



Agent Bulletin

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

September 2024

Self-Service Site

Agent Edge

Member Resources



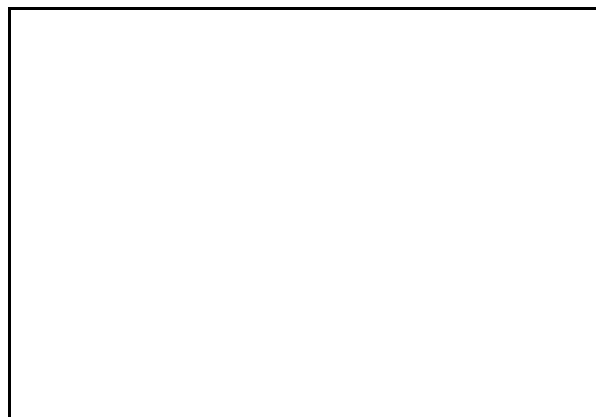
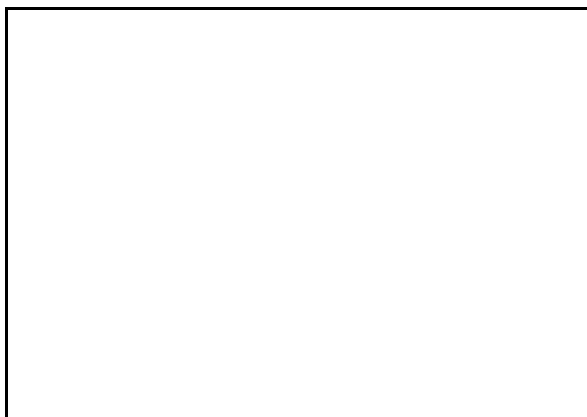
What to Know This Month

1. New Sales & Underwriting Directors
2. In Time for 4th Quarter: 15+ Process
3. Allied' Elite Experience Team Takes the Fear Out of Balance Bills
4. Medicare Part D Notices - Due Oct. 14
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New Sales & Underwriting Directors

Two longtime Allied National employees who have years' of experience in the health benefit industry have been promoted to key positions.

Jason Gibson has taken the role of Sales, Marketing & Communications Director. Patti Graves is now the Underwriting & Coverage Administration Director, replacing Ann Bornsheuer, who recently retired after serving as director of the Underwriting & Client Services Departments for more almost 30 years.





Jason Gibson

With more than 20 years in the health care industry, Jason has overseen operations for patient assistance programs and health care benefit enrollment operations. He also has 10 years of sales leadership in both health care & property and casualty insurance.

Jason has been with Allied for four years as Manager of Sales Operations and is looking forward to working with General Agents and brokers to find the best benefit solutions for small employers.

You can reach him at jgibson@alliednational.com.



Patti Graves

Patti joined Allied in 1997 as Underwriting Supervisor and was promoted to Underwriting Manager in 2022. She has 45 years of experience in the health benefits industry and has worked for both Assurant Life and the Trustmark Companies in management roles.

Patti's goals are to enhance the customer experience for Allied's agents, clients and staff by developing her team's natural talent, encouraging team collaboration, and fostering creativity and innovative thinking.

You can reach her at pgraves@alliednational.com.

In Time for 4th Quarter: 15+ Process

As you help your employer groups renew their health benefit plans before the end of the year, don't forget that Allied's new application process, for groups of 15 members or more, will help you get a quote more quickly.

For groups of 15+ enrolled employees, there will be no IHQs as long as the required support



materials are provided and the groups are not virgin groups. The minimum employee participation rate is 50% and no waivers are required; and there's no minimum dependent participation.

Freedom Plans offer these benefits:

- Choose any provider without restrictions or penalties
- PPO-like discounts
- The only out-of-pocket expenses are copays, deductibles and coinsurance

Visit our Freedom Plan page for plan details or visit the Group Submissions page for underwriting guidelines for 15+, as well as groups 2-14 employees.

[Group Submissions](#)

[Freedom Plans](#)

Allied's Elite Experience Team Takes the Fear Out of Balance Bills

CONCERN: Will using reference-based pricing lead to members getting balance bills?

SOLUTION: Allied's Elite Experience Team makes balance bills a non-issue.

Allied National's Freedom Plan members can see any doctor they choose. However, some providers decline to accept the reference based price. This can result in the member receiving a bill for the remaining balance.

Members are only responsible for copays, deductibles, and coinsurance payments. After receiving care, Allied will send an Explanation of Benefits (EOB) that outlines the member's responsibility. Members should use this information to determine if any additional billing has occurred.

If the bill exceeds the member's responsibility, the member should call the Elite Experience team at 866-332-1987 or send a copy of the bill to balancebilling@alliednational.com. The Elite Experience team will work on the member's behalf to resolve any excess amount billed.

If you have any questions, contact your General Agent or elite@alliednational.com.

Medicare Part D Notices - Due Oct. 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. They also need to tell members what their options are through the federal Medicare Part D program.



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

How Allied helps employers

The notification process for groups covered under one of Allied National's Funding Advantage group health plans is simple. During the first part of October, Allied will provide notices to anyone in the groups age 64 or over (along with a copy for the employer). The letter informs employers 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.

What employers need to do

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.

What members need to do

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.

[Medicare Site](#)

Short-Term Med - As Simple as 1-3-12

On Sept. 1, the short-term medical (STM) insurance market entered a new era of limited durations. Federal regulations now restrict STM to a maximum of 4 months per insurance carrier within a 12-month timeframe. This limited duration option is now available on the Pivot Health portal for all three insurance carrier STM Plans Pivot offers.



To help provide a solution for agents, Pivot Health also launched its 1–3–12 solution. The 1-3-12 solution enables licensed brokers and consumers to secure up to 12 months of continuous STM coverage through consecutive policies from multiple carriers*. This groundbreaking industry concept provides licensed brokers and consumers the ability to enroll in short-term medical products while complying with the federal mandate.

How is it done? With one enrollment, Pivot Health’s 1–3–12 solution brings together three individual insurance carrier partners, all with an “A”-level rating by A.M. Best, and allows consumers to receive coverage for up to 12 months if they so choose. Insureds may cancel at any time, and other options are available where there are state variables.

When purchasing online, contracted brokers have the option to enroll clients in STM plans for under four months or for a longer duration. If they select coverage for more than four months, they are presented with two to three plans (depending on state variations) with the ability to compare benefits and pricing side by side. This 1–3–12 solution provides brokers:

- One enrollment for three carriers
- 3 Individual insurance carriers each offer a 4 month policy
- 12 months of coverage
- When one carrier’s policy ends the next carrier’s policy begins
- No new underwriting
- No gap in coverage
- No new pre-ex look back period
- One enrollment fee

Pivot Health is excited to work with brokers looking for another option during the Open Enrollment Period. Contact your General Agent or the Allied sales team today at 888-767-7133 to learn more about the 1–3–12 solution for STM.

**state availability varies*



Pivot has Fast Track to Coverage Bonus

The screenshot shows the Pivot Health logo at the top, followed by the heading "Fast Track to Coverage". Below this is a paragraph explaining the solution: "Pivot Health has various product solutions to get your clients on the fast track to coverage. Introducing a new 1-3-12 solution allowing 1 enrollment, 3 carriers, for up to 12 months of short-term coverage, or 4 month durations on short-term medical plans in multiple states. Effective dates through 1/1/25 now available on select plans. But that's not all! Other medical products and ancillary plans are offered through our preferred carrier partners to fit any life situation." A blue button reads "Put Your Clients on the Fast Track to Coverage". Below the button is a table with three columns: "ELIGIBLE PLANS (BY CARRIER)", "DURATION REQUIREMENTS", and "BONUS PAYOUT".

ELIGIBLE PLANS (BY CARRIER)	DURATION REQUIREMENTS	BONUS PAYOUT
Pivot Health Short-Term Medical	1-3-12	\$100
Pivot Health Short-Term Medical	4 Months	\$50
Other Medical (OneShare, America's Choice, Manhattan Life)	90+ Days	\$40
Ancillary (Latitude, Renaissance Dental, Ameritas Dental, Hooray Health and FlexBenefits)	90+ Days	\$25

As an incentive, Pivot is offering agents bonuses on 1-3-12 solution plans.

Bonus payouts range from \$25 to \$100 based on plans and duration requirements.

To qualify for the bonus, all eligible plans must be submitted Sept. 1-30 with effective dates through Jan. 1, 2025.

Click on the image at left for more information.



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Allied National | www.alliednational.com

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Allied National | 4551 W 107th St Suite 100 | Overland Park, KS 66207 US

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