporate data mining escalated, cybercriminals saw a golden opportunity in obtaining the Personally Identifiable Information (PII) of unsuspecting individuals. According to the Federal Trade Commission (FTC), consumers in 2020 lost \$3.3B due to identity fraud, nearly doubling from \$1.8B in 2019. ([https://www.ftc.gov/system/files/documents/reports/consumer-sentinel-network-data-book-2018/consumer\\_sentinel\\_network\\_data\\_book\\_2018\\_0.pdf](https://www.ftc.gov/system/files/documents/reports/consumer-sentinel-network-data-book-2018/consumer_sentinel_network_data_book_2018_0.pdf)).

## LegalShield Elder Law Service Requests 3-year trend (2019-2021)



The FTC received more than 167K reports from people claiming their information was misused on an existing account or stolen to open a new credit card account. [Federal Trade Commission, New Data Shows FTC Received 2.2 Million Fraud Reports from Consumers in 2020, Feb. 2021. (<https://www.ftc.gov/news-events/press-releases/2021/02/new-data-shows-ftc-received-2-2-million-fraud-reports-consumers>).

These sobering statistics are reflected in the following 2020 IDShield service metrics cited below.

## Legal and identity theft protection enhances employee peace of mind

The pandemic has impacted us all in more ways than taking stock in our physical health, causing us to take a closer look at our relationships, finances, and even our career choices. Americans have been quitting their jobs in record numbers for reasons ranging from fear of COVID-19 to reliance on government assistance, from job burnout and dissatisfaction to early retirement.

This trend, dubbed "The Great Resignation," has shifted power to ambitious personnel who are now positioned as strong job candidates across a wide range of industries. The new workplace power dynamics are intensifying pressure on companies to provide greater value to employees.

Companies winning the talent war are offering location flexibility along with competitive compensation packages and comprehensive, customizable benefits that address total well-being. Voluntary legal, identity theft, and online privacy protection plans help round out benefits packages at little to no cost to employers. Employees can enroll at significantly lower rates than they would incur as direct buyers and obtain the financial and online security needed in today's socioeconomic landscape.

Even before the pandemic, employees placed significant value on these benefits. According to PPLSI's 2019 Workplace Study (<https://hr.legalshield.com/financialwellness>) among randomized, non-member employer groups:

- 61% of employees faced a legal event in 2018 and 2019. Among that group, 39% made phone calls during the workday to resolve the event, 34% reported being distracted at work, and 30% took time off, all to deal with personal legal matters
- 79% of employers reported a positive response from employees after implementing a legal plan
- 89% of employees felt that owning an identity theft product would provide peace of mind
- 61% of employees thought that identity theft protection

## Total YoY Memberships

# 181%

increase over the previous year, with the sharpest rise occurring in December: 66% more-- the highest increase on record.

## Identity Consultations

# 32%

The most identity theft-related service requests since 2012.

## Cases Filed

# 13%

more members requested identity theft resolution assistance over the previous year.

benefits increase financial well-being

- 51% expressed the desire for their employer to offer identity theft protection benefits as part of their company's benefits package.

### Legal service and IDT benefit critical features

When adding a voluntary legal plan to your company's benefits portfolio, make sure it offers a high-quality provider network giving employees direct access to legal services at a reduced cost. Provider network lawyers should specialize in a wide range of personal legal matters including consumer finance, bankruptcy, estate planning, family law, landlord/tenant, real estate and other categories.

A voluntary identity protection plan should give employees direct access to IDT specialists to address any identity theft or online privacy concerns. In the event of identity theft, dedicated licensed private investigators will restore an employee's identity to its pre-theft status. It should also offer comprehensive data monitoring and real-time alerts, multi-device protection, and a reputation and privacy management tool.

### Both benefits should include these key features:

- **Ease of administration:** Dedicated, immediately accessible account managers, customizable group benefits websites, forward-thinking enrollment materials, custom HR portals, and the ability to integrate with top benefit administration platforms.
- **Ease of use for employees:** Employees should not have to submit claim forms when using the benefit or have waiting periods, deductibles, co-pays, or other surprise fees. Nor should they need to research or make separate reach-outs to lawyers or IDT professionals to assess who will take their case.
- **Versatile mobile app:** Allows employees to manage their accounts, view their benefits, and request service from anywhere.

It is important to provide both a legal and IDT benefit, as these benefits can work hand in hand when an identity theft matter becomes a legal matter. Working with a carrier who provides both benefits allows for seamless usage for IDT matters that require legal counsel.

Adaptable companies are successful companies; they attract the best employees, which create the best products and services, which coming full circle, makes them successful companies. Prevailing conditions have placed even more pressure on HR teams, to attract and retain the best employees. Enhanced benefits are a tremendous way to achieve these outcomes.

To learn more, please download a copy of PPLSI's new whitepaper: Navigating the New Socioeconomic Landscape: How Legal and Identity Theft Protection Benefits Enhance Employee Well-being (<https://bit.ly/3CnsRpX>). 



**EMILY ROSE** is SVP, Broker & Partnership Sales for PPLSI's Business Solutions Division. Emily has more than 15 years of experience in the voluntary benefits space, including group legal plans, identity theft and online privacy protection plans, supplemental health and property and casualty.

<https://www.pplsi.com>.



# 5

## REASONS LEGAL INSURANCE IS HEATING UP

BY DENNIS HEALY

**R**oughly 47 million Americans left their jobs voluntarily in 2021, according to the U.S. Bureau of Labor Statistics. And the “Great Resignation” hasn’t shown signs of stopping yet. As employers struggle to stem the tide, brokers are looking for ways to bolster their clients’ benefits portfolios.

A new survey from Buck reports that faced with this increased competition for talent, 72% of employers plan to add additional voluntary benefits.

“Voluntary benefits are a core component of any employer’s benefit package, allowing employees to self-select from a menu of offerings, typically at reduced or increasingly no cost,” said Tom Kelly, a Principal in Buck’s Health practice and co-author of the 2022 Wellbeing and Voluntary Benefits Survey. “The average employer offers 12 voluntary options, providing

employees with the choice to select benefits that match their needs and life stage.”

Among the fastest growing voluntary benefits are legal insurance plans; in fact, Willis Towers Watson ([wtwco.com](http://wtwco.com)) counts them in the top 5 – a trend echoed by Trevor Garbers, VP and Practice Leader of HUB International Insurance Services Inc.

“Within our portfolio of vetted and offered products, Legal is coming off the largest growth percentage of any product that we offer today,” Garbers said.

Legal insurance plans are designed to give employees affordable access to legal counsel when they need it. With a small monthly premium, employees can work with in-network attorneys at no or low cost for a wide range of covered legal issues.

So, what’s driving its resurgence?

Like anything else, legal plans have evolved over time to meet the changing needs of your clients and employee plan members. Here are five reasons that interest in legal insurance is heating up.

### 1. Product design attuned to a diverse workforce

Today’s workforce is increasingly diverse, so comprehensive coverages that address multiple ages, life-stages and personalized needs are a necessity, not a nice-to-have. Life is filled with twists and turns, detours, setbacks, and celebrations — all different for each individual — but any of which could benefit from legal guidance.

“A great way to position Legal is by making it a champion product within an employer’s solution around their DEI offering,” Garbers adds. “It’s a robust offering that protects all individuals and

classes, no matter what period they are in within their work-life cycle.”

## 2. Complements other benefit offerings

In addition to being a comprehensive benefit on its own, brokers are finding that Legal enhances many existing benefits that HR professionals have already adopted — like other forms of insurance, financial wellness programs, and family-building offerings.

Legal insurance especially enhances these benefits:

- **Life insurance:** When it comes to protecting their family and assets, legal plans can complement life insurance by providing estate planning resources, including will preparation, trusts, and powers of attorney.
- **Disability insurance:** One in five employees are disabled and may need extra support from their employers. Legal insurance can help by offering caregiving services and coverage for issues like Medicare/Medicaid disputes.
- **Family-building and support:** As more employers are adding family-friendly coverage for fertility treatments, surrogacy, and adoption, for example, legal counsel can be essential to protecting employees’ rights in the process.
- **Financial wellness:** High credit card debt, student loan debt, and rising housing and food costs all contribute to employees’ financial insecurity, which in turn, impacts workplace productivity. Financial wellness programs are designed to help employees gain a stronger financial footing. Legal insurance supports that effort by not only connecting employees with an attorney for help with issues like debt consolidation, collections assistance or personal bankruptcy but also giving them access to a financial counselor to help them along the path to financial stability longer term.

## 3. Making justice affordable

We know that many employees shy away from consulting an attorney to address a potential legal matter because an attorney’s price tag isn’t within their means. But the point of legal insurance is to make access to justice affordable.

Legal insurance is an extremely affordable benefit and most importantly,

it provides immense value to customers, thanks to such intentional product design. What’s great about being able to offer such a valuable product is that plans with richer benefits and coverages deliver greater satisfaction at the B2B and B2C levels!

## 4. Offering services beyond legal counsel

Of course, connecting members with affordable legal counsel is the top priority of a legal plan provider. But all legal programs are not the same. Be sure to evaluate what other ancillary services are included with your legal insurance plan.

For example, ARAG’s legal insurance also affords members access to additional benefits like identity theft protection, caregiving resources, financial counseling and tax preparation. And many of those services can be extended to members’ parents and grandparents.

## 5. Easier to access and use

To improve utilization, benefits need to be easily accessible, whenever and wherever employees need them. That’s why the online and mobile legal experiences must be as easy-to-use as possible. Technology enables legal plan members to search for qualified network attorneys, check their ratings and reviews, and open a case through the portal. ADA compliance makes sure these services are more easily accessible.

Most legal insurance plans also make available a range of online resources, including educational materials that provide useful background on different types of legal issues and ‘do-it-yourself’ documents, agreements and contracts.

On the client side, the benefit should be easy for employers to implement. HR departments don’t have time to get in the weeds when it comes to


administering a benefit — there are many other benefits at their helm at a given time.

“Legal plans have a very well-defined claim utilization, which allows the broker to report back on usage

as a whole in addition to usage on a per-claim experience event. This can help demonstrate an immediate ROI back to both the employer group and valued policy holder,” Garbers said.

## Weighing the options

Now that you’re caught up on why legal insurance is

trending — what’s next? Because not all legal plans are equally beneficial, you’ll need to evaluate your options carefully. Consider the type of coverage the legal plan provides — as well as its limitations and exclusions. Evaluate the quality of its attorney network. And look into the level of provider support offered to help administer the benefit. At the end of the day, HR departments are the primary customer and value no-noise benefits and equal partnerships from their providers. These answers should guide your selection of a legal plan provider that best suits your clients’ workforce needs. 



**DENNIS HEALY** is a member of the ARAG® executive team. Dennis is a passionate advocate for legal insurance because he has seen firsthand how it helps people receive the protection and legal help they need. He has nearly 30 years of insurance industry experience, with a primary focus on the sale of group voluntary benefit products to employer groups of all sizes through the brokers and consultant community.

<https://www.araglegal.com>

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