



Agent Bulletin

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

July 2024

Self-Service Site

Agent Edge

Member Resources



What to Know This Month

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RBP Pros & Cons: How Allied Handles Provider Options

Many consumers are tired of only being able to choose health providers within a Preferred Provider Organization (PPO). This is especially true for consumers who live in small towns and already have limited access to doctors or facilities.

Fortunately, anyone who has a health benefit plan with reference-based pricing (RBP) can choose any provider or facility who accepts their coverage.

RBP is an economical alternative to PPO pricing. Instead of carriers negotiating a fee directly with a provider (usually through a PPO network), employers reimburse providers and facilities according to a reference point – such as a percentage above Medicare rates.

The irony is that the freedom to choose is such a new concept consumers and



providers sometimes have difficulty navigating these choices. Some providers do not accept the reference price as a matter of practice or because the reference price is set too low.

Allied National works with providers directly to reduce any friction at the facility. We also negotiate special contracts with facilities to increase access to care.

For questions about how Allied can help you take the “cons” out of RBP, contact your General Agent or our Sales Support Team at 888-767-7133 or sales@alliednational.com.

Level-Funded Plans Website

The Times They are a Changin' - Again

Pivot Health offers regulation relief for upcoming short-term medical limited duration coverage

By now you are most likely aware the federal rules around short-term medical (STM) insurance are changing as of Sept. 1, 2024. Ultimately, the changes will require STM to be limited to a 4-month duration maximum per insurance carrier over a 12-month period (and additional state rules may apply).

However, Pivot Health has developed a solution to give licensed brokers the opportunity to continue selling STM to their clients for up to 12 months if enrollment includes three independent insurance carriers.

If you missed Pivot Health’s webinar on its **1-3-12 solution** on July 9, here are the highlights:

- You can still offer your clients up to three years of coverage in specific states through Aug. 30, 2024, with an effective date of Aug. 31. This means any STM enrollment on Aug. 31 or later will fall under the new regulations.
- Starting Sept. 1, 2024, STM will be restricted to a maximum of four months of coverage per insurance carrier.
- Pivot Health has developed an option to offer one enrollment through **three** different carriers to provide **12** months of STM coverage. It’s a **1-3-12 solution!**
 - **Feature: There is NO new underwriting for the 2nd or 3rd policy.**
 - **Feature: There are NO pre-existing condition look-backs.**
 - **Feature: There is NO new enrollment fee.**
 - **Feature: There is no penalty; cancellations are accepted at any time.**
- These changes do not affect STDLI coverages already in effect. If a consumer purchased a short-term insurance plan for 36 months up to Aug. 30, 2024, they are grandfathered in and can keep their coverage for the entire 36 months.

REMINDER: If the annual Open Enrollment Period has not begun (runs Nov. 1- Jan. 15), your clients are *not* eligible for a Special Enrollment Period to purchase ACA coverage once their four months of coverage is up. If they are unsure about when

they will have permanent insurance coverage again, Pivot Health's **1-3-12 solution** can help them bridge the gap in insurance coverage.

[Listen to Pivot Health's July 9 webinar here](#) for more details. Use passcode: 9PyHJ6C& to access.

Reach out to your General Agent or Allied sales representative at 888-767-7133 if you have additional questions about the **1-3-12 solution**.

Summer Training Available Now



Are you up to speed on Allied's current renewal and underwriting procedures and our minimum essential coverage (MEC) and major medical plans?

Fourth quarter is approaching at a rapid pace and now is a great time to request a GoTo Meeting with one of our highly qualified Sales Support team members. They are eager to help you on any updates we have made since the last

fourth quarter and to refresh you on our procedures for renewals and underwriting in order to have a smooth and successful fourth quarter.

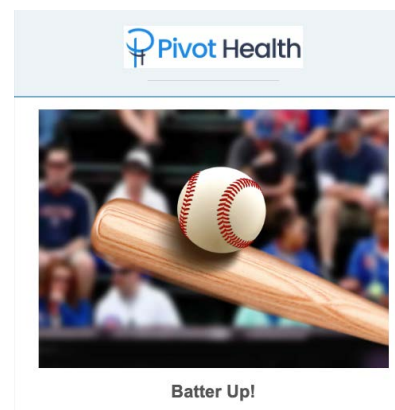
Set up training for you today by contacting your General Agent or Sale Support at 888-767-7133 or email sales@alliednational.com and request a GoTo Meeting.

Batter Up for a Great Pivot Health Bonus Opportunity

Step up to the plate and take a swing at the Pivot Health summer bonus opportunity.

Now through Aug. 30, 2024, is a great time for you to shoot for a grand slam. You can offer short-term plans for the longest duration possible to help take your clients the extra mile while maximizing your earnings.

Click on the [image on the right](#) for full details.



Your Level-Funded Clients' 5500 & PCORI are Due This Month!

Form 5500 Deadline - July 31, 2024

Employers with level-funded health plans must file Form 5500 electronically with the Internal Revenue Service (IRS). Allied National sent employers the 5500 Filing Information Worksheet a couple of weeks ago. Form 5500 is used to report information on the qualification of the plan, its financial condition, investments and the operations of the plan.



PCORI Fees Deadline - July 31, 2024

Payment of the PCORI fees are due July 31, 2024. For plan years that ended on or after Oct. 1, 2023, and before Oct. 1, 2024 (including calendar year plans), the fee is \$3.22 per person covered by the plan. For plan years that ended after Oct. 1, 2022, and before Oct. 1, 2023, the fee is \$3 per person.

To assist with both of these filings, we have a page on our website. Please refer to this page for detailed instructions on how employers should complete a 5500-SF filing or to learn more about PCORI.

[Visit our 5500 & PCORI Guidance Page](#)



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

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