

TheWPInsider

Your Carrier Update from Warner Pacific

Oct. 2008 Warner Pacific 100 Galleria Officentre, Ste. 419 Southfield, MI 48034 (800) 801-2300

Newest items appear in **green**. All information is subject to carrier approval and guidelines. Visit www.warnerpacific.com for the latest industry news and events. Last updated 9/01/2008.

Aetna

We can quote Aetna (2-50) with a November 1, 2008 effective date.

News:

- **Dental Care Reward Plan now includes increased annual maximum levels.** The plan is available to self funded and fully insured plan sponsors and can be customized to offer one or both rewards.
- **Individual Underwriting Guideline changes for Smokers!**
Medical underwriting guideline for smoking, tobacco use and smoking cessation will be changing. New rating levels will be for all applications **received on or after September 1, 2008.**
- **Bonus payments will be doubled** for fourth quarter business (10/1/08 - 12/15/08 effective dates). Bonuses start to be paid once 35 apps are sold in the quarter.

Level 1: 35 – 49 apps = \$50/app
Level 2: 50 – 74 apps = \$100/app
Level 3: 75 – 99 apps = \$150/app
Level 4: 100+ apps = \$200/app

- **Advantage Plans Bonus Rewards:**

Each time you sell the Aetna Advantage Plans to your individual, family, and self-employed customers, they'll reward you in addition to the commission you receive for each approved and enrolled application.

Quarterly Bonus Payments Based on Your Sales in 2nd Quarter (April-June, 2008), 3rd Quarter (July-September, 2008), and 4th Quarter (October-December, 2008):

Sell 10 – 29 approved and enrolled applications in a quarter...
Receive 20 leads, 50 Co-op dollars, **and** \$250.

Sell 30 – 49 approved and enrolled applications in a quarter...
Receive 30 leads, 150 Co-op dollars, **and** \$1,500.

Sell 50+ approved and enrolled applications in a quarter...
Receive 50 leads, 250 Co-op dollars, **and** \$3,000.

51-99 Market:

We can quote Aetna (51–99) Spectrum Plan with a January 1, 2009 effective date.

The 51-99 market is now mandatory individual underwriting.

As of 8/1 Aetna will begin quoting only a standard portfolio of medical/dental and life products:

- 34 Medical options (PPO,HSA and Consumer Directed plans).
- HSA plans with preventative Rx rider.
- 18 Dental options (Dual Choice, DMO,PPO and FOC)

AlwaysCare

AlwaysCare Benefits announces new dental plan enhancements, including coverage of oral cancer screenings as well as prenatal and diabetic cleaning benefits. The features will be available to Members at minimal or no additional cost starting September 1, 2008.

The cancer screenings and pre-natal benefits will be included at no additional cost for new groups with effective dates beginning on September 1, 2008 and will be added to existing groups on their renewal date.

[Back To Top](#)

In addition, AlwaysCare now offers a buy-up option for employers who want to offer incremental diabetes-related benefits. Members whose groups have elected this feature, and who have been both diagnosed by a physician with diabetes mellitus and with periodontal disease by a dentist, will be eligible for up to two additional cleanings in a 12-month period. The additional cleanings may include either periodontal maintenance or prophylaxis.

Since March 1, 2007, AlwaysCare Members (both existing and new) have had the option of choosing an Endosteal Implant to replace a missing tooth instead of a conventional fixed, 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on such implants are also covered.

When you renew your Dental and/or Vision coverage(s) AND add one or more AlwaysCare Group Life, Short Term Disability or Long Term Disability lines, they will reduce your group life and disability rates and enhance your current AlwaysCare plans.

Assurant

We can quote Assurant with a December 1, 2008 effective date.

News:

Assurant just announced *One Decreasing Deductible*:

10% credits available twice a year — You start accumulating credits on January 1 and July 1 after your plan has been in force for two months. Each credit is 10% of your plan deductible.

Each year starts out with a 10% credit on January 1 — Even if you meet your One Decreasing Deductible in the previous year, we'll start the next year with a 10% credit on January 1. And, we'll apply another credit on July 1 if you haven't met your One Decreasing Deductible.

Credits start over after you meet your deductible — After you meet your One Decreasing Deductible, Assurant Health will pay covered expenses at 100% — according to your plan. You won't collect any more credits for the calendar year because your deductible has been met and your accumulating credits have been used. But, the following January 1, the process starts over with your plan deductible and your first 10% credit for the new year.

Credits accumulate over time — Credits accumulate, year after year, until your One Decreasing Deductible is met. The deductible in your insurance contract stays the same but, credit by credit, the deductible amount you have to pay is reduced.

Savings as much as 70% — As you accumulate credits, your One Decreasing Deductible can go as low as \$1,500 for individual coverage or \$3,000 for family coverage. With the highest deductible options, you may see **deductible savings as much as 70%**.

Easy for you — We'll track your credits and your One Decreasing Deductible amount. As long as you keep this coverage up-to-date, Assurant will do the rest.

Automatic — The credits you accumulate are applied automatically when you meet or exceed your One Decreasing Deductible.

Options to choose:

One Decreasing Deductible is available on 100% coinsurance plans with several different plan deductible options.

Choose a deductible that fits your pocketbook and your lifestyle:

- Individual plan deductibles of \$2,850, \$3,750, or \$5,000
- Family plan deductibles of \$5,700, \$7,500, or \$10,000

Each credit is 10% of your plan deductible amount. The **savings potentially double** because credits are available twice a year.

Humana

We can quote Humana with a November 1, 2008 effective date.

News:

- Effective January 1, 2009 some of the medications currently covered by Humana's prescription rug benefit may be subject to one or more of the following change(s): Prior Authorization, quantity limits, Level changes (level changes apply only to Rx3 and Rx4 plans)

Prior Authorization: On January 1, 2009 or upon their health plan's renewal date in 2009, if a prescription is filled or refilled for any drug that requires prior authorization, their doctor must obtain authorization from Humana before their prescription is covered.

[Back To Top](#)

Quantity Limits: On January 1, 2009 or upon their health plan's renewal date in 2009, if a prescription is filled or refilled for one of the drugs with quantity limits, they can get up to the maximum allowable quantity. However, if their prescription quantity exceeds the maximum allowable quantity, they have three options:

1. Pay the appropriate copayment to get the quantity allowed
2. Pay the pharmacy's retail price for the remainder of their prescription
3. Ask their doctor to call the Humana Clinical Pharmacy Review to discuss coverage options.

Level changes: On January 1, 2009 or upon their health plan's renewal date in 2009, if the member fills or refills a prescription for one of the drugs changing levels, they may pay a higher copayment. Humana clients and their employees impacted by these changes will receive notification from Humana either through a letter or through their SmartSummary statement.

➤ **Add specialty benefits to a new Humana medical or Humana dental plan and they will discount the rates:**

Specialty benefits for this program include:

Life - Vision - Critical Illness - Accident - Cancer - Disability - Supplemental Health

Add specialty benefits to a new Humana medical plan with 51-1,000 eligible employees:

Medical premium discount –

- Add dental to a medical plan: 1% premium discount
- Add dental and any of the listed specialty benefits to medical: 1.5% premium discount
- Add any of the listed specialty benefits to medical: 0.5% premium discount for each product up to a maximum 1.5%

Add specialty benefits to a new Humana Dental plan with 2-50 eligible employees:

Dental premium discount –

- Add any of the listed specialty benefits to dental: 2% for each product up to a maximum 8%.

Discounts are not applicable to DHMO or Advantage Plus products. For 1,000+ and renewals, discounts apply at underwriter's discretion. For voluntary benefits products, discounts are subject to minimum participation requirements.

HumanaOne:

- **Billing and Enrollment Changes** - There have recently been some positive changes related to Billing and Enrollment requests. Billing and Enrollment has the functionality to record the member's request via the telephone, eliminating the need for written correspondence for approved request types. These changes are effective immediately.
- **Two plans being removed from HumanaOne's Portfolio** - Please be aware that effective September 27, 2008, the Autograph Share 80/HSA and the Autograph Share 70 + RX plans will no longer be actively marketed by HumanaOne or available for quoting by anyone who uses HumanaOne systems. These plans will only be available at renewal for the in-force block or pending applications where these plans have been selected.

To account for this change:

- PlanPointer and **HumanaOne.com** have been updated
- These plans have been removed from product materials
- Agents will receive notification prior to the effective date

IAC

We can quote IAC with a December 1, 2008 effective date.

News:

- Effective immediately, rates for IAC Group Health Plans are decreasing in seven states: Alabama, Indiana, Michigan, Ohio, South Carolina, Tennessee and Virginia. Remember, you can lock in rates until January 2010 on any group case issued with an effective date of December 15, 2008 or earlier.
- IAC has recently updated their employee application for IAC Group Health Plans. IAC Underwriting will no longer accept old employee applications as of October 1, 2008. The new employee application is shorter and includes HIPAA language that helps IAC quickly underwrite your case and offer a firm rate within three business days.

[Back To Top](#)

- Producers can now view, download and print IAC commission statements directly from the IAC Web site. Simply log in to www.iacusa.com with your producer number and password, then click on the Commission Statement link to access your online commission statements.
- Beginning in November, IAC will discontinue the paper commission statements you currently receive by mail.
- **FALL BONUS PROGRAM** is about to get underway. Hit your goal and receive some extra spending money for your efforts! Here's how to qualify:
 - Issue 5 Short Term Medical cases with effective dates between 10/1/08 - 1/1/09 = \$100 bonus!
 - Issue 5 additional Short Term Medical Insurance cases within the same period, get \$150 bonus!
 - TempMed STM, TriMed and TempMed Lite qualify for this program.
- IAC has simplified the commission scale for small group and dental sales.

Not only is it easier to calculate your commission once you place the case, all medical loads are now commissionable. Plus, they have eliminated commission percentage adjustments! No matter how small the group, you receive full commissions.

This addendum includes a new medical commission structure for the Small Group product. This addendum replaces the prior Medical Schedule of Commissions for the Small Group products.

**Line of Business: Group Advantage Series
Schedule of Commissions Addendum:**

| |
|---|
| Group Health Annualized Standard Medical Premium Categories |
| \$0-\$100,000 = 6% |
| \$100,001+ = 4% |

- IAC is offering to lock in small group rates until January of 2010 on **IAC Group Advantage Series health plans** issued with a **July 1, 2008** or later effective date that would otherwise have received a 12-month rate guarantee. This offer is also good for the new IAC Group Health Plans portfolio scheduled for launch in early July!

By locking in the rate until 2010, your clients have peace of mind knowing they can easily budget for health insurance. The rate guarantee until January 2010 applies to groups with an effective date of July 1 through December 15, 2008. Rates may change during the guarantee period if:

- Employees or dependents are added to the coverage
- Plan benefits are modified
- The group moves to a new location
- The PPO network selected changes

Groups issued at the state maximum rating will continue to receive a maximum 6-month rate guarantee.

- **IAC TeleDoc:**
TelaDoc, an efficient, cost-effective health care service, is offered with every plan in the IAC Group Health Plans portfolio. Through TelaDoc, employees have access to 24/7 telephonic consultations with licensed, board-certified physicians for those times when they need medical care for non-emergency conditions. This fee-for-service program—only \$35 per consultation—is perfect for employees who, for a variety of reasons, are unable to see their primary care physician.
- **Discontinuing the Group Advantage Series Portfolio:**
In conjunction with the upcoming release of IAC Group Health Plans, their new Small Group Portfolio, they are discontinuing the Group Advantage Series portfolio. The final effective date is September 15, 2008 for Group Advantage Series business. IAC will continue to support in-force groups that have a Group Advantage Series health plan.

Underwriting:

"Firm Rate" offered quicker.

Forms:

New Employee Application - reduced in size from 6 pages to 4.

Incentives:

Current incentives are even better through a new accelerator feature within the IHC Stock Ownership Plan and enhancements to the qualification contest for March 2009 IHC Producers Conference in Tahiti.

[Back To Top](#)

HSA Update:

- An employer can buy an HSA-qualified plan and opt not to establish the HSA
- The employer can buy the HSA-qualified plan and elect to use IAC's preferred vendor, American Health Value, to establish the HSA
- The employer can use the HSA vendor of its choice

Reminder: The HSA and the HRA attestations are no longer required for the HSA and HRA Advantage Plans.

First Horizon Msaver - HSA

For Employers:

First Horizon Msaver provides HSA administrative tools to meet the needs of employers:

- Employer Funding Options—Various funding options for employers with account posting within two business days.
- Aggregate Reporting—Allows contribution reports to be run online.
- Online Tutorials—Plus complete telephone support.
- Employee Support—Before, during and after enrollment.

For Individuals

First Horizon Msaver has created a user-friendly solution for account holders:

- Web-based Enrollment—With no minimum starting account balance required for employer groups.
- Dedicated HSA Customer Service Representatives.
- First Horizon HSA Visa® Debit Card—For convenient access to account funds.
- Web-based Account Management—Gives employees instant access to transaction details and account balances.

For Agents and Brokers:

First Horizon Msaver offers referral fees, training, support, and fun:

- Referral Fees — Receive \$.50 per month, per referral, for the life of the account.
- Training — Seminars worth 2 CE credits available in most states.
- Support — Regional Sales Managers to assist with sales and enrollment.
- Fun — Chances to win trips. Past winners have attended the NFL Pro Bowl and the Bristol Motor Speedway's Sharpie 500

LifeSecure

"Just in time for the Holidays" Contest

Between October 1 and December 15, 2008, for every four (4) policies or \$8,000 of annualized premium sold*, you will be given a \$500 American Express Gift Card from LifeSecure LTC in addition to earning Reward Points for the Travel Rewards Program.

VSP

News:

All VSP plans written through Warner Pacific use a Third Party Administrator called Beneficial Administration Company (BAC) for all billing/eligibility, commission issues and questions. Group Administrators can reach BAC at 1-800-854-7417.

If any employees have questions about their VSP benefits or need to look up providers they can call VSP Member Services at 1-800-877-7195 or register online at www.vsp.com.

Reminder: VSP renews every calendar year beginning January of each year, regardless of original effective date.



**For more information, call your Warner Pacific
Sales Executive at (800) 801-2300.**

[Back To Top](#)