

August
2011
Issue 26

Voluntary Benefits Magazine

Official Magazine of the Voluntary Benefits Association

Using Remote Health Management Systems to Manage Critical Illnesses

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EDITOR'S LETTER**Tiny Steps, The Ripple Effect**

I think one of the problems we are facing with the declining health of Americans is that we are trying to tackle the problem on too large of a basis; a macro level, when we should be focusing on a micro level. I think some insurance companies or employers think we can significantly change the way employees think, act and behave, and so we try to implement large programs to encourage these monumental changes. The truth of the reality is that we need to think small, at first. We need to get individuals to want to change, and it doesn't need to be a big step. Even a little step, can be like a ripple in a pond that has much larger implications, because once an individual takes that small step and wants to become healthy, a true transformation will happen. As an industry, we need to focus on where motivation lies at the core of the employees.

Our challenge is truly the fact of that matter that we are all busy in our daily work lives and caught up with family at home. In today's culture, it can be overwhelming to fully engage in a healthy lifestyle. Between the constant distractions on TV, unhealthy food everywhere, and the fact walking has become an art form and we simply drive from place to place, it can be a true challenge to eat right and find time to exercise.

Here's a thought- Let's stop focusing on saying that we want employees to "engage" in healthy behavior, and instead, focus on motivating employees to want to engage in one simple, healthy behavior. If employees set an attainable goal, one that makes them feel better about themselves when they take action, they will strive to achieve even more. Once we can accomplish this, only then can we get employees to engage in an overall healthier lifestyle.

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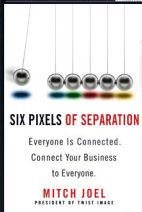
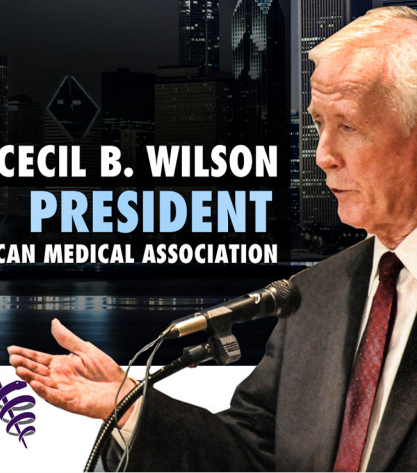
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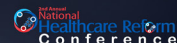
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USING REMOTE HEALTH MANAGEMENT SYSTEMS TO MANAGE CRITICAL ILLNESSES

By Jason Goldberg

An estimated 133 million Americans are currently living with one or more chronic conditions – a figure that is only expected to grow as the baby boomer generation ages. Many experience frustration with monitoring and managing their own or their loved ones' complex medical needs.

In addition, hospitals are especially challenged to find ways to improve management of all critical illnesses in the face of proposals to slash Medicare payments to facilities that readmit patients within a specific time period. According to the American Hospital Association, these new regulations would raise costs to hospitals an estimated \$19 billion over 10 years.

The good news is that today health management providers are offering solutions that make it possible for these individuals to manage their health from anywhere, at any time, while also providing important informational updates to their caregivers or doctors. Remote health monitoring has the potential to not only drastically reduce health care costs, but also to improve patients' quality of life by allowing them to continue living independently at home rather than being hospitalized or moved into an assisted living facility.

High blood pressure alone affects 73 million Americans. As of 2008, the estimated direct and indirect cost of high blood pressure was \$69.4 billion, according to the American Heart Association. In an attempt to combat these high costs, the use of home blood pressure monitoring is recommended by several national and international guidelines for the management of hypertension, including The American Heart Association and The American Society of Hypertension. In one study's analysis of 904 patients using real-time readings from a remote hypertension

management program for a period of six months, the average reduction of systolic blood pressure was 9 mmHg. These decreases in blood pressure are significant because controlled blood pressure has been associated with a 35-40 percent mean reduction in stroke incidence, 20-25 percent mean reduction in myocardial infarctions and more than 50 percent reduction in heart failure. A 12mmHg drop in average systolic blood pressure will save one life in every 11 treated patients over ten years. This means that in the 904 patient population, almost 40 lives would be saved.

Regarding congestive heart failure (CHF), there are approximately 5.3 million people suffering from CHF in the United States. The lifetime risk of developing heart failure at the age of 40 is 20 percent, and approximately 380,000 people above the age of 65 will be diagnosed with CHF annually. The estimated total of direct and indirect cost of heart failure in the United States for 2008 is \$34.8 billion, with the greatest share being hospitalizations. The increasing number of patients being hospitalized with CHF has been great cause for concern. The number of patients with CHF discharged from the hospital rose from 400,000 in 1979 to over 1 million in 2005. Furthermore, within 4-6 months after discharge, 47 percent of the patients are likely to be readmitted. A recent study of 417 CHF patients using a remote health monitoring system proved that this was an effective method to reduce congestive heart failure hospital admissions by 57 percent, demonstrating that these systems can significantly reduce healthcare costs.

Our company has created a revolutionary remote health management platform that addresses many of today's most challenging and costly healthcare issues. For people managing critical conditions such as congestive heart failure, hypertension, diabetes, asthma or obesity, our system provides relevant, real-time, reliable and actionable data. This can deliver interactive, personalized communication, allowing individuals to become more engaged and active participants in their own health. This

approach also makes proactive prevention more realistic than ever, as it is instrumental in gauging health issues before critical conditions manifest themselves into acute events. For example, daily blood pressure readings are more indicative of someone developing hypertension than having one reading taken every six months at the doctor's office.

Remote health monitoring devices and programs



are designed to empower patients to take an active role in the management of their personal health. Patients with a critical illness need to be able to easily follow their care plans and make necessary lifestyle or medication modifications. This can minimize the chance that they will develop additional complications that could further jeopardize their health, thus requiring expensive treatment. Consistent and regular monitoring of blood glucose levels or body weight, for example, can help reinforce adherence to good health practices as well. As a bonus, because some remote health monitoring devices, like ours, are wireless, they can also make it possible to manage health while traveling or on the go.

Many remote health management systems not only offer solutions for patients, but for their caregivers as well. Often times caregivers look to technology for assistance in tracking a person's status or progress, and now computers, smart phones and even tablets can enable health care providers to monitor patients in their homes and let adult children and other

family members keep an eye on aging parents. When a patient steps on the scale in the morning or checks their blood glucose level before a meal, for example, a designated caretaking team can be notified, even if they are hundreds or thousands of miles away.

The compact, affordable and easy-to-use devices monitor data and can automatically and wirelessly transmit this information to the individual's healthcare team without the need for cumbersome wires or manual data entry.

One person who has experienced first-hand the benefits of remote health monitoring is 70-year-old Ira Roberts, who is living with diabetes. A church minister for 35 years, he also teaches at William Patterson University and travels over 300 miles a week as a gospel musician. With such a busy schedule, Ira can't afford to let his diabetes slow him down. At home or on the road, he stays on a healthy track by providing his doctors with 24/7 access to all his latest health information.



Ira does this by using a remote glucose meter, which makes it easy to capture and transmit important blood sugar data, no matter where he happens to be. For Ira, being able to send his glucose readings wirelessly and automatically via our system is what has allowed him to remain active and fully independent.

The device “helps me manage my health by getting all my doctors on the same page,” said Ira. “The system acts as a watchdog of my diabetes.”

Ira once took injected medications to manage his Type II diabetes, which tended to cause significant fluctuations in his body weight. Now, in addition to his glucose meter, Ira uses a digital body weight scale, to monitor his weight on a daily basis. Such accurate, up-to-the-minute information has allowed his doctors to make timely and effective medication adjustments. Together, the two products have proved so successful that Ira has been able to stop taking three medications.

These easy, affordable, consumer-inspired devices are a perfect solution for busy people such as Ira.

When assessing remote health monitoring systems conducive to travel, it’s essential that they be compatible with various modes of communication – such as cell phones, telephone lines and the Internet – so no matter where you are, you can capture, store, and send health information to your healthcare team, including physicians, family and other designated caregivers. That team can then access this information to assist with timely and appropriate healthcare decisions.

Health care is increasingly top of mind for Americans, as well as those around the world, from physicians and hospitals, to patients and caregivers. If patients with chronic conditions are able to manage them at home or remotely, healthcare costs would likely decrease, people would have better understanding of their own health and their caretaker will be able to have more peace of mind.



About Jason Goldberg:

Jason Goldberg, president of IDEAL LIFE, founded the company in 2002. As president, Goldberg oversees overall product development, management and corporate direction. Under his guidance, IDEAL LIFE has grown from a simple idea into a leading global health technology company spanning multiple continents with the largest implementation of remote health management solutions. Goldberg’s passion for technology and extensive knowledge of software development, marketing, international business development and consumer products, has created a company uniquely attuned to the practical needs of today’s healthcare consumers.

Prior to founding IDEAL LIFE, Goldberg’s vast work experience included successful tenures with HomeProject, MGI Software and Maxverse International.

Goldberg earned his Bachelor of Anthropology degree with honors and currently resides in Toronto with his family.

About IDEAL LIFE:

IDEAL LIFE, the industry leader in remote health management solutions, has created an innovative platform that addresses many of today’s most challenging and costly healthcare issues. Guided by a medical advisory panel of experts, the IDEAL LIFE program makes proactive prevention more realistic than ever as it is instrumental in gauging health issues before chronic conditions manifest themselves into acute events. For people managing chronic conditions such as congestive heart failure, hypertension, diabetes, asthma or obesity, IDEAL LIFE provides relevant, real-time, reliable and actionable data from a person either at home or while on the go. It delivers interactive, personalized communication to incorporate feedback to the knowledge base, allowing individuals to become more engaged and active participants in their own health.

The easy-to-use IDEAL LIFE system utilizes digital, secure two-way communication, allowing for a more personalized and cost-effective wellness experience. The FDA-cleared and HIPAA-compliant products have, for example, been proven to reduce congestive heart failure hospital admissions by 57 percent, demonstrating they can significantly reduce healthcare costs. For more information, visit www.ideallifeonline.com.

July 2011 Employer Healthcare Benefits Survey Released

31st Annual
Corporate Wellness
CONFERENCE

2nd Annual
Voluntary Benefits
& Limited Medical Conference

2nd Annual
SELF FUNDING EMPLOYER
HEALTHCARE & WORKERS COMPENSATION CONFERENCE

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Healthcare Reform
CONFERENCE

The Voluntary Benefits Magazine, Corporate Wellness Magazine, Self Funding Magazine, and Healthcare Reform Magazine, in partnership with the Employer Healthcare Congress, traveled in June to one of the largest employer conferences in the country and conducted a survey of hundreds of top HR professionals nationwide. The Survey touched upon Voluntary Benefits, Corporate Wellness, Self Funding, and Healthcare Reform.

Of the employers participating in the survey 46% had up to 1,000 lives, 35% had between 1,000 to 10,000 lives, and 19% had over 10,000 lives. The Survey Results Found that:

● Corporate Wellness


57% of respondents currently offer a Wellness Program, while 43% do not.

● Voluntary Benefits

81% currently offer Voluntary Benefits to their employees, while 19% do not.

● Self Funding

62% of respondents stated they self fund their medical plan, while 38% said they do not.



● Healthcare Reform – Will it Increase Costs?

- An overall 76% felt healthcare costs would increase under healthcare reform; 57% of respondents felt that Healthcare Reform will significantly increase health insurance costs, while 11% felt it would lower healthcare costs. 19% felt it would just “increase” healthcare costs, but not significantly and 13% felt healthcare costs would remain the same.

● Healthcare Reform – Will it be Positive or Negative for Business?

- 57% of respondents felt Healthcare Reform negatively affects their business while 43% believe it positively affects their business.

● Healthcare Reform – Fine/Penalty for not buying insurance in 2014

65% of respondents felt that the \$95 a year penalty for individuals who don't buy health insurance in 2014 (increasing to \$695 in 2016), is a large enough incentive to force people to buy health insurance. 35% of respondents felt it was not a large enough incentive to force people to buy health insurance.

● Healthcare Reform – Destroying the Underwriting Process by Allowing Guarantee Issue and No Pre-ex in 2014

76% of respondents felt that starting in 2014, allowing any person to wait until they are sick to purchase health insurance and have immediate guaranteed coverage at the same price as a healthy person, would destroy the underwriting process, while 24% felt it would not.

● Online Healthcare Information

78% of respondents felt that internet news, resource websites and social media are one of the most important sources for gathering information on healthcare issues, while 22% disagreed.

EXHIBIT HALL

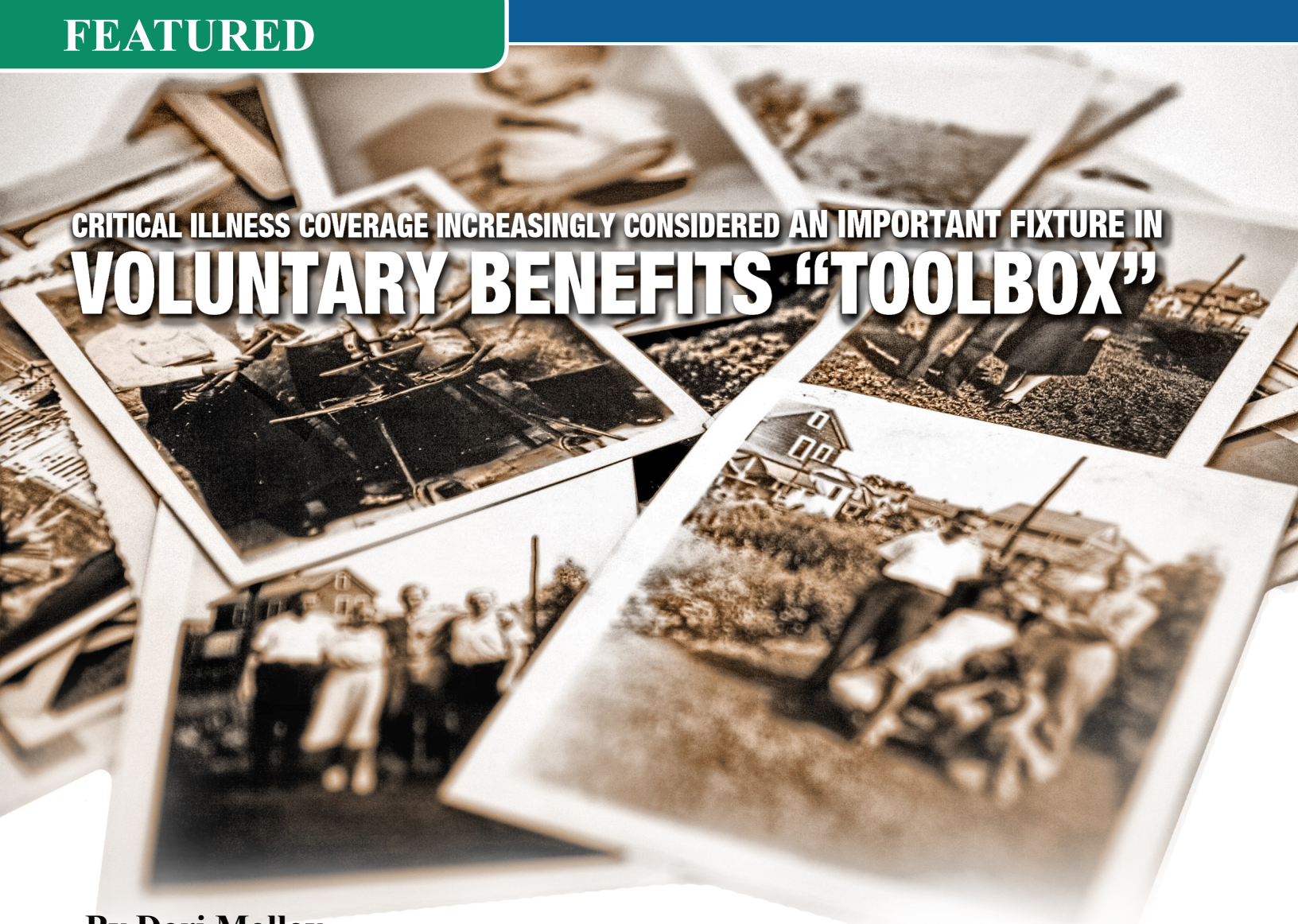
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CRITICAL ILLNESS COVERAGE INCREASINGLY CONSIDERED AN IMPORTANT FIXTURE IN VOLUNTARY BENEFITS “TOOLBOX”

By Dori Molloy

MULTIPLE STUDIES DEMONSTRATE RAPID GROWTH IN OCCURRENCE AND COSTS OF CRITICAL ILLNESS; TREND EXPECTED TO CONTINUE

The financial cost of an unexpected medical emergency is the last thing that an employee and their loved ones want to think about when something unfortunate happens. But the reality of sky-rocketing health care costs, uncertain economic conditions, and limits to traditional benefits makes planning for these unfortunate events all the more critical. Accordingly, it’s not surprising that many employers are increasingly viewing critical illness insurance to be a “necessary tool” in their Voluntary Benefits toolbox.

Critical illness insurance fills the financial gaps left by traditional health and disability insurance in the event

that an employee suffers from a serious illness such as cancer, a heart attack, or a stroke. It is designed to provide a lump-sum payment to a policyholder that can be used to cover expenses, medical or otherwise, in any way that they or their family members choose. Typically, the payment can be used for things like:

- Hospital bills and other medical expenses;
- Child care or house-sitting for the family pet;
- Credit card payments and other household bills such as mortgage payments;



- Travel to an out-of-town hospital or treatment facility; and/or
- Deductibles, co-pays and non-medical expenses such as missed work and housekeeping.

First appearing on the U.S. benefits market in the mid-1980s, critical illness insurance is a relatively new offering that few Americans have purchased in comparison to other types of voluntary benefits according to the American Association for Critical Illness Insurance (AACII). However, advances in health care and medicine have increased survival rates among employees diagnosed with a heart attack, a stroke, cancer or other serious diseases. Because of the associated costs with these advances in care and the time period that care must be sustained over, critical illness insurance is now increasingly seen as a “necessary tool” in the Voluntary Benefits toolbox.

Most critical illness products are purchased through worksite benefits, meaning individual policies are sold to employees at their place of work. Generally, employers can elect critical illness coverage for their employees ranging from \$5,000 to \$50,000 each for policyholders and their family members.

Employees of all ages can benefit from critical illness insurance

A recent critical illness risk assessment conducted by Milliman Inc., studied the likelihood of a person incurring a life-threatening illness (cancer, a heart attack, or a stroke) up to age 65. According to the findings, serious illnesses occur at all ages and many families are not equipped to handle the consequences. For example, a 25-year-old male non-smoker has a 24 percent chance of having a critical illness (cancer, a heart attack or a stroke) prior to turning age 65. The same-aged male who smokes has a 49 percent chance, according to AACII.

“Cancer, heart attacks and strokes happen at all ages and most people are not prepared for either the emotional or financial costs,” said AACII Executive Director Jesse Slome. “Nearly two-thirds of U.S. bankruptcies are the result of medical expenses and 78 percent of those filing for bankruptcy had health insurance when they were first diagnosed.”

For those individuals and families without a safety net beyond disability insurance or their employer-paid medical coverage, critical illness insurance can mean the difference between financial stability and insolvency. In fact, the costs associated with treating critical illness in the U.S. is staggering and continues to mount year by year. For example, the cost to treat heart disease in the United States will triple by 2030, according to a January 2011 policy



statement in the Journal of the American Heart Association. The authors of the statement forecasted that between 2010 and 2030, the cost (in 2008 dollar values) will rise from \$273 billion to \$818 billion.

And costs aren't the only thing on the rise.: One in three Americans (36.9 percent) currently have some form of heart disease, including high blood pressure, coronary heart disease, heart failure, stroke and other conditions. By 2030, approximately 116 million people in the United States (40.5 percent) will have some form of cardiovascular disease, the panel said. The largest increases are anticipated in stroke (up 24.9 percent) and heart failure (up 25 percent).

"We were all surprised at the remarkable increase in costs that are expected in the next two decades," said Paul Heidenreich, M.D., chair of the American Heart Association expert panel issuing the statement. "We need to continue to invest resources in the prevention of disease, the treatment of risk factors and early treatment of existing disease to reduce that burden."

Heart disease will also cost the nation billions more in lost productivity, increasing from an estimated \$172 billion in 2010 to \$276 billion in 2030. Productivity losses include days missed from home or work tasks because of illness and potential lost earnings due to premature death.

Solutions to help minimize disease and costs

To help curtail the projected increase in incidence of disease and healthcare costs, many health experts are now advocating workplace wellness programs, such as health fairs and screen services. Other experts suggest taking additional steps, such as medical adherence and disease management strategies. Still, employers are faced with the knowledge that critical illness can impact their workplace at anytime, drastically affecting productivity, attendance and morale.

A recent study published in the Journal of Occupational and Environmental Medicine (JOEM) gathered data from more than 64,000 workers with chronic health conditions, spread over five employers (making it one of the largest studies of its kind), to evaluate the impact medication adherence, comorbidity (the presence of more than one chronic disease), health risks and other factors have on markers of workforce productivity such as absenteeism and job performance.

The study suggests that individual health risks and comorbidity remain significant predictors of reduced workplace productivity, even in a population with a high rate of medication adherence. The study also found significant links across the study population between high health-risks and lower job performance, while comorbidity was a significant predictor of absenteeism in five of the study's nine subsamples.

The study is a follow-up to a 2009 study by the same group titled “Health and Productivity as a Business Strategy,” which suggested that employers’ health-related lost productivity costs for chronic diseases are significantly higher than their medical and pharmacy costs. The 2009 study recommended further research on the impact of medication adherence on lost productivity.

“Our earlier study demonstrated that chronic health problems are costly for employers and must be taken into account,” said Vince Haufle, MPH, senior healthcare analyst for Alere. “This study offers further support of that finding, while demonstrating that comorbidities and health risks are a more important part of the equation than many employers may realize. The findings highlight that comprehensive services are needed to help improve worker health and manage costs.”

In addition to wellness and preventative measures, voluntary benefits providers are also offering more products to employers to combat rising health care costs at the workplace. Today, agents and brokers are often introducing critical illness coverage to employers as a part of their voluntary benefits portfolio, especially with more frequent diagnoses of serious illness across all U.S. age groups.

The bottom line is that we know a critical illness can hit anyone, anywhere at any time. The benefits critical illness coverage offer when a diagnosis is made is critical. And those vital benefits can be tapped through insurance that it is affordable, available from a number of leading insurers, and can often be purchased at the workplace through payroll deduction.

As healthcare reform mandates continue to impact employers’ rising costs, critical illness insurance coverage may be one of the wisest ways employers’ can help their employees and families deal with real-life challenges they will likely face.



Dori Molloy, Regional Vice President, Transamerica Worksite Marketing

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CREATING A WELLNE

By Carol Guglimetti

Deciding on a worksite wellness program, let alone finding a vision for it may sound like a daunting task. What should the goal be in defining the desired end results? Smoking cessation programs? Weight loss incentives? Lowering blood pressure and cholesterol? Reducing the risk for cardiovascular disease and stroke? Yes, in fact, to all of those and more.

U.S. health officials and the American Heart Association have put forth an ambitious set of goals for reducing deaths from heart attack, stroke and coronary heart disease in a new program called Healthy People 2020. While this program is a nationwide effort to reduce disease by lifestyle changes, it can also become the vision and focus for many worksite wellness programs. The vision of the Healthy

VISION FOR WORKSITE WELLNESS PROGRAMS

People 2020 program that sets goals for specific prevention activities includes:

- Increasing the number of people who have had their blood pressure and cholesterol tested recently;
- Increasing the number of people who have taken preventive measures to reduce high blood pressure or high cholesterol, i.e. lifestyle changes;
- Raising awareness of the early warning signs and symptoms of heart attack and stroke.

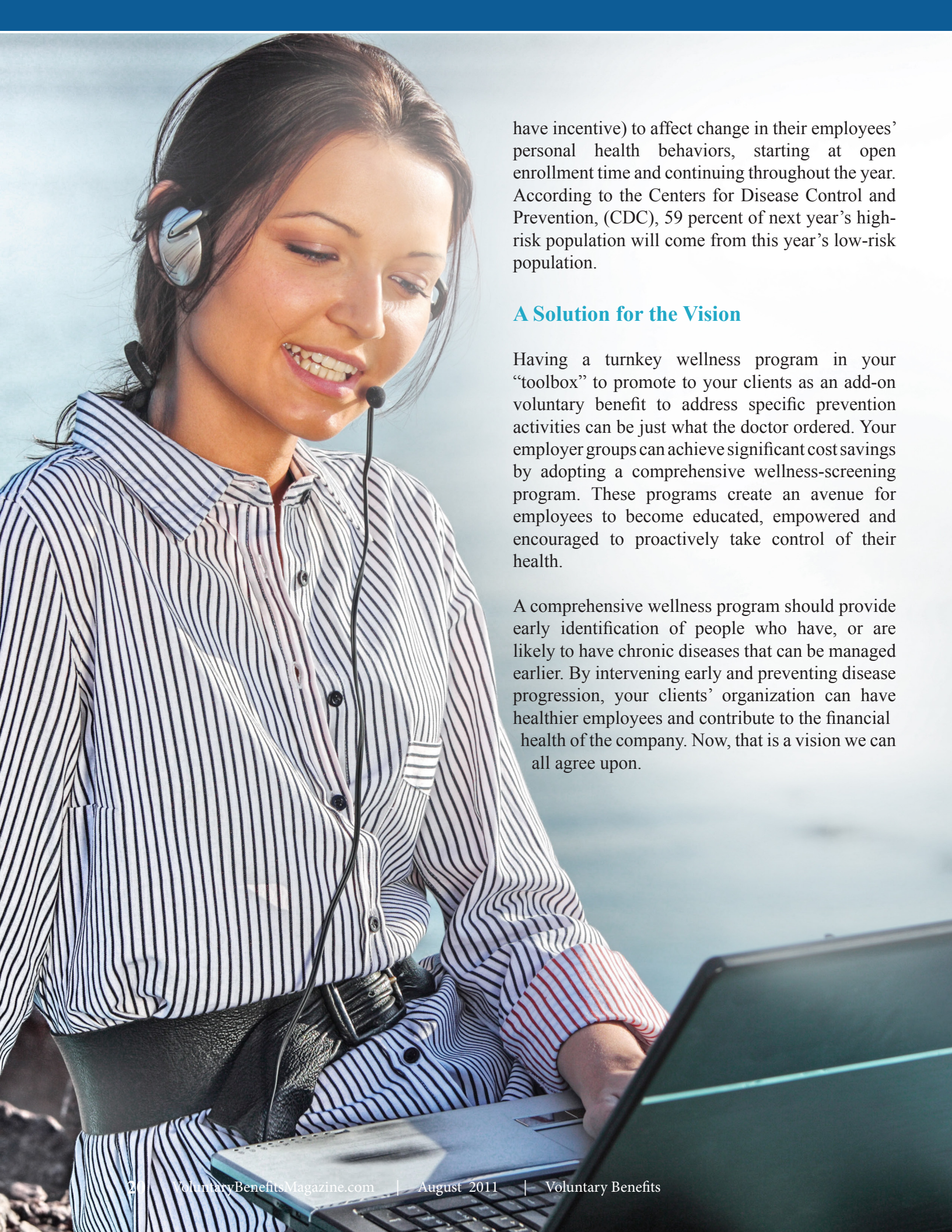
A Vision That Includes the Bottom Line

There is a common misconception that a wellness plan for employer groups is an unnecessary benefit that has nothing to do with a company's performance. Harvard Business Review defines workplace wellness as an "organized, employer-sponsored program

designed to support employees (and dependents) as they adopt and sustain behaviors that reduce health risks, improve quality of life, enhance personal effectiveness and benefit the organization's bottom line."

The dramatic increase in health care costs is being driven primarily by increased number of employees (and dependents) with chronic diseases, including high blood pressure, high cholesterol, diabetes and obesity. The challenge is to improve overall health while lowering costs.

While many wellness programs are still largely unconnected to health-plan strategic planning, design, communications and open enrollment, the top 10 causes of death in the United States remain directly related to lifestyle or personal behavior. Employers have endless opportunities (and should



have incentive) to affect change in their employees' personal health behaviors, starting at open enrollment time and continuing throughout the year. According to the Centers for Disease Control and Prevention, (CDC), 59 percent of next year's high-risk population will come from this year's low-risk population.

A Solution for the Vision

Having a turnkey wellness program in your "toolbox" to promote to your clients as an add-on voluntary benefit to address specific prevention activities can be just what the doctor ordered. Your employer groups can achieve significant cost savings by adopting a comprehensive wellness-screening program. These programs create an avenue for employees to become educated, empowered and encouraged to proactively take control of their health.

A comprehensive wellness program should provide early identification of people who have, or are likely to have chronic diseases that can be managed earlier. By intervening early and preventing disease progression, your clients' organization can have healthier employees and contribute to the financial health of the company. Now, that is a vision we can all agree upon.



About the Author

Carol Gugliemetti, Account Executive, Life Line Screening In the past six years with Life Line Screening, Carol has planned and marketed hundreds of community health screening events and has been a guest speaker at countless civic organization meetings and corporation lunch and learns about the importance of preventive healthcare. A native of Northern Illinois, Carol enjoys travelling with her family to warmer places, volunteering in the community and being involved in her children's sports activities. To learn more about how to add LLSA' Chronic Disease Prevention Program to your product portfolio, contact Carol at carol.gugliemetti@llsa.com or (847) 341-3141.



GOOD NEWS IN ALTERNATIVE SUPPLEMENTAL PLANS

By Scott Krienke

Nearly a year and a half after the passage of health care reform, rising medical costs continue to beleaguer individuals and small businesses looking to purchase health insurance for their families and employees. Those who can afford the higher premiums associated with major medical plans often are faced with high deductibles or other out-of-pocket costs.

The good news is there are new alternatives on the market that can help consumers find the health care coverage they want at a price they can afford. For many individuals and small businesses, supplemental products are a good option to help bridge the gaps in traditional health plans and create more extensive protection.

When selecting a supplemental plan, it is important to understand the differences between fixed-benefit and reimbursement plans, the two main ways in which a plan can pay benefits.

Fixed-Benefit Plans

Fixed-benefit plans pay a set cash amount when a customer receives a service like a medical test or treatment. Customers can choose to receive payment directly, so they can determine how best to spend it. For example, with a fixed-benefit accident plan, benefits can be used:

- To help pay medical bills related to the accident;
- To help cover expenses indirectly related to care such as travel and lodging expenses;
- To supplement lost income and pay for daily living expenses.

Fixed-benefit plans are sometimes known as scheduled-benefit plans, since a schedule of benefits specifies in advance how much money will be paid for a given service—so the customer knows up front exactly what benefits to expect. As an added advantage, fixed-benefit plans are generally not subject to deductibles, coinsurance or coordination of benefits with any other insurance products.

Medical Expense Reimbursement Plans

Reimbursement plans, on the other hand, pay benefits according to the amount charged for the service. These plans, which typically are sold with a primary health plan, offer the advantage of limiting





the customer's out of pocket exposure when a unique event happens like an accident. Generally, after a small deductible is met on the supplemental plan, it will reimburse for the entire amount charged for services, up to the per-event limit, which is usually set at the amount of the insured's deductible or out-of-pocket maximum.

Agent Advantages

In addition to providing substantial benefits for the consumer, supplemental plans offer several advantages to agents selling the plans. There are a wide variety of supplemental plans on the market today, ranging from accident and critical illness, to more specialized types of plans including dental, cancer and hospital indemnity. With so many products to choose from, agents easily can find a plan to fit every client need and budget. Since many supplemental plans are designed to complement a primary health plan, insurance companies are making it easier than ever to attach a supplemental plan to the customer's primary policy—often with just a few clicks and no additional underwriting.

Agents should also note that supplemental plans historically have offered higher commission rates when compared with traditional health plans. As many agents are seeing their commissions reduced on major medical products, supplemental plans offer a way to satisfy their clients' need for affordable coverage while earning the compensation that will allow them to continue to succeed in this space.

Access to Health Care

As medical inflation and rising premiums are placing major medical insurance out of reach for many individuals, the industry is responding by offering broader and more customized benefits as fixed-benefit medical plans. These type of plans offer affordable monthly premiums and access to everyday health care services like doctor office visits, prescriptions and hospital stays. Like other fixed-benefit products, the plans pay a set cash amount when a customer receives a service, and there are no deductibles or copays, so benefits start right away.

Increasingly, carriers are offering a wider range of fixed-benefit medical plans with an array of benefits and features, so it pays to do a bit of research before selecting a plan. One thing to look for is how the plan provides wellness and preventive benefits. Some plans separate them out and pay lower benefits, whereas other plans treat them as part of the overall benefit package. Another important consideration is whether the plan provides meaningful benefits for inpatient hospitalization as well as inpatient and outpatient surgery. Finally, it's good idea to find out what other features and services are available. For example, some plans offer access to valuable network discounts on medical services and prescriptions. A few plans even offer access to advocates who will help negotiate any outstanding medical bills, which helps give customers the peace of mind they need before purchasing a plan.

With so many health insurance options available, consumers are looking to their agents for expert advice in selecting a plan. The key to choosing the right plan is understanding customers' unique needs, which benefits and features they value most, and then helping them to understand how they can use those features and other services to help them maximize value from their plan.

About the Author



Scott Krienke Senior Vice President, Product and Marketing. Mr. Krienke oversees Assurant Health's product and marketing functions, guiding the development and growth of the company's product lines. Mr. Krienke joined the company in 1984 and has previously served as Vice President—Human Resources as well as Vice President—Claims and Customer Service. Mr. Krienke holds a degree in business administration from Marquette University and holds the FLMI and ALHC designations.

Mr. Krienke is on the Board of Pathfinders.

EDUCATING YOUR EMPLOYEES BEFORE THEY GO ABROAD

Tips for International Business Travelers and Expatriates
By John Rose

Traveling overseas for business, as well as living abroad as an expatriate, can be very exciting and in many cases, a life changing experience. It's a chance for employees to experience new areas of the globe, while carrying out their jobs and perhaps moving up to another level of

responsibility within their companies.

However, traveling and living abroad can also expose your employees to risks, for which they need to be adequately prepared. Some parts of the world have been plagued by waves of terrorism, political unrest, drug trafficking, kidnappings and increased street crime. The events of 9/11, changes in political leadership, ongoing disputes between warring factions and a recent global economic recession have made safety and security of paramount concern for companies and their employees when traveling outside of our borders.

As an HR manager, you need to make sure that your employees are well educated about their own safety. There are many questions to consider: What can your employees do to avoid being victims of criminal activity? Who do they contact if they are put in harm's way? How can expatriates properly protect their homes and other personal property when living abroad?

These kinds of security concerns can be handled by working with a seasoned travel risk management provider and by having a general plan of action. While not all-encompassing, here are some suggestions to keep your most

precious commodity, your employees, as safe as they can be while traveling or working overseas.

Do Your Homework in Advance

Make sure that your business travelers thoroughly research the city, country and region to which they are traveling before they get there. Information such as travel alerts, terrorism threats, street crime and other problems to be aware of in different cities around the world can be found on websites such as the U.S. Department of State (www.state.gov) and the British Foreign & Commonwealth Office (www.fco.gov.uk), where travelers can find the passport and visa requirements for any country. Gather information on sanitary conditions in a certain area, and those renting cars can find country-specific traffic laws. Your traveling employees will also need to understand how the local police departments work. Italy, for example, where I lived for several years, has four different types of police (military police, street crime police, etc.).

Have your travelers and expatriates register online with the U.S. Embassy in the country in which they'll be staying. In the event of a nationwide emergency, U.S. officials will know how to locate and assist getting these employees out of the country. By registering, employees can also receive emergency messages from the Embassy or Consulate. This type of communication, often referred to as "Warden messages," are like newsletters and provide individuals with local information and contact names in case of an emergency.

Your company's overseas travelers should leave copies of passports and other travel documents at home with your company's travel risk management company or with a trusted colleague back in the States. In some countries, laptops are known to

be "cloned" by airport security, with information being passed on to another party for re-sale. A stolen laptop can fetch as much as \$25,000. Make sure that sensitive personal information is stored on a USB drive at home and suggest they remove such information from their laptop. Have your travelers keep backup discs in another location, carry TSA-approved laptop locks, clean systems daily to remove excess files and use portable hard drives.

Be Wary of Law Enforcement

Your employees should know that seeking the help of law enforcement is very different outside of the United States. They cannot assume that if they have a problem, the police will immediately come to their rescue – in fact, the police may even make the situation worse. In wealthier nations, the police are more likely to be on the up-and-up. But in poorer countries, where the police earn very little money, they are sometimes working in conjunction with criminals. If someone is the victim of a crime, that person should call his or her corporate travel department or travel risk management company immediately. The traveler should also report the incident to the hotel where he or she is staying.

Blend in and Be Aware of Surroundings

It is equally important for employees to be familiar with the customs and culture in the part of the world to which they will be traveling. They should be able to blend in with the local surroundings. The best way to make oneself a target for crime is to stand out.

Tell your travelers to stay in groups or pairs whenever possible. They should avoid talking on a cellular phone while walking down a street; it's

harder to be cognizant of what's going on if one is in the middle of a conversation.

Travelers need to fit in with the locals and do what they do. For instance, if most locals eat dinner at 9 pm, they shouldn't arrive for dinner at 7 pm. If people go shopping on the weekends, your employees should also go shopping at that time. If your travelers will be driving somewhere, they shouldn't be the only car in a parking lot; that makes them stand out as well. Travelers should also avoid wearing items such as religious symbols, flags, or badges, which can attract unwanted attention.

Leave the Valuables at Home or in a Hotel Safe

The advice here is simple for travelers: it's best to leave the expensive and designer goods at home. This includes jewelry, handbags, luggage, briefcases and shoes. They can all make a traveler a target and these items are easy to steal. I have seen women's earrings stolen right off their ears, without injury, by thieves on fast-moving mopeds.

In many poorer nations where jobs are lacking, crime becomes a way of life for some and they become quite skilled at what they do. Criminals will even work in teams. For instance, in some countries, "markers" will brush up against a potential victim and lightly tap that person's shoulder with some chalk. Once one is "marked," another member of this crime team – maybe on a moped or motorcycle – will grab that expensive handbag or briefcase right out of the person's hand.

Travelers should carry a second wallet that only has a small amount of cash. Leave the other main wallet with identification and credit cards in the hotel safe.

When in a hotel, your employees should always leave the "Do Not Disturb" sign on the door at all times when the maid doesn't need to be there. This is a deterrent to a thief who will not want to take a chance on burglarizing a room that is occupied at the moment. On the same note, travelers should not put the sign on the door telling the chambermaid to clean the room.

Stay in a Lower Floor of a Hotel

In addition to security, there is the issue of overall safety when traveling overseas. When it comes to fire safety, the general rule of thumb is that most fire brigade's ladders don't extend higher than the sixth floor. However, in less developed nations, they may not even have ladders that extend that high. If this is the case, advise your employees to request a room on the second or third floor – depending upon the configuration of the hotel. If forced to jump out of a burning building, staying on a lower floor could save one's life. Also, travelers should not stay in a room too close to the roof – where someone can break into the room from the roof. In addition, travelers should avoid rooms facing busy streets or on the ground level and always leave a light on in the room with the curtains closed.

Travelers should avoid staying in hotels located near government offices, embassies, landmarks or religious centers.

Vary the Routine

Expatriates should be aware local criminals might be watching them. Varying a daily routine can be helpful. For example, they can go to work two hours late some days and come home a little early on others or alter the times they purchase groceries or visit the dry cleaner.



The tips outlined above are a few of the basics that are often included in security awareness training, available from global firms that specialize in medical, security and emergency travel risk management services. Companies that have employees either traveling internationally on a regular basis, or have expatriates residing in other countries should make sure they have a comprehensive security and travel risk management program in place. While working and living abroad has become business as usual for many companies, the additional risks involved should never be overlooked. Companies that don't have a comprehensive travel risk and security plan in place for their employees are not only being exposed to considerable legal liability, but are putting their employees at risk as well.

About the Author



John Rose, President of Travel Guard North America's Business Travel Services, is a former program director for the Department of Defense in Europe. He has also served in the U.S. Marine Corps.

Through his professional and military experience, Rose has visited more than 97 countries and lived on three continents.

About Travel Guard

Travel Guard, a Chartis company and worldwide leader in travel insurance and assistance, provides products and services to millions of travelers around the globe, including a wide range of emergency services through its wholly-owned assistance centers located in Asia, Europe and the Americas. Travel Guard helps leisure and business travelers alike solve problems and manage risks. Travel Guard's global reach, unparalleled service quality and proven operational capabilities allow clients to receive best-in-class care. Travel Guard's suite of technology platforms enables seamless integration with all major travel distribution systems and supplier channels. The travel insurance products marketed by Travel Guard are underwritten by insurance company subsidiaries and affiliates of Chartis Inc. For additional information, please visit our websites at www.travelguard.com and www.travelguardworldwide.com.

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PROTECTING THE HEALTH OF EMPLOYEES TRAVELING OVERSEAS

What Business Travelers and Expatriates Need to Know

By William W. Spangler

Traveling overseas offers its own challenges and risks when people become ill or suffer an accident.

If employees are traveling domestically, they can ordinarily find a doctor in network to provide the right care, or an emergency department or adequate medical facility for evaluation and treatment.

But once your employees leave the United States, finding appropriate health care and dealing with medical emergencies can become quite difficult

and extremely costly. Especially in Third World countries, getting the proper treatment in an expeditious fashion for an illness or injury can be a matter of life or death. Travel Guard North America's Premier Assist, a medical, security and personal assistance program designed for international business travelers, expatriates and students traveling overseas, helps organizations and their people confidently navigate these challenges.





Given this potentially dire situation, it is critical that your staffers traveling overseas and your company's expatriates take medical precautions to protect their health as much as possible. Here are some tips to share with your employees before they take off on overseas trips.

Visit the Doctor Before a Trip

Advise your travelers to schedule a visit with their doctor at least a few weeks in advance of their trips to see if certain vaccinations are needed before visiting more remote parts of the world. According to the Centers for Disease Control, it is recommended that visits be scheduled four to six weeks prior to your trip, as many vaccines take time to become effective in your body and in some instances you may need to be given a series of vaccinations over a period of days or sometimes weeks. Travelers can also go one step further and visit a travel immunization department of a local major hospital or clinic, if available.

Travelers should visit the websites of both the CDC (www.cdc.gov) and the World Health Organization (www.who.org) to obtain information on what kinds of immunizations to get for different parts of the world, what diseases are prevalent, and what epidemics may be on the rise. They also provide valuable travel alerts that are updated as need be. If you're working with a travel assistance company very often they will offer a member website providing such information as well as links to organizations such as the CDC and WHO. They also will often provide pre-trip travel services such as email or text alerts, travel tips and travel medical and safety advisories to your travelers.

Pack Carefully

As a basic rule, advise your employees that all of their medications need to be packed in their carry-on bag and should be kept in their original container and carefully labeled. I often hear from

patients who check their medications and then their baggage is lost or delayed and they have to track down new prescriptions. I always tell patients to plan for the worst and advise them to take extra medicine(s) for at least an additional week or more over what is required for their scheduled dates of travel.

Business travelers and especially expatriates who will be overseas for an extended period should have a complete list of all medications with both their trade and generic names, as well as the required dosages. What often surprises travelers is the importance of knowing the generic names of their medications, since the trade names can vary from country to country, while generic names tend to be consistent from one region of the world to another.

Your employees who use injectable drugs should have a doctor's note with them, so that they don't have a problem bringing needles on board an airplane. The same is true with any liquid medicines that they need to carry with them.

Also, advise your staffers to bring their doctors' telephone numbers with them, especially if a doctor overseas needs to consult with them on any health concerns that may arise. They should keep copies of medical records and doctor phone numbers back at home with family or friends, in case they need to be contacted. That information should be stored in a safe place back home, and not just on their laptop, in case the laptop is lost or stolen. Employees with allergies, particularly those to different medications should have a doctor's note describing the medications in case they are unconscious or unable to speak.

And advise your employees to carry telephone numbers of their travel assistance company with them **AT ALL TIMES**, in case of any emergency. One toll-free number can put them in touch with

an English speaking medical professional who can help lead them to the appropriate medical facilities in case of a health emergency or accident.

Trust the Hotel

Obviously your traveler's assistance company is there for employees in case of emergency. But for minor injuries and mild ailments, employees may not know that their hotel concierge or general manager can be their best friends, especially in more westernized countries. Many hotels work regularly with local doctors who see guests in their rooms and even charge a reasonable amount of money for such visits. They may even be more skilled and professional than physicians at some local hospitals or clinics and are more likely to speak English. They also would be available any time of day or night. This is not always the case in overseas emergency departments, which are not 24/7 operations in some counties.

Take Precautions While Traveling

Travelers should heed CDC and their doctors' warnings about what foods to avoid or if they should only drink bottled water in a certain country. If drinking bottled water is recommended, employees should brush their teeth with bottled water as well. While they may already know this, they also need to be reminded to avoid ice cubes, frosted drinks and fresh fruits and vegetables, which are washed in local tap water. More often than not I hear from travelers who remember to drink bottled water, but then forget that those delicious looking strawberries or tasty salads are washed in local waters may be contaminated.

By following these tips, you can help ensure as much as possible that you travelers' health is protected, while they are out of the country on business.



About the Author



Dr. William Spangler is the worldwide medical director of Travel Guard and Premier Assist. He is board certified in emergency medicine, with 25 years of experience in this medical specialty. Dr. Spangler also serves as team physician to the NFL Houston Texans.

About Travel Guard

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Is Your Benefits Program Destroying Employee MORALE?

By Karen Quigley

In the beginning employees were excited about attending the Annual Benefits Meeting, but after years of rate increases, benefit reductions and increasing deductibles, the excitement is gone. Now, they file into the meeting like sheep to the slaughter in fear of hearing they will have to pay more for less coverage. Is this really accomplishing the goal of attracting and retaining top talent to compete in this global economy?

As Sophia on the Golden Girls TV show would say, “Picture it - Companies spending millions of dollars on employee benefits in hopes employees never use them. Then they add Wellness Programs for the sick people and have to spend more money to get sick people to participate! By the way, isn’t it a contradiction calling benefits for sick people Wellness Programs? What about healthy employees? Do we offer them Wellness Programs? Sheesh... Talk about a runaway train!”

88 percent of employees said that choices are “important” or “extremely important” when it comes to benefit packages. - Eastbridge Consulting Group

Yes, the “Survey Says.” Employees want choices, but the choices we have been offering are not new. The typical benefit program funded by the Employer is major medical now tweaked with an HRA/HSA option, life, disability, dental, vision, Vacation/PTO and EAP. The only new choices are the increased rates for coverage! Employees have “been there, done that.” No good news, the same old information. What a morale killer!

Tough questions that need to be answered for long term success:

1. Have traditional benefit programs run their course for attracting and retaining top talent?
2. Today most companies offer the same benefits as their competitors – what is the incentive for top talent choosing your company over your competition?

3. Are we attracting unhealthy candidates by offering the best major medical coverage?

4. Would we attract healthier employees by providing first class programs for body, mind, and financial wellness?

The number of employees who leave voluntarily has surpassed the number of employees who leave involuntarily. - Bureau of Labor Statistics' Job Openings and Labor turnover Survey, October 2010

What happens if Open Enrollment focused on “Quality of Life” benefits first?

Welcome to our 2012 Open Enrollment! The company is offering the following benefit choices:

1. Wellness Coaching Programs to help you achieve your personal health goals

2. Financial Coaching Programs for achieving personal financial goals for today and tomorrow

3. A Vacation Membership Program for vacations at wholesale prices so you can afford to take get away for the “health of it” instead of taking a “staycation”!

4. Major Medical Catastrophic Insurance

5. Supplemental Insurance: Life, Dental, Vision, Short Term and Long Term Disability, Accident and Critical Illness benefits at group rates.

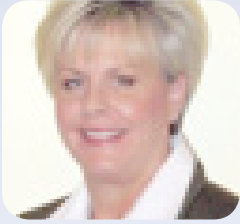
The Company will pay \$xxx.00 per paycheck to each employee and allow you to choose the programs that best meet your needs. Our 2012 goal is to provide choices that will help you achieve optimum health and lead a more balanced and happy life!

The top three causes of stress among the American workforce between 2007 and 2010 are money, work and the economy and are taking a toll on employees. -The American Psychological Association

People like to be in control of their own destiny at home and at work. Trusting employees to choose the benefit programs to meet their needs and how to spend their benefit dollars can relieve the stress of being told which benefits they will receive, regardless if the employee finds value in them. Offering them choices that include work or life balance programs is the right thing to do.

There are more benefit choices today than ever. The challenge is to offer choices that employees want to use and will generate returns to the Company in improved employee/family health and morale, increased productivity, decreased absenteeism, and increased bottom line profits. It is not an easy task but can be done if we take a new approach to our current benefit choices and message. It's all about choices!

About the Author



Karen M. Quigley

– Wellness Partners is your “clearing house” for wellness programs that generate proven results, are cost neutral, and do not require additional incentives for employee participation. Our wellness programs positively impact 100% of employees and their families to reduce stress, obesity, prescription use, medical conditions AND generate the desired ROI for the Company. www.WellnessPartnersInfo.com; kquigley01@comcast.net; 615-430-7515



Employer Funded Caregiving

By Michael Guanci

Speak with a room of 10 or 15 people in their 40s and bring up the topic of caregiving. Chances are a few of the people currently serve as caregivers. Ask them about their stress levels. You will probably receive a resonating chorus of complaints about how these caregivers feel exhausted, they can barely keep track of their schedules, and their hair is falling out. And if the caregivers have jobs, odds are they do not have access to a benefit that helps alleviate their stress.

As the population in America ages, more people are serving as unpaid, family caregivers to an elderly loved one, but they are receiving no help

from employers. “Why should they?” an employer might ask. At first glance, the answer seems obvious. A caregiver benefit would cost a lot of money and would only indirectly help an employee, right? Not necessarily. According to The MetLife Caregiving Cost Study done in 2006, each year the cost to employers for employed caregivers in the United States is \$33.6 billion, while each employed caregiver costs an average of \$2,110. Because of things like worker absenteeism, workday interruptions, needing to replace and train new employees and people moving from full- to part-time, employers are losing more because of their caregiving employees. Clearly, this epidemic is

hitting employees directly, and as the population increases and more workers are thrust into a caregiver role, the financial problem posed by this population will continue to cause headaches for HR executives.

So, what can employers do? The same MetLife study found “Any funds spent by the employer in helping with caregiving have a payback to the employer of 3 to 13 times the cost.” This statistic looks quite surprising at first, but think about the room filled with people in their 40s. Who do you think the most stressed people in the room are? The caregivers, who are worrying about how to coordinate doctor visits, making sure their loved ones take the right medications, making sure their loved ones even get prescribed the right medications, and wondering why they have no free time, for unpaid caregivers spend an average of 21.9 hours per week proving care. More disconcerting are the mental and physical health issues that caregivers face. For example, between 40 to 70 percent of caregivers have clinically significant symptoms of depression, with approximately 25 to 50 percent of these caregivers meeting the diagnostic criteria for major depression. Clearly, employers should be interested in a benefit for caregivers. As any manager can attest, a happy employee makes a good employee, and an investment in a caregiver benefit is a good investment.

About the Author



Michael Guanci is a communication specialist at Long Term Solutions. Michael has contributed to the development of WeCare+, a product dedicated to providing resources and support to caregivers while also alleviating stress. LTS does this by conducting a clinical assessment, developing a plan of care, making care referrals, and providing clinical coordination and consultation. Send inquiries to MGuanci@LongTermSol.com.

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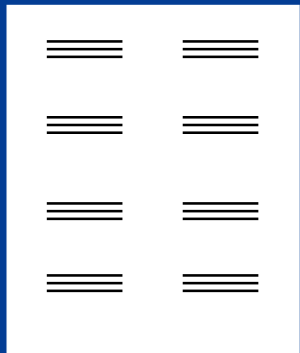


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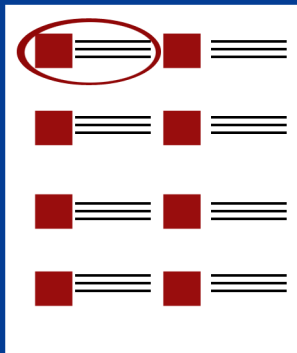
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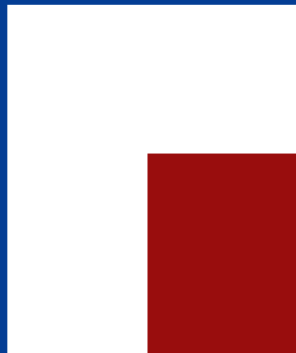
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Your Employees Will Be Global Healthcare Consumers

Are You Prepared to Communicate with Them?

FEATURE

“**P**erfect storm” of trends occurred about 10 years ago in the music industry, and it changed the landscape of that business forever. A fresh wave of consumers suddenly had a new host of Internet tools and a profound sense of empowerment. The conventional method of buying music would soon be history.

Get ready, because a similar storm is brewing in the healthcare industry, and an important disruption is about to occur to the conventional system of wellness communication.

Important Trends Are at Work

These powerful fronts are colliding:

- Fast, self-help access to healthcare sources and data. Healthcare consumers arm themselves with information by simply using their fingertips. Credible Internet sources abound, and today’s patients can quickly scan reports, share links, ask questions and post comments.
- Rising healthcare costs, coupled with anxiety about money issues. Apprehension and hypertension persist. The recession might be over, but widespread worry about medical (and other) expenses remains. Many employees are largely covered under their current insurance plans for a variety of medical issues, and some folks also feel confident that they have funds in reserve, but now more than ever, they occupy a global buyer’s market. Healthcare consumers,

like savvy retail shoppers, are price-conscious and determined to locate maximum overall value.

- Confusion about the future of the U.S. healthcare industry. Are your employees confident that they'll qualify for a heart surgery or another major procedure in a few years? The more confusing the U.S. healthcare system gets — and the more bickering that persists over upcoming laws and regulations — the more consumers will seek alternative options for care. In general, we don't like waiting around, especially in order to be told what to do.

Patients Are Realizing Their Power

The combination of these powerful trends will generate at least one important outcome: More of your employees are going to become global patients.

“Medical tourism,” the practice of traveling to receive medical, dental or surgical care, isn't new, but it's changing. U.S. residents have long been traveling to other countries for care, particularly for cosmetic surgery, dental work, procedures not covered by insurance and procedures not yet approved by the U.S. Food and Drug Administration (FDA). Today, however, many “medical tourists” are fully insured employees seeking all kinds of care—cardiology procedures, orthopedic surgery, spinal fusions, cancer treatments, bariatric surgery, fertility treatments, eye surgery and many more.

The biggest attraction for medical tourists is no secret — cost savings that are often huge. A heart-valve replacement priced at \$200,000 or more in an American hospital can cost \$10,000 in India, according to the University of Delaware, and that price includes airfare and a post-operative vacation package. Medical tourists receiving care in Thailand save about 70 percent on average, and ones traveling to Latin America typically save at

least 50 percent, according to the Medical Tourism Association.

The simple truth: Individuals will choose to travel for care when the care is of higher quality, more affordable and/or more easily available than what they can receive at home.

“Many people believe markets perform better than governments in allocating resources, and are much faster to respond to the demands of consumers,” says Fred Hansen, a physician and journalist. “Patients are realizing that the power of the consumer vote, exercised many times every day on choices in different markets. The Internet and cheap airfares have greatly increased consumers' opportunities and choices by creating new consumer-driven markets.”

In hopes of securing a piece of that market, several countries — especially India, Singapore and Thailand — offer state-of-the-art facilities that specifically cater to medical tourists. These facilities have advanced technologies and equipment, and often employ physicians trained and board-certified in the United States

Employers and Benefit Firms Are Responding

More employers and employees are giving medical tourism options serious consideration. A June 2010 survey conducted by the Medical Tourism Association at a Society for Human Resource Management (SHRM) conference found that 48 percent of the employers surveyed are “interested” in offering medical tourism to their employees on a voluntary basis, with 36 percent indicating they “might be interested.”

Experts say the medical tourism industry could turn a corner if enough U.S. employers and insurers

actively promote and underwrite it. Medical tourism is now being considered by industry giants like CIGNA, Aetna and BlueCross BlueShield, all of whom say they have either started or will soon start pilot programs that will offer partial travel medical insurance.

Other insurers have already launched pilot programs:

- Wellpoint began offering a pilot program with Serigraph Inc., a Wisconsin-based printing company. Under the program, members of Serigraph's health plan can elect to travel to India to undergo certain procedures, including major joint replacement and upper and lower back fusion, and pay lower out-of-pocket costs.

- IDMI Systems Inc., a Georgia-based automation software developer, contracted with Companion Global Healthcare to provide medical tourism options for certain medical procedures to employees and dependents covered by the company's self-funded health plan.

Disruptions Are Coming

We believe more companies will realize the credibility and viability of medical tourism, and will begin offering options for employees. Also, companies with self-funded plans will begin incentivizing employees to travel abroad for care.

The coming rise in medical tourism will be disruptive to the conventional healthcare system in profound ways:

- It will reduce the power of coalitions' purchasing power when they approach healthcare providers.
- It will lead to new "centers of excellence" located across the world. Latin America is already becoming one for dental work, and India is becoming one for heart surgery.

- It will showcase the fact that employers aren't going to give up their rights to affordable healthcare in an open, global economy.

Are You Preparing?

Are medical tourism options right for your employees? You need to take into consideration several different factors, including current health plan choices, employee demographics, risk associated with receiving care abroad and the medical tourism benefit options offered by insurers.

No matter what you think of medical tourism, it's wise to prepare your communication. If you choose to help employees seek overseas care, what messages and education materials can you offer so they can gain a clearer understanding of medical tourism's advantages? Providing and promoting these materials will help them decide whether medical tourism is right for them.

If you choose to not help employees seek overseas care, how will you communicate that decision and defend your reasoning?

Here are the two most common questions employees have about medical tourism, and perspective you can share:

- Why don't more insurers offer medical tourism options? Insurers want to take reasonable measures that providers overseas have the credentials to provide adequate care. They're also concerned with continuity of care — for example, how much are they willing to cover for physical therapy back in the U.S.?
- Do treatments take place in low-quality facilities? Not usually. Medical tourists can find facilities abroad that are as good as ones in the U.S. About 220 overseas hospitals are certified by Joint Commission International, and most doctors who



treat medical tourists have trained in the United States, Australia, Canada or Europe.

In addition to answering employees' questions, here is news to keep in mind when considering (or implementing) a medical tourism benefit option:

- New medical tourism guidelines have been created. U.S. organizations have begun to establish medical tourism guidelines and programs to assist people in choosing appropriate health care for their needs. Employers should ensure employees have a wide range of materials available to them to help them decide which route to care is appropriate. These resources include new medical tourism guidelines from the American Medical Association that the organizations says employers, insurance companies and other entities that facilitate or incentivize medical tourism should adhere to. The guidelines suggest that patients should be referred only to facilities that have been accredited by recognized international accrediting bodies, such as the Joint Commission International or the International Society for Quality in Health Care.

- The Medical Tourism Association recently

launched its Quality of Care Project. The project focuses on enhancing transparency of the quality of care worldwide so that employers, patients and insurers can better assess and compare facilities around the world. The project aims to create a single methodology for reporting certain statistics and quality indicators, so that individuals and companies can compare health care facilities' quality, costs, patient volumes and patient safety records.

Bio



Shawn M. Connors is president of Hope Health. He believes behavior change requires a mix of both art and science. He founded the International Health

Awareness Center, Inc. (IHAC) in 1981, which focuses on the importance of communication in positively affecting workplace cultures. Recently, he worked with a talented team to develop a workable, realistic health communication system, empowering thousands of workplaces and community-based clients to communicate more effectively with new media. Shawn has earned the respect of marketing professionals and health educators alike.

THE AMERICAN OSTEOPATHIC ASSOCIATION

URGES AMERICANS TO BREAK THROUGH THEIR PAIN

FEATURE

By Dr. Giaimo

Whether your work day is spent behind a desk or on the move, pain is something we have all experienced at one point or another. In fact, a recent survey from the American Osteopathic Association (AOA) found that more than 70 percent of Americans say they, or someone they care for, have experienced pain over the last month. Nationally, more than 76 million people live with pain every day — that's more people than have cancer, diabetes and heart disease combined.

Pain that does not go away after an injury has healed or affects your life for more than three months, called chronic pain, is a serious and unaddressed public health issue that can disrupt our lives at work and home. Chronic pain can come in many different forms, affect many parts of the body and interfere with your mood, sleep, attitude, social life and work productivity. In fact, the American Academy of Pain Medicine

estimates that the American workforce loses \$61.2 billion in productive time to chronic pain on average each year.

Whether your pain is affecting your personal life or making you less productive at work, the most important question to ask yourself is: Do I have to live with the pain? With the AOA survey revealing that nearly half of Americans mistakenly believe pain is just part of life or part of the aging process, there is a clear need to dispel the common misperceptions associated with pain.

By raising awareness about the safe and effective treatment options available to help those living with pain, the AOA, which represents the nation's more than 78,000 osteopathic physicians (DOs), is working to dispel the most common myths associated with pain and empower Americans to take action and get the help they need.





Pain: Separating Fact from Fiction

I'll Just Live with the Pain

Too many people suffer from pain in silence believing it is just part of their daily life. In fact, two in five (41 percent) Americans said they would not visit a medical professional for their chronic pain. In order to find relief, it's important to speak with your physician about what you are experiencing right away. Ignoring or undertreating pain can actually lead to more pain, creating a debilitating cycle. Once you start an open discussion with your physician, you can work together to develop a treatment plan that will help you get back to living a more active life with less pain.



My Pain Only Affects Me

Chronic pain is a significant public health issue. While the negative impact of living with pain starts with the individual, it also affects your work team and the entire family unit. At work, pain may make it difficult to concentrate on the task at hand, which can negatively affect quality of work and disrupt team productivity. At home, when pain keeps parents from picking up small children or fully participating in daily family life, everyone feels the impact. When seeking treatment for pain, it's important to engage members of your family and even bring them with you to help describe how your pain is impacting daily life at home. With open communication, you can work together with your physician to develop a treatment plan that takes the whole family into account.



My Pain Can't Be Treated Anyway

While nearly half (48 percent) of Americans don't believe pain is something that can be eased with proper treatment, it's important to realize that there is no "one size fits all" treatment for pain. Just as chronic pain comes in many forms and affects many different parts of the body, there are a wide range of treatment options available, ranging from exercise or physical therapy to hands-on treatments or rest. It's important to take an integrated approach to treating pain. Pain medication

may only be one part of the overall treatment approach you develop with your physician.

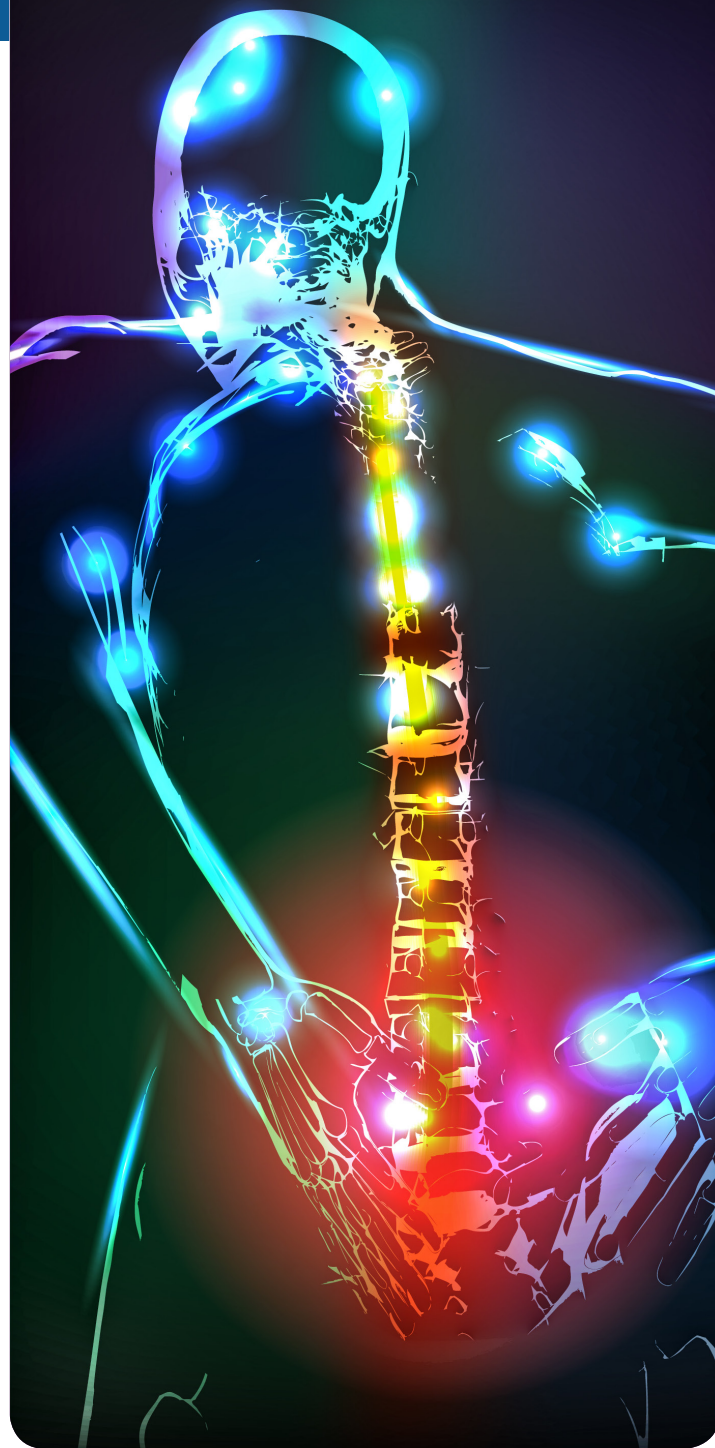
Effective treatment requires an individualized pain management program that can only be developed through open patient and physician collaboration. To help you get started, the AOA offers a variety of patient tools available to help you begin an open dialogue to discuss your pain with your physician.

Take Action to Overcome Your Pain

Rather than viewing pain as a sign of weakness, the AOA encourages those living with pain to find ways to describe how they are feeling and engage in an open discussion with their physician. Now is the time to take charge of your health and make a positive change that can improve your life at work and at home.

The AOA aims to empower all Americans living with pain to break through it, starting with a few simple steps:

1. Visit the AOA website and take advantage of new pain assessment tools that can help you describe and track your pain. The Living With Pain? Quiz and Break Through The Pain! Assessment Tool/Patient Journal are both available at www.osteopathic.org/pain.
2. Make an appointment to speak with your physician about your pain – ignoring or under-treating your pain can lead to more pain – creating a debilitating cycle.
3. Work with your physician to design an individualized treatment plan that meets your needs. Managing chronic pain is not a “one size fits all” diagnosis. Just as there are multiple types of chronic pain, there are a wide variety of treatment options, ranging from medication to hands-on treatment.
4. Follow your personalized pain management/treatment plan – sticking to a treatment plan will pay off in the long-run.



Bio

Dr. Giaimo, A fellow of the American College of Osteopathic Internists and the American College of Chest Physicians, Joseph A. Giaimo, DO, is an AOA board-certified internist and pulmonologist in private practice in Palm Beach Gardens, Fla. He also serves as clinical assistant professor at the Nova Southeastern University College of Osteopathic Medicine in Fort Lauderdale, Fla.

Voluntary Benefits Magazine

Official Magazine of the Voluntary Benefits Association