



BULLETIN



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2015

New Funding Advantage Surgery Benefit – BridgeHealth

Allied National has made an enhancement to its medical benefits package.

Our new vendor partner, BridgeHealth, offers a Center of Excellence program, assisting members in planning certain non-emergency surgeries by directing them to top facilities.

Plan members realize significant incentives as a result of case rate savings. If an employee is recommended for an eligible surgery (ex. hip, knee, spine, cardiac, and women's health procedures), and they choose to participate, it will significantly reduce their out-of-pocket costs. Also:

- If the member chooses to have their surgery at a BridgeHealth facility, they will receive a \$2,500 cash incentive payment. Coinsurance will be waived entirely for all plan members who use BridgeHealth.
- If the member lives more than 100 miles away from the hospital where their surgery is being performed, a travel benefit will be available for members. This includes:
 - Transportation expenses, including airfare at the coach rate, taxi or ground transportation, or mileage reimbursement at the IRS rate for the most direct route between the member's home and the hospital.

- Lodging for the member (while not a hospital inpatient) and one companion. Lodging expenses are paid at a rate of up to \$50 per day for the patient or up to \$100 per day for the member and companion.

In order to participate, a member must call a BridgeHealth Care Coordinator at 855-423-1295. The Care Coordinator:

1. Works directly with the member to help determine if their non-emergency surgery is included in the BridgeHealth program.
2. Consults with the member about the high-quality hospitals and providers in the BridgeHealth network.
3. Engages with the member every step of the way from initial planning, recovery, and even arrangement of travel, if necessary

BridgeHealth has been seen sending postcards to members and marketing materials to the employer groups. Please note that BridgeHealth is not available to HealthCare Highways network members.

If you are interested in learning more about the program, contact Client Services at 888-767-7133.

Compensation for the New Health Care Adviser

The health care benefits industry is constantly changing, resulting in endless confusion. And now, agents' roles have evolved to health care adviser – doing two to three times the work done before the Affordable Care Act (ACA) was enacted. Shouldn't your compensation equal your duties and the responsibilities you have to your clients?

At Allied National, when you submit a Funding Advantage case, you have the opportunity to determine the appropriate compensation. Funding Advantage is a self-funded plan and not subject to Minimum Loss Ratio rules that have squeezed compensation in the fully insured market. You're free to determine your own compensation to support your new role.

When submitting a Funding Advantage case, you need to include Allied's "New Case Transmittal" form and state the percent of commission you want under "Agent Information," "Commission agent: _____%" section on the form. We will use the percent you declare on this form as the commission rate when we process and rate the case.

Although the default compensation Allied sets is a generous percent based on group size and product, we believe you should have the opportunity to decide your compensation based on your expected workload. Keep in mind that your client will see your compensation amount on the 5500 reporting statements they receive each year.

You can download the New Case Transmittal form at www.alliednational.com/pdfs/575_new_case_transmittal.pdf.

Renewal Process For Self-Funded Products

The renewal process for the Allied National self-funded product, Funding Advantage, is different from fully insured group health plans. Fully insured plans renew automatically and require no action by the employer. Self-Funded plans do not automatically renew, so you must complete and return documents for the new plan year.

Allied's Funding Advantage renewal package mails approximately 45-60 days prior to the group's renewal date. Allied is in the process of transitioning to electronic renewals, but until this process is complete, most agents and groups will receive the renewal information in the mail.

Renewal packages are sent first to the General Agent (GA) if there is one; then to the agent; and finally to the client. These send dates are staggered to allow the GA/agent time to review the package prior to meeting with the employer. The renewal package includes the following:

- Employer cover letter (includes explanation of time sensitive documents)
- Understanding your renewal explanation and instructions
- Self-funded client renewal report
- New WINAllied quote with renewal rates
- New Summary of Benefits and Coverage (SBC) for renewal plan year
- Schedule of excess loss coverage (stop loss policy)
- Most recent plan funding and utilization reports
- **New set of funding documents for the renewal plan year. These two documents must be signed and returned to accept the renewal:**
 - Administrative agreement
 - Application for excess loss (stop loss application)

When the renewal package is received, it is the responsibility of the GA and/or agent to review the rates with their client. If they would like to see alternative benefit quotes, these requests should be sent by email to underwriting@alliednational.com and must be done as quickly as possible since you will have less than 45 days to sign and return the two funding documents listed above.

If the renewal rates are acceptable, it is imperative that the agent get the signed set of two funding documents, found in the renewal package, back to Allied's Underwriting Department either electronically or mailed, prior to the renewal date. If this date is missed, the group coverage is lapsed and they will have no coverage past the renewal date. Prescription cards will be shut off at this time and any claims incurred past the renewal date will be the responsibility of the employer.



Don't Get Caught in the Fourth Quarter Bottleneck

Group health benefit brokers across the country are already looking at the fourth business quarter with trepidation. 2014 fourth quarter was – plain and simple – a headache. It felt like everyone was trying to renew their coverage at the same time and many brokers and their clients had to walk away without the quotes or coverage they wanted.

The volume of December 2014 group health benefit renewals was huge due to the Affordable Care Act (ACA) transition rules implemented in 2013 allowing small groups to "grandmother" their coverage and avoid renewing into new ACA-compliant plans. The number of groups renewing coverage this year is expected to be even worse.

To help you avoid the crunch and avoid the possibility you won't be able to renew a group in time, Allied National is again providing early underwriting for your December renewal business. That means you can lock in your rates now to avoid the bottleneck you'll be facing with December renewals.

If your client moves their coverage now, they will get a credit of 10% on their first month's bill. This can be worth thousands of dollars to your client and might be just what you need to get them moving towards a self-funded plan now.

All you need to do is submit your December renewal groups for Allied pre-underwriting NOW. We'll underwrite and lock in your December rates early, helping you avoid the December rush.

Plus, if your clients like the rates, they can move their effective date to September, October or November and we'll give them the 10% credit on their first month's bill.

To learn more about this early renewal opportunity, call Sales Support at 888-767-7133.