

# CALIFORNIA BROKER

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SERVING CALIFORNIA'S LIFE/HEALTH PROFESSIONALS & FINANCIAL PLANNERS

JUNE 2017

## BRIDGING COMMISSION CHASMS WITH ANCILLARY PRODUCTS

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# Small Group Brokers: STAYING THE COURSE IN A SEA OF UNCERTAINTY

By RON GOLDSTEIN

**W**hile the health insurance industry is awash in a sea of uncertainty, small group brokers and advisors are wise to continue following this mantra in 2017: stay the course!

Regardless of where the waves of potential change may surge, the small group market is robust and offers more opportunity than ever before.

Just in terms of size, the segment remains a significant part of the overall marketplace. Data reported by the National Association of Insurance Commissioners estimate that approximately 33 million people in the U.S. work for small employers (5 to 99 workers). The majority (estimated at more than 25 million) work for firms that employ 49 workers or less.

The millions of small businesses that employ these tens of millions of people continue to need expert guidance and assistance in navigating the health benefits environment. Those agents who keep their heads up and focused on doing what they do well are optimally positioned for success going forward.

## STICKING WITH WHAT WORKS

Given the tremendous amount of market noise these days, sticking with what's working now is perhaps easier to state than do. It's hard not to fall prey to the barrage of regular headlines trumpeting a litany of possible changes.

Indeed, many questions loom regarding the future of health insurance, especially around the Affordable Care Act (ACA). As the Trump Administration moves ahead, ACA provisions face the potential for refinement, modification and/or outright replacement. We just don't know yet. Of course, any adjustments to this act could certainly change how health insurance works for the more than 150 million Americans who, according to Kaiser Family Foundation's latest annual employee health benefits survey, receive coverage through the workplace.

Beyond legislative and policy uncertainties, the marketplace is experiencing its own significant ebbs and flows. For example, the past six to eight months have seen significant movement by carriers as they work to find a path for suc-

cess in a post-ACA world. Some have decided to narrow their public and/or private exchange presence in 2017. Others, however, have looked to maintain or even expand their participation.

With so much volatility and the constant barrage of news regarding the prospects of ACA, even the most talented experts can become distracted. But those who resolve to stay focused on what they do best today will likely find themselves in good standing for years to come no matter what the future holds for insurance and the U.S. health care system.

## THE AGENT'S EXPANDING ROLE

So why is it so vital that brokers keep their noses to the proverbial grindstone? Irrespective of what changes have or will occur, one thing is certain: licensed agents are more essential than ever. This holds particularly true for the employers and their workers who comprise the small group market in the U.S. In fact, the need for these professionals is actually accelerating in depth and breadth precisely because of so much industry turbulence.

A main driver of this expansion is the critical function that brokers and advisers play in helping clients navigate the industry and available options in the first place. They are already adept at guiding clients through the byzantine world of health insurance, and with so much going on today – and tomorrow – this role will only become more important. Employers understandably have difficulty just keeping up with annual plan and premium changes. Asking them to stay abreast of compliance, regulatory, reporting and a myriad of other needs and requirements is simply overwhelming.

Many already recognize that their role has moved well beyond merely enrolling people in coverage. The traditional one-time annual client check-ins to review benefit and premium changes are giving way to year-round consultation.

More and more, clients look to agents as counselors about health plan options, but also about compliance, tax, reporting, voluntary benefit and other insurance- and HR-related issues and concerns. It's not enough to be proficient in Bronze-Sil-

ver-Gold-Platinum plan choices, brokers also need to be up-to-speed on everything from excise taxes to 1095-C forms.

Given health care's increasing complexity, small business employers will continue to need ever-more support when it comes to understanding the intricacies of health insurance plan options, regulatory requirements and more before making decisions. Translating all of this into practical, simple-to-understand language is where a guide, specialist, advocate and problem solver thrives. Add public and private exchanges, along with marketplaces, into the mix and the value of the advisor skyrockets.

Agents play a distinctive role in determining platform and plan advantages, providing employers and individuals with the information and insights needed to make the best choices. They help enable employers and their employees more efficiently evaluate coverage choices to assure workers and their dependents have policies that connect them to the doctors, hospitals, pharmacies and provider networks they want and, perhaps most importantly, that they can access and use.

Equally key is the high-touch support agents provide throughout the year to ensure clients and their employees' needs are met. Those who can serve as the go-to, single-source expert to help solve problems, vet and recommend coverage options, guide workers through benefit claims processes and more are going to win every time.

## STAYING THE COURSE

Change is the one constant health insurance professionals can count on, especially in these choppy and uncertain times.

Skilled brokers who continue to stay on course with what works today are likely to find success in the future, regardless of where industry tides flow. ★

*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/>.*

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American Equity	A-	A-	A-	ICC13 MYGA (Guarantee 5) (Q/NQ)	S	2.50%*	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	2.65%*	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	2.80%*	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 3/10/17. 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	2.35%** 2.55%*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 5/15/17. 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	1.95%** 2.15%*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 5/15/17 Includes 2.00% 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	S	2.05%** 2.25%*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 5/15/17. First year rate includes 4.0% bonus 1 <sup>st</sup> year. a (less than \$100K) b (100K or more)												
Great American Life	A	A+	A+	SecureGain 5 (Q/NQ)	S	2.05%	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 5/1/17. Includes .25% first-year bonus and is for purchase payments over \$100,000. Escalating five-year yield is 2.30%. For under \$100,000 first-year rate is 1.90%. Escalating rate five-year yield 2.15%.												
Great American Life	A	A+	A+	SecureGain 7 (Q/NQ)	S	1.60%	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 5/1/17. Includes 1.00% first-year bonus and is for purchase payments over \$100,000. Escalating seven-year yield is 2.49%. For under \$100,000 first-year rate is 1.50%. Escalating rate seven-year yield 2.49%.												
Great American Life	A	A+	A+	Secure American (Q/NQ)	S	1.65%*	1 yr.	N/A	9%, 8, 7, 6, 5, 4, 3	No	\$10,000	5.75% 0-70 4.65% 71-80 *Effective 4.40% 81-89
1/27/17. Eff. yield is 2.67% based on 1.65% first year rate, 1.00% available portion of 10% annuitization bonus (available starting in contract year two) and 0.02% interest on available portion of bonus at the rate of 1.65%. Surrender value interest rate 1.65%. Accepts additional purchase payments in first three contract years. COM12255												
The Lincoln Insurance Company	A+	AA	AA	MYGuarantee Plus 5 2.05%*b	S	1.90%** 2.05%*b	5 yr.	None	7%, 7, 6, 5, 4, 0	Yes	\$10,000 (Q/NQ)	*Rates Effective 2/1/17 (a-for premiums less than \$100K, b-for premiums \$100K or more), and are subject to change
The Lincoln Insurance Company	A+	AA	AA	MYGuarantee Plus 6 2.25%*b	S	2.10%** 2.25%*b	6 yr.	None	7%, 7, 6, 5, 4, 0	Yes	\$10,000 (Q/NQ)	*Rates Effective 2/1/17 (a-for premiums less than \$100K, b-for premiums \$100K or more), and are subject to change
The Lincoln Insurance Company	A+	AA	AA	MYGuarantee Plus 7 2.35%*b	S	2.20%** 2.35%*b	7 yr.	None	7%, 7, 6, 5, 4, 3, 2, 0	Yes	\$10,000 (Q/NQ)	*Rates Effective 2/1/17 (a-for premiums less than \$100K, b-for premiums \$100K or more), and are subject to change
The Lincoln Insurance Company	A+	AA	AA	MYGuarantee Plus 8	S	2.30%** 2.45%*b	8 yr.	None	7%, 7, 6, 5, 4, 0	Yes	\$10,000 (Q/NQ)	*Rates Effective 12/1/17 (a-for premiums less than \$100K, b-for premiums \$100K or more), and are subject to change
North American Co. for Life and Health	A+	A+	A+	Guarantee Choice II (Q/NQ)	S	2.45%** 2.70%*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 5/9/17 - a (less than \$200K) b(\$200K or more)												
Reliance Standard	A+	A	A	Eleos-MVA	S	3.55%*	1 yr.	None	8%, 7, 6, 5, 4	Yes	\$10,000	3.25%**
*Effective 12/2/16. 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	A	Apollo MVA (Q/NQ)	S	4.45%*	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 12/2/16												
Symetra Life, Inc.	A	A	A	Custom 7 (Q/NQ)	S	2.70%*	7 yrs.	N/A	8%, 8, 7, 7, 6, 5, 4, 0	No	\$10,000	Varies
*Effective 5/15/17. 2.20% base rate with no guaranteed return of purchase payments. Plus 0.50% bonus for \$250,000 and above.												



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# BRIDGING COMMISSION CHASMS WITH ANCILLARY PRODUCTS

## Group Legal Plans: A BENEFIT ON THE RISE

By TIM JANDER

**V**oluntary benefits are on the rise and don't show any signs of losing steam. With healthcare costs increasing every year, employers have been looking to add benefits that will help their employees reduce out-of-pocket expenses and/or save money. Accident, critical illness and hospital indemnity benefits are all gaining in popularity, as is one voluntary benefit that is really on an upward trend: legal benefits.

A study by the Society of Human Resource Management last year showed that 25 percent of companies are now offering a legal benefit, compared with only 13 percent of companies 10 years ago. In California, talented employees are in high demand. Our brokers and customers see offering a legal plan as a differentiator that helps them attract and retain talent. Given that there are important legal implications associated with many life events, such as buying a home, setting up a will or caring for an aging parent, there can be impacts on their employees across the spectrum.

A Harris Poll conducted for Hyatt Legal Plans, a MetLife company, shows that more than 60 percent of working adults feel unprepared to handle an unforeseen legal event. With the average hourly rate to see an attorney exceeding \$290 an hour, many people are concerned about costs, not to mention that just finding a qualified attorney is a challenge for most working adults. Having access to attorneys through a legal plan offers a way for employees to deal with legal issues easily and affordably.

### EMPLOYEES OF ALL AGES ARE INTERESTED IN LEGAL PLANS

Enrollment in legal plans shows that there

is interest among all age ranges, but in particular, younger employees are most often enrolled. Of adults that are offered a legal plan through work, nearly 70 percent of those ages 21-34 are enrolled, according to the Harris Poll, compared to a little over 30 percent of those ages 35-49 and 28 percent of those ages 50 and up.

For employers interested in "cracking the code" of millennials and looking for benefits that will help them attract and retain young talent, legal benefits may be one way to appeal to this demographic. The appeal of legal plans prompted MetLife to expand the voluntary product's availability to the under-100 employee market in 2016.

### EMPLOYEE UNDERSTANDING OF THE BENEFIT IS KEY TO SUCCESS

Although the number of employers offering legal plans is increasing, employee understanding of group legal plans remains relatively low. According to the MetLife Employee Benefits Trends Study, only one-third of employees say they understand legal plans. When legal services benefits are offered and communicated well, they're a powerful tool in meeting employee needs.

The Harris Poll found near universal satisfaction with the legal plan among those enrolled in one. Ninety percent or more expressed satisfaction with their legal plan overall, the quality of attorneys and the coverage provided. Also, over 80 percent said that it is easy to access services and said they felt they had a successful outcome from using their legal plan.

Providing employees with benefit information year around -- not just during open enrollment -- and leveraging rec-

ognition months, like National Caregivers Month or National Adoption Month, can be a welcome addition to a benefits education communication toolkit. Brokers can provide an important value-add to their clients in helping to create an education campaign that will increase employee enrollment.


### WHAT TO CONSIDER WHEN CHOOSING A LEGAL PLAN PROVIDER

When choosing a legal plan for employees, it's important to remember that not all plans or providers are the same, and some key differences can determine whether the benefit will provide what your client's employees really need. To get necessary assistance for legal issues, services should be fully covered from beginning to end, including trial representation. Members should also never be penalized for using the legal plan -- some plans offer partial coverage or impose limits on service resulting in substantial out-of-pocket costs and frustration for employees. It's important to know what services are fully covered and if there are any usage limits in order to ensure that employees can get help when they need it.

Overall, legal plans appear to be a benefit that will see continued growth as employers look to offer benefits that can save their employees money. ★



*Tim Jander is Regional Vice President, Group Benefits, MetLife. Tim is based in Irvine, California. He can be reached at [tjander@metlife.com](mailto:tjander@metlife.com).*



Demanding clients?  
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Narrowing networks?  
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# We can solve all (but one) of these problems!

If one of your client's employees is diagnosed with a serious illness, such as cancer or heart disease, they will have lots of questions about how their life is about to change. But there is one question they should never have to ask: do I have access to the best possible medical advice?

In a world of narrowing networks they'll have to worry about finding the right in-network specialist to get a second opinion before treatment and also deal with scheduling appointments, travel, and the resulting, potentially conflicting, diagnosis.

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# Dental Plans: USING NUTRITION TO PROTECT CLIENT'S INVESTMENT IN DENTAL

By QUINN DUFURRENA, D.D.S., J.D.

**D**o your clients offer employees dental benefits, yet provide access to candy, soda and unhealthy snacks throughout the workday? A better way for clients to demonstrate a commitment to employee wellness is to “walk the talk” when it comes to break-room nutrition. Those who provide healthy food and beverage options, or offer junk food snacks only in moderation, are protecting their investment in their team’s dental and overall health.

The availability of vending machines are commonplace in offices, and empty calorie snacks found at work, such as chips and sweets, promote tooth decay, according to the American Dental Association. When tooth decay can lead to costly oral health issues, it is in an employer’s interest to evaluate the foods and beverages they make available.

While most snacks and drinks found in a typical workplace are acceptable in moderation, a little effort to ensure your client’s employees have access to healthy food can have an impact on their long-term dental health. As you get to know your client and their work-

place culture, you can suggest a few modifications to their snack offerings and after-work activities to ensure they are protecting their investment in employee wellness.

## PROVIDE FRESH FRUIT INSTEAD OF FRUIT SNACKS

Many fruits and vegetables have high fiber and water content, and are good options for the mouth and body. Also, foods like yogurt and cheese are high in calcium, one of the building blocks of tooth enamel. It may take a little extra work for employers to offer fresh snacks, but healthy habits like “an apple a day” can keep the doctor or dentist away when it comes to pricey medical problems.

## MODIFY THE VENDING MACHINE GOODIES TO INCLUDE HEALTHY CHOICES

Employers can talk to their vendor about adding nutritious snacks into the mix. Instead of potato chips or sticky candies, give employees the option for nuts, dark chocolate or sugar-free gums and candies.

## KNOW WHAT’S IN THE WATER

You might think water is water, but some bottled brands contain lower pH levels than pure water, meaning it has higher acid content and is more damaging to teeth. Employers should take a closer look at what they are offering,

in the vending machine and at the water cooler.

## GIVE NON-EDIBLE GIFTS

Many companies give employees treats around the holidays or cake on their birthdays. Suggest your clients get creative with a fruit basket or avoid edibles all together. Beyond their own employees, they may also rethink the holiday presents they provide for their own clients.

## SHARE FRIENDLY REMINDERS

If a client is hesitant to shakeup the office food supply, you can suggest adding small reminders for the break room that promote dental wellness. This could be as simple as a sign that reads: Dark liquids like coffee and tea may stain teeth over time. Be sure to drink water afterwards to minimize damage.

Better eating habits are important for oral and overall wellness, and health organizations are focusing on nutrition as a way to prevent costly medical problems, according to a 2017 PricewaterhouseCoopers report on the growing trend in value-based care. Given the potential for positive impacts to employee well-being when their team’s oral health is in check, the incentive exists for employers to look more closely at nutrition and dental wellness in the workplace. ★



*Dr. Quinn Dufurrena is chief dental officer at United Concordia, a dental solutions company that administers benefits for nearly 7.4 million people nationwide. In this role, he directs the professional relations department, dental directors and dental policy. Dr. Dufurrena has more than 30 years of experience including key executive roles at national and state dental trade organizations.*

# Integrated Care: DENTAL HELPS CANCER PATIENTS BEFORE, DURING & AFTER TREATMENT

By MICHAEL ELEFF & COLLETTE MANNING

**C**ancer affects us all. We all know someone who has been diagnosed with the disease. According to the American Cancer Society (ACS), roughly 15 million Americans, or about 5 percent of the total population, have a history of cancer. Another 1.6 million are expected to be diagnosed with cancer this year.

What many people don't know is good oral health is critical for cancer patients. The National Institute of Dental and Craniofacial Research (NIDCR) recommends before a patient begins treatment, he or she see a dentist for a checkup, in order to optimize oral health. This means treating tooth or gum issues, to ensure he or she isn't at increased risk for infection once treatment begins. The NIDCR indicates some form of oral complications can be anticipated for virtually all patients receiving head and neck radiation, and for 40 to 80 percent of patients receiving chemotherapy. Pre-treatment visits also

help establish a baseline of oral health against which a patient's ongoing health status during and after cancer treatment can be compared.

Good oral health care is equally important during cancer treatment. If xerostomia (dry mouth) or mucositis (mouth sores) develop and are left untreated, they can delay or even halt a patient's cancer treatments, potentially putting that patient's life at risk. Enhanced integrated health care programs will provide additional visits to dentists and periodontists for cancer patients, at no additional cost to avoid problems.

On conclusion of his or her treatment, there may be long-lasting and sometimes permanent effects on the patient's mouth and jaw. Radiation treatments to the head and neck can cause radiation caries which, according to NIDCR, results in the risk of dental decay if permanent changes in the quality or quantity of saliva are left

untreated. Survivors should continue to have regular visits with their dentist in order to maintain oral health.

Fighting cancer is a team effort and a patient's primary care physician, oncologist, other specialists and dentist must work together to provide an integrated health care plan that addresses the unique situation and needs of each cancer patient. ★



*Michael D. Eleff, M.D. provides clinical support to Anthem National Accounts. He is the former medical oncologist at the Cancer Institute of New Jersey and is board certified in medical oncology and internal medicine. Collette Manning, RN, CCM, ONC is the clinical integration strategy and planning director for specialty businesses at Anthem, Inc., where she works with a team to identify and implement opportunities designed to deliver a fully integrated healthcare experience.*



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# Vision 101: THE ESSENTIALS EVERY BROKER NEEDS TO KNOW

By BARRY FRIEDMAN

**T**he task of the insurance broker when dealing with providing their client with the best possible coverage and value in affordable healthcare inevitably addresses the variety of ancillary benefits available. These ancillary benefits are those benefits that are not necessarily included in a traditional insurance or Medicare plan. To be specific, they might include such items as: dental, acupuncture, chiropractic, telemedicine, patient advocacy, over-the-counter medication, vision benefits and more.

Among the various benefits, vision care is one of the most important. Inasmuch as many traditional insurance plans have little or no coverage for eye exams or glasses, a broker will often recommend a stand-alone vision plan or an ancillary plan that combines vision benefits with other items on the list of ancillary benefits.

A good cost reduction vision plan is usually inexpensive. The cost will vary significantly depending on whether it is a stand-alone plan or bundled with one or more additional ancillary benefits. The cost to the consumer could run from under a dollar per member per month to as much as \$10.00 or \$12.00 per member per month, based on a number of variables. These could include number of members in the group, amount of the discounts provided, annual maximums and more.

Typically, a vision plan will include one or two eye exams per year per covered family member. Depending on the plan, these exams might be provided at no additional cost or they might be provided at a significant discount from the suggested listed price of the exam. These discounts might range from 20 percent to 50 percent or more, again, depending on the specifics of the plan.



Once the eye exams are taken care of, the next step is obviously the contact lenses or eye glasses that might be prescribed by the doctor. Most plans provide a range of coverage for contacts. These might be anything from daily wears, to one or two pair per year of traditional lenses. Different plans have different benefit limits so it is important for the broker and the member to be well aware of these benefit limits.

For those that either do not use contacts at all, or use them along with eyeglasses, the next step is to look at what would be the traditional eyeglass benefits in a typical plan. Some eye-wear plans have a specified discount from the suggested retail price of any frame and lens in the store. That might be 30 percent to 60 percent off of those listed prices. Other plans may only offer discounts on a select group of frames in the store and the lenses that would go with those frames. These discounts might be higher than those stated above.

The discounts offered might or might not be included on the upgrade services offered, such as scratch coating, glare resistance, polycarbonate lenses, etc. The lesson to be learned here, is that it is important to study the plan documents to make sure that the details of each plan are understood so there is no confusion between the broker and the client.

Since such a large percentage of

the population has to deal with matters of vision, a good vision plan is not only important for good health, but it's important from the standpoint of eye care being made more affordable. It is a shame when a person is ignoring any element of their essential healthcare because of affordability. This stands quite true in the matter of eye health.

It is also interesting to note that eye exams and glasses are not typically included in most Medicare and Medicaid Plans, so a supplemental plan would well serve the senior population.

In addition to eye exams, contacts and eyeglasses, some vision plans might also include Lasik and other corrective procedures for vision correction. Some plans might include these benefits with a general vision plan and there are others that would cover these procedures with stand alone plans. Bottom line with vision: a good broker knows exactly what the plan does or does not cover. ★



*Barry Friedman is president of Healthcare Cost Reduction Plans, Inc. Barry has had decades of experience in sales and marketing. He was originally licensed for life and health in 1963 and has been working in the field of consumer driven healthcare and healthcare cost reduction plans for more than 30 years.*

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# Acupuncture: GET READY TO HEAR MORE ABOUT THIS "FORGOTTEN" BENEFIT

By VICTORIA ALEXANDER

A decade ago clients clamored to ask agents and brokers if acupuncture or chiropractic services were covered. The answer was simple: nope. Though treatments like chiropractic and acupuncture have long been popular in California, they were generally not a covered insurance benefit. There was huge demand, though. Then around 2014 things changed. Acupuncture became part of the minimal level of care called essential benefits in California. Even under Covered California plans, acupuncture for certain conditions has been covered at some level.

But a funny thing happened. After 2014, acupuncture sort of dropped off the radar of many people. Agents say that they don't hear a peep about better insurance coverage for complementary and alternative medicine (CAM) these days.

*"Vermont, a state without acupuncture as an essential health benefit, had a much higher death rate due to overdoses of prescription pain killers than California, where we've had wider acceptance of acupuncture and, arguably, better access to acupuncture."*

"I don't believe that chiropractic or acupuncture are hot topics right now," one California Broker contributor told us. "With all the changes with reform and plan designs, I don't hear about it at all in the marketplace when speaking with brokers and consultants. There was a time when it was definitely a topic of conversation and a valued benefit from the employee perspective, but I don't think even they are making enough noise about it anymore."

Nationally, in 2014 the Mercer National Survey for Employer-Sponsored Healthplans included stats about acupuncture coverage. The Mercer Study then found that about 32 percent of employer health plans covered some acupuncture. When we went back to Mercer this year and asked for updated acupuncture coverage numbers, we got this reply from one of their spokespeople: "...we stopped asking

## ACUPUNCTURE BENEFITS: THE BASICS FOR YOUR CLIENTS

When you run a health insurance quote, acupuncture and chiropractic are broken out from office visit co-pays. They may even be listed separately. Explore the benefit details for the specific benefit.

### 1. Number of office visits

Some plans cap the number of office visit co-pays per calendar year. Check if the acupuncture visit is part of the normal office co-pay visits and double-check how many the client can receive.

### 2. Provider networks

Many acupuncturists don't participate in networks, which means much more out of pocket or no benefit when seeing these providers. Make this clear to your clients.

### 3. Small Group acupuncture benefits

On the small group market, some health plans offer acupuncture riders which add additional or better acupuncture benefits.

questions on this topic a few years ago. With a survey as large as ours, we often jettison certain topics that don't move much or just aren't as topical versus other emerging trends."

Cal Broker is going out on a limb, though. We predict we'll hear more noise about acupuncture benefits in

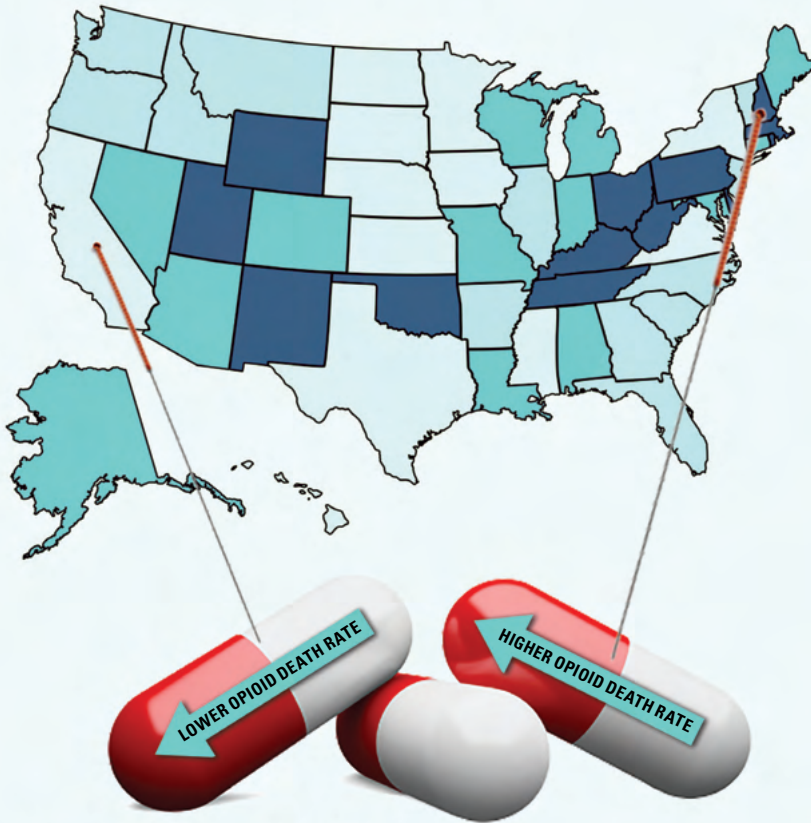
From Grad's post last month: "Vermont's opiate crisis continues to be one of my priorities. The legislature has heard from patients, doctors and other professionals about the need to use alternatives to opiates to treat chronic pain. While acupuncture is a popular alternative, I heard from many

versal access to acupuncture. The Vermont Health Department updated the Rules Governing the Prescribing of Opiates. In those rules, before prescribing opiates to treat chronic pain, health care providers are required to consider alternatives, including acupuncture. Also, Vermont's Medicaid office has undertaken a pilot project to study the use of acupuncture for chronic pain for people in the Medicaid program. The project has been very popular. We expect to get the results in September 2017."

Grad seems to be on the right side of research. A survey published in the Archives of Internal Medicine looked

***"Vermont Rep Maxine Grad talked about her commitment to making acupuncture universally accessible as way to fight chronic pain and, ultimately, her state's opioid epidemic."***

## DRUG OVERDOSE DEATH RATES, UNITED STATES, 2014\*



Drug overdose deaths per 100,000 population

<span style="display: inline-block; width: 20px; height: 10px; background-color: #e0f0ff; border: 1px solid black; margin-right: 5px;"></span> 6.3 - 11.7	<span style="display: inline-block; width: 20px; height: 10px; background-color: #b0d0ff; border: 1px solid black; margin-right: 5px;"></span> 11.9 - 14.4
<span style="display: inline-block; width: 20px; height: 10px; background-color: #80c0ff; border: 1px solid black; margin-right: 5px;"></span> 15.1 - 18.4	<span style="display: inline-block; width: 20px; height: 10px; background-color: #4080ff; border: 1px solid black; margin-right: 5px;"></span> 19 - 35.5

\*Age-adjusted death rate per 100,000 population

Source: CDC National Vital Statistics System

It has been noted that states such as California, with wider accessibility to acupuncture, have significantly lower overdose death rates than states with lower accessibility to this non-pharmaceutical pain management strategy.

the near future. The reason: the opioid epidemic (which is, of course, tied into the politics of pain).

In a blog post titled "Progress on My Bill Requiring Health Insurance Coverage for Acupuncture" Vermont Rep Maxine Grad talked about her commitment to making acupuncture universally accessible as a way to fight chronic pain and, ultimately, her state's opioid epidemic.

constituents that it is not widely covered by health insurance and people don't have affordable access to this effective treatment. To respond, I introduced legislation that would require that health insurers in Vermont cover acupuncture to treat chronic pain.

I am happy to report that many of the measures that the legislature enacted to address the opiate crisis have started to move us toward uni-

at the results of 29 studies involving nearly 18,000 participants. Some had acupuncture, some had "sham" acupuncture, and some didn't have acupuncture at all. Overall, acupuncture relieved pain by about 50 percent. Not to say that acupuncture will solve the opiate epidemic. But it will be useful to see what kind of results Vermont has and if other states follow suit by mandating acupuncture before prescription pain killers.

Pain and addiction are obviously extremely complicated issues. It is interesting, though, to note the graphic to the left. Vermont, a state without acupuncture as an essential health benefit, had a much higher death rate due to overdoses of prescription pain killers. California, where we've had wider acceptance of acupuncture and, arguably, better access to acupuncture, fared better. ★

# Disability: WHAT DATA TELLS US ABOUT WHY IT HAPPENS

By GREG BRETER.

**E**ach May, Unum releases its top claims in short and long term disability. We share that data to help get America’s workers serious about protecting their income.

In the U.S., we received more than 419,000 new disability claims in 2016 and paid \$3.8 billion in benefits. Here’s a look at the top causes of disability:

**Long term disability**

Cancer	16.4%
Back disorders	13.2%
Injury	11.6%
Cardiovascular	9.3%
Joint disorders	9.3%

**Short term disability**

Pregnancy	28.2%
Injury (excluding back)	11.3%
Joint disorders	7.5%
Back disorders	6.7%
Digestive system	6.5%

**AGING AND OBESITY TIP THE SCALE**

Our claims data shows several emerging trends. Over the last decade, long-term disability claims due to musculoskeletal issues jumped 37 percent, and short-term disability claims for the same condition were up 22 percent.

Joint disorders were another area that had significant growth over the last 10 years. Long and short term disability claims increased 24 percent and 26 percent respectively.

A few factors could be driving this experience. Aging baby boomers are staying in the workforce longer. In a labor force projections study, the Bureau of Labor Statistics estimates that by 2022, more than 30 percent of people ages 65-74 will still be working, which is up from 20 percent in 2002. That’s a lot of aging joints.

Obesity is also causing a rise in joint and musculoskeletal issues. More than one-third of U.S. adults are classified as overweight or obese. Research from the University of Massachusetts shows that obesity is contributing to an increase in knee replacements and

exacerbates other conditions like arthritis, back injuries and joint pain. We also see obesity contributing to heart disease, stroke, type 2 diabetes, sleep apnea and respiratory problems, and certain types of cancer.

**CANCER STILL FIRST**

As the leading cause of long term disability claims over the last decade, cancer makes up nearly 20 percent of claims. It’s one of the most prevalent health conditions in the U.S. In fact, the American Cancer Society predicts that about half of all men and one-third of all women will develop cancer over the course of their lives.

A decade ago, the leading type of cancer in long-term disability claims was breast cancer. Today, it’s cancer of the digestive organs. A recent study examining colorectal cancer incidence patterns in the U.S. found colorectal cancer has been increasing for every generation born after 1950, which could be contributing to the spike in claims data as Gen Y, X and millennials are all active in today’s workforce.

**SOME GOOD NEWS**

Pregnancy, as we’d expect, continues to top the list as the leading cause of short-term disability. But there are interesting positive trends in our long-term disability claims data, which shows good news for moms and babies. The number of long-term disability claims for complicated pregnancies has decreased nearly 50 percent over the last decade.

Unum Medical Consultant Dr. Dean Morrel cites several possible reasons for this decline, including a decrease in cesarean section deliveries. “With surgery comes the risk for complications,” he explains. “There’s more evidenced-based medicine available, so medical professionals make sure birth decisions line up with the best possible outcomes, ensuring C-sections are performed for the right reasons.”

After a peak in 2009, there has been a decline in low-risk C-section deliveries over the last several years, reports the Centers for Disease Control and Prevention in a study on births in U.S.

Dr. Morrel also commends health insurance carriers that proactively connect new moms with specialists early in a pregnancy. “Early detection and intervention in a high-risk pregnancy is key in reducing the chances of complications,” he notes.

**THE TRUTH ABOUT DISABILITY**

As the top causes of disability reflect, while the reasons may change year to year, disability happens. The chances of having a disabling incident are higher than people think. The Center for Disability Awareness reports one in four 20-year-olds will have a disabling incident before they retire. Nearly 70 percent of America’s workers don’t have this important coverage. You can help your customers recognize the risk.

When working with employers, education and awareness about disability are key. Understanding the odds of disability should be a big motivator for offering group disability plans to a workforce. Another driver should be the return-to-work services that come with many disability plans. These programs can help employees out on disability return to work sooner, safely and at their fullest potential.

Disability can happen. You can help ensure that your customers are ready. ★



*Greg Breter is senior vice president of benefits at Unum, a leading provider of financial protection benefits in the United States and the United Kingdom. Unum’s portfolio includes disability, life, accident and critical illness, dental and vision coverage, which help protect millions of working people and their families in the event of an illness or injury.*

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# THE CHANGING LANDSCAPE OF HEALTHCARE: CONSUMERISM AND HSAs

By VISH BANTHIA

**H**ealth Savings Accounts (HSA) have returned to the forefront of policy discussion since President Trump took office. Republicans have historically been champions of HSAs and, with their control of the House and Senate, it is reasonable to expect an expansion of the role of the HSAs and similar tax-advantaged savings accounts in our healthcare system.

To control healthcare costs and to avoid higher premiums, individuals and employers have been adopting more consumer-driven health plans with higher deductibles paired with tax-advantaged savings accounts. In fact, employers and patients have been switching to such health plans at a rate of over 20 percent every year. Recent studies suggest that HSAs are also helping develop better and more disciplined healthcare consumers who now have to pay significantly more out-of-pocket before their health insurance kicks in.

Because individuals are increasingly responsible for more and more of the cost, they are becoming more price sensitive and are beginning to act like consumers in any other consumer driven industry. I have seen this firsthand. When I first finished my surgery training back in 2005, the typical 'high' deductible was on the order of \$500. Nowadays, patients have deductibles in the thousands and often ask about the out-of-pocket costs of their medical procedure (e.g. MRI or CT scan) upfront. Unfortunately, some patients even choose to skip their prescribed treatment altogether if this cost is too high for them. Price sensitivity of patients is evident from the fact that online searches for terms like "MRI scan costs" or "CT scan costs" have increased a staggering 900 percent in the last two years!

What does this mean? It means that patients want to compare prices and shop for healthcare just like they do for a car, television, or dress. The question is whether patients – and especially those in consumer-directed health plans – have the tools and resources to know how and where to shop? Many insurers, employers, and HSA providers are recognizing the importance of becoming consumer-centric and offer resources for patients to estimate the costs and help them make better treatment decisions. However, many of these price transparency or cost estimator resources are still in their infancy: they are displaying static price estimates based on historic data, or show ranges of pre-negotiated prices. These have limited value to the patient-consumer because these prices have been negotiated between providers and insurers, with no say by the consumer who is buying the service. In this day and age, I believe consumers are entitled to know the exact (and affordable) price for a procedure, as well as where to get it from a qualified provider. More importantly, the consumer who now pays the first dollar out should also be entitled to have their own say in the price.

Little known to the public is the fact that almost all healthcare providers have some unused capacity. Every single day providers see no-shows or last-minute cancellations, and this is not a new phenomenon. Existing online booking models confirm that many providers are at least 20 percent underutilized and in some cases, up to 50 percent underutilized. With that much unused capacity on any given day, does it not make sense for a consumer to have the option to leverage marketplace dynamics just like we can

when it comes to buying a hotel room or airline ticket? As with the hotel room analogy, for example, a radiology or dental provider has fixed overhead costs. Having invested in expensive MRI or other machines, it makes economic sense to fill any open "seat" for even a lower-than-list price than not filling it at all. In fact, many providers are doing just that already – and quality does not suffer.

As consumers start to pay more and more of their own healthcare costs, they will want more say in how those dollars are being spent. The coming years will see an explosion of marketplace solutions as people and employers feel a growing pinch from their healthcare bills and are forced to manage their healthcare dollars better. As such, technology tools connecting the price-shopping consumer to a credible, high quality provider with an empty seat will be increasingly valuable for various stakeholders in the healthcare ecosystem - especially for those who want to stretch and maximize the value of their HSA or other tax-advantage savings accounts. ★



*Vish Bantia, MD is the physician-founder of ZestyHealth, an online technology solution that creates a dynamic pricing marketplace allowing patients to access top tier health and dental care for less. Consumers are empowered to use the Pick*

*Your Price or Pick Your Provider tools to save well below cash list prices. ZestyHealth can be offered as perks to employers and/or as a deductible saver tool for those in high-deductible health plans. Incentive options are available for brokers. Find out more about ZestyHealth at [www.zestyhealth.com](http://www.zestyhealth.com).*

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### **Dearborn Launches National Vision Care Product**

Dearborn announced its teamed up with EyeMed to launch Dearborn National Vision Care. "Our relationship with EyeMed allows us to offer easy to use vision benefits, an extensive network and award-winning service," said Dearborn President and CEO Greg Benesh. "Dearborn National Vision Care adds to our growing product portfolio and ensures that we have a full suite of insurance solutions that make our customers' lives easier and help them have healthier vision care habits." Dearborn National Vision Care offers:

- Access to the nation's largest vision network, with more than 79,000 independent providers and national retailers, including LensCrafters®, Pearle Vision®, Target Optical, Sears Optical, and JCPenney Optical
- A member portal with access to benefit details, claims and provider locations
- Competitive discounts
- Savings on frames, including designer frames, premium lenses and coatings, as well as contact lenses
- Award-winning customer service

For more information, visit the company's website at <http://www.dearbornnational.com/>

### **Transitions Optical Launches Updated Calculators**

Transitions Optical has introduced updated versions of its popular vision benefits savings calculators. Two versions of the calculator are available—one for employers and one for employees. The online tools—available free-of-charge through the Transitions Healthy Sight Working for You® program. The calculator designed for employers shows users the savings possible by offering a premium vision benefit, while the calculator designed

for employees illustrates the savings possible by enrolling in a company vision benefit.

The HR version of the calculator can be found at [www.HealthySightWorkingForYou.org/Calculator](http://www.HealthySightWorkingForYou.org/Calculator). Additional resources for benefits brokers and HR professionals can also be found within the tools section of [www.HealthySightWorkingForYou.org](http://www.HealthySightWorkingForYou.org). The employee calculator is available at [www.SightOnSavings.org](http://www.SightOnSavings.org). It prompts employees to enter age, gender and ethnicity to help determine individual risks for developing various vision problems and eye diseases, as well as overall health issues that can be detected through a comprehensive eye exam. The online tool allows employees to see how much they could save—in terms of time, money and sight—by enrolling in and taking full advantage of a company's vision benefit. For more information on Transitions Optical, visit the company's website at [www.transitions.com](http://www.transitions.com).

### **Young Agents Raise Scholarship Money**

The Independent Insurance Agents & Brokers of America (IIABA or the Big "I") Young Agents Committee (YAC) raised more than \$26,000—including \$17,599 in a silent auction—this year for InVEST, a one-of-a-kind financial literacy program that educates high school and college students about insurance, risk management and financial services. The InVEST program is a key driver to attract new talent to the insurance industry and is currently in more than 800 college and high schools across the country. "Young agents are eager to make difference in the insurance industry and supporting the InVEST Scholarship fund is a great way to give back," says Joe Hamilton, national Young Agents Committee chairman and independent insurance agent at the Hal Rakowski Insurance Agency in Lakeside, California. "Hosting this fundraiser is a wonderful way for young agents to help future independent agents, the next generation of CSRs, producers and principals find a rewarding and exciting career in insurance." For more information on InVest, go to [www.investprogram.org](http://www.investprogram.org). For more info on the Independent In-

urance Agents & Brokers of America go to [www.independentagent.com](http://www.independentagent.com).

### **CAHU-Sponsored Survey Finds Most Californians Oppose Single Payer**

A telephone survey commissioned by the California Association of Health Underwriters found that three out of four Californians were opposed to single payer health care once they were informed about the associated costs. The survey was conducted by J. Wallin Opinion Research on April 22 through April 26, 2017.

The survey found:

- Eighty-one percent of Californians are satisfied with the timeliness, cost, quality, availability and accessibility of their current health care coverage with 42 percent of respondents saying they are "very satisfied."
- A supermajority (66 percent) opposes legislation establishing universal single payer universal health care with 44 percent strongly opposing the legislative proposal.

When learning about the facts about universal single payer health care, different age groups, demographics and ethnic backgrounds all share opposition to a government run system. "The single payer universal health care law would force Californians to hand over at least \$179 billion in new state taxes to pay for a health care system run by the State of California. That translates to costing each California taxpayer \$9,100 per year," said CAHU President Richard Coburn. "This new policy would eliminate employer paid health coverage and shifts health costs to employees."

### **Actuaries Weigh In On ACA**

Proposals to alter the market rules applying to the individual and small group health insurance markets would likely require changing the Affordable Care Act's (ACA) risk adjustment program, according to the American Academy of Actuaries. Loosening the issue and rating rules, incorporating high-risk pools, allowing sales across state lines, or eliminating federal essential health benefit (EHB) requirements could necessitate changes ranging from minor adjustments to major structural modifications, the Academy said in an issue

brief. "Risk adjustment plays an important stabilizing function in the individual and small group markets, leveling out the differences in risk among enrolled populations through payments to and from insurers," said Academy Senior Health Fellow Cori Uccello. "The risk adjustment program reduces incentives for insurers to avoid enrolling people at risk of high health spending, thereby supporting the ACA's protections for people with pre-existing conditions. But some changes in market rules would make it more difficult for the risk adjustment program to operate as intended."

The ACA risk adjustments shift funds from insurers with relatively healthy enrollee populations to those with less healthy enrollees. The model and formulas used to determine those payments would need to be revised under various health policy proposals, including the American Health Care Act (AHCA) that was passed by the U.S. House of Representatives on May 4. "Some changes, such as incorporating high-risk pooling and increased flexibility in cost-sharing requirements, could require only adjustments to the risk adjustment design," the Academy's issue brief notes. "Other changes, such as loosening or eliminating the EHB requirements and allowing sales across state lines, could greatly complicate the design and effectiveness of a risk adjustment mechanism. If states have flexibility in setting benefit and rating rules, the risk adjustment models and payment transfer factors may need to vary by state." Read the issue brief, *How Changes to Health Insurance Market Rules Would Affect Risk Adjustment* at <http://www.actuary.org/content/how-changes-health-insurance-market-rules-would-affect-risk-adjustment>. Learn more about the Academy's health-related public policy work at [www.actuary.org](http://www.actuary.org).

### **Edward Jones Survey of Financial Advisors: Women Untapped Market**

According to the Center for Talent Innovation, 70 percent of women in the United States leave their financial advisor after their spouses die; yet, they hold 39 percent of the estimated \$28.6 trillion in investable assets – creating

a substantial market opportunity for financial advisors. In a recent survey, 64 percent of Edward Jones financial advisors said that the most important strategy to retain clients long-term is to have both spouses in meetings. The sentiment is consistent across all age groups of financial advisors (65 percent ages 29-44, 64 percent ages 45-63, and 67 percent ages 63+). Other top strategies used to attract and keep female clients include leveraging existing client relationships (29 percent), creating women's networks (4 percent) and using advertising and social media (3 percent). Seventy-seven percent of respondents agree that perseverance and confidence are crucial to success as a financial advisor. These results



mimic those of a similar Edward Jones study of female financial advisors, in which 80 percent noted confidence as a primary factor impacting leadership, success and career fulfillment. When it comes to taking risks, more than two-thirds (71 percent) of the financial advisors said they feel men are more open to taking risks in their professional career than women, hinting at a confidence gap. "Women represent 19 percent of our firm's financial advisor base, relative to just 14 percent of financial advisors in the industry. To increase that number, we are bridging the confidence gap by offering the right programs to build, encourage and provide unique networking opportunities both at Edward Jones and within the industry," said Katherine Mauzy, principal of Edward Jones Financial Advisor Talent Acquisition. For more information about Edward Jones and their studies, visit the company's website [Edwardjones.com](http://Edwardjones.com).

### **Life.io and LIMRA Announce an Elite Strategic Partnership for Policyholder Engagement**

Life.io and LIMRA announced they

have entered into a strategic partnership designed to "accelerate the transformation of the customer experience within the life insurance industry." LIMRA's research has revealed that as today's consumers have become more diverse, their needs and expectations have become more distinct. As they have grown more accustomed to personalized products and services in their day-to-day lives, they expect the same kind of individual relationship with their life insurer. Life.io has developed a platform, ENGAGE, that helps policyholders set and achieve their life goals in health, finances and lifestyle. Using this platform, life insurers can offer a personalized policyholder-centric customer journey, increasing engagement and delivering more value to their policyholders. ENGAGE helps carriers not only build loyalty, but also gather actionable insights to better understand and meet the needs of their customers. "Consumer expectations have never been higher, and we are thrilled to partner with LIMRA, the industry's leading voice, as we help life insurers transform the customer journey," said Jon Cooper, founder and CEO, Life.io. To view the Life.io dashboard go to <http://life.io/>. For more info on LIMRA, go [www.limra.com](http://www.limra.com).

### **No Surprise: "Patriotic Millionaires" Don't Like Trump's Tax Plan**

The Patriotic Millionaires, a group of 200 high-net-worth Americans who contend they are committed to building a more prosperous, stable, and inclusive nation called President Trump's recently released skinny tax brief "patently absurd." "A headliner of the tax plan will be the proposal to cut the corporate rate to 15 percent in order to 'spur growth.' Either the White House is blatantly unaware of the failure of trickle-down policies, or they truly think that potential investors are sitting around with money under their mattresses that they are refusing to invest in new companies until corporate tax rates are dramatically slashed," said Patriotic Millionaires' Chair Morris Pearl. For more info on the Patriot Millionaires, go to <http://patrioticmillionaires.org>. ★

# EMPOWER PLAN MEMBERS TO MAKE SMARTER HEALTHCARE CHOICES

By TIBI ZOHAR

**F**or years, the healthcare industry has blunted efforts to bring cost transparency to plan sponsors and members. It's a well-known fact that in the United States, healthcare prices do not necessarily reflect quality, and costs often vary drastically, even among hospitals in the same city.

A study published in the *Annals of Internal Medicine* demonstrated no clear relationship between the cost and quality of healthcare. This means that focusing on where a patient accesses care could prove to be the most effective way to lower healthcare costs. For example, an ACL knee surgery might cost \$23,098 at one specific location, but only cost \$6,498 on the other side of town.

The reason for this is that prices are determined on a hospital-by-hospital basis. Each hospital factors different expenses from a master file of billable items such as hospital services, medi-

cal procedures, equipment, drugs and supplies. Seeking care outside of hospitals and large health systems tends to cost less because larger organizations charge higher fees than private physician offices to cover overhead costs and operational expenses.

Some innovative strategies have shown promise in tackling this challenge. Bundled payment programs, for instance, can deliver savings by en-

couraging providers to collaborate on improving the efficiency and quality of individual care episodes, empowering them to focus on the unit cost of care. At the moment, however, few doctors or healthcare systems provide bundled pricing unless they are participants of a Centers of Excellence (COEs) program or ambulatory surgery centers (ASCs).

Sending plan members to COEs for high quality, more-affordable surgical procedures or episodes of treatment is another strategy that has been adopted by large retailers, such as Wal-Mart, Lowe's, Jet Blue and others. The reality for most small- to mid-size companies, however, is that health plan members tend to continue to seek healthcare at the nearest hospital or one recommended by their doctor or friends.

This leaves brokers and self-funded companies scratching their heads over how to overcome the persistent lack of transparency, effectively engage plan members – so that they will make smarter healthcare choices – and reduce healthcare costs without compromising on quality. Fortunately, healthcare consumerism is quickly joining the 21st Century.

## FINDING BETTER CARE, FOR LESS COST

In the late 1990s, the average consumer was uncomfortable about using



their credit card online. Two decades later, shopping online has become the norm. In fact, people routinely comparison shop, make purchases and book complicated vacations online with no intermediary assistance.

This revolution has created a savvy, more autonomous consumer who is skilled at online research and exploiting big data. This level of ability was once the reserve of licensed professionals with decades of experience. What will it take for healthcare online consumerism to catch up with this cultural transformation?

Firstly, the lack of upfront price transparency in healthcare has been the key barrier to entrepreneurial efforts to create an Orbitz or Amazon equivalent for healthcare. The common belief has been that, just as with a hotel room or product, without the ability to predict and display exactly what a procedure will cost, such an online marketplace cannot be built. Nevertheless, with healthcare pricing being so expensive and inefficient, directing more patients to quality care that is priced below average should turn that average into the new ceiling, and lower the overall cost of care.

Secondly, the fact that participants are not the payers of the full price of care has prevented consumerism from fully developing in this area. Only a small portion of the more expensive healthcare procedures end up being paid by a covered patient, which makes the whole purchase experience very different from any other consumer marketplace.

This has led some programs to incorporate a waiver of participants' out-of-pocket cost participation, provided they select the right COE or ambulatory care center. This approach has been shown to create healthcare cost savings. The problem is that, in most cases, these programs haven't produced the full extent of engagement that they were expected to create for two key reasons. 1) People tend to overlook what they do not pay for, so they forget to consider it as money saved, and 2) once the out-of-pocket is waived on a select group of providers, there is no guarantee that the participant will choose the most efficient one in that group. The only way to create a consumer experience is to

reward the participants with a certain share of the savings they create by making smarter choices.

### MEETING AN ESSENTIAL CONSUMER NEED

When it comes to healthcare, meeting consumer demand is going to be much simpler than many might believe. Most consumers want simpler options, such as an easier way to schedule physician visits or a central payment portal. At the same time, more companies are launching disruptive high-tech solutions to support the healthcare revolution.

According to a survey of 500 consumers, the two most preferred features included out-of-pocket cost estimators and online appointment scheduling. Therefore, brokers looking to help their clients make the most of their health-

***"Effective solutions give employers the option to choose between or combine a percent of whatever savings the solution creates and a specified amount per employee per month."***

care investments should focus on basic digital products and solutions that align with their strategic goals.

It's important to look for a growing number of hospital-shopping platforms, as well, offering consumers a choice of procedures across a wide number of U.S. domestic hospitals. These platforms are designed to meet a vital consumer need in much the same way that Amazon offers great deals on a quality blender or lawnmower.

Hospital-shopping platforms should be designed to identify and exploit healthcare price inefficiency by finding and ranking quality hospitals that charge below the employee's area average price – helping participants find better care for less. Ideally, by doing this, two goals will be achieved: to neutralize the price transparency issue and inspire plan members to make their own smart healthcare choices.

The best platforms on the market have no upfront or hidden costs, and display an estimated saved out-of-pock-

et cost by the plan participant, as well as the estimated cash bonus representing a share of the corporate savings. This approach is about rewarding plan members for making cost-effective selections, and is an ideal solution for self-funded employers looking to trim millions off of their healthcare costs.

Considering that out-of-pocket healthcare costs, including deductibles and co-insurance, have risen significantly in the past several years, a consumer-oriented hospital-shopping platform at the level of Amazon will bring a positive, straightforward approach to the selection of healthcare providers, using a bonus incentive to replace the traditional out-of-pocket approach.

It's about giving employers maximum flexibility by allowing them to work with their own provider networks, out-of-network — or both — while also displaying domestic providers from one mile to 2,500 miles away.

The best solutions rank what participants are most interested in – quality, distance, bonus amount – and find and rank quality care providers who charge below an employee's area price. The solution should be highly adaptable about letting a company determine the best care available for the least amount of cost based on the average bill of an employee's care, minimum desired savings on care, and desired employee bonus.

Effective solutions give employers the option to choose between or combine a percent of whatever savings the solution creates and a specified amount per employee per month. Ultimately, this level of choice, transparency and plan member engagement helps self-funded companies contain costs and improve the quality of cost-effective care for plan members, while ushering the U.S. healthcare system into the golden age of shopping. ★



*Tibi Zohar is the co-founder and CEO of DoctorGlobe, experts at finding healthcare providers who find better care for less. Go to [www.doctorglobe.com](http://www.doctorglobe.com) or call (760) 576-3339 for more information.*

# SMALL GROUP BROKERS AND TECHNOLOGY: ASSESSING REWARDS AND RISKS

By MARC MCGINNIS

**T**he ability to adapt is often the difference between flourishing or floundering, and this holds particularly true for today's small group agents grappling with the rapid saturation of technology into the industry.

Like it or not, technology is changing the insurance world in numerous ways. The rise of consumer-driven health care, the Affordable Care Act (ACA) and the ever-increasing number of millennials in the workforce is propelling a massive makeover in how employer-sponsored health benefits are being offered, managed and serviced.

For example, many carriers have already moved to implement some form of online enrollment to streamline processing and speed up underwriting. Changes like this are happening quickly, and agents who fail to keep up face the real threat of getting left behind. The momentum is undeniable, so playing into it – rather than resisting or ignoring market dynamics – is the smart play.

The reality is that health benefit brokers who get engaged with adopting and using technology now set themselves up for continued success in the future. Those who do not may be putting their block of business at risk because automation is where the industry is going, and it's what clients want.

## DRIVING INDUSTRY CHANGE

Across all health insurance sectors, technology is without a doubt driving new market realities fueled by a number of key forces.

Consumerism is certainly a leading factor. Technology is facilitating a world where computing and access to information is at our fingertips via mobile and computer devices. This is



transforming what was once a paper-driven industry into one where everything is expected to be available with a click of a button or touch of a screen. Managing the morass of forms, applications and other physical documents is giving way to electronic processes. As a result, the industry is rapidly moving to a place where online quoting, enrollment, reporting and administration will not only be demanded, it will also be the norm.

Along with consumerism, health-care reform also plays a significant role. Regardless of the uncertainties around current national policies, regulatory requirements for proper authorizations, documentation, compliance, privacy measures and reporting will persist. Technology-enabled platforms house data that can be efficiently updated, adjusted or refined as needed without an agent having to go through the time-consuming efforts and complications involved with hard-copy in-

formation and data processing. Clients also benefit from real-time access to neatly organized employee benefit information, plan updates and more in a centralized location.

Another facet driving change is this: now more than ever, people want a seamless experience across every facet of their lives. We live in a "right now," on-demand world thanks to mobile devices, social media, apps and more. Whether it's purchasing music, booking a flight, investing for retirement or enrolling in a health plan, it's happening online. Technology is the tool that powers this consistent experience.

## ADDRESSING BARRIERS

In the abstract, technology adoption by brokers may seem like a no-brainer. Yet in practice, embracing these changes is often easier said than done, especially for those agents serving small employers with 50 or fewer workers.

Why? A big hurdle is often cost.



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Building proprietary systems can get very expensive, very quickly. But there are now a number of attractive solutions in the marketplace that don't have to cost an arm and a leg. For example, the EaseCentral system, which among other capabilities offers online enrollment and management in one centralized place. This system also offers single entry to personnel forms, new employee paperwork and employee benefits records. The point is that while some level of investment is required, there are reasonably affordable options that do not require breaking the bank to adopt and implement.

Technology literacy can be another obstacle. Agents are already swamped by a litany of legislative, compliance, reporting and other requirements. Asking many to also learn how to understand and use stand-alone automated tools can be overwhelming, to say the least. That's where good partners and vendors can come in. Smart brokers can and should turn to these resources for integrated solutions, training and support. If they are not available with current relationships, it's likely time to look elsewhere.

The ability to navigate systems is also vital, and for three key reasons. First, while partners can and should help with training and service support, brokers still need to be comfortable enough with systems so they can in turn serve as a functional guide for clients in filling out online applications, completing authorizations and so forth. Second is to take advantage of situational cross-selling opportunities such as dental and life package options for consideration as part of the enrollment experience. And third, most automated systems still require some level of expert intervention to verify actions such as eligibility versus actual participation.

**GETTING ON-BOARD WITH ONLINE ENROLLMENT**

Whether it's an owner, employer or worker, one factor unites them – they are all consumers. Today consumers have come to expect a user-friendly online experience for everything from ordering their morning coffee to managing their checkbooks. The same holds true for employers and employ-

ees when it comes to health benefits.

A primary gateway for technology adoption is online enrollment. Done appropriately, enrolling online makes benefit administration easier and faster for employers, employees and the agents who serve them by automating data collection and management at the outset. Online enrollment provides a system that reduces paperwork, speeds recording, assures compliance with ACA rules and decreases costs. It does this while also providing brokers and their clients with access to available plan and benefit options for review, comparison, selection and authorization.

Importantly, online enrollment helps significantly ease processes for aggregating, reporting and archiving an array of critical employee benefit and compliance data. Take the IRS' Employer-Provided Health Insurance Offer and Coverage form, or Form 1095-C. Employers with at least 50 Full-Time or Full-Time Equivalent workers must send this annual statement to all employees eligible for coverage describing the insurance available to them.

The ability to automate 1095-C and other required forms, documents and authorizations dramatically reduces an employer's (and broker's) time, cost and oversight burdens to assure compliance. Moreover, online systems provide computerized date and time stamping for accurate recording that can be readily retrieved for documentation.

There's another benefit to this systemization that can sometimes get overlooked. Yes, automation helps eliminate paper. But in doing so it also reduces the myriad of security-enabled physical tools and space – locked or secured desks, cabinets, folders, scanners, files and more – that brokers need to invest in and manage to ensure compliance with HIPAA and other privacy and security requirements. These cost and time-saving factors are not to be dismissed.

**TECHNOLOGY AND THE SHIFTING BROKER ROLE**

Technology is without a doubt changing the health insurance environment, and brokers who want to continue to compete and succeed in the market

will need to change with it.

This means shifting from a transaction-centric mindset to one that is advisor-focused. Traditional health insurance selling is giving way to clients who need a strategic partner who can offer guidance on health plan options and more. The days of one-time annual client check-ins to go through benefits and premium changes are quickly fading away. Agents are now expected to be year-round consultants about compliance, tax, reporting, voluntary benefit and other health plan- and HR-related needs and requirements.

Technology can actually go a long way toward helping handle much of this. Agents who embrace integrated platforms on behalf of clients will help simplify processes and compliance while more effectively addressing a wider range of their clients' employee benefit needs. This can extend beyond health plans to assistance and recommendations for benefits administration, payroll and other HR management activities.

Going forward, thriving brokers will be those who adopt and adapt to technology. Those who do not may lose out as their clients' agent of record.

Remember, brokers don't need to go it alone. Good agency partners should be at-the-ready with broker-friendly system and software options for online enrollment, payroll and HR benefits solutions. These should be coupled with support and service that help enable agents – even those who may be technology neophytes – to quickly get up-to-speed and acclimated to a selection that best fits their needs.

The quicker brokers get engaged or find help to get engaged with this change, the better. Technology may seem daunting to some, but the sooner agents understand and embrace its value and uses, the better off they will be. ★



*Marc McGinnis serves as vice president of national sales with the Word & Brown General Agency, a recognized leader in the health insurance and employee benefits industry. For additional information, please visit [www.wordandbrown.com](http://www.wordandbrown.com).*



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