



## Agent Bulletin

*Allied National - The Small Group Benefit Experts  
for groups of two or more*

June 2023

Self-Service Site

Employer Resources



### What to Know This Month

Here's a sneak peek at the highlights in this issue:

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## High-Cost Drug Program's Savings Opportunities

For Funding Advantage members with Formulary and Deductible Integrated Plans, Allied National's High-Cost Drug Program assists eligible members in obtaining High-Cost drugs or therapies in a cost-effective manner while reducing waste and improving clinical outcomes.



This program already has saved hundreds of members thousands of dollars in annual out-of-pocket medication costs.

Enrollment in the High-Cost Drug Program is mandatory for all eligible members to receive coverage for High-Cost Drugs (any tiers) over \$500 per fill and for all specialty drugs (tier 4). Eligible members enrolled in the High-Cost Drug Program may receive reduced or even waived copays. If no coverage is available under the program, standard copays apply.

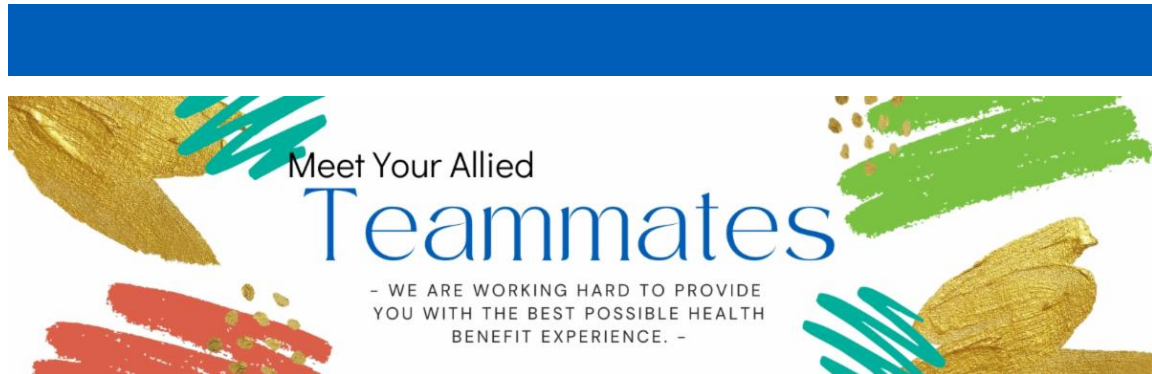
Failure to enroll requires the covered person to pay the full cost of the drug or

treatment.

To be eligible for the High-Cost Drug Program, the sponsoring employer simply needs to elect to offer prescription drug coverage. This program is not available when the plan does not cover pharmacy benefits or provides a discount-only benefit. Drugs also must be eligible under the formulary to be covered under the High-Cost Drug Program.

Check the flyer below for more information.

[High-Cost Drug Program Flyer](#)



## Get to Know Allied's Lisa Hodson

Since January of this year, Lisa Hodson has served as the Chief Executive Officer of Allied National. Lisa previously worked as Chief Strategy Officer for GEHA, the second-largest national health plan serving federal employees, federal retirees and their families. She holds a Master of Public Administration from George Washington University and is a member of the Board of Directors of Hillcrest Transitional Housing, a faith-based non-profit transitional housing program.



### **Q. Where do you see Allied in the next five years?**

A. Allied will continue to focus on strategically crafted benefits that create value for small employers and individuals. We strive to be a source of innovative products, agent-friendly service and a partner you can trust.

### **Q. How do you think the industry will change in the coming years?**

A. The transparency regulations are going to drive an interesting dialog and resettling of relations between providers and insurers, which I believe will ultimately help employers and employees make more informed decisions and save money.

### **Q. What Allied health benefit is underutilized?**

A. Allied Healthcare Assistant. Every Funding Advantage member has access to resources and programs to save them money, get the best care, and live a healthier, more balanced life.

**Q. What skill would you like to learn?**

A. Skydiving.

**Q. Why did you choose to get into this industry?**

A. I think it chose me. I've always enjoyed solving problems and finding innovative solutions. In an industry like health care and employee benefits, there is no shortage of problems to solve or opportunities to innovate and improve.

## Helping Clients Through Our Renewal Process

Renewals are the perfect time for you to guide your clients to the best health plan for their needs. If your clients have a plan outside of Allied, now is the perfect time to show them the wide range of possibilities they can have with one of our Funding Advantage plans.



For groups currently on a Funding Advantage plan, you should start four months prior to the groups renewal date by pulling their utilization reports from your Allied self-service site. This will give you a great look at how you can help the group adjust their plan for the coming year to save money. For instance, if most of the claims were for brand name prescriptions, suggest next year they switch to a generic only plan.

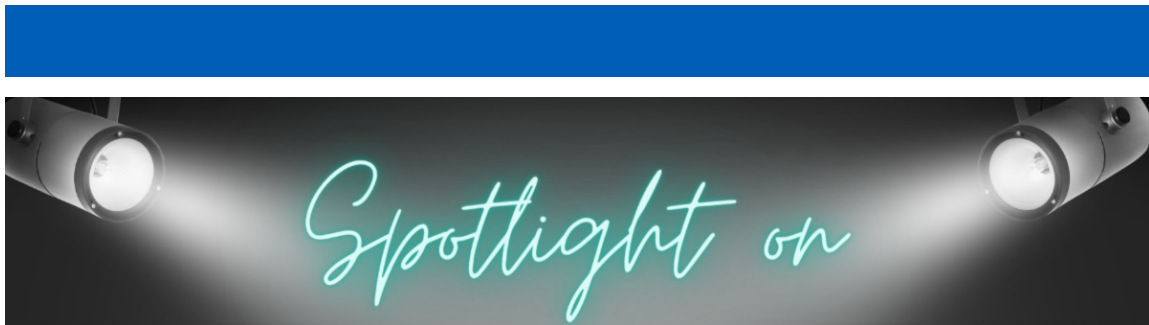
To help you navigate our renewal process, here is a step-by-step layout of our process along with what we need in order to process the renewal in a timely manner.

- Approximately 60 days prior to the end of the groups coverage we send out a proposal email to the General Agent/Agent. Two business days later, we will send the same email to the group. For instance, for a January renewal date we will send the emails in late October or early November. While it was previously reported in the *General Agent Support Update* that the renewal packet is sent last, it actually is sent first and includes:
  1. A cover page
  2. Self-Funded Client Renewal Report
  3. Employer letter
  4. Understanding your renewal
  5. Employer Participation Statement
  6. The proposal with current benefits
- You will need to ask for alternate plan options as soon as you receive the emailed proposal.
- Double and triple check the census on the proposal before the group signs the rate page. Verify that we have the correct email address for you

and the group, in case the group didn't get the original email or there are ownership changes. If you have multiple emails, please verify which email address we are to use.

- Once the group receives their packet and verifies the census on the proposal and agrees with the proposal the group can sign the rate page. When we receive the signed rate page, we will then prepare and send out the funding documents.
- Make sure that only an officer, owner, partner or president of the group signs the rates and funding documents (unless we have other documentation stating that someone without that title has been given the OK to sign). Managers are not authorized signers.
- The documents will have to be completed by both parties, the agent and employer. Once we receive the documents back completed, we will send it to underwriting for processing. The sooner we receive the documents back the better.

For questions on our renewal process, you can contact Allied Sales Support at 888-767-7133.



## Freedom Essentials Plan

According to the Kaiser Family Foundation, 38% of small groups offered a level-funded plan to their employees in 2022 – that's almost a 200% growth compared to 2020 when only 13% of small groups chose level-funded plans.

Allied National's Freedom Essentials Plan is our lowest cost level-funded plan. Freedom Essentials is a cost-effective and flexible way for you to help your small groups provide major medical benefits for their employees. What allows this plan to be even more affordable than the Freedom Traditional Plan is the inclusion of our HealthChoices benefit and exclusion of Tier 4 drugs.

The addition of the HealthChoices benefit gives members the advantage of lower or waived out-of-pocket costs when medical treatment falls within one of our specified services and protocols set out in the plan are followed.

Freedom Essentials members can choose any provider without restrictions or penalties and still get discounts. In addition to having great major medical coverage, including telehealth access, the only expenses members have are their copays, deductibles and coinsurance. This plan includes a no-cost Legal Support Service to make sure members do not have to pay any balance bills from providers that pressure them for payment.

Quote Freedom Essentials today through your General Agent or call Sales

## Your Guide to Selling Pivot Health

If you ever wanted a simple, step-by-step guide on how to easily sell Pivot Health Individual Plans, check out this recording.



*For agent use only*

Pivot Health Broker Account Executive Todd Greene and Allied National Senior Account Executive Liz Cissner did a great job during a recent webinar explaining how an agent can get their own web page so they can start selling individual short-term health plans.

To get your personalized Pivot web page, fill out the form at the bottom of the page at [www.alliednational.com/short-term](http://www.alliednational.com/short-term). After submitting, it takes 24 to 48 hours to create your web page. Allied Sales Support will email you with your link as soon as it's ready.



## Blooming Bonus From Pivot Health

You have until June 30, 2023, to participate in Pivot Health's second quarter bonus program to earn a Blooming Bonus on all Pivot Health proprietary products.


There is a baseline of seven medical applications. Once this baseline is met, the Blooming Bonus pays out back to the first submitted application. Here are some of the rules:

1. Seven medical applications
2. \$100 minimum base premium (no fees)
3. 180-day minimum duration

For more information on this great opportunity, click on the button below for the bonus flyer.

[Blooming Bonus](#)



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