



BULLETIN



October

AN ALLIED NATIONAL SALES AND MARKETING PUBLICATION

2017

New Lower PMEC Rates!



Allied National has reduced monthly rates from \$48 to \$42 per employee for the Preventive Services Only Minimum Essential Coverage (PMEC) plan. The new rates take effect Dec. 1.

Recent failed attempts to repeal the Affordable Care Act (ACA) mean that it is still important to be in compliance with the federal law. A PMEC helps employers come into compliance with the ACA by providing a self-funded plan that covers required preventive services and satisfies the ACA requirement to

provide Minimum Essential Coverage. It also helps employers avoid the \$2,000+ ACA tax penalty at the lowest possible employer cost and satisfies the ACA individual mandate for covered members.

Allied has been watching claims experience and has learned that employers who have Allied's PMEC plans have been getting large refunds at the end of a claim year. Instead of holding the employer's money, Allied has decided for the second time to lower rates to again more closely match actual expenses. The result is that employers get to "save" money now, instead of waiting to get it as a refund.

All PMEC Plans are fixed priced and guarantee issue. The employer is required to pay 100% of the employee premium. Seventy-five percent participation and a minimum of 25 participants is required.

Funding Advantage Rates Rebalanced

Last month Allied National released new rating factors for all Funding Advantage group plans. These factors will "rebalance" the monthly costs between specific stop loss, aggregate stop loss and the claim fund.

One of the steps we took to "rebalance" the rates was to remove the group size rating loads. Small groups in particular will greatly benefit by eliminating these loads.

Our goal for this change is for at least one-third of all groups to receive refunds from their claim fund at the end of their run out period. And remember, Allied groups receive 100% of their refund — not just a portion as some companies do.

Changes to "rebalance" rates have been made to our quoting software, WINAllied. You can download the latest installation package at: www.alliednational.com/winallied.html

If you have any questions, give Allied Sales Support a call at 888-767-7133. If you have a tech support request, call Sales Support who will forward it to IT Support, or you can just email us at: winallied@alliednational.com



Clean Submissions Streamline the Submission Process

We're headed into the busiest time of year for group health insurance. Allied's guideline for a timely Funding Advantage new case submission is a minimum of 10 working days before the requested effective date. Typical underwriting can take longer depending on completeness of a submission and how quickly missing information is received.

The most important thing you can do at this time of year is to make sure your submission has NO MISSING COMPONENTS and is ready to be reviewed by the medical underwriter so he or she can set final rates.

To be considered a submission, the employer information statement, current plan information (benefits, current and renewal rates), employee enrollment cards/waivers and participation documentation (on groups with less than 50 participants) is required. Submissions without these components are considered prescreen/quote requests only and not handled as a new case submission.

If you do this, a complete submission will help you avoid the rush and get rates quickly.

Call Allied Sales Support at 888-767-7133 to send in a quote today.

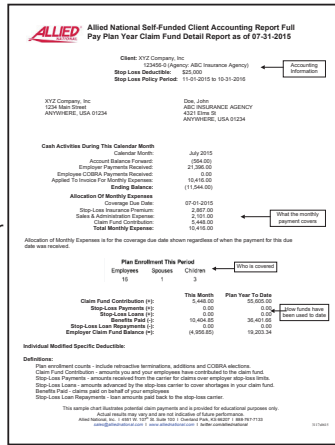
Help Your Clients Understand Their Health Plan

Allied National provides your clients monthly and quarterly reports that you can access. These reports show employers exactly how their health plan money is being used. As their health care adviser you could be using these reports to help them manage their health care expenses and retain your block of business.

Monthly — We produce a Client Accounting report. This report shows how their plan year is going. The report breaks down what their monthly payment covers, who's covered, how their funds have been used to date, and gives a consecutive month by month breakdown of payments and expenses. It gives a good snapshot of overall plan performance and whether the employer is trending towards a refund at the end of the plan year.

Quarterly — We produce a Plan Utilization report. This report drills down more in-depth than the monthly report to show exactly how much money was spent on different types of coverage,

like office visits, hospitals, labs and prescriptions. This report breaks down prescription drug use and shows brand name drug use versus generic. This information alone could significantly reduce an employer's health care spending by identifying generic versus brand name savings potential.



We have sample versions of these forms available at www.alliednational.com/agentedge or you have 24-hour online access to your clients reports through your Allied Self-Service site account. You can gain access to your Self-Service Site from the www.alliednational.com home page. If you're a new user, you'll be asked for your Allied producer number, birth date and last four numbers of your Social Security Number or Tax ID to verify your identity and register for access. You can contact Sales Support at 888-767-7133 if you need help registering for access.

Hello! This is Allied National Calling!

Allied National and our partners are calling our Funding Advantage members to assist them in getting the most out of their benefits.

The phone calls are part of the Member Connection and Allied HealthCare Assistant programs. We are identifying members who have specific health needs and are offering them assistance. These programs save the employees and employers money.

Right now we have three active outbound calling programs:

- **Benovate** is our health engagement platform provider. They are helping members register for the Member Connection platform, the members' health plan portal.
- **GemCare** works with members who have diabetes and are insulin dependent. Members receive free testing supplies and can talk to a personal health coach at no cost.
- **AiRCare** assists members with behavioral health problems by finding them a primary care physician, answering questions about their benefit plan, and providing members with routine contact and assistance.

Sheila Soffiotto, Allied HealthCare Management Supervisor, said it's exciting to see how these phone calls can make someone's life easier. For instance, AiRCare spoke with a gentleman who lives on



one coast and travels often for work to another coast. He suffers from severe anxiety and depression and was having difficulty being away from his therapist. AiRCare helped him find a therapist for when he's away from home.

These programs are all part of Allied's Funding Advantage wellness program to help keep employer costs down and provide the best healthcare services for our members. Let you clients know we'll be reaching out to help!