



BLACK, GOULD & ASSOCIATES, INC.

# Agent Update

September—October 2025

## Mercer Survey: Employers Anticipate Significant Health Benefit Cost Hike for 2026

Fierce Healthcare, by Paige Minemyer, September 5, 2025

A new study adds to the growing body of evidence that employers are likely to see healthcare costs increase significantly next year.

Mercer [released](#) initial data from its 2025 National Survey of Employer-Sponsored Health Plans, which polled more than 1,700 employers and found that total health benefit costs per employee are expected to rise by an average of 6.5% in 2026, the highest rate since 2010.

This figure accounts for planned cost-management measures, Mercer said, and, if employers do not deploy such strategies, the average increase would instead be 9%. The study suggests 2026 will make for the fourth-straight year of increased spending growth following about a decade of more moderate cost hikes.

“Health benefit cost trend has two primary components—healthcare price and utilization,” Sunit Patel, Mercer’s U.S. chief actuary for health and benefits, said in a [press release](#). “Right now, both are rising.”

The survey identified multiple cost pressures that are playing a role in driving up costs. For one, as medical treatments and therapies become more sophisticated, they also become more costly. However, as these new innovations improve outcomes, employers are taking on the costs.

In addition, the provider market is increasingly consolidated, which gives them greater leverage in negotiating with health plans and securing higher reimbursements. Inflation broadly across the economy is also playing a role in employers’ healthcare costs, according to the report.

The survey found that 56% of employers intend to take cost-cutting measures for 2026, up from the 48% that did so in 2025. This includes bumping up deductibles or other steps to share costs, which likely increases the out-of-pocket costs employees will face when they seek care.

This indicates a reversal of a broader trend, where employers over the past several years have done everything possible to avoid shifting additional costs to employees.

The two most commonly cited cost-management steps were putting greater focus on managing the priciest claims and reviewing health programs to ensure they are providing value. Plus, about two-thirds of large firms said they plan to enhance access to behavioral health as a strategy to manage overall costs.

The survey also found that utilization increases are likely linked to care delays dating back to the COVID-19 pandemic as well as an increasing comfort with virtual care options.

“The rise of virtual healthcare—and growing consumer acceptance of it, particularly in behavioral health—is also affecting utilization patterns because it removes geographic barriers to care and can be a more convenient option for patients,” said Patel.

### IN THIS ISSUE

[EMPLOYERS ANTICIPATE SIGNIFICANT HEALTH BENEFIT COST HIKE](#) 1

[BANNER |AETNA—SOLD CASE REMINDERS](#) 2

[BCBSAZ—PREPARING FOR OPEN ENROLLMENT](#) 3

[HUMANA—POSITIONING GROUP BENEFITS](#) 4

[UHC—FINANCIAL PROTECTION](#) 5

[CARRIER BONUSES](#) 6



## FROM THE GROUP DEPARTMENT

### BANNER|AENTA: Preparing for Open Enrollment

Did you know that a key date\* in every month ensures that your clients' claim and member ID cards are ready by their plan's effective date? The best way to ensure your clients have all they need by their effective date is to submit all sold cases and their final paperwork by the 15th of most every month.

The two exceptions every year are December and January:

- December 1, 2025 effective dates=11/13/2025
- January 1, 2026 effective dates=12/12/2025

This timeline provides an overview of what you and your clients should expect:

- Sales notice submitted: be sure your sales notice is completed and filled out to avoid any delays.
- Paperwork and forms are sent to you and your client within 24 hours.
- Once all paperwork is received, underwriting will finalize the group, and you'll receive an approval letter
- Our case installation process begins and once completed, you and your client will receive a welcome letter.
- Finally, a Sales Implementation Manager is assigned, who will send you member IDs via email, 2-3 days after you've received the welcome letter.

\*The above dates are to ensure groups are ID card and claims ready. Final sold cases may still be submitted up till:

Effective Date	Sold Case Final Submission Dates
10/1/2025	09/24/2025
11/1/2025	10/27/2025
12/1/2025	11/24/2025
1/1/2026	12/23/2025

### BANNER|AETNA: Admin Credits for Small Business Clients

Controlling costs is always top of mind for small business owners. Beginning with 9/1/25 effective dates, enhanced administrative and premium credit programs are now available.

New clients can qualify for a **\$400 credit per enrolled employee** on Banner|Aetna Funding Advantage (B|AFA) and 51–100 Fully Insured groups. In addition, for new or renewing groups that add dental coverage, there is a **\$300 credit per enrolled employee**. Additional details are available here.

- [B | AFA Admin Credit](#)
- [51-100 Admin Credit](#)



## FROM THE GROUP DEPARTMENT

### BCBSAZ: Important Sold Case Reminders and Dates

As groups gear up for open enrollment, here are seven reminders BCBSAZ shared in the Employer Newsletter to help make it a smooth and easy process:

1. Map it out.  
It helps to map out your employee education and communication plan leading up to open enrollment, including emails, intranet posts, webinars, and printed materials. Create the content in advance, and use simple language.
2. Start educating employees early.  
Don't wait until open enrollment begins. Hold informational sessions, provide summaries of plan and benefit offerings or changes, cost shares, links to provider directories, Q&A documents, and key deadlines to help employees make timely decisions.
3. Ask employees to validate their contact information.
4. Remind employees to consider their health care needs for the next year.  
Ask employees to consider their medical needs and their dependents' needs for the upcoming year before making a decision on a plan. Specialist care, surgeries, and costly medications could affect their decision.
5. Keep it simple.  
Underscore the main points and provide links to resources to explore more information.
6. Offer help.  
Make it clear where employees can go for information and answers so they can make informed choices.
7. Track enrollment progress and send reminders to those who haven't completed the forms.  
After enrollment, confirm the next steps for employees.

If you have questions about supporting your clients through open enrollment, please contact your BGA Group Account Executive.

## FROM THE GROUP DEPARTMENT

### HUMANA: Positioning Humana Group Benefits - Dental Differentiators

We're sharing with you some key differentiators that make [Humana's dental product](#) a leader in the industry, and a great fit for your clients.

- Humana's PPO network includes over 135,000 unique providers nationwide (86% increase since 2016). [Usual and customary \(U&C\) and in-network fee schedule \(INFS\)](#) options are available. Your sales representative can provide more details on how Humana's network compares to competitors in the group's MSA.
- Clients enrolling at least one employee can offer a Humana Dental plan.
- Clients can dual-choice PPO, Traditional Preferred and/or DHMO Dental plans when 10+ employees enroll in coverage.
- Humana's PPO and Traditional Preferred dental plans can include implant coverage when 5+ employees are enrolled.
- Employer contribution is not required for Humana's dental plans

### HUMANA: Positioning Humana Group Benefits - Dental Leads with Wellness

Humana understands the importance of [dental health on our overall well-being](#). This is why Humana's dental plans enhance your clients' preventive benefits.

- Humana dental plans provide THREE routine cleanings per year rather than the standard two.
- FOUR periodontal cleanings are covered under preventive services.
- Preventive services are covered at 100% in network.
- Rider available to waive preventive services from the annual maximum so members can save their annual maximum for basic and major services. The extended annual maximum turns on if a member meets their annual maximum amount.

The Humana logo is displayed in a large, bold, green font. The letters are rounded and have a slight shadow effect, giving it a three-dimensional appearance. The logo is centered at the bottom of the page, above a solid black horizontal line.

## FROM THE GROUP DEPARTMENT

### UNITEDHEALTHCARE: Financial Protection

#### UnitedHealthcare Financial Protection

##### **More Than Just Medical**

UnitedHealthcare offers financial protection coverage down to 2 lives.

##### **Faster Claims**

Every disability claim starts with a medical claim — cutting processing time.

##### **One Invoice**

All lines, one bill. Simple and clean.

##### **Competitive Pricing**

UHC matches up with top financial protection companies.

##### **Let's Compare**

Send over your clients' benefit summaries and rates — we'll show you how UnitedHealthcare delivers more value for less.



## CARRIER BONUSES, COMMISSIONS & INCENTIVES

### DELTA DENTAL: New Block of Business Transfer Bonus

#### Earn More with the Block of Business Transfer Bonus

Delta Dental is offering a special Block of Business Transfer Bonus for PPO groups effective 9/1/2025 –12/1/2025. Now is the perfect time to move your PPO groups to Delta Dental where they'll enjoy better service, elevated benefits, and access to a larger network. With award-winning customer service, comprehensive products, and competitive pricing, Delta Dental makes doing business simple while delivering more value to your clients.

#### Group PPO Plans

Qualifying group size 2-199 enrolled employees.

Qualifying for the Block of Business Bonus (minimum 5 PPO groups/with a total combined 50 enrolled employees):

- ⇒ Groups will qualify for our 2025 group implementation credit of \$50 per enrolled employee.
- ⇒ Brokers will earn an additional 2.5% commission, for a total of 12.5%, on qualified groups within their transferring block of business for the first 24 months.

[Click here for further details](#)



 **DELTA DENTAL®**

## CARRIER BONUSES, COMMISSIONS & INCENTIVES

### Solstice: Earn More This Q4 with Solstice

Q4 is here — and so are your earning opportunities! [Solstice's Broker Bonus Program](#) rewards you for every new group sold **through December 31, 2025**.

What You Could Earn:

- Dental HMO + Vision PPO → 1 full month's billed premium
- Dental HMO + Prepaid Vision → 1 full month's billed premium
- Dental PPO + Vision PPO → ½ month's billed premium
- Dental PPO + Prepaid Vision → ½ month's billed premium

- ✓ No minimum group size
- ✓ No Cap on earnings

Whether you're helping clients enhance their benefits or planning your Q4 push, Solstice gives you the tools and rewards to succeed.

