

# *ACA Clay's "Sales Secrets" Tour*

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# Welcome!

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to check in



**SCAN ME!**

# I'm Clay Peek

## *Today's "Sales Secrets" Training Agenda:*

1. Pre-Class: "Why ACA" for Medicare/Life/P&C
2. Secrets to selling ACA 12 Months a year!
3. Simple ICHRA writing tool
4. Doing "Group" without "Doing Group"
5. Why 775+ Agency Builders work with PPI
6. A "Virtual Assistant" for robust sellers
7. IHA – Insurance for \$\$\$ & Healthy Self Employed
8. Medicare Chaos & Clarity
9. A Swiss Army Knife tool for great Cash Flow



PRE-CLASS

# Why ACA?

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*With Jon Evans, Andrew Peek & David Schlarb*

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# Who is “ACA Clay”?

## Husband, Father and Grandfather

Clay Peek has been married to Debbie for 43 years. 6 Kids, 17 Grandkids ... To date!

## Christian Ministry

Clay has served in 2 Christian Schools and pastored in 4 Churches early in his career. He now enjoys lay ministry at his local church.

## Proven Insurance Agent

In 1996, after Clay completed his term at his church in South Philadelphia, he, Debbie and his 6 children returned to SC where he began his insurance career. He sold more than 1000 lives a year for more than 10 years.

## Industry Leader and Visionary

Since 1996, Peek Performance has appointed more than 12,000 agents and over 775 Agencies across the country. Clay is a “Thought Leader” in the Health Industry and has hundreds of hours of training on multiple website platforms.



# Why On Earth Would I Want to Sell ACA?

Because if you don't, you're literally "walking on dollars"

Let me explain...



# What is ACA?

The ***Patient Protection and Affordable Care Act***, referred to as the Affordable Care Act or “ACA” for short, is the comprehensive health care reform law enacted in March 2010.

## The law has 3 primary goals:

- Make affordable **under age 65 health insurance** available to more people. The law provides consumers with subsidies (“premium tax credits”) that lower costs initially for households with incomes between 100% and 400% of the Federal Poverty Level (FPL).
- Expand the Medicaid program to cover all adults with income below **138%** of the FPL. About **40** states have expanded their Medicaid programs.
- Support innovative medical care delivery methods designed to lower the costs of health care generally.



# A Brief History of ACA

2022-24

2021-22

2016-20

2014

2010

The Affordable Care Act (ACA), also known as **Obamacare**, is a landmark U.S. federal statute signed into law by President Barack Obama on March 23, 2010. it represents the U.S. healthcare system's most significant regulatory overhaul and expansion of coverage since the enactment of Medicare and Medicaid in 1965.

ACA's Major Provisions came into force in January of 2014. It also enacted a host of reforms intended to constrain HealthCare costs and improve quality. Peek Performance enters the ACA space, recruiting agents across the country to sell ACA. In the beginning ACA was a mess. Healthcare.gov rarely worked and the commissions were not strong. **#chaos**

President Trump *ends* the Federal "Individual Mandate" penalty for those who did not purchase a Qualified Health Plan. Various Legal and Legislative challenges to the ACA **fail**. The **21<sup>st</sup> Century Cures Act** expands the use of **HRA's**

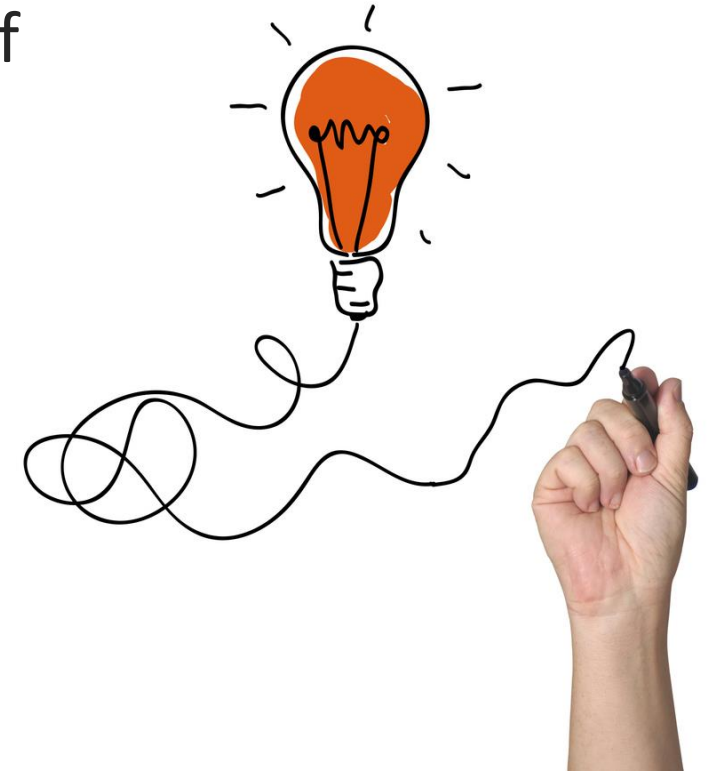
The American Rescue Plan Act/**ARPA** extends Tax Credits to millions of new households, and the "**Family Glitch**" is fixed, allowing *dependents* of employees who get healthcare at work to potentially **qualify for a tax credit** on an ACA plan.

26 Million People are currently covered by the Affordable Care Act. **ICHRA** and **QSEHRA** allow trained agents to enroll qualified employees into ACA plans **12 months a year!**



# ACA is incredibly EASY!

- *18 Second Quote – 8 Minute Enrollment*
  - [Health Sherpa Demo](#)
- 20-40% are Self Enrolled (YOU can become Agent of Record)
- Market to *Anyone, Anywhere, Anytime*
- Millions Still Unaware
- Creates an “Increasing Income Annuity”
- Plans *auto-renew* – you still get paid!



# ACA is Great!

- Deepest, Richest Health Coverage EVER
- Guaranteed Issue
- **No** Pre-Ex-Limitations
- **No** Dollar Amount Limit to Benefits
- Huge Subsidies/Premium Tax Credit
- Narrow Networks
- 50% of our sales are **\$0** premium
- **ARPA** (American Rescue Plan Act) = Increased subsidy on high income earners well beyond 400% of FPL



# But I sell **STM** & **HI** Health Plans

Yes, *Short Term Medical*, Medical “Sharing” programs, and Limited Benefit Hospital Indemnity plans do ***pay a lot of money!*** \*

But prospects w *health issues* or who have *modest income* can't or shouldn't buy those.

You're only targeting the upper **15%** “high income” of the population!

There's a massive group of people ***you're not able to sell to!***

... And they get a tax credit!

\* Having a meth lab in your basement pays a lot of money too ...



# Yeah, but I sell *Medicare*...

## Awesome! Want to sell even more?

### Don't Miss Out on Sales

- Spouses, Children, Grandchildren of your Medicare clients need this!

### Increasing Income Annuity

- Stop giving ACA leads away as referrals and increase your monthly income annuity!

### Changing Market

- Potential reduction of sales for DSNP and CSNP in 2025
- David Poston's Story



# Yeah, but I sell *Life Insurance*...

## Awesome! Want to sell even more?

### Sell More Life!

- *Savings* on monthly health premiums means MORE Life sales! *Right?!*

### It's much easier...

- to talk about Health Insurance than Life Insurance

### Gain the attention...

- of "***High Net Worth***" business owners with health... and you'll sell a lot more life!



# But surely this isn't a fit for P&C Agents...

## It's the BEST fit for P&C Agents

- *Stop giving away money* (referrals) and become a **one stop shop** for your customers.
- *Stabilize your income* in an unstable P&C market by assigning a gifted team member to sell the ACA.
- *Cross Selling* binds your client to you even more!



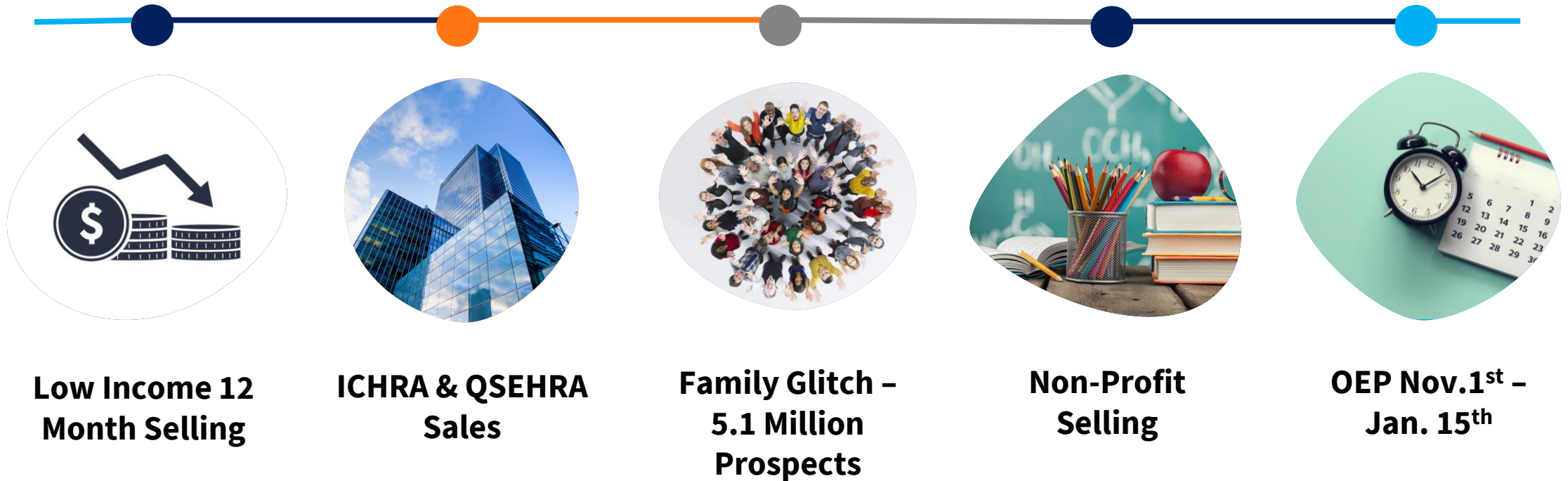


# Agency Building

## Reasons why 775+ agencies work with Peek Performance:

- Unparalleled Agent Support
- We handle contracting and commissions FOR you.
- The **BEST Training** in the Industry
  - **PeekTraining.com**
- Work with the #1 “go to” ACA FMO in the country

# Special Markets!





# Selling ACA to Small Businesses

## 1 Year Round Selling!

Don't be stuck selling just during OEP. Here's your chance to sell 12 Months! You never have to stop selling health insurance.

## 2 Sell Businesses with 2-49 Employees

The sweet spot is 2-20, but if you come across a group to 49, get them signed up. We also have a solution for groups over 50!

## 3 ICHRA & QSEHRA

This is where the magic happens! These tools are the reason we can do this year-round. We will show you how!

## 4 The Tools You Need

We have the software, training and support you need to make this happen. Doing it on your own can be confusing and *dangerous*! We can help.

## 5 Get the 2<sup>nd</sup> and 3<sup>rd</sup> Sale

We'll also show you how to get the **employer** to pay for the Dental, Life and Accident Insurance too!



# Peek Performance Makes it Easy to Start



## PeekTraining.com

This is a training tool that you can use for yourself and your agents! How to get started, basic training for rookies and deep dive training for advanced markets.



## Agent Care Team

We have an entire team dedicated to making sure you and your team are taken care of. Once you decide to join Peek Performance, you will be assigned an ACT member to support you.



## Support

We want you to be out selling and recruiting, NOT worried about technical details like commissions, certification, and contracting etc. That stuff slows you down. Let our team help! We've been doing it for almost 30 years and we're VERY good at it.

## ACA / UNDER 65 HEALTH SALES

### ACA/Under 65 Health Sales: Selling Health 12 Months a Year!

The steps & training on this page will show you how to go from an ACA novice to a seasoned pro.

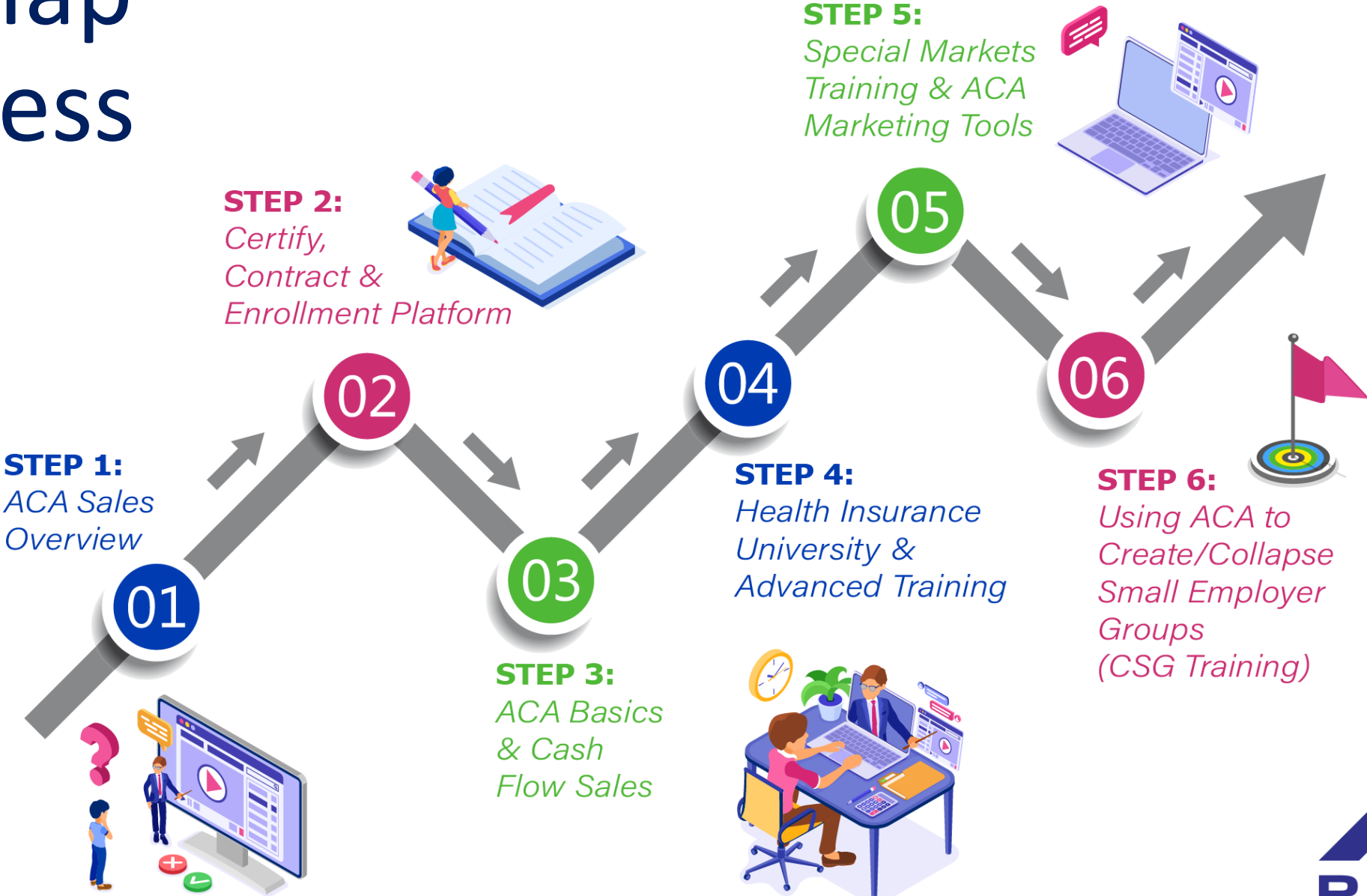
Click on the map or scroll down to see the 6 steps.



# PeekTraining.com

- ✓ ACA/Under 65 Health Sales
- ✓ *ACA Prep Class* (Step 2a): “Step by Step” instructions on how to
  - **Certify** (see map on next slide)
  - **Appoint/Contract/New Carriers**
  - **Set up Enrollment Platform**
  - **Compliance and Enrollment Training**
- ✓ Intro ACA Training (Step 3)
- ✓ Advanced Training (Steps 4, 5 & 6)

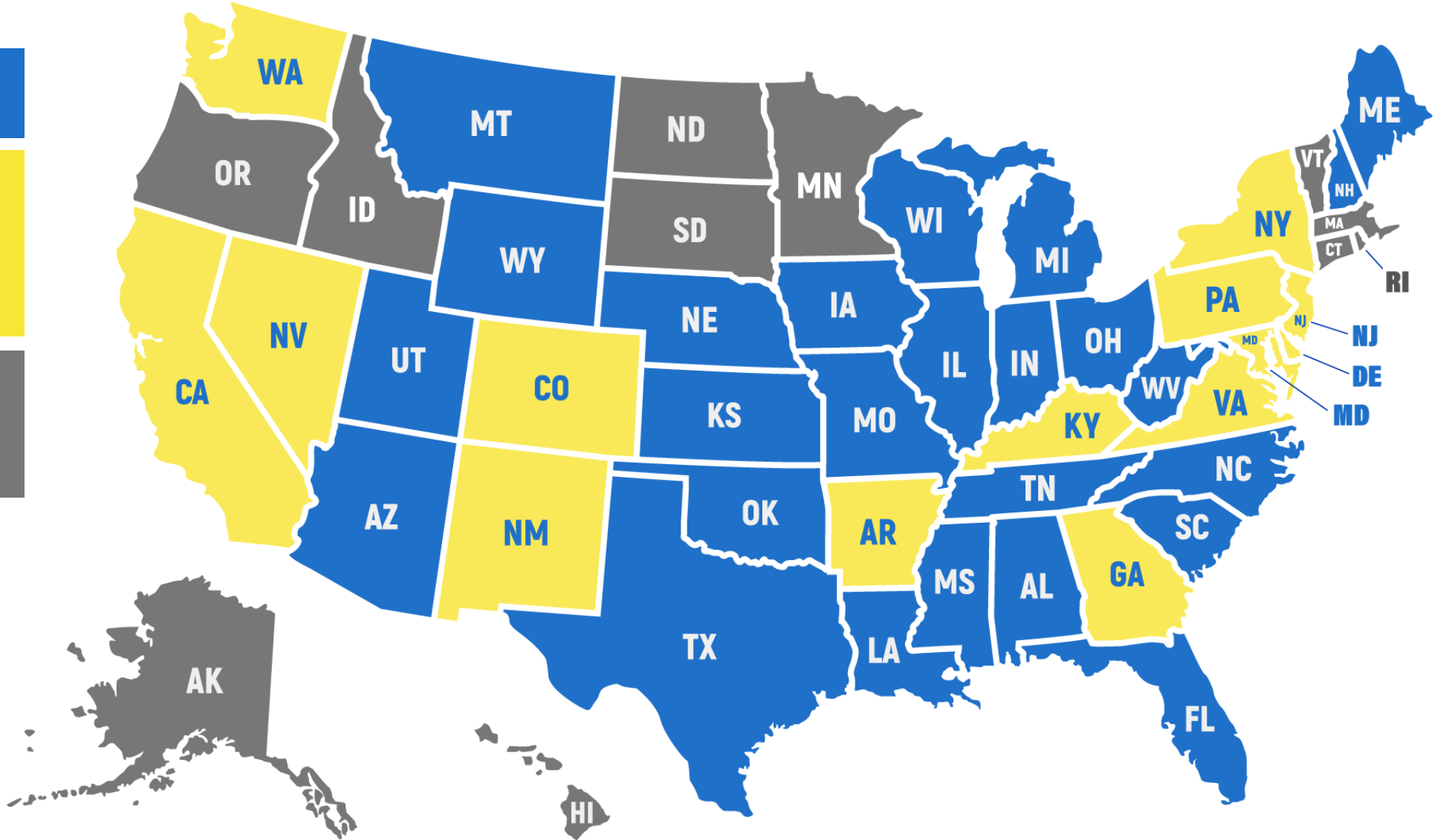
# Road Map to Success



Blue = FFM

Yellow = State-Based Exchange

Grey = States PPI does not market ACA



This map will identify all *currently* available plans ([www.peaktraining.com](http://www.peaktraining.com))

# What Now?

We'd love for you to be a part of our team. We think we can revolutionize how you do insurance.

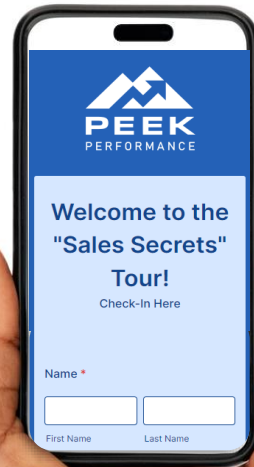
If you'd like to join us, scan and complete this Contract Request code. If you'd like to talk to someone before you fill it out, call the agent hotline and we're glad to help!

- [877-612-7317](tel:877-612-7317) / Agent Hotline
- [PeekTraining.com](https://PeekTraining.com)
- [ACAclay.com](https://ACAclay.com)
- Next Steps? *"ACA Prep Class!"*



# Welcome!

Scan this code  
to check in



**SCAN ME!**

*“Sales Secrets” CLASS 2:*

*Secrets to writing  
ACA 12 Mo a year*

*... And getting the 2<sup>nd</sup>/3<sup>rd</sup> sale too...*



[www.peaktraining.com](http://www.peaktraining.com)





# Philosophy: It's about their Family



“Succeed at the service of others,  
not at the expense of others.”

*Every client you help deserves your best.  
Your best solution. Your best guidance.  
You are the “Shepherd” they are the “Sheep.”  
Don’t fleece them. Guide and Protect them.*

Your success will be rewarding and long lasting if you put  
their needs above your paycheck.

Conversely, if you pursue money over your client,  
you may lose both.

Zig Ziglar: “*Serve the Masses, Live with the Classes.*”

# Entrepreneurs need your help with Benefits

Just because you perceive some Small Business Owners as *successful* doesn't mean they don't need and wouldn't appreciate your help in *servicing their employees better* and *saving money*.

They would.



# Understanding *Group vs. Individual* Health

Think of **Health** markets as if it were an **airplane**.

With a **fuselage** and **two wings**.



# “Group Plans”

- State and Federal Employee Plans
- Large Corporate Group Employee Plans
- Medium/Small Business Employee Plans
- ALL “True Group Health Plans” must meet all requirements under the ACA

(Both Group *and* Individual plans meeting ACA requirements are referred to as “QHP” or Qualified Health Plan.)



# Individual **Non-ACA** Plans, *Left Wing*

- Limited Medical / Hospital Indemnity Plans
- Short Term Plans
- Cost “Sharing” Plans
- “ACA Clone” (Alleged!) or “Association Plans” – **INDIVIDUAL Health Plans**  
(Their benefits may meet the guidelines, but are **Underwritten** and offer **no tax credit**)

*Those “Healthy and Wealthy” enough to buy!*



# Individual Non-ACA Plans, *Left Wing*

- Can't Qualify**
- Can't Afford**
- Get Declined**
- Just not for me**



# Individual **ACA** Plans (QHP), *Right Wing*

- **100% Guaranteed Issue**
- **More than 50% cost the client \$0**
- **No Pre-Existing Limitations**
- **100% Coverage Day 1**
- **No \$ Limits**



**30 Million people** could be moving from the **Red** Section of the plane to the **Blue** Section (Individual ACA Plans) over the next few years.

*You're going to be a part of that!*





# When can I sell?

- How does learning how to “**Create/Collapse** Small Groups 12 Months a Year” affect your selling seasons?
- **3 SELLING SEASONS:**
  - **HRA** Sales - **12 Months a Year**
    - Using **ICHRA** for high *income* or high-*cost* groups of any size
    - Using **QSEHRA** for 12 mo selling to small groups (under 50)
    - Lots of Ancillary selling
  - **OEP** Sales (6-10 weeks; Nov 1 – Jan 15 (Dec 15))
    - ACA individual sales and renewals
    - Not much Ancillary business
  - **SEP** Sales (9.5 to 10.5 Months a year)
    - Life change SEP exceptions and Low income in 10 states
    - **Family Glitch** enrollments (currently)



# Why Create or Collapse Small Groups?



# The Sage of Omaha

*"All I ever wanted in life was an unfair competitive advantage."*

Warren Buffett



# The Small Employer Dilemma

- It's **hard** to *find and retain* good employees!
- **Millions** quit their jobs each month. Usually for better pay and/or benefits.
- Competitive employers **offer health benefits** to attract and retain great employees.
- But, if the **cost of insurance is too high**, ERs can't cover their Employees, their dependents or afford other necessary coverage like Dental, Disability, Life, etc.



# The *Competitive Disadvantage* for Small Employers

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Large (and/or) National employers offer generous employee health benefits and many also help with the cost of Dependent coverage.

**Some ERs (like your prospects) are losing good EEs** to those employers who can afford to provide these benefits.

Also, some of your prospects are losing good EEs to employers **who meet my agents** and who have been empowered to offer *better coverage - that **costs less***.

**How** can our *ERs* do it?

Example:  
A Small  
Employer  
Group Health  
Plan.

It's NOT  
**COMPETITIVE**



Small Group Health insurance is *expensive* for both the  
EMPLOYER/ER **and** the Employee/EE.

Example:

EE - \$600 mo (if ER pays \$400 – the Net cost to EE is \$200)

**Spouse - \$600+ mo**

Kids - \$400 mo

Summary: EE (\$200) Spouse (\$600) Kids (\$400)

Employee must pay **\$1200/mo more** to cover self *and* family

\*the current average employee is now **\$750** a month

*Annualize* the  
Costs  
Small ER

Employee cost = \$600 month

ER pays \$400 mo / **\$4800 yr** and EE pays \$200 mo / **\$2400 yr**

Spouse \$600, and dependent children will be about \$400.

**(\$12,000** a year more for the Dependents.)

Total cost for a **family of 4** (both ER and EE costs) - **\$19,200**

Employee's Cost - **\$14,400**

*(This rate assumes that it's NOT a "Fully insured" group of less than 20, but rather a healthy "Level/Self Funded" Group.)*

# Clay's Corollary on The Sage of Omaha

*Let's turn your  
small business owner prospect  
unfair, non-competitive  
disadvantage into an  
“...unfair competitive advantage.”*

Warren Buffett

&

Some guy named Clay





# 1. A Family of 4 Savings

If a smart agent came along and knew that this employer and their employees might **qualify** for a “**Special Program**” (Or, “Recent Legislation,” or a “Federally Funded Discount”) that could save them money, then that same family of 4 living here in my SC zip code:

Parents (age 45) and 2 teenagers – **Family Income \$75,000** a year (that’s more than national average income).

This family could get a BCBS plan with a **copay** for Doctor, Specialist and Drugs for **\$0 a month.**

- A savings of **\$4800** a year for the ER
- A savings of **\$14,400** for the EE

**Unfair Competitive Advantage # 1**



## 2. Better *Benefits* from my *Boss*

The employer could use some of his **\$4800 annual savings** and provide some Dental, Gap and/or Life Insurance ... say **\$150 a month**.

He still **saves \$3000 a year** *per employee*.

But now the **EE** gets additional **benefits** that they likely *didn't* enjoy previously – paid for by their ER.

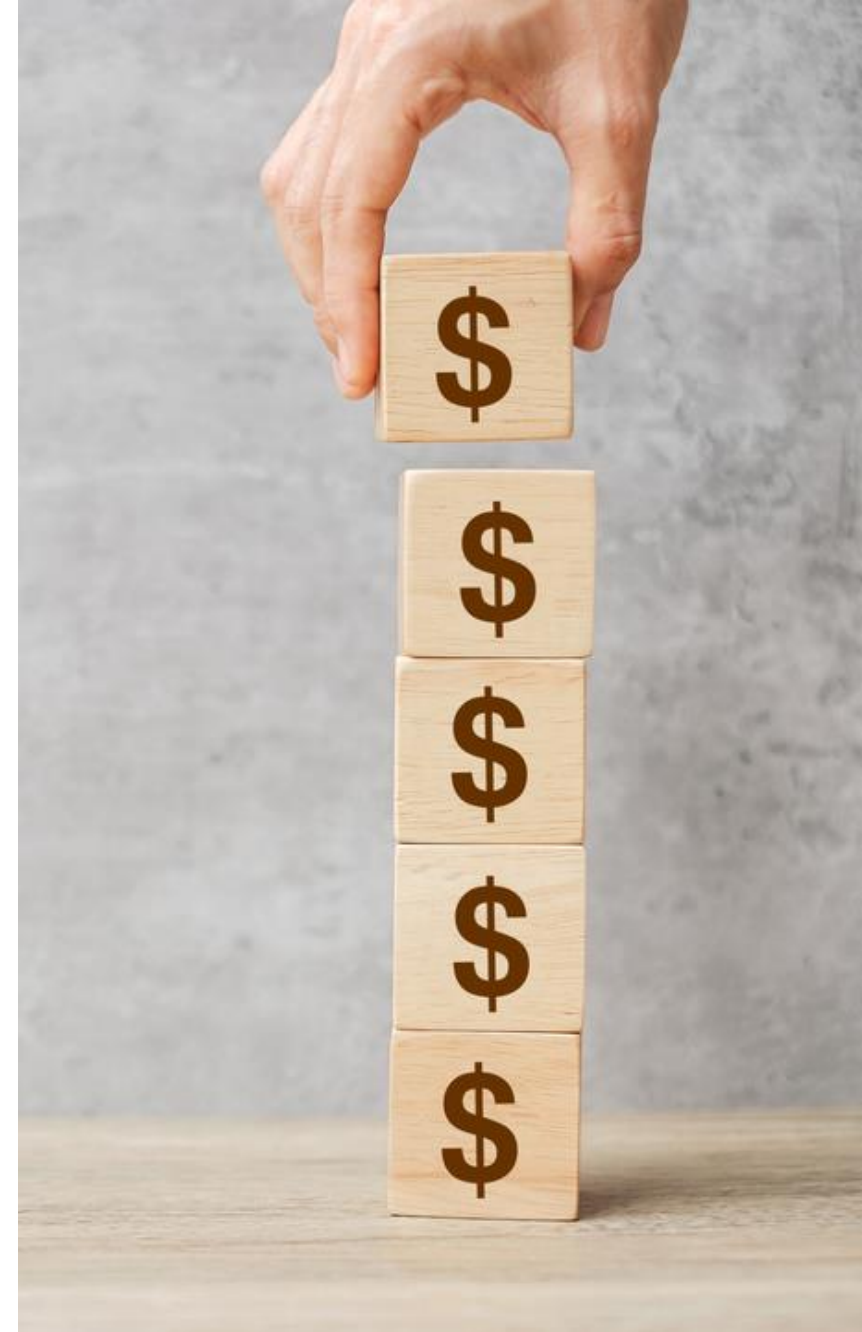
**Unfair Competitive Advantage # 2**



### 3. “Pay Raise” for the EE

Because the cost of health care is reduced,  
the EE keeps more of their own money ...  
it’s like a *pay raise* that costs the ER NOTHING!

**Unfair Competitive Advantage # 3**



## 4. *Additional Sales* for the Agent

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Agent makes **3-4** sales instead of **1** and the **ER** is often **paying for 2-3** of them!

**Unfair Competitive Advantage # 4**



## 5. 12 Month *Sales* for the Agent

Agents can do this 12 Months a year using  
ICHRA and QSEHRA  
and “Work Perks” tools

**Unfair Competitive Advantage # 5**



## 6. You won't lose it

Getting the benefits (sale) is one thing.

Keeping them is another.

To *replace* it, the other agent is going to have to convince:

the *employer*

their *bookkeeper/HR*

and engage *another HRA platform*.

... And that's unlikely.

It's called Persistence

**Unfair Competitive Advantage # 6**



# 7. *Who else* gets an “Unfair Competitive Advantage?”

## The Employer!

Now, “*Franks HVAC*” can afford to **attract, hire** and **retain more** and **better employees than their competitors** because of their Health Insurance cost savings.

### Unfair Competitive Advantage # 7



# Value Proposition for Small Business

- Collapsing/Creating the Small Group Health Plan is **good** for both the **ER** and the **EE**.
- Saves **both** parties money.
- ER can “*Get out of the Insurance Business*” and can offer “Better Benefits” that are now “Employer Paid” like, Dental, Gap, Life.
- EE can now afford to cover dependents, and their insurance is *portable* should they ever change jobs.
- EE’s can choose any plan they want, and not be forced to choose between the 2 options recommended by ER.





Are other agents doing  
this?

...Very few  
and far between



# What is the Target Small ER Group?

- Groups of Under 50 FTE's. Best? **2-20**
- **COLLAPSE** a comprehensive ACA Compliant ER Sponsored “Group” health plan = **SEP** Selling!
- Businesses with Low to Moderately high incomes
- ~~You should enroll groups with no ER health plan during **OEP**.~~
- **CREATE** a U 50 FTE group w QSERHA 12 Months a year!



2022  
Update  
“Executive  
Order”

## *Executive Order on Strengthening Medicaid and the Affordable Care Act*

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On 4/5/22 President Biden Admin signed an **Executive Order** which **details** the ability to sell ACA plans with subsidies to dependents whose spouse/parent has an affordable employer group health plan, but the “dependent” coverage is “unaffordable.”

This opens millions of **new** prospects into the ACA market.

Now you may approach employers of ANY size re helping employees’ dependents previously affected by the  
***“Family Glitch”***

(This also **ends** the extended ***STM*** market Fall ‘24.)

# The “Family Glitch”

*Help Dependents of those  
covered on an expensive  
employer group plan*

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Get more training at

[www.familyglitchfix.com](http://www.familyglitchfix.com)

Use the “[Family Glitch Calculator](#)”

Understand the financial guidelines

For now, best paired for dependents whose spouse or parent  
is *on an employer group health plan* –  
not an ICHRA arrangement.

Later, we anticipate that it could become useful in ICHRA  
settings as well.

But, ... wait for it!

# Value Proposition for **You**

- You're *Fishing with a **Net**, Not with a **Pole***.
- You're getting 1-3 “**Employer Paid**” Ancillary sales in most cases in addition to the Health Sale for **100%** of the Employees!
- You're also getting some “**Voluntary**” sales (additional plans that the EE is paying for themselves).
- Your income **doubles or triples** PER EE.
- You have significant **referral** opportunities.
- These new clients eventually **turn 65!**
- You retire in **CABO** (or Belize is also good).



# Easy Access

- There are easily **14 Million** different groups in this space that contain **30 Million additional Prospects** that are ***NOT*** on the “*Do Not Call*” list.
- Yes, you may call them. Legally.
- You may discuss this product freely *with anyone at anytime* in a simple, non-threatening and “non salesy” way.



<u>Employees on Site</u>	<u>Number of Businesses</u>
1 - 4 employees	13,115,030
5 - 9 employees	2,197,924
10 - 19 employees	1,065,752
20 - 49 employees	726,627


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## EE Count

- Counts by Employees On Site  
(Updated February 2021) NAICS Association

# What Changed *way back in 2021* which *helped* created this Massive “Group” Health Shift?

- Now, many employers with **less than 50 employees** will find it **even cheaper** to **collapse their group plans** and allow employees to get an ACA plan.
- *More* people qualify for a subsidy than before.
- **Reduced rates** because of **ARPA**.  
(The “American Rescue Plan Act”)



**American  
Rescue Plan  
Act  
(ARPA)**



# Re Employer Group Guidelines

- Employer groups with 50+ FTE's (Full Time Equivalents) MUST offer an "Affordable" QHP/Qualified Health Plan to their full time EE's.
  - You could use a traditional Fully or Self Insured "Group" plan
  - *Or, you could use ACA in an ICHRA*
- The **EE's** cost must be less than about 8.39% of their total household monthly income/ ("Affordability" on the group plan does **not** apply to *dependents*).



# ER Group Guidelines continued

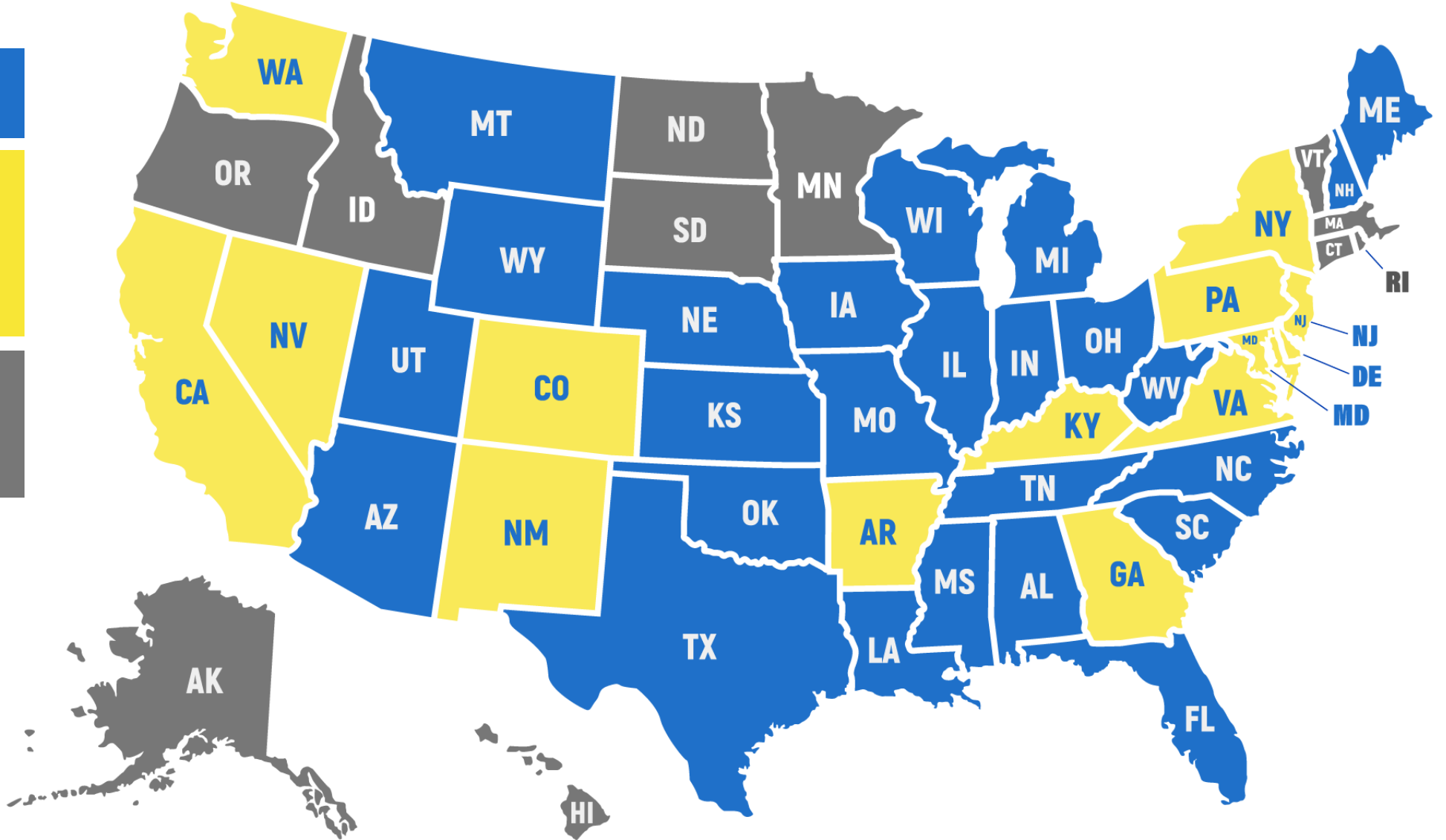
- Groups with less than 50 FTEs are **not required** to offer a group health plan and are **not penalized** by the government if they don't.
- ... but the **"Market"** might **penalize** the ER if they don't offer benefits.
- ER's need benefits to attract and retain great EE's.



Blue = FFM

Yellow = State-Based Exchange

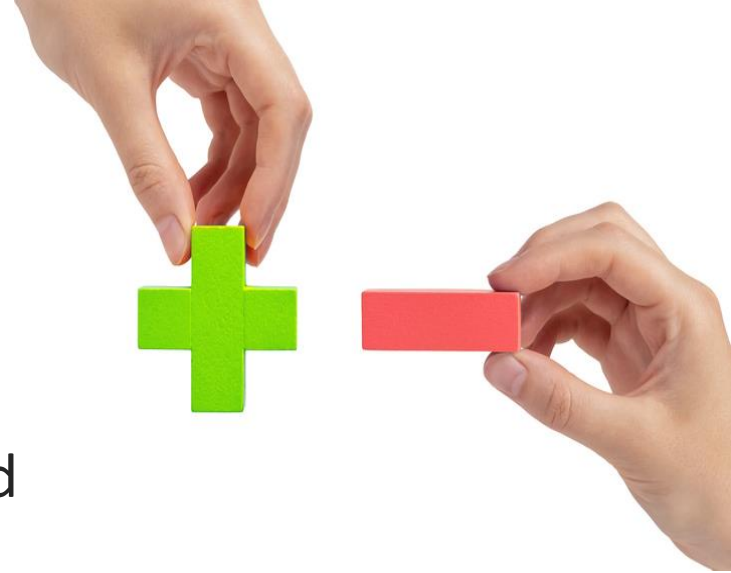
Grey = States PPI does not market ACA



This map will identify all *currently* available plans ([www.peaktraining.com](http://www.peaktraining.com))

# Advantage / Disadvantage

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Both ACA Compliant Group or Individual plans have Unlimited coverage for “10 Essential Benefits” & No Pre-Ex.

The difference is primarily  
Price and Network

**Group** plans typically cost much more but offer **PPO**’s and “**out of network coverage**” (but it’s a LOT of OOP!)

**Individual/ACA** plans cost less but have **limited networks (HMO/EPO)**.



# Which is more important?

A. To have a wide choice of Provider Network

OR

B. To save an EE family of 4  
**\$10 – 20,000 a year**  
and save the ER **\$ Many Thousands**  
*per Employee per year.*



# Group Enrollment Periods

About 65% of small Groups re-enroll in the **4<sup>th</sup> quarter** each year.

**Group & HRA** plans can add new employees at **any** time.

*(Based on their 30/60/90-day new EE wait guidelines.)*



# Individual/ACA Enrollment Periods

- After initial enrollment, the “ACA Group” will be allowed to change plans or add new uninsured EE’s during the OEP - If no HRA is involved
- Also, new EE’s with low income (100-150% FPL) can enroll 12 months a year. (In 10 States)
- EE’s who are losing previous coverage may enroll within 62 days of loss of coverage.
- Use ICHRA/QSEHRA to enroll these groups 12 mo a year



# How can I get from *Here* to There?





# This is How Much *You* Can Make

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**\$13,800+** per year

per 10 employee group

AND

**13.4M employers**

fall into this category

Next series of slides: Credit John Staub, Remodel Health



Finding **just 1** new group per month

**\$165,600+** new income

**in just year 1!**

# The Difference Health Benefits Make



## Poor or No Health Benefit

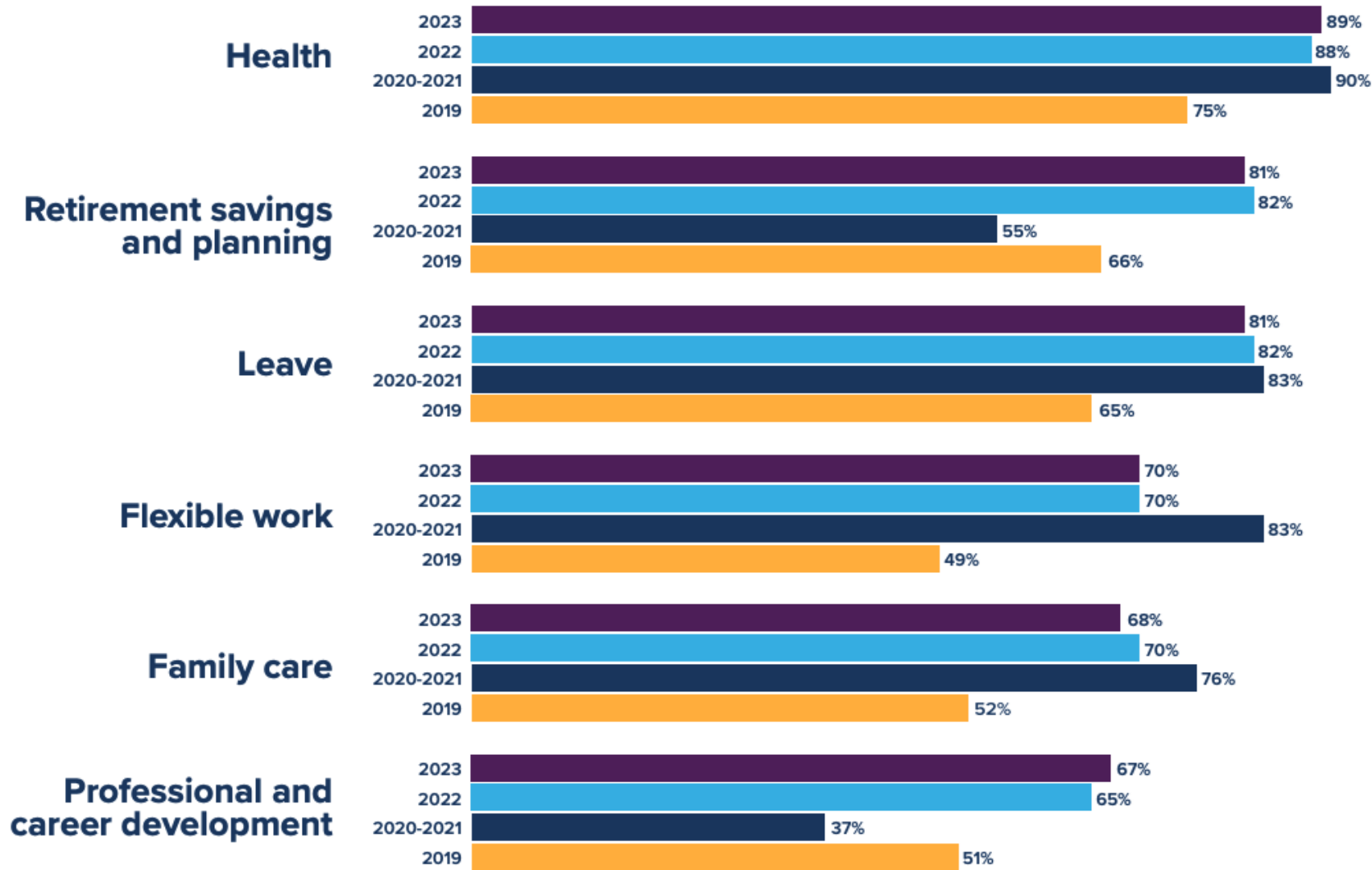
- Poor retention rates
- Decreased productivity
- Increase in absenteeism

## Quality & Affordable Coverage

- Recruiting advantage
- Higher morale
- Higher company loyalty

## TOP BENEFITS CATEGORIES IN RANK ORDER

(Percentages showing Very or Extremely Important)

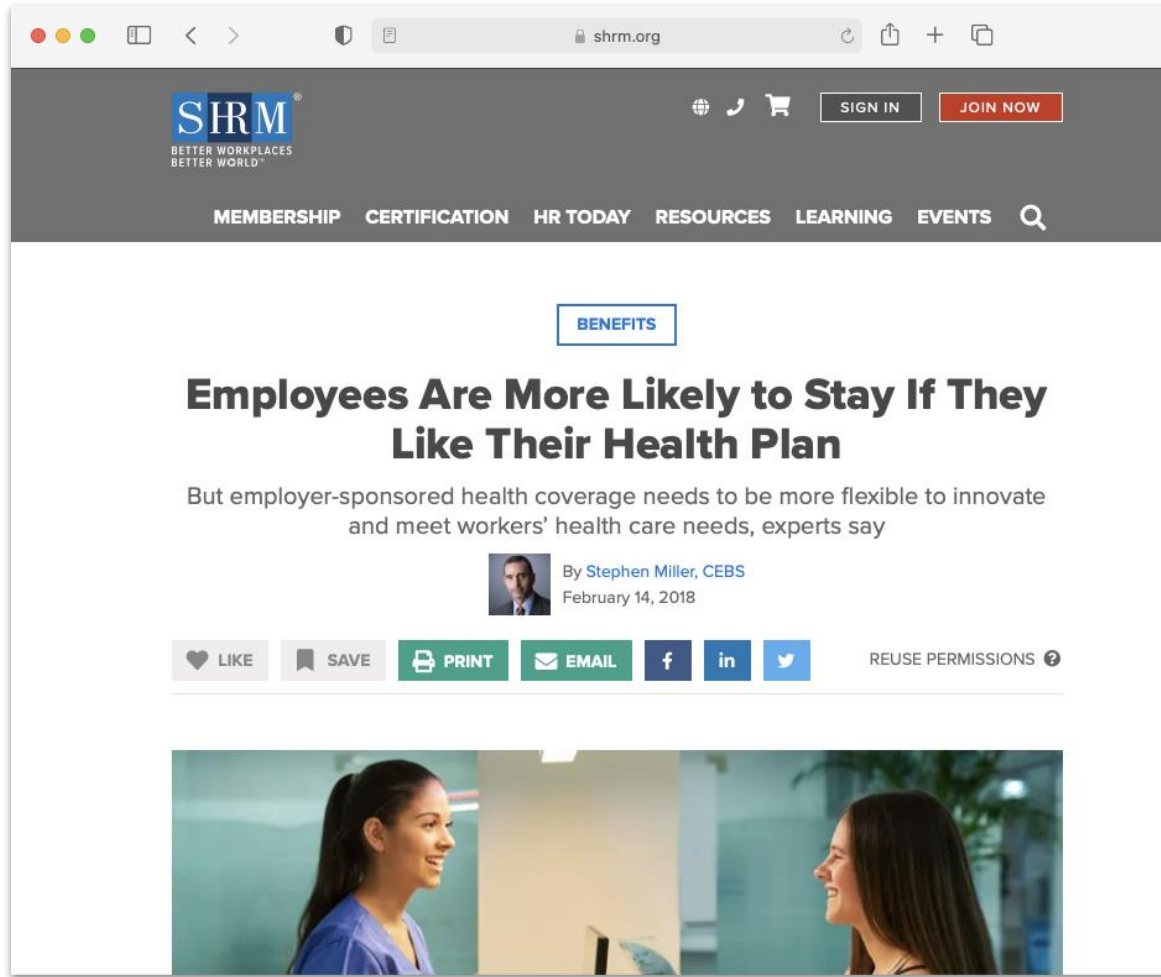


## HR professionals

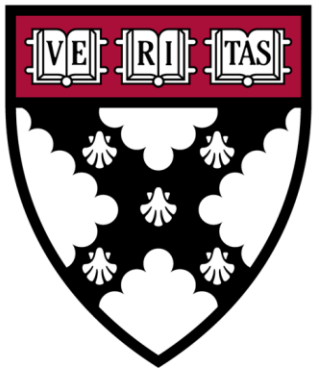
once again rated benefits categories on how important they believed each one was to their workforce. Among the top categories, the rank order and the percentage of respondents selecting each one as “very important” or “extremely important” barely budged between 2022 and 2023.



# What Employees Want



**56% of employees**  
will stay or leave  
based on benefits



## Harvard Business School

**11-14% of payroll**  
spent annually on **lost productivity**

- **1 month lost** of productivity (23-31 days/year)
- **\$190,000,000+** national lost revenues

# Group Plan Averages



**Coverage Type**

Single     Family  
 Premiums     Worker Contributions

1999 to 2020

Optional Filter A

Optional Filter B

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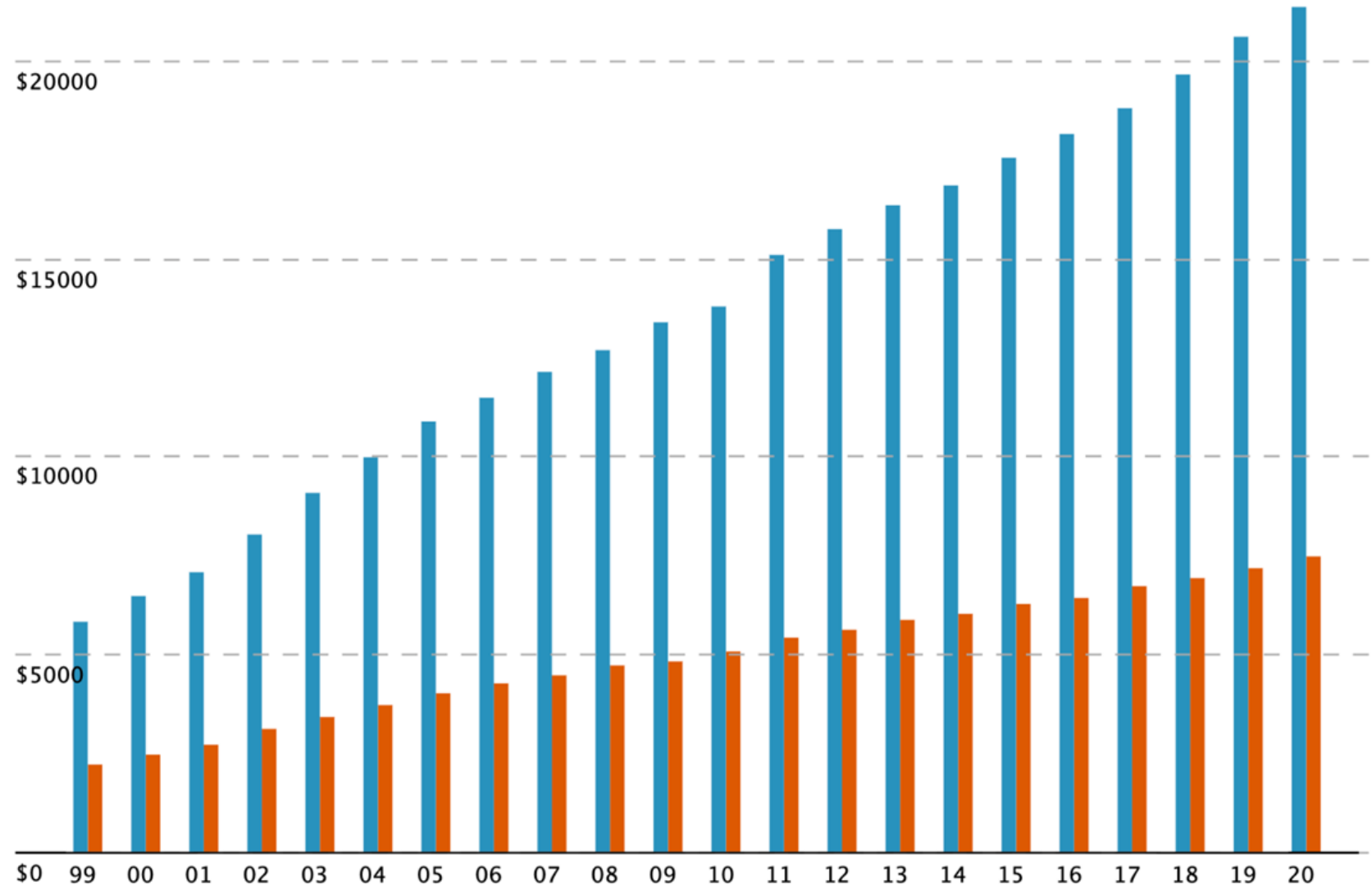
**Compare**

**Coverage Type**

Single     Family  
 Premiums     Worker Contributions

Optional Filter A

Optional Filter B



# Health Benefits Law Improvements



**The ACA**  
signed  
into law  
Mar. 2010



**HealthCare.gov**  
Start of the Individual  
Marketplace Oct. 2013

**Remodel Health**  
starts Oct. 2014



IRS allows employers  
to help employees  
with individual plans

QSEHRA available via  
21st Century Cures Act  
of 2016



**Tax Cuts and Jobs Act of 2017**  
lowers individual  
mandate to \$0



Executive Order  
allowing 1-year  
Short Term plans



ICHRA as a new  
option: Jan. 2020



**No Surprises Act**  
Mar. 2020



ARPA signed  
Mar. 2021



**The IRA**  
signed  
Aug.  
2022



"Family  
Glitch"  
Is Fixed



2011

2012

2013

2014

2015

2016

2017

2018

2019

2020

2021

2022

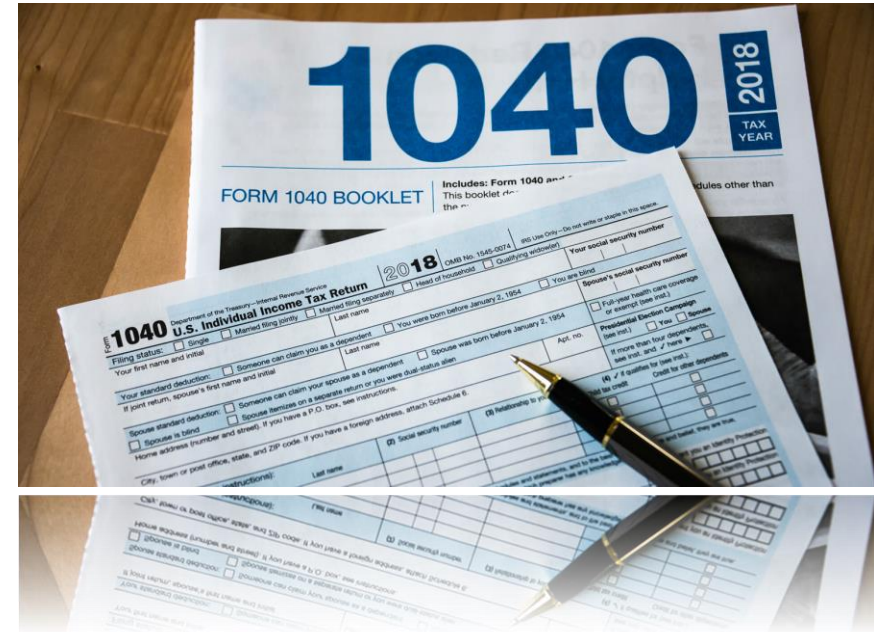


# Advanced Premium Tax Credits

---

# Tax Credits are Tax Credits

Same form but a different function



Child Tax Credit = Tax Credits = Advanced Premium Tax Credit



# What is this “discount”

Subsidies are Advanced Premium **Tax Credits** (APTCs)

Blue Cross Select Silver - PPO

SILVER + CSR

Premium	Deductible	Out-of-pocket max	\$6,500
<b>\$212/mo</b> <i>was \$1,079</i>	\$3,250/yr	Doctor visits	\$40
		Specialist visit	\$65
		Generic drugs	\$10

Compare Plan details Add to cart

Available to individuals who are **not offered a traditional group plan** by their employer.<sup>1</sup>



**Individual** shops for discounted plans



**Carrier** uses IRS calculation to determine the subsidy



**IRS** sends tax credit to the Carrier to discount the cost

1. "Eligibility for Insurance Affordability Programs," U.S. Department of Health & Human Services, August 8, 2019, [https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/eligibility%20for%20insurance%20affordability%20programs\\_6.pdf](https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/eligibility%20for%20insurance%20affordability%20programs_6.pdf).  
 2. "HealthSherpa helps nearly 700,000 people access \$4.3 billion in subsidies in first two weeks of Open Enrollment," Health Sherpa, November 19, 2021, <https://blog.healthsherpa.com/healthsherpa-helps-nearly-700000-people-access-4-3-billion-in-subsidies-in-first-two-weeks-of-open-enrollment>.  
 3. "Public Law 111-148", Authenticated U.S. Government Information, GPO, March 23, 2021, <https://www.congress.gov/111/plaws/publ148/PLAW-111publ148.pdf>.

# Harvard Business Review

Traditional Group Health Benefits are **Dying**

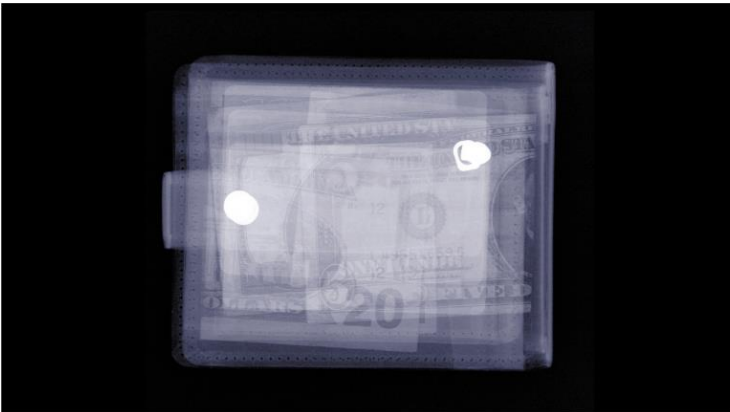


Harvard Business Review

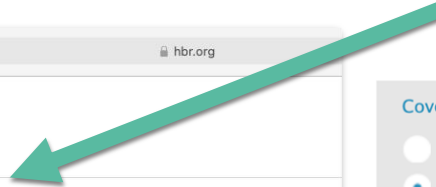
## Give Employees Cash to Purchase Their Own Insurance

by Regina Herzlinger and Barak Richman

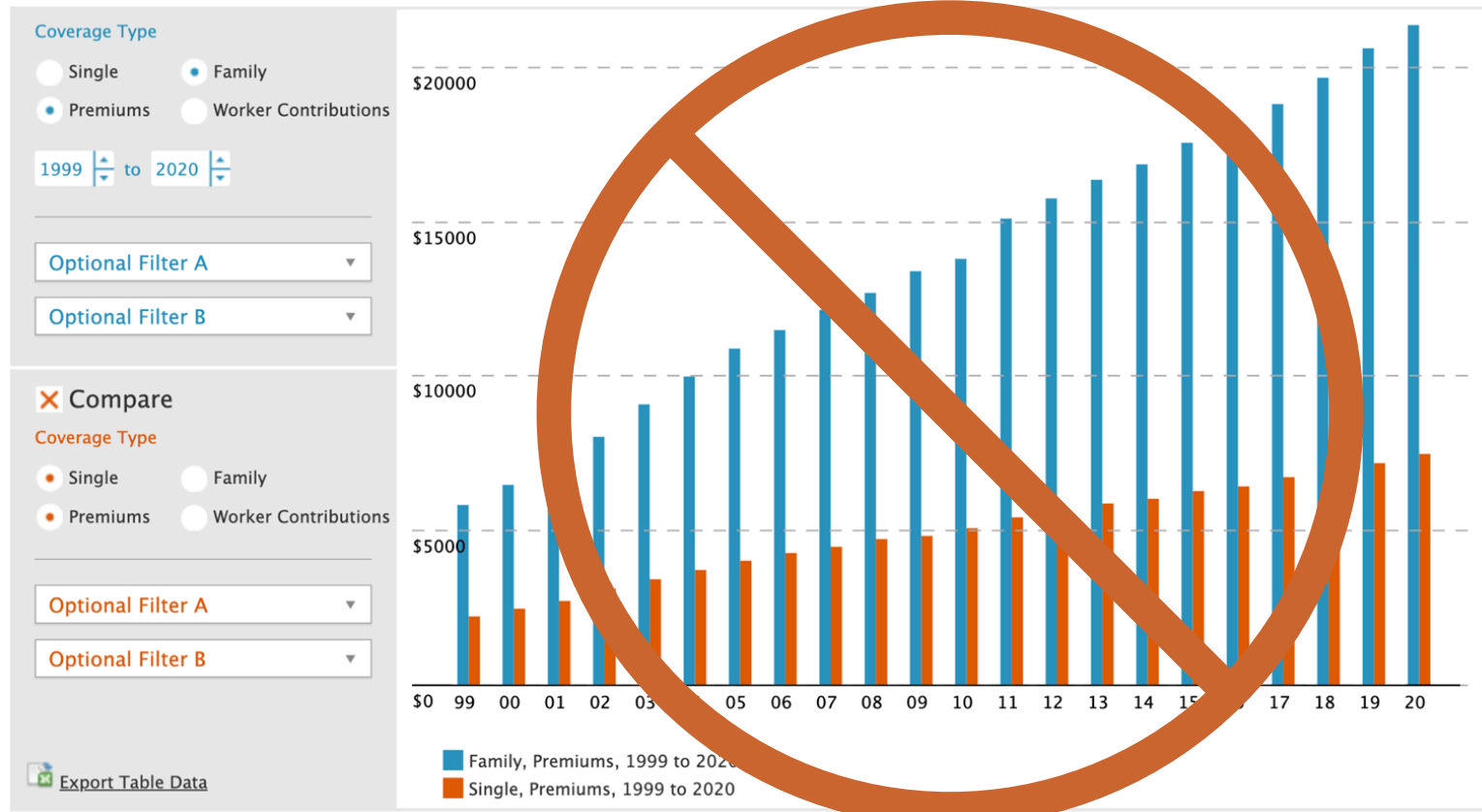
December 09, 2020



NICK VEASEY/SCIENCE PHOTO LIBRARY/Getty Images



## Group Plan Cost Averages



Source: <https://hbr.org/2020/12/give-employees-cash-to-purchase-their-own-insurance>.

Source: <https://www.kff.org/interactive/premiums-and-worker-contributions-among-workers-covered-by-employer-sponsored-coverage-1999-2020>

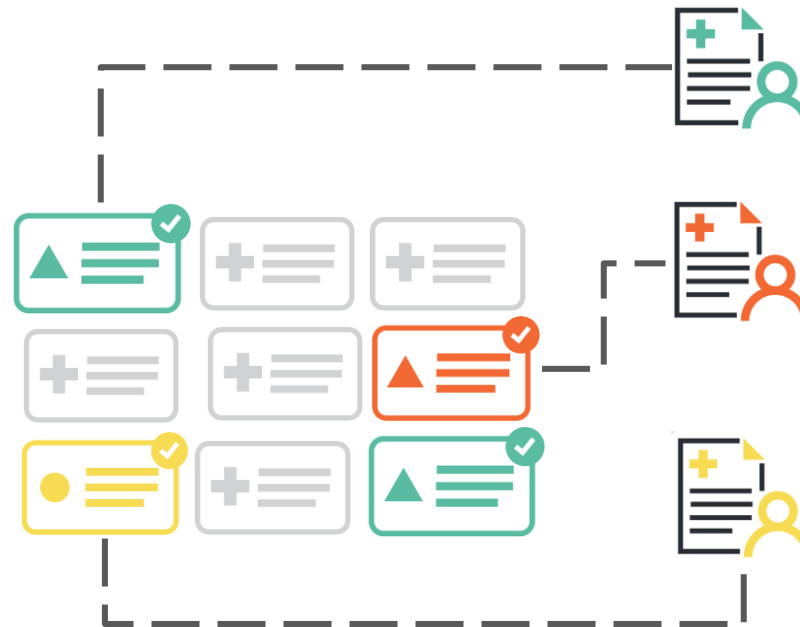
# Managed Individual



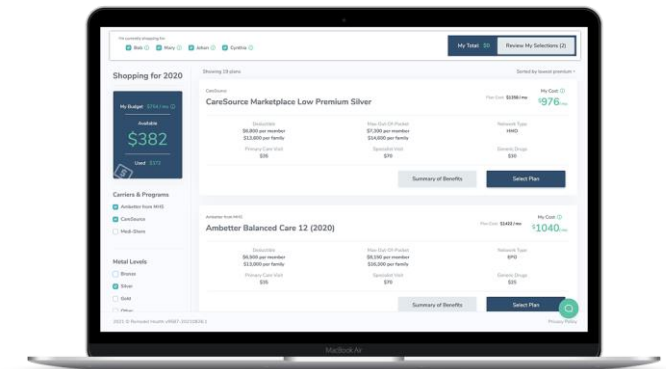
1. **Employer** provides a contribution.



2. **Employee** selects the plan they wish to purchase.



3. **Software** for **one bill** to manage it all.



+ Added Benefits:



On-Going Support



Telemedicine



Ancillary Options



Resource documents

# Group vs. Managed Individual

Simple breakdown of **how it works**



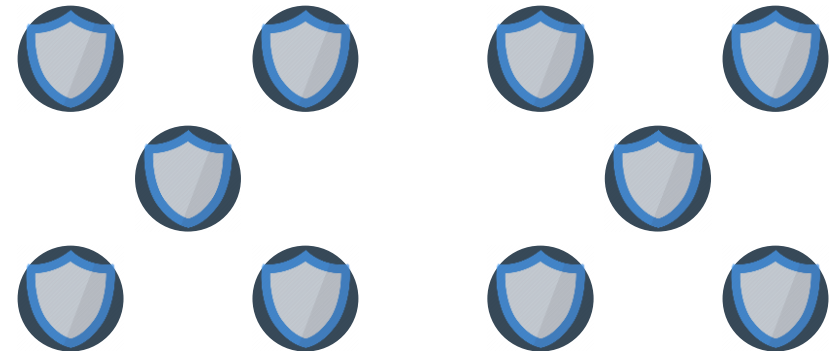
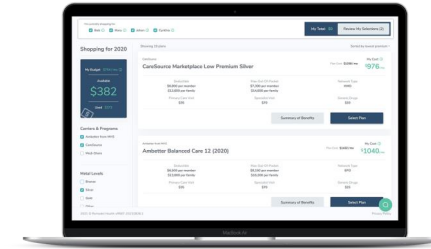
 **BlueCross BlueShield** 1 Group Plan



10 Employees, **1 Bill**

VS.

 **BlueCross BlueShield** 10 Individual Plans



10 Employees, **1 Bill**



# Health Benefits Delivery Strategy



## Traditional



The traditional approach  
to healthcare plans



## Managed Individual



Giving employees funds  
to shop for their own plans



# Defined Benefit



## Pension

**Single Product**  
*provided by employer*

Money stays  
with the  
**Company**

**Organization**  
invests

**Organization**  
chooses



## 401(K)

**Contribution**  
*given to the employee*

Money is  
owned by the  
**Employee**

**Employee**  
invests

**Employee**  
chooses

# Defined Contribution





# Understanding Managed Individual.

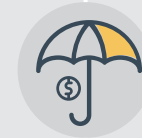
## Group vs. Individual

**Pension**

**vs**

**401(k)**

**Single Product**  
provided by  
employer



**Contribution**  
given to the  
employee

Money stays  
with the  
**Company**



Money is  
owned by the  
**Employee**

**Organization**  
invests



**Employee**  
invests

**Organization**  
chooses



**Employee**  
chooses

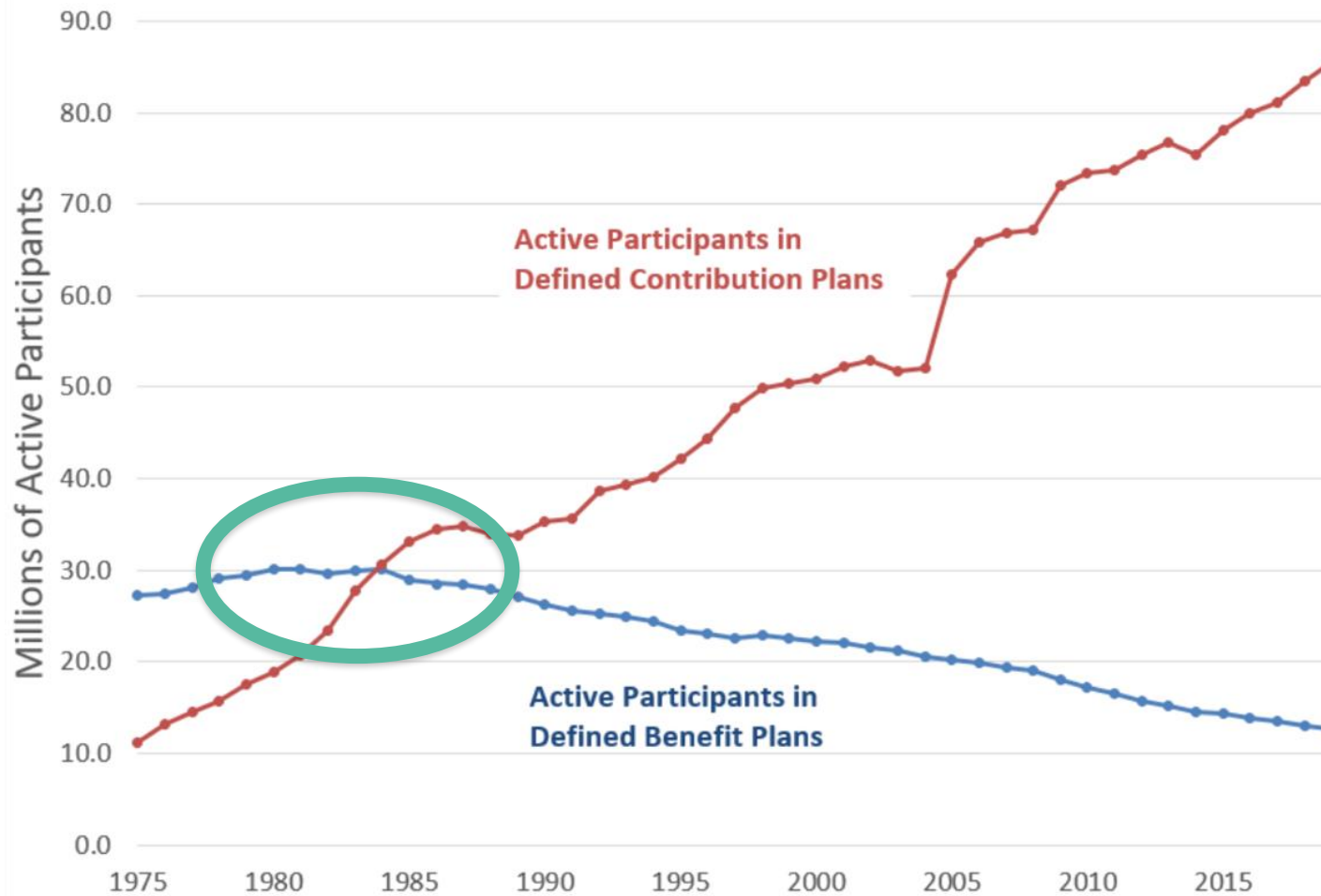


We've  
been  
here  
before.

# Group retirement plans already died. Group health plans are dying, too.

Figure 1. Active Participants in Private-Sector Pension Plans

1975-2019



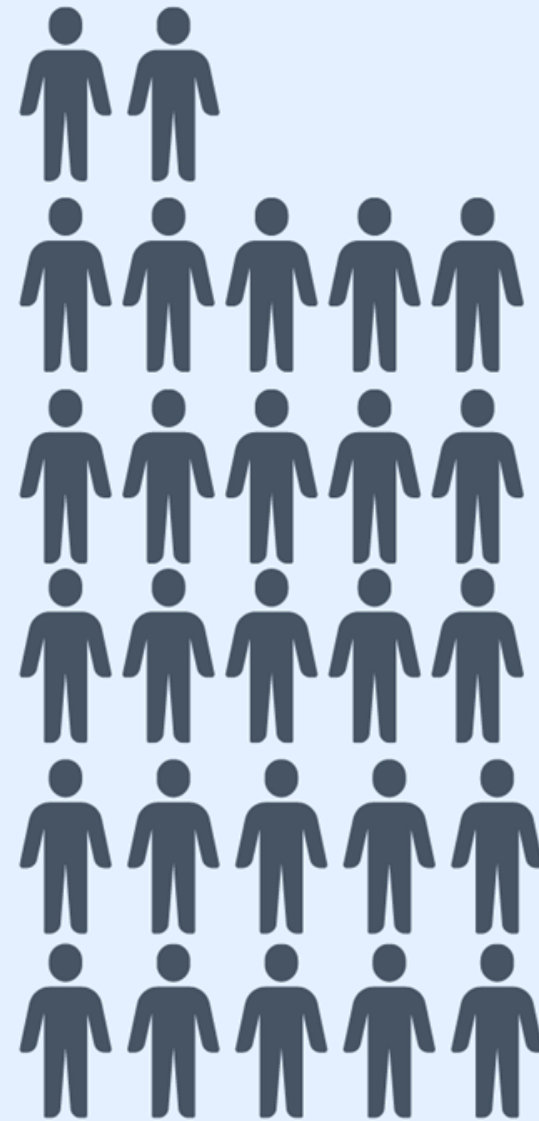
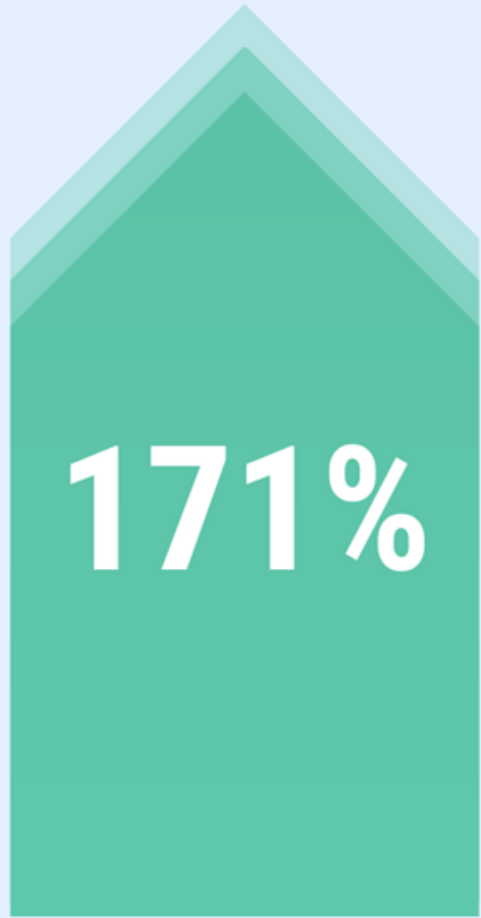
# Growth in the Number of U.S. Workers Offered Managed Individual



h r a  
c o u n c i l



2022



2023

# History of HRAs

---

# HISTORY OF HRA

How HRAs have been used, removed, and renewed



## 1960s

- Lawmakers see the need for innovation because of rising health insurance costs



## 1974

- HRAs officially introduced through Employee Retirement Income Security Act (ERISA)

## 2000s

- Lawmakers change rules to HRAs
- Could be offered alongside group but still used just for individual
- Unlimited allowance amounts
- Could customize allowances based on roles in the organization

# HISTORY OF HRA, continued...

How HRAs have been used, removed, and renewed



## 2013

- IRS interpretation of the Affordable Care Act (ACA) removes normal standalone HRAs
- ACA law requires *no lifetime limit* to all “insurance plans”
- ACA law requires *minimum essential coverage* (MEC) included on all “insurance plans”
- HRAs only allowed alongside or “integrated with” an ACA-compliant plan



## 2016

- 21st Century Cures Act passes, “Qualified Small Employer Health Reimbursement Arrangement” (QSEHRA)

# QSEHRA (Qualified Small Employer HRA)



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Legislation Congressional Record Committees Members

Legislation Examples: hr5, sres9, "health care" MORE OPTIONS

Home > Legislation > 114th Congress > H.R.34 Citation Subscribe Share/Save Site Feedback

## H.R.34 - 21st Century Cures Act

114th Congress (2015-2016)

**LAW** Hide Overview

**Sponsor:** [Rep. Bonamici, Suzanne \[D-OR-1\]](#) (Introduced 01/06/2015)

**Committees:** House - Science, Space, and Technology | Senate - Commerce, Science, and Transportation

**Committee Reports:** [S. Rept. 114-146](#)

**Committee Prints:** [H. Prt. 114-67](#)

**Latest Action:** 12/13/2016 Became [Public Law No: 114-255](#). (All Actions)

**Roll Call Votes:** There have been [3 roll call votes](#)

**Tracker:** Introduced > Passed House > Passed Senate > Resolving Differences > To President > **Became Law**

**More on This Bill**  
[Constitutional Authority Statements](#)  
[CBO Cost Estimates \[3\]](#)

**Subject — Policy Area:**  
Health  
[View subjects >>](#)

- Tax Free Contribution
- Creates SEPs
- No Group Coverage
- Under 50 Employees
- Annual \$ Limits
- All EE's Auto Opted In
- Must All Be Equal \$
- Tax Credits Offset 1:1
- May Use On-Exchange
- Proof of Coverage Required



# HISTORY OF HRA, continued again...

How HRAs have been used, removed, and renewed



**2017**

- QSEHRA becomes available
- Trump issues executive order focusing on: Association Plans, Short Term Plans, HRA improvements



**2018**

- New HRA rules are proposed by HHS, Treasury, DOL
- IRS releases proposed regulations for HRAs, including “affordability” safe harbors
- Comment period concludes with insignificant opposition

**2019**

- New HRA final rules are released with projected start of January 1, 2020



# Overview of Updated HRAs

Here is what **innovation** looks like!



	<b>QSEHRA</b> Qualified Small Employer	<b>ICHRA</b> Individual Coverage
Year	2017	2020
Reimbursements	Premiums + Expenses	Premiums + Expenses
Size	Less than 50 employees	None
Budget Limits	\$6,150/single \$12,450/family	No Limit
Tax Credit Interaction	Offsets 1:1	"Unaffordable" can choose tax credits or HRA, "Affordable" no tax credits
Design Flexibility	Must be <b>equal</b> , and no group dental/vision, etc.	Customize by <b>Class</b> ; can offer group dental/vision, etc.
Creates SEP	Yes	Yes



# TAX CREDITS

How do **QSEHRA** and **ICHRA** work with tax credits?



## QSEHRA

*Offsets*

John qualifies for \$300/mo tax credit but has \$200/mo QSEHRA budget

**John's tax credit is reduced by \$200/mo**

## "Affordable" ICHRA

*No tax credits*

John qualifies for \$300/mo tax credit but as \$200/mo "affordable" ICHRA

**John gets no tax credits**

## "Unaffordable" ICHRA

*Employee choice*

John qualifies for \$300/mo tax credit but as \$200/mo "unaffordable" ICHRA

**John can choose to use either tax credit or ICHRA**

# Defining IRS “Affordable”

The mechanism by which **tax credits** and the ALE impact



“**Affordable**” means an employee should pay less than **8.39% of income** for **2024** for the lowest-cost silver plan (i.e. *benchmark*).

## IRS Safe Harbors

### Determining Lowest Cost Silver Plan

- **Location:** Can use work address
- **Age-based:** IRS requested in comments
- **Prior Year:** Rates can be prior year exchange

### Estimating Household Income

- **Salary:** Based on the employer W2
- **Hourly:** Assumes 130 hours per month
- **Federal Poverty Line**



“**Affordability**” impacts the **Employer mandate** and whether or not **tax credits** are available.

# AFFORDABILITY TEST

Here's an example to show you how this works



## \$32,000/year, 30 years old

- Single
- \$32,000/year
- Lowest cost Silver Plan
  - Ambetter Balanced Care 11
  - \$330 per month
- **"Affordability"** based on Safe Harbor:
  - 8.39% of W-2 wages: \$224 per month
  - Minimum ICHRA required: **\$106**

## \$32,000/year, 60 years old

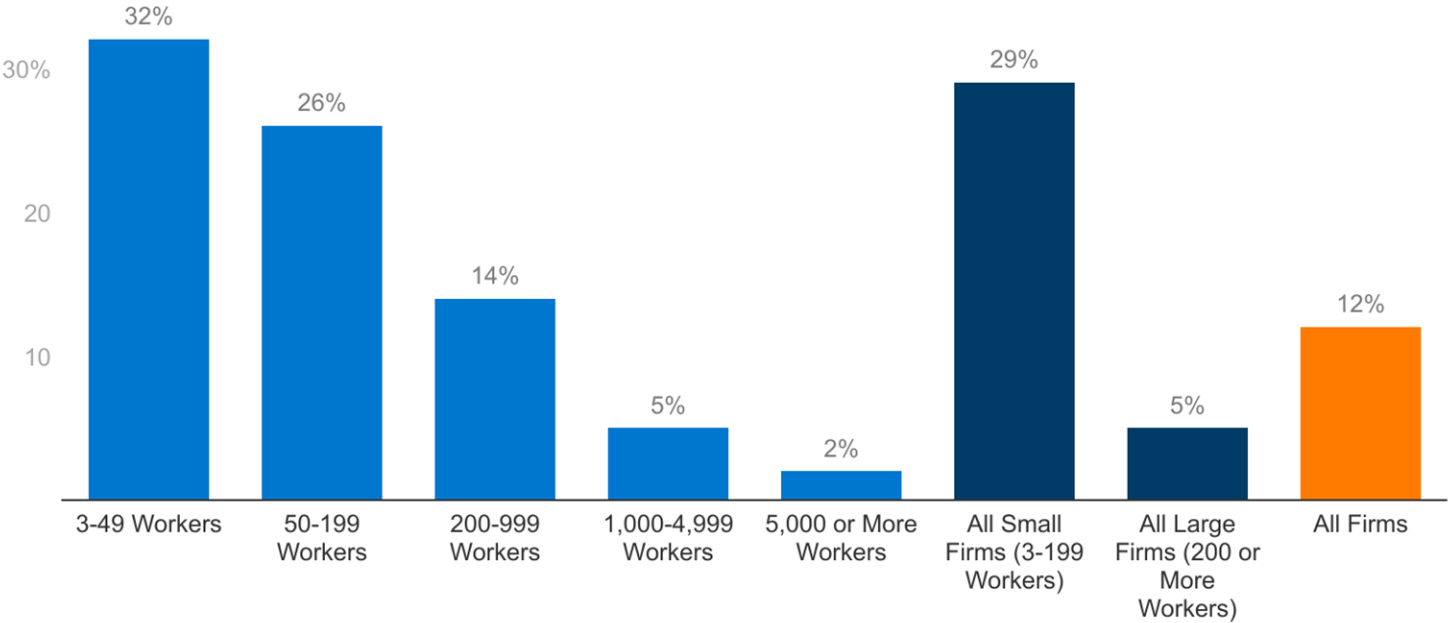
- Single
- \$32,000/year
- Lowest cost Silver Plan
  - Ambetter Balanced Care 11
  - \$790 per month
- **"Affordability"** based on Safe Harbor:
  - 8.39% of W-2 wages: \$224 per month
  - Minimum ICHRA required: **\$566**

# 5.1 Million



An estimated 5.1 million people nationally fall into the Affordable Care Act's "family glitch" that occurs when a worker receives an offer of affordable employer coverage for themselves but not for their dependents, making them ineligible for financial assistance for marketplace coverage.

Share of Covered Workers Who Would Face a Contribution of at Least \$10,000 if They Were to Enroll in Family Coverage, by Firm Size, 2021



# CLASS COMPLIANCE ICHRA

Some basics to HRA classes and keeping it legal



## Employee Classes

- Waiting Period
- Full-Time and Part-Time
- Seasonal
- Collective Bargaining Agreement
- Non-resident Alien
- Geographical Area
- Salary and Non-salary
- Staffing Firm Employees
- New Hire Subclass
- Age or Dependents (**3:1 only; \$106 vs. \$188**)



## Class Size Requirements

- No minimum *if* employer does not offer group health plan
- If group plan *is* offered, these minimums required:
  - 10 for employers with fewer than 100 employees
  - 10% (rounded down) for 100-200 employees
  - 20 for employers with 200+ employees

# OTHER DETAILS **ICHRA**

Some more obscure but important HRA info



## **Enrollment**

- **ICHRA** opens Special Enrollment Period (**SEP**)
- 60-day window to choose new plans
- Can start up or switch over any time of the year
- Cannot be used for *spouse's plans*
- Can roll-over budgets if allowed by Employer



## **Classes**

- May have multiple “classes”
- Each class may have different allowances

# Practical Use of ICHRA

What kind of Employers should consider this option?



## Small Employers with High Income Employees

Employers with Over 50 EE's

When "Group Health" costs more than ACA (without the Tax Credit)

Let *Remodel Health* Help you with 50+ Employer groups

Concierge Service and complete enrollment of ACA plans and OEP renewal

Agent makes \$15 PEPM on all ACA sales, permanently

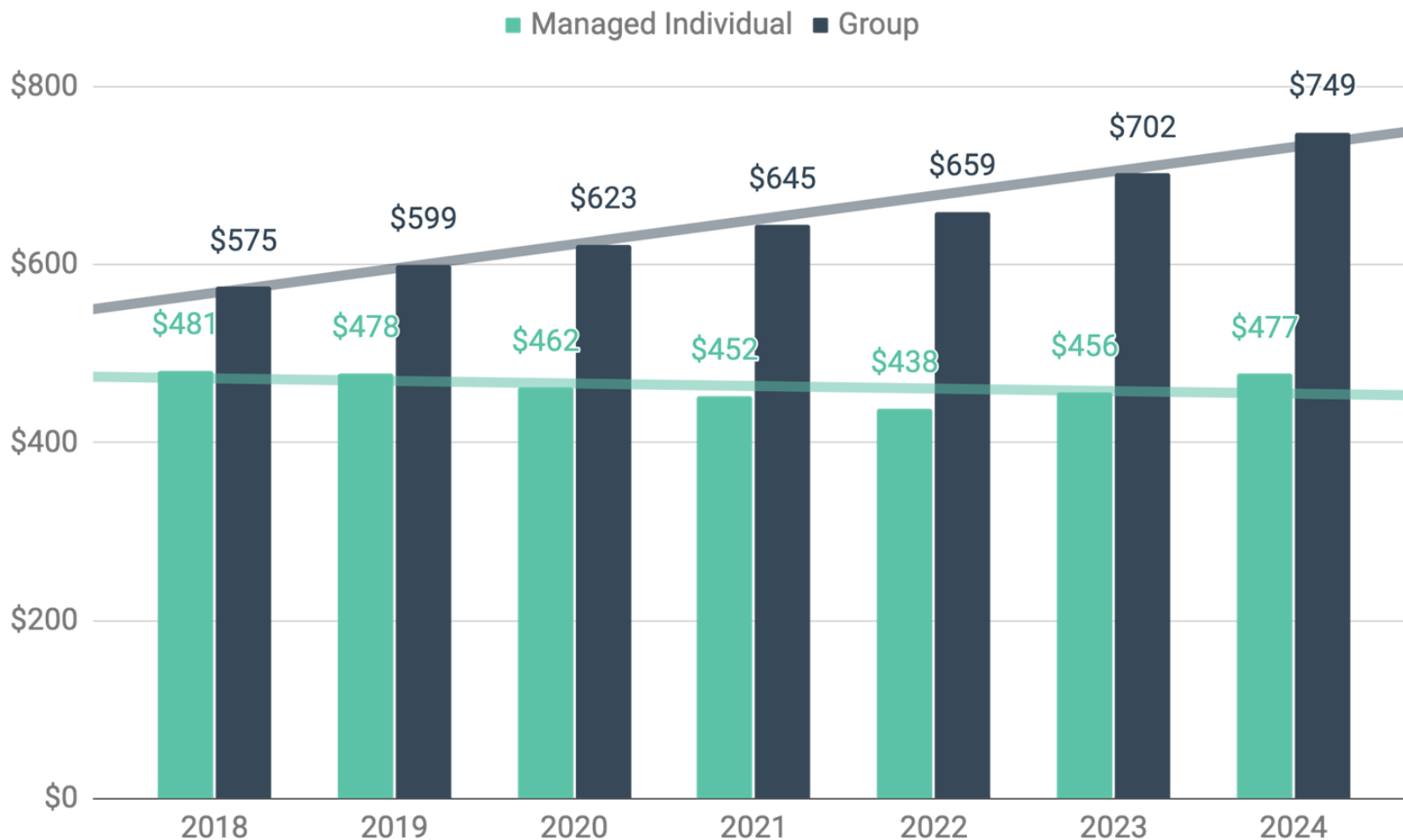
Agent can make ancillary sales to group

Need Census and Current Monthly Bill for Group Insurance





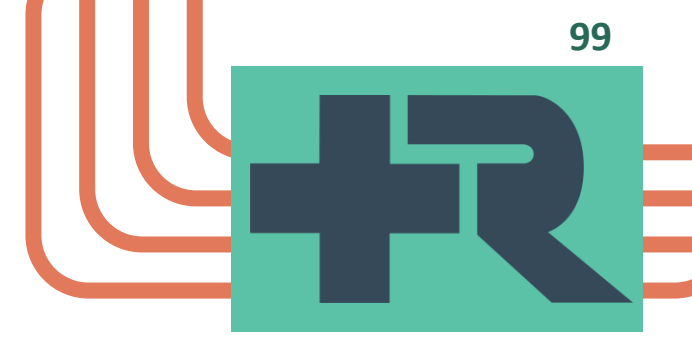
# Side-by-Side Comparison



**Monthly Total Health Insurance Premiums**  
for Employee Only Plan  
via **Group** vs. **Managed Individual**



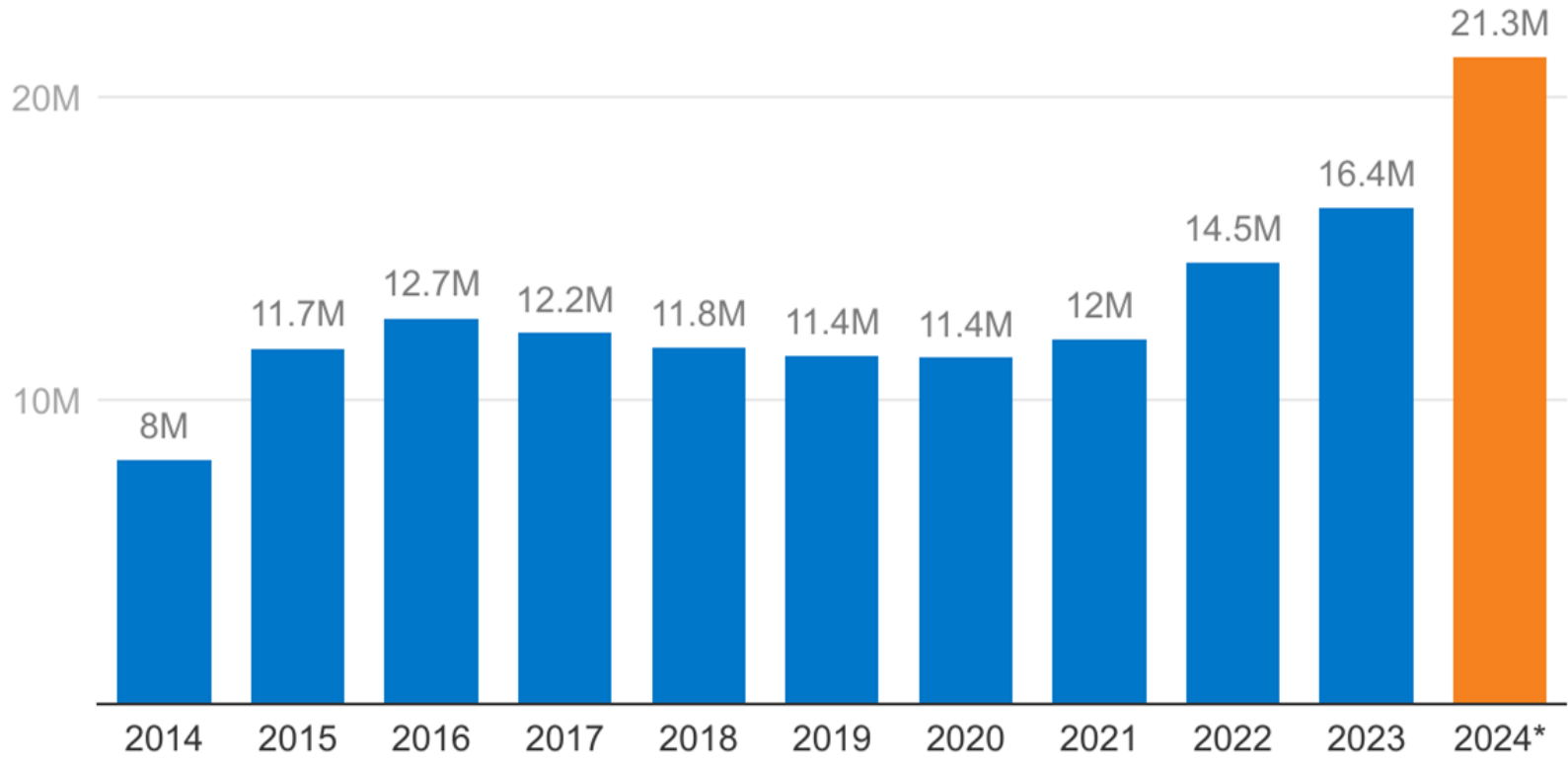
1. [kff.org/report-section/2018-employer-health-benefits-survey-summary-of-findings](https://www.kff.org/report-section/2018-employer-health-benefits-survey-summary-of-findings)
2. [kff.org/report-section/ehbs-2019-summary-of-findings](https://www.kff.org/report-section/ehbs-2019-summary-of-findings)
3. [kff.org/report-section/ehbs-2020-summary-of-findings](https://www.kff.org/report-section/ehbs-2020-summary-of-findings)
4. [kff.org/report-section/ehbs-2021-summary-of-findings](https://www.kff.org/report-section/ehbs-2021-summary-of-findings)
5. [kff.org/report-section/ehbs-2022-summary-of-findings](https://www.kff.org/report-section/ehbs-2022-summary-of-findings)
6. <https://www.kff.org/report-section/ehbs-2023-summary-of-findings>
7. <https://www.wtwco.com/-/media/wtw/insights/2023/10/2024-global-medical-trends-survey-updated.pdf>
8. [kff.org/health-reform/state-indicator/marketplace-average-benchmark-premiums](https://www.kff.org/health-reform/state-indicator/marketplace-average-benchmark-premiums). *Non-subsidized.*



# Record Growth

## 2024 ACA Open Enrollment Breaks Another Record

Total ACA Marketplace Plan Selections During Open Enrollment, 2014-2024



**30% Growth**  
**Year-over-Year**  
 for Individual Plans and  
 nearly **2X** since 2020.



The basics: **individual plans**  
have been **winning over group**  

---

**plans for a decade...**

**Discounts** on individual plans  
have gotten **bigger** and even  

---

**more** people **qualify**.

# Total Addressable Market

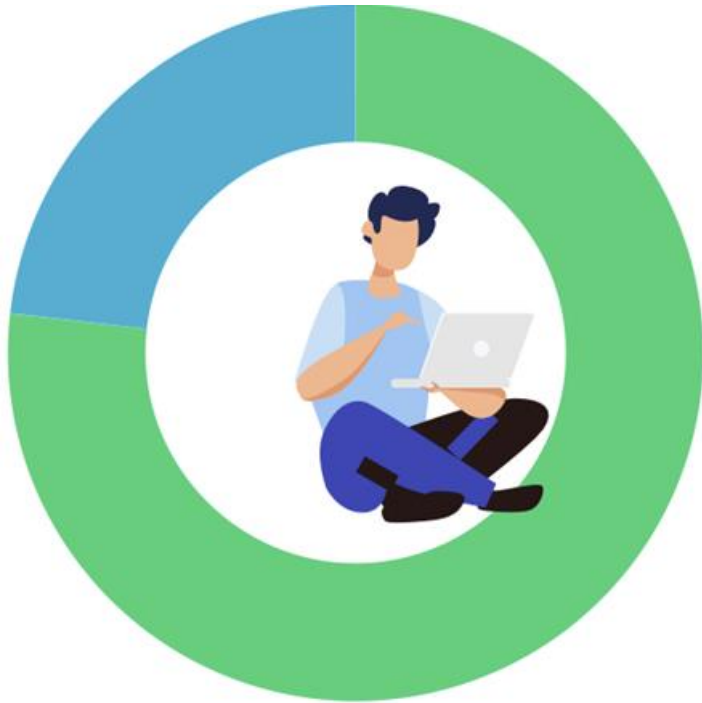
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- **4,533,903** total employers with 10 employees and under
- **Only 24.9%** of these employers offer health benefits in 2024
- **3,404,961** total employers need to start offering health benefits
- **11,127,846** total employees are ready to be served



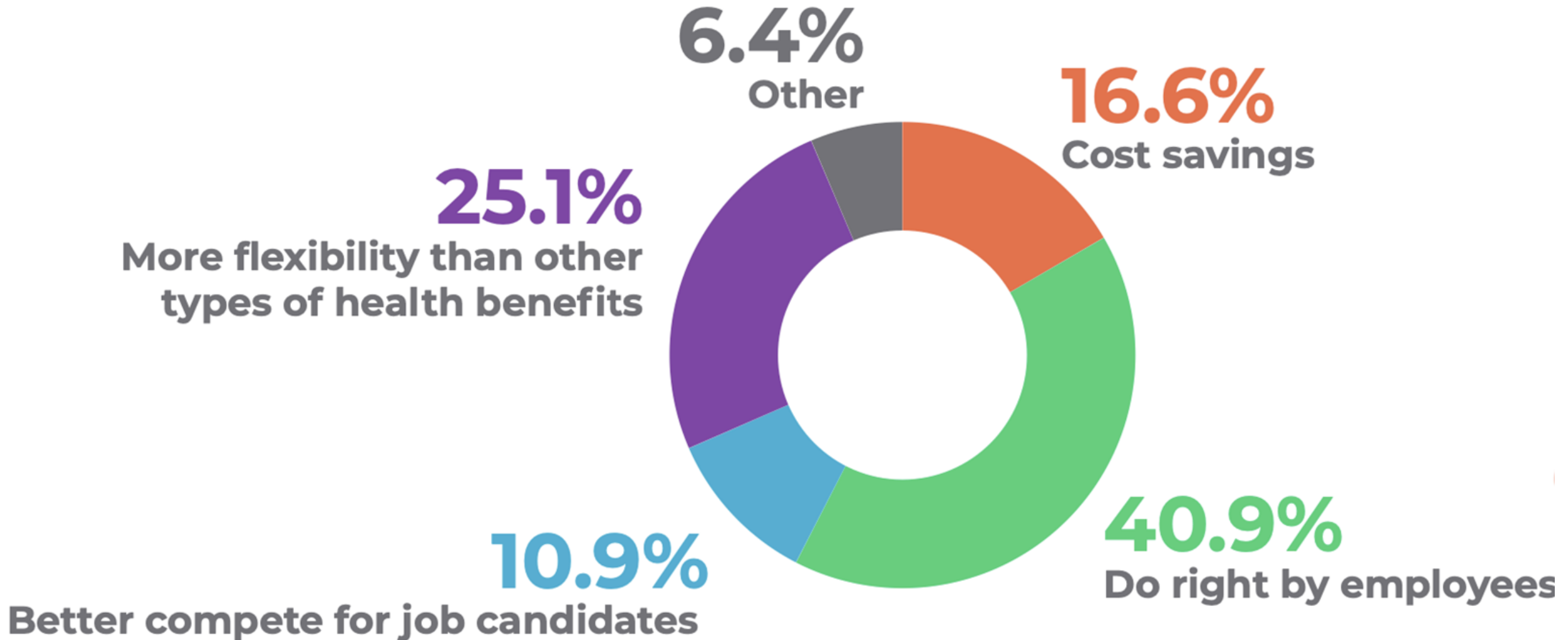
# Why employers offer a Managed Individual



**76.8%** of employers surveyed didn't offer a health benefit prior to the QSEHRA.

**23.2%** of employers offered another health benefit prior to the QSEHRA

# Why employers offer a Managed Individual



# Practical Use of QSEHRA

What kind of Employers should consider this option?



**Small Employers with Lower to Moderate Income Employees**

**Employers who need health enrollment outside of OEP**

**Employers who need the ability to enroll new employees anytime**

**Employers with Under 50 EE's**

***Better* target, less than 30 FT EE's**

**Best target – 2 to 20 Employees**



# This Is How Much *You* May Per Employee



	<b>Plan Premium</b>	<b>Commission</b>
<b>ACA Plan</b>	\$195 (varies with PTCs)	\$60 (\$30 x2)
<b>Critical Illness</b>	\$50	\$25
<b>Dental</b>	\$55	\$25
<b>Software</b>		\$5
	\$300 from Employer	<b>\$115 per month</b>
		x12 months
		<b>\$1,380/year</b>



**\$13,800+** per year per 10 employee group

Finding **just 1** new group per month

**\$165,600+** new income

**in just year 1!**

# How Can You Catch This Wave?



# Top Hook Lines for Getting The Appointment

---



1. Interesting idea for first time health benefits
2. Did you lose employees because of benefits?
3. About those individual insurance plans
4. The best way to spend new dollars into benefits
5. Optimized Strategy for Employer Benefits
6. What a plan could look like with WorkPerks
7. A quick tip on delivering better benefits
8. 34% more affordable for first time employer benefits
9. Have you heard about the 401k of health benefits?
10. ACA changes that help employers
11. An alternative health benefit worth looking into
12. Better option than group health plans
13. 3 steps for employers to start health benefits
14. Pretty interesting data/graph
15. Can we connect next week?
16. Which benefits would employees choose? (PDF)
17. Quick explanation of QSEHRA
18. 2017 laws that matter today for employer benefits
19. The fastest growing option for small businesses
20. 76.8% of small businesses started it for this reason
21. 40.9% of employers wanted to do right by employees
22. 171% growth YoY for this newer option for employers
23. This benefit makes group health look like pensions
24. Special option for employers with less than 50 EEs
25. Side by side: ICHRA and QSEHRA and WorkPerks
26. Don't make your employees lose tax credits
27. 11.4M to 21.3M over the last 4 years
28. The top 24.9% of small businesses do this
29. Easiest (and most affordable) first step into benefits
30. Your #1 competitive advantage as a small employer

1. What are your prospects **Googling**?
2. What are you an expert at that can help them?

### The **80%** Rule:

“What works for 80% of people, 80% of the time.”

# The Value Is You

- These options are **only available** through an **Individual Agent**
- You are the **responsive**, local agent to serve their entire team
- Professional **Guidance** on Plan Choice
- Understanding of your unique **Doctor/Specialist preferences**
- Someone who can match your prescription formulary correctly
- **Enrollment** assistance to ensure all steps are completed
- Assistance with required Government **documentation**
- Help with 1095/**Tax forms**
- **Updates** to your plan when your family, work or location changes
- Help with **additional insurance needs** like Dental, Life, Medicare, etc.

# What to say at the meeting?

---



1. **Why** – why are you exploring benefits? Why not just keep doing the same thing?
  - You have lost good employees/can't get the right people on the team, or
  - You want to start doing more for your team?
2. **Why not** – why have you not done anything yet?
3. **What** – what is the dream/best case scenario that you're hoping for?
4. Use **pensions vs. 401ks** to teach about the new way to offer health benefits
  - Provide a **budget**—they can spend it and add to it if they want
  - Provide the **advisor**—just like the 401k specialist who helps you pick your portfolio
5. Proof of concept: “How much would this cost?”
  - set the **contribution** +
  - monthly **fee** x EE count +
  - **You Are The Value**
6. **Next Step and Timeline** – yes/no, and if so... *when!*
7. Never leave without the **next meeting** on the books!

**PRO TIP:** *Choose select slides from this Power Point to illustrate the points you feel are important*

# Don't Spill the Candy in the Lobby\*

(Sandler)

- **Caution: Don't educate your competition.**
- What if he takes your idea to his “Group” health agent or other insurance agent colleague?
- Attend the next few sessions and we'll explain.





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Creating  
Small Group  
Benefits  
With Individual  
ACA plans



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[marketer@ppisales.info](mailto:marketer@ppisales.info)

## Step 6

*CSG: Create/Collapse Small Groups Training\**

Learn how to use ACA to replace Small Group Health Plans! Save Employers & Employees Money, and get the Employer to pay for 2-4 Additional Insurance Plans! ***This course includes over 12 hours of in-depth training to teach you step-by-step how to succeed in this market.***

This is "Next Level" selling ... and it will add HUNDREDS of clients to your account. You can do this 12 months a year.

*\*Note: There are contracting requirements to access this advanced course, including having your ACA, Manhattan Assurance and National General appointments through PPI.*

Don't get  
sued!

You could  
**HURT** an  
employer  
group if you're  
not trained



[www.peaktraining.com](http://www.peaktraining.com)

Questions?

877-612-7317 or  
marketer@ppisales.info

## Step 6

*CSG: Create/Collapse Small Groups Training\**

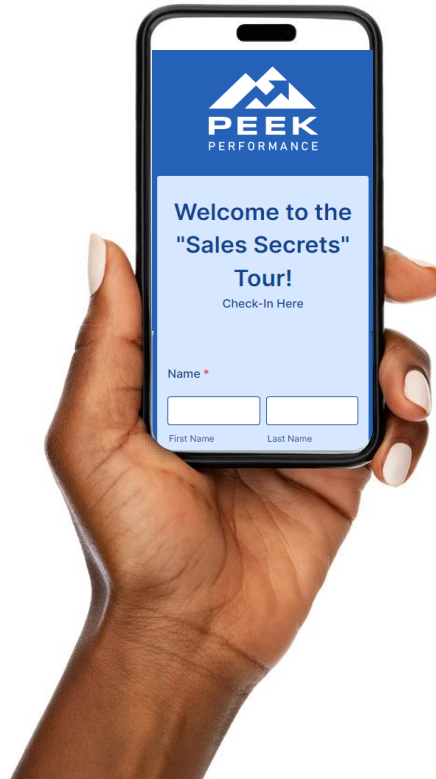
Learn how to use ACA to replace Small Group Health Plans! Save Employers & Employees Money, and get the Employer to pay for 2-4 Additional Insurance Plans! ***This course includes over 12 hours of in-depth training to teach you step-by-step how to succeed in this market.***

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**SCAN ME!**

*“Sales Secrets” CLASS 3:*

A Simple  
**ICHRA** Solution



[www.peaktraining.com](http://www.peaktraining.com)

*Step 3*



# Want to enroll your own ICHRA leads?

---

- We can help!
- Simple platform
- Very low cost to the Employer
- Enroll employer groups 12 mo a year and add new employees anytime
- If you get a 50+ group – our 3<sup>rd</sup> party partner will sell, enroll, re-enroll and fully service it and pay you a monthly fee per employee
- Join our **webinar** in October to learn more!

# 2 Minutes to Sign Up

- Interested in offering HRA as a service?
- Visit <https://hra.liferaft.co/peek/broker-onboarding-form> (QR Code below) and complete the form to get access to HRA quoting portal
- Sign up form requires basic information
- Within 24 hours you will receive an email with access to the quoting portal for HRAs



## Start Offering HRAs with Liferaft

Our platform was designed to help group brokers succeed in the HRA market.

With Liferaft, brokers generate monthly revenue for each employee enrolled, plus provide an affordable and flexible option for their clients interested in an HRA solution.

[Sign up to offer HRAs ↓](#)

### Agent Onboarding Form

Email\*

First name\*

Last name\*

Phone number\*

Mailing address: Street

Mailing address: City

Mailing address: State\*

Mailing address: Zipcode

Resident License\*

Please Select

Licensed in Multiple States?

# Requesting HRA Quote For Your Client

- Provide basic information to get an HRA quote
- Your information, company information and census
  - Be sure to include wages in the census for the group
- 5 minutes to request a quote
- Receive a complete proposal for your client in 24-72 hours

## Request an HRA Quotes for Your Client

Liferaft offers the easiest and quickest way for brokers to quote HRAs for their clients.

- ✓ Forget waiting 14-21 days for quotes — you can get an HRA quote back in just a few business days.
- ✓ We handle all individual enrollments and Advanced Premium Tax Credit (APTC) considerations.
- ✓ Liferaft compensates you for referring a group with a monthly revenue stream.

Once you submit, we will start crunching the numbers!

Based on your group size, expect your HRA quote back in:

- 24 hours for <10 employees
- 2 business days for 10-50 employees
- 3 business days for 100+ employees

## Get a tailored HRA quote for your client.

In the following section, please enter information about your Brokerage/Company:

Your Brokerage/Company name\*

Your First name\*

Your Last name\*

Your Email\*

Your phone number\*

In the following section, please enter information about the client who you are generating a quote for:

Your Client's Company Name\*

Your Client's Company State\*

How many eligible employees does your client have?

# An HRA Quote For Your Client

- Liferaft will provide you an HRA quote for your client including:
  - Overview of ICHRA / QSEHRA
  - Any cost savings generated through the HRA
  - A compliant reimbursement schedule by employee ages
  - Available plan options for employees
- A fully formatted proposal ready for your clients



## Individual Coverage Health Reimbursement Arrangement (ICHRA) Proposal

For [ ]  
[ ] 2023

### 1. THE LIFERAFT HEALTH REIMBURSEMENT ARRANGEMENT

#### What is an ICHRA?

An Individual Coverage Health Reimbursement Arrangement (ICHRA) is an employer controlled, tax advantaged reimbursement account where employers can reimburse employees for their health insurance premiums.

- Employee are free to choose from any available health plan options
- Employers keep any unused reimbursement funds
- Can adjust benefits based on employee class
- Affordable way to satisfy the employer mandate

#### How It Works

- Pick your level**  
Determine how much you will reimburse your employees each month, depending on your budget. You can create different reimbursement levels based on employee class.
- Employees enroll in coverage**  
Liferaft's expert team will meet with each of your employees to enroll them in the health plan that makes the most sense for them.
- Employees reimbursed**  
Our user-friendly 100% digital, HIPPA-compliant experience makes it easy for your employees to receive automatic reimbursements each month.

#### How Much You Can Save With Liferaft

What You Pay Now  
**\$160,092 / mo**  
to cover 200 employees

VS.

With Liferaft ICHRA  
**\$114,930 / mo**  
to cover 200 employees



liferaft.co

Proprietary & Confidential

### Proposal Overview

1. What is an ICHRA?
2. Reimbursement Schedule & Costs
3. ICHRA Features & Fees
4. How Liferaft Compares to Other Providers

### 2. REIMBURSEMENT SCHEDULE & MONTHLY COSTS

#### Reimbursement Schedule

Monthly Reimbursements Budget: \$114,130

Liferaft has completed an initial review of the [ ] census and prepared a reimbursement schedule for employees.

Reimbursement is set using a reference plan (a silver level exchange plan) but employees are able to purchase the plan of their choosing with assistance from the Liferaft team and platform. Specific plan availability and specifications will vary by employee zipcode.

Additional Reimbursements	
Employee Age	Monthly Reimbursement
Employee & Child	\$200
Employee & Spouse	\$200
Family	\$500

Employee Reimbursements		
Employee Age	WI Monthly Reimbursement	MN Monthly Reimbursement
Under 30 years old	\$383	\$110
30-39 years old	\$400	\$110
40-49 years old	\$500	\$110
50-59 years old	\$950	\$275
60 and over	\$1,150	\$330

\* Reimbursement schedule prepared based assuming:  
 • Same employee and family participation as current plan.  
 • [ ] sets reimbursements to ensure affordability is met for ACA requirements

#### [ ] Monthly Costs

Monthly Service Fee \$10.00 / employee	\$4,000
Monthly Platform Fee	\$0
Monthly Reimbursements For 200 participating employees	\$110,930
<b>Monthly Total</b>	<b>\$114,930</b> Annual Total: \$1.4mm Cost Per Employee Per Month: \$356



liferaft.co

Proprietary & Confidential



# Setting Up An HRA

- If your client is ready to set up an HRA complete the short onboarding form to start the process
- Liferaft will reach out with next steps in 24-48 hours to get onboarding started
- Offering an HRA is four easy steps

**Liferaft** [View Pricing](#) [Contact Us](#) [Vis](#)

## Complete Your HRA Onboarding

After form submission, Liferaft will be in contact regarding the next steps. Once all onboarding items are complete, your client can begin administering their HRA.

[Complete the form ↓](#)

### HRA Onboarding Form

**Company name\***  
Name of the company onboarding

**Client first name\***

**Client last name\***

**Email\***  
Please enter the client's email here.

**Broker's first and last name\***

How many eligible employees does this company have?

**State/Region\***

**HRA type\***  
Please Select

# Want to Learn More?

---

- Join us in October for a complete webinar to learn more about offering HRAs
- In the webinar we will cover:
  - Sales strategies of how to offer the ICHRA/QSEHRA
  - When is the ICHRA/QSEHRA right for your clients
  - Compliance considerations for the ICHRA/QSEHRA
  - A deep dive into the Liferaft platform



*“Sales Secrets” CLASS 4:*  
*Selling “Group Health”*  
*without*  
*Selling Group Health*



[www.peaktraining.com](http://www.peaktraining.com)

*Step 3*



# Don't walk away empty handed – *Get the Group!*

---

- You open the door and engage our team
- Our team will **sell, enroll** and **service** the client
- You make a monthly PEPM – for as long as the client stays
- You may make the 2<sup>nd</sup>/3<sup>rd</sup> sale if you like
- You'll make 20% on all commissions (Health & Ancillary!)
- Join our **webinar** in October!

*More info  
coming  
soon*







*“Sales Secrets” CLASS 5:*

*Why **780+** Agencies  
Partner w PPI*



877 612 7317

[marketer@ppisales.info](mailto:marketer@ppisales.info)

[www.peaktraining.com](http://www.peaktraining.com)





# We Make Agency Building Easy

- ✓ We help you share the ACA opportunity
  - ‘Why ACA’ for your team and prospective agents
- ✓ We show you where to “point”
  - Simply direct agents to our platform
- ✓ You Focus on Selling and Recruiting, **not** “Administrivia”



# We can help you grow too!

- Electronic Contracting Link / ACR
- Secure hierarchy and clear lines of PPI products vs non-PPI
- We do the heaving lifting with Contracts, Commissions, Compliance and Marketing Training so you can focus on selling and recruiting
- Commission grid with multiple levels accommodates any size agency
- Your own personal ACT/Agency Care Team Rep
- Be invited to a PPI Marketer's Summit at our HO for additional training
- Agent data where you live, Free!
- Call one of our ACT to discuss this today @ 877 612 7317 or register for our **Webinar** in October



# Increase YOUR Value

- What's your “End Game” ??
- Yes, you have a “Value” in the marketplace
- Are you a “**MONSTER**” or are you a “*Machine*”?
- PPI can help you expand your influence and leadership in this market and therefore your “Value” ... Let us help



*“Sales Secrets” CLASS 6:*

*“Agent Assist” and  
“Agency Assist”*

*Virtual Assistant to grow  
your business*

[www.peaktraining.com](http://www.peaktraining.com)



# “Agent Assist”

---

- A PPI Vetted resource available to Top Producers who are challenged to manage a large book of business
- Can communicate on your behalf with clients, gather data, schedule appointments, track documents, assist with payments
- Can help generate **referrals** and create new **leads**
- Can reach out for 30/60/90 *customer service calls* and inquire about additional products like **dental and life**
- Can expand your capacity to *help more people, make more sales*
- Can call small employers to help with *12 mo selling*
- Costs less than half as much as an in-person employee

# “Agency Assist”

---

- Can help call new agents – for recruiting!
- Assist agents with core contracting and follow up
- Offer “ancillary/other market” contracts to your team
- Help point agents to training resources
- Assist your downline managers who need help growing their teams
- Register for our **Webinar** in October to learn more or reach out to our Agent/Agency Care Team rep at 877-612-7317

# THE PROVANA EXPERIENCE

Provana, a highly specialized knowledge process management company delivers the perfect blend of technology and human-enabled solutions to the credit and collections, legal processing and revenue cycle management sectors. Our client centric and collaborative approach helps us continuously improve ROI. We prioritize process, performance, and profit driving sustained success across our clients.

Technology

+

Human-enabled solutions

**400+**  
clients

**3000**  
Employees

## We serve...



**Credit and collections**



**Insurance & Healthcare**



**Legal Processing**



**Revenue Cycle Management**



**Business Process Management and Automation**



**Compliance Management IPACS®**



**Contact Center Services**



**Business Intelligence**

# OPPORTUNITY AREAS

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The PPI-Provana COE will support the 3 opportunity areas



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## INCREASE REVENUE

Helping top performers perform better  
– Your top performing brokers are capacity constrained.



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## SMALL BUSINESSES REVENUE

Supporting brokers that do Market Outreach to small employers (<50 employees, who can't afford to pay for health insurance and the ACA HRA provision helps those employees get coverage).



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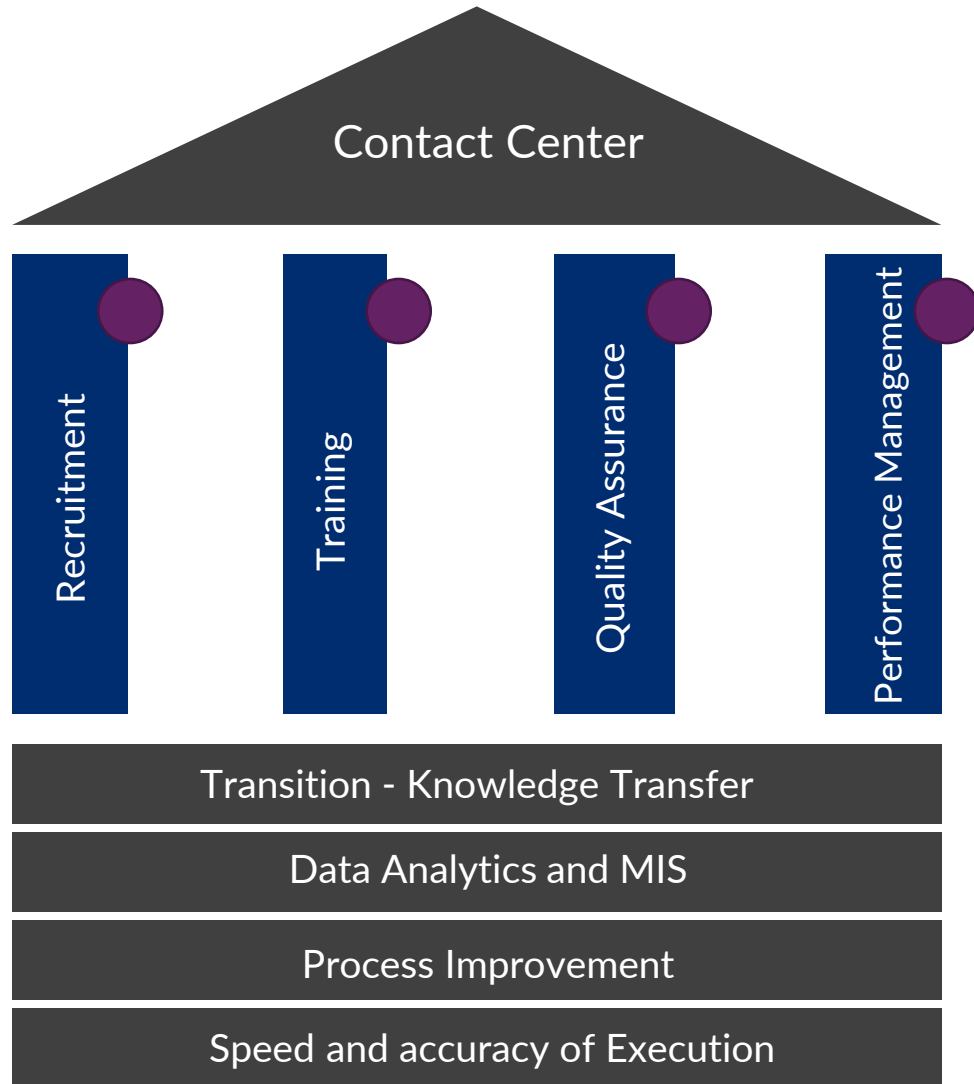
## LEAD GEN

Lead generation in the small business area – this would be PPI COE agents cold calling small businesses and setting up appointments for brokers..



# INDUSTRIALIZED CONTACT CENTER PROCESSES

“  
A Robust & customized talent acquisition strategy ensuring high-quality talent hiring.  
”



“  
Compliance – A way of Life at Provana:  
Transaction monitoring model that supports consistent performance  
”

“  
Experienced inhouse training team proficient in building customized training content and plans required to ensure desired results and exceed client expectations.  
”

“  
Systematic approach to coaching with numbers and collection skills  
”

# SUCCESS DRIVEN BY PEOPLE, PROCESSES AND TOOLS

Streamlined core processes - HR, Transition, L&D, QA, Performance. Compliance driven culture and strong people practices



Business tech platforms for policy, performance and productivity



**Speech Analytics**



**Compliance Management**



**Business Intelligence as a Service**



**Omnichannel Platform**

Tech-enabled contact center services deliver improved compliance, performance and higher productivity at reduced cost



# Agent/Agency Assist – *Provana!*

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*“Sales Secrets” CLASS 7:*

*IHA – Insurance for  
Healthy Americans*

*For High Income, Healthy  
Self Employed*

[www.peaktraining.com](http://www.peaktraining.com)



# Self Employed, Healthy, & Wealthy? *IHA!*

---

- Has all 10 Essential Benefits
- Underwritten. Multiple levels of UW to accommodate your clients
- If approved, Full coverage Day 1 – No Pre-Ex
- No Dollar Limit on benefits
- National Network. Can use in 50 states, own in 49
- For over 45 – typically less expensive than ACA
- Simple electronic enrollment, client completed
- Strong, Level, As Earned Commission
- Go to Step 3 to see classes and register for our **Webinar** in October

# WHAT IS IHA HEALTH?



We specialize in providing **self-employed individuals** with a comprehensive and competitive **alternative** to the ACA Marketplace. Our commitment to honesty and transparency sets us apart from other companies in the industry that sell inadequate plans leaving policyholders vulnerable to large out-of-pocket expenses.

## How We're Unique



**Only 2 Rate Increases In The Past 6 Years, Each Below 5%**



**Available in 50 States, Medical Not Available in WA State**



**Proactive Dedicated Claims Support For Large Claims**



**Competitive Suite Of Best In Class Ancillary Benefits**

In 2022 there were **21.6 Million** full time 1099 independent contractors in the United States, a **27% increase** from the prior year.

# WHAT ARE OUR PLANS?



## What We Are



\$0 Co-Pay Telemedicine



100% ACA Compliant



Affordable Rates



Easy To Get A Quote



Zero Plan Lifetime Limits



National PPO Network



6 Deductible Options



Exclusive and Proprietary

## What We Are Not



An ACA Marketplace Plan



A Hospital Indemnity Plan



A Faith Based Shared Plan



A MEC Plan

## Client Profile



In Good Health



Under The Age of 65



Making Over \$60,000 Anually



Looking For A Comprehensive Plan

# 1099 PRODUCT BREAKDOWN



## PHCS Plan Health Plan Option #1

- **PHCS-VDHP\* Network**
- **6 Deductible Options**
- **Less Expensive Option**
- **National Network**

\*Value Driven Health Plan formerly RBP (Facilities)

[Click Here to view the PHCS-VDHP Plan Comparison](#)

[Click Here to view the PHCS-VDHP Plan Rates](#)

[Click Here to view the PHCS-VDHP Provider Search Instructions](#)



## Cigna Plan Health Plan Option #2

- **PPO Network**
- **6 Deductible Options**
- **Comprehensive Option**
- **National Network**

[Click Here to view the Cigna PPO Plan Comparison](#)

[Click Here to view the Cigna PPO Plan Rates](#)

[Click Here to view the Cigna PPO Provider Search Instructions](#)



*“Sales Secrets” CLASS 8:*

*Medicare Chaos & the  
PPI Medicare  
“Marketing Advantage”*

**877.612.7317**

**[marketer@ppisales.info](mailto:marketer@ppisales.info)**

**[www.peaktraining.com](http://www.peaktraining.com)**



# Important Medicare Updates

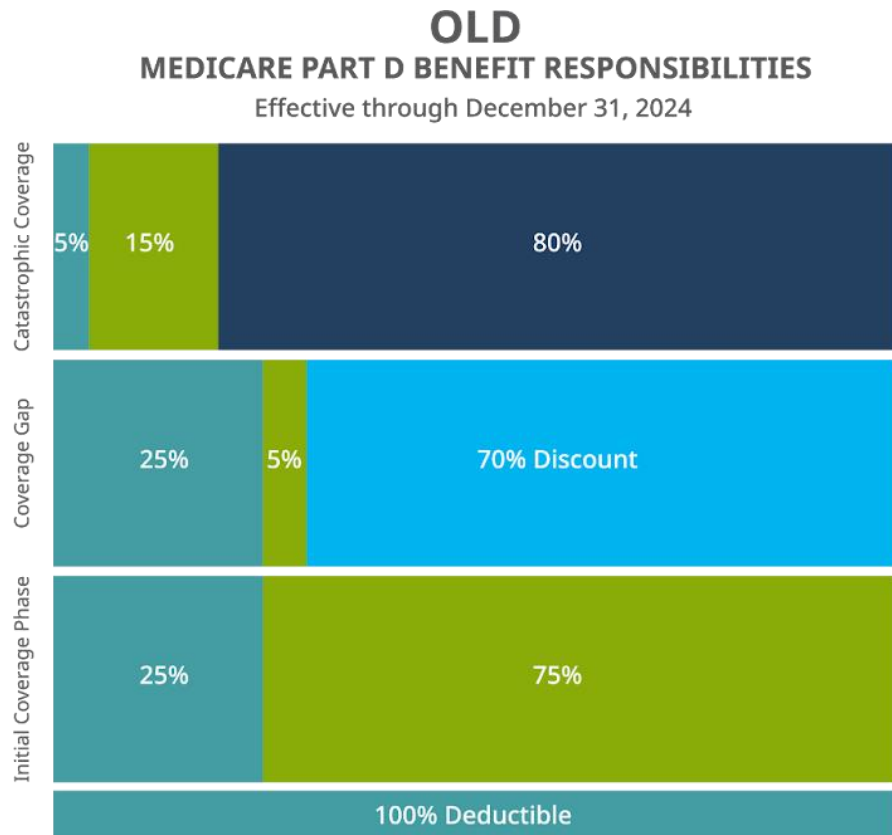
- Significant changes to DSNP, CSNP, Part D, etc., will bring much more activity to AEP this year. While other Medicare agents are moaning and groaning, you should view this as the great opportunity it is!
- Hundreds (or thousands) of Medicare beneficiaries will want and will NEED your help this fall.
- Commissions are great!
  - \$626/\$313 – MA/MAPD *(New/Renewal)*
  - \$109/\$55 – PDP *(New/Renewal)*

# Part D is changing...BIG TIME.

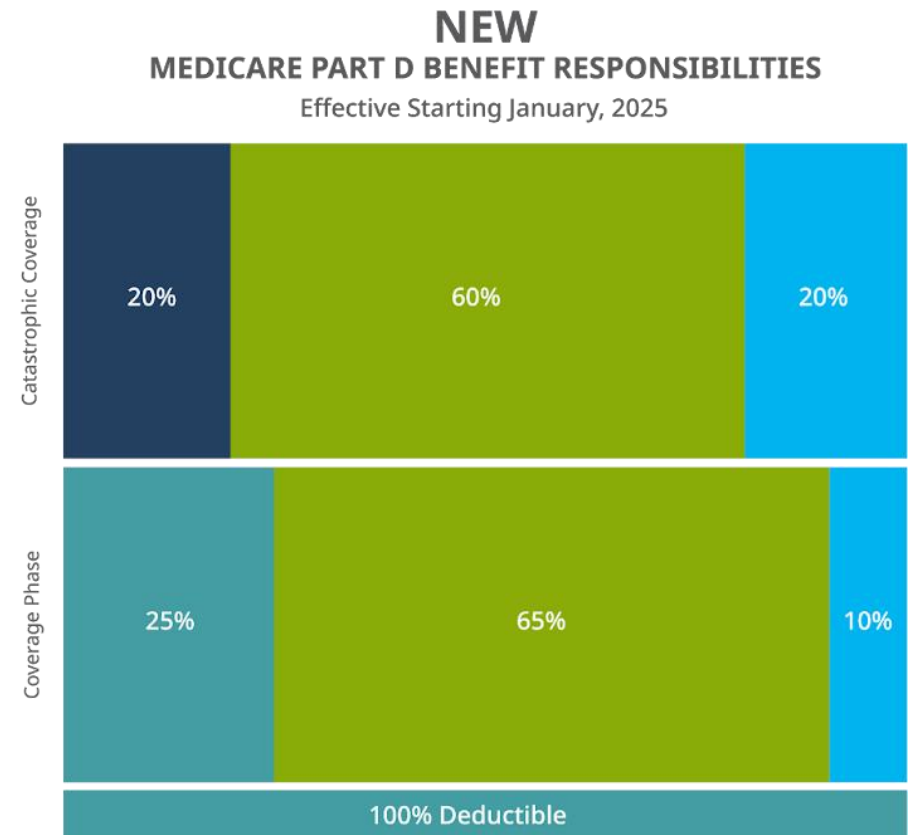
- No more Donut Hole
- New reduced TROOP
- Payment Plan option
  1. Deductible Phase (\$0-\$590)
  2. Coverage Phase (\$590-\$2,000)
  3. Catastrophic Phase (client pays nothing)



# Part D Benefit Responsibilities



VS



■ Medicare Pays
 ■ Enrollee Pays
 ■ Plan Pays
 ■ Manufacturer Pays

# Who does this affect?

- **Clients** with expensive brand-name drugs effectively had an “out of pocket” max of \$3,300 in 2024. That number drops to **\$2,000** for 2025. They also may be eligible for a payment plan through their carrier.
- **Companies’** coverage (Employer groups) may no longer be creditable leaving Medicare eligible employees facing a late enrollment penalty when they move to Medicare later.
- **Carriers** now required to take on significantly more cost in the catastrophic phase, a cost that formerly was passed on to drug manufacturers and the government.



# What's Next?

- Will Part D monthly premiums and/or copays go up?!?!
- Will most Part D plans no longer pay commission?!?!

The agent has a decision to make:

- Turn away potential clients who want to talk about PDPs or gear up to assist them and thus button up cross-selling skills for other products like Cancer and DVH (Med Supp/PDP clients more likely to afford these additional coverages).
- Med Sup Agents may finally decide to add MAPD plans to some clients when appropriate (due to rising cost of Med Supp and how Rx changes may be less drastic in MAPD vs PDP).

# TPMO Lead Generation Rule Change

CMS Final Rule ([linked here](#)) from April 4, 2024, drastically changes compliance for lead generation and Medicare marketing. From the final rule:

*“We are finalizing requirements to prohibit personal beneficiary data collected by TPMOs for marketing or enrolling a beneficiary into an MA or Part D plan to be shared with other TPMOs, unless prior express written consent is given by the beneficiary. Furthermore, we are finalizing a one-to-one consent structure where TPMOs must obtain prior express written consent through a clear and conspicuous disclosure for each TPMO that will be receiving the beneficiary’s data.”*

- Key phrase: “One-to-one consent.” If a TPMO is generating a lead that will ultimately be sold to (agent) David Poston, the **original** marketing must clearly and conspicuously state that the beneficiary’s data will be delivered to David Poston. Lead gen companies can no longer get generic consent to share data. One-to-one! One potential client giving data to one specific agent/brokerage.

# Important Medicare Updates

---

- Sales for DUALS in 2025?
  - Hide/Fide Medicaid changes? [Definition Link](#)
    - [Link](#)
    - [CMS Link](#)
    - [CMS Goals](#)
- Will clients move back to Medicaid?
- Sales for CSNP's for 2025 after AEP/OEP restricted?



*“Sales Secrets” CLASS 9:*

*Why **Manhattan Life**?  
(Swiss Army Knife Sales Tool)*

[www.peektraining.com](http://www.peektraining.com)

**Step 3 - Manhattan Assurance**



**ManhattanLife™**

*Standing By You. Since 1850.*



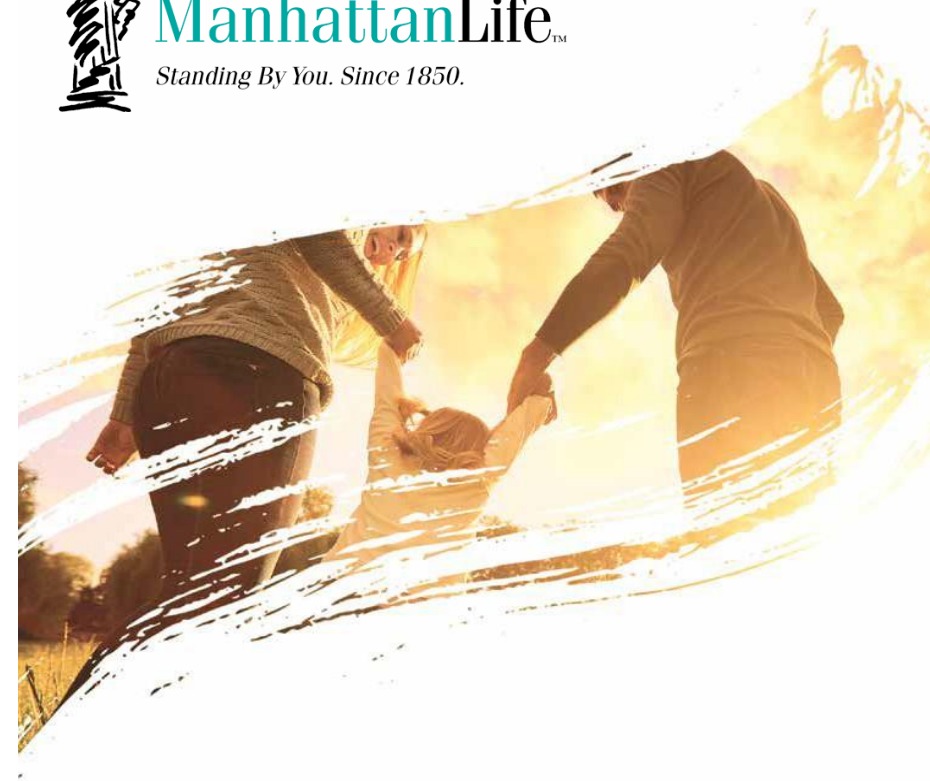
# Who is Manhattan life?

- One of America's oldest insurance companies (est. 1850)
- Privately held for 174 years
- Tremendous financial strength & growing
- Licenses to sell in every state and US territory
- Our mission – help you achieve health, wealth & security for life
- Broad, diverse portfolio of insurance & investment products



**ManhattanLife**<sup>™</sup>

*Standing By You. Since 1850.*



# ROBUST Product Portfolio

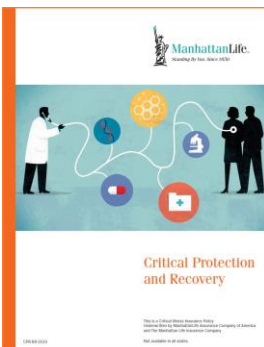
- Individual & Worksite Products



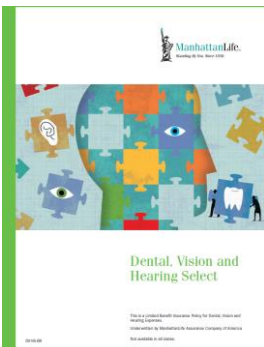
**Affordable Choice**



**Cancer Care Plus**



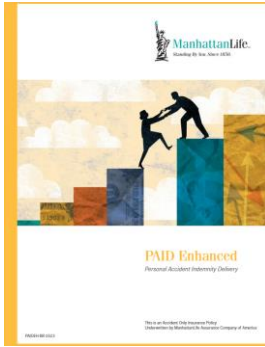
**Critical Protection & Recovery**



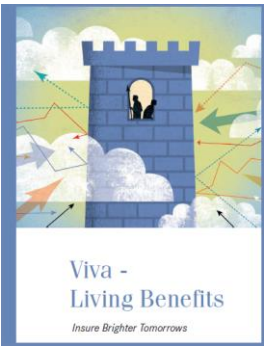
**DVH Select**



**Out of Pocket Protection**



**Paid Enhanced**



**Term Life Series**

# Manhattan Life Product Portfolio

## Lighthouse Series



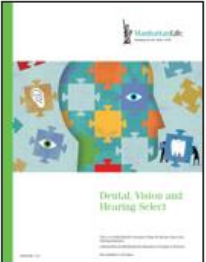
Medicare Supplement



Accident Guard



Cancer Heart Attack Stroke



DVH SELECT



Final Expense



Home Health Care SELECT



OmniFlex™ STC

## Future Initiatives



Hospital Indemnity SELECT

# Manhattan Life Product Portfolio

- Advantage Series – Group Products



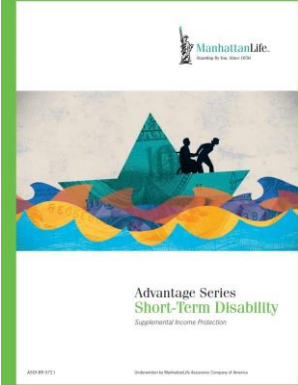
Accident  
Disability



Critical  
Illness



Hospital  
Indemnity



Short  
Term  
Disability

# Enrollment

---

- Individual & Lighthouse Products
- Manhattan Direct 2.0 Enrollment System
- Located on your agent portal at [www.manhattanlife.com](http://www.manhattanlife.com). Signature is Mother's Maiden Name.
- External Manhattan Direct enrollment links can be created to email to clients, put on your website, post on social media, etc.
- Products also available on Employee Navigator, EASE, & Selerix.
- Advantage Series – Group Products
- Quotes are available by emailing [advantage@manhattanlife.com](mailto:advantage@manhattanlife.com).
- Please include Name, Address, Employee Number, Products, & effective date.
- Any questions of group products can be directed to Bailey Schuelke at [baileyschuelke@manhattanlife.com](mailto:baileyschuelke@manhattanlife.com)

# Concierge Producer Services

## ACES Team (Agent Counselors & Enrollment Specialists)

Available: Mon through Fri 8AM-5PM & Friday's 8AM-2PM CST

[ACES@manhattanlife.com](mailto:ACES@manhattanlife.com)

800-369-3600

## ARMS Team (Agent Counselors & Enrollment Specialists)

Available: Mon through Fri 8AM-5PM & Friday's 8AM-2PM CST

Our goal is to answer the phone when you call. The last thing we want is producers spinning their wheels trying to figure out who to contact at ManhattanLife. Our staff is highly trained and has internal relationships built with new business, claims and contracting. Give us a call!



# Marketing Materials & Supplies

- ManhattanLife offers brochures, applications, flyers and other marketing materials at no cost. Simply download and of a multitude of marketing pieces from our Agent Resource Center, AKA ARC.
- Need 100 brochures for an upcoming event? No problem. Simply request an order through ARC for free printing and fulfillment.





# Product & Training Libraries

For agents on the go, we offer on demand product and product training videos on demand.

Making staying up to date convenient.

**ManhattanLife's Individual and Family Products**

Supplemental policies from ManhattanLife provide additional insurance to help pay out-of-pocket expenses, and also help with non-medical costs like lost wages or missed mortgage payments. Products include Accident, Cancer, Dental/Vision/Hearing, Home Health Care, Hospital Indemnity, Life, and Mortgage Protection. For additional information contact us at [aces@manhattanlife.com](mailto:aces@manhattanlife.com) or visit [manhattanlife.com](http://manhattanlife.com).

Product Name	Description
Ancillary Services	Ancillary Services help reduce healthcare costs and provide additional options for treatment...
AFC - Affordable Choice Enhanced	The Affordable Choice Enhanced from ManhattanLife is a Hospital Indemnity Plan th...
Cancer Care Plus	Cancer Care Plus covers expenses related to Cancer and additional dread diseases includi...
CHAS - Cancer and/or Heart and Stroke	ManhattanLife's First Occurrence and Cancer and/or Heart & Stroke plans provide an...
CPR - Critical Protection and Recovery	Critical Protection and Recovery insurance provides extra financial support for major...
DVH - Dental, Vision and Hearing Select	Dental, Vision and Hearing Select insurance from ManhattanLife is designed to meet as...
HHC - Home Health Care	
HHCS - Home Health Care	
OOP - Out-Of-Pocket Protection Plan	
PAID - Personal Accident Indemnity Delivery	
STC - Short Term Care   Ma...	

# Compensation & Cash Flow!

---

- Competitive Commissions
- Immediately Vested – Commissions paid directly to you
- 6-Month Advances available
- Advance commissions paid daily through automatic bank deposit (As earned commissions paid twice per month)
- ITIN accepted for individuals with no SSN
- Easiest application in the known world (Manhattan Direct 2.0)

# Incentive Trips

## Chairman's Club 2024

Grand Hotel | Stockholm, Sweden | July 27 - August 1, 2024  
Reserved for the Elite!

The ManhattanLife Chairman's Club incentive qualification is underway. It is challenging to match the destinations that seemingly continue to exceed expectations.

- 2014 - Switzerland  
*Hotel Park Gstaad/  
Fairmont Le Montreux Palace*
- 2015 - Prague/Berlin  
*Prague Four Seasons/Kempinski Berlin*
- 2016 - Hawaii (the Big Island)  
*Four Season, Hualalai*
- 2017 - French Polynesia  
*Paul Gauguin Cruise*
- 2018 - Portugal  
*Penha Longa Resort*
- 2019 - Austria  
*The Ritz-Carlton, Vienna*
- 2020 - Stockholm (postponed due to pandemic)
- 2021 - see 2020
- 2022 - Hawaii (Maui)  
*Four Seasons, Maui*
- 2023 - Rome  
*Rome Cavalieri, Waldorf Astoria*
- 2024 - Stockholm, Sweden  
*Grand Hotel, Stockholm*

**Trip Qualification Dates:**  
May 1, 2023 - March 31, 2024

### Trip Qualifications

- 45 Top Overall Agents  
*\$250,000 Minimum production credit required*
- 8 Overall Top Agencies  
*\$1,250,000 Minimum production credit*
- 5 Overall Top Marketing Directors  
*\$2,000,000 Minimum Production credit*
- Top Overall Call Center  
*\$5,000,000 Minimum production credit*

Trip Qualification: May 1, 2023 - March 31, 2024



## President's Club 2024

St. Regis Resort | Aspen, Colorado | September 8 - 12, 2024  
Reserved for the Best!

The ManhattanLife President's Club incentive qualification is underway. It is challenging to match the destinations that seemingly continue to exceed expectations.

- 2015 - Cancun, Mexico  
*Secrets Moroma*
- 2016 - Aspen, Colorado  
*St. Regis Aspen Resort*
- 2017 - Grand Cayman  
*Kimpton Seafire Resort*
- 2018 - Laguna Beach, California  
*Montage, Hotel and Resort*
- 2019 - Park City, Utah  
*Montage, Deer Valley*
- 2020 - Cabo San Lucas, Mexico  
*(postponed due to pandemic)*
- 2021 - see 2020
- 2022 - Cabo San Lucas, Mexico  
*Montage, Cabo*
- 2023 - Punta Mita, Mexico  
*Four Seasons, Punta Mita*
- 2024 - Aspen Colorado  
*St. Regis Aspen Resort*

**Trip Qualification Dates:**  
May 1, 2023 - March 31, 2024

### Trip Qualifications

- 55 Top Overall Agents\*  
*\$150,000 Minimum production credit required*
- 12 Overall Top Agencies  
*\$750,000 Minimum production credit*
- 6 Overall Top Marketing Directors  
*\$1,000,000 Minimum Production credit*
- Top Overall Call Center  
*\$5,000,000 Minimum production credit*

\* New Agent contract after September 1, 2023 is \$125,000 net annual premium.

Trip Qualification: May 1, 2023 - March 31, 2024



# Notes: Manhattan Life

If you're a "Senior Market" first agency ... Now you can do a LOT of Manhattan Life selling

- Short Term Care (What Clay refers to as an "LTC Lite" policy) that's cheaper and easier to issue than a traditional LTC!
- Final Expense (extremely competitive)
- Home Health Care (practically GI!)
- Dental, Vision, Hearing
- Soon – Hospital Indemnity
- Cancer, Heart and Stroke

# Notes: Manhattan Life

- Got a small budget? \$100 a month?
- Sell a DVH & Accident Plan – They're both Guaranteed Issue
- Spouse and Dependent can be payroll deducted and added
- View our **training classes** on Manhattan Life on [www.peaktraining.com](http://www.peaktraining.com) and **Step 3** on the ACA/U65 page!

# Continuing Ed Webinars This FALL

Here is the info for the **ACA Sales Secrets** webinars.

Go to [www.peektraining.com](http://www.peektraining.com) to register.

- **A Simple ICHRA Solution** on Tuesday, **Oct 22<sup>nd</sup> @ 11:00 AM ET**
- **Sell Group W/O Selling Group** on Tuesday, **Oct 22<sup>nd</sup> @ 2:00 PM ET**
- **IHA – Insurance for Healthy Americans – (Self Employed/High Income)** on Wednesday, **Oct 23<sup>rd</sup> @ 11:00 AM ET**
- **How PPI Grows Agencies** on Wednesday, **Oct 23<sup>rd</sup> @ 2 PM ET**
- **Manhattan Life – A Swiss Army Knife Cash Money Tool for both U65 & O65 Markets!** Thursday, **Oct 24<sup>th</sup> @ 11 AM ET**
- **Agent Assist & Agency Assist: Virtual Assistant to Grow Your Business** on Thursday, **Oct. 24<sup>th</sup> @ 2 PM ET**



# Next Steps: Contracting & Training

We'd love for you to be a part of our team. We think we can revolutionize how you do insurance.

If you'd like to join us now, just scan this Contract Request code and complete. If you'd like to talk to someone before you fill out this form, call the agent hotline and we will be glad to help!

- 877-612-7317 / Agent Hotline
- [PeakTraining.com](https://www.peaktraining.com)
- Next Steps? *"ACA Prep Class!"*



If you didn't check in earlier, scan this code to check in, and you'll receive an email with all the helpful **tools, links** and **resources** mentioned today.

- Webinar registration links
- Contract Request Form
- PeekTraining.com Portal
- Agent Care Team contact
- *Links to more info on specific topics discussed today*



**SCAN ME!**



THANKS FOR ATTENDING!



Thanks for  
Secrets To

You can find quick links c  
during the live class.

Questions? Call our Age

Contract Request For



## Continuing Ed Webinars

Click on each webinar to REGISTER:

- **Easy ICHRA Tool** – Tuesday, Oct 22 @ 11:00 AM ET
- **Write Group W/O Writing Group** – Tuesday, Oct 22 @ 2:00 PM ET
- **IHA – Insurance for Healthy Americans** – (Self Employed/High Income) – Wednesday, Oct 23 @ 11:00 AM ET
- **How PPI Grows Agencies** – Wednesday Oct 23 @ 2 PM ET
- **Manhattan Life – A Swiss Army Knife Cash Money Tool for both U65 & O65 Markets!** – Thursday Oct 24 @ 11 AM ET



## Step-by-Step Guide to ACA

**Go to the ACA/Under 65 Health Sales tab for a step-by-step guide to selling health 12 months a year:** Contracting, certifications, enrollment portals and advanced training.

**New to ACA?** Watch the ACA Prep Class to Get Started



ACA/Under 65 Health Sales



## Quick Links

- [Contract Request Form](#)
- [Agent Care Team: 877-612-7317](#)

Below are links to some of the specific topics discussed during today's class:

- [Collapsing & Creating Small Employer Groups \(CSG Advanced Training\)](#)
- [Easy ICHRA Tool](#)
- [Write Group without Writing Group](#)
- [Manhattan Life: A Swiss Army Knife tool for great Cash Flow](#)
- [IHA – Insurance for Healthy Americans – \(Self Employed/High Income\)](#)

# *ACA Clay's "Sales Secrets" Tour*

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877.612.7317 or [marketer@ppisales.info](mailto:marketer@ppisales.info)

