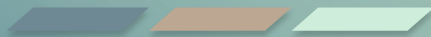




- Time for an Update -

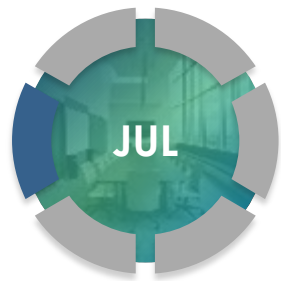




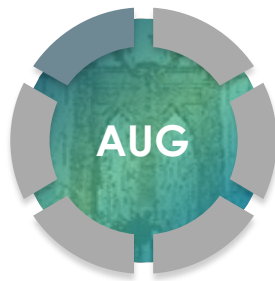
# AGENDA

- ❖ 4<sup>th</sup> Quarter Checklist
- ❖ Medical Updates
- ❖ Ancillary Updates
- ❖ Legislation Review
- ❖ Partner Resources

# 4<sup>TH</sup> QUARTER CHECKLIST



- Release of 4<sup>th</sup> Quarter rates begin
- Collect group information for quoting



- All 4<sup>th</sup> quarter rates released
- Quote renewal comparisons now



- Present renewal options
- Complete provider & Rx searches
- Schedule enrollment meetings and gather materials



- Start submitting your groups through B&P
- Submit business through EaseCentral



- Submitting after 11/15; set expectations and provide group with reminders



- Audit approvals and invoices
- Cancel prior coverage
- Schedule admin meeting



## RATES

- 4<sup>th</sup> quarter rates scheduled for 8/15
- Annual average rate filing:
  - HMO: 8.2%
  - PPO: 3.6%

## PLAN OFFERINGS

- Up to 5 plans may be selected across all metallic levels and networks
- Top selling plan is the Bronze MC \$6,500

## SPRINGBOARD

B&P is beta testing Aetna's new eligibility system

## RENEWAL

Written confirmation of renewal or premium must be received by renewal or termination for nonpayment will be initiated

## DE-9C

20+ enrolled requires only applications and 1<sup>st</sup> month's premium; no DE-9C or prior carrier bill required

## WAIVERS

Individual coverage, on and off the exchange, is no longer a valid waiver

## NEW BUSINESS

Must be submitted by the effective date



## RATES

- 4<sup>th</sup> quarter rates scheduled for 7/20
- Annual average rate filing: 4.6%

## Rx

- All plans use Select Rx formulary
- Tiered Generic Copays:
  - 1a = \$5
  - 1b = \$15 or \$20 (varies by plan)

## ENHANCED MEMBER TECHNOLOGY

Introducing real-time maintenance for existing members to manage their accounts

## NETWORKS

- Two HMO networks allowed for new and renewing groups
- All 7/1 Small Group HMO plans match Large Group

## UNDERWRITING

- 6+ enrolled: prior carrier bill in lieu of DE-9c until 9/15/17
- 5+ enrolled: 30% participation until 9/15/17

## LARGER GROUPS

- 25+ enrolled receive a welcome call
- 50+ enrolled receive an Account Manager

## PROGRAMS

PayForward allows members to earn up to 15% cash back at more than 12,000 participating retailers

## GROUP SUBMISSIONS

All new group submissions are submitted via real-time equating to a one day turnaround



# CALIFORNIA CHOICE

## RATES

4<sup>th</sup> quarter rates scheduled for 8/1

## ANTHEM

- EPO utilizes the Prudent Buyer network; no PCP required
- Advantage PPO network includes PAMF and some Sutter hospitals

## SUTTER AND WHA

- Sutter Plus Health and WHA have same rates and benefits as direct
- WHA losing UC Davis in 2018

## KAISER

- Kaiser plans are richer than direct Kaiser (rates are +2%)
- Kaiser HSA \$1350 (lowest deductible available)

## RETRO BENEFIT CHANGES

Multiple carriers made benefit changes retro to January 1<sup>st</sup>; rates are not affected

## GUARANTEE ISSUE

- 1-4 enrolling: 6 weeks of payroll
- 5+ enrolling: 1 week of payroll

## DE-9C

10+ enrolled: submit a prior carrier bill in lieu of DE-9C (Maximum variance no greater than 10 %)

## COMMISSION

1-50 groups: 6.5%



# HEALTH NET



## RATES

---

- 4<sup>th</sup> quarter rates scheduled for 8/1
- Annual average rate filing:
  - HMO: 11.3%
  - PPO: 11.8%



## NEW VALUE PPOs

---

- Deductible applies to all services except the PCP office visit
- Medical and Rx are integrated
- Plans include chiro



## NEW HIRES

---

New hire premium is determined by age of employee at the groups last renewal date



## PARTICIPATION

---

- 1-5 eligible: 66% participation
- 6+ eligible: 35% participation through November (excludes PPO Platinum-Silver plans)



## UNDERWRITING

---

Allows any combination of metallic level plans and networks May through November





# UNITEDHEALTHCARE

## RATES

- 4<sup>th</sup> quarter rates available now!
- 4<sup>th</sup> quarter rate filing:
  - HMO: 4%
  - PPO: Rate Pass

## NAVIGATE EPO

- Requires PCP and referrals (referrals are approved by UHC, not medical group)
- No out-of-network benefits

## “DIRECT” PLANS

Indicates cost difference for hospital owned outpatient services

## OUT-OF-STATE

- Flexible when 51% of the employees are out-of-state
- Broker must be licensed in the state and underwriting varies

## CHOICE SIMPLIFIED

- Three packages effective 7/1 (I, II, & Multi-Choice State; cannot mix plans across packages)
- Alongside Kaiser requires 60% combined enrollment with minimum of 5 CA enrollees

## DE-9C

10+ eligible may submit the Participation Certification form in lieu of DE-9C

## PLAN OFFERINGS

New Silver \$2,000 HSA available on Select Plus, Navigate, or Core (Choice Simplified II only)

## NEW SUBMISSIONS

New system reduces implementation down to two to three days, but member ID numbers are no longer provided at the time of approval





# ANTHEM DENTAL

## CHILD ORTHO

Available with 5 eligible and 5 enrolled

## NEW GA ONLY PORTFOLIO

Metallic plan designs effective April 1<sup>st</sup>

## DUAL OPTION

1 HMO/PPO or 2 PPOs allowed with 10 eligible and minimum of 2 enrolled on each plan

## PLATINUM AND GOLD PLANS

Include implants, posterior composite fillings, and 80<sup>th</sup> & 90<sup>th</sup> UCR out-of-network

## INTIGRATED WITH MEDICAL

One application, ID card, and bill

## 5% DISCOUNT

When dental is bundled with vision or life

## ALL PLANS INCLUDE

- Endo, perio, and oral surgery under Basic
- No waiting period for any service on contributory plans

## UNDERWRITING

DE-9C no longer needed for Specialty only groups

## STD & LTD

Now available for 2-100 eligibles



# CHOICE BUILDER



## RICH DENTAL PLANS

\$2,500 maximum, Posterior Composite fillings, and 90<sup>th</sup> percentile UCR plans available with both Anthem and MetLife



## 8 CARRIERS

Including Anthem, Delta, MetLife, and VSP



## DENTAL IMPLANTS

Included on Anthem, Delta, and MetLife plans



## DELTA PREMIER NETWORK

Delta Dental Platinum PPO accesses the Delta Premier network



## UNDERWRITING

- No DE-9C or payroll required
- Pool hopping allowed
- Husband/Wife groups allowed



## NO WAITING PERIODS

Even on virgin groups



## INCLUDES

Dental, Vision, Life, Chiropractic, and Acupuncture



## TRUE OPEN ENROLLMENT



# FEDERAL LEGISLATION UPDATE: AHCA/BCRA

- ❖ Senate Republicans introduced the Better Care Reconciliation Act of 2017 (BCRA) on June 22, 2017.
- ❖ The BCRA piggybacks on the House's American Health Care Act of 2017 (AHCA) which the House narrowly passed on May 4, 2017 by a vote of 217 to 213.
- ❖ Republicans hold 52 of 100 seats in the Senate; however, Senator McConnell does not have enough support, he is negotiating to get the 50 votes necessary to pass the bill (Vice President Pence would be the tie-breaker).
- ❖ If the Senate passes the bill, the House will need to approve the amendments before the bill can move forward.





# FEDERAL LEGISLATION UPDATE: AHCA/BCRA

The CBO estimates the BCRA would reduce the budget by \$321 billion and increase the number of people uninsured by 22 million over the next 10 years.

BCRA key points:

- ❖ Removes individual and employer mandates
- ❖ Does not tax employer/employee premiums
- ❖ Allows large group plan associations to cover small groups and individuals
- ❖ Ends Medicaid expansion over 3 years starting 2021
- ❖ Allows states to apply for waivers to eliminate premium age ratio and Essential Health Benefits
- ❖ Individual subsidy eligibility drops to 350% of the federal poverty level from 400%



# FEDERAL LEGISLATION UPDATE: AHCA/BCRA

Additional items being reviewed by the CBO to add/delete from the bill:

- ❖ Adding more opioid funding
- ❖ Allowing Health Savings Accounts to pay insurance premiums
- ❖ Leaving some taxes in place to pay for more generous benefits
- ❖ Lee-Cruz proposal for insurers to offer plans below the Bronze actuarial value
- ❖ Change the subsidy levels so plans are more affordable by lower income people
- ❖ Change the proposed CPI index used for Medicaid funding







# CALIFORNIA LEGISLATION UPDATE: SB 562

- ❖ California Assembly Speaker Anthony Rendon released a statement on SB 562 (Lara/Atkins) saying, “I have decided SB 562 will remain in the Assembly Rules Committee until further notice.”
- ❖ Speaker Rendon added, “SB 562 was sent to the Assembly woefully incomplete. Even senators who voted for SB 562 noted there are potentially fatal flaws in the bill, including the fact it does not address many serious issues, such as financing, delivery of care, cost controls, or the realities of needed action by the Trump Administration and voters to make SB 562 a genuine piece of legislation.”



# CALIFORNIA LEGISLATION UPDATE: SB 562

Governor Brown has expressed skepticism about SB 562 because he doesn't see how California could pay for it.

SB 562 key points:

- ❖ Creates a universal, single payer health care system in California
- ❖ All current coverage (Medicare, Group, Individual, Medicaid, etc.) would be replaced
- ❖ Covers all residents regardless of income, immigration status, Medicare coverage
- ❖ Estimated annual cost of \$400 billion
- ❖ Tax increase estimates assume the Federal Government would allow California to use Medicare and Medicaid funds for all Californians







# PARTNER SERVICES



## EDUCATION

Robust Website  
Ongoing Broker & Marketing Education  
Notice of Carrier Updates  
Enacted Legislative Updates  
Sponsorship of Industry Associations



## EMPLOYER HR SERVICES\*

COBRA (1st Year Administration Fees)  
EAP (1st Year Administration Fees)  
EaseCentral (Subsidy with Subscription)  
ERISAEdge (Initial Set Up Fee)  
FSA (Initial Set Up Fee)  
HR360 (1st Year Fees)  
Other Online HRIS (Subsidy Option)  
POP (No Charge 1st Year)



## EMPLOYER TRAINING

Group Administrator Meetings  
Online Group Administration Tool Training  
In-person or Online Meetings



## SALES SUPPORT

Dedicated Group Specialists  
Assistance with Employer Presentations  
Sales Materials  
Assistance with Renewal Strategy  
Broker Commission Assistance  
Broker of Record Transactions  
Book of Business Reports



## QUOTING

Customized Online Proposals  
Renewal Quoting  
Rate Increase Reminder Notices for Requotes  
Final Rate Generation



## UNDERWRITING

"Best Fit" Guidance  
New Case Pick-Up  
New Case Processing  
Benefit Modifications  
Group Approval Letters  
Member ID Communication  
Eligibility Verification  
Recertification Guidance

\*New business meeting specific guidelines may be eligible to receive HR Services at no charge or a reduced rate for one year.

# PARTNER SERVICES



## ENROLLMENT SUPPORT

New Enrollment Meetings

Bilingual Enrollment Meetings

Open Enrollment Meetings

True, Online Enrollment

Employee Enrollment Kits (+eKits)

Contribution Worksheets

Employer Administration Packets (+eKits)

New Hire & Termination Processing

New Hire Worksheets

Employee Level Plan Changes

Member Eligibility Verification

Claim Resolution

Network Disruption / Comparisons

Membership / Billing Resolution

## Enrollment Services Request Form

Request the b&p enrollment service(s) you need for your client below. Please provide as many of the requested details as possible so we can provide an accurate and timely response. You may [contact](#) any member of your b&p Sales Team if you require further assistance.

### ENROLLMENT DETAILS

Group Name: \*

Enrollment Type: \*

#### Enrollment Services

Hard Copy Kits ☐

eKits ☐

bpEnroll (online enrollment) ☐

Worksheets ☐

#### Sold Product(s)

Medical ☐

Life ☐

Dental ☐

LTD ☐

Vision ☐

STD ☐

#### Other Enrollment Needs

We need a virtual meeting ☐

We need an interpreter ☐

### YOUR INFORMATION

First Name: \*

Last Name: \*



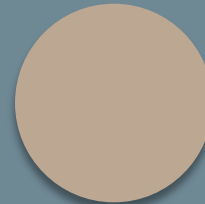
# EASECENTRAL

Subscription Subsidy through Beere&Purves

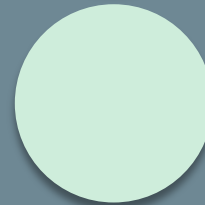
## Example:

- ❑ 30 B&P medically enrolled employees
- ❑ 30 x \$1.40 x 12 months
- ❑ \$504 payment to EaseCentral

Brokers may choose to receive a subsidy toward their EaseCentral subscription for every group they submit with a b&p medical carrier.



Subsidy paid directly to EaseCentral.



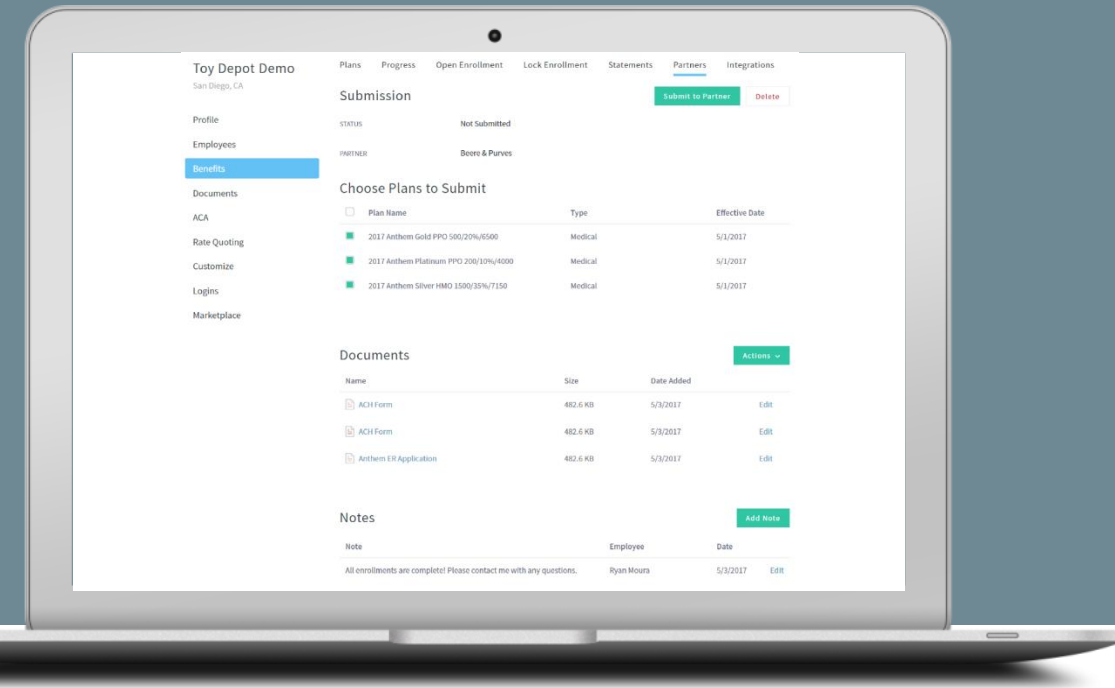
Funds may be applied toward EaseCentral subscription and/or fees for optional services.

# EASECENTRAL

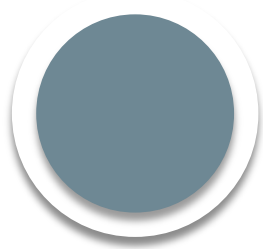
NEW Direct Submission from EaseCentral to B&P

## SUBMIT BUSINESS DIRECTLY TO B&P THROUGH EASECENTRAL'S PARTNER PORTAL:

1. Start on the Partners page of your company portal ([Company > Benefits > Partners](#))
2. Click [Add Partner](#) and select Beere&Purves
3. B&P will receive and approve your pending request
4. Once approved, click [Add Submission](#)
5. Select the plans you'd like to submit and upload any employer documents and/or notes
6. B&P will receive your submission and begin underwriting!



# BROKERPICKS



## BROKERPICKS PROGRAM

When you place your Small Group business through B&P, AND they enroll 1 to 100 employees in one of our Medical carriers, they can choose one service which we will pay for or supplement the cost.

1st Year Payment Options for Groups Enrolling in a B&P Carrier

Services (choose one <sup>1</sup> )	1-4	5-19	20-100	Payment	Vendor
Premium Only Plan <sup>1</sup>	B&P enrolled	B&P enrolled	B&P enrolled	First year annual fee	Bancover
EaseCentral <sup>2</sup>	B&P medically enrolled	B&P medically enrolled	B&P medically enrolled	First year subsidy <sup>2</sup>	EaseCentral <sup>2</sup>
Other Benefits / HR Platforms <sup>3</sup>			B&P medically enrolled	First year subsidy <sup>3</sup>	Employer's choice <sup>3</sup>
HR360		B&P medically enrolled	B&P medically enrolled	First year annual fee	HR360
COBRA Administration			B&P medically enrolled	First year annual fee	Sterling HSA, TASC, WageWorks
FSA (Healthcare + Dep Care + Transit)			B&P medically enrolled	Set-up fee	Sterling HSA, TASC, WageWorks <sup>4</sup>
ERISA Compliance			B&P medically enrolled	Set-up fee	TASC
STRIVE Benefits			B&P medically enrolled	Set-up fee + discounted PEPPY	STRIVE Benefits
EAP - Telephonic			B&P medically enrolled	First year annual fee	The Holman Group

EaseCentral Subsidy Example (for pepm priced services):

30 B&P medically enrolled employees

\$1.40 per employee per month fee

30 x \$1.40 x 12 months = \$504 payment to the vendor

Other Benefits / HR Platforms Subsidy Example (for pepm priced services):

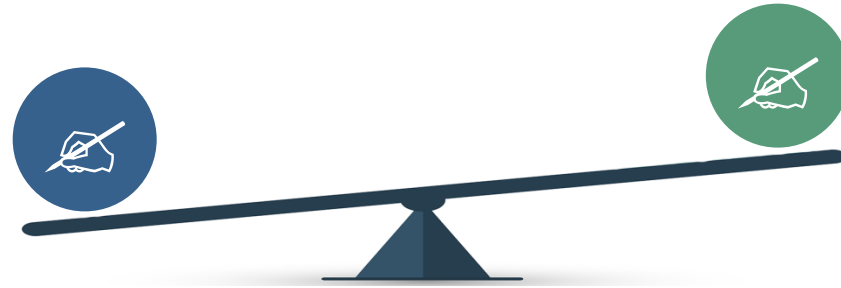
30 B&P medically enrolled employees

\$1 per employee per month fee

30 x \$1 x 12 months = \$360 payment to the vendor

		Vendor
HR360 (750 Solution)	Online HR library for brokers (add up to 750 customers)	HR360
WrapDoc 360	WrapSPDs and plan documents	HR360
COBRA	COBRA administration	Sterling HSA, TASC, WageWorks
ERISA Compliance	ERISA compliance assistance	Sterling HSA
FSA	FSA administration	Sterling HSA, TASC, WageWorks
HRA	HRA administration	Sterling HSA, WageWorks
HSA	HSA administration	Sterling HSA, WageWorks
ACA Services <sup>5</sup>	ALE, FTE, minimum value testing, 6055/6056 reporting, cadillac testing, etc.	Sterling HSA
PCORI Fee	Calculation of PCORI fee	Sterling HSA
Employee Assistance Program	Telephonic or visitation EAP services	The Holman Group
Wellness	Full-service wellness plan	The Holman Group/TriWellness

# CUSTOM UNDERWRITING GUIDELINES



## Medical Underwriting Guidelines

Create a custom underwriting guidelines report that compares the categories you're interested in by carrier.

## Categories

From DE-9C requirements to qualifying event windows, this extensive generator provides you with all the underwriting details you need.

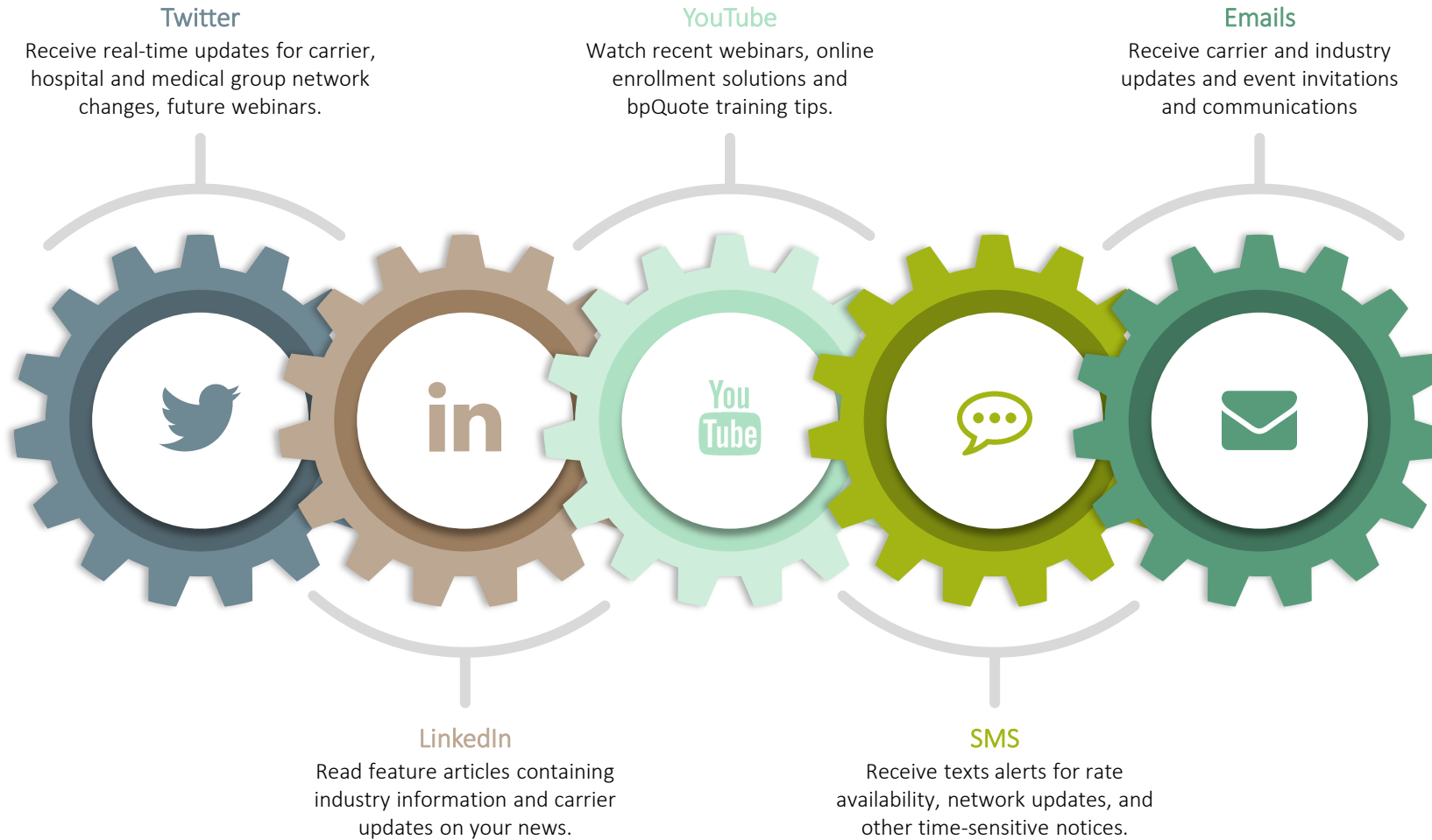
## Customize as You Go Along

Easily edit your comparison by adding or eliminating options during the process.

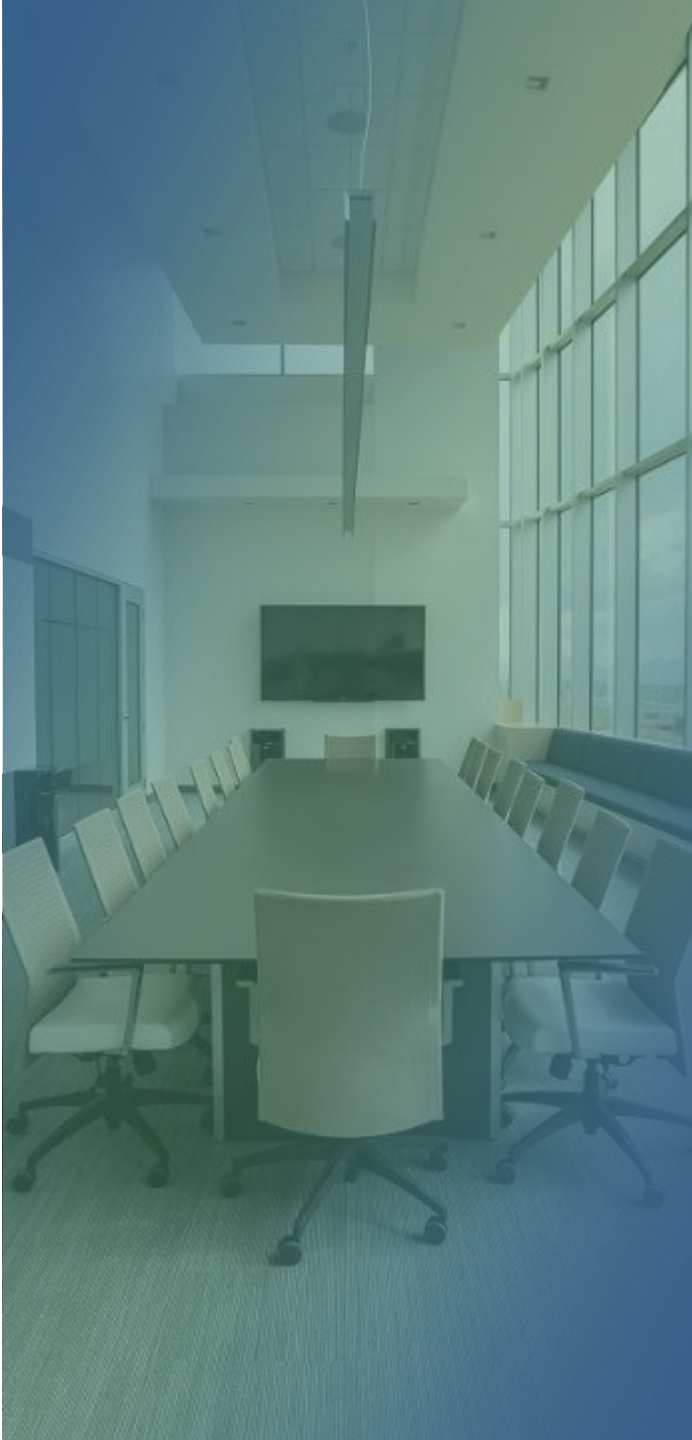
## Generate Network Report

Once you have finished your selections, easily generate a PDF to provide to your clients.

# STAY CONNECTED







  
THANKS FOR JOINING!

