



Broker Broadcast

B&P News	Carrier News	Carrier News	Events
<ul style="list-style-type: none"> ● B&P 5/15 Employee Event ● 51+ at B&P ● HRConnect Offers EAP ● bpQuote Enhancements 	<ul style="list-style-type: none"> ● Aetna-Small ● Aetna-Large ● Anthem Blue Cross-Small ● Anthem Blue Cross-Large ● CaliforniaChoice-Small ● CaliforniaChoice-Large 	<ul style="list-style-type: none"> ● Delta Dental ● Health Net-Small ● Health Net-Large ● Kaiser Permanente Choice Solution ● Carrier Deadlines & Offers ● Broker Bonus Programs ● Printer-Friendly Newsletter 	<ul style="list-style-type: none"> ● SVAHU Membership Meeting ● GGAHU Membership Meeting ● NCEBC Annual Conference ● WEBI Charity Golf Tournament
Industry News			Other
<ul style="list-style-type: none"> ● Aetna 1Q Earnings ● Wal-Mart's Phase Three Rx ● SF HCSO Arguments Heard ● HMO Profits Cause Anger 			<ul style="list-style-type: none"> ● B&P Web Site ● Contact B&P ● Newsletter Archives ● Feedback ● Subscription

B&P News

May 2008

B&P Employee Event

The Beere & Purves office will be closed Thursday, May 15, 2008 from 12:30pm - 5:00pm for an Employee Appreciation Event. We will resume normal business hours on Friday, May 16th.

Please [contact](#) us prior to 12:30pm on Thursday if you have any questions regarding a pending case.

Plug In to 51+ at Beere & Purves

Instantly increase your bandwidth when you plug in to 51+ at Beere & Purves.

How? Well, think of everything else you could be working on when you let b&p complete the carrier required RFPs, fulfill requests for additional information, notify them of census updates and much more.

As your 51+ marketing partner, we provide you with the ideal support center. Our solid carrier relationships contribute to our ability to provide quick, accurate and personalized service while offering every group the same level of priority, whether it has 51 or 250 employees.

Other ways we help maximize your time:

- Faster quote turnaround versus going direct
- One resource for staying on top of carrier updates
- Current carrier materials
- Enrollment kits delivered next day
- Open enrollment meetings - Spanish too!
- Employer administration meetings
- Other invaluable tools & resources

All of this for free - regardless of group size! Working with b&p does not affect your client's rates or your commissions nor does it jeopardize your carrier representative's compensation, or your agency's override. It's a win-win!

EAP Available through HRConnect

Beginning May 9, 2008, Ceridian's Employee Assistance Plan (EAP) will be available for you to offer to your clients through [HRConnect](#).

Fully integrated with [HRConnect](#), the EAP includes the following confidential services for employees:

- Three face-to-face sessions and unlimited phone access to certified clinicians for information, assessment and short-term resolution of issues such as stress, depression, addiction, domestic violence and other emotional issues;
- A wide range of additional employee support services, including financial and legal services, parenting advice, child and elder care, and education; and
- Access to Ceridian's Lifeworks website with content, tools and reference resources for work-life issues.

To learn more about Ceridian's EAP services, [click here](#). To learn more the cost of this premium service, [click here](#).

bpQuote Enhancement - Import Current Rates

bpQuote now offers you the ability to import **current** rates when using the Current / Renewal feature. Although this new option eliminates the need to manually input current rates, we advise you to use caution when allowing bpQuote to generate the current rates. It is always best to double-check the rates against the group's bill or renewal notice.

[Click here](#) for the location and instructions for using this new feature.

Carrier News

Plan Information - Aetna-Small

[TOP](#)

RATING UPDATES: July 1, 2008 - September 30, 2008

Average Rate Adjustments for 3rd Quarter 2008:

	HMO	MC
Northern CA	5%	2.8%
Southern CA	2.5%	3.5%

The above adjustments incorporate decreases for the following Consumer Directed plans:

MC HSA \$3,000 100/50	-5%
MC HSA \$3,300 80/50	-10%
MC HRA \$3,000 80/50	-10%
MC HRA \$5,000 80/50	-12.5%

Please note that significant rating area adjustments have been made for the third quarter as well. Please contact a member of your B&P Sales Team for assistance.

Dental Changes for July 2008

Aetna has made several changes to the Dental plans for July 1, 2008 effective dates. Details of these changes are provided below:

Contributory Plans:

- Plans Eliminated: DMO Basic, PPO \$1,000, and PPO \$1,000 Max Plans.
- Modified Plans: Freedom-of-Choice Basic - Preferred and non-Preferred schedule is now 100/60/40 (Out-of-network benefit payments are subject to reasonable and customary at the 80th percentile).
- NEW Plan: **DMO Access** - Apart from the DMO network and DMO plan benefits, members under this plan also have access to the Aetna Dental Access Network. This network provides access to providers who have agreed to charge a negotiated discounted fee. Members can access this network for any service. However, the DMO benefits do not apply. In situations where the dentist participates in both the Aetna DMO and Dental Access

network, DMO benefits would apply.

Voluntary Plans:

- Plans Eliminated: DMO Basic, PPO \$1,000, and PPO \$1,000 Max Plans.
- Modified Plans: no changes have been made to existing voluntary plans.
- NEW Plan: **DMO Access** - Apart from the DMO network and DMO plan benefits, members under this plan also have access to the Aetna Dental Access Network. This network provides access to providers who have agreed to charge a negotiated discounted fee. Members can access this network for any service. However, the DMO benefits do not apply. In situations where the dentist participates in both the Aetna DMO and Dental Access network, DMO benefits would apply.

Age-Band Rate Changes for Existing Groups

For renewing groups, beginning July 1, 2008, Aetna will charge additional premium when an employee moves to a higher age bracket the month following their birthday. An increase to an employee's rate will only occur if an employee moves from one age band to the next. This change aligns premium levels with the appropriate age of your employees and accurately reflects the group's medical risk in the next 12 months.

Previously, the additional premium was charged at the next renewal date. This change is an improvement with Aetna renewals in that it may provide increased predictability with your group renewals moving forward.

Aetna HealthFund HRA - Waiving Set Up Fees!!

Effective April 1, 2008 through July 15, 2008 effective dates, Aetna is waiving the employer set up fees for HRA administration. The monthly administration fee of \$5 per participant will remain in tact.

Waiving the setup fee saves the employer:

- 2-25 members = \$350
- 26-50 members = \$450

Remember the Key Benefits of Aetna's HealthFund HRA:

- Employer does not have to pre-fund the HRA account!
- Reimbursement for employees is streamlined. No need for employees to submit claims for reimbursement!

Network Updates - Aetna-Small

No significant updates at this time.

[TOP](#)

Plan Information - Aetna-Large

[TOP](#)

Patient Safety Language Added to Hospital Contracts

As part of their commitment to improving patient safety, Aetna has incorporated language from the Leapfrog Group's "never events" policy in their hospital contract templates for negotiations or renegotiations that use a new contract.

Last year, Aetna pledged support to the Leapfrog Group's new initiative on "never events" - a list of occurrences compiled by the National Quality Forum that so threaten patient safety that they should never happen. These include surgery performed on the wrong body part or on the wrong patient, leaving a foreign object inside a patient after surgery, or discharging an infant to the wrong person.

See the National Quality Forum's [newly revised list](#) of 28 "never events." [Click here](#) for the full article.

[Contact](#) your B&P Large Group Specialist for assistance with Aetna 51+.

Consolidated Billing Now Available!

Single bill, single check simplifies billing.

Plan sponsors asked Aetna to simplify the billing process and Aetna responded with a consolidated bill solution called the Enterprise Billing System (EBS). Now your clients (51-3000 lives) can experience the benefits of integration from a billing perspective, in addition to the numerous advantages integrating benefits offers them and their employees.

What's new?

EBS provides a consolidated HMO and Traditional (PPO) list bill that:

- Replaces multiple invoices with one statement that list all products.
- Accepts a single check payment for all products.
- Captures credits, debits accurately when calculating back adjustments.
- Reads easier, according to plan sponsor testing.
- Improves efficiency and accuracy of broker commission payments.

Availability

EBS supports Aetna fully insured *list-billed* only products for both HMO medical, Traditional medical, Dental and Life coverage. It is available to new customers beginning with an effective date of February 1, 2008, with plans to roll out to existing customers later in the year.

Want to know more?

For a detailed look at the Enterprise Billing System, the [brochure](#) describes the consolidated list invoice to plan sponsors.

Please [contact](#) B&P if you have any questions about this new feature!

Network Updates - Aetna-Large

TOP

No significant updates at this time.

Plan Information - Anthem Blue Cross-Small

TOP

Union vs Non Union Groups No Longer Carve-Outs

Beginning with June 1, 2008 effective dates, Anthem Blue Cross will no longer view a Union versus Non Union group as a carve-out group. Instead, these groups will be reviewed as long as a minimum of 5 enroll. AB1672 guidelines will be applied.

Additional requirements include:

- The employer must provide a copy of the Union roster to identify the Union members.
- Each eligible employee, who is also a Union member, choosing to decline Anthem Blue Cross' small group coverage will be required to submit a declination of coverage.
- Declinations for Union coverage will be considered a valid waiver for participation purposes.

For more information, please contact a member of your b&p Sales Team.

New HIPAA Form Required

Anthem Blue Cross has revised their Small Group HIPAA Authorization Form. Please note that the old form will no longer be accepted. Please update your copy, [click here](#).

Language Assistance Program Coming in 2009

Reference the article located in the Blue Cross Large Group section.

HealthyExtensions is now called SpecialOffers

"HealthyExtensions" on the agent website has been replaced with a program called "SpecialOffers." This innovative program offers significant savings on alternative health and wellness products and services, which helps Anthem Blue Cross members take a personal path toward creating a healthy lifestyle for themselves and their families. Your customers can save up to 40 percent on various products, services and practitioners that may positively influence their health and go beyond traditional health care services.

Check out the updated SpecialOffers programs [here](#) or visit the agent website at www.anthem.com/ca and follow this path: *Quick Links > General Information > Directory > Special Programs > SpecialOffers*. You can also find links to SpecialOffers on the agent, visitor and member home pages.

ACS/Mellon Updates HSA Interest Rate

In accordance with the Anthem Blue Cross contract with ACS/Mellon, ACS/Mellon periodically reviews the interest rate credited to members' Health Savings Accounts (HSA), and adjusts the rate to reflect the current interest rate environment and general money market conditions.

From January 1, 2008 through June 30, 2008, the interest rate to be credited to HSA will be 3.0 percent.

The updated rate will be reflected in members' monthly HSA bank statements, which are sent by ACS/Mellon directly to account holders. The current rate will also be reflected in the fee schedule that's included with the HSA Welcome Kit, which is sent by Anthem Blue Cross to new HSA participants. See the schedule [here](#).

Enhance your Clients' Benefit Package with Blue View Vision

Blue View Vision from Anthem Blue Cross offers two plans to choose from, extended customer service hours and new Web capabilities.

Key product highlights:

- **Network:** Access to more than 44,000 providers and provider locations across the United States and more than 4,500 in California, including independent providers and marquee retailers such as LensCrafters,[®] Sears Optical, JCPenney Optical, Target Optical and most Pearle Vision locations.
- **Convenience:** Longest customer service hours in the industry, including Sundays. Retailers offer convenient

evening and weekend hours, plus fast delivery of glasses.

- **Easy to use benefits:** Retail benefit allowances make it easy for members to select frames or contact lenses from the providers' inventory.
- **Additional savings:** Savings of 15 percent to 40 percent on second pair purchases, 20 percent savings on balance over plan allowance from in-network providers after benefits are utilized - any time, anywhere.
- **Web capabilities:** Through our EmployerAccess program, employers can manage their Medical and Specialty Products coverage all in one seamless online experience. This includes accessing overviews of employees' coverage, enrolling employees, adding dependents, changing or canceling coverage, requesting ID cards, viewing a list of open invoices, paying bills online, and much, much more!

And, as with all Anthem Blue Cross Specialty Products, Vision plans are a great addition for groups who already have Anthem Blue Cross Medical coverage. For more information, please contact your B&P Group Sales Representative today!

Network Updates - Anthem Blue Cross-Small

TOP

[Anthem Blue Cross Network: Alta Bates Medical Groups - Northern California](#)

Anthem Blue Cross announced that Alta Bates Medical Group rescinded their notice of termination. A three year contract extension has been issued effective July 1, 2008.

Plan Information - Anthem Blue Cross-Large

TOP

[51-99 Employee Elect Branding Updates](#)

Anthem Blue Cross has updated the 51-99 Elect benefit summaries, employer application and employee application with the new Anthem Blue Cross logo. Visit www.beerepurves.com or [contact](#) your Large Group Specialist to obtain the revised documents.

[HealthyExtensions is now called SpecialOffers](#)

Reference the article located in the Anthem Blue Cross Small Group section.

[Language Assistance Program in the Works for Members with Limited English Proficiency](#)

Anthem Blue Cross wants to break through language barriers and communicate as effectively as possible with their members. To do that, as well as to comply with the requirements of the recently passed California Senate Bill 853, they are developing a Language Assistance Program for customers with limited English proficiency; it will be implemented on January 1, 2009. The program will be free of charge to members and will provide translations of certain documents like letters and explanation of benefits (EOBs), as well as oral interpretation services.

Your customers will receive a notice that written translated materials and interpreting services are available in the following languages:

- Spanish
- Chinese
- Vietnamese
- Korean
- Tagalog

Look for more information about this program in the coming months.

Network Updates -Anthem Blue Cross-Large

TOP

Please see the Anthem Blue Cross-Small Network Updates.

Plan Information - CaliforniaChoice®-Small

TOP

Early Bird from CaliforniaChoice®

Group numbers guaranteed on the effective date with CaliforniaChoice®.

When you submit your group through Beere & Purves by the 19th of May for a June 1, 2008 effective date, and all pending requirements are completed by the 23rd of the same month, we will submit your case to CaliforniaChoice® as an Early Bird case. Cases meeting special receipt and pending item dates receive a group number on the requested effective date.

Early Bird Special Timeline:

May Timeline for June 1st Groups:	June Timeline for July 1st Groups:
19th - submit group to Beere & Purves	19th - submit group to Beere & Purves
23rd - all missing requirements must be complete	25th - all missing requirements must be complete
1st - group number will be issued	1st - group number will be issued

If you have any questions, please contact one of the B&P Underwriters.

Update Your Employee Enrollment Applications

Please visit www.beerepurves.com or contact a member of your dedicated Sales Team, to obtain the new CaliforniaChoice® enrollment forms for your groups.

Network Updates - CaliforniaChoice®-Small

TOP

No significant updates at this time.

Plan Information - CaliforniaChoice 51+

TOP

Summary of Changes for Renewing Groups

CaliforniaChoice 51+ has provided us with a summary of changes affecting groups of 51 to 199 eligible employees renewing July 1, 2008, through December 1, 2008. Please refer to the CaliforniaChoice 51+ [Summary of Changes](#) flyer for details.

Please contact your B&P Group Sales Representative or Large Group Specialist for assistance.

Double Your First Month Commission - Expires in June 2008

Double your first month commission for any CaliforniaChoice 51+ group NEW to Kaiser Permanente has been extended through June 1, 2008 effective dates (groups without current Kaiser Permanente membership).

Plus, for every Kaiser Permanente member you enroll, earn an additional \$15/member.

EXAMPLE*:

You enroll a 150 member group in CaliforniaChoice 51+ and 75 members enroll in Kaiser Permanente; the others enroll into Health Net and Cigna.

1st Month Commission	\$1,650
DOUBLE IT	\$1,650
Kaiser Permanente Members(75 x \$15)	\$1,125
Total 1st Month Commission	\$4,425

*For illustration only. For more information on commission opportunities, please consult CaliforniaChoice 51+.

Please [contact](#) your Large Group Specialist for a CaliforniaChoice 51+ quote.

Network Updates - CaliforniaChoice 51+

TOP

Please see the CaliforniaChoice® -Small Network Updates.

Plan Information - Delta Dental

TOP

Section 125 Eligibility Rule Revised

Delta Dental recently issued a change to their eligibility rules affecting Section 125 groups. Per Delta Dental's 2008 Small Business Administration brochure, in the Open Enrollment section (page 5), there is an item under 'Delta Dental Premier or PPO' that reads, "For employers with Section 125, Delta Dental will abide by their open enrollment." **Effective April 15, 2008, this statement is no longer valid and has been removed from the brochure. This change will affect new groups with May 1, 2008, effective date and thereafter.**

Delta Dental's rule prior to 2008 was to allow enrollees to waive coverage at initial enrollment, but only allow them onto the plan during open enrollment if they could provide proof that a loss of coverage elsewhere had occurred. This rule had been adhered to since the program began which has contributed to the pool's favorable experience.

As you all know, a bona fide Section 125 plan allows enrollees who initially disenrolled from the plan, to enroll during the annual open enrollment without justification. Disenrolling for no reason can lead to adverse selection and eventually result in a rate spiral which Delta Dental is striving to prevent, since preservation of the pool's good financial health is paramount to their ability to offer low increases every year (since January 1, 2001, the pool's average rate hike for fee-for-service has been 2.7%.)

For inforce Section 125 groups, Delta Dental will continue to stand by their statement. However, they will need a copy of the group's Section 125 plan for their records (the document should look and read like a contract). If you have recently enrolled any Section 125 groups because of the statement above in their brochure, please inform a member of your b&p Sales Team. Please submit the necessary document and group information, so we may inform Delta Dental.

Download the 2008 [Small Business Advantage Program](#) brochure and discontinue using the outdated version.

Plan Information - Health Net-Small

TOP

HSA-Compatible Plans and Self-Funded Deductibles

Health Net's HSA-Compatible plans are an important component of their comprehensive health care offerings. It is these and other high-deductible plans that address the needs of those employers and employees seeking low premium/high deductible health plan options.

Key to Health Net's ability to provide these plans is the principle that higher deductibles and out-of-pocket maximums will encourage members to be more aware of and cautious in their utilization of services. This means the responsibility for payment of deductibles must remain solely with the member. As a result, HSA-Compatible and other high-deductible plans can be sold only stand-alone or in conjunction with Health Savings Accounts (HSAs), where applicable.

Therefore, employer groups may not combine Health Net's HSA-Compatible or other high-deductible plans with any form of partial self-funding or insuring of plan deductibles. To clarify the requirement, Health Net implemented the following Underwriting Guideline in February 2006:

Partially Self-Funded Deductible Plans and/or Section 105 Plans:

Under no circumstances may any of the HSA compatible or other high-deductible products be combined with any form of partial self-funding or insuring of the deductible, be it in a wraparound, addition or companion capacity.

To verify that this Guideline is being met for all new and renewing groups with HSA-Compatible or other high-deductible plans, an [Employer Acknowledgement Form](#) completed and signed by the group, must be provided.

This Guideline was made effective May 1, 2006. Health Net **will not pay medical plan commissions** for any policyholder found to be out of compliance with the Partially Self-Funded Deductible Plans and/or Section 105 Plans Underwriting

Guideline.

Deviation from this requirement may also result in termination of your Health Net Agent/Broker Agreement. In addition, you should check your E&O policy, which may exclude liability for claims arising from self-funded arrangements.

We suggest encouraging your clients to consult their attorney and accountant before self-funding. Self-funded employers are responsible for compliance with HIPAA, COBRA and ERISA, among other legal and regulatory obligations.

For questions, please contact your B&P Group Sales Representative.

Waivers No Longer Required for Voluntary Dental & Vision

Health Net Underwriting has provided notice that they will no longer require waivers for Voluntary Dental and Vision. Waivers will continue to be required for Health Net Dental PPO, Dental HMO and employer paid Vision.

Greater Access While Traveling

Health Net customers now connect to service and information from 135-Plus countries, providing greater peace of mind while away from home. Plus: California subsidiary makes it easier for customers to receive quality medical care while visiting or studying anywhere in the United States.

Health Net announced on Monday, May 5, 2008 that customers traveling throughout the world now have telephone access from more than 135 countries to service representatives providing answers to questions and guidance about health insurance coverage.

"Customers traveling abroad frequently require medical attention," said Kathleen Richard, Health Net's customer experience officer. "They need quick and accurate information on how their particular insurance plan covers the cost of care provided in other countries. When people are away from home, they appreciate the comfort of a live voice." [Full article...](#)

Network Updates - Health Net-Small

TOP

No significant updates at this time.

Plan Information - Health Net-Large

TOP

New PPO and HSA Plan Code

The Health Net quotes reflect revised plan codes for their PPO benefit plans due to adjustments on how the mental health benefits are offered. In order to provide more flexibility the PPO plans are available with severe-only mental health benefits or severe and non-severe mental health benefits.

Side-by-side Benefits:

[Severe and Non-Severe PPO plans](#)

[Severe-only PPO plans](#)

Plan-specific summaries are available from your [B&P Large Group Specialist](#).

Network Updates - Health Net-Large

TOP

No significant updates at this time.

Plan Information - Kaiser Permanente Choice Solution

TOP

New PPO HSA 2200 Plan

Kaiser Permanente Choice Solution is introducing the PPO HSA 2200, new for July 1, 2008 effective dates going forward.

New... PPO HSA 2200

The Kaiser Permanente PPO gives members the power to choose any physician within the PHCS participating network providers anytime, without a referral. And, the PPO HSA 2200 is HSA-qualified so members can open a Health Savings Account and start setting money aside right away—it's there when members need it to pay for qualified medical expenses, like office and prescription drug copays.

Medical Benefits	In Network (Member Pays)	Out of Network (Member Pays)
Deductible: Individual / Family	\$2,200 / \$4,400	\$3,200 / \$6,400
Office Visits	\$40 after deductible	50% after deductible
Lab and X-Ray - Outpatient	30% after deductible	50% after deductible
Hospital Care	30% after deductible	50% (\$600 Max/day) after deductible
Emergency Room	30% (\$100 copay per visit) after deductible	30% (\$100 copay/visit) after deductible

For detailed benefits, refer to the Kaiser Permanente Choice Solution [PPO HSA 2200 Benefit Summary](#).

Please contact a member of you B&P Sales Team for more information.

Network Updates - Kaiser Permanente Choice Solution

TOP

No significant updates at this time.

Industry News TOP

Aetna Announced 1st Quarter Earnings

On April 24, 2008, Aetna announced first-quarter 2008 operating earnings of \$0.92 per share, a 14 percent increase over the prior-year quarter. The increase in operating earnings per share reflects a 16 percent growth in total revenue, primarily from quarter-over-quarter membership growth and premium rate increases, as well as stable underwriting results. This improvement also reflects the benefit of share repurchases. [More...](#)

Wal-Mart Launches Phase Three of \$4 Rx Program

On May 5, 2008, Wal-Mart announced that they were adding a 90-day prescriptions for \$10, more women's health offerings, and \$4 over-the-counter medicines in its latest 'health care reform' move.

While health care costs continue to be a top concern for consumers, Wal-Mart Stores, Inc. is furthering its efforts to help customers save money by driving down prescription medication costs and providing ongoing savings through its pharmacy offerings. [More...](#)

Ninth Circuit Court Heard Case Challenging ERISA Preemption

On April 17, 2008, San Francisco's restaurateurs argue that the city's health care mandate violates ERISA in that local governments are restricted from interfering with private-sector employee benefit plans.

The case *Golden Gate Restaurant Association vs. the City and County of San Francisco* challenges part of the city's new universal health care program that requires midsize and large employers to spend a certain amount on their workers' health care or pay a fee to the city. The case went before the U.S. Court of Appeals for the Ninth Circuit on April 17, 2008. Depending on the outcome, it has the potential to go to the U.S. Supreme Court, legal experts say, reports *MarketWatch*. As of May 14, 2008, a final ruling has yet to be issued.

Anger Rises Over Bigger HMO Profits

HMO profits in California rose 46 percent last year, with nonprofit Blue Shield leading the pack, almost doubling its profit margin from the prior year.

The health plans say they caught a break through lower-than-expected costs, and 2008 doesn't look as rosy. Blue Shield notes that an accounting change boosted its numbers this year. But the response from many of their customers ranges from frustration to anger. [More...](#)

Events TOP

[SVAHU Membership Meeting - June 12, 2008](#)

Join SVAHU for their monthly membership meeting at the San Jose Wyndham Hotel. Topic of discussion will be the San Francisco Health Care Security Ordinance. More details available on the SVAHU [website](#).

[GGAHU Membership Meeting - June 18, 2008](#)

Join GGAHU for their monthly membership meeting at the Hilton Concord. Details to be announced closer to the event date. Visit GGAHU's website to view their [calendar of events](#).

[NCEBC Annual Benefits Conference - June 26, 2008](#)

The Annual NCEBC Benefits Conference takes place on June 26, 2008; co-hosted with NCHRA. This year's event will take place at the Westin St. Francis in San Francisco. Visit www.ncebc.net for more details.

[WEBI Invitation Charity Golf Tournament - July 28, 2008](#)

On July 28, 2008, the 17th Annual Women in Employee Benefits Invitational Charity Golf Tournament will be held at the Palo Alto Hills Country Club. Proceeds from this wonderful event will go directly to the Northern California Cancer Center (NCCC) to help aid their effort in cancer prevention through population-based research and community education.

Thanks to everyone's support, the WEBI Golf Tournament has raised over \$60,000 over the last 3 years for the NCCC. WEBI's goal is to significantly increase their donation this year. Therefore, they are reaching out not only to Insurance Carriers, but also to Consultants, Brokers and General Agents in our industry in an effort to obtain Corporate Sponsorships for this charitable event. Several of our corporate friends have already made generous contributions to this year's event and WEBI would like to give you the same opportunity to be recognized as a key Corporate Sponsor as well.

[Click here](#) for sponsorship opportunities. [Click here](#) to register.

Contact B&P TOP

For a complete list of B&P contacts, [click here](#). Questions for Beere & Purves? [click here](#).

Feedback & Suggestions TOP

Please [e-mail](#) suggestions, topics or comments.

Subscription Management TOP

To subscribe to the *Broker Broadcast*, please [click here](#). To unsubscribe from the *Broker Broadcast*, [click here](#).