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Voluntary Benefits Voice

MAGAZINE

Why Strong Products Alone Won't Drive A Successful Voluntary Benefits Program

How Employers Can Provide Holistic Benefits Without Breaking the Bank

Turning Data into Decisions

VOLUNTARY ADVANTAGE

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Look Under the Hood: Why Strong Products Alone Won't Drive A Successful Voluntary Benefits Program

PES BENEFITS

Beyond Insurance: How Employers Can Provide Holistic Benefits Without Breaking the Bank

From the Editor...

When it comes to Employee Wellbeing today, there are some incredible resources available from a point solution and value add perspective. But how useful are they when they are overlooked, forgotten about or difficult for the member to understand or access? While investment in benefits has grown, the member experience hasn't always kept pace. Too often, benefits are siloed, confusing, and underutilized.

As an industry, we have a unique role to play. We're not just recommending point solutions—we're architects of ecosystems. Our job is to help employers bridge the gaps between their benefits programs and ensure that employees experience these resources not as fragmented tools, but as a cohesive support system.

Wellbeing Isn't One-Dimensional

Employee wellbeing spans multiple dimensions: physical, emotional, financial, social, and even career wellness. The market reflects this, with vendors addressing everything from mental health and fertility to financial literacy and caregiving.

But with so many solutions, it has created a cluttered landscape. Employees might have access to 10+ programs—and remember how to access only two. That's where the experience breaks down and where these programs fail to show an ROI and get cancelled upon renewal.

Our value isn't just in recommending vendors; it's in connecting them. That means collaborating with the client and technology to:

- Map the ecosystem - How do all the benefits work together? Where are the overlaps or gaps?
- Streamline access - Can we guide employers toward platforms or hubs that centralize resources and make navigation easier for employees?
- Promote awareness - Are we helping employers develop communication strategies that build understanding and trust in the benefits offered?
- Leverage data - Are insights from one program informing the strategy for others, to create a smarter, more responsive system?

Today we measure ROI by utilization metrics, which are a helpful starting point, but the ultimate goal is a better and connected overall experience. Employees should feel cared for, they should know where to turn when they need help, and trust that what they'll find is timely, relevant, and easy to use.

As an industry, our job is to simplify the complex, connect the disconnected, and advocate for the employee voice. The key to employee wellbeing is not just throwing point solutions and value adds at employees to check the box and say we delivered, but to provide a seamless benefits ecosystem that makes it easy for members to access the solutions available to them, when they need them.

Look Under the Hood: Why Strong Products Alone Won't Drive A Successful Voluntary Benefits Program

By Eastbridge Consulting Group

Imagine creating an effective voluntary benefits program as the assembly line at a motor vehicle plant. Products are like the tires on a car: You're not going anywhere without them, and you won't go far unless those products are high quality, affordable and the right fit for the program.

But you also can't drive a successful voluntary benefits program without a strong engine to keep it running smoothly. Enrollment and administrative capabilities provide the power that can keep a benefits program rolling year after year.

Yes, the price and value of products continue to be the top factor employers consider when choosing a voluntary carrier, according to Eastbridge's "MarketVision™—The Employer Viewpoint©" report. But employers also place high importance on many other reasons that have little to do with products or price and a lot to do with service and support — and the report shows these reasons have consistently grown in importance in recent years.

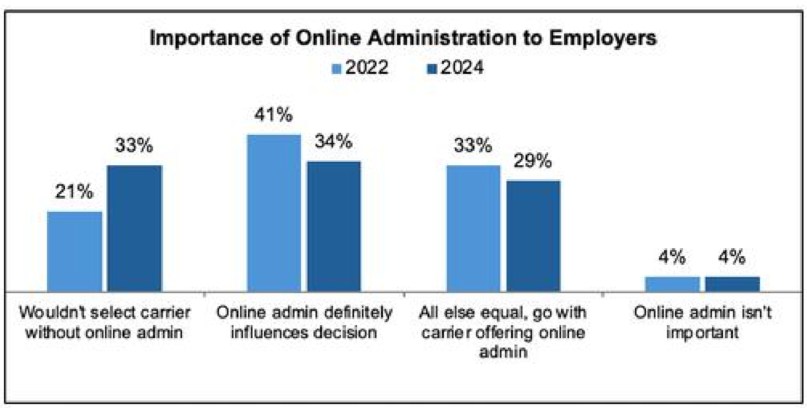
Importance Factors for Employers in Choosing a Voluntary Carrier
percent rating 4 or 5, with 5 extremely important

Factor	2020	2022	2024
Price/value of products offered	72%	81%	89%
Admin support/ease of administration	71%	75%	83%
Reputation of carrier for quality service and products	65%	71%	81%
Discounted pricing for multiple products	64%	66%	73%
Help with developing a communications and enrollment strategy	59%	64%	69%
Quality enrollment and communication materials	59%	64%	69%
Availability of self-administered billing	56%	58%	66%
Carrier website giving employees access to claims forms/status and coverage information	51%	61%	64%
Financial support to help build products on ben-admin system	52%	56%	59%

Source: MarketVision™ — The Employer Viewpoint© report, Eastbridge Consulting Group, 2024

Gaining Traction with Online Administration

It is more important than ever for carriers to provide online administration capabilities for their employer customers. The MarketVision™ report shows the percentage of employers who would not choose a voluntary carrier without online administration capabilities grew to 33% in 2024 from 21% just two years earlier. Another 34% say online administration capabilities would definitely influence their carrier decision, and 29% say if all other things are equal, they would go with the carrier providing online administration. Only 4% say online administration isn't important.



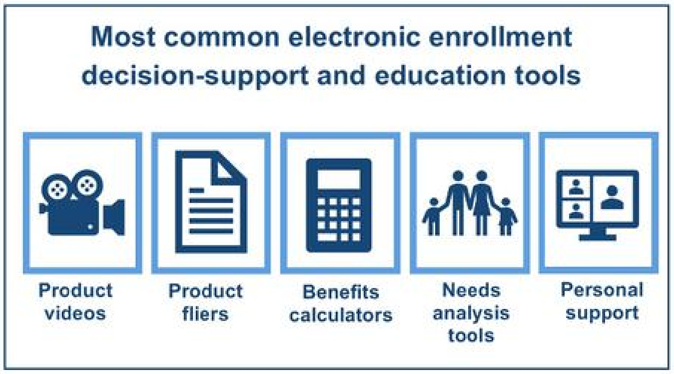
Source: MarketVision™ — The Employer Viewpoint© report, Eastbridge Consulting Group, 2024

Mapping Out Employee Services

Online administrative services aren't just decorative pin-striping or a shiny finish on employers' voluntary programs. Close to a third of employers — and in some cases more — designate nearly all of the 14 online service options in our survey as critical, as opposed to "nice to have." Online services employers rate as most important are all employee-focused services, including the ability for employees to file claims (56%), the ability to change employee's coverages (53%), the ability of employees to check their claim status (51%), the ability of employees to view available benefits specific to their purchase (42%), and the availability of forms and materials (40%). And all these numbers are up from the previous survey in 2022.

Rolling Through Enrollment

Most carriers offer some type of electronic enrollment support or education tools for online enrollments. The most common include enrollment and product videos, marketing and product fliers or infographics, benefits calculators and assistance with communication campaigns. Most carriers also offer decision-support or needs-analysis tools for employees to use in the enrollment and purchasing process. This kind of support may already be embedded in employers' enrollment platform, or available through third-party tools such as JellyVision, Brainshark or Nayya. Several carriers also include more personalized support through dedicated enrollment services teams, videoconferencing, click-to-chat functionality, dedicated phone support or text messaging.



Source: Eastbridge 2024 "Enrollment and Technology Funding Practices of Voluntary Carriers Spotlight™ Report

Fueling Up with High-Speed Technology

About half of the carriers we surveyed say they are also investing in other enrollment technologies for better connectivity and creating partnerships with technology platforms to expand their services and capabilities. These investments go beyond simply updating outdated internal systems to provide better overall administrative capabilities. We're talking using more APIs to expand claims, evidence of insurability, product, enrollment and plan set-up capabilities; and developing plug-ins with existing technology platforms for better decision-support capabilities. Carriers are also partnering with third parties to offer additional services like billing and ben-admin/HR capabilities such as new hire onboarding in addition to enrollment.

Every voluntary benefits program is going to hit an occasional bump in the road. But carriers and brokers that focus on the enrollment and administrative support employers need — and expect — can go a long way toward keeping the wheels turning and ensuring a smoother ride.

Nick Rockwell
President

Danielle Lehman
Senior Consultant

Eastbridge is the source for research, experience, and advice for companies competing in the voluntary space and for those wishing to enter. For over 25 years, they have built the industry's leading data warehouse and industry-specific consulting practice. Today, 20 of the 25 largest voluntary/worksite carriers are both consulting and research clients of Eastbridge.

Beyond Insurance: How Employers Can Provide Holistic Benefits Without Breaking the Bank

By PES Benefits

When we think about employee benefits, traditional health insurance, dental, and vision plans often come to mind. But as today's workforce evolves, so do their expectations. Employees now seek comprehensive, holistic support that extends beyond traditional coverage—encompassing mental health, financial wellness, and work-life balance. The challenge for brokers and employers alike is filling these gaps without dramatically increasing costs. Fortunately, voluntary benefits and digital solutions provide a path forward.

Why Traditional Benefits Leave Gaps

Even the best insurance plans don't cover everything employees need to thrive. Consider these common challenges:

- **Mental Health Access:** Even when covered, finding an available provider can take months.
- **Financial Stress:** Nearly 85% of employees cite finances as their top stressor, yet many benefits packages lack financial wellness resources. (hcamag.com)
- **Work-Life Balance:** Childcare, eldercare, and flexible work arrangements remain top priorities for employees, yet many employers struggle to address these needs.

These gaps aren't just an employee problem—they impact productivity, retention, and overall job satisfaction. When workers don't get the support they need, employers experience higher turnover and lower engagement.

Low-Cost, High-Impact Benefits That Fill the Gaps

Brokers can help employers strengthen their benefits packages without significantly increasing costs. Some of the most effective solutions include:

1. **Virtual Mental Health & Telehealth:** Expanding access to on-demand therapy, virtual primary care, and digital wellness tools ensures employees get care when they need it.

2. **Financial Wellness Programs:** Budgeting tools, student loan assistance, and financial coaching can help employees reduce stress and improve long-term financial security.

3. **Employee Assistance Programs (EAPs):** Providing confidential support for personal challenges, legal concerns, and mental health needs can be a game-changer for retention.

4. **Flexible Work Perks:** Offering benefits like on-demand childcare assistance, caregiving support, or lifestyle stipends can help meet employees' evolving needs.

5. **Benefits Navigation Technology:** Employees often underutilize benefits simply because they don't understand them. Providing a digital benefits hub or concierge services can significantly increase engagement.

The Role of Brokers: Positioning These Benefits as a Competitive Advantage

Brokers play a crucial role in helping employers understand that benefits aren't just a cost center—they're a strategic tool. Positioning these voluntary and digital solutions as affordable, high-value investments can set brokers apart from competitors while helping clients retain top talent.

As the workforce evolves, so should benefits. The key to success lies in adapting offerings to meet modern needs—without overloading budgets.

PES BENEFITS

PES Benefits is dedicated to revolutionizing the employee benefits landscape with cutting-edge technology, administration, education, and virtual care solutions. Since its inception, PES Benefits has focused on simplifying the benefits experience, making it more accessible and meaningful for all involved.

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Turning Data into Decisions: How Utilization Reporting is Shaping Supplemental Health Benefits

By Heather & Trevor Garbers

As supplemental health benefits become increasingly integrated with core benefit strategies, the demand for data-driven insights is growing. Employers now expect clear utilization reporting to measure the return on investment (ROI) of these offerings. We have reached out to several leading carriers in the marketplace to better understand their approach to meeting these evolving expectations.

When it comes to a market shift towards employer funded supplemental health plans, carriers are still reporting a low percentage of clients opting to fund coverage on behalf of their employees – 1-10% of cases was the consensus. This type of integrated strategy still appears to allow you to stand apart from the marketplace, showcasing the need for plans providing first dollar benefits to help members mitigate risk.

Even though coverage is primarily offered on a voluntary / employee paid basis today, a growing number of clients are expecting to review utilization reporting at least at their annual stewardship meetings.

A trend we can expect to see in the future will be a growing number of carriers that make claim activity available to the group 24/7 via their admin portal. However, most reporting today is generally extracted through a manual process by the carrier, and made available upon request of the broker or client only.

The carriers reported that requests for utilization data are primarily in the large case market today and while they typically include commissions in the loss ratio reporting, it is sometimes removed by the requesting broker.

Most carriers do however, seem to be able to customize reports from a high-level financial accounting showing the premiums paid and total claims paid – to detailing the types of claims paid, amounts of claims paid, and call center metrics. It is also noted that the most common request is utilization reporting that identifies what types of claims are being filed – e.g. Wellness, Fractures, Heart Attack, Cancer, Maternity, etc.

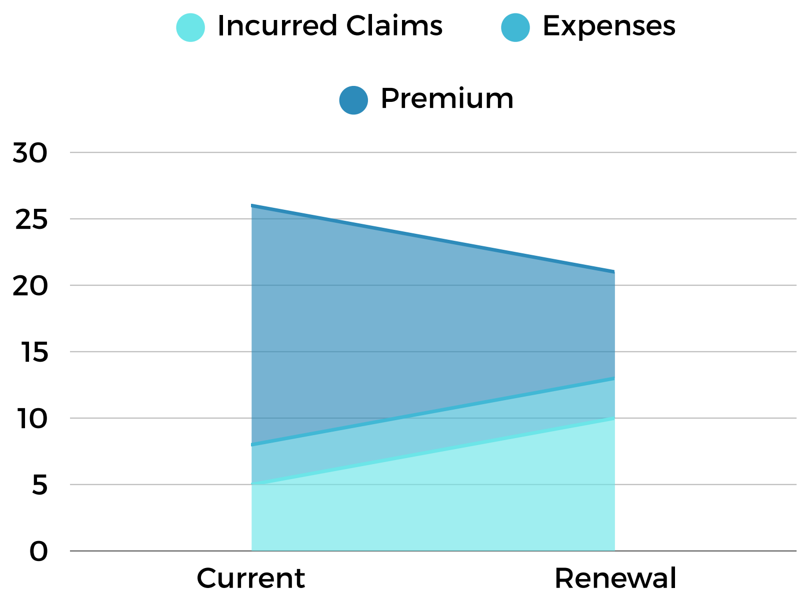
What are clients using that data for? They can use it to negotiate lower rates that better align with the claims paid for a healthier loss ratio, to enhance benefits for conditions that are more common in their employee population, or even to source additional solutions that may help members of their employee populations (e.g. if chronic asthma is resulting in hospitalizations, an asthma management point solution could be in order). They can also use it to identify if their current carrier is meeting the needs of their members.

Maybe contract language is resulting in claim denials or cumbersome claim processes are resulting in a high rate of incomplete claims and so it is time to re-evaluate the marketplace for a better carrier partner.

There are even a few progressive carriers in the marketplace that are proactively reviewing this data and using it to send claim prompts to members reminding them to file claims throughout the year, or approaching groups at renewal with lower rates or richer benefits to better align with their experience and risk.

As the marketplace becomes more competitive and data is more accessible, we could see large shifts in price and benefits based on more accurate claims data that is readily available. We may also see shifts in carriers starting to underwrite brokers and providing differing proposals based on projected profitability of business from a heaping/re-heaping, "case flipping" and marketing fee standpoint.

the supplemental health renewal of the future...



As the demand for utilization reporting continues to grow, it is clear that data-driven insights are becoming a critical component of supplemental health benefits strategies. While employer funding remains limited, the expectation for transparency and reporting is rising, particularly among larger clients today, but we can expect that to shift down-market in the future. Carriers are responding with varying levels of reporting capabilities, from manual reports to real-time access via admin portals, helping employers better assess plan performance and employee needs, but the market is ripe for disruption from a vendor who can work with legacy systems to quickly provide this data in a usable format.

By leveraging this data, employers and brokers can optimize plan design, negotiate rates, hold carriers accountable for serving their members and even introduce targeted solutions that enhance employee well-being. As the market evolves, the integration of claims data into benefit strategies will play a key role in driving both financial efficiency and improved employee experiences.

The future of supplemental health benefits lies not just in offering coverage—but in making that coverage work smarter.

Education: The Missing Link in Employee Benefits

By Brandon Sands

Employee education is the single biggest factor in a successful open enrollment. Research from Eastbridge Consulting shows that companies of all sizes—small, medium, and large—are offering a broad range of voluntary benefits, from dental and vision to accident, critical illness, ID theft protection, and even pet insurance. However, while benefit offerings continue to expand, education remains the missing link, particularly among smaller employers.

Without proper education, voluntary benefits become little more than a "check-the-box" offering. Employees don't fully understand he value of the benefits available to them, leading to low engagement and participation.

This not only diminishes the return on investment for employers, but also reduces the opportunity for benefit advisors to deliver additional value to their clients. More importantly, employees miss out on financial protection that could be critical to their well-being.

The solution isn't reinventing the wheel—it's using what's already available in a smarter way. Call centers, decision-support tools, AI-driven platforms, and multi-channel communication strategies have been game changers for large employers, and now, they are more accessible than ever to small and mid-sized businesses. The key is ensuring these tools are implemented effectively across all workforce sizes.

1 The Right Education Tools for Employees

Employees don't just want guidance—they need it. Decision fatigue is real, and when it comes to benefits, many employees feel overwhelmed and opt out simply because they don't know what's right for them. That's why employers must equip their workforce with the right education tools that make benefits easy to understand and relevant to their personal needs.

Key education tools that drive engagement and participation include:

Personalized Decision Support
AI-driven tools and interactive benefits platforms allow employees to answer a few simple questions and in return receive tailored recommendations based on their lifestyle, budget, and risk tolerance.

Multi-Channel Communication
A single benefits meeting isn't enough. Employers should leverage text messaging, emails, webinars, short-form videos, and even social media to educate employees in a way that aligns with their unique communication preferences.

Call Centers & One-on-One Counseling
Not every employee is comfortable navigating benefits alone. Dedicated support—whether through a third-party call center, HR team, or benefits concierge—ensures employees have real-time access to expert guidance.

On-Demand Access to Information
Employees need education on their terms. Mobile-friendly benefits portals, educational videos, and 24/7 chatbot assistance allow employees to learn at their convenience.

Companies that implement these education tools have seen measurable improvements in voluntary benefits participation. Higher engagement means increased financial protection for employees and increased employer value—everyone wins.

2 How Carriers Support Education

Carriers have a vested interest in ensuring that employees understand and enroll in the benefits they offer. Many are stepping up by providing education resources, but too often, these tools aren't being fully utilized by employers.

How carriers can help drive better education:

Ready-Made Communication Materials
Many carriers offer plug-and-play marketing materials, from email templates and explainer videos to interactive benefits guides that break down plans in easy-to-understand language. These can be co-branded with employer logos and used across multiple communication channels.

Live & On-Demand Educational Webinars
Carriers can support enrollment by hosting virtual sessions explaining plan options, answering common questions, and showcasing real-world claims scenarios.

Participation Requirement Flexibility
Some carriers will relax participation requirements or offer guaranteed-issue coverage for first-time enrollments if an employer commits to an education-focused rollout.

Leveraging Claims Data for Real-Time Education
One of the biggest areas of investment in the voluntary benefits space is claims integration. Imagine an employee filing a major medical claim and receiving an automatic reminder that their critical illness or hospital indemnity plan could help cover out-of-pocket costs. This kind of real-time education makes benefits more tangible and increases utilization.

By taking a proactive approach to education, carriers are able to increase enrollment, improve benefit engagement, and strengthen long-term participation.

3 The Broker/Advisor Role: Placing Together the Right Education Strategy

Benefit Brokers/Advisors are the architects of an effective education strategy. They are the ones who piece together the right combination of tools, materials, and resources to ensure that each employer's workforce gets the education they need.

How brokers can drive better benefits education:

Customizing Education to Fit the Workforce
Different employee populations require different approaches. A younger workforce may engage best with digital content and mobile apps, while an older workforce may prefer printed materials and one-on-one consultations. Brokers must assess the unique needs of each employer and tailor education accordingly.

Aligning Education with Open Enrollment Strategies
Education isn't just an open enrollment event —it's a year-round process. Brokers should help employers create a structured communication plan that spans the pre-enrollment, enrollment, and post-enrollment phases to keep employees engaged and informed.

Leveraging Carrier Support
Many employers aren't aware of the education resources their carriers offer. Brokers can bridge this gap by facilitating carrier-led webinars, co-branded marketing materials, and additional enrollment support.

Promoting Claims Integration
The future of voluntary benefits education is claims-driven education. Brokers should work with employers to select benefits that integrate seamlessly with medical plans and create strategies to show employees how their benefits work in real-life scenarios.

The Bottom Line

For voluntary benefits to be truly effective, employees must understand them. The good news? The tools for effective education are already here— text campaigns, call centers, benefits websites, AI-driven decision support, and multi-channel communication strategies. Large employers have been leveraging these solutions for years, and now they are more accessible than ever to smaller employers.

The challenge isn't creating new solutions—it's using the ones we already have in a more strategic, consistent, and impactful way.

By prioritizing education and integrating it seamlessly into the benefits experience, employers can drive higher participation, improve employee satisfaction, and provide more meaningful financial protection for their workforce. Advisors can expand their revenue opportunities, and carriers can see stronger long-term enrollment.

Education isn't just a missing link—it's the key to making voluntary benefits work the way they're meant to. The solutions are here. We just need to use them. It's that simple.

Brandon Sands, Business Development, Daybright Broker Solutions – Brandon is a forward-thinking professional in the employee benefits space, dedicated to delivering innovative voluntary benefits that drive real value for employer groups. With a strong focus on enhancing the employee experience, he strives to create seamless, accessible, and impactful solutions that elevate workplace benefits and support overall well-being.

Five Reasons to Discuss Long-Term Care Insurance Options With Your Clients

By LIMRA

The Department of Health and Human Services estimates that 70% of Americans over age 65 will need long-term care (LTC) services within their lifetime.[1] With an average cost of over $5,000 a month, not having long-term care insurance coverage could severely compromise a retiree's financial security.

Here are five reasons to discuss life combination products with your clients.

Reason 1: Consumers lack understanding of long-term care insurance.

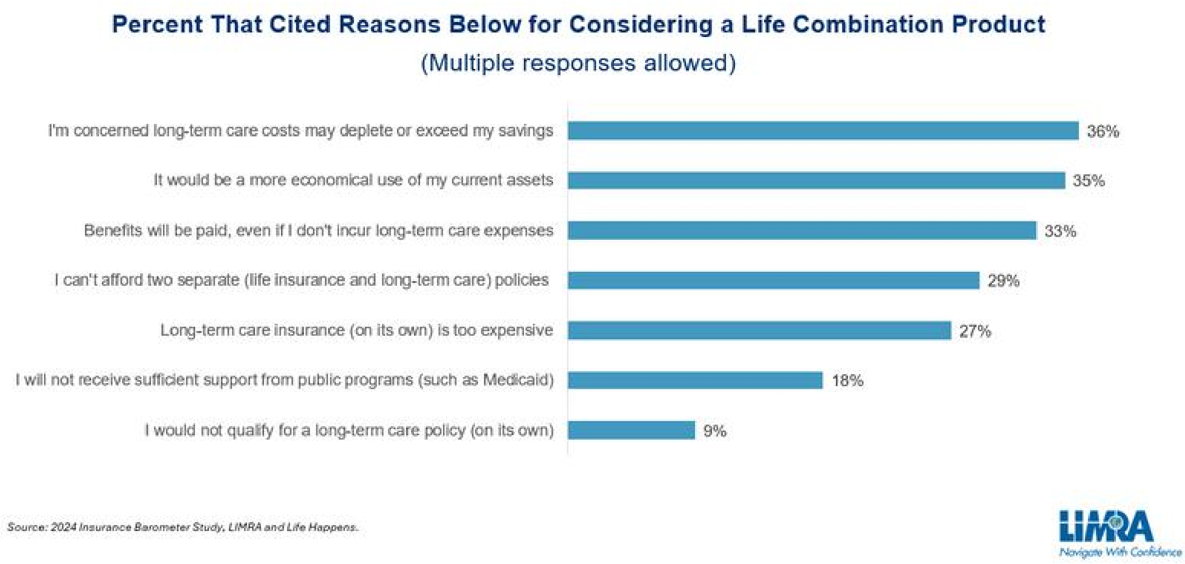
Historically, consumers often overestimate how much long-term care insurance (LTCI) they actually have. According to LIMRA data, 29% of consumers believe they own some form of LTCI coverage (either standalone or a combination product). LIMRA estimates just 3% to 4% of adults over age 50 have some sort of long-term care insurance to mitigate the LTC expenses.

Many consumers mistakenly think their health insurance or Medicaid will cover their LTC services when that might not be true. Medicaid coverages vary on a state-by-state basis, are limited to certain services, and may require consumers to spend down their assets to qualify for coverage. These misconceptions could cost consumers greatly if they are unprepared.

Reason 2: Life combination products could cover long-term care expenses more affordably.

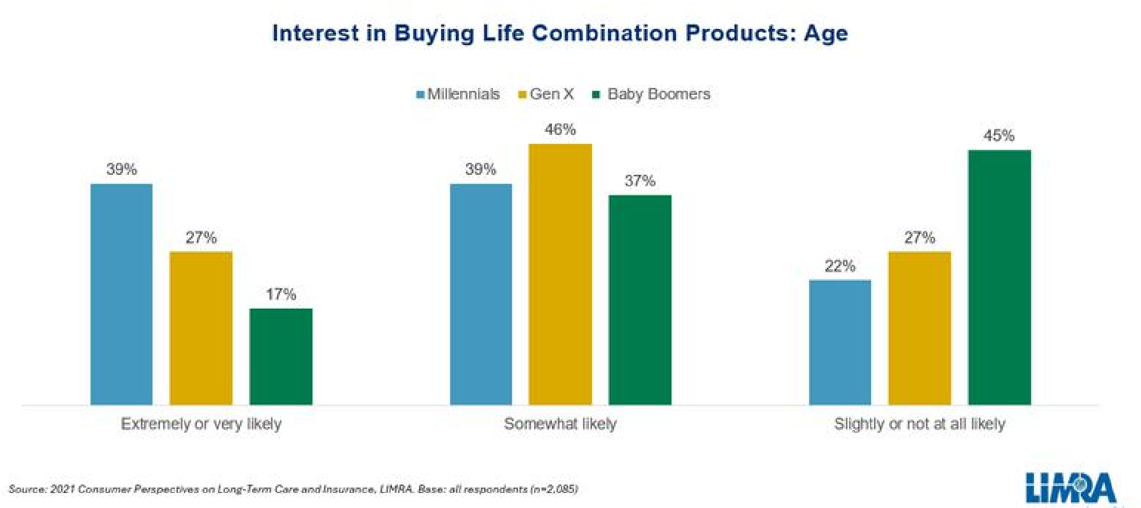
The cost and availability of standalone LTCI care often deter people. More than 1 in 4 (27%) consumers say that a standalone long-term care insurance policy is too expensive. But LIMRA data suggests life combination products that provide LTC could be a more attractive option for many consumers. Over one quarter (26%) of American consumers would be extremely or very likely to consider purchasing life combination products — a 7-percentage point increase from 2019, according to LIMRA data.

LIMRA data shows that 36% of consumers would consider a life combination product because they're concerned that LTC expenses may deplete or exceed their savings. Thirty-five percent of consumers also believe that a life combination product would be a more economical use of their assets, and 33% say their benefits will still be paid even if they don't incur long-term expenses.



Reason 3: Younger adults are more likely to consider combination products than older generations.

LIMRA data suggests that interest in life combination products is high among Millennials. The 2024 Insurance Barometer Study from LIMRA and Life Happens shows that almost 4 in 10 (39%) Millennials are very likely to consider buying a life combination product compared to 27% of Gen X and 17% of Baby Boomers.



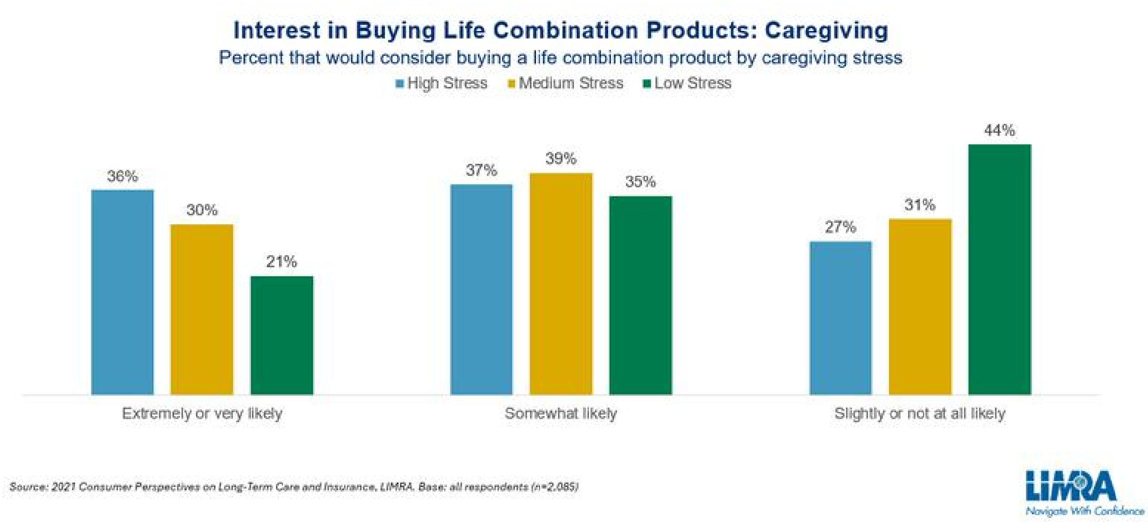
Whereas older adults may expect Medicaid to cover their long-term care, Millennials are more likely to view a life combination product as a one-stop shop to secure both life coverage and long-term care insurance.

Reason 4: Combination products are attractive to caregivers with high stress.

According to the Department of Health and Human Services, an estimated 80% of care received at home is provided by an unpaid caregiver such as a family member or friend.[2] Caregivers typically provide both medical and non-medical services and can also have intense responsibilities including assisting with eating, bathing, or dressing.

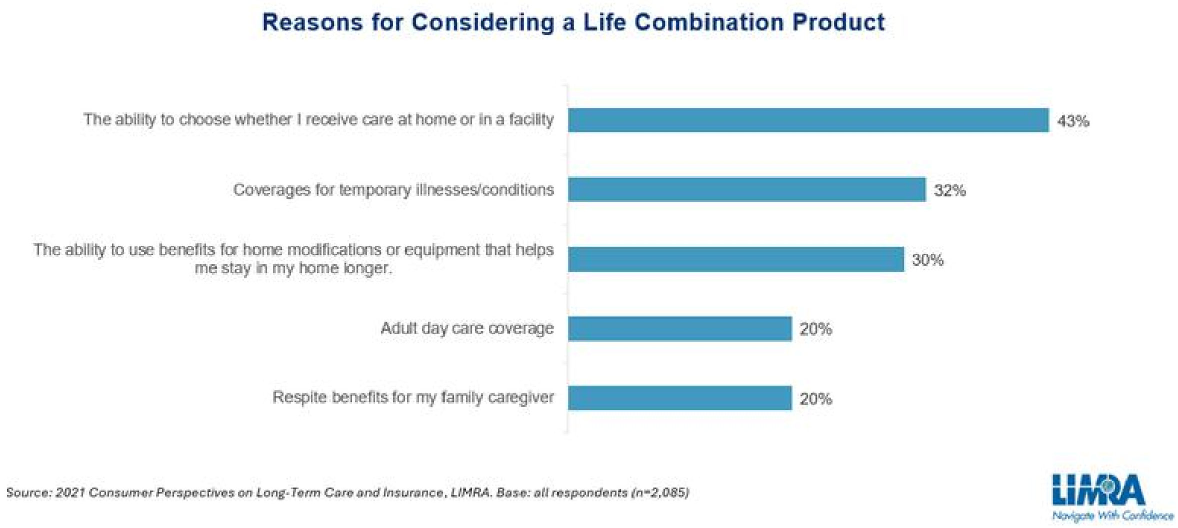
Providing these services can lead to stress and burnout. The National Library of Medicine reports that 38% of family caregivers experience a moderate to high degree of financial strain from providing care.[3] Financial professionals can discuss the peace of mind that life combination products can provide by covering the caregiver's own long-term needs should their health decline.

36% of caregivers with high stress would be extremely or very likely to purchase a combination product according to LIMRA, compared to 30% of caregivers with medium stress and 21% of caregivers with low stress.



Reason 5: The array of LTCI solutions can also offer consumers the choice of where they want to receive care.

43% of consumers say, when considering purchasing a life combination product, that they value the ability to choose where they receive care either at home or in a facility. Along with being a more affordable option for LTC planning, a life combination product could allow consumers the freedom to remain in their homes longer while they receive care. Three in 10 consumers said they liked the ability to use benefits for home modifications or equipment that will allow them to remain in their homes longer.



Additionally, 32% of consumers value the coverage for temporary illnesses or conditions, while 2 in 10 consumers like the ability to use the benefits to cover adult day care services and provide respite benefits for their family caregiver.

While long-term care can take a toll both emotionally and financially, effective planning can help mitigate that burden.

[1] Caregiver Resources & Long-Term Care, U.S. Department of Health and Human Services.
[2] Ibid.
[3] 2020 Caregiver Health and Well-Being, and Financial Strain, National Library of Medicine.

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White Paper: The Importance of Carrier Admin Technology

In today's voluntary benefits landscape, brokers are tasked with more than just spreadsheeting carriers for their employer clients—they must also ensure that the carriers they partner with can deliver their products efficiently, flexibly, and reliably. For too long, outdated technology has created frustrating obstacles, both for brokers trying to manage plans and for employers and employees using them. These challenges, deeply rooted in carrier legacy admin systems, have become almost accepted as the norm. But they don't have to be.

Imagine a world where enrolling in benefits is seamless, where systems communicate effortlessly with one another, and where updates and changes don't cause major disruptions. This isn't just a dream—it's possible with the right technology. Some carriers are already making this a reality, and brokers who understand and insist on these technologies will be better equipped to serve their clients and solve the industry's most persistent problems.

Anthony "Tony" Grosso
Head of Growth / GWB Insurance Markets

Tony has over 25 years of hands-on experience leading innovation, business development, product and marketing across all sectors of the insurance industry. Tony is leading the GWB market for EIS, a high growth company, helping Voluntary Benefits insurers to achieve their ambitious plans and incredible potential.

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Let's face it: we all know legacy systems are holding insurers back

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Voices of Voluntary Benefits

By Heather & Trevor Garbers

We are in a very volatile industry.

Why do I say that? Because every year is a new year where we face challenges associated with changing regulations, new technologies, budgets strapped for cash and clients strapped for resources… all in addition to increased competition regardless of which part of the market you operate in.

One-on-one face-to-face enrollments is no longer the norm. We have a wide range of products competing for wallet share, carriers competing for business, and brokers competing for clients.

Technology has driven innovation and changed the way we do business today and data is driving everything from plan placement to the customer experience.

As we all must rise to the occasion of doing more, better, we ask:

"Has how you position voluntary benefits today changed vs when you started in the industry? If so, how?"

Medical Loss Ratio (MLR)

The MLR is a comparison of how much of your premium goes towards paying medical claims compared to how much the insurer pays for administrative costs and keeps as profits. For example, an 82% MLR would mean that 82% of the total premiums paid by policyholders was going towards paying claims, and the other 18% was kept by the insurer for administrative expenses and profits.

The MLR is important because it is used as a measure of the reasonableness of premiums. Today, more states are scrutinizing MLRs for Accident and Health products. If we do not see MLRs increase, we could see action at a State or Federal level, which would limit the plans available in the marketplace and/or impact commissions.

Don't just take our word for it - here is a reminder sent out by the State of Virginia: State of Virginia Reminder of Anticipated Loss Ratio Standards

We as a marketplace need to be proactive in aligning benefits with cost and promoting claim utilization to ensure consumers are getting value out of purchasing supplemental health products.

Voluntary Benefits like Accident, Critical Illness, and Hospital plans are now presented immediately after core medical coverage because they've shifted from being viewed as optional "extras" to vital financial safety nets. Over the past couple of decades healthcare costs have skyrocketed, and many employers have transitioned to high-deductible health plans (HDHPs) to manage premium expenses. This shift leaves employees with greater out-of-pocket costs from deductibles, copays, and coinsurance. Voluntary Benefits help to fill those gaps by providing lump-sum payments or direct payouts to employees when they experience a covered event, like a serious injury or illness. These dollars can be used for medical bills, lost income, or even everyday expenses like groceries or childcare during recovery.

Twenty years ago, medical insurance alone often covered more, and Voluntary Benefits were treated as an afterthought, offered at the end of presentations as optional add-ons for those who wanted extra protection. Today, they're positioned right after medical coverage to emphasize their role in helping mitigate a financial hardship, thus ensuring employees understand how these benefits complement their core medical plan to provide comprehensive coverage. This shift reflects both the changing healthcare landscape, and a growing awareness of the financial risks employees face without these additional layers of protection.

Danny Talley, SR VP/Director of Personalized Benefits
HUB International

"Enjoying success requires the ability to adapt. Only by being open to change will you have a true opportunity to get the most from your talent." – Nolan Ryan

The expansion of the marketplace and different types of Voluntary Benefits has changed as well as the varying contracts. We are seeing competition in the market driving innovation and evolution that we must learn and adapt to.

It's exciting to see the changes and be a part of this marketplace. I would say that my position has changed to include all aspects of the Voluntary Benefit ecosystem emphasizing engagement. My role today includes working with stakeholders to optimize the offering in a digestible way and I am excited about what the future will bring.

Lorrinda Lattimore, Director, Voluntary Benefit Consulting
Lockton Insurance Brokers, LLC

I have learned a lot during my time in the Voluntary Benefits industry that has impacted how I approach the marketplace today.

For example, when I started in this industry, reporting was not readily available and so I (wrongly) assumed that members were submitting their claims throughout the year, because why wouldn't they? From attending renewal meetings, I quickly learned that most people forget about the plans they elected throughout the year and many don't know where to go or what is required to submit a claim.

Today, my conversations with clients have evolved around the solutions that these benefits provide from a holistic perspective and how important it is not only to offer them, but also to take advantage of things like medical claim integration, batch filing wellness, and claim prompts to help members utilize their benefits throughout the year and get claim dollars in their hands as quickly as possible. Every dollar is important to both the client and the member, and it is our job as their trusted advisors to help them allocate their funds to the places that will best serve them.

Whereas I started on the carrier side and believed that my employer had the best of everything to serve every clients' needs. Today I spend my day fact-finding to identify the clients' goals and struggles, leveraging data in plan design and placement, and am open to new products, ideas and concepts to provide solutions that appeal to all regardless of their life experience and income level.
Things like looking good on a spreadsheet and being "platform agnostic" are now table stakes - and market differentiation (at least for me) centers around the member experience from enrollment to claim, API connections (and what they do or do not do), and how to best fit the client's needs from both a strategy and administrative perspective.

Today in Voluntary Benefits, we are all in the tech and data business with an emphasis on member experience.

Heather Garbers, SVP Voluntary Benefits
HUB International

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Relational Leadership: “Never Leave That Till Tomorrow Which You Can Do Today”
- Benjamin Franklin

By Steve Clabaugh, CLU, ChFC

“Relational Leaders demonstrate that they care for their team members as much as they do for the organization. As a result, they create, build and lead high-performance teams that consistently achieve excellence.”

Benny was my best friend in high school. He, along with our friend Paul, played various sports, camped, fished, hunted and even went on double and triple dates together.

Most of all, we loved working on cars. And we had plenty of old cars to work on. Benny’s dad was the local oil and gas distributor, and for some reason, he was always finding and bringing deserted cars back to the yard at his bulk plant where we had access to them. We learned a lot while trying to get those old clunkers running again – mostly without success. But, once in a while, we surprised ourselves, and his dad, by figuring out how to bring new life to an old relic.

Our all-time favorite, by far, was a 1960 Chevy Corvair!

We spent countless hours working on it even though it was in terrible shape with a torn-up interior, rusty engine, almost tread-less tires and a badly faded paint job. And to top it off, the Corvair was considered by many car experts as one of the worst designed and unsafe vehicles ever built (you may remember Ralph Naders’ famous best selling book “Unsafe at Any Speed”).

Despite its terrible reputation and even worse condition, it was our all-time favorite for one particular reason. Our “dream car” featured a 6” wide front to back racing stripe just left of center. And not only that, it was also adorned by the #5 circled in white just to the right of the racing stripe. We could just imagine how cool it would be to have our friends see us taking turns driving around Clinton, Iowa in this one-of-a-kind marvel.

After many days and hours of planning, arguing and hard work, we finally succeeded in getting it to run. And we did drive it proudly around town, even though we always had to have at least two of us in the car at all times. Unfortunately, even though we succeeded in getting the car to run, it did have one rather significant flaw. Once the engine was warmed up, it had the rather inconvenient habit of catching fire every time we had to stop at a traffic light or stop sign. Once the car came to a stop the rider had to jump out, pop the hood and use a fire extinguisher to put out the flame before we could continue our travels. You can probably understand why we learned to only drive it on side roads off the main highway.

Benny’s dad, while proud of our success in getting the car to run, advised us to stop driving it until we had an actual mechanic diagnose and repair what turned out to be a faulty fuel pump. He pointed out that it was clearly unsafe and would only get worse. “These things don’t heal themselves boys,” he told us.

Believe it or not, it turns out he knew what he was talking about. Who knew?

One day Benny and I were out for a ride when the car caught on fire and this time the fuel pump literally exploded. Fortunately, neither one of us was injured but, by the time we got the fire out, the engine was damaged beyond repair. Our beloved #5 was ingloriously towed back to the bulk plant never to be seen on the streets again.

There are many lessons we could have learned from this experience but the one that sticks with me the most is that of dealing with issues, challenges and problems the first time and not by putting them off. I like the quote I read in a recent edition of Admired Leadership Field Notes: “As we all know from experience, problems don’t age well, tough decisions don’t get any clearer, difficult conversations don’t get any easier, and relationship challenges don’t get less complicated.”

Procrastination is something we all struggle with whether its related to a project, activity, travel, repair, purchase or other aspect of daily life. There are various reasons why we procrastinate: busy schedule, lack of interest, complexity of the issue, higher priorities, personal exhaustion, etc. And, of course, there are consequences that result from our delayed action – the bigger the subject the more serious are the consequences.

For leaders, the worst form of procrastination is that of avoiding difficult and unpleasant decisions. This is especially true when they have to do with the behavior or performance of team members. The reason for this, is because avoiding difficult employee decisions has a negative impact on the entire team, others in the organization and the leader themselves.

There are several reasons why leaders might avoid making unpleasant decisions, among them are:

- Uncertainty about the outcome of the decision and its impact on the team;
- Fear of backlash if the decision proves to be unpopular;
- Desire for consensus prior to making a final decision;
- Focus on short-term goals that might be side-tracked;
- Personal reputation if the decision appears to be a reversal of prior actions.

And, frankly, relational leaders may struggle with this type of avoidance more than others. The commitment to "caring as much about their team members as they do for the organization," can sometimes make it difficult emotionally, to make tough decisions about an individual and their contribution to the team. It is a wrong notion to think that avoiding what needs to be done is somehow caring about the individual or the team. If a person is not contributing positively to the team and conditions of satisfaction can't be negotiated, it is actually in the best interests of the individual and the team for the tough decisions to be made and implemented promptly.

We once had a long-time employee who had advanced to a senior level within the organization. Over time, his position had morphed to the point where he really didn't have any meaningful responsibilities that contributed to the company's success. This had gone on for quite some time and several prior supervisors deferred in giving him new responsibilities and holding him accountable for them. When we finally began to address the issue and assign him new duties, he objected and actually complained about them as being unfair.

We finally, made the uncomfortable decision to terminate his employment, providing him with a generous severance package earned from his years with the company. The concern was that our staff would be upset as a result of the decision since he was so well known and liked by our employees. To our great surprise, it turned out that they were relieved that the company had finally recognized the situation and took action, which communicated that we were serious about everyone contributing to the company's success.

This unpleasant situation was the result of many years of avoiding difficult decisions. It is quite possible and maybe even likely, that if the issues had been addressed earlier, the employee in question could have made a successful adjustment for him and the organization.

When you're facing a difficult decision that you are tempted to avoid or put off, here is a lesson learned long ago that might help you take action in a more timely manner. It's called the 1 – 10 – 100 Rule.

The 1 – 10 – 100 Rule

I don't remember where I learned this simple wisdom and I don't have any scientific or psychological studies to back it up. But I have seen it work effectively and, as in the story above, experienced the consequences of not following it.

Here it is:

- 1 – The first time you confront a particular issue that requires a difficult decision is ALWAYS the easiest time you will ever have to address it. (Note: I didn't say it would be easy, just that it will never get easier).
- 10 – The second time the issue arises (and you can count on that as a certainty), it will be 10 times harder to address than it was the first time.
- 100 – You guessed it, when it comes back a third time, it will be 100 times harder than the first time.

The moral of the story for relational leaders (and everyone else) is to address the tough decisions right away when you are first confronted with them. You might make the wrong decision, which you can generally adjust to, but not making a decision is almost always the wrong decision.

As always, if you have questions, thoughts or ideas about relational leadership – or want to discuss how to respond to a particular need of your organization or client – feel free to contact me.

Steve Clabaugh, CLU, ChFC - started his career in insurance as a Field Agent, moving on to Sales Manager, General Manager, Regional Manager, Vice President, Senior Vice President, and President/CEO. A long time student of professional leadership, Steve created the Relational Leadership program that has been used to train home office, field sales associates, mid-level managers, and senior vice presidents.

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