

CALIFORNIA BROKER

VOLUME 36, NUMBER 7

SERVING CALIFORNIA'S LIFE/HEALTH PROFESSIONALS & FINANCIAL PLANNERS

APRIL 2018

ALL EYES ON VISION BENEFITS

A Look at the 2018 Transitions Vision Academy



ALSO INSIDE:

Supplemental Health
Disability • LTC
Employee Benefits
CAHU • Fertility Benefits
Health Provider Networks
Sandwich Generation

EXPAND YOUR 2018 SALES

WITH BRAND NEW DAY!



With Brand New Day's C-SNP and Medi-Medi plans, you can enroll eligible Medicare beneficiaries year-round! And with our expanded service area, you now have more opportunity for sales.

Contact us for 2018 Certification Training information.

Call Broker Support at **1-866-255-4795** or visit **bndhmo.com/agents** for more information.

brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT



CaliforniaChoice®
Your Health. Your Choice.®



HIGH FIVES NOT GOODBYES

Renewals made easy...7 carriers to choose from and the best access to doctors, hospitals, and prescriptions in the state.

NOW THAT'S CHOICE.

CALCHOICE.COM | 800.542.4218





SUPPLEMENTAL

14 Five Proven Steps to Close a Supplemental Medical Sale

By Kellie Bernell

What if, in this changing environment, you could expand your business by making just a few changes in the way you communicate or market your services to your clients?

FOCUS ON VISION

16 Seeing Clear at the 22nd Annual Transitions Academy

By Victoria Alexander

Cal Broker hung out with vision pros for three days during the 2018 Transitions Academy. Here's what we came away with.

20 Y & Z Mark the Spot: Tips for Getting Younger Generations Savvier on Vision Benefits

By Patrick Arnold

Vision coverage remains a staple among today's employees, yet new research reveals that younger employees—who comprise an increasingly large portion of the American workforce—may be the least likely to take advantage of this very important benefit. In fact, one in four millennials and an alarming half of those in Generation Z (people born from the mid-1990s to early 2000s) are not enrolled in a vision plan.

24 Brokers Add Value by Helping Their Clients' Members See Clearly

By David Karlin

Most adults in America wear some form of vision correction. However, the majority of people are in the dark when it comes to making eyewear and eye care decisions, including choosing frames, lenses and knowing how to effectively maximize their vision benefits.

DISABILITY



26 Communicating the Importance of Disability Management to Clients

By Tom Foran

From personal experience as a five-time Paralympic medalist in wheelchair racing and a VP at my company, I know that with the right support, an employee with a health condition can excel both personally and professionally. The work brokers do and the program recommendations you give to guide your clients can help employees not only manage their condition, but thrive in the workplace despite it.

BENEFITS CLOSE-UP

29 Use Decision Support Tools to Help Employees Understand Options and Make Smart Choices

By Tracy Funk

When deployed properly, decision support tools can help employees walk away from their enrollment experience feeling that they truly understand and appreciate their benefits.

FERTILITY BENEFITS

30 Fertility Benefits: A Visual story

More employers offer fertility benefits and related programs to support diversity and retain top talent. Key insights from the 2017 Willis Towers Watson Maternity, Family and Fertility Pulse Survey

HEALTH PROVIDER NETWORKS

32 Network Navigation Know-How: Key to Your Success in 2018

By Ron Goldstein

Today, employee benefits advisers must serve as a network navigator, expertly steering business owners through an array of plan options offered in narrower or more limited provider networks.



REAL PEOPLE

Denise, an awesome Case Advocate, is just one of the many Warner Pacific employees dedicated to supporting our broker partners.

Favorite Foods: Italian and Cuban

Favorite Destination: Any beach at sunrise/sunset

Passion: Finding the best solutions for our brokers and their clients. I love the feeling I get when I send an approval to the broker after what started as a difficult case. It's truly a pleasure.

**Real People
with a Passion
to Help You Prosper**

800.801.2300

WARNERPACIFIC 

CA Insurance License: #0764260
www.warnerpacific.com

CALIFORNIA BROKER

APRIL 2018

PUBLISHER

Ric Madden
email: publisher@calbrokermag.com

EDITOR-IN-CHIEF

Kate Kinkade, CLU, ChFC
email: editor@calbrokermag.com

SENIOR EDITOR

Victoria Alexander
email: editor@calbrokermag.com

ART DIRECTOR/PRODUCTION MANAGER

Steve Zdroik

ADVERTISING

Scott Halversen, V.P. Mktg.
email: scotthalversen@calbrokermag.com

CIRCULATION

email: calbrokermag@calbrokermag.com

BUSINESS MANAGER

Lexena Kool
email: lex@calbrokermag.com

LEGAL EDITOR

Paul Glad

EDITORIAL AND PRODUCTION:

McGee Publishers, Inc.
3727 W. Magnolia Blvd., #828
Burbank, CA 91505
Phone No.: 818-848-2957
email: calbrokermag@calbrokermag.com.

Subscriptions and advertising rates, U.S. one year: \$42. Send change of address notification at least 20 days prior to effective date; include old/new address to: 3727 W. Magnolia Blvd., #828, Burbank, CA 91505. To subscribe online: calbrokermag.com or call (800) 675-7563.

California Broker (ISSN #0883-6159) is published monthly. Periodicals Postage Rates Paid at Burbank, CA and additional entry offices (USPS #744-450). POSTMASTER: Send address changes to *California Broker*, 3727 W. Magnolia Blvd., #828, Burbank, CA 91505.

©2018 by McGee Publishers, Inc. All rights reserved. No part of this publication should be reproduced without consent of the publisher.

No responsibility will be assumed for unsolicited editorial contributions. Manuscripts or other material to be returned should be accompanied by a self-addressed stamped envelope adequate to return the material.

The publishers of this magazine do not assume responsibility for statements made by their advertisers or contributors. Printed and mailed by Southwest Offset Printing, Gardena, CA.

MORE CONTENTS...



LTC

35 1035 Reasons Your Annuity Clients Will Talk To You About LTC

By Jesse Slome

Americans love their annuities, as well they should. Over the past five years, they have invested almost \$1 trillion in this favorite retirement planning vehicle. Now the addition of LTC will mean they'll love them even more.

SANDWICH GENERATION

38 The Sandwich Generation Takes Care of Kids and Parents. Innovative Employers Provide Support



By Dennis Healy

Have you heard the phrase "sandwich generation"? This label refers to Americans who

are working, raising children and caring for aging family members – and I see more friends and colleagues in this situation every day. There are many ways that employers and benefits folks can help.

AGENT'S VOICE

41 Need an Energy Boost? Get Involved in Your CAHU Chapter!

By Naama Pozniak

The insurance industry is one that experiences constant challenge. For a broker, industry involvement is the key to fight burn out.



IN EVERY ISSUE...

Guest Editorial	8
Capitalizing on AHP Rule Changes: Brokers Should Stand Ready to Help – <i>By Kevin Dunn</i>	
Annuity Sampler	10
News Etc.	42
Classified Advertising	46
Ad Index.....	46

How Single-Payer Could Affect California

by Ken Doyle

Proponents of single-payer health care are working fiercely to bring it back to life, although recent legislation failed to pass. There is no question that single-payer would dramatically reshape medical coverage. Proponents envision a system in which private or supplemental health insurance would no longer exist. So all Californians would lose their current health plans, to be replaced by state run health care.



What's At Stake

Here are just some of the potential consequences of single-payer proposals that have been considered:

- California could become a destination for free healthcare.
- Single-payer proposals have included provisions that would cover anyone who has established residency in California regardless of their immigration status.
- Funding would require billions in new state taxes.
- Cost containment under a single-payer system is controlled by limiting access to healthcare. At the same time, single-payer systems do not equate to improvements in the quality of care.

Get the Latest on Single-Payer

LISI wants to make sure that you get accurate information with a course titled, "A Study of Single-Payer Health Insurance." The in-person course is eligible for 1 CE credit. We will also cover the differences between single-payer and universal healthcare. For information on this vital course, contact your LISI Sales Representative at 866.570.LISI (5474) or visit lisibroker.com.

At LISI, we are committed to keeping you up-to-date on this important issue.

As the Senior Vice President of Sales at LISI, Ken Doyle oversees statewide sales. With over three decades of experience in sales and marketing, Ken began his career in the early 1980s at Blue Cross of California in Operations. He was regional Sales Manager for 12 years as well as manager of Broker Services. He also assumed other leadership roles during his tenure at Blue Cross of California. In 1996, Ken joined WellPoint Health Networks where he was responsible for brand management, event marketing and marketing programs nationwide. In 2004, he transitioned into the general agency segment. He joined LISI in 2011. He is past President of LAAHU and past Region VIII NAHU Membership Chair. He has also been a Chairman of the Board for the Conejo Valley Chamber of Commerce and Foundation, as well as a member of Westlake Rotary. Ken and his wife Christal reside in Thousand Oaks, California.



For more information, call 866.570.LISI (5474) or visit lisibroker.com.





Capitalizing on AHP Rule Changes: BROKERS SHOULD STAND READY TO HELP SMALL BUSINESSES

By KEVIN DUNN

Editor's note: Views expressed in our guest editorial are those of the author, not Cal Broker magazine. We welcome your opinions on this subject. What do you think about the proposed rule changes for association health plans? Tell us at editor@calbrokermag.com

Under current Affordable Care Act rules, small business and franchise owners and their employees can miss out on the best healthcare benefits. They are not individually large enough to qualify for large group plans, relegating them to more limited and expensive plans with onerous benefits requirements.



The result is that roughly 11 million small U.S. business employees do not have access to employer-sponsored benefits. In fact, employer-sponsored benefits for small business have dropped by 25 percent since 2010.

This means that employees are often left to fend for themselves on the individual market or through state and federal exchanges. Not only does it pain owners who want to provide for their employees, but it also puts them at a disadvantage when attempting to recruit or retain talent. They simply cannot compete with the larger, more compelling group benefits packages offered by larger companies.

Though there are those opposed to the rule and many states, including California, are fighting against it, a Department of Labor effort is underway that's intended to throw a lifeline to small businesses and their employees. The proposed rule change would expand the criteria under which employers may band together to create AHPs to purchase health insurance, with the intention of delivering more affordable health plan choices for small businesses and their employees.

Currently, the Employee Retirement Income Security Act (ERISA) allows groups of businesses with "common business interests," such as an indus-

try or a franchise group, to form collective benefits sourcing programs under strict guidelines. However, businesses are prohibited from grouping together for the sole purpose of forming an AHP. To prevent this, associations are also leveraging their collective power for HR services including recruiting, payroll, 401(k) and more.

A rule change proposed by the Department of Labor would recognize associations as single employers, and defines four criteria for meeting this distinction. The criteria include the setup and purpose of an association, a nondiscrimination clause, classification of working owners, and a broad-



FOR **SMALL
BUSINESS**

A PARTNERSHIP THAT PAYS

Bonus Program: Earn Extra Jan. 1 - June 1, 2018

Covered California for Small Business offers industry-leading earning potential. In addition to market competitive commissions, earn even more in 2018 for offering your clients California's most comprehensive access to doctors and hospitals with health plans delivering both...

Choice

Two full-network PPO plans offered from leading carriers

Control

Competitively priced, limited-network offerings from multiple carriers

Earn extra when you sell new small groups in 2018

Group Size (Enrolled Employees)	Incentive Earned
51 - 100	\$ 5,000
26 - 50	\$ 2,500
16 - 25	\$ 1,000
6 - 15	\$ 500

Contact your local Covered California for Small Business sales representative to learn why we're growing and how we can help build your business! An increasing number of agents and their clients are glad they did.

CoveredCA.com/ForSmallBusiness

844.332.8384

Some Key Rules:

- Applies to new Covered California for Small Business (CCSB) groups with initial effective dates of 1/1/18, 2/1/18, 3/1/18, 4/1/18, 5/1/18, or 6/1/18.
- Subscriber count (i.e. enrolled employee count) is determined at time of initial enrollment as counted in CCSB systems and is based on medical subscribers only. No retroactive additions will be eligible for incentive payment. Dependents of enrolled employees are not counted.
- Groups must satisfy standard CCSB binder payment requirements for enrolled employees to count towards incentive program payments.
- Business written through partnering General Agencies qualifies.
- CCSB intends to issue incentive payments 90 days following the effective month of a qualifying group. CCSB may modify its payment schedule at any time.

For a complete list of the program rules go to: bit.ly/AgentBonusProgram2018

ening of the “commonality of interest” definition to allow small businesses to band together as associations using less stringent guidelines such as industry, geographic or professional interests.

This change would mean that much wider groups of small businesses, franchises, smaller associations, and even sole proprietors could qualify for collective sourcing of benefits through an AHP. For example, groups of restaurants in the same or different states might qualify – something that would not have been possible prior to the modification.

With an even wider pool of companies and organizations potentially eligible, this rule change could help extend workplace benefits to many more Californians. In just one example of a new national AHP client at Decisely, over 80 percent of its members’ employees were able to secure employer-sponsored benefits for the first time. That is an incredible number, while even a much smaller percentage on a national scale would be a significant positive outcome for U.S. employers and employees.

For businesses, this potential new capability to form an AHP and purchase benefits coverage would deliver tremendous benefits:

- Economies of scale of collective purchasing will make employer-sponsored benefits affordable for many more small businesses, reducing the number of uninsured;
- Typically, health benefits group purchasing can deliver 10 to 30 percent savings compared to individual small employer purchasing, amounting to hundreds and thousands of dollars of savings per employee;
- An AHP can bring access to broader benefits normally available only to larger businesses, including wellness and disease management programs;
- Access to group benefits can aid in higher retention of small business employees, critical in a low unemployment U.S. economy;
- Sourcing through an AHP can reduce administrative overhead for small businesses, allowing them to focus on their core business;
- An AHP of aggregated small businesses becomes more cost-effective



For a broker to provide professional management, consulting, oversight and advocacy.

For California brokers, this might be an enormous opportunity. The rule change should open up an entirely new segment of motivated and eligible small business clients. Because these organizations can band together as an AHP, it may be a much larger and higher performing client than usual.

Before small businesses can un-

"Either alone or in partnership with another broker partner, your role will involve collecting the appropriate data for underwriting AHP members, developing the benefits offering, negotiating with insurers, and initiating the marketing and administration of the AHP program."


lock these benefits, they first need to navigate a complex administrative process. These small businesses, association and franchisee members are going to turn to their trusted advisors for help understanding this new and industry-changing opportunity.

To prepare, brokers unfamiliar with AHPs should begin researching needed requirements now. Fortunately, a proven playbook already exists for how best to deliver these association style benefits.

Today, an AHP or trust can be sponsored by a group member association and overseen by members of this organization. The AHP or trust’s role is to aggregate (and oversee) member needs and to secure coverage on behalf of its members. Most will turn to a broker specializing in small business and program management to create a benefits portfolio for the members, negotiate with insurers on its behalf and manage the program ongoing.

An AHP can be set up using three different structures for medical and other benefits:

- **Fully Insured Medical:**
This plan requires no initial capital reserves and does not share risk among the members. Instead, the insurer takes on all risk with little or no financial outlay from the AHP at startup. This is the easiest plan to administer and communicate.
- **Self-Funded Medical:**
This approach requires the AHP to fund some initial capital or financial reserves, meaning it assumes a collective financial risk for providing health care benefits to its members. While insurers prefer this approach, the advantage to the AHP is group-wide savings if the collective group has positive claims experience over time.
- **Hybrid Medical:**
This approach blends risk for all parties and allows dividends or gain sharing for members based on good loss performance. It is sometimes called a minimum premium program.



**THE JOURNEY OF
A THOUSAND MILES
BEGINS WITH THE RIGHT
HEALTH INSURANCE.**

When your clients are traveling abroad, whether for a long stay or a short visit, protect them with GeoBlue travel health insurance. They'll be able to choose from the most complete set of benefits and services in the industry. And all GeoBlue plans, whether single, multi-trip or expatriate, include crucial benefits such as medical evacuation, access to a trusted provider network, direct pay for care, 24/7 support and peace of mind. Learn more and register for your Agent ID at geobluetravelinsurance.com or contact us toll-free at 1-855-481-6647.

GeoBlue 
Travel Medical & International Health Insurance

Regardless of choice, plan for roughly six months from contracting with a program creator/administrator, through insurer negotiations, to the final launch of any group-purchasing plan. This will include the association formalizing their intended structure and AHP if one does not already exist. Given the requirements for governance and compliance, you should hire a qualified ERISA attorney to assist your clients with set-up.

Either alone or in partnership with another broker partner, your role will involve collecting the appropriate data for underwriting AHP members, developing the benefits offering, negotiating with insurers, and initiating the

marketing and administration of the AHP program. Once the plan is complete, you can work with your partner to begin activating its operation, including call centers, website, reporting, enrollment and administration. At this point, the new AHP is ready for launch for members and employees.

Ultimately, these changes mean that more Californians might gain access to employer-sponsored benefits. It also puts California-based brokers on the front end of a potentially once-in-a-lifetime opportunity to bring those small businesses what they deserve. Small businesses are the backbone of the U.S. economy. Today 5 million small businesses buy benefits individually.

Tomorrow, 5 million small businesses might buy collectively. ★

Kevin Dunn is CEO of Decisely, a trusted advisor and turnkey SaaS technology for small business in the US. Kevin joined Decisely from Mercer, where he created and implemented the strategy and marketing for Mercer Health & Benefits private exchange technology. Kevin has over 20 years of experience in e-commerce and online distribution. He has co-created two start-ups within Fortune 100 companies and built the award winning Delta.com. Kevin also specializes in merger and acquisition strategies along with business development, negotiation and implementation of processes that have generated over \$600 million in annual revenue for multiple Fortune 100 companies. He graduated with a B.B.A. in economics and a MBA from Georgia State University.

ANNUITY SAMPLER

MARCH 1, 2018

Company Name	Ratings			Product (Qual./Non-Qual.)	Type SPDA FPDA	Initial Interest	Guar. Period	Bailout Rate	Surrender Charges	Mkt. Val. (y/N)	Min. Contrib.	Comm. Street (May Vary)
	Bests	Fitch	S&P									
American Equity	A-	A-		ICC13 MYGA (Guarantee 5) (Q/NQ)	S	2.30%*	5 yr.	None	9%, 8, 7, 6, 5, 0	Yes	\$10,000 (Q) & \$10,000 (NQ)	3.00%, age 18-75 & 2.10%, age 76-80** 1.50% age 81-85**
				ICC13 MYGA (Guarantee 6) (Q/NQ)	S	2.45%*	6 yr.	None	9%, 8, 7, 6, 5, 4, 0	Yes	\$10,000 (Q) & \$10,000 (NQ)	3.00%, age 0-75 & 2.10% age 76-80** 1.50% age 81-85**
				ICC13 MYGA (Guarantee 7) (Q/NQ)	S	2.60%*	7 yr.	None	9%, 8, 7, 6, 5, 4, 3, 0	Yes	\$10,000 (Q) & \$10,000 (NQ)	3.00%, age 0-75 & 2.10%, age 76-80** 1.50% age 81-85**
*Effective 11/9/17. Current interest rates are subject to change on new issues. **Commission may vary by issue age and state. See Commission Schedule for details												
American General Life Insurance Companies	A	A+	A+	American Pathway Solutions MYG (*Guarantee Return of Premium) (Q/NQ)	S	2.70%* ^a 3.00%* ^b	5 yr.	None	8%, 8, 8, 7, 6, 5, 4, 3, 2, 1, 0	Yes	\$10,000 (Q & NQ)	1.5% age 0-75 .75% age 76-85
*CA Rates Effective 6/2/17. First year rate includes 1.50% interest bonus. a (less than \$100K) ; b (100K or more)												
American General Life Insurance Companies	A	A+	A+	American Pathway Fixed 5 Annuity (*Guarantee Return of Premium) (Q/NQ)	S	2.00%* ^a 3.00%* ^b	5 yr.	None	9%, 8%, 7%, 6%, 5%, 0%	No	\$5,000 (NQ) \$2,000 (Q)	2.00% age 0-85 1.00% age 86-90
*CA Rates Effective 8/7/17 Includes 1.15% 1st year bonus, 1.00% base rate subsequent years. a (less than \$100K) b (100K or more)												
American General Life Insurance Companies	A	A+	A+	American Pathway Fixed 7 Annuity (*Guarantee return of premium Q/NQ)	S	3.00%* ^a 4.00%* ^b	7 yrs.	None	9%, 8%, 7%, 6%, 5%, 4%, 2%, 0%	No	\$5,000 (NQ)	3.00% age 0-85 1.50% age 86-90
*(Guarantee return of premium Q/NQ) *CA Rates Effective 6/2/17. First year rate includes 4.0% bonus 1 st year. a (less than \$100K) b (100K or more)												
Great American Life	A	A+	A+	SecureGain 5 (Q/NQ)	S	2.90%	5 yrs.	N/A	9%, 8, 7, 6, 5	Yes	\$10,000	2.50% 18-80 (Q), 0-80 (NQ) 1.50% 81-89 (Q&NQ)
Effective 2/5/18. Includes .25% first-year bonus and is for purchase payments over \$100,000. Escalating five-year yield is 2.90%. For under \$100,000 first-year rate is 2.75%. Escalating rate five-year yield 2.40%.												
Great American Life	A	A+	A+	SecureGain 7 (Q/NQ)	S	3.10%	7 yrs.	N/A	9%, 8, 7, 6, 5, 4, 3	Yes	\$10,000	3.50% 18-80 (Q), 0-80 (NQ) 1.50% 81-85 (Q&NQ)
Effective 2/5/18. Includes 1.00% first-year bonus and is for purchase payments over \$100,000. Escalating seven-year yield is 2.99%. For under \$100,000 first-year rate is 3.00%. Escalating rate seven-year yield 2.89%.												
North American Co. for Life and Health	A+	A+	A+	Guarantee Choice II (Q/NQ)	S	2.70%* ^a 3.00%* ^b	5 yr.	None	10, 10, 9, 9, 8	Yes	\$2,000 (Q) \$10,000 (NQ)	2.00% (0-80) 1.50% (81-85) 1.00% (86-90)
*CA rates effective 3/6/18- a (less than \$200K) b(200K or more)												
Reliance Standard	A+		A	Eleos-MVA	S	3.00%*	5 yrs.	None	8%, 7, 6, 5, 4	Yes	\$10,000	2.50%**
*Effective 2/2/18. Includes 1.50% 1st yr. bonus. Min. guarantee is 1.00%. **Reduced 20% ages 76-80, and 40% ages 81-85												
Reliance Standard	A+		A	Apollo MVA (Q/NQ)	S	4.70%*	1 yr.	None	9%, 8, 7, 6, 5, 4, 2	Yes	\$5,000	4.00% to age 75**
Includes 2.00% 1st yr. bonus. Min. guarantee 1.00% **Reduced 20%, ages 76-80, and 40% ages 81-85. Effective 2/2/18												
Symetra Life, Inc.	A	A	A	Custom 7 (Q/NQ)	S	3.55%*	7 yrs.	N/A	8%, 8, 7, 7, 6, 5, 4, 0	No	\$10,000	Varies
*Effective 2/8/18. 3.05% base rate with no guaranteed return of purchase payments. Plus 0.50% bonus for \$250,000 and above.												

Offer the Top Brands in California

- *Aetna/Coventry*

- *Blue Shield
of California*

- *Continental
Life*

- *Humana*

- *Mutual of Omaha*

- *SilverScript*

- *Transamerica*

- *UnitedHealthcare*

- *+many more!*

Work With Senior Market Sales

Senior Market Sales can connect you to the top Medicare and prescription drug plan carriers that draw prospects and help you win clients.

Marketing expertise, tech solutions and unparalleled service from SMS can help you drive your business to the next level.



Give us a call at:

1-888-747-3810

Or visit us online:

WWW.SENIORMARKETSALES.COM

For Agent Use Only- 9023-0218

FIVE PROVEN STEPS TO CLOSE A SUPPLEMENTAL MEDICAL SALE

By KELLIE BERNELL

You are a successful insurance broker. You have a large book of business; sit on important boards; have received numerous awards from carriers as a top producer, and continue to thrive. But what if, in this changing environment, you could expand your business by making just a few changes in the way you communicate or market your services?

First, you must believe that you create value by:

- Empowering clients
- Taking accountability and diversifying solutions during change
- Gaining trust via transparency and descriptions of what protections are available

STEP ONE – MAKE IT EASY.

If you don't have a lot of experience with supplemental plans like accident, critical illness or dental, then keep it simple.

- Pick a few – some is better than none.
- Take advantage of convenient web-based or on-demand recorded trainings.
- Consider buying one for yourself.

STEP TWO -USE WORDS AND ILLUSTRATIONS THAT EMPOWER CLIENTS AND OFFER THEM INCREASED BUYING POWER.

When you ask your client what's most important to them, you will most likely hear family, health and finances. Most supplemental plans are affordable, offered at different benefit levels, provide access to any doctor or hospital and reduce stress related to an unforeseen injury or accident.

TRY THE FOLLOWING TO BETTER POSITION A DIALOGUE:

- "I wouldn't be doing my job if I didn't tell you about...(plans that can save you money)"

- "You have freedom to choose..."
- "You have greater access to..."
- "It's smart for you to..."
- "The popular choice these days is..."
- Remember to use words like "savings" versus "cheaper"

Don't forget that everybody absorbs information differently. Visually, you can use illustrations in brochures to show examples of scenarios and potential savings.

STEP THREE – PROSPECT EASILY THROUGH YOUR EXISTING BOOK OR VIA PERSONAL INTERESTS.

Finding clients who can benefit from supplemental medical is easy.

- Tap into your existing book of business and identify high-deductible plan members.
- Consider HSA or HRA clients who are self-insuring.
- Think seasonal, conditional or generational.
- Summer or winter accidents.
- First of the year renewing deductibles can mean high first incident exposure.
- Young couples not ready for an expensive life or disability plan have options.
- Go grassroots and share your profession with friends and associates – gym, church, school, little league, cycling club, etc.

Accident medical plans are perfect for active individuals. They are separate from medical plans and pay cash for injury due to accident – potentially saving someone thousands of dollars in out of pocket costs.

STEP FOUR – INVEST IN MARKETING.

Most brokers can explain benefits, but lack marketing experience. Try a few of these easy, low-cost approaches.

- Make a quick courtesy call to an ex-

isting client or new prospect. Say the words "courtesy call" when reaching out. "Hi, this is Best Agent from The Best Agency. I'm placing this courtesy call to alert you about..."

- Email blasts – ask your GA or carrier representatives if they have resources they can share.
- Facebook – If not you, then who will be offering these fun little protection plans to your friends and family?
- Fill-in promo pieces – Most carriers have these available. It's a small investment to print these out and distribute them. They increase your brand while educating potential customers of their options.
- Vistaprint.com – Affordable and fun ways to promote you and your services.

STEP FIVE – MAKE A PLAN AND STICK TO IT.

As you may- or may not- have heard, "Failing to plan is planning to fail."

- Incorporate supplemental sales into your business plan and generate an achievable start goal.
- Try any or all of the above steps depending on your resources and see what works best for you.

Celebrate your supplemental sales and feel good about offering plans that many brokers shy away from. As a result, your business will organically grow; you will increase your income and become part of a new solution movement in healthcare. ★



Kellie Bernell is regional sales manager for National General Accident & Health. Her background is in sales, marketing and corporate communications. For more information on how to elevate your supplemental sales contact her at Kellie.Bernell@ngic.com.



MEET NATIONAL GENERAL: The carrier that puts you first

We make it easy for you to find sales success by providing easy-to-use, online sales tools that help you get quotes and land sales fast. Our dedicated team of sales professionals is ready and waiting to help you succeed.

In California, you can start selling right away with our:



**Accident
plans**



**Dental
insurance**



**Multi-coverage,
out-of-pocket plans**

Easy to quote. Easy to sell. Easy to succeed.

Contact me to get started:

Kellie Bernell

Direct: (805) 341-7843

Email: Kellie.Bernell@NGIC.com

THESE PLANS PROVIDE LIMITED BENEFITS.

Plan availability varies by state.

For agent use only. Not for distribution to consumers. National General Accident & Health markets products underwritten and issued by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation. Each underwriting company is financially responsible for its respective products. National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation have been rated as "A-" (Excellent) by A.M. Best.

NGAH-FULLAD-CA (03/2018)

© 2018 National Health Insurance Company. All rights reserved.

National General 
Accident & Health



SEEING CLEAR

AT THE 22ND ANNUAL TRANSITIONS ACADEMY

By VICTORIA ALEXANDER

Cal Broker was among the 900+ attendees this year at the 2018 Transitions Academy. The invite-only event, which took place at Disney's Swan Hotel in Orlando February 11-14, is one of the premier educational opportunities for eye care professionals and optical retailers. Members from vision care plans, vision insurance brokers and HR/broker media were also sprinkled throughout the serious vision folks. Though definitely aimed to be educational, it was clear that the 22nd annual Transitions Academy was also a fun opportunity to come together and share insight.

Chrystel Barranger, Transitions Optical's president of photochromics, kicked off the celebration by giving a sneak peek at the company's new campaign and direction. Inspired by research confirming that 87 percent of eyeglass wearers are sensitive to light, Barranger said the company will have a renewed focus on light – how we need it, embrace it and can be protected from its harmful elements. The biggest applause and excitement came from Barranger's introduction of Transitions 2018 Signature Style Colors. Consumers can look for sapphire, amethyst, amber and emerald lenses to be added to the brown, graphite gray and gray lenses currently available. Transitions also unveiled "flash to mirror" technology so that eyeglasses become mirror sunglasses outside.

There were lots of interesting eye pros – including the famous (in vision circles) Diana Monea, O.D. of Eye Health Centres in Canada who, besides being insanely knowledgeable about eye care, wears the most amazing outfits and glasses. Coco and Breezy, millennial identical twin sisters and founders of Coco & Breezy sunglasses, also made a guest appearance.

This year's Transitions Academy didn't include the man-



Eyewear designers Coco and Breezy make a guest appearance.

aged care track that was included in previous years, though we heard it may make a comeback. Nonetheless, Cal Broker tracked down the vision benefits pros and those who support vision benefits producers. We wanted to get their take on what's interesting in vision insurance right now. Here are a few insights from our conversations...

FUTURE READY

Transitions Academy



**ERIC WHITE, OD,
SAN DIEGO-AREA EYE DOCTOR.**

"I think it's interesting and useful for everyone to know that we now have an epidemic of myopia, which is near-sightedness. Even young people are affected by this. So, it's worthwhile for benefits people to understand this and use it in their conversations with employers and education outreach with employees. Blue light is also

a big issue. We know that the vast majority of blue light comes from the sun, but computers and other device also contribute. So lenses like photochromic lenses make great sense for most people. They're a real benefit because they block the blue light, which helps preserve the health of the eye and reduces eye strain. There's also a sleep tie-in. The more blue light exposure, the worse you tend to sleep. So there's a lot of information that benefits people can communicate to their clients."

**CORY LAWSON, TRANSITIONS
KEY ACCOUNT MANAGER.**

"Our research tells us that millennials in particular like fully funded eyewear. This is a benefit that they want and need, especially as we find out more about blue light and its impact on eye health. So people who sell benefits need to have this on their radar."



**JONATHAN ORMSBY,
TRANSITIONS KEY
ACCOUNT MANAGER.**

"We see a lot of success and growth when a producer encourages an employer to offer plans where participants are well covered for their eye care needs. Yes, the consumer may still have to pay some out of pocket. But when it's minimal, they tend to use the benefits well and we know

that they appreciate vision benefits. The more you educate members about the value, the more value the benefit has in the eyes of the consumer."



**DREW SMITH, DIRECTOR OF
NORTH AMERICAN CHANNELS
AT TRANSITIONS OPTICAL**

"Transitions lenses are in the seventh generation now. Our first gen lenses happened in 1991. So many consumers haven't realized the improvements in our lens technology and how effective they can be at protecting eye health. I think brokers can use this to their advantage if they create awareness of how important it is to protect

eye health. Protecting health, of course, also provides a great answer when employers ask 'Why should we offer this benefit?'"



**BRIAN CHOU, OD,
EYE DOCTOR FROM RANCHO
BERNARDO, CALIFORNIA**

"It's in the interest of any company that employees get exams whether they need a vision correction product or not. Sometimes employees --or students-- are labeled as underperformers, but it may be that they just can't see comfortably. And I've really noticed lately how important it is for

people to have vision benefits. I'd say more than 75 percent of my clients have some vision coverage. People are just much more likely to see an eye doctor if they are covered. Offering good benefits, making sure employees understand them so they can value them, is a really big deal right now. I talk to my patients all the time and it's clear to me that benefits are an effective strategy to keep employees at a company."

**BRYNN RAY, MARKETING
DIRECTOR FOR DAVIS VISION**

"Recently Davis Vision merged with Superior and we think that's really exciting! Change in the vision benefits world doesn't happen very fast, but we think this will have a big impact. Superior has the broadest network and Davis offers plans with low out of pocket. The combination of these



An eye care panel enlightens the audience, but Diana Monea's outfit definitely stole the show!

two things will make a difference. The idea is always to make the employer the hero. We know that the consumer's number one preference is the lowest out of pocket possible and the broadest network. Employers who offer this will be highly valued. Also, Superior and Davis are closely looking at broker relationships and exploring unique ways to interact. We're also looking at better ways to incentivize brokers. So, stay tuned!"

JEFF DE ROSE – SENIOR DIRECTOR AT VISION SERVICE PLAN (VSP)

"I'm really interested in the blue light research and I think that is an emerging area of interest for lots of people. The challenge that vision care companies have is that, to my knowledge, there's no SPF sort of thing for blue light. It's easier to make something part of the covered benefit if there's a solid medical justification for it. So I think we can look forward to more work being done in this area. When we have scientific findings we always do our best to reflect those findings in our coverage options."

TONY MALAGARI—EMPLOYEE BENEFITS CONSULTANT WITH MCGOHAN BRABENDER IN DAYTON, OHIO

"This Academy has been eye opening. Now I know for sure that we should be integrating vision care into all our discussions with clients. It's clear that vision isn't just a throw-away or what you talk about for the last few minutes of the discussion. Vision is a true health benefit and many diseases and disorders can be caught very early with proper vision screening, for example. There's a lot of baked in value to vision coverage. I don't think there are enough brokers

talking about vision to their clients, though. There should be discussions around eye care and the value of these benefits every time. The number one reason vision might be ignored is that we look at the benefit dollar and see that 90 percent goes to medical plans and that's where we tend to focus. But good vision coverage, as long as employees use



There was plenty of excitement in the air at the Transitions Academy

it, can actually have a great return on investment. When you can detect diseases like diabetes extremely early, that may mean a reduction in claims costs. Brokers are hired because companies want to know how to contain their costs. I think there's a good argument that high-quality vision coverage and educating employees on how to use it, could actually help contain costs." ★

Survey says...
**premium
eyewear
options
matter** to
employees

Transitions® Adaptive lenses® seamlessly adapt to changing light, from clear indoors to dark outdoors, and every shade in between.

8 in 10 employees would be more likely to enroll in—and would pay more for—a vision plan that offers premium options.



UV protection



Anti-reflective treatments



Photochromic Transitions® lenses



Harmful blue light protection

BRAND NAME MATTERS

6 in 10 employees say it's important that their vision plan covers **authentic Transitions lenses** vs. any other photochromic brand.



Transitions®

Transitions, the swirl and Transitions Adaptive Lenses are registered trademarks of Transitions Optical, Inc., used under license by Transitions Optical Ltd. © 2018 Transitions Optical Ltd. Photochromic performance is influenced by temperature, UC exposure and lens material.

*2018 Transitions Employee Perceptions of Vision Benefits survey. Wakefield Research for Transitions Optical, Inc.

Y & Z MARK THE SPOT: TIPS FOR GETTING YOUNGER GENERATIONS SAVVIER ON VISION BENEFITS

By PATRICK ARNOLD

Vision coverage remains a staple among today's employees, yet new research reveals that younger employees—who comprise an increasingly large portion of the American workforce—may be the least likely to take advantage of this very important benefit. In fact, one in four millennials and an alarming half of those in Generation Z (people born from the mid-1990s to early 2000s) are not enrolled in a vision plan.

These stats and more were part of the ninth annual Transitions Optical Employee Perceptions of Vision Benefits survey, which was conducted among 1,300 employees by Wakefield Research in December 2017. Not surprisingly, the research also found that younger generations are less likely to understand the importance of regular, comprehensive eye exams—and are, therefore, less likely to get them. Not only that, but more than one in five millennial and Gen Z employees incorrectly believe that an eye test or vision screening from their primary care physician can replace a comprehensive, dilated eye exam from an eye care professional. In contrast, less than 10 percent of Gen X and baby boomer employees believed this.

The good news is that despite all of this, there is an opportunity to change these attitudes and misconceptions. The survey found that regardless of their generation, providing ongoing education about vision benefits can help to increase employee enrollment and utilization. After all, the value of vision benefits is critical for all employees—especially among younger employees—considering studies have shown that even vision that is slightly miscorrected can reduce employee productivity by as much as 20 percent.

Beyond identifying more common and easily correctible vision problems—such as trouble seeing up-close or far away—comprehensive eye exams by an eye care professional can provide early detection of serious eye diseases and overall health issues that can lead to significant medical costs, lost time from work and even irreversible vision loss.

Providing premium lens options may also be a factor in increasing vision benefit enroll-

ment. More than nine in 10 of those surveyed said that they'd be more likely to schedule an eye exam if their vision plan covered premium lens options.

Do your clients see the value of vision benefits for their workforce, and do you know what would motivate their associates? The following strategies can help them reach the impressionable, younger workforce—and reinforce how vision benefits can provide access to routine eye exams and the right eye wear to boost productivity and help employees see better now and in the future.

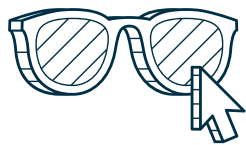
EDUCATE DURING ENROLLMENT—AND EDUCATE OFTEN

One thing is clear: employees are looking for more education when it comes to their vision benefits. As a broker, it's important to provide employees with all the resources they need to be informed and make the best possible decisions. What's great is that employees want this education and they need it to justify enrollment and utilization.

According to the Employee Perceptions of Vision Benefits survey, 96 percent of employees said they'd be more likely to use their benefits if they better understood what



Our breakthroughs. Your benefits.™



eyeconic.com®
from VSP®

Kiss boring glasses goodbye. With Eyeconic®, your clients' employees can use their benefits to get instant access to contacts and glasses they'll love, right from their phone—complete with a complimentary frame adjustment or contact lens consultation from their VSP network doctor. Discover more innovative benefits at getvsp.com/breakthroughs



their plan covers. The benefits enrollment period occurs once each year. While education is certainly vital during this time, it's also important to keep the conversation going throughout the year, too, especially among younger employees. In the survey, millennials said they'd be "much" more likely to use their vision benefits if they better understood them—56 percent compared to 49 percent of all employees.

How can you help them to better understand? Consider providing your clients with a monthly vision benefits update. This could be in the form of an e-blast or newsletter, which they can share with their employees. You can include information on the importance of enrolling in a vision plan, and just how essential comprehensive eye exams are for eye health, overall health and productivity. It can also be beneficial to include eye-opening stats to debunk myths and help reshape misconceptions. For example—since younger employees are more likely to believe that a vision screening or test from a PCP can replace a comprehensive eye exam, set the record straight! According to the Centers for Disease Control and Prevention, having a comprehensive exam by an optometrist or ophthalmologist is necessary to find eye diseases in the early stages when treatment to prevent vision loss is most effective.

Sharing interactive, electronic tools can also be helpful to attract the attention of younger employees—who are connected to their digital devices more than ever before. Making this information interactive and engaging is critical, too, as the average attention span of a millennial is 12 seconds, and only eight seconds for Gen Z, according to recent studies.

Davis Vision offers an interactive "Sight on Savings Calculator" that can be shared with employees to educate them on their eye health risks, as well as the time, money and sight saved through a premium vision benefit. Check out this complimentary tool at davisvision.com/whatsmyrisk.

The information you share doesn't need to be—and shouldn't be—complicated. Consider breaking it down into easy to understand, digestible bites each month instead of a lot of material at once. Put yourself in the shoes of the younger generation and don't forget to ask for feedback about what they want to receive, and how they want to receive it.

PLAY UP PREMIUM OPTIONS

When it comes to enrolling in their company's vision plan, access to premium eye wear options makes a big difference. According to the survey, eight in 10 employees said that they'd be more likely to enroll or keep enrolling in a plan if it covered premium eye wear options, such as photochromic lenses, which darken and adapt in changing outdoor light, have anti-reflective or no-glare coatings, and protect

"Consider providing your clients with a monthly vision benefits update. This could be in the form of an e-blast or newsletter, which they can share with their employees."

the eyes from ultraviolet (UV) light or harmful blue light.

Educating employees on the effects of UV light and harmful blue light can also help them in their decision-making to enroll in a vision benefits plan. Excessive UV exposure is as dangerous for eyes as it is the skin. The longer eyes are exposed to solar radiation, the greater the risk of developing cataracts or macular degeneration later in life. Over-exposure to harmful blue light may contribute to eyestrain and fatigue, or aging of the eye and age-related vision problems, according to the American Optometric Association.

One photochromic lens option includes Transitions® lenses, which adapt to changing light—going from clear indoors to dark outdoors—and help protect the eyes from UV rays and harmful blue light, around the clock.

Of eyeglass wearers specifically, 85 percent of employees overall—and 92 percent of millennials—said they would even be willing to pay more for a vision plan that fully covered premium eyewear options. Furthermore, access to full coverage of premium lens options or enhancements was the top motivator to get millennial and Gen Z employees to enroll in a plan if they weren't previously enrolled.

And it's not just about eye health. Today's younger employees are savvier when it comes to fashion and personal style. Eyeglasses have gone from a functional product to a wardrobe staple. In fact, when asked which eyewear qualities reflect their personal style, the top three choices among employees across all generations were frame design, frame color and lens technology, respectively. And the good news is eyewear can be both functional and fashionable! During the enrollment period, particularly, consider giving employees a sneak peek at the frames covered by their vision plan. Try a demonstration—or eyeglass fashion show—to show how employees can pair fashion-for-

ward frames with sight-enhancing and protecting premium lens options that can fit with their unique needs and style. Letting them try on the different options (or participate in the show), can help them understand all the great options available to them. Be sure to explain to your clients what each specific vision plan covers—and encourage them to offer premium coverage to their employees as a way to boost productivity and improve their bottom line.

Ongoing education to employees is critical—as nine out of 10 employees who wear eyeglasses say they'd be more likely to schedule an eye exam within the next 12 months if their vision plan covered premium lens options. Offering better lens options means more employees will take advantage of routine eye exams—helping to detect and correct potential problems before it's too late.

REALLY UNDERSTAND WHAT MOTIVATES

Do your clients have a diverse workforce in terms of age? Or do they tend to skew younger, or older? Knowing what motivates and engages employees—not collectively, but by age range—can be extremely helpful when tailoring outreach and education. Try breaking down your communications by generations—because something that someone in Gen Z wants may not resonate with someone in the baby boomer category, and vice versa.

Here's a breakdown of the top three key motivators for enrolling or using a vision plan for each generation, as identified through the Employee Perceptions of Vision Benefits survey:

GEN Z

- Full coverage of premium lens options or enhancements: Their #1 motivator—Half said they'd enroll in a plan that offers this if they weren't previously enrolled.
- Knowledge that eye exams can provide early detection of serious eye and overall health issues: Their #2 motivator—56 percent said they'd enroll in a plan that offers this if they weren't previously enrolled.
- Savings on medical costs: Their #3 motivator—More than half said they'd enroll in a plan that offers this if they weren't previously enrolled. Additionally, more than two-thirds of those in Gen Z—the most of all generations—say they'd prefer a vision plan with a higher premium and no out-of-pocket costs for premium lenses.
- Multiple pairs: Six in 10 Gen Z employees say they'd pay more for a vision plan that covers two pairs of glasses per year—significantly higher than baby boomers and Gen Xers.

MILLENNIALS (GEN Y)

- Full coverage of premium lens options or enhancements: Their #1 motivator—Six in 10 said they'd enroll in a plan that offers this if they weren't previously enrolled.
- Knowledge that eye exams can provide early detection of serious overall health issues: Their #2 motivator—Half said they'd enroll in a plan that offers this if they weren't previously enrolled.
- Savings on medical costs: Tied for their #2 motivator—More than half said they'd enroll in a plan that offers this if they weren't previously enrolled.
- Multiple pairs: Two-thirds of millennial employees say

they'd pay more for a vision plan that covers two pairs of glasses per year—more than any generation.

GEN X

- Knowledge that eye exams can provide early detection of serious overall health issues: Their #1 motivator—Six in 10 said they'd enroll in a plan that offers this if they weren't previously enrolled.
- Full coverage of premium lens options or enhancements: Their #2 motivator—Six in 10 said they'd enroll in a plan that offers this if they weren't previously enrolled.
- Savings on medical costs: Their #3 motivator—More than half said they'd enroll in a plan that offers this if they weren't previously enrolled.

"Eyeglasses have gone from a functional product to a wardrobe staple...the top three choices among employees across all generations were frame design, frame color and lens technology, respectively."

BABY BOOMERS

- Knowledge that eye exams can provide early detection of serious overall health issues: Their #1 motivator—More than six in 10 said they'd enroll in a plan that offers this if they weren't previously enrolled.
 - Knowledge that eye exams can provide early detection of sight-stealing eye diseases: Their #2 motivator—Six in 10 said they'd enroll in a plan that offers this if they weren't previously enrolled.
 - Full coverage of premium lens options or enhancements: Their #3 motivator—Six in 10 said they'd enroll in a plan that offers this if they weren't previously enrolled.
- With millennials alone expected to make up more than half of the U.S. workforce in the next two years, there is a tremendous opportunity to educate this group and younger employees on the importance of enrolling in and using their company's vision benefits. By taking advantage of these strategies—and continuing to motivate and update employees on what their plans cover—you can help to make a difference in helping your clients achieve a more productive workforce with happier and healthier employees. ★



After 10 years in the high-tech industry, Patrick Arnold joined Filice Insurance Agency in 1999. In 2005, he co-founded the Filice Insurance East Bay office and currently serves as the CEO. Arnold manages the sales team, along with developing Filice's strategic carrier partnerships. He currently serves on the national advisory council for both Cigna and United Healthcare. Arnold also engages with Filice's East Bay clients and consults them on their complex healthcare strategies. He has a B.A. in history from U.C. Berkeley.

BROKERS ADD VALUE:

By DAVID KARLIN

Most adults in America wear some form of vision correction. However, the majority of people are in the dark when it comes to making eyewear and eye care decisions, including choosing frames, lenses and knowing how to effectively maximize their vision benefits.

VISION CORRECTION IMPACTS MILLIONS OF AMERICANS

According to the Vision Council of America, there are nearly 189 million Americans wearing some form of vision correction in the U.S. (just over three out of every four adults). Eyeglasses can cost hundreds, even thousands of dollars. According to the National Association of Vision Care Plans, the average cost of eye glasses (lenses and frames) is more than \$260.00. When assessing the cost of eyeglasses for a family of four, the average expenditure jumps to more than \$1,000. Some designer eyeglasses, and those with special lenses, cost well over \$500 per pair.

According to the 2015 Vision Council Internet Influence Report, 23 percent of Americans use the internet to assist in their purchase of eyewear. But not all answers can be found online as most search results lead you to companies trying to sell eye glass lenses, frames and contacts.

It's important for brokers to understand the vision industry landscape to better guide plan sponsors and their members to be smarter buyers of eye care and eyewear.

ENHANCE VISION BENEFIT KNOWLEDGE TO BETTER SERVE YOUR CLIENT

There is much confusion when it comes to vision benefits because they are generally accessed but once a year. As new and more expensive products are constantly brought to market, it is difficult

for members to understand whether they are worth the additional cost.

Here are four practices brokers can share with their clients to add value and help to better serve members:

Share the value of research - Many online eyewear purchasing sites or brick and mortar retailers want to get you to buy. Some vision benefit companies offer guides about frames, lenses and lens options to educate people about what's available and to help identify items that match their needs. While eye care professionals (who are often also selling) can be a good source of information, vision plans have tremendous resources, which should be tapped.

Convey the importance of comparison shopping - Your clients should counsel their covered members to research costs, so they can be smarter buyers. They should be wary of discontinued frames. If they break, the parts may be difficult or impossible to find, and fixing them may not be an option. This may add significant out-of-pocket costs in the long run. Also, most people do not realize they can get their eyes examined from one place or provider and buy their eyeglasses from another source. This can save upwards of 20 percent or even 30 percent.

Communicate the power of I/E - Keeping intellect over emotion is very important when purchasing eyewear. When it comes to lenses, many people pay for features they do not need. Many lenses come with ultraviolet (UV) protection built-in. There is no need to add it to those lenses and incur extra costs. If you purchase polycarbonate lenses, they are already scratch coated so additional scratch coatings aren't necessary. Other lens "features" like high-definition lenses, or varying levels of antireflective (AR) coatings can inflate already high eyewear costs. All these new advancements can be en-

BY HELPING THEIR CLIENT'S MEMBERS SEE CLEARLY

tering, but they may not be valuable to the patient. Certain expensive lenses are preferable for those in need of significant visual correction but for those who do not, those lenses may be unnecessary. Make sure to communicate the importance of evaluating real needs versus perceived ones.

Use an in-network provider to avoid out-of-pocket costs - Members should utilize their vision carrier's resources to find in-network care access points such as independent practitioners and optical retailers. Some vision plans include limited coverage for out-of-network providers, but for members to maximize their benefit and money, the better option is seeing an in-network provider. If there is a good mix of in-network private practices and optical retailers within proximity, the need to go out of network should be greatly reduced. By visiting a vision carrier's website, members can often find services and helpful decision-making information.

Knowing what to look for and what to avoid along with what's covered under a vision benefit can ensure member satisfaction and reduce headaches that plan sponsors often encounter. Assessing providers and sources of eyewear separately and conducting proper research are essential components to maximizing benefits and reducing out-of-pocket costs. Communicate these practices with your clients to help their members be smarter buyers of eye care and eyewear. ★



David S. Karlin, RPh, is an insurance industry veteran with 30 years of management experience in vision and prescription drug plan administration. He is president of National Vision Administrators, Benecard Services and Heartland Fidelity Insurance Company.

SUN SAVVY SAVINGS PLAN FROM mesvision.

UP TO**
\$20
EXTRA

towards your
UV-blocking
Contacts



SUN EXPOSURE

to the eyes tends to be more constant in the **fall, winter and spring**, when the sun is lower in the sky.

More than
90% of UV
penetrates clouds

DID YOU KNOW? Like your skin, your eyes are sensitive to harmful UV rays. You might think UV is a concern only on bright, sunny days—but the facts might surprise you.

MESVision® Provides Real Choice

Access

Access to one of the largest vision provider network available with thousands of locations nationwide.

The MESVision® Network

The MESVision® network includes Real Choices in vision care providers:

- Independent Ophthalmologists (MD)
- Independent Opticians (OPT)
- Independent Optometrists (OD)
- Popular Optical Retail Chain Locations

Flexibility

You can utilize one provider for your examination and eyewear or you can choose to receive your examination from one provider and your materials from another provider. The CHOICE is yours!

Shop and Compare

ALL brands and ALL materials available. Shop and compare to receive the most value for your MESVision® benefit dollar.

Sun Savvy Savings

Up to \$20** towards your UV-blocking Contact Lenses and discounts on eyewear for your employees.

For more information on MESVision® plans or to research for an MESVision® provider, visit mesvision.com or call 714.619.4661



HEADS UP!

Brimmed hats offer no protection from UV rays **REFLECTED UP** from surfaces.



FRESH SNOW
reflects as much as
80% of UV radiation



ACUVUE® Brand Contact Lenses block at least **97% of UV-B** and **81% of UV-A** rays.*† as a minimum across the entire product line.

ACUVUE® Brand Contact Lenses, when worn with wrap-around sunglasses and a wide-brimmed hat, provide important added protection against the transmission of UV radiation.†



Provide your employees with UV blocking contact lenses and Sun Savvy Savings by MESVision®

Important information for contact lens wearers: ACUVUE® Brand Contact Lenses are available by prescription only for vision correction. An eye care professional will determine whether contact lenses are right for you. Although rare, serious eye problems can develop while wearing contact lenses. To help avoid these problems, follow the wear and replacement schedule and the lens care instructions provided by your eye doctor. Do not wear contact lenses if you have an eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. If one of these conditions occurs, contact your eye doctor immediately. For more information on proper wear, care and safety, talk to your eye care professional and ask for a Patient Instruction Guide, call 1-800-843-2020 or visit Acuvue.com.

*UV blocking percentages are based on an average across the wavelength spectrum.

†Helps protect against transmission of harmful UV radiation to the cornea and into the eye.

**Please call MESVision® for the Sun Savvy SAVINGS Plan details

Warning: UV-absorbing contact lenses are NOT substitutes for protective UV absorbing eyewear such as UV-absorbing goggles or sunglasses because they do not completely cover the eye and surrounding area. You should continue to use UV-absorbing eyewear as directed. **NOTE:** Long-term exposure to UV radiation is one of the risk factors associated with cataracts. Exposure is based on a number of factors such as environmental conditions (altitude, geography, cloud cover) and personal factors (extent and nature of outdoor activities). UV-blocking contact lenses help provide protection against harmful UV radiation. However, clinical studies have not been done to demonstrate that wearing UV-blocking contact lenses reduces the risk of developing cataracts or other eye disorders. Consult your eye care practitioner for more information.

ACUVUE®, ACUVUE OASYS®, 1-DAY ACUVUE® MOIST, HydraLuxe™ and ACUVUE® VITA® are trademarks of Johnson & Johnson Vision Care, Inc.

©Johnson & Johnson Vision Care, Inc. 2017

Third party trademarks used herein are trademarks of their respective partners.

mesvision.

Phone: 714.619.4661
PO Box 25209
Santa Ana, CA 92799-5209

mesvision.com



Communicating the Importance of Disability Management to Clients

By TOM FORAN

Working with a health condition is not easy, but as a broker, you have the opportunity to help alleviate that difficulty. The work you do and the program recommendations you give to guide your clients can help employees not only manage their condition, but thrive in the workplace despite it. From personal experience as a five-time Paralympic medalist in wheelchair racing and a VP at my company, I know that with the right support, an employee with a health condition can excel both personally and professionally.

The results achieved with proper support don't stop with the individual employee. A recent survey from The Standard found that disability management and an organization's overall productivity are closely linked. This means that your clients will likely see business improvement by partnering with a disability carrier that takes a comprehensive approach to disability management. A comprehensive approach addresses an employee's disability by looking at the whole person to determine the support he or she needs to stay productive and/or return to work.

While accommodations can be a cost-effective way to help keep people comfortable and productive at work, they can only help if they are used.

Many clients may not realize employees are often afraid to ask for help in the workplace, sometimes stemming from a fear of being labeled because of their condition. When an employee doesn't ask for help, it can potentially hinder him or her from receiving the type of support they need to stay at work or return to work sooner. In addition, a lack of understanding by a direct supervisor of what resources are available, or an inconsistent approach about how an employee's health condition should be handled in the workplace, can make the experience difficult for an employee.

These challenges present an opportunity for you to help your clients and their employees overcome barriers to recovery or productivity in the workplace. You can use the following three key survey findings from The Standard to help educate clients on the advantages of a comprehensive disability management approach, showing how it can have a positive impact on a workforce's overall productivity.

SURVEY FINDING #1: Based on who they approach, employees have inconsistent experiences.

According to the survey, when employees with health conditions were asked who they went to for assis-

tance, 38 percent went to their human resources (HR) manager, another 38 percent went to their direct supervisor, and 19 percent engaged both their HR manager and direct supervisor.

However, the survey also showed that depending on who the employees went to, they had different experiences. Specifically, of the employees who broached the topic with a direct supervisor, 49 percent felt they were treated differently in the workplace after sharing health-related information, while only 32 percent said the same thing after talking with an HR manager.

Diving deeper into the findings about the employee experience, the survey found that when employees are going to their HR manager versus their direct supervisor, they are more likely to feel positive about their experience. Specifically, 18 percent more employees felt relieved after sharing their health condition with an HR manager, 16 percent more felt valuable because they were accommodated after speaking with an HR manager and 23 percent felt more productive after receiving accommodations the HR manager helped them obtain.

How you can help: Employers set the tone for the employee experience, and an open environment that includes conversations around disabili-

Get Ready, Travel Season is Coming!



USAway Major Medical

INTERNATIONAL HEALTH INSURANCE



*LESS THAN \$8 PER DAY
FOR A FAMILY OF FOUR*

New Lower Rates!

\$5,000,000 Medical Expenses

\$250,000 Medical Evacuation

\$250,000 Repatriation of Remains

\$25,000 Accidental Death

\$5,000 Emergency Return

\$2,500 Trip Cancellation

\$500 Lost Luggage

Includes War & Terrorism

Optional Hazardous Sports

Available in all states except MD, NY, & SD



PETERSEN[®]
INTERNATIONAL UNDERWRITERS

(800) 345-8816 ♦ www.piu.org ♦ piu@piu.org

ity management can help employees feel more comfortable coming forward with a health condition. When employees start the conversation about their health condition and get the accommodations they need, they're more likely to be productive in the workplace (we'll dive into that more in Survey Finding #3). So, how can you help? Bringing these findings to your clients' attention and connecting them with a disability carrier can help prompt the changes needed to create a workplace culture that fosters inclusion and provides support for employees. That culture can ensure that no matter who employees go to for support, they're receiving the same care and feeling positive about the experience.

**SURVEY FINDING #2:
Working with HR managers produces better results.**

Taking it a step further, not only can working with an HR manager produce more positive feelings from the employee, but it can mean he or she is more likely to see results in the workplace. The survey results showed that employees who worked with their HR manager received more consistent communications, workplace accommodations and connections to other support programs that helped them return to work sooner.

The survey found that employees who worked with an HR manager returned to work 44 percent faster than employees who worked with their direct supervisor. Specifically, 18 fewer days of leave were taken by employees who worked with their HR manager.

With better overall satisfaction and a quicker return-to-work timeline, employees are more likely to be productive in their role when they talk with an HR manager about their health condition than a direct supervisor. Often, this is because HR managers are aware of additional resources that can help support employees in their return to work, including support from their disability carrier or wellness, disease management or employee assistance program.

How you can help: The good news is that these findings indicate areas for improvement and show that even more of your clients' employees with a health condition could be returning to

work faster or being more productive at work. To help clients make these improvements, you can use these findings to start a conversation about supervisor training. Everyone should be on the same page and up to date on workplace resources, helping bridge the gap in employee care. This sense of teamwork can ultimately help employees do their job more effectively and improve a client's bottom line.

Remind clients that their disability carrier can help facilitate training, which can offer tips for how to identify an employee in need, ways to initiate health-related conversations and when

"Reassure clients that developing an accommodations plan does not have to fall on their shoulders, nor does it have to be costly."

to appropriately communicate with an employee during leave. This can level the playing field between HR managers and direct supervisors, enabling everyone to help employees even from the first conversation. Training can help ensure consistent experiences for employees and more overall success.

**SURVEY FINDING #3:
Accommodations can be instrumental in helping an employee's productivity.**

Once you've helped your clients make it through the first step of disability management — establishing a comprehensive program and educating direct supervisors — it's time for clients to collaborate with their disability carrier to determine appropriate accommodations to help support employees and keep them productive at work.

According to the survey from The Standard, 93 percent of employees felt they could perform their job more effectively after receiving accommodations.

Accommodations can make a big impact, and they don't have to be complicated or expensive. According to the Job Accommodation Network, 59 percent of accommodations cost

absolutely nothing, while the rest typically cost only \$500. Sometimes, simple adjustments are exactly what an employee needs to help boost his or her productivity and help mitigate their illness or injury.

The survey showed that, of the accommodations provided to help support employees' health conditions or disabilities at work, many were simple adjustments:

- 62 percent said they were provided with flexibility to attend appointments
- 58 percent were provided with schedule modifications
- 40 percent noted they received workstation modifications

How you can help: Reassure clients that developing an accommodations plan does not have to fall on their shoulders, nor does it have to be costly. Clients can work with a disability carrier to create a tailored plan to meet each employee's unique needs. You can help by being the connection between employers and the resources available to help provide accommodations.

We, as advisers and carriers, have room to grow. More can be done to help employees feel comfortable in the workplace, educate clients on the advantages of providing accommodations to help employees stay healthy and productive at work, and train supervisors on how to support employees in need. Hopefully, these key survey findings can help you communicate the importance of disability management programs to clients, help them understand the value in partnering with a carrier that offers a comprehensive approach, and encourage them to take the necessary steps to make it happen. ★



Tom Foran is the vice president of underwriting and product development at The Standard and has worked in the insurance industry for more than 30 years. A graduate of the University of Connecticut, Tom has been with The Standard for three years. He is responsible for designing and pricing products and services that maximize an employer's human capital. Tom is also an active volunteer in the disability community, a five-time Paralympic medalist and former world-record holder in wheelchair racing.

Using Decision Support Tools

HELPING EMPLOYEES UNDERSTAND OPTIONS AND MAKE SMART CHOICES

By TRACY FUNK

When it comes to employee benefits, there is plenty of research to support a few essential facts:

- Employees often feel overwhelmed and confused. This leads to 90 percent of employees keeping the same plans whenever possible, even if they are no longer the best fit. It's much easier to say, "No changes, please," vs. go through the process of trying to understand and select new benefits.
- Many workers tend to over-insure themselves because they are afraid of high deductibles and do not understand how voluntary benefits can be used to offset out-of-pocket costs.
- Despite having insurance, many Americans are financially strained – more than half cannot afford to cover an unanticipated expense like an emergency room visit or a \$500 car repair.

When deployed properly, decision support tools can help employees walk away from their enrollment experience feeling that they truly understand and appreciate their benefits. Employees will also feel confident they have chosen the options that make the most sense for them and their families, whether it's the same plans they have enrolled in previously or not.

The right decision support tool will deliver a consumer experience that not only makes enrollment easier, but enhances employees' perceptions of the relevance and value of their benefits package. Studies show when employees feel confident in their benefits they feel positive about their employer.

WHAT IS A DECISION SUPPORT TOOL?

When it comes to employee benefits, there are many tools that help support the decision-making process for employees. Reference guides, benefit

libraries and videos are some of the easiest tools to deploy. Plan comparison tools and health cost calculators are examples of slightly more complicated decision support tools employers can provide. For a more interactive approach, many companies choose an avatar or some form of AI as part of their decision support package to help educate their employees.

The most sophisticated tools take input from employees, including demographic and utilization data, and make a recommendation to the employee on the right benefit or benefits package for them and their families. This high level of decision support can not only assist employees in their enrollment, but also allows them to gain a better understanding of the benefits they're enrolling in and why.

KEY QUESTIONS

There are many questions employers need to ask themselves when determining whether to offer a decision support tool. Here are some key questions for employers to consider when looking for a decision support solution:

How and when do your employees access information? If your employees will be enrolling for benefits at home or on the go, you will need to ensure your decision support tool is available through the web or mobile device.

How do you plan to deploy the decision support solution? Are you having an active enrollment? Do you want all employees to receive a recommendation? Or, do you want to provide a solution that employees can access only if they choose?

How much time can you invest in the setup and maintenance of the tool? Will the vendor you choose do most of the setup, or is that something that you control? Are there screens that you will need to configure, rules you

need to develop, and decision trees you need create? When your plans change at the next annual enrollment, will you need to update any questions, rules, or decision trees? Does the vendor assist with this, or are you required to make these changes on your own?

How often do you want your employees to be able to use the decision support tool? Do you want a tool that helps employees as they use their benefits or only for enrollment? Is it available for new hires and life event enrollments or is this something you intend to use only during annual enrollment?

WHAT SHOULD YOU LOOK FOR?

When most people think of decision support tools, they often focus on medical decisions. However, employees should consider their health plan choices in the context of their other benefits. In addition to traditional insurance benefits, an employer may have other benefits such as wellness, EAP, transportation, financial wellness, voluntary insurance and/or other programs that may also need to be considered. Tools that help employees understand how all their benefits can work together to create their overall financial protection package are much more powerful than those that isolate the decision to a single plan type.

One of the biggest decisions is whether your decision support solution will be integrated within the benefit administration platform, a standalone solution, or available through another site (e.g. HRIS, Intranet, shared network drive). A decision support tool that is integrated with the benefit admin system provides employees with a more seamless experience, since they will not have to access more than one system to complete their enrollment. Integrated tools also tend to enforce plan and
(Continued on Page 46)

MORE EMPLOYERS OFFER FERTILITY BENEFITS AND RELATED PROGRAMS TO SUPPORT DIVERSITY AND RETAIN TOP TALENT.

Key insights from the 2017 Willis Towers Watson Maternity, Family and Fertility Pulse Survey

Employers are increasingly looking at a full suite of fertility and pregnancy-related benefits and services, including maternity leave, to meet today's changing workforce needs.



53% of employers are putting more emphasis on **maternity/fertility** as a specific clinical area to improve member health and reduce costs.¹

Fertility

What's driving gains in fertility benefits for employers?



66% of employers expect to offer fertility benefits by 2019, up from 55% in 2017

81% of employers that offer fertility benefits plan to extend these to **same-sex** partners by 2019, up from 65%

Factors driving enhancement of fertility benefits include:



Contraception

Nearly all employers provide some form of coverage for contraception, but a recent Trump administration executive order allows them to forgo this coverage based on religious or moral objections. Still...



Nearly 100% of employers are planning to **keep contraception coverage** the same over the next few years.

Maternity

What types of maternity benefits are companies offering?



84% of employers offer a **maternity care management** program, with the overwhelming majority doing so through a **health plan**.

Employers are also offering the following programs, through a **plan** or **external vendor**:

		Through health plan	Through vendor
50%	Neonatal intensive care unit medical management program	49%	1%
48%	Programs to assist new mothers in initiating and maintaining breastfeeding	41%	7%
21%	App-based mobile phone fertility or maternity program	16%	5%



More than half of employers offer a stipend for **adoption**, but far fewer do so for **surrogacy**. However, employers are offering a **greater stipend** for **surrogacy** services.

Adoption	51%	Surrogacy	7%
Mean benefit:	\$6,172	Mean benefit:	\$11,049

Paid parental leave

More than 50% of employers offer **paid parental leave (PPL)** to **mothers** and **fathers** they employ. By **2019**, this percentage could rise to as much as **80%** for **mothers** and **75%** for **fathers**, but...



25% of these employers currently **differentiate** between **primary** and **secondary** caregivers to determine the eligible number of weeks.

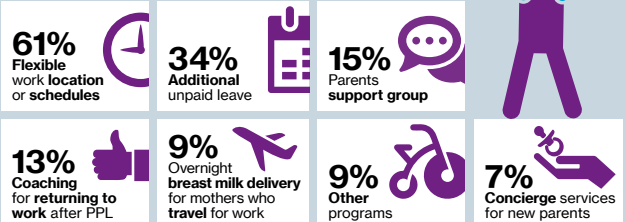
The **gender gap** narrows for PPL benefits.

	Mothers	Fathers
Percentage of employers offering PPL	56%	51%
Average number of weeks of PPL offered	7.5	5.2
Average percentage of pay during leave	97.2%	98.1%
Percentage of employers offering PPL for:		
Adoption	50%	50%
Same-sex parents	48%	48%
Surrogacy	43%	43%
Foster child placement	30%	30%

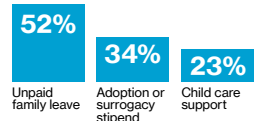
^{*}Exclusive of short-term disability insurance

What else are companies doing to support new parents in their organizations?

About **4 in 10** employers offer **child care benefits** beyond a dependent care flexible spending account.



Employers are also beginning to support **part-time employees** with maternity and child care benefits.



¹2017 22nd Annual Willis Towers Watson Best Practices in Health Care Employer Survey
Source: Willis Towers Watson 2017 Maternity, Family and Fertility Pulse Survey



With group plans that offer both choice and savings, you'll easily find what you're looking for.

Choice Simplified offers businesses a portfolio of plans that help employees select the product, price and network that works best for them. And with some of the most competitive rates in California, you'll want to take a closer look.

Not For Consumer Use

*Based on a January 2018 comparison of other UnitedHealthcare plans within the Choice Simplified portfolio. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health Plan coverage provided by or through UnitedHealthcare of California. Administrative services are provided by United HealthCare Services, Inc. and its affiliates.

MT-1161141.0 11/17 ©2017 United HealthCare Services, Inc. 17-6443



Find out how your clients can save up to 20%.*
Visit uhctogether.com/casb or call your sales representative today.



Network Navigation Know-How:

KEY TO YOUR SUCCESS IN 2018

By RON GOLDSTEIN

One thing small business owners and managers – and their employees – hope for when shopping for employee health insurance benefits is access to their preferred doctors and hospitals. After all, it's hard enough to find a health care professional you feel comfortable with, but ensuring he or she is part of your health plan's network can seem overwhelming.

Today, employee benefits advisors must serve as a network navigator, expertly steering business owners through an array of plan options offered in narrower or more limited provider networks. While narrow and limited networks are attractive to insurers and employers as a method to help them hold down health insurance costs, these networks also require brokers be fully versed on the number of available choices. This helps to assure small businesses and their employees of access to the health care professionals they want when making a health plan selection.

The good news is there are multiple tools health insurance and employee benefits brokers can add to their arsenal. Among them is a multi-carrier private health exchange program. A well-structured exchange provides brokers with a diverse selection of health insurance plans in a single program. It delivers an assortment of coverage options that allows each employee to select a health plan that best matches his or her specific individual or family health care needs.

What to Consider When It Comes to Network Navigation

As you prepare for your renewals in 2018, there are three important things to consider:

1) KNOW THE NETWORK NITTY-GRITTY:

It was not that long ago that more networks than not included nearly all of the physicians, specialists and other providers that employees wanted to access. But, as carriers moved to adapt to health care reform, many rebalanced their options, aligning health care providers with the Affordable Care Act (ACA) metal tiers and other mandates. Meeting the new ACA requirements meant cutting back, adjusting costs and (in many instances) led to reduced or limited access networks for care through some contract-

ed health plans.

The result? Brokers now face the challenge of ensuring the medical groups, hospitals, doctors, pharmacists and other health care providers wanted by their clients are in a particular insurance plan's network.

Smart brokers are taking this challenge as an opportunity to prove their value to their clients. They understand network variety – and the availability of carriers and doctors – in multiple networks is important. While a particular doctor or hospital might have traditionally only been available in one plan or network (from one carrier), it might now be available through multiple smaller, lower-cost networks.

2) NARROW NETWORKS ARE THE NORM:

Narrow or limited network plan options are gaining popularity. According to reports from the Kaiser Family Founda-

DESERT CITIES ASSOCIATION OF HEALTH UNDERWRITERS
presents the
2018 Desert Health Care Summit

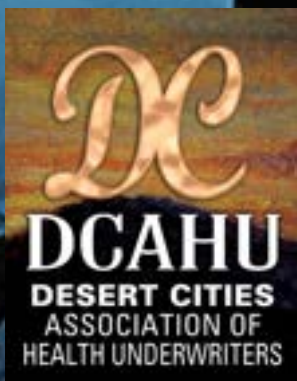
ONE

**IS THE LONELIEST
NUMBER**

SINGLE-PAYER DISASTER

**Thursday, April 26, 2018
7:30 am - 2:00pm**

**Palm Valley Country Club
39205 Palm Valley Dr.
Palm Desert, Ca. 92211
www.dcahu.org**





tion and others, more and more employers are basing their contributions to their employees' health plans on limited or regional carrier networks.

Providing options from multiple insurance carriers, in several different benefit tiers, is an excellent way to connect employees to the health coverage that is right for them.

At the same time, workers are able to be more actively involved in identifying and selecting the coverage they need, focusing on accessing providers who are in-network and offer them services at a discounted cost.

Indeed, network adequacy is important to consumers. According to a 2016 Kaiser Family Foundation survey, more than half of consumers believe health plans need to have sufficient doctor and hospital networks. This ranked as third most important after the high cost of drugs for chronic health conditions and actions by the government to lower prescription drug costs.

With guidance from a knowledgeable broker, most employees in a group will be able to find their preferred physician or hospital within an available network. That is especially true for those who have access to multiple plans and networks in a multi-carrier private exchange program.

Additionally, some narrow networks may actually provide richer benefits, often at lower overall costs. That makes them even more attractive to employers and employees.

3) CUSTOMERS DEMAND CHOICE:

A one-size-fits-all plan or network does not work anymore. Consumers expect and want more. Brokers can help turn this into an advantage for their clients, especially given the rising demand for freedom-of-choice when it comes to health care customization and other aspects of daily life.

Whether an organization has two, 25 or 100 workers, the businesses are each likely to have employees of different ages, family composition, and lifestyle with different health care needs, and who want to choose from different types of health care options. Many may also have pre-existing health conditions.

A multi-carrier exchange allows workers to choose from multiple carriers and plan types, including HMO, EPO, PPO and Health Savings Account (HSA) eligible plans. One worker who may not visit the doctor often, or who doesn't have dependents to cover, may choose an HMO because of its low cost. Another employee may have unique personal, family, or medical needs best served by a PPO. Someone else may be better served by an HSA because of its cost and tax advantages.

In the same way that Californians have many entertainment choices, consumers with access to a private exchange also have multiple options

for their health care. Entertainment junkies may choose cable services costing hundreds of dollars monthly, while those more disciplined or cost-conscious viewers may choose subscription services like Hulu or Netflix at a cost of less than \$15 per month. Quantity does not necessarily trump a "skinnier" option if the subscriber gets what he or she wants and values.

The same holds true for individuals and the increasing multi-carrier and network options from which they can choose. The right plan is the one that caters to the buyer's specific needs. As a broker, you may need to help shine a light on the best option.

More than at any time before, it is important for brokers to understand the value – and potential limitations – of narrow and limited provider networks.

Dive into the networks. Learn all you can about them. The more you know, the better it will serve you and your clients. ★



Ron Goldstein, CLU, is president and CEO of CHOICE Administrators®, which provides health insurance options and provider access to small businesses and their employees. He also created and currently manages America's longest-standing, state-approved exchange, CaliforniaChoice. For additional information, please visit <http://www.mycalchoice.com/>.

1035 REASONS YOUR ANNUITY CLIENTS WILL TALK TO YOU ABOUT LTC

By JESSE SLOME

Americans love their annuities, as well they should. Over the past five years, they have invested almost \$1 trillion in this favorite retirement planning vehicle. Chances are, you may have sold one or two fixed or variable annuities ... maybe you've sold quite a few more.

In fact, 2001 was the last year annual U.S. annuity sales were below \$200 billion. And, annuity owners like dealing with insurance agents and brokers because they account for roughly 60 percent of all U.S. annuity sales.

What we also know to be true is that far too few individuals have undertaken any planning for long-term care (LTC). Their reasons are plentiful and honestly, hard to overcome. It's even harder to convince an individual who has diligently set aside retirement funds which, in their minds, can be utilized should a need for care arise. I have 'what if' savings so why buy something I might never need or use is the common objection.

But a new opportunity awaits agents and as interest rates rise, the opportunity can be expected to grow exponentially. The opportunity targets millions of aging individuals who have their 'what if' money already invested in an annuity. An increasing number of agents are successfully utilizing Section 1035 exchanges to help clients repurpose existing annuities into a linked-benefit annuity that provides both continued tax-deferred growth along with significant tax advantages and leverage should a need for long-term care arise.

"Americans have nearly \$3 trillion in fixed and variable annuities set aside as part of their retirement planning strategy," reports Chris Coudret, vice president and chief distribution officer at OneAmerica. "Many of these individuals could benefit by taking advantage of a 1035 exchange, which could



offer tax benefits as well as provide long-term care benefits, should they be needed."

What are 1035 exchanges and more importantly how can you effectively communicate their benefit to your annuity clients? Let's explore this opportunity.

1035 EXCHANGES: A POWERFUL TOOL

The Section 1035 Exchange provides a powerful tax-advantaged way to repurpose an existing annuity or life insurance policy to one that also provides long-term care benefits.

Part of the Pension Protection Act (PPA) passed by Congress in 2006, the 1035 provision became law in 2010. Arriving on the heels of the Great Recession, it's no wonder that little attention was paid.

But that has changed. Many Americans, including those already retired, are again feeling more financially secure. Millions of these Medicare beneficiaries realize they are now closer to the age when LTC services may be needed.

A key benefit of the PPA allows withdrawal of funds from a qualifying annuity to pay LTC costs income tax free. Monies withdrawn from annuities that do not meet PPA provisions may be subject to taxation--even if

USING YOUR TRADITIONAL ANNUITY

TO PAY FOR LTC EXPENSES

\$200,000 currently available in a non-qualified annuity
Annuity owner, age 66 and spouse, age 62



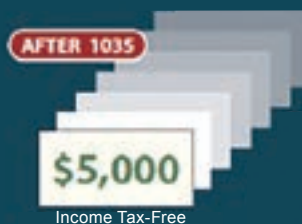
Withdrawals of \$5,000/Month to pay for LTC

Roughly 40 months of withdrawals
Withdrawals are taxable to extent of gain

USING A 1035 EXCHANGE TO REPURPOSE INTO A

PPA-QUALIFIED LINKED-BENEFIT ANNUITY

\$200,000 exchanged to a linked-benefit annuity
Spouses, ages 66 and 62



Withdrawals of \$5,000/Month to pay for LTC

Lifetime (unlimited) – payments, income tax-free

they are used to pay for LTC expenses. The example shown depicts how a single annuity presently valued at \$200,000 can be repurposed into an annuity that provides a lifetime of LTC \$5,000 monthly payments for both spouses. The benefits are received income tax free and if neither spouse needs LTC and the second spouse dies at 94, the linked benefit annuity pays the designated beneficiaries \$202,000.

IDEAL 1035 EXCHANGE ANNUITY PROSPECTS

The ideal annuity owner to explore a 1035 exchange for an Annuity + LTC PPA compliant annuity generally will have owned their annuity for a sufficient period of time that any surrender charges have ended or are minimal. While some experts argue that the value of added leveraged LTC benefits and the potential tax advantages can be worth a nominal surrender charge, my contention is that an annuity free of charge is your ideal candidate. That



New AALTCI Online Guide Explores 1035 Exchange

A 24-page guide focused on 1035 Exchanges has just been created by the American Association for Long-Term Care Insurance. To access or download the guide go to www.aaltci.org/1035

said, as interest rates start to climb, a higher new money rate could compensate for charges,

"Annuity owners in their 60s and 70s are ideal," explains Craig Matesky, president of ACACIA Insurance Services, headquartered in Newport Beach, CA. "They are not comfortable self-funding their LTC risk and are turned off by the 'use it or lose it' nature of traditional health-based LTC insurance."

What they find attractive is the added leverage along with the tax advantages, Matesky points out. A 70-year-old with an annuity currently valued at \$125,000 could withdraw \$5,500 a month to pay for LTC. But, some of the payments could be subject to taxation and after 23 months the annuity would be depleted.

By repurposing the current annuity into a linked-benefit Annuity + LTC policy, they gain the increased leverage of \$503,000 of tax-free LTC benefits. At age 85, the LTC pool is \$543,000 with monthly benefits of \$5,600 for up to 72 months.

STRATEGIES FOR APPROACHING CLIENTS

Imagine a long-term care insurance marketing strategy where you don't have to scare prospects? Even better, envision offering them a solution with no out-of-pocket expenditure.

That is the significant appeal of marketing 1035 exchanges to your existing annuity clients. You can simply explain that changes in the tax law have been implemented because Congress understood that Americans like annuities as a way to set aside funds for retirement and recognized adding tax advantages would motivate more people to avoid dependence on Medicare and Medicaid (Medi Cal) for their long-term care.

Their current annuity is an ideal retirement savings vehicle. But, Congress and the IRS approved features and benefits that offer improved options. And, just as people trade in their cell phones for new versions that offer greater options and benefits, it can be worth considering new versions of these annuities.

The "No-Cost Long-Term Care Plan" offering the potential of unlimited, 100 percent tax-free payments should you (or your spouse) need long-term care should be a sufficiently enticing offer to generate interest.

Finally as interest rates rise, annuity products offering LTC linked benefits should continue to be more attractive. That will encourage more companies to enter the marketplace.

According to LIMRA even as the number of companies offering Annuity + LTC combination products declined from eight companies in 2011 to five companies in 2016, sales have increased 23 percent on average annually since 2011. While the amount is miniscule in terms of overall new annuity sales (\$480 million in 2016), we are undertaking an aggressive consumer awareness campaign. If past efforts are a predictor of future results, I have never been more optimistic.

Often the one who enjoys the greatest success is the first to jump on-board. In my humble opinion, after three decades focused on long-term care insurance planning, this is the time to jump on this opportunity. ★



Jesse Slome is the director of the American Association for Long-Term Care Insurance (AALTCI), headquartered in Westlake Village, California. He can be reached at Jslome@aaltci.org.

OFFERS FOR AGENTS WHO

Sell Med Supp

Add your listing to the

#1 FIND A LOCAL AGENT DIRECTORY

www.MedicareSupp.org/get-listed

20% Cal Broker Offer
Enter the Referral Code - CB20

Watch videos from National Med Supp Sales Summits

www.MedicareSupp.org/videos

Take It Easy

Free electronic enrollment setup with EaseCentral and Dickerson

You and your clients deserve online enrollment and onboarding tools that play well with others to help streamline the entire benefits enrollment and HR management process. EaseCentral offers a singular benefits administration platform with robust features, designed to make the process hassle-free for everyone — from brokers, to HR, to employees.

For more than a half century, Dickerson Insurance Services has provided brokers with cutting-edge products and services. Contact your local Dickerson team member today, and let us help ease the burden of finding the right solution.



We're your single source of contact that opens countless doors.



Dickerson Insurance Services
Authorized General Agent

Headquarters: 1918 Riverside Drive
Los Angeles, California 90039
License #0F69768

(800) 457-6116
www.thebrokersga.com
sales@dickerson-group.com

Connect with Dickerson





The Sandwich Generation: TAKING CARE OF KIDS, PARENTS

INNOVATIVE EMPLOYERS PROVIDE SUPPORT

By DENNIS HEALY

Have you heard the phrase “sandwich generation”? This label refers to Americans who are working, raising children and caring for aging family members – and I see more friends and colleagues in this situation every day. Right now I have several friends with a sick or aging loved one they are partially responsible for taking care of in addition to all their usual day-to-day duties. Statistics from the National Alliance for Caregiving explain why this is becoming more of the norm: nearly one in three Americans serve as a family caregiver.

Considering the nearly 75 million baby boomers (Americans born between 1946 and 1964) starting to age out of the workforce and move into their retirement years, that number

will likely continue to increase. In fact, by the year 2030 the U.S. Census Bureau estimates one in five Americans will be 65 years of age or older.

As the legion of sandwich generation members grows, we — as a society, as organizations, as individuals — need to figure out ways to make caregiving less stressful. Because the fact is, most of us want to help provide care for our loved ones. We want to be there for a sick or aging parent because they have always been there for us. We care deeply about their health and emotional well-being, and we want to be involved in decisions about where they will live and be able to check in on them frequently.

With so many people experienc-

ing these situations – and even more who will be experiencing them in the decades ahead – employers are beginning to ask, “how can we support the sandwich generation?” “How can we support caregivers?” You can help employers figure out the best resources and benefits to provide their employees by walking them through the following questions:

- Does the company culture encourage employees to prioritize caring for their loved ones? Many companies have policies in place when a spouse or child is ill, but less common are companies who have policies that include when a parent, grandparent or other extended family member needs care.
- Can the company be flexible when

LAAHU

AMERICA'S
BENEFIT
SPECIALISTS

ANNUAL CONFERENCE

FIELD

DAYS

April 11th-12th

2018



Register
Today

HR break
out sessions
certified
by EBPA!

LA CONVENTION CENTER NEW EXHIBIT HALL



- **Washington DC update** and how it impacts employers and benefits – *Janet Trautwein, CEO of NAHU*
- **Guest speakers** and two days of networking
- **Get the CE courses you need!**

Attire: Business Casual, Sport or Team Themed

Register today at www.LAAHU.org or call 800-676-1628

PIHRA members get the member rate

(Select affiliation PIHRA on the online reg form to receive discount)





A CLOSER LOOK AT EMPLOYEES IN THE SANDWICH GENERATION

The majority of them are middle-aged.

- 71 percent fall between the ages of 40 and 59.

But a growing number of “sandwiches” are younger.

- One in four caregivers is a millennial — many of them caring for young children and aging parents.

Being a “sandwich” impacts an employee’s finances.

- 1 in 7 middle-aged adults are providing financial support to BOTH an aging parent and a child.
- Family caregivers spend an average of \$6,954 per year on out-of-pocket costs related to caregiving.

It impacts an employee’s productivity.

- Nearly half (49 percent) of caregivers regularly arrive to their workplace late, leave early and miss days of work.
 - Caregiving reduces employee work productivity by 18.5 percent.
- It impacts an employee’s health (and an employer’s health care costs).
- Employees caring for others cost employers 8 percent more in health care costs on average.



an employee has caregiving duties? Common responsibilities that come with caregiving include attending doctor’s appointments with an aging loved one or needing to attend meetings about financial considerations and housing options. Companies that can provide employees some flexibility in terms of taking time to attend to these responsibilities — whether it’s in the form of flextime, working remotely or other options — communicate that they truly value their employees and will be there to support them.

- Are there caregiving resources the company can make more easily accessible to employees? The many different decisions involved with caregiving can be overwhelming — and researching the various options can be very time-consuming. HR departments that compile a list of resources (local organizations and experts, support groups, facilities, etc.) for caregivers save employees time (and in turn benefit the company by

improving productivity).

- Does the company provide benefits that relieve the financial burden of caregiving? An ARAG legal insurance plan includes caregiving services that can help employees find long-term care facilities and negotiate savings between 10 and 35 percent. And while long-term care insurance has faced its challenges, there are new, more viable options now entering the marketplace that could be helpful for employees.
- What is the company doing to help employees manage stress? Companies that can offer stressed and overwhelmed employees wellness benefits to deal with everything they are juggling in life may help improve an employee’s well-being and productivity. Some companies are starting to think outside the box by offering yoga and meditation, lunch and learns about managing stress and seminars on common stressors like finances. You may also want to suggest benefits like ARAG’s fi-

nancial education and counseling services (See this video for more info: <https://www.youtube.com/watch?v=77EYJCH-59U0>)

Family caregivers are on the rise, sandwiched between their normal responsibilities at home with their kids and additional duties they’re taking on to support aging parents and other loved ones. Companies that care ask these questions to make sure they’re providing the best available resources to help their employees at work and at home. ★



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 more than 25 years of insurance industry experience, with a primary focus on the sale of group voluntary benefit products to employer groups of all sizes through brokers, consultants and employee benefit exchanges.

Need An Energy Boost?

GET INVOLVED IN YOUR CAHU CHAPTER!

By NAAMA POZNIAK

The insurance industry is one that experiences constant challenges. If you survived the recent open enrollment – which was a brutal one – you know what I mean. Producers are challenged every day as we do our best to guide our friends, family, and clients through a fractured health-care system. It seems we’re always in a position where we have to find solutions to the many needs presented to us on a daily basis.

I know that sometimes the challenges can leave us drained. One of the solutions to this that I’ve discovered is to do the exact opposite thing you might expect: I’ve thrown myself into the industry even more. Last year I was one of the organizers for the Los Angeles Association of Health Underwriters (LAAHU) Women in Business Fashion Show, for example. I’ve been a part of LAAHU as a member and I’ve been honored to serve on the LAAHU board for many years.

Serving on the LAAHU board encompasses many responsibilities, including assuming a position of leadership, working with members and speaking out on behalf of our organization. I didn’t fully understand the true impact of this fashion show, however, until we actually brought the event back for another year. So many beautiful industry colleagues and partners came together in collaboration to recreate this important event. It was truly heartening to see the industry come together to celebrate the gift of women in business and to support our charity. The food was top-notch and the service was impeccable, as The Four Seasons hosted us in a day filled with special moments. The celebration reminded all women in insurance that our important roles are continuing to evolve in this industry.

The beauty of giving back and having the opportunity to share our hearts and souls with one another is a wonderful thing. I am always amazed by my own personal growth while working with LAAHU. For me, leading and co-chairing enables me to encourage other women to step up and lead too. I am thrilled to be a conduit to allow other women to be acknowledged and recognized in an industry that has traditionally been dominated by men. I was recently surprised to learn that businesses that employ at least 30 percent women in their management force are more successful and balanced than companies that don’t. It’s not easy to be a woman in business -- eternally striving to find the balance between our career, families and more --but I’m never more proud than when I’m surrounded by women in insurance making a difference.

Being involved with LAAHU has always been a treasured opportunity for me to reflect deeply about myself, the industry, giving back and more. Now I’m taking this opportunity to call all of you for duty, to call each and every one of you to show up. Now is the time to shed all your insecurities. It is the time to come together and serve side by side. We can create change that will make a difference, a difference that sometimes is even bigger than we can understand.

I would like to encourage each and every one of you to at the very least join your local chapter of NAHU/CAHU. Go to an event, meet a few people. See how you can pitch in and make a difference and feel how energizing it is to be involved. Right now, the industry needs all of us – including you!

Note: Find out more about the California Association of Health Underwriters, including links to statewide local chapters, at <http://www.cahu.org/home>. ★



Naama O. Pozniak is Paz Holding Inc.’s (dba A+ Insurance Service) CEO and strategic health insurance advisor , being of service in the industry for almost 30 years. Naama is also a yogi and a primordial

sound meditation instructor, certified by the Chopra Center. Since a very early age, Naama has been practicing yoga and meditation. She is currently a certified healthcare reform specialist and a Covered California Champion Certified agent. Together with her team, she has helped several thousands of people to enroll in Covered California, since January 2014. Naama’s message and background has taken her to a very successful career in the insurance industry where she has been awarded and recognized as the “Most influential Woman” in benefit advising for 2016 and 2017. She is recognized nationally as the Top of the Table producer and holds the Soaring Eagle Award. She is currently serving as the PAC & HUPAC Chair for LAAHU and as NAHU Region 8 LPRT Chair.



CATCHING UP ON VISION NEWS...

Here's what been happening in the world of vision lately...

HOW DOES VISION RANK?

Employee Benefit News named vision benefits as #8 on their Top 10 Must-Have Employee Benefits. Employees polled say vision falls right behind home insurance (#6) and life insurance (#7) as coverage they must have. The latest MetLife Employee Benefit Trends Study found that more than half of employees say vision is an essential benefit — especially for employees faced with limited funds. Yet, despite this large demand for vision benefits, only half of employers offer vision coverage. Good news though: a growing number of employers are open to a more holistic view of the product, a trend that may eventually fix the inequity between demand and supply.



SUN LIFE ADDS VISION CHOICE

Sun Life has added the Vision Choice plan to its vision offering, rounding out a group benefits portfolio that includes dental, disability, life and voluntary (accident and critical illness plans).

Sun Life Vision plans, available through VSP® Vision Care, offer a variety of plan design and co-payment options, as well as an elective contact lens rider. The plans provide access to VSP's network of eye doctors and are accepted at more than 1,000 optical stores and online retailers nationwide. For more information on Sun Life's vision and dental products, please visit www.sunlife.com/dentalandvision.

DAVIS VISION OFFERS SLICK MOBILE APP

Davis Vision's mobile app allows members to find eye docs, check eligibility and benefits, track glasses orders and more. Get it at Google Play or the Apple App Store.



VSP LAUNCHES SMART GLASSES THAT GIVE BACK

As if your glasses didn't make you look smart enough, VSP is taking the whole thing up a notch. Beginning in March, the company rolled out Level™ smart glasses, specs that feature activity-tracking technology seamlessly embedded inside the temple of an optical frame. The technology tracks activity via an accompanying smartphone app and as wearers reach daily step goals they earn points redeemable for a donation of vision care services to individuals in need.

Level smart glasses began in 2015 as the Project Genesis prototype within VSP Global's innovation lab, The Shop. A partnership and academic study with USC Center for Body Computing soon followed in 2016, with results published last September in the NEJM Catalyst. The best part? Most VSP members will be able to apply their vision care benefits toward the purchase of Level smart glasses.

DAVIS + SUPERIOR MERGE

Centerbridge Partners announced that they have closed on their multifaceted transaction to acquire Davis Vision. Davis Vision is now affiliated with Superior Vision, Centerbridge's existing managed vision care portfolio company, with Highmark now owning a minority interest in the joint managed vision care business. The company says advantages of the Superior Vision – Davis Vision combination include:

- **Real Choice for Customers:** Combined, Superior Vision and Davis Vision can offer a larger suite of outstanding vision benefit services that best meet members' needs.

- **Broadest Access in the Industry to Quality Vision Care:**

Both Superior Vision and Davis Vision offer extensive provider networks with strengths in complementary areas. The new entity will enable/sustain multiple networks, ensuring there is a provider network that meets each customer's requirement.



- **Driving Value:**

Together, the two companies manage more than 33 million members. Superior Vision and Davis Vision can leverage their position in the industry to develop new services, expand existing services and to establish provider relationships that maximize the value delivered.

TRANSFORMING THE BUSINESS OF HEALTH

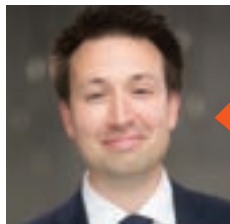
OCTOBER 28-30 | ORLANDO, FLORIDA

Employer Healthcare & Benefits Congress Has Now Evolved Into HEALTHCARE REVOLUTION.

#HREVconference is connecting and transforming professionals into agents of change.
Learn how you can be part of the discussion, take action, and be a
disruptor to catapult the industry forward!



PIONEER SPEAKERS



LEE LEWIS
AVP & Managing
Director,
Innovation
Lab Practice
Arthur J. Gallagher



TOM VERTICH
Benefits Strategy
Manager
American
Airlines



**KEMBRE
ROBERTS**
People Manager,
Benefits & Labor
Strategy,
Southwest Airlines



**ALEXANDER P.
VOITOVICH**
Executive Director,
Global Benefits,
Marsh &
McLennan
Companies, Inc.



DR. LORI STETZ
Senior Medical
Director,
Aetna
International



**DR. RON
LEOPOLD**
Chief Medical
Officer,
Lockton Benefits
Group



JOIN THE PIONEERS IN HEALTH AND BENEFITS

GET YOUR TICKET TODAY!

GO TO WWW.HEALTHCAREREVOLUTION.COM

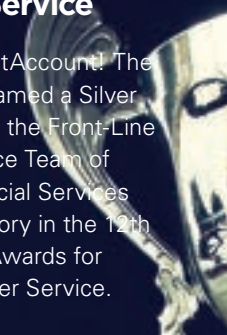
USE THE CODE **HREV18** TO GET A **20% DISCOUNT**

CVS-AETNA DEAL ONE STEP CLOSER

Shareholders voted to allow drugstore chain CVS Health to buy health insurer Aetna, in a deal that both parties say will transform the way healthcare is delivered. The agreement, estimated at \$69 billion in cash and stock, would combine health coverage options with drugstore capabilities and a pharmacy benefits platform. Even after clearing this shareholder hurdle, the CVS-Aetna merger must be approved by the Justice Department and the Federal Trade Commission. "When this merger is complete, the combined company will be well-positioned to reshape the consumer health care experience, putting people at the center of health-care delivery to ensure they have access to high-quality, more affordable care where they are, when they need it," Larry Merlo, CVS Health president and CEO, said after the vote.

SelectAccount Named Silver Winner in 2018 Stevie® Awards for Sales & Customer Service

Way to go SelectAccount! The company was named a Silver Award winner in the Front-Line Customer Service Team of the Year – Financial Services Industries category in the 12th annual Stevie® Awards for Sales & Customer Service.



LifeSecure Launches Critical Illness Product

LifeSecure Insurance Company has expanded its suite of supplemental products by launching Critical Illness insurance. The product is now available to individuals, families, and employers and their employees in 16 states with additional

states soon to follow. LifeSecure's Critical Illness insurance provides a lump-sum payment between \$5,000 and \$50,000 for individual coverage, and \$10,000, \$15,000, or \$20,000 for worksite coverage.

LANDMARK DISCONTINUES SALE OF NEW INDIVIDUAL & FAMILY CHIROPRACTIC PLANS

Landmark announced that the company has discontinued the sale of new chiropractic plans to individuals and families. Members that are currently enrolled in one of these plans will not be affected with respect to accessing their plan benefits or provider network through the end of their policy term. All enrolled members will be notified 31 to 60 days prior to the end of their policy term that the chiropractic plan they are currently enrolled in will be discontinued and no renewal option will be available. Currently enrolled

members should continue to pay their plan premiums and access care to the end of their policy term up to their maximum allowable annual visits. Landmark's employer group plans are not affected by the discontinuing sales of new individual and family plans. Should clients need assistance with finding a provider or any other aspect of their Landmark plans, please have them visit <http://www.lhp-ca.com/> or call customer service at (800) 295-4875, option 2.

MOST U.S. ADULTS BELIEVE AFFORDABLE HEALTHCARE A RIGHT

The nonprofit Commonwealth Fund's Commonwealth Fund Affordable Care Act Tracking Survey says most U.S. adults, regardless of political affiliation, now believe all Americans should have the right to affordable health care. That said, 36 percent of Americans who have health coverage through the ACA's marketplaces and 27 percent with Medicaid are pessimistic about keeping their coverage in the future; half point to recent federal actions.

Legal Club Partners with U.S. Legal Forms to Provide Members with Online Forms

Legal Club has entered into a partnership with U.S. Legal Forms, Inc., a national online publisher of state-specific legal documents. U.S. Legal Forms will provide over 85,000 forms to Legal Club's millions of members. Most of these forms are ready to use without additional review by an attorney. Forms are available to members online at legalclub.com.



Association's Medicare Supplement Insurance Agent Directory Celebrates First Anniversary

The online directory of local insurance agents who specialize in Medicare insurance planning celebrated its first anniversary. "Nearly 1,000 agents have added their listing and we continually receive acknowledgements from both consumers and agents who find the resource of value," says Jesse Slome, director of the American Association for Medicare Supplement Insurance (AAMSI). AAMSI's directory is the only national third-party resource where consumers can exclusively find local Medicare insurance agents. To access the Find A Medicare Supplement Agent directory, visit medicaresupp.org. AAMSI also organizes the national Medigap convention with the involvement of leading companies who are committed to the growth of the industry.

AIG Unveils More Competitive Term Life Insurance Rates

AIG announced new lower rates for Select-a-Term, the flagship term product issued by American General Life Insurance Company (AGL) and The United States Life Insurance Company in the City of New York (US Life). Select-a-Term, which has long featured a choice of 18 term durations, now offers reduced premiums for face amounts of \$250,000 and more. Select-a-Term offers guaranteed level term coverage for 10-year, 15- through 30-year, and 35-year terms, with renewable coverage until age 95. For more details, visit AIG.com.

AFLAC HELPS FIGHT CHILDHOOD CANCER



Aflac announced an agreement with Children's Miracle Network Hospitals® to sponsor several key events throughout the year, including the second annual #ChildrensHospitalsWeek. Aflac will also sponsor the CMN Dance Marathon Leadership Conference in July and five select Miracle Network Dance Marathon events held at universities across the country. More info at aflacchildhoodcancer.org.

EVENTS

LIMRA LIFE INSURANCE CONFERENCE

April 9-11, Marriott Downtown Magnificent Mile, Chicago, IL Using predictive modeling, data scientists at LIMRA's new Center of Excellence for Data Analytics have identified factors that influence individual life insurance buying behavior and have built profiles of types of customers who are likely to buy. This analysis, along with experts of social economics and customer experience, will be featured at the conference, which is jointly hosted by LIMRA, LOMA, the Society of Actuaries (SOA) and the American Council of Life Insurers (ACLI). Register at limra.com/Events/Conferences.

LAAHU ANNUAL CONFERENCE- FIELD DAY 2018

April 11-12
Los Angeles Convention Center
Janet Trautwein, NAHU CEO, will be among the guest speakers. Trautwein will give a 2018 Federal Update – find out what is going on in Washington, D.C. More info at LAAHU.org.

BIG "I" LEGISLATIVE CONFERENCE

April 18-20, Grand Hyatt Washington Washington, D.C.
Attend a legislative event for the independent agency system and educate members of Congress on important tissues. Registration includes an in-depth issues briefing, legislative breakfast with high-profile Congressional speakers House Democratic Whip Steny Hoyer (D-Maryland) and Senate Majority Leader Mitch McConnell (R-Kentucky), a general session and networking opportunities. Register at independentagent.com.

IICF CASINO NIGHT

May 17, The Rotunda, San Francisco
Join the Insurance Industry Charitable Foundation for a fun night of gambling and insurance industry networking while also raising money for community grants. The event takes place at The Rotunda, Union Square, San Francisco. Registration and sponsorship info IICF.org.

NAILBA 37

November 1-3, Gaylord Palms Resort and Convention Center, Orlando, Florida
Detailed information about NAILBA 37 will be available soon. Exhibit hall and sponsorship opportunities available at nailba.org. Or contact etoups@nailba.org for more info.

Using Decision Support Tools

(Continued from Page 29)

eligibility rules. If you have complex benefit offerings (either plans or eligibility rules), you'll need to make sure that the tool can support those rules. There is nothing worse than investing in a solution that makes a recommendation to an employee about a benefit for which the employee is not eligible.

In looking at decision support solutions, choosing a provider is perhaps the biggest decision you will make. Benefits are constantly evolving, and carriers are

getting more creative in their benefit offerings. Look for a technology provider that will evolve with changes, provides several decision support options, and will allow the deployment of those options to evolve when the employer makes benefit updates. Your decision support technology shouldn't dictate your benefit strategy. It should support and complement it and ultimately empower your employees to make the smartest benefit decisions possible based on their unique circumstances. ★



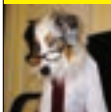
Tracy Funk is VP of Carrier Solutions for Hodges-Mace, LLC where she is the conductor of carrier relationships. She works with internal sales and operations teams, as well as consulting partners to ensure the success of mutual clients. Tracy has a broad range of experience from formulating private exchange and ACA compliance strategies to overseeing home office worksite operations. She graduated from the University of New Hampshire with a business administration degree. Contact Tracy at tracyfunk@hodgesmace.com or www.linkedin.com/in/tracy-funk/.

CLASSIFIED ADVERTISING

**PAYING TOP DOLLAR
FOR BOOKS OF BUSINESS**

**We Don't Just
Buy Them**

We Service Them



Contact George At
George@Geldin.com
877-789-5831

Small Group Agents

**Are you looking to
Retire,
Slow down,
Work fewer hours,
Monetize your book?**

**Call Barry at:
818-444-7722**

**or email:
barry@rgeb4u.com
www.rgeb4u.com**

ELIMINATE YOUR LIABILITY

Refer me YOUR clients going on DISABILITY CLAIM.
MORE articles written...MORE testimonial
letters received and MORE money secured
(1.7 BILLION dollars) on behalf of clients
than anyone living the U.S.

Get a FREE copy of my book that will help you
understand the nuances of a disability claim!

**ART FRIES, RHU friesart@hotmail.com
1-800-567-1911 • www.afries.com**

HEALTH AGENTS

**RETIRING? CHANGING CAREERS?
We Purchase and Service
Medicare Supplements**

Call Kevin
310-430-8099 Since 1985
800-979-7283 xt. 112

**Check Out
calbrokermag.com**

Classified Ads Work!

CALL (818) 848-2957

2 Brand New Day
bndhmo.com/agents
(866) 255-4795

3 CaliforniaChoice
calchoice.com
800-542-4218

**43 Employer Healthcare
and Benefit Congress**
HealthcareRevolution.com
info@globalhealthcareresources.com
561-544-7123

9 Covered California
CoveredCA.com/ForSmallBusiness
844-332-8384

33 Desert Cities AHU Show
dcahu.org

**37 Dickerson Employee
Benefits**
www.thebrokersga.com
sales@dickerson-group.com
800-457-6116

9 GeoBlue
geoblueltravelinsurance.com
855-481-6647

7 LISI
www.lisibroker.com
866-570-LISI

**38 Los Angeles Association of Health
Underwriters Field Day**
800-676-1628
<http://laahu.org/events>

25 MESVision
www.mesvision.com
714-619-4661

15 National General
www.ngic.com
kelli.bernell@ngic.com
805-341-7843

**27 Petersen International
Underwriters**
piu.org
piu@piu.org
800-345-8816

47 Rogers Benefit Group
rogersbenefit.com
(San Jose) 877-724-4671
(Sacramento) 866-405-2790
(San Diego) 800-872-0459
(Los Angeles) 877-654-3050

13 Senior Market Sales
www.seniormarketsales.com
888-747-2810

19 Transitions
<https://www.transitions.com>

31 United Healthcare
uhctogether.com/casb

21 VSP
getvsp.com/breakthroughs

5 Warner Pacific
warnerpacific.com
800-201-2300

48 Word & Brown
wordandbrown.com
(Northern CA) 800-255-9673
(Los Angeles) 800-560-5614
(Inland Empire) 877-225-0988
(Orange) 800-869-6989
(San Diego) 800-397-3381



This is not one of those love 'em and leave 'em stories.

This is the real thing.

From the start we'll be there for you, to help select the proper plan approach, choose the best benefit offerings, and communicate it all to your client's employees.

We'll be there, right by your side, for all that initial set up stuff but really, we're looking for a long-term relationship. After all, it's after the enrollments and after the employee meetings when things tend to get a little rocky in our business. That's the time when all kinds of unexpected service issues pop up. With RBG, your day-to-day problems will be our day-to-day problems. And on the anniversary date, we'll still be there, helping you to deal with whatever may come your way.

Up for a meaningful long-term relationship? Give us a call. We're there for you.

**ROGERS
BENEFIT
GROUP**

**Welcome to
Broker's Paradise™**

San Jose: 877-724-4671 • Sacramento: 877-659-8264 • San Diego: 800-872-0459 • Los Angeles: 877-654-3051

www.rogersbenefit.com



KILLER LEFT HOOK

INDUSTRY GURU

POWERHOUSE
PERFORMER

**EFFICIENCY
IS EVERYTHING**

WE KNOW HOW TO PUNCH UP YOUR BUSINESS.

This isn't your first time in the ring. You've been around long enough to know that time is money. And we know how to help you save both. Put Word & Brown in your corner — with the technology, tools, and expertise you need to do more business. Use our team for 24-hour turnaround on quotes, hand-delivered proposals, and on-demand doctor and Rx searches. Stay informed with in-person and on-the-go compliance expertise and training, including webinars and podcasts. Get customized marketing materials to capture that new client, on a moment's notice. **Now that's a partnership that packs a punch.**

www.wordandbrown.com

CONNECT WITH US



Word & Brown[®]
General Agency

Service of Unequaled Excellence

Northern California 800.255.9673 | Inland Empire 877.225.0988 | Los Angeles 800.560.5614 | Orange 800.869.6989 | San Diego 800.397.3381