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## Attain App Now Available for Android

The Attain by Aetna app is now available on Google Play for Android™ users. The Attain® app combines a member's unique health history with their wearable device activity, and they're offered personalized goals, achievable actions, and motivating rewards.

- Eligible commercial medical members can download Attain from both the App Store® and Google Play if they're age 18+ and own a compatible mobile and wearable device.
- Members can earn up to \$300 in gift cards from popular retailers.

What you need to do:

- View the Attain Highlight Video and the Attain Bring Your Own Device Video.
- Inform clients that Attain is now available on the App Store and Google Play.
- For customers who have purchased Attain, share the updated member flyer.
- If your clients aren't using Attain today, educate them about this wellness program available to them.

## Aetna Rate Update Q3 2022

Aetna has issued a rate update for Q3 2022. There are no changes to plan designs or underwriting guidelines. Statewide average change for the quarter shows a 2.5% increase for all plans.



## Aetna Funding Advantage (AFA)

### Participation Update and Discounts

Effective April 2022, Aetna Funding Advantage participation will be lowered to 30% (down from 50%) for all states.

In addition, groups can earn a 2% cross-sell discount on AFA medical when dental is also purchased, plus an additional 0.5% when vision is sold alongside medical and dental. Updated underwriting guidelines will be available soon.

### Aetna Funding Advantage Essentials – Lower Cost Plans

Employers see an average of 6 percent lower expected monthly costs with Aetna Funding Advantage Essentials plans. So it's critical to know how you can use these plans to help your clients save money.\*\*

Here are the basics:

- Plans are available on our national broad network and locally based networks in certain states.\*\*\*
- They include the same value-adds as standard plans.
- They are lower cost than standard plans because:
  - Coverage is only in-network
  - Cost-sharing is:
    - Lower for primary care visits, lab, urgent care and generic drugs
    - Higher for emergency room visits, imaging and specialty drugs<sup>†</sup>

When Essentials plans include our locally based networks, you can add another layer of savings. Clients will see additional discounts of 8 to 15 percent compared to the broad network.<sup>††</sup>

Check out the [Essential Plans flyer](#) and contact your Amwins Connect Sales Representative to learn more about how Essentials plans could work for your Aetna Funding Advantage clients.

<sup>\*\*</sup>Based on analysis of plan design data, September 2021.

<sup>\*\*\*</sup>Essentials plans are not offered in Massachusetts. Essentials plans are offered with locally based networks in certain states - AZ, CO, FL, GA, IL, KS, MI, MO, MN, NE, NV, NJ, OH, TX, VA.

<sup>††</sup>Savings targeted compared to broad network plans. Actual results may vary. Savings may be less when compared to other value-based networks.

# Anthem Blue Cross of California

## Small Group

### Anthem Blue Cross Rate Update, July 2022

Anthem has issued a rate update for Q3 2022. There are no changes to plan designs or underwriting guidelines. Quoting is now available. Statewide average change for the quarter shows:

PLAN TYPE	QUARTERLY AVERAGE CHANGE	ANNUAL/RENEWAL AVERAGE CHANGE
HMO	-0.1%	2.0%
PPO	0.2%	3.8%

### Underwriting Promotions and Updates

All current underwriting promotions have been extended through the end of 2022. This includes:

- Network pairing options
- No DE-9C for groups 3+ enrolling
- 25% participation for groups 5+ enrolled; 65% for groups 1-4 enrolled.
- IFP is a valid waiver (on and off exchange)

Voluntary dental and vision participation update: previously voluntary required 5 enrolled. The new participation requirement is a minimum of 5 eligible and 2 enrolled.

### 7% Commission Bonus for September

Anthem is offering a 7% commission rate\* on new medical business for the life of the case\*\* when you sell any new small group with 5 or more enrolled employees for September 2022 effective dates.

Group/Membership Eligibility:

- A small group consists of 1-100 eligible employees.
- New small business group employees are those who have the same enrollment effective date as the employer groups original Anthem effective date (i.e. if an employer groups original effective date is September 15, 2022, then the member must also have an effective date of September 15, 2022).
- Commission percentage is based on the number of enrolled employees with Anthem medical plans.
- Excludes Anthem Balanced Funding groups.

Agent Eligibility:

- Appointed agents must be in good standing with a current, signed Anthem agent contract and valid license on file.
- Qualified business will include business sold through a General Agent partner or direct to Anthem.

### Anthem Blue Cross Relaxes Dental and Vision Guidelines Even Further!

Anthem Blue Cross previously announced a change to their voluntary dental and vision participation guideline effective May 1, 2022. They have now introduced a change to their non-voluntary dental and vision guideline as follows:

- Standard relaxed participation guidelines for dental and vision is now 25% participation for groups with 2-100 eligible with a minimum of 2 enrolled.  
(The previous guideline required 65% for groups with 2-4 eligible and 25% for groups with 5-100 eligible.)
- Reminder on Voluntary change: Dental and Vision plans now only require 5 eligible with a minimum of 2 enrolling.  
(The previous guideline required 5 eligible and 5 enrolling.)

### Underwriting Update: ID Cards No Longer Required for Participation Validation

Effective immediately for California Small Group, Anthem will no longer require copies of ID cards when participation is in question. Groups/Brokers/General Agents are still required to have waivers on file and signed and completed waiver forms are still required to be provided if participation is not being met. This will bring Anthem in line with the rest of the CA Small Group market when it comes to this requirement.

Please note, all other underwriting guidelines and requirements will remain the same and Anthem reserves the right to request additional information.

# Blue Shield of California

## Small Group

### Q3 2022 Rates Now Available

#### Third quarter rates now available

Blue Shield is pleased to announce Q3 2022 rates are now available. The third-quarter 2022 rate action is a statewide average of 2.4%.

Group renewal packets include an options census for quick quoting that displays the current and renewing rates, along with several plan options with 2022 rates.

#### July, August, and September renewals

Groups renewing in July, August, September will be available to brokers through Shield Renewals on Friday, April 8\* while group-level changes can be made using Small Group Online Renewal (SGOR) beginning April 13.\* To review exact renewal and enrollment dates for Q3, plus enrollment materials and updated rates books, visit the Renewal Center page on Broker Connection.

As a reminder, group renewal information is available as a microsite for each group, and these can be accessed through Shield Renewals. No download is required; you can open the site, find the information you need, and send the link or selected components to your clients.

### Relaxed Participation Promo Changes April 2022

Blue Shield of California has extended their relaxed participation promotion through December 31, 2022. However, effective April 2022 they have eliminated the Trio only and the Tandem only promotions.

[See the revised promotion flyer](#)

# CaliforniaChoice®

## Small Group

### Rate Update for Q3 2022

CaliforniaChoice has issued new medical rates for Q3 2022 effective dates. Quoting is now available. Overall there is a small rate adjustment for Q3 2022.

### CaliforniaChoice Offers Out of State Options with Cigna + Oscar

CaliforniaChoice is offering new options for out of state employees. Effective 4/1, Cigna + Oscar's LocalPlus network within CaliforniaChoice will allow out of state employees! Out of State employees who live in the Cigna + Oscar LocalPlus service area may enroll in Cigna + Oscar. This is a great opportunity as employees migrate out of state with the rise of remote work.

Learn more about the expanded [Cigna + Oscar LocalPlus network](#).

*Note: This opportunity will only be available to new groups or renewing groups. Groups with plans already in place cannot make a mid-year plan change.*

### CaliforniaChoice Introduces New Plans, March 2022

CaliforniaChoice is offering even more choice by adding two new plans! Effective 3/1/22, Anthem's Priority Select HMO network will be available in their portfolio. These rich gold and silver plans will be available in Los Angeles, Orange County, the Inland Empire, and San Diego.



## Cigna Helps Groups Meet Transparency in Coverage Requirements

Cigna is taking steps to help groups meet the Transparency in Coverage requirements

### When does the Transparency in Coverage requirement become effective?

The rule is effective 7/1/22.

### What kinds of groups does the rule apply to?

The rule applies to fully insured and ASO clients (Level Funding is ASO).

### What is Cigna doing to help groups?

Cigna will generate and host the required client-specific reports on Cigna's web site.

There will be no individual health information or identifiable information in the reports; claims that do not meet the minimum HIPAA requirements (too few claims) will not be included.

### Who is responsible for what?

Cigna provides the report, then the group makes the report publicly available.

### What must groups do to be compliant?

Groups with a website: Clients must post a link to the Cigna report on their website. The link must be publicly accessible, rather than an internal/intranet site. It may not be password protected.

If the client has a public website, they must use that rather than the Cigna-hosted site. The intent of the rule is to make the information easily accessible; the obvious place that people will look for the information is on the main company web site. Setting up a separate web site would appear to be covertly providing the information

Groups without a website: If a client does not have a public website, Cigna will build one for them at no cost. If Cigna builds the website, it will be a very simple: an otherwise blank page that includes the link to the Cigna report.

### Are there exceptions?

ASO clients (only) can opt out of posting a link to Cigna, and post the reports on their own web site. This is a technical and detailed process, which Cigna does not recommend.

### What should groups do next?

Cigna recently reached out to clients. Clients need to respond by March 31 if either of the following apply:

- They need a website built
- They intent to opt out and host their own files

### When will the reports be available?

Initial reports will be available by May 15. Following reports will be updated on or around the 15th of each month.

### How often does the group need to act after making the reports available?

The clients will only need to post the Cigna provided link one time on their website. There is no additional action needed by the client after that as the original link will direct to the most updated reports.

# Cigna + Oscar

## Small Group

### Cigna + Oscar Q3 Update

Cigna + Oscar has a small rate increase for Q3. PPO plans have a 1.3% increase and EPO plans have a 1.4% increase. HSA plans have a 2.3% increase. There are no plan or benefit changes.

### Extended LocalPlus Network

Cigna + Oscar is excited to announce the rollout of Extended LocalPlus. As of effective date of July 1, 2022, eligible employees who live and work in a LocalPlus service area across the US will be able to enroll in Cigna + Oscar LocalPlus plans, as long as they and their family members live in an eligible service area.

Note: This opportunity will only be available to new groups or renewing groups. Groups with plans already in place cannot make a mid-year plan change. Groups must be located in one of Cigna + Oscar's California rating regions.

### Transparency in Coverage Rule

Cigna + Oscar is taking steps to help groups meet the Transparency in Coverage requirements.

What Cigna + Oscar will do:

- Cigna will be producing and hosting client-specific MRFs to assist their clients with compliance. More information regarding where clients can obtain the links to these files will be provided in advance of the 7/1 enforcement date.
- These files will be hosted by Cigna at no cost. No new charges will apply through the end of 2022 for standard delivery/hosting of MRFs. Charges for 2023 effective dates will be evaluated at a later date.

What your clients need to do:

- The requirements stipulate that clients need to make their specific MRFs available on their public website by using links that will be provided.
- Clients can determine on which page of your public website they would like to place the link(s). Per the regulation, anyone in the United States should be able to find this link somewhere on their website without any requirement such as a password, fee or age restriction.

### How To Get Reimbursed For At-Home COVID Tests

Cigna + Oscar members can submit a reimbursement claim for at-home COVID test.

Here's some info to help you submit your claim:

- Please include the purchase receipt clearly showing the date of purchase and testing kit charges.
- Submit one form per customer. You're eligible to be reimbursed for up to 8 tests per 30 days.
- Please do not staple or paperclip the bills or receipts to the claim form.
- You can be reimbursed for any take home tests that you've purchased after January 15th.
- Reimbursement is for [eligible COVID-19 over-the-counter \(OTC\) testing kits](#) only.
- Incomplete claims will not be accepted.

With the help of the United States Postal Service (USPS), households can also request a total of four (4) tests to be delivered for free. To learn more and order at-home test kits, visit [www.covidtests.gov](http://www.covidtests.gov).

Visit Cigna + Oscar's [COVID resource page](#) for more information. Members who need additional help can always reach out to their dedicated care team.

# Covered California for Small Business

## Small Group

### Covered California Small Business Update, Q3 2022

Covered California for Small Business (CCSB) has released Q3 rates. Full HMOs average a 0% change statewide, and Limited HMO plans are showing a 2.3% increase. Full PPO plans have an average statewide change of 2.2% and PPO HSA plans average a 1.4% change. As always with CCSB, actual rate changes may vary greatly by plan and region. Quoting is not yet available.

# Health Net

## Small Group

### Q3 2022 Update

Health Net's Q3 rates are now available for quoting. While the statewide average show a moderate change, some regions, such as Region 1, 5, and 14, are seeing deep rate cuts. Plans and benefits remain the same.

Remember, Health Net introduced easier underwriting in Q1:

- The out-of-state maximum requirement from 49% of 'enrolled' and 'eligible' employees to just 49% of 'eligible' employees.
- Startup guidelines require only 4 weeks of payroll, with 2 weeks prior to effective date, regardless of group size.

### Meet Health Net's Wellness Partner Sharecare

Sharecare is the digital health company Health Net has partnered with the digital health company Sharecare to administer the member wellness program. The Sharecare platform will help Health Net members manage all their health in one place no matter where they are in your health journey. Sharecare's innovative, award-winning technology offers members a comprehensive, personal health profile where they can easily connect to the information, programs and health professionals to help them live your healthiest, happiest and most productive life.

- [Sharecare FAQ](#)
- [Sharecare Green Days](#)
- [Sharecare Linking Tracker](#)
- [Sharecare RealAge Overview](#) and [FAQ](#)

### Health Net Offers Virtual Care With Babylon

Babylon is working with Health Net of California, Inc. to provide access to healthcare when members can't access your doctor, from their phone.

Health Net and Babylon's shared vision is to help transform the healthcare system - by providing access to technology with the potential to drive better health outcomes. Health Net members can now book a video appointment 24/7 through the Babylon app and at no cost for most plans. This means members can access medical providers after hours, even when regular doctors are unavailable. Members can also use the app to tap into a full suite of digital healthcare tools to get information about their health.

Babylon's medical providers are available to members via video call 24/7 and can address non-emergency health issues like cold and flu, nausea, and depression when members cannot access your regular care provider. Babylon can give members medical advice and prescribe medication for pickup at the local pharmacy.

# Kaiser Permanente®

## Small Group

### Managing Members Easier

Kaiser is making it easy to support your groups through Manage Members, no delegation needed.

You now have the same Manage Members access and capabilities as your groups, which means you'll be able to enroll and update membership quickly and securely online. When you take on a new account, you'll be granted access to group membership features within approximately 30 days.

### HDHP Deductibles and the Consolidated Appropriations Act of 2022

On March 15, 2022, President Biden signed legislation that extends employers' option to provide pre-deductible coverage of telehealth services for their employees with high-deductible health plans (HDHPs) designed to be compatible with health savings accounts (HSAs), for the months of April through December 2022 only. This relief/flexibility is included in the Consolidated Appropriations Act of 2022.

Kaiser Permanente has not made any plan changes for its HSA-compatible HDHP plans, as this would require filing and approval from state regulators. This optional change to an employer's health plan coverage will be considered by Kaiser Permanente on a case-by-case basis if requested by an employer group.

### Kaiser Permanente Makes Getting Care While Traveling Easier

The last thing anyone wants to worry about while traveling for work or on vacation is how to get good health care if you need it during your trip. A [new agreement between Kaiser Permanente and Cigna](#) will ease that concern for our members, starting this fall.

Kaiser Permanente will launch a new feature in August that will give members who are away from home access to Cigna's national network of physicians and providers, should you need emergency or urgent care during your travels.

Coupled with the recently launched virtual Get Care Now service, which gives you 24/7 access to care from Kaiser Permanente health care professionals by phone and video, you'll have even more ways to get care when and how you need it — virtually and in person.

Currently, members who get urgent care while traveling may be asked by the provider to pay up front for their services, and then submit a claim to Kaiser Permanente for reimbursement. As part of this improved experience coming in August, members will be able to access Cigna's extensive national directory of physicians and other care providers, to find convenient care if you need it while traveling. Members will only be responsible for your regular copay or other cost share.

This will be available to your small and large Kaiser groups. More information on this new access to Cigna's provider network for urgent or emergency care will be provided in the coming months, before it launches in August.

# Sharp Health Plan

## Small Group

### Sharp Health Rate Update, Q3 2022

Sharp has released updated rates for Q3. All plans will increase 1.3% compared to Q2 rates. There are no plan or underwriting changes. Quoting is now available.

As a reminder, Sharp has revised the below guidelines recently to make it easier for your groups to enroll:

- DE-9C is no longer required 4 groups with 5+ enrolled subscribers.
- Participation for groups with 5+ enrolled subscribers is now 25%, excluding valid waivers.

# Sutter Health Plus

## Small Group

### Transparency in Coverage

The [Centers for Medicare & Medicaid Services \(CMS\) Transparency in Coverage Rule](#) requires health plans to disclose pricing information over the course of about three years.

In compliance with the rule, Sutter Health Plus is preparing to disclose in-network provider negotiated rates and out-of-network allowed amounts through machine-readable files posted on their website by July 1, 2022.

Members should refer to their benefit plan documents available on the [Member Portal](#) to better understand their out-of-pocket costs, such as copays, deductibles, or coinsurance. Members can also call Sutter Health Plus Member Services to help them better understand this information.

### Sutter Health Expands Santa Rosa Regional Hospital

Sutter Health is expected to open a new three-story tower at its regional hospital in north Santa Rosa on May 3, 2022. This expansion increases the hospital's capacity by adding 40 all-private patient rooms, one operating room and one endoscopy room, all fully equipped with state-of-the-art technology.

The next phase of expansion will include a renovation of the emergency department, expanded dietary services, a laboratory and blood bank, and a central sterile processing unit to support additional services by the end of the year. The hospital will also be expanding its biomedical engineering and materials management department.

### Provider Update: Dignity Health Medical Group - Dominican

In February we informed you that Dignity Health Medical Group-Dominican (DHMG) will no longer participate in the Sutter Health Plus network effective May 31, 2022. Sutter Health Plus also sent letters to affected members notifying them about this change and the need to establish care with in-network primary care physicians (PCPs).

Later this month, Sutter Health Plans will mail affected members letters explaining how they can request continuity of care (COC) for specialty care. If approved, COC may allow members to temporarily continue care with a provider who is not part of the Sutter Health Plus provider network (a non-participating provider). The letter will inform members how they can learn more about COC and where to locate the COC Request Form. Following the PCP reassignments in May, they will send members new Sutter Health Plus identification cards with updated information about their assigned PCP and medical group.

Please know that Sutter Health Plus is working diligently to make this transition as seamless as possible for its members in the Santa Cruz County community.

# UnitedHealthcare

## Small Group

### CA Rate Update, Q3 2022

UnitedHealthcare has issued a rate update for Q3 2022. There are no changes to plan designs or underwriting guidelines. Quoting is now available.

Average quarterly and annual rate change:

- PPO = rate pass
- HMO = 1.5%

### Specialty Bundling Program Update

UnitedHealthcare has updated their Specialty Bundling Program. The minimum line requirement has dropped from 3 lines down to 2.

Adding 2 or more specialty lines (including voluntary) can help groups get a substantial one-time administrative credit to their bill about 4 months after adding the coverage.

Qualification Requirements:

- Effective dates through December 2022
- 2-50 employees only (2-99 in Colorado and California)
- Minimum of 2 lines sold together
- Meet minimum annual premium threshold.

[View the flyer](#) for more details

### UnitedHealthcare Extends Offer for 5% Second-Year Rate Cap on Dental

UnitedHealthcare is extending their second-year dental rate cap offer through December 2022. Groups that add new dental coverage are eligible for a 5% second-year rate cap. Here are the guidelines:

- Effective dates through December 31, 2022
- Group size 2 – 100 eligible lives
- The offer is not available to groups situs in RI, WI, WA (2-50), FL (2-50) or ACEC groups

Groups can save even more when they bundle their plans. Minimum participation requirements may apply for bundling programs.

# Western Health Advantage

## Small Group

### Western Health Advantage Rate Update, Q3 2022

Western Health Advantage has issued a rate increase averaging 5% for Q3. There are no plan or benefit changes. Quoting is now available.

# BenefitComply

## All Group Sizes

### Free Online HIPAA Crash Course from Benefit Comply

Employers often struggle to understand how HIPAA regulations affect their benefits administration. Benefit Comply has created a high-level crash course that helps them determine:

- if HIPAA applies;
- the risks associated with non-compliance; and
- the steps necessary for compliance.

Give your clients a free and easy resource to help them start assessing their HIPAA risk before it becomes a problem.

Visit <http://benefitcomply.com/hipaaforemployers/> to learn more.

# Choice Builder

## Small Group

### Q3 Updates

Choice Builder® has issued updated rates for Q3; rates are now available. There are no benefit or plan changes.

Voluntary Dental participation has been reduced to a minimum of 5 eligible and 2 enrolled.

# CoPower

## Small Group

### New CoPower Enrollment Census Makes Enrollment Easier than Ever

The new [CoPower Enrollment Census](#) can be used for just about all CoPower administrated plans – CoPower ONE, Delta, VSP, Unum, and Landmark.

You can now enroll your CoPower groups across multiple lines of coverage with one simple census. The census will also meet the full census requirements for Delta groups.

### Delta's Oral Wellness Program: BrushSmart

Going to the dentist for regular checkups is important for maintaining oral health, but what can people do at home to keep a bright and healthy smile? BrushSmart is Delta Dental's free oral wellness program designed to help members power up their at-home oral care. Eligible members receive exclusive discounts and offers from trusted brands that specialize in dental products.

Members with Delta Dental PPO™ and DeltaCare® USA plans can sign up for BrushSmart.

[See the discounts and sign up!](#)

### Delta Dental Releases New Spanish Language Videos

Delta Dental has released new Spanish videos. They are available for you to share with your groups. These videos will help Delta Dental members make the most of their plans. In the [library](#), you'll find easy-to-share YouTube links and links to ad-free versions of the video that you can download and share directly. These videos are also [available in English](#). Featured videos include:

- Cost estimator and other tools
- Online tools
- Understanding PPO networks
- Understanding PPO and Premier networks
- Understanding DeltaCare USA

# Guardian

## Small Group

### Updates to Improve your Guardian Anytime Experience

As part of Guardian's ongoing strategy to streamline and better secure your access to their Anytime service portal, Guardian would like to announce the following updates designed to enhance your experience.

#### Expansion of broker role

**What's changing:** You can now make eligibility changes and view your clients' bills using your broker portal. You will no longer need to rely on using your clients' portal.

**When:** No need to wait, you can start using your added access today.

#### Enhanced login security for broker firms

**What's changing:** Guardian will phase out the use of challenge questions as an option at sign-in for authentication. Instead, following industry standards concerning online security and data protection, a pin code will be sent to your phone or email for verification.

**When:** April 29, 2022.

**Next steps:** In preparation for this change, for those individuals from your office who do not have individualized access to Guardian Anytime, you may:

Assign Guardian Anytime access to them, which will give you control on the type of access they have.

Or, have those individuals register on Guardian Anytime and create their own unique IDs and passwords. To have access to your cases you will need to provide your team member with your Producer ID and Policy number of one of your customers.

#### Enhanced security for your clients

**What's changing:** In the coming weeks, Guardian will begin to introduce the Authorized Approver of Access (AAA) designation role to existing customers. This security enhancement allows clients to grant users with employer or TPA roles access to the Guardian Anytime service portal.

Additionally, in the next few months, they will begin phasing out the use of challenge questions as an option at sign-in for authentication. Instead, following industry standards concerning online security and data protection, a pin code will be sent to your clients' phone or email for verification.

# Guardian HR

## All Group Sizes

### Unlimited HR Legal Help for Employers

#### Give Your Clients Access to Employment Law Attorneys and HR Support for Less Than \$200 a Month

While HR departments scramble to respond to the COVID-19 pandemic, federal and state governments are rapidly passing laws and issuing regulations. In these difficult times, our HR compliance partner, Guardian HR, is offering preferred pricing on comprehensive HR support.

#### Experts on Call

With the Guardian HR Legal Premium service, your clients get direct and unlimited access to employment law attorneys as well as a dedicated HR consultant. Within 24 hours of signing up, employers are connected to their dedicated HR support team. The experts at Guardian HR create and review employer-specific documents, amend policies, advise employers on difficult HR-related decisions, and more.

#### Comprehensive HR Resources & Information

Your clients get online employee training, access to a library of hundreds of model forms and policies, unlimited access to COVID-19-related HR information, and more.

Through our special arrangement with Guardian HR, employers can access this vital service for only \$195 a month.

[Get Your Clients Started with Guardian HR](#)

# Principal

All Group Sizes

## Principal Offers New Benefit Design Options for Managed Care Vision

Healthy vision is an important part of overall wellness. In the 2021 Principal® Business Owner Insights survey conducted by Dynata, only 46% of the 1,011 businesses surveyed said they currently offered vision insurance as an employee benefit. That means there are opportunities for you to help employers round out their benefits package or enhance existing benefits.

Principal is excited to announce additional features for managed care vision. Expanding vision options gives employers more flexibility and a choice of richer benefit designs when providing coverage for their employees.

Effective March 1, 2022, the following additional selections\* will be available through in-network VSP® Vision Care providers:

- \$0 copay for exams
- \$200 and \$250 additional allowances for frames and contacts

Check out the additional features of managed care vision.

Contact your Amwins Connect Sales Representative to help your clients round out their benefits package with vision coverage.

*\* Not all options available in all states. These contract states are currently excluded from coverage: Michigan, New York, and Washington.*

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