



BLACK, GOULD & ASSOCIATES, INC.

Agent Update

APRIL—MAY 2025

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Trends in Health Care Spending

AMA, April 17, 2025

Health spending in the U.S. increased by 7.5% in 2023 to \$4.9 trillion or \$14,570 per capita. This growth rate is significantly higher than the 4.6% rise in 2022, and apart from the 10.4% rise in 2020 due to the COVID-19 pandemic, it is the highest growth rate observed since 2003 (8.5%). After the pandemic, health care spending decelerated in 2021 and 2022, with overall trends more closely resembling pre-pandemic trends. The acceleration in 2023 was driven by higher utilization of health care goods and services as well as a historically high 92.5% insured share*. For the first time since the pandemic, the growth in health care spending (7.5%) outpaced GDP growth (6.6%).

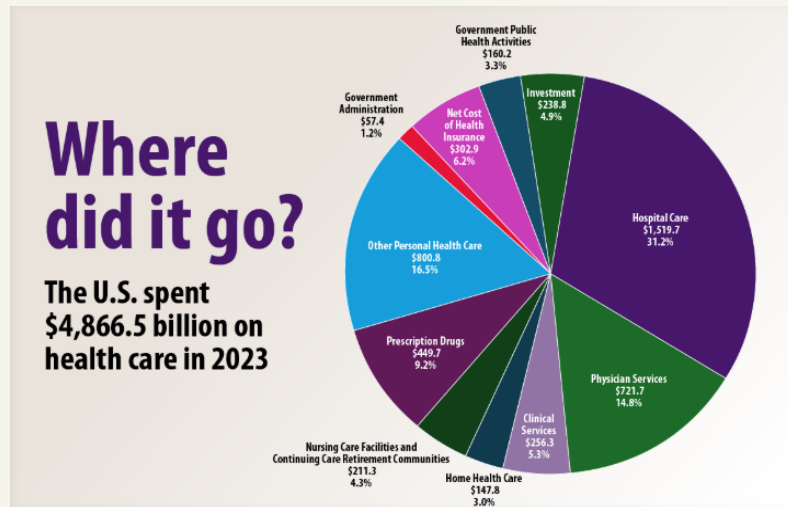
Overall, health spending was 17.6% of GDP in 2023, similar to pre-pandemic shares (17.5% in 2019) after an uptick in 2020 (19.5%) and 2021 (18.3%).

Policy research perspective

A new AMA Policy Research Perspective provides an in-depth look at U.S. health spending in 2023. Here's the link to the article [Policy Research Perspectives](#)

Health care spending explained

The United States spent \$4,866.5 billion on health care in 2023.



*Martin, A. B., Hartman, M., Washington, B., Catlin, A., & National Health Expenditure Accounts Team. (2025). National Health Expenditures In 2023: Faster Growth As Insurance Coverage And Utilization Increased: Article examines National Health Expenditures in 2023. Health Affairs, 44(1), 12-22.

Continued on next page



Trends in Health Care Spending—Continued from page 1

This spending can be broken down into the following categories:

- Hospital care
- Physician services
- Clinical services
- Prescription drugs
- Nursing care facilities
- Home health care
- Other personal health care costs
- Government administration: includes all administrative costs associated with insuring individuals in health insurance programs
- Net cost of health insurance: The difference between what insurers incur in premiums and the amount paid in benefits. This includes administrative costs, additions to reserves, rate credits and dividends, premium taxes and fees, and net underwriting gains or losses
- Government public health activities
- Investment spending

Hospital services and physician services are two of the largest categories of health spending. From 2014 to 2023, both saw an average annual growth rate of 5.3%. In comparison, prescription drugs and clinical services experienced average annual growth rates of 5.7% and 6.6%.

In 2023, personal health care spending saw the largest annual growth since 1990, with an overall increase of 9.4%. Notably, spending on prescription drugs and hospital care rose by 11.4% and 10.4%. Spending on physician services and clinical services increased by 7.6% and 7.0%. Each of these growth rates were considerably larger than in 2022.

The report discusses this breakdown in further detail and also assesses spending by source of funds (i.e., private health insurance, Medicare, Medicaid, etc.) and sponsors (i.e., federal government, households, private businesses, etc.).



FROM THE GROUP DEPARTMENT

BANNER|AETNA: SG Sales Notice

Aetna recently updated its [sales notice](#). This notice gathers information for you and your clients when you sell new business with Aetna, ensuring they send forms and other documents to the right contacts.

It's important to understand that any groups using Employee Navigator as their enrollment platform must indicate that on the sales notice. The broker must have an Employee Navigator license to use that platform. If you have not purchased an Employee Navigator license and paid the associated fees, Banner|Aetna will not be able to connect you to the data exchange.

Any group not using Employee Navigator will automatically be set up on Aetna's platform, eBusiness, where you can manage your client's enrollment and billing needs.

Please reach out to

BANNER|AETNA: Managing Access in Producer World

Producer World allows brokers to manage access and privileges for Aetna's online tools and provides access to many resources and other information as well. They want to ensure that you, and all required users in your agency, have the appropriate access to the Aetna systems and tools needed to manage your client.

Please take a few minutes to review your information (address, phone number, email address) in Producer World and make any updates.

[Producer World® - Profile Maintenance](#)

BANNER|AETNA: Producer World User Guide

Aetna has created an easy-to-use guide to help you understand the various roles and level of access in Producer World. Levels of access within Producer World are managed by the QEB (quoting/enrollment/billing) designee in your agency, who is required to make updates to privileges necessary for access to quoting and administration tools.

You can find the Producer World Guide [here](#). If you need help determining the QEB Designee for your agency, please contact the Aetna Answer Team at 855-319-7290.



FROM THE GROUP DEPARTMENT

BCBSAZ: New Member ID Cards in 2025

Member ID cards may have changed when plans renewed in 2025. Here's how to make sure AZ Blue members have the most current version.

Some members may have a new network prefix on their ID card. Here's what that means:

- Members will need to show their new ID card to their providers the first time they get care starting 1/1/25.
- If a claim is denied, they can call the Customer Service number on the back of their ID card to ask if the claim shows their new network prefix.

If members need additional help, they should call the number on their ID card or email AZ Blue at MemberHelp@azblue.com.

Members can now register at azblue.com/MyBlue with their Social Security Number and date of birth before their ID card arrives.

On their AZ Blue portal, they can [download, save or print their digital ID card](#) to access care immediately.

BCBSAZ: Get premium discounts for your clients with specialty bundling

Bundle your client's medical with specialty coverage and save up to 2.5%!*

It can ease administration, and save your clients money, too. Bundling three specialty solutions with medical coverage for an even bigger discount on your clients' medical premiums.

Learn more about [specialty bundling](#) and start saving your clients money today.

*Terms and conditions apply



FROM THE GROUP DEPARTMENT

HUMANA: Updates—All About LIFE Insurance & Broker Marketing Kit

Humana is happy to share that they have expanded their life rating program to include Voluntary Life! Simplified rating makes bundling with dental, vision and disability so much easier.

Basic and Voluntary Life – Simplified Rating

- Criteria:
 - ◊ 10-299 eligible lives
 - ◊ Voluntary Life: minimum 5 lives for 10-99 eligible, minimum 25% participation for 100-299 eligible lives
 - ◊ Applicable if adding both Basic and Voluntary Life
- Open enrollment allowed at takeover
- Standard guarantee issue applies
- Available through October 1, 2025

Voluntary Life Cross-Selling Strategy

- Targeting in-force groups with Basic Life coverage (10+ enrolled), Humana's Retention Executives are proactively sending Voluntary life quotes to the broker on these qualified cases.
- The Retention Executives are deploying this strategy in three month blocks of groups.
- Voluntary life is an easy way to add stickiness and drive revenue back to the broker and is a great opportunity for the employees to assess their needs and gain additional financial protection for their loved ones.

Annual Increase Option for Voluntary Life

- Humana allows all subscribers to increase their total volume for Voluntary Life coverage by up to \$25,000 at the policy anniversary without an Evidence of Insurability (EOI) form.
- Subscribers are allowed to increase over Guarantee Issue, but subject to plan maximum.
- Annual elections of the \$25,000 increase must be made timely, which is 31 days before to 31 days after the policy anniversary date.
- Handy resource: [Voluntary Life Reference Guide](#)

Note: Humana's external [Broker Marketing Kit](#) is AVAILABLE again!

Humana

FROM THE GROUP DEPARTMENT

UNITEDHEALTHCARE: Surest—Take Health Benefits to the Next Level

The Surest Level Funded health plan is a no-deductible plan designed to connect members to cost and care options through an easy-to-use app. Members have access to providers within the UnitedHealthcare network, with visibility to prices before a medical bill is processed. To help Surest members navigate their options and find opportunities to save, providers are evaluated on services and past performance. Lower copays are assigned to providers with higher ratings.

The Surest Level Funded plan at a glance:

- ACA-compliant health plan for employers, available nationwide*
- No deductible, no coinsurance
- Look up copays in advance, see actual prices (not estimates) with labs and X-rays included
- Lower copays indicate higher value care
- Large, national UnitedHealthcare provider network

*Excludes Hawaii

Benefits of a Level Funded Health Plan

The Surest Level Funded health plan is available for employers with 2+ employees.* Does it make sense for you?

Advantages of a Level Funded plan:

Straightforward plan design

With no deductible and no coinsurance, plan participants pay only monthly premiums and copays for health services.

Large national UnitedHealthcare network

Choose from a network of 5,000+ hospitals and care facilities and 1.7 million physicians and care professionals.

Refunds of any surplus

If medical and pharmacy claims are lower than expected, clients have the potential of a refund.

Budget certainty

Each 12-month plan year, clients fund the level rate based on enrollment. This provides financial protection if claims are higher than expected.

Additional benefits

Individually underwritten policies, 24/7 virtual visits, a user-friendly app with options to self-serve, and independence from many Affordable Care Act regulations.

*Eligibility requirements may vary by state.

[Click here to review the flyer for more information](#)



FROM THE GROUP DEPARTMENT

UNITEDHEALTHCARE: Specialty Updates

2nd YEAR DENTAL RATE CAP

Help your customers get rate certainty on their dental plan. For groups adding dental through January 2025 effective dates, the dental rate cap assures rates do not increase by more than 5% in the second year of coverage.

Eligible group sizes: 2-100

*Offer not available to groups situated in: RI, WI, WA (2-50), FL (2-50), or ACEC groups.

PACKAGED SAVINGS

With Packaged Savings, when fully insured or level funded customers bundle their medical, dental, vision, life and/or short-term disability plans with UHC, they may save money in administrative credits. Credits are earned based on the number of enrolled medical employees and eligible specialty plans offered. Packaged Savings is available on fully insured groups with 2-99 eligible employees and level funded groups with 2-50 eligible.

SINGLE PLATFORM INSTALLATION FOR ALL PRODUCTS

When you write UHC Level Funded or Fully Insured medical, you can now offer a complete benefits portfolio on just ONE bill! Now that supplemental life, STD and LTD are available on Cirrus/USP, all products can be administered on the same platform. Groups will have the same policy number, bill, and administration platform for all lines.



FROM THE GROUP AND INDIVIDUAL DEPARTMENTS

AMERITAS: Upgrades to the Ameritas Benefits Member Account

Enhancements to the Ameritas dental, vision, and LASIK insurance member accounts are now live! The new design provides members with a more intuitive and streamlined experience, making accessing benefits, ID cards, plan details, claims, and other resources easier.

To improve security and streamline access, **members who have existing accounts online or through the Ameritas Benefits app will need to register again with new credentials.** Existing account credentials will no longer be valid.

Members will use the same new credentials when they log in to both their online account and the Ameritas Benefits app. Registration will only be available for primary plan members during this initial rollout. Dependent access will be introduced at a later date. Ameritas posted an announcement to the benefits administrator portal to keep employers informed.

To support this transition, the new member account [sign in page](#) includes a re-registration message, along with a [registration guide](#). In addition, a [member account overview](#) page is available on ameritas.com to help educate members on key features and benefits. This [FAQ](#) can be shared with your clients and includes detailed information about the changes.

Amerita's customer support teams are available to assist with any questions regarding the new registration process and account navigation.

AMERITAS: New Hearing Savings Program with Tuned

Ameritas is pleased to announce a new partnership with [Tuned](#), offering exclusive hearing care savings to all Ameritas dental, vision and hearing care members. Discounts will be applied to hearing aids and members will have access to licensed, online specialists.

Key highlights of the Tuned savings program

If members need their hearing tested, they have options— they can visit any provider of their choice or take a clinical hearing test from home with Tuned.

- Up to 50% off retail pricing on top hearing technology
- Free 45-day trial on hearing aids with a full refund if not satisfied
- 3-year loss and damage warranty
- Ability to share savings with up to 3 immediate family members

Important Note: The insurance benefits for SoundCare® have not changed. This new savings program is not insurance and will be available at no additional cost to dental, vision and hearing plan members.



FROM THE GROUP, INDIVIDUAL, AND MEDICARE DEPARTMENTS

CIGNA HEALTHCARE: Digital Enhancements

Cigna Healthcare[®] is all about helping its customers get better care faster. The more your employees are digitally engaged, the better the care, the outcomes, and the costs. Cigna is committed to delivering a superior digital experience for its customers and clients through frequent enhancements and updates.

Cigna Healthcare Easy Choice Tool

Helping customers identify the health plan that best fits them

The Cigna Healthcare Easy Choice Tool helps customers identify and evaluate Cigna Healthcare plans during open enrollment in English or Spanish. After completing a brief questionnaire and adding their health team, customers will view their best-fit results—including whether their health team is in-network—and compare the plans before deciding. The Cigna Healthcare Easy Choice Tool is complimentary for clients offering Cigna Healthcare medical plans.

E-Treatment option from MD Live by Evernorth

Asynchronously delivering diagnoses and treatment plans within one hour

The E-Treatment¹ option from MD Live by Evernorth[®] provides customers quick, flexible access to urgent care from board-certified doctors without any direct interaction via phone or video² – one way in which Cigna Healthcare is making it simpler, easier, and faster for customers to receive care. The E-Treatment option can be accessed through myCigna.com[®] or the myCigna[®] app³ and is available for non-emergency illnesses and injuries, including many common, everyday conditions. After Cigna Healthcare customers submit their medical history and current condition information, an MD Live provider reviews the responses and provides a diagnosis and treatment plan within an hour, including any necessary prescriptions to the customer's pharmacy of choice.

1. E-Treatment care is not available in KS, MS, NM, WV, and DC.
2. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and all services may not be available in all areas; subject to state regulations.
3. The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.



BGA OFFICES WILL BE CLOSED

Friday, May 16th

for an offsite company event

&

Monday, May 26th

in observance of Memorial Day



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& ASSOCIATES, INC.**

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