



Agent Bulletin

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

September 2023

Self-Service Site

Agent Edge

Member Resources



What to Know This Month

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

1. Our Pharmacy Benefit Manager has a New Name
2. Spotlight on Cost Saver Bronze MVP
3. Medicare Part D Due October 14
4. Get to Know Allied's Kelly Bullard
5. Life Scenarios Where Short-Term Health Plans Work Well
6. Pivot Health Level Up Bonus Opportunity

Our Southern Scripts Pharmacy Benefit Manager has a New Name – Liviniti!



The company we use to manage our pharmacy benefits, Southern Scripts, has a new name, Liviniti.

Southern Scripts has provided pharmacy services to members across the country and, after 12 years in business, felt it was time for a new name that reflects its national scope. Medications are a powerful tool in maintaining members' best possible health. Liviniti

believes their new name acknowledges the infinite power of medication to improve lives.

If you're wondering whether there's anything your employer groups need to do to as a result of this change, the answer is no. Their Southern Scripts pharmacy ID card will still work, their pharmacy benefits and network pharmacies are the same, and they can still call the same phone number to reach Member Services.

On Sept. 13, their member portal, mobile app and pharmacy materials reflected the

Liviniti name, along with the new logo and colors. If they visit the member section on southernscripts.net, they will be redirected to resources on the new website, Liviniti.com.

Care has been taken to make sure this change is easy for members. Liviniti will provide them with the same exceptional service that they have come to expect from their pharmacy benefit manager.

Click on the button below to read frequently asked questions about the rebranding.

[Liviniti FAQ](#)



Cost Saver Bronze MVP

Do you have employers that have been priced out of traditional major medical health plans? If these employers have 50 or more full-time employees, they must provide Minimum Essential Coverage (MEC) and affordable, minimum value coverage or pay penalties.

Allied's Cost Saver Bronze Minimum Value Plan (MVP) is the perfect option for these employers. This affordable plan provides a unique, low-cost group health plan option that avoids both penalties (Part A and Part B) under the Employer Shared Responsibility provisions of the Affordable Care Act.

Cost Saver Bronze MVP is a guaranteed issue health plan, no medical underwriting! In addition, this plan provides these valued benefits:

- Unlimited outpatient benefits
- Fixed cash payments for surgery and hospitalization
- Access to the PHCS or First Health PPO networks for valuable PPO discounts for services
- Employers have the opportunity to receive money back when their group has a healthy plan year

Click on the button below for the Cost Saver Bronze MVP flyer you can personalize and send to prospective clients.

For more information, contact your General Agent or one of our Sales Support team members and they will be happy to assist you. Call 888-767-7133 or email sales@alliednational.com.

Medicare Part D Notice Due October 14



Employers who provide a health care plan that includes a prescription drug benefit have until Oct. 14 to notify all Medicare-eligible members as to whether their current prescription plan is considered "creditable" or "non-creditable" coverage and what their options are through the federal Medicare Part D program.

Prescription drug coverage is creditable when it is at least "actuarially equivalent" in value to Medicare's standard Part D coverage.

The notification process for your clients covered under one of Allied National's group health plans, doesn't get much easier for them. During the first part of October, Allied will provide notices to anyone in their company age 64 or over (along with a copy for the employer). The letter informs them and their employees if their prescription drug plan is considered creditable coverage or non-creditable and the consequences of employees' decisions on Part D coverage.

All an employer has to do is complete an online report with CMS (the Centers for Medicare and Medicaid Services) indicating whether or not they have "creditable coverage". A link to the "Disclosure to CMS form" is below.

If Medicare-eligible members have creditable prescription drug coverage, they can opt to delay enrollment in Medicare Part D to a later date without penalty. Members with non-creditable coverage, and who elect not to enroll in Medicare Part D until a later date, will be subject to late entrant penalties.

[CMS Disclosure Form](#)



Get to Know Allied's Kelly Bullard



The more you know about Allied National and our team members, the better we can serve you. This month we are introducing you to Kelly Bullard.

Kelly is the Client Relations Manager in our Client Services Department. She joined Allied in January 2007. Prior to joining Allied, Kelly worked at MetLife for 20 years.

Q. What does a Client Relations Manager do?

A. I oversee a team of Senior Customer Service Representatives and the Elite Experience Team.

The Senior Client Service Representatives handle all of Allied National's group benefit calls from providers, groups, employees and agents. They are a wealth of knowledge and very experienced in the group benefits space. In addition to basic manager duties, my responsibility is to take on issues that are escalated to find resolution, such as claims issues, enrollment issues and IT issues.

The Elite Team handles all balance bill issues that result from providers not accepting reference-based pricing. Their duties include calling providers to explain the plan and either getting acceptance, or, if a provider refuses – negotiate a single case agreement so our members will not have to pay up front. They also help members when they receive a balance bill by explaining the process, what their patient responsibility is and then they initiate the negotiation process. My role is to assist the team and jump in as needed, especially if there is a difficult provider, older bills, or if providers are being difficult.

Q. What information does an agent need to have on hand before calling Client Services?

A. We have multiple ways of identifying agents in our system – they really only need their name and birth date; however having their agent ID can make the search faster. If they do want to discuss PHI – or detailed claim information – it would be helpful if they had a signed authorization form.

Q. How has Client Services changed over the years?

A. Technology has changed, it is faster and easier to assist our members – there is more information at our fingertips to provide callers what they need. We have a better ability to monitor calls to help mentor our staff and reporting has improved to help monitor and improve effective time management of our reps. The importance of providing excellent service has always been the primary objective of the Customer Service Department – and that remains the same!

Q. What is your favorite pastime?

A. Drag Racing is my favorite past time. My son drives a supercharged 2,500 horsepower drag racing fuel altered that goes about 175 mph in 4.12 seconds in the 1/4 mile. My husband is the Crew Chief/Tuner; my daughter-in-law is the BUG (back up girl) – she directs him as he backs to the starting line after his burn out. I am in charge of feeding everyone and making sure they have what they need...and, of course, I watch every race nervously with the grandkids!

Q. What do you wish people knew about Allied?

A. I hope everyone knows how important customer service is to Allied. I know a lot of companies claim to be customer service driven – but Allied National truly is. Every department at Allied is important to keeping the wheels turning. Customer Service is key when the wheels don't turn quite right. We are the voice and ears of the company and vital to notifying the correct department of issues; overseeing the issues get resolved, and keeping the customer informed through the process. Allied acknowledges this and gives customer service all the support it needs!



Life Scenarios Where Short-Term Health Plans Work Well

Know someone between jobs? Someone who is self-employed?

Life situations and finances are a large reason people ebb and flow on and off their health insurance plans each month, either because they are between jobs; choose not to enroll in expensive COBRA plans; or are in an employer waiting period. That's why short-term medical insurance plans can be a great temporary solution and provide health care coverage in the interim.

Available for just 30 days, 180 or 364 days, or for up to three years (depending on the state of residence), short-term medical insurance can bridge a gap in coverage so no one is left without medical coverage.

Short-term medical insurance by Pivot Health provides budget-friendly health care protection should the unexpected arise while an individual is waiting for a health insurance plan effective date to begin or their next life event to steer them to permanent coverage. Typically, short-term medical costs a fraction of major medical plans, and its affordability is due to the short-term nature of an average policy..

There are all sorts of life scenarios that can leave an individual or family temporarily without health insurance. Consider the short-term opportunities:

- According to Gallup's annual Economy and Personal Finance survey, the average retirement age is 61 years old, which is too early to qualify for Original Medicare. Pivot Health short term policies are affordable health insurance that can go up to three years.
- The Bureau of Labor Statistics reports that women at every educational level spent fewer weeks in the labor force than men. Many times, this is due to care taking for family members, leaving them vulnerable without health insurance coverage.
- Based on Lumina Foundation data, about 38% of all college students are over the age of 25. Universities typically require health insurance coverage for enrollment, and older students no longer have access to parental insurance

coverage.

- Workplace experts say that the number of gig workers has soared since the COVID-19 pandemic and “great resignation.” More and more people are freelancing instead of holding traditional 9-5 office jobs.

Whatever the life situation, Pivot Health's short-term medical insurance can be a great way to get clients covered with financial protection from the unexpected. Talk to your Allied representative today to collaborate on ways short-term medical can increase your product portfolio.

To learn more, contact Allied's Sales Support at 888-767-7133. You also can get your own personalized Pivot web page. Fill out the form at the bottom of the page at 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.

Pivot Health Level Up Bonus Opportunity

The following Pivot Health bonus program is a great opportunity for you and your agents to earn some extra cash. This bonus is exactly the same for you and your agents.



Level Up Bonus Opportunity

Level up your bonus game with the Pivot Health portfolio.

Level up your bonus game with the Pivot Health portfolio. For a limited time, earn more bonus dollars for helping your clients through extended duration Short-Term Medical plans. Offer reliable health insurance solutions while boosting your business with Pivot Health.

Beginning **August 1, 2023 through September 30, 2023**, you can earn a **generous bonus** on all Pivot Health proprietary products. What does this mean? **More \$ in your pocket.**

Start Earning a Level Up Bonus

| Eligible Plans | Duration Requirements | Bonus Payout |
|---|-------------------------|--------------|
| Short-Term Medical | 3x364 Days | \$300 |
| | 2x364 Days ¹ | \$200 |
| | 364 Days ¹ | \$100 |
| | 180 Days | \$50 |
| Anchor Medical | 12 Months | \$100 |
| Brilliant Dental™ Brilliant Dental™ / Vision | 90 Days + | \$25 |
| Latitude Supplemental | 90 Days + | \$25 |

Bonus Rules

There is a baseline of 5 medical applications. Once this baseline is met, **the Level Up bonus pays out back to the first submitted application.**

Eligible plans must be submitted **August 1 through September 30, 2023** with effective dates through October 15, 2023.²

Earn a Bigger Bonus by Bundling!

The Earning Potential is Unlimited

Don't miss out on your chance to Level Up!

See how recommending a bundled up healthcare package can help you **earn more than \$10,000!**

STM (3x364 days) + Dental/Vision + Latitude
= **\$350** per bundle x 15 per month
= **\$5,250** x 2 month contest period
Earn \$10,500

¹ For Epic plans - Maximum duration of 330 days in South Carolina earns \$100 payout; 2x330 day plans eligible for \$200 bonus.

² Total monthly premium rate on short-term medical and fixed benefit medical plans must exceed \$100 to qualify.

Policy must be in force at the time of contest payout to be considered eligible.

Extended duration plans must remain in force at least one day after the first coverage period ends.

Product availability varies by state; [see plan options](#).

Eligible agencies are determined at the sole discretion of Pivot Health.

Bonus will be paid in December 2023.

Pivot Health reserves the right to charge back if the minimum requirements are not met.

Bonus payout will follow assignment of commissions.

Pivot Health, at its sole discretion, can disqualify any producing agency or agent in the event of erroneous or fraudulently submitted applications, or duplicate applications for membership and insurance products.

This communication is not to be disseminated to a member or prospective applicant.

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