



BLACK, GOULD & ASSOCIATES, INC.

# Agent Update

JUNE—JULY 2025

## Insurers pledge to Smooth out the Prior Authorization Process

Fierce Healthcare, by Paige Minemyer, June 23, 2025

Insurers large and small from across the country have announced a series of commitments they're making to reform one of the biggest pain points in the patient journey: prior authorization.

Key steps include committing to reducing the number of services that are subject to prior authorization with "demonstrated" progress by **January 1, 2026**. The plans are also working to roll out common and transparent solutions that promote electronic prior auth submissions, with a framework up and running for plans and providers by **January 1, 2027**.

About 50 insurers have signed on to the pledge, including all six of the largest publicly traded health plans: Elevance Health, Centene, Cigna, CVS Health's Aetna, Humana and UnitedHealthcare. A slew of Blue Cross Blue Shield plans are also leading the charge, and the initiative is backed by both AHIP and the Blue Cross Blue Shield Association.

The announcement states that the commitment stretches across various insurance markets, including commercial plans, Medicare Advantage and Medicaid managed care. The enhancements to prior authorization practices are set to reach 257 million Americans.



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## FROM THE GROUP DEPARTMENT

### BANNER|AETNA: Improving the B|AFA options ahead of busy season

To support brokers and clients ahead of the busy season, Banner|Aetna is rolling out several strategic updates to its B|AFA offerings, effective with 9/1/2025 new business and renewals. These updates aim to increase flexibility for employers and enhance the overall member experience:

1. **Expanded Plan Portfolio:** 13 new plan designs are being added, including options across Standard, HSA, and \$0 Lab/X-ray plan types.
2. **Increased OTC Benefit:** The OTC Health Solutions<sup>®</sup> benefit will be enhanced, raising the quarterly allowance to \$35 per enrolled employee (up from \$25).\*
3. **Revised Admin Fee Credit Program:** The admin fee credit structure is being optimized. The credit for level-funded groups in surplus is being retired in favor of a \$150 increase in the dental cross-sell credit.

Updated Incentives Starting 9/1/2025\*\*. Clients may now be eligible for the following incentives:

- \$400 per enrolled employee for all new B|AFA business
- \$300 per enrolled employee when bundling an Aetna dental plan

For full details, brokers are encouraged to contact their BGA Group Account Executive or refer to the updated resources below:

- [B|AFA Plan Updates Overview](#)
- [AFA Admin Credit Flyer](#)
- [Fully Insured Admin Credit Flyer](#)

\*FOR OTC \$35: Only available for enrolled employees. \$35 allowance each quarter to use on select CVS Health<sup>®</sup> brand products. Unused allowance does not carry over to the next quarter.

\*\*FOR CREDITS STARTING 9/1/2025: A group can only be eligible for an administrative fee credit at their effective date based on the number of enrolled employees at the time the case is sold. This material is for informational purposes only and does not constitute a contract. The offer is provided at the sole discretion of Aetna and can be terminated at any time and without notice.

### BANNER|AETNA: Expanding Segment Definition

Banner|Aetna has expanded their definition of small group products and systems to include **employers with 100 or fewer enrolled employees**. Starting with **7/1/2025 quote dates** for any effective date, you'll use Aetna Small Group product offerings, platforms, sales and support teams and processes to sell and install clients for this group size.

This applies to employers headquartered in AZ, CO, CT, DE, FL, GA, IA, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, NE, NJ, OH, OK, PA, RI, SC, TN, TX, VA, WI, WV, WY.

Banner|Aetna's Small Group operating and distribution models let them better meet the needs of your clients with up to 100 enrolled employees by delivering quicker underwriting turnaround times, reducing re-segmentation due to groups growing and shrinking, and bringing personnel consistency across groups of this size.

Learn more by reviewing the [FAQ](#) or by reaching out to your BGA Group Account Executive.

## FROM THE GROUP DEPARTMENT

### BCBSAZ: Members can Save Money on their Prescriptions

Whether AZ Blue members take medications regularly or for an occasional illness, it pays to know how their prescription drug plan works. Here are some tips to help them save on prescriptions.

#### 1. Choose medications covered by their plan

A formulary is the list of drugs that are covered by a member's health plan. Formularies typically have different levels of coverage, also known as tiers, for prescription drugs. The drugs on the formulary are chosen based on how well they work, how safe they are, and how much they cost. Members can access the AZ Blue formulary for their plan in their [AZ Blue member portal](#).

#### 2. Price Edge

With Price Edge, members automatically get the lowest available price on covered and non-covered generic medications. Members may even save money on over-the-counter (OTC) medications, like ibuprofen or acid reducers, if they have a prescription. Plus, covered prescriptions count towards yearly out-of-pocket limits or deductibles (medications not covered by a member's plan, including OTC products, do not count toward their yearly out-of-pocket limit or deductible).

If a member's next fill qualifies, they will automatically receive a discount. If a member's plan does not cover the medication, Price Edge may offer a lower price at the pharmacy counter.

#### 3. 90-day refills

Save time, effort, and money! Members may be able to get up to a 90-day supply of select maintenance medications (taken regularly and long term) and could save up to 17%.

AZ Blue members can find accurate coverage and formulary details, check copays, and estimate drug costs in their [AZ Blue member portal](#).

## FROM THE GROUP DEPARTMENT

### HUMANA: Updates

Humana has some exciting news to share with you surrounding EOI process enhancements, agent portal guides, and dental/vision reporting.

#### EOI Submission Enhancements for Life Insurance

- **Member-direct EOI process** – Members will now be guided to submit their completed EOI forms directly to Humana and will be notified directly in the event of an incomplete form.
- **Telephonic intake** – As part of this new process, members will also now be able to call Humana's Customer Service team (866-427-7478) to complete and submit their EOI forms on a recorded line.
- **Combined EOI and Life Auth Forms** – The latest version of the EOI forms includes the Life Authorization, so you no longer need a separate Life Auth form. Please note to always pull the new forms rather than use older versions previously saved. [Click here to access the forms.](#)

#### Agent Portal Updated Resources

- [Agent Portal Guide](#)
- [Web Access Administration for Agents](#)

#### Dental and Vision Reporting has been lowered to 50+ enrolled subscribers!

Plan pulse reports show group claims and network utilization data for dental and/or vision lines of coverage. Within the report, there is a comparison of peer groups. Peer groups encompass all active Humana groups within the same sized segment, excluding the selected group.

#### Green Dental Plan Pulse

- Availability: 50-299 enrolled subscribers

#### Plum Dental Plan Pulse

- Availability: 300+ enrolled subscribers

#### Vision Plan Pulse:

- Availability: 50-299 enrolled subscribers and 300+ enrolled subscribers

# Humana

## FROM THE GROUP DEPARTMENT

### PRINCIPAL: New Beneficiary Support Services

#### Tell clients about support for beneficiaries

Beneficiaries now have access to Empathy's premium bereavement support system to help them through the death of a loved one. Empathy combines caring human support with helpful technology. There is no additional cost for this service—for your client or their employees.

**Care managers** offer personalized, compassionate support. They're available through convenient live chat and can help connect beneficiaries with grief counseling services or support groups if needed.

**Award-winning app**<sup>1</sup> provides resources such as an online support community and time-saving tools. In addition, the beneficiary can invite family members to use the app to collaborate on a care plan and keep everyone connected.

Other services offered include:

- Grief and grieving resources
- Final arrangements
- Identity theft protection
- Closing multiple accounts at once
- Probate support

This service is available to beneficiaries of a Principal<sup>®</sup> group term life or voluntary term life policy.

[Click here to share with your clients](#)

<sup>1</sup>[Google Play's Best Apps of 2021. Apple announces winners of the 2022 Apple Design Awards.](#)

## FROM THE GROUP DEPARTMENT

### UNITEDHEALTHCARE: Specialty Updates

#### Find a Vision Provider

##### Need to Find a Vision Provider?

It's easy!

1. Visit [uhc.com](http://uhc.com) and click Find a Vision Provider.
2. Select "Employer and Individual Plans" when prompted.
3. Enter location (street, city, ZIP, or county), and click Update Location.
4. Search for in-network providers by name, category, or online services.

You'll be matched with nearby eye doctors in the plan's network.

#### Express Exam

##### What Is Express Exam?

Express Exam is a *free*, virtual prescription renewal service for UHC Vision members, powered by 1-800 Contacts.

##### How does the Express Exam work?

- Visit [ExpressExam.com/uhc](http://ExpressExam.com/uhc) from a **camera enabled device**.
- Answer eligibility questions, complete a quick vision check, and snap a few photos.
- The whole process takes **under 10 minutes**.
- A board-certified ophthalmologist will review results and email the prescription—usually within **a few hours**.

Use prescription **anywhere in the U.S.** No added cost—just standard copays!

#### Child Vision Benefits Now Extended to Age 19

**New!** UHC Vision coverage for children has increased from age **13 to age 19**.

This expanded benefit supports growing eyes with the following:

- One extra eye exam per year if vision changes—no extra premium.
- One new pair of glasses (frames + lenses) per year if the prescription changes by 0.5 diopters or more.

Standard copays apply—no additional premium is required.

Helping children see clearly through their teen years—this update ensures support when it's needed most.



## FROM THE INDIVIDUAL DEPARTMENT

### BANNER|AETNA: Additional Information on Aetna's 2026 IFP Exit

As previously shared, Banner|Aetna has announced its decision to exit the Individual & Family Plans (IFP) exchange market, effective January 1, 2026. This move follows a strategic evaluation of its business priorities.

Since entering the IFP market in 2022, Banner|Aetna has worked to expand access to care and deliver value to its members. While the company will no longer offer IFP coverage beyond 2025, it remains committed to supporting members and broker partners throughout the year.

Below is key information about member communications and important details your clients should be aware of:

#### Member Communications:

- As of June 6, 2025, Banner|Aetna began mailing letters to all enrolled members in an Individual & Family Plan.
- Mailings will be distributed in phases, with delivery expected from mid-June through early July.
- The content of these letters aligns with the messaging currently available on [banner.aetna.com](https://banner.aetna.com).
- Sample communications and additional resources can be found on the Individual & Family Plans page within Producer World.

#### What Clients Need to Know:

- Banner|Aetna is collaborating with brokers and members to help them transition to alternative health coverage options that meet their needs for 2026 and beyond.
- There are no changes to existing IFP coverage for the remainder of 2025. Coverage will remain active through December 31, 2025.
- Members can choose a new health plan from another carrier during the upcoming Open Enrollment period. Those who do not make a new plan selection will be automatically crosswalked to a comparable plan offered by another insurer.
- All eligible medical and pharmacy claims incurred in 2025 will be honored and processed according to the member's existing policy terms. Claims with service dates in 2026 must be submitted to the new carrier.

If clients have questions, they are encouraged to contact the Member Services phone number listed on the back of their ID card.

Please get in touch with your BGA Individual Account Executive with any questions.

## FROM THE INDIVIDUAL DEPARTMENT

### CMS Finalizes Major Rule to Lower Individual Health Insurance Premiums for Americans

Healthcare.gov, June 6, 2025

#### New Rule Cracks Down on Improper Enrollments, Protects Patient and Taxpayer Dollars, and Restores Marketplace Integrity

The Centers for Medicare & Medicaid Services (CMS) is finalizing a major rule that will lower individual health insurance premiums by approximately 5% on average. It is also projected to save taxpayers up to \$12 billion in 2026 by combating the surge of improper enrollments in the Affordable Care Act (ACA) Exchanges, reining in wasteful federal spending, and refocusing on making health insurance markets more affordable and sustainable for hardworking American families. The 2025 Marketplace Integrity and Affordability Final Rule restores oversight, strengthens accountability, and ensures taxpayer dollars are used only for those who are truly eligible.

“We are strengthening health insurance markets for American families and protecting taxpayer dollars from waste, fraud, and abuse,” said U.S. Health and Human Services Secretary Robert F. Kennedy, Jr. “With this rule, we’re lowering marketplace premiums, expanding coverage for families, and ensuring that illegal aliens do not receive taxpayer-funded health insurance.”

Improper ACA enrollments, enabled by weakened verification processes and expanded premium subsidies, have triggered widespread fraud. Research shows that in 2024 alone, an estimated 5 million people may have been improperly enrolled, costing taxpayers as much as \$20 billion. “CMS is restoring integrity to ACA Exchanges by cracking down on fraud, protecting American taxpayer dollars, and ensuring coverage is there for those who truly need it,” said CMS Administrator Dr. Mehmet Oz. “This is about putting patients first, stopping exploitation of the system, and realigning the program with the values of personal responsibility and fiscal discipline.”

#### Materials

- Press Release: <https://www.cms.gov/newsroom/press-releases/cms-finalizes-major-rule-lower-individual-health-insurance-premiums-americans>
- Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/2025-marketplace-integrity-and-affordability-final-rule>
- Final Rule: <https://www.cms.gov/files/document/cms-9884-f-2025-pi-rule-master-5cr-062025.pdf>



## CARRIER BONUSES, COMMISSIONS & INCENTIVES

### BANNER|AETNA: Joint Venture Bonus Program— Small Group

#### Earn more in 2025 with Banner|Aetna Small Group Sales

Producers have the opportunity to earn a \$25 reward for each enrolled employee when placing a qualifying group with 2 to 100 eligible employees.

#### Recognizing Broker Contributions

Banner|Aetna, a jointly owned health plan from Banner Health and Aetna—continues to invest in solutions that enhance care access, improve affordability, and elevate the overall member experience. In appreciation of broker support, they are offering a special incentive program for 2025.

#### A Smart Choice for Clients. A Rewarding One for Brokers.

Banner|Aetna plans are built to meet employer needs while supporting member satisfaction. Their integrated approach combines local provider strength with national carrier experience, offering:

- Affordable and quality health plans
- Expanded access to local care
- Added value for employers
- A more convenient member experience

Here's how it works:

When you sell a new group with 2 to 100 eligible employees with enrollment in a Banner|Aetna Funding Advantage<sup>SM</sup> plan, or sell a new group with 51 to 100 eligible employees with enrollment in a Banner Health insured plan, you're eligible to get the following credits:

**\$25 for each Banner|Aetna enrolled employee**

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

## CARRIER BONUSES, COMMISSIONS & INCENTIVES

### SOLSTICE: Enjoy Bonuses All Year Long

Take advantage of Solstices' premium payout broker bonus. A one time bonus on top of regular commissions for new sold groups!

- Dental HMO and Prepaid Vision: One full month's billed premium
- Dental PPO and Vision PPO: Half a month's billed premium
- No minimum group size to qualify

Enjoy bonus earnings now for new sold groups with effective dates between February - December 2025.

#### Group Plans Example

Sold a **Dental PPO group plan** starting in July 2025 with a \$1,000 first-month premium?  
You'll get:

- ✓ Your regular commission
- + A **\$500 bonus** (half the premium!)
- 📅 Paid at the end of month two
- 👥 No minimum group size required!

- 1) If group cancels within the first 12 months, Solstice reserves the right to pro-rate future commissions.
- 2) Sold groups must be in good standing for two months for the bonus to be paid. The bonus is equal to the specified amount of the first month's paid premium, on top of commission paid. The bonus will be paid at the end of the second month.



# BGA will be closed Friday, July 4th, 2025



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