Brokered Insurance Solutions

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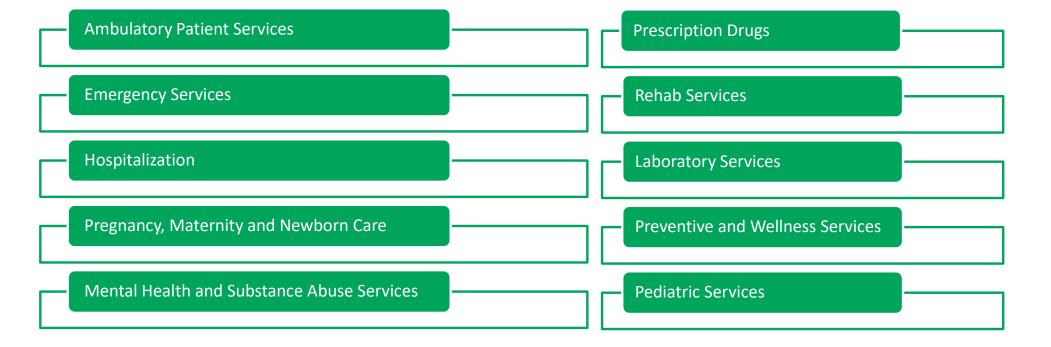
Individual Products Offered

- Major Medical
- Short Term Medical
- Dental
- Vision
- Part D
- Medicare Supplement
- Life
- Disability
- LTC

Affordable Care Act Key Provisions

- No Underwriting
- Guaranteed Issue
- No Pre-Existing Conditions
- No Lifetime Maximum for Policy
- Ten Essential Health Benefits
- Specified Enrollment Periods
- On Exchange vs. Off Exchange

10 Essential Health Benefits



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What is Open Enrollment?

November 1, 2021-December 15, 2021

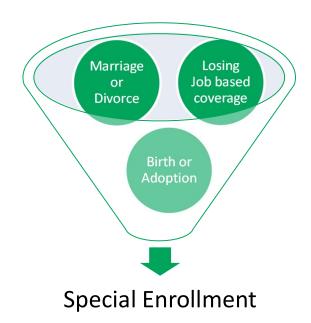
- *Effective date 01/01/2022
- *Subject to change

*Special SEP Period 2/15/2021-05/15/2021



What is Special Enrollment?

- Begins after Open Enrollment
- Must have a qualifying life event to apply



Individual Medical Carriers Offered In Illinois







On vs. Off Exchange/Marketplace

On-Exchange

Financial Assistance

Shop Companies Off-Exchange

> No Subsidies

Preference

Sample BCBS-IL Quote

Male, 40, 61761, NT



Female, 55, 61761, T

	Blue Choice Preferred Bronze PPO 201	Blue Choice Preferred Silver PPO 303	Blue Choice Preferred Gold PPO 204		
	\$1,020-27	\$1,173.86	\$1,541.56		
	Select	Select	Select		
	Save for Later	Save for Later	Save for Later		
Quote Profile					
Effective Date	04/01/2021	04/01/2021	04/01/2021		
Zip Code	61761	61761	61761		
Applicants	1	1	1		

Male 40 Female 37, Child 9, 61761, NT

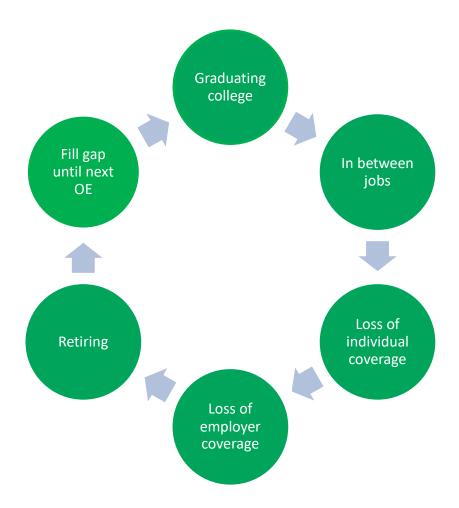


Cost vs. Care (Individual and Group)

	Platinum	Gold	Silver	Bronze		
Monthly Cost	ssss	sss	SS	\$		
Cost When You Get Care	\$	ss	sss	ssss		
Good Option If You	Plan to use a lot of medical care services	Want to save on the monthly premium, while keeping your out-of- pocket costs low	Need to balance your monthly cost with your out- of-pocket costs	Don't plan on needing a lot of medical care services		

Short Term Medical

Designed to provide temporary health coverage during coverage gaps.





Individual Short-Term Carriers Offered in Illinois

Golden Rule® A UnitedHealthcare Company



- Duration up to 6 months
- Pre-Existing Conditions apply
- Handful of medical questions must be answered to determine insurability.

Group Benefits Offered

- Major Medical
- Dental
- Vision
- Life
- Short Term Disability
- Long Term Disability

Group Medical

- COUNTRY Financial Representatives/Brokered Insurance Solutions go-to market is small group.
- Examples of common groups written:
 - Farms
 - Doctor/Dental offices
 - Implement dealers
 - Auto-body shops
 - Veterinarian clinics

Group Medical Carriers Offered in Illinois













Small Group Market

- 1-50 Employees
- Guaranteed Issue
- Can be established throughout the calendar year
- No Annual Open Enrollment
 - One-time special enrollment November 1-December 15 for a 01/01 effective date.
 - Waive participation requirement
 - Waive employer contribution percentages

COUNTRY Financial Representatives have the ability to write large groups as well; 51+ employees

What can a COUNTRY Financial Representative Offer?

Small Group Fully-Insured Health Plan

Most traditional way to structure an employer-sponsored health plan:

- The company pays a premium to the insurance carrier.
- The premium rates are fixed for a year.
- The insurance carrier collects the premiums and pays the health care claims.
- The covered members are responsible to pay any deductible amounts or co-payments under the plan.

2021 Fully Insured Guidelines

*Note Aetna only offers limited fully insured plans which are high deductible	Aetna	Humana	United Healthcare	Blue Cross Blue Shield	Health Alliance		
Rates	tes 2-100 - Composite 2-50 _Age rated available upon request		1-9 ATNE - Age rated 10-100 ATNE - Composite	1-50 - Composite or Age Rated 51+ - Composite	1-50 – Age rated Can request composite rates		
Employer Eligibility	There must be at least one enrolled W-2 employee who is not an owner and not the owner's spouse	There must be at least one enrolled W-2 employee who is not an owner and not the owner's spouse	There must be at least one enrolled W-2 employee who is not an owner and not the owner's spouse	There must be at least 1 enrolled employee or no employees and established as a partnership. Will write groups of family	One employee groups accepted No requirements		
Family only groups	Requires 3 rd unrelated employee to enroll	Requires 3 rd unrelated employee to enroll	Requires 3 rd unrelated employee to enroll	members. A husband and wife group with no other employees can only be written if formed as a partnership and each partner has a separate K1	Notequienens		
1 & 2 Life Groups One life groups not allowed		One-life groups must have at least (1) W-2 eligible, non-related employees and valid waiver One-life groups must have at le (1) W-2 eligible, non-related employees and one valid waive		One-life groups must have at least (1) W-2 eligible	One life groups will be accepted as long as they meet participation of 50%		
Participation	2-50 - 60% after valid waivers 51-100 - 75% after valid waivers; no less than 50% of eligible	50% after valid waivers	25% regardless of waivers	70% after valid waivers	50% off all total eligible		
Multiple Plan Options	2-50 - 3 plans for IL & 2 for OOS employees 51-100 Up to 5 plans	<4 enrolled - 1 plan 5-9 enrolled - 2 plans 10+ enrolled - Up to 4 plans	2-50 - Unlimited 51-100 - Up to 5 plans	2-150 - Up to 6 plans 151 + - Unlimited	Can offer up to 3 plans		
Employer Contribution	2-50 50% of employee premium or Flat \$120 51-100 75% of employee premium	50% of employee premium	50% of employee premium	25% of employee premium	50% of employee premium		
1099	Not allowed	Minimum at least 1 employee on W2, remainder can be 1099	Minimum at least 1 employee on W2, remainder can be 1099	2-9 groups 1099 are ineligible. 10 + Cannot exceed 10% of eligible employees.	Not allowed		
Deductible & OOP Credit	Both given (must be submitted to Aetna <90 days from effective date)	Both given	Both given	Both given	2-50 – Yes if requested at time of quote. 51+ - Only PPO groups on Calendar year policy		
Provider Finder	http://www.aetna.com/dse/searc h?site_id=dse	https://www.humana.com/	https://www.uhc.com/find-a- physician	https://public.hcsc.net/providerfi nder/search.do?corpEntCd=IL1	https://www.healthalliance.org/G uests/ProviderSearch		
New Group Paperwork Deadline	Varies check with Brokerage	Last day of the month prior to effective date	Last day of the month prior to effective date	To Brokerage 5 business days prior to the effective date	Last day of the month prior to effective date		

Sample BCBS-IL Quote

Blue PPO

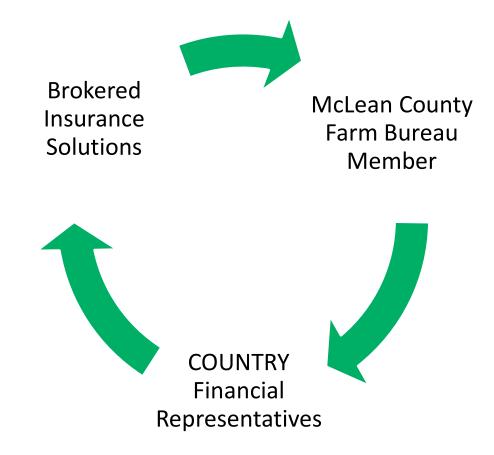
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/ Out	OPX In/Out	ER Copay *3/ER Coins	IP In/Out	OP Surg In/ Out	Ped Dental In/ Out	Non-Preferred Rx	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Health Cost
PPO Plans							A.	,	<u>'</u>	Mi .		<u>'</u>		
Blue Gold	Plans													
G531PPO	\$2500/\$5000	\$20/\$60	80%/50%	\$5000/ Unlimited	\$400/80%	\$200/\$300	\$150/\$250	70%/ 50%	\$10/\$20/\$55 / \$95/\$150/\$250	\$632.59	\$1,265.18	\$1,170.29	\$1,802.88	\$1,897.77
G537PPO	\$2600/\$5200	100%/ 100%	100%/100%	\$2600/\$5200	NA/100%	100%/100%	100%/100%	100% / 100%	100%	\$647.57	\$1,295.14	\$1,198.00	\$1,845.57	\$1,942.71
G530PPO	\$3750/\$7500	\$35/\$55	100%/100%	\$3750/\$7500	\$400/100%	\$200/\$300	\$150/\$250	100% / 100%	\$10/\$20/\$55 / \$95/\$150/\$250	\$639.37	\$1,278.74	\$1,182.83	\$1,822.20	\$1,918.11
Blue Silver	Plans													
S532PPO	\$3250/\$6500	\$50/\$70	60%/50%	\$8550/ Unlimited	\$500/60%	\$250/\$350	\$200/\$300	70%/ 50%	\$10/\$20/\$70 / \$120/\$150/\$250	\$552.33	\$1,104.66	\$1,021.81	\$1,574.14	\$1,656.99
S501PPO	\$4500/\$9000	80%/80%	80%/50%	\$7900/ Unlimited	NA/80%	80%/50%	80%/50%	70%/ 50%	\$10/\$20/\$70 / \$120/\$150/\$250	\$536.79	\$1,073.58	\$993.06	\$1,529.85	\$1,610.37
S531PPO	\$4700/\$9400	\$45/\$65	80%/50%	\$8550/ Unlimited	\$500/80%	\$250/\$350	\$200/\$300	70%/ 50%	\$10/\$20/\$70 / \$120/\$150/\$250	\$548.24	\$1,096.48	\$1,014.24	\$1,562.48	\$1,644.72
S535PPO	\$7550/\$15100	\$30/\$50	100%/100%	\$7550/\$15100	\$500/100%	\$250/\$350	\$200/\$300	100% / 100%	\$10/\$20/\$70 / \$120/\$150/\$250	\$559.12	\$1,118.24	\$1,034.37	\$1,593.49	\$1,677.36
Plan #	Ded In/Out Comb	Office Visit/ Specialist	Coins In/ Out	OPX In/Out	ER Copay *3/ER Coins	IP In/Out	OP Surg In/ Out	Ped Dental In/ Out	Non-Preferred Rx	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Health Cost
HSA Plans														
Blue Gold	Plans													
G533PPO *5	\$2800/\$5600	90%/90%	90%/60%	\$3500/ Unlimited	NA/90%	90%/60%	90%/60%	70%/ 50%	80%/80%/70% / 60%/60%/50%	\$611.69	\$1,223.38	\$1,131.63	\$1,743.32	\$1,835.07
G535PPO	\$2800/\$5600	80%/80%	80%/50%	\$5000/ Unlimited	NA/80%	80%/50%	80%/50%	70%/ 50%	80%/80%/70% / 60%/60%/50%	\$573.97	\$1,147.94	\$1,061.84	\$1,635.81	\$1,721.91

What can a COUNTRY Financial Representative Offer? (cont)

- COUNTRY has the ability to offer level-funded options as well
 - Funding option for self funded plans that aids employers in their health coverage budgeting and funding efforts
 - Employers pay a set amount each month to the carrier
 - The carrier facilitating the level funding will pay claims throughout the year
 - Possible refunds at the end of the year if your payments exceeded claims

Brokered Insurance Solutions/Rep Involvement

- Client relationship
- Quoting
- Present plans and premiums
- Advise on best possible solutions
- Application completion and submission
- General policy questions
- Insured requests
- Renewal questions



Questions?