



BROKERS MAKING A DIFFERENCE

Health Insurance Agents Help Consumers and Employers
Secure Affordable Health Insurance



National Association of Health Underwriters
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Personal Testimonials on Why Brokers Make a Difference

For more than 85 years, professionally licensed health insurance agents, brokers and consultants have provided valuable healthcare financing services to individuals and employers. Professional agents have extensive knowledge about health insurance plan design, benefits, and pricing. Many small employers can't afford to have this level of expertise in-house, nor do they have the time to administer a comprehensive, compliant benefits package for their employees.

In fact, the Congressional Budget Office (CBO) has reported that agents and brokers often “handle the responsibilities that larger firms generally delegate to their human resources departments — such as finding plans and negotiating premiums, providing information about the selected plans, and processing enrollees.”

With HIPAA, COBRA, ERISA, and federal and state tax requirements to contend with, not to mention all of the new requirements stemming from ACA, professional agents spend a great deal of time helping their clients understand the regulations, complex products and compliance issues.

Health insurance customers who use agents report being satisfied not just with their insurance, but also with the work performed by their agents – especially when it comes to the agent's role in finding the right policy.

A recent Kaiser survey found that brokers and agents have a 92 percent approval rating when helping healthcare consumers in the new marketplace.

Professional agents work extremely hard and need to be very knowledgeable in order to stay abreast of the rapid changes in the healthcare system. It would be very costly for a governmental agency in some far off location to match the service and value agents bring to their clients, and it would not be able to replace the personal relationships agents develop with their clients.

Ongoing Support from an Agent

Individuals and business owners typically don't pay any more for employee benefits purchased through an agent or broker than if they purchased the coverage directly from an insurance company. Insurance carriers set aside a small portion of the premium to pay brokers a commission, which covers not only the selling of the plan but also much of the servicing required. In today's declining commission environment, agents spend more time than ever before servicing their clients – a testament to their commitment and dedication.

Agent Associations

NAHU is the only national association working solely on behalf of health insurance agents and benefit professionals. NAHU requires each of its members to always make healthcare coverage recommendations with the customers' best interest in mind.

For more testimonials on NAHU members helping individuals and employers find appropriate health insurance, please go to www.brokersmakingadifference.org.

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"Matthew Byrne and his team at Myhealthquoter.com have been a true lifesaver for us here at Bonfire Red. We are a small digital design firm and we wanted to offer a company health plan to our employees for the first time in our history. Matt was essential in the search for a comprehensive and affordable healthcare plan for us. He made multiple trips to our office and many phone calls. He spent time understanding our company, and what was specifically needed in our health plan. Matt remains a close partner and friend to us. We have absolute trust that we are taken care of by him in this realm. He and his team are very knowledgeable and efficient. I have always been able to reach them whenever needed and we could not be happier. His hard work deserves recognition."

- Maria Kelly (Client)

"My experience with AOL's employee benefits division has been fantastic. The team works very hard to keep up with the changing landscape surrounding health benefits. I always feel like they're up to speed with the latest challenges we face as an employer. Their service team is always there to help our associates answer questions and navigate through the health benefit processes. The human resources information system they offer our company has helped us take key information and provide it to our associates securely on the cloud. We have 24/7 access to our personal benefit programs, which makes it easier and faster for families to get information that's important in real time!"

- Craig Francisco (Client)

"Employee benefits are a strong factor in attracting

quality employees in a competitive market. We have come to rely on and trust Andres O'Neil and Lowe's employee benefit specialists to help us navigate the ever-changing world of employee benefits. From insurance enrollments to ACA compliance and everything in between, this group of outstanding individuals are here for us. They are always ready to offer a helping hand and relieve some of the burden. They are thorough, reliable and professional in all that they do. Andres is always looking out for the best interest of the company and our employees that make us who we are. We are very thankful to have them come along side us as our brokers and our friends."

- Shelley Nighswander (Client)

"Licensed health insurance producers (agents and brokers) provide a wide range of services for both individual consumers and the business community.

Producers interface with insurers, acquire quotes, analyze plan options, and consult clients through the purchase of health insurance... It is essential that [policymakers] recognize and protect the indispensable role that licensed insurance professionals play in serving consumers."

-The National Association of Insurance Commissioners

"A 52-year-old female client needed to be transferred from one hospital facility in Cleveland to a hospital at the Cleveland Clinic. They were frantically waiting for approval from the insurance carrier. The client's husband called me on my cell phone — I was in Maryland on vacation — he was frantic about getting the transfer for his wife. What could I do to help?

"My initial response was, 'I am not really sure but let me think about this for a few minutes.' After some thought, I called a contact in Cleveland asking for help getting the approval. Within 20 minutes, the job was done. As I called my client's husband to tell him the insurance carrier would be approving the transfer, he picked up the phone saying 'Thank you!' The social worker at Hospital A had just gotten the call to move this woman to the Cleveland Clinic. He was overwhelmed with relief at what I had accomplished with just a few phone calls. I knew who to call to light the fire under the responsible person



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for giving the go-ahead.

"This is not the end of this story. My client ended up having a brain aneurysm at the clinic and was there for months. There was so much red tape about where this woman would be transferred once she was stable. I asked a lot of questions—these people really had no one to be a "go to" person for them. The husband was a wreck over his wife's medical state. I ended up going to the clinic to be an outside advocate for this couple. I met with the social worker and the head nurse on her floor — asked all the questions I would want asked if it were me.

"Things have worked out fairly well. My client—who was severely disabled after the aneurysm—is now at a local nursing home (she was initially transferred to an LTAC). She can talk and is starting to walk — when everyone thought she'd live in a vegetative state! What a miracle!

"I keep up with this family and still visit the patient and see for myself how her coverage, and her recovery, is coming along. Through excellent medical help, perseverance and a lot of faith, this woman will probably be ok, and I was happy to have had a part in this miracle."

- Francie Dunlop (Broker)

"I have been a broker since 1994. What I offer my clients is the knowledge that I will handle all their needs. This involves resolving claim issues, enrolling and educating each and every new hire, and keeping them informed on what is going on in the industry by periodic newsletters via mail and now by e-mail. Employers have enough going on that the service of stepping in and enrolling and educating their employees on their benefits is an invaluable service to them. The time it saves them is a huge benefit, and, not to mention, the paperwork is handled efficiently, and the employee meets me, and knows I am the one they need to contact. This keeps private matters private, and certainly keeps exposure to private health information out of the workplace as much as possible. I also get as creative as possible in aiding



the groups with cost-saving alternatives and options in their health benefits arena. These are things that they do not, and many would not, be able to figure out on their own."

- Sherry Bender (Broker)

"I have a client who switched his Medicare Advantage plan last fall and made me his agent. In May, I got a call a call from his wife that he had a stroke and was in the hospital. I did visit him several times in the nursing facility. About halfway through his stay, his wife called again needing help with the bills for him. He was not receiving EOBs from the carrier, so all I had to work with was the provider bill. I started my research with a call to the provider's billing person. They agreed to help with the issues and work with me to resolve them.

"During my first call to the carrier, I was informed that his carrier had not made me agent of record and I was not allowed to talk with them about the billing. When I had signed him up for the 2013 plan, he had not changed carriers so the agent of record did not change. I prepared an AOR letter and took it to my friend. He was able to sign it so I could submit it to the carrier. The same day, I attended a meeting with the nursing facility and again offered my services to help with the billing, as well as support for the family when my client returned home.

"It has taken several phone calls to the carrier and



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"The call came in at 10 minutes before 4:00 p.m. The client was both agitated and apologetic. He hated to bother me, but he didn't know who else to call.

"John and Mary have Medicare Advantage coverage through a major carrier. They have had ample opportunities to see their policies in action.

"Mary's doctor ordered a heart catheterization for January 8, 2015. There is a whole pre-procedure protocol for a non-emergency catheterization, including a change in medication. Mary was doing her part. But now, less than 24 hours prior to her appointment, the doctor had called to advise her that the precertification had not been finalized. No precertification or no insurance payment.

"John called the insurer and got nowhere. Which insurer? Truthfully, it doesn't matter. I can't say why this case fell through the cracks. I don't know if the doctor's office was the issue. What I can report is an aggravated client, and a nervous husband, calling about a procedure that needed to be done.

"I promised to see what I could do. I called the insurer. We're agents. We have different numbers. We have access. My contact needed a narrative in an email. That email was time-stamped 4:09 p.m.

"Final resolution, including notes in the client's file, was achieved by 5:11 p.m. I was able to reassure John and Mary that their health insurance was going to help them receive the care they needed.

"The government has no idea what we, licensed insurance agents, do for a living. And, in truth, our insurance carriers don't always fully appreciate the part we play in the system. But we know that it is the agent who not only takes that frantic call late in the afternoon, it's the agent that gets the problem solved."

- David Cunix (Broker)

