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A big thank you

It’s been a great year, thanks to you.

First of all, many thanks for your support this year. We hope we’ve continued to deliver outstanding service to you and your clients.

Could we ask a little favour? Please take a moment to vote for us in the 2012 Health Insurance Awards and help us to continue providing award winning health cash plans to your clients.

www.hi-mag.com/health-insurance/awards
Visit the website above or scan this QR code on your smart phone to vote.

We pledge to continue our support for you by bringing you new, innovative products to help you keep selling in a challenging market along with the dedicated support of our Intermediary Team.

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AN INDUSTRY ON THE MOVE
Why mobile apps could help the health insurance and protection market to grow

“App, app and away”... “Appy days”... “Applying the way to do it”... “It’s all appening”.... That’s right, the Health Insurance team managed to while away an entire morning coming up with increasingly corny headlines to go on this month’s front cover to announce the launch of our new app for iPhone and iPad.

In the end, we thought we’d just get on with simply producing top quality content to keep our latest service for readers ticking over.

As you’ll find when you download the brand new app – available free at the App store on iTunes now – you can now have access to Health Insurance’s award-winning journalism on the move, when you are visiting clients, or simply whenever and wherever you like.

Many of the features from the Health Insurance website – www.hi-mag.com – are there. You can use the app to focus on in-depth news and analysis in a specific product area, keep up to date with latest industry appointments in our People Moves section, see what our columnists have to say in our Insider View channel, or just flick through to make sure you’re staying up to speed.

To celebrate the launch of our new service, this month we decided to take a look and see what other apps are available that might be of use to health insurance and protection intermediaries. You can see what ones caught our eye on page 22. It’s clear that some providers have grabbed the nettle and launched apps that are of real value to advisers – and of interest to clients too.

Other providers that we spoke to tell us that they have apps under development. We’re watching this space and will of course be first to tell you who and when launches them in the months to come.

It is important that those providers which are still to get into this space do so quickly. Not just for their own benefit of course – they’re losing ground by the day on those who do already offer mobile apps – but for the benefit of the health insurance industry as a whole.

Much is said of the importance of using technology to grow the market and there is no more tangible evidence of this than the case of mobile apps. Some health insurance and protection apps that we looked at weren’t just nice-to-haves – they actually empower advisers and clients in a way that can’t really be achieved through any other medium today.

Not only that, but as smartphones, iPads and other tablet devices become more mainstream, clients will begin to expect apps as a matter of course. So let’s hope that more providers – and indeed intermediaries – launch their apps soon.

In the meantime, app’s all from me...
OFT refers private healthcare market to Competition Commission

TESSA NORMAN AND DAVID SAWERS

The Office of Fair Trading’s (OFT) decision to refer the private healthcare market to the Competition Commission represents an opportunity to stamp out bad practices in the sector, private medical insurance (PMI) providers have said.

But there are differing views on the potential outcome of the decision, with insurers costing by happen with than some private hospital providers and doctors’ groups.

This month the OFT confirmed it has referred the private healthcare market to the Competition Commission for further investigation over concerns that full treatment costs are not always transparent for patients, and that there is a lack of easily comparable information on the quality and costs of services.

Dr Natalie-Jane Macdonald, managing director of Bupa Health and Wellbeing, Britain’s largest PMI provider, said she was pleased with the decision and hopes it leads to scrutiny of rising costs in private healthcare.

She said: “Too long, the cost of private healthcare has been rising to unsustainable levels, in part because of a lack of competition and efficiency in the private hospital market and among consultants in private practice.”

AXA PPP Healthcare, Britain’s second largest PMI provider, said that it shares the OFT’s concerns that it can be difficult for consumers, GPs and insurers to make informed choices between competing providers on the basis of the quality and value of their services.

Alex Fogg, commercial director at Forrest Craig, added that consumers would be “very surprised and disappointed” to learn that the OFT found a number of inducements being paid to specialists in return for using particular hospitals or clinics.

He said: “Our view is that specialists have a duty to ensure that their patients receive appropriate and cost-effective treatment. Inducements of the kind noted by the OFT will inevitably give rise to concerns that they increase costs and incentivise unnecessary tests and treatment. We hope that this review will lead to an end to these market practices.”

But doctors’ representatives and some hospital groups expressed disappointment at some issues that the OFT did not point to in making its decision.

The British Medical Association’s Private Practice Committee, the Federation of Independent Practitioners, Organisations and the Association of Anaesthetists of Great Britain and Ireland all said they would have liked the OFT to ask the Competition Commission to investigate what they believe to be restrictive conditions placed on consultants by private medical insurers.

British’s largest private hospital group, BIMI Healthcare, meanwhile, said it was “disappointed” by the OFT’s decision which it said would “actually harm customers”.

BMI said in a statement: “BMI Healthcare disagrees with the OFT’s findings on issues of concentration among private health providers, the countenancing power of private medical insurers to negotiate competitive rates, and on alleged barriers to entry into the market to provide private health services.”

It also said the referral to the Competition Commission will impose “immense” costs on the industry and is based on a “flawed analysis” which it claims is driven by “certain segments within private healthcare wishing to use the regulatory system to advance their own narrow commercial interests”.

Meanwhile, two other hospital groups responded to the OFT’s decision by clashing over the issue of competition in the London private healthcare market.

David Mobbs, group chief executive at Nuffield Health, said: “In some areas, including London, there is a monopoly by one provider, with competitors unable to break into or develop in the market. Not only is this anti-competitive but it is entirely at odds with the concept of patient choice.”

But HCA International claimed that London is not the most competitive part of the UK healthcare market.

In a statement HCA said: “HCA’s six London hospitals compete with nine other private hospitals and more than 20 NHS private patient units. It’s clear, therefore, that London is the most competitive part of the UK market.”

Areas of concern identified by the OFT

A lack of easily comparable information available to patients and their GPs on the quality and costs of private healthcare services

There are only a limited number of significant private healthcare providers and large health insurance providers at a national level

A number of the features of the private healthcare market combine to create significant barriers to new competitors entering the market and being able to offer private patients greater choice
Health Insurance Provider Awards 2012 – voting now open

The countdown to the 2012 Health Insurance Awards has begun with the launch of the voting for your providers of the year.

Last year Aviva Health UK retained the Health Insurance Company of the Year Award, as well as the top gong in the group and individual PPI categories. Will it scoop another hat trick – or do even better – this time around or have other providers stepped up their efforts enough to secure your vote?

Voting is open to all UK-based independent intermediaries who actively advise on and sell health insurance and protection products for the majority of categories, although the Best Long-Term Care Provider Award is limited to advisers with the CFB qualification.

In addition, overseas brokers are entitled to vote in the Best International PPI Provider category, although they must be registered readers of Health Insurance or our daily news alert service.

Once again we are offering a prize of £250 in amazon.co.uk vouchers to one lucky winner drawn at random as a thank you for voting. All intermediaries advising on relevant health and protection products in the UK are eligible to vote and overseas brokers can vote for best international PPI provider.

Voting takes place online at www.hi-mag.com/awards and closes in late July.

Look out for the launch next month of the Health Insurance Intermediary Awards, where we will be asking for entries from advisory firms which have demonstrated excellence throughout the course of the past year.

HI’s Intermediary of Year 2011 opens its first London office

The winner of last year’s Health Insurance Intermediary of the Year Award has built on that success by opening a new office in London – its first in the capital.

Jeff said that it is also recruiting a number of high profile personalities in the health insurance industry to spearhead its growth plans in London and the South East.

Doug Rice, formerly of Cigna HealthCare, has already joined the intermediary as director of healthcare, while Ronjit Bose – who has held roles of Standard Life Healthcare, PruHealth and Bupa International – joins as commercial director, to head up its marketing team as well as lead generation and proposition development.

Initially a team of six will work from the London office covering both healthcare and risk, including Chris Cannon who has been promoted to the position of business development manager. In addition, three members of Jeff’s non-health insurance broking team will work there, with two more permanent members due to start shortly.

On a visit to the new office in Farrington in central London, Health Insurance was told by Glen Thomas, managing director of Jeff Employee Benefits, that the intermediary already manages a portfolio of largely corporate client base in London and the South East, he added.

Thomas said: “Having been with Jeff since we were a small business, the opening of a London office is great to see and an exciting part of our growth plans. A presence in London is also important if we are to continue to build our position as one of the leading employee benefits businesses in the UK, which will also be helped by the likes of Doug and Ronjit further strengthening our existing team.”

Thomas added that he believes Jeff is now the largest SME private medical insurance intermediary in the country and “top ten” in group risk.

The Sickness Absence Review recognises more needs to be done to keep employees in work and out of the benefit system.

We already make a difference in supporting fitness to work – whether it’s through fast access to treatment via a medical or dental plan or support from occupational health services.

Talk to Cigna about how we can help you and your clients maximise employee work, health and performance.
AMBIGUOUS QUALIFICATION

Consumer advocates are calling for a clear definition of what constitutes an occupation, demanding a four-fold increase in the number of occupations covered by insurance.

RETIREMENT ILL HEALTH FEARS

DEFENDANTS WARNING

Most of these hard-to-place are excluding occupations from their policies, particularly in the construction and leisure industries, according to the Defenders Association of Great Britain (DAGB).

THE CHALLENGE OF DEFINITIONS

INCOME PROTECTION DEFINITIONS OF INCAPACITY

	Own occupation - Pays out should the claimant suffer sickness or injury that prevents them from doing their own job.

	SUCCEEDED occupation - Pays out should the claimant be unable to return to any job for which they are suited, based on their skills, qualifications and experience.

	Any occupation - Pays out should the claimant be unable to return to any work for which they are medically able.

Activities of daily living or working - Pays out only if the claimant can prove that they cannot complete two or more basic tasks from a list.
DKV Globality unveils new brand and structure for TPAs

An international private medical insurance (IPMI) provider has developed a new brand to represent what it claims to be a unique approach to dealing with third party administrators (TPAs).

DKV Globality said its new service approach links up TPAs through a common IT platform – something not common in the IPMI market – and through one brand, “Globalites.”

Revealing the strategy exclusively to Health Insurance, DKV Globality chief operating officer Jeroen van de Velde said that the provider, which is part of Munich Health, believes no other providers take the same approach to working with TPAs.

IPMI providers typically deal with local TPAs in different parts of the world on a case-by-case basis. But van de Velde said that DKV Globality’s new approach means that the partners it works follow unified processes and structures developed by DKV Globality itself, as opposed to following their own working patterns on an ad hoc basis.

Van de Velde said that most IPMI providers use either “a central approach, a partially-owned decentral approach, or a partially-contracted decentral approach.” “None, however, have the usages of TPAs as part of a strategic network approach,” he said.

A single “visual and verbal” concept for all internal and external communication channels, platforms, tools and materials has been introduced. This, plus a new telephone routing system which connects one Globalite to another and to DKV Globality’s claims department – itself known as “Globalite Central” – means that when a client gets in touch with their insurer, they feel that they are doing just that, as opposed to feeling that they are contacting a separate company, van de Velde said.

Before a deal is signed with a TPA and they can become a Globalite, it has to go through a rigorous audit by DKV Globality, van de Velde said, and must meet at least 20 qualifications and requirements set by the insurer, including their servicing at least 25,000 lives per year as a TPA.

Van de Velde said: “We have not only set a basic structure which we are convinced will best answer to customer’s requirements in building trust. With this structure we will also be able to best contain the costs in the interests of keeping premiums on a stable competitive level.”

Look out for an analysis of how providers work with TPAs in a forthcoming issue.

What’s good for your corporate clients is good for you too.

A healthcare cash plan is an excellent way for your corporate clients to reward, retain and recruit quality employees.

The Paycare Additions Plan covers employees from £1 per week. Along with excellent core benefits there’s also extra “Additions” that the employer can choose to suit their workforce.

All Paycare plans refund 100% of eligible costs and your clients can be rest assured that their staff are covered by our Employee Assistance Programme. Paycare also has great value voluntary plans.

We pay competitive commissions and pro-actively support our intermediaries to help them and their clients prosper.

www.hi-mag.com | April 2012
Speed, stability, service and innovation all key to meeting needs of protection advisers

Exclusive survey suggests almost half of Health Insurance readers have seen increase in protection business

But HI sister company Datamonitor says providers must stay on their toes if they are to meet their demands

An increase in new business levels highlights activity present in the protection market and advisers are looking to partner with providers to assist in maintaining these levels of business in line with an increased need for financial protection.

Those providers who can make the advisory role easier will be the most sought after. The survey suggests that advisers think that applications can be speedier, with 60% saying this needs to be addressed if they are going to continue carrying out business with providers. Over two-thirds (67%) of survey respondents said they want a more efficient after sales service from providers.

The survey also reveals that 68% of advisers deemed an instant quote online as another desired essential product feature. An instant online quote allows advisers to give a timely response to their clients’ wishes and should not be overlooked as an area for improvement. The quality of service from providers will be the differentiating factor as the protection industry moves away from a focus on price.

The survey also suggests that advisers are not only looking for high levels of service from providers. The financial stability of a provider is also crucial to advisers in deciding on retaining their provider relationship.

Advisers are also demanding that providers take a look at product design. According to the survey, 42% of advisers are looking for greater product innovation from insurers. With 58% of advisers contacting their existing clients for a protection review, providers need to offer products designed with the needs of the post-recessionary consumer in mind. New and innovative products will also aid advisers who are actively seeking opportunities to attract new clients to the protection market. The survey suggests that providers cannot rely on commission alone as an incentive as only 56% of advisers believe commission was a defining feature in recommending a particular product. Firms who remain complacent will struggle to ignite adviser interest in their product offering no matter how competitive their pricing structure is.

Datamonitor forecasts a modest growth figure of 3.5% for the protection market over the next five years to 2016. More than half (52%) of advisers believe that sales of non-mortgage related term assurance will only increase slightly in 2012. Mortgage-related term, critical illness and income protection received similar results with 46%, 43% and 47% of advisers respectively expecting sales to increase only slightly over the next 12 months.

Regulatory pressures and continuing economic uncertainty will be defining features of the UK protection market in 2012. Advisers and providers alike will be looking for innovative solutions to the challenges they face. However, these challenges present opportunities for protection.

In practice, the Retail Distribution Review will ignite adviser interest in pure protection. Advisers will be the key to driving home the need for protection to consumers. Providers need to listen to advisers’ demands to retain established partnerships and acquire new ones. The growth of new customers can only be sustained if insurers adapt their products to provide an efficient and timely offering to advisers. This will have to be honed if providers are serious about growing their share of the protection market.

The full report will be available from the end of April on the Datamonitor Financial Services Research Store at www.datamonitor.com/store

Associate analyst Lauren Kennedy’s contact details are: lauren.kennedy@informa.com

IN GENERAL, HOW DO YOU EXPECT SALES OF THESE PRODUCTS TO CHANGE OVER THE NEXT SIX MONTHS?

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Expected Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage-related term assurance</td>
<td>46% Increase, 52% Decrease</td>
</tr>
<tr>
<td>Non-mortgage related term assurance</td>
<td>43% Increase, 47% Decrease</td>
</tr>
<tr>
<td>Critical illness</td>
<td>8% Increase, 92% Decrease</td>
</tr>
<tr>
<td>Income protection</td>
<td>3% Increase, 97% Decrease</td>
</tr>
<tr>
<td>Whole-of-life</td>
<td>3% Increase, 97% Decrease</td>
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Financial advisers want to grow their share of the protection market by partnering with innovative providers, with speed, stability, and service quality all crucial too, according to an exclusive survey conducted of Health Insurance readers.

The survey, carried out in partnership with Health Insurance’s sister company Datamonitor, shows that providers need to ensure that they remain innovative and efficient if they are to retain interest from advisers who are reporting an increase in business levels over recent months.

In fact, around half (46%) of advisers surveyed saw an increase in business from new clients over the last six months, while 38% of advisers saw an increase in business levels from existing customers and 22% agreed that there had been an increase in the persistency of policies. To continue this upwards trend advisers will demand innovative methods to enhance efficiency of their role and the survey suggests they will be looking for providers who extend their relationship past the point of sale.

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Appointments

ASSOCIATION OF MEDICAL INSURANCE INTERMEDIARIES
Wayne Pontin has been appointed chairman of the Association of Medical Insurance Intermediaries (AMII). Pontin (picture), who was a member of the AMII executive committee from 2007 to 2010 and is currently sales director (West) of Jeff Employee Benefits, succeeds Andrew Tripp, who has been AMII’s chairman for the last two years. Tripp also steps down from the executive committee having been a member since March 2007, including serving as AMII’s treasurer. In addition to Pontin’s appointment, other AMII changes announced include the appointment of Brian Watters from Regency Health as vice chair and two new committee members, Stuart Stuttard of The Personal Health Partnership – who has been deputy chairman of a PMI Focus Group at BIBA in the past – and Sue Smith of Health Care Plus.

Dobie Kleinier-Gaines of Best Health UK remains treasurer for a further year. Lindsay Joseph of LEBIC Corporate Healthcare Solutions, Hazel Gregory of Medical Insurance Services and Gracey Godfrey of Best GP Private remain on the executive committee. John Miller of Bell Healthcare andinkel Skoodles of Direct Healthline have stepped down as executive committee members after completing their three-year terms of office. AMII also announced that Liz Nuials, business relationship manager of Avisia UK Health, joins the executive committee for a two-year period as the business representative. She succeeds Aliia Wagg of Simplyhealth who has stepped down from the role of insurer representative after completing his two-year term.

BUPA
Bupa has appointed Dr Paul Zillinge-Insall as its new group medical director. He succeeds Dr Andrew Valance-Owen who has retired after 17 years with Bupa. Dr Zillinge-Insall read Johns from Bupa from NHS Midlands and East Strategic Health Authority, where he was director of commissioning and development. He is also medical adviser and primary care lead for healthcare think

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ADVERTISING FEATURE
INTERNATIONAL PMI
A WORLD OF OPPORTUNITY

In the face of increased competition, the need for forward planning and alternative income streams has never been more important for insurance and financial intermediaries in the UK. Andrew Seale, Regional General Manager for UK, Italy and Middle East at Allianz Worldwide Care highlights the benefits of entering the international private medical insurance (PMI) market to intermediaries who are currently considering it.

GROWTH MARKET
In contrast to the UK domestic market where intermediaries face significant competition when trying to win and retain clients, the PMI sector is not only large enough to accommodate new intermediaries, it is also estimated to be growing by more than 12% a year. This growth is linked to companies looking to diversify and expand their operations into territories that demonstrate better returns and future optimism. With the negative economic situation in Europe, companies are going further afield into BRIC countries (Brazil, Russia, India and China) where PMI is a required benefit for employees and their families. This requirement will not be addressed by their UK domestic insurance policies.

EARNING POTENTIAL
Consistent growth and loss competition add up to make the PMI industry a very attractive long-term proposition. For intermediaries looking to grow their revenue base in a sector that shows no signs of slowing down in the near future, moving into PMI could help them to protect as well as grow their business. The premiums charged in the PMI market can be up to (or in excess of) four times that of their UK subscriptions, leading to much larger revenue potential.

CROSS-SELLING OPPORTUNITIES
The provision of PMI also offers opportunities to cross-sell additional products to corporate groups. Sending employees on overseas assignments is an expensive and time consuming process, so clients prefer to limit the number of intermediaries they are well placed to offer advice to clients and help place other insurance products with them such as life and disability cover.

SUPPORT
Though the market is specialised in nature, PMI providers are on hand to offer advice and support to intermediaries looking to enter the market. By working closely with providers, intermediaries can leverage their market knowledge and international experience. Together, they can benefit from the rewards of this dynamic growth sector.

Ask Andy
Regional General Manager, Allianz Worldwide Care

“Few other insurance arenas offer double-figure growth, reduced competition and high revenues, while the opportunity to cross-sell other products is an added bonus. Entering the PMI market needn’t be complicated and brokers shouldn’t be put off by any apparent complexities. If you’re considering this market and have any concerns, please feel free to contact me.”

“In next month’s issue we’ll look at making preparations to enter the PMI market, with advice on choosing the right staff and selecting insurance partners.”

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In Association With:
Some reasons why the health insurance and protection industry needs to get online

engagement, as old as language itself. What is new is the definition of social media – “online tools that people use to share content, profiles, opinions, insights, experiences and media itself, thus facilitating conversations and interactions online between groups of people”.

Social media only suits certain businesses. Not true. Social media is now core to daily life. A staggering 1.2 billion smartphones were sold worldwide in 2009 alone. If you have staff, customers, suppliers – you have a real time route to them through social media. Our industry is ripe for expansion through this.

Every company should have a social media policy. True. An organisation must give employees clear guidance on acceptable behaviour. More importantly, it should assess how social media can be used to promote its products or services and have a contingency plan for damage limitation when negative comments are broadcast. In a global survey, 79% respondents stated that they followed companies on a social network to learn more about a brand.

Twitter is just for following celebrities: Absolutely not. Twitter is a positive goldmine of business-related information. Bupa alone appears to have 17 official twitter accounts providing real-time updates to their target audience.

Apps have limited use in a regulated environment: Not true. There is enormous scope for developable information. In the same way that individuals monitor their bank accounts, claims tracking, rules and benefits and remaining cover can all be accessed instantly. There are some exciting apps emerging in the wellness space, including a healthy lifestyle tracker and competitive game recently launched by getHealth. 

Social media has little value for intermediaries. Again, not true. You can add value through employee engagement, advising your clients on low cost methods of disseminating information and raising positive profile for healthcare benefits. Social media is instantaneous. Of course it is. If you are posting regularly your target audiences can access important information immediately. But time, effort, and fact checking is crucial in producing interesting and engaging copy. It’s also a great way to receive instant feedback from your customers.

Any publicity is good publicity: Not so. In the world of social media, a customer complaint can go viral with devastating effects.

There are many rules governing social media. Just one caveat employer (buyer thereof): “If you wouldn’t say it offline then don’t say it online.”

Why not join the online revolution by downloading the new Health Insurance app now? Turn to page 22.

There’s a new development/threat/opportunity in life cover. It could just be an interesting change. Or it could be a multi billion hit for some companies in the financial world. Or it could be a new way forward for products that are time-expired.

It’s called PPO. Now use it – possibility many are trying to calculate how many long term lunches I’ve already had or wondering just how accurate the army of fact checkers Health Insurance employs have let such a basic error through.

But no, this is not about PPI (payment protection insurance) – not even the role of media (myself included) in exposing it or the excuses the banks came up with to sell it (you know, “the peace of mind” or “they had everything explained to them”). Instead, this really is PPO. That stand up for periodical payment orders and while few of them heard it, they increasingly represent a different way of settling serious medical and other injuries against the traditional lump sum settlement. In the past, someone suffered an accident that left them irreversibly and long-term crippled so much as to reach a settlement, either in or out of court, with the guilty party’s insurer for a lump sum. What’s wrong with that? Plenty. Insurance is supposed to put people or property back in condition it was before the incident. A crashed car is repaired, a burnt out house is rebuilt, and someone who is injured should be paid until the injury disappears, allowing them to return to normal life.

But that may never happen to someone whose injuries are so bad they are irreparable. The best they can hope for is care for the rest of their lives. However, enabling injury and/or health deterioration to be strengthened in case PPO use becomes a reality, ppos may threaten the financial help for the rest of your life. Some people may not be able to afford the medical help they need – imagine someone who is wheelchair-bounded as a result of a disease rather than an accident. We could ask for the criminal (CI) lottery. A payment can come down to have the “right” medical intervention. And then, it’s a fixed sum. Recover and the policyholder could be quoted in. Or, even assuming a payment’s made, fail to recover and the money may run out. CI is three decades old – and showing it.

A new kind of policy where payments are linked to membership needs and without the requirement to second-guess the length of that need or financial markets could prove an interesting proposition. 

AGE IS JUST A NUMBER – OR IS IT TIME FOR A PMI RETHINK?

Yes, age must be taken into account in managing risk, but the goal posts have moved

Apparently 70 is the new 50 – just ask Joan Collins! Even when it comes to government pensions, for some women 66 is the new 60 and for Tesco it has become the first major employer to raise its pension age from 65 to 67.

Life expectancy in the UK continues to rise and is now 74 for males and 82 for females. Incidence of the top five cancers at 65 is 1,600 per 100,000, half as much again at 14 and double at 20 years.

Deaths from heart disease have decreased over the past 30 years. The stats go on. Yes, Deaths from heart disease have halved as much again at 74 and doubled at 85.

The death rate for 65-year-olds is 9 per 1000 compared to 1.7 per 1000 for 85-year-olds. This has led to a rise in life expectancy over the past 30 years. The stats go on. Yes, Deaths from heart disease have halved as much again at 74 and doubled at 85.

The death rate for 65-year-olds is 9 per 1000 compared to 1.7 per 1000 for 85-year-olds. This has led to a rise in life expectancy over the past 30 years.
PHIL AUSTIN
HEAD OF GLOBAL IPMI, CIGNA GLOBAL HEALTH OPTIONS

Cigna enjoys an excellent reputation in the group international private medical insurance sector and now it is turning its attention to the individual market. Health Insurance editor David Sawers meets the man taking on the challenge

Returning to Cigna to drive forward the insurer’s push into the individual international private medical insurance (IPMI) market was an opportunity, Phil Austin tells me, that was too good to miss.

After all, the provider enjoys a solid reputation among brokers in terms of both domestic and international corporate healthcar. Cigna is one of the world’s largest medical insurers. And the IPMI market is said – although meaningful independent data remains hard to come by – to be booming.

But, I point out, while Cigna has packed a punch in terms of group IPMI for some time now, individual health cover is a relatively new – and already crowded – market for it.

It is a structure and a management team which Austin believes will enable Cigna to seize the growing opportunities in the individual healthcare market.

“Making markets work” and “growing the business is about growing sales.”

The new structure means that there are now four business lines which constitute “Cigna International”. Operating in parallel to Cigna Global Health Options, Cigna Global Expatriate Benefits provides group International IPMI and incorporates Cigna Global Health Benefits (formerly CIEB) and also Var_SCRIBA International, the provider which Cigna acquired in 2010. Cigna HealthCare Benefits provides domestic group cover in the UK and Spain, while Cigna Health, Life & Accident provides short-term risk-based products such as critical illness, personal accident and term assurance cover.

The management team heading up the new structure includes Andrew Kithy, who is president, Cigna Global Health Benefits, while Sheldon Kenton, another figure well known to the UK broker market, is chief executive and client management. While both are keen on their respective functions, Var_SCRIBA International, the provider which Cigna acquired in 2010. Cigna HealthCare Benefits provides domestic group cover in the UK and Spain, while Cigna Health, Life & Accident provides short-term risk-based products such as critical illness, personal accident and term assurance cover.

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THE HEALTH INSURANCE AND PROTECTION INDUSTRY ON THE MOVE

Britain’s communications regulator Ofcom says that around one in three adults in the UK now use a smartphone. Industry analyst Gartner says some 665 million tablet computers such as iPads will be in use by the end of 2016. And Apple says there are now more than 500,000 apps now available in its App Store.

We thought it was about time that we saw if the health insurance and protection industry is keeping pace. In fact, we went even better than that. And the result is the Health Insurance app – the industry’s first ever dedicated app for iPhone and iPad. It’s available to download now, for free, by searching for “Health insurance magazine” in the App Store (where most of the other featured apps here are available).

Why not check it out now? And after that, why not check out some of these other apps that could help you deal with your health and protection clients while on the move? We’d love to know what you think, so please drop us a line at getintouch@hi-mag.com. And if there are any other health & protection apps out there you think we should be checking out, we’d love to hear about them.

HEALTH INSURANCE MAGAZINE

READER APP (FREE – IPHONE, IPOD TOUCH AND IPAD)

The HI app is the only app currently developed by a health insurance and protection journal. In fact, we think it’s a first for the UK insurance publishing market as a whole. The HI App brings you detailed news and analysis within all product areas – and more.

The news feed is refreshed automatically and manually, and the app homepage gives users a snapshot of the most recent top headlines at any time.

- Simple navigation to access the specific news users want to read
- Ability to read news on the go – once a news story is uploaded it’s “cached” within the app so users can read the news anywhere, anytime, even if their not online
- App combines users favourite sections from www.hi-mag.com including Insider View and People Moves
- Users can choose how they want to view news – users can customise their preferences to modify font size and switch between wi-fi and 3G download options

HEALTH INSURANCE RATING: We’d best leave it for users to decide...

BRIGHT GREY

“BRIGHT TOUCH” APP (FREE – IPHONE, IPOD TOUCH AND IPAD)

Bright Grey is one of the health insurance and protection industry’s leading proponents of social media and it’s no surprise that it sees the value of apps for financial advisers. Its “Bright Touch” app is designed to give advisers information at their fingertips about its personal and business menus.

- Product overviews
- Commonly asked questions
- Case studies from claimants
- Decision handling tools
- App also features commentary from an adviser talking about Bright Grey’s “Helping Hand” counselling and support service
- App can be used to build a short customer profile and that information is carried through to decision handling screens

HEALTH INSURANCE RATING: 9/10 Add in a quote feature, and this could even beat Legal & General’s protection app (below).

LEGAL & GENERAL

PROTECTION APP (FREE – IPHONE, IPOD TOUCH AND IPAD)

Last September, Legal & General launched what it claimed to be this UK’s first dedicated protection app for iPhones and iPads. Built for advisers, the app provides a quote facility that can be used when visiting clients.

- “Real time” protection quotes
- A “Tools” section that enables pre-selection of options to speed up the quote process
- Links to the Legal & General websites that give access to product information and literature

HEALTH INSURANCE RATING: 9/10 After launching an app for mortgage advisers in 2010, L&G is now also leading the way when it comes to protection apps.

BUHA

BUHA “HEALTH FINDER” APP (FREE – IPHONE, IPOD TOUCH AND IPAD)

BUHA has developed a number of apps, although none yet specifically for intermediaries (well, none that we could find anyway). We found a BUHA app for runners and a general fitness one too. Here is one, though, that is particularly relevant to intermediaries’ clients.

- Free mobile access to BUHA’s health factsheets
- Users can search for specialists, hospitals, and BUHA centres in their area
- For users with BUHA health insurance, the app also provides a step-by-step guide to the claims process, stores membership details and saves details of their BUHA advisers in one place

HEALTH INSURANCE RATING: 7/10 Not up there with Exeter Family Friendly and PruHealth yet (see this page), but a good start nonetheless.

AXA PPP HEALTHCARE

MEMBER APP (FREE – IPHONE, IPOD TOUCH AND IPAD)

AXA PPP healthcare is the only domestic private medical insurance (PMI) provider that we could find that offers an app that enables members to start their claims process on the move.

- Allows users to search for AXA PPP healthcare-approved hospitals and providers in their area, or by postcode, town or city
- Users can find out facts for over 180 medical conditions and health topics
- Users can start their claims process or ask a question

HEALTH INSURANCE RATING: 9/10 No, we don’t love this app because Exeter are sponsoring ours, it’s because it empowers clients and brokers alike. It’s a perfect fit for a modular plan and the “building blocks” that clients can add or remove to see different cover and price options make PMI easy to understand. It’s only available for iPad, but it wouldn’t be possible to get this level of clarity on a small smartphone screen.

PRUHEALTH

QUOTE APP (IPAD – AVAILABLE TO INTERMEDIARIES REGISTERED FOR THE PRUHEALTH ADVISER ZONE)

Along with Exeter Family Friendly, PruHealth is leading the way when it comes to using apps to support intermediaries and to really bring PMI alive.

- App gives intermediaries the opportunity to quote on the road for Personal and Business (3-9 members) Healthcare
- Users can apply through the “app” on individual business
- App provides intermediaries with three plan options, for both Business Healthcare and Personal Healthcare quotes

HEALTH INSURANCE RATING: 8/10 Touch screen technology means a quote can be tailored in seconds, allowing intermediaries to present several options to their clients quickly.

EXETER FAMILY FRIENDLY

HEALTH CHOICES FOR ME APP (FREE – IPAD)

To get hold of the app, which is not currently available at the App Store, the following link takes you straight to the download page: http://app.exeterfamily.co.uk

Exeter’s new app has been designed to make it easy for intermediaries to quote and sell the provider’s modular PMI plan for Individuals Health Choices for Me.

- Touch screen technology enables intermediaries and clients to add or take away elements of cover represented by building blocks
- Simple system asks for basic details about client (tobacco/no-tobacco, age, gender, height and weight)
- Instant quotes
- Existing quotes can be retrieved easily

HEALTH INSURANCE RATING: 9/10 We want to see more apps like this that can bring PMI to life for clients – this one does just that.

A PROVIDER’S VIEW

The development of the Health Insurance app for iPhone and iPad was made possible thanks to sponsorship from Exeter Family Friendly. Here, Nick Jones, the insurer’s brand and marketing manager, explains why the provider chose to support it.

“With more and more people choosing tablets and smartphones to access media online, Exeter Family Friendly applauds Health Insurance for making this bold and forward thinking move. The protection and healthcare insurance markets have to become more open and approachable to both consumers and advisers. The launch of the Health Insurance app will certainly help the latter access the news, information and comment they need on the go.

“Having just launched our first iPad app, to help advisers and consumers compare our modular private medical insurance plan ‘Health Choices for Me’ in a simple and engaging interface, the first this is a natural one. We’re delighted with the positive reaction we have had from advisers so far and are sure that the same will be true of the HI app.”
We will sadly never know whether, or to what extent, access to cognitive behavioural therapy (CBT) or some other form of mental health or psychiatric support would have helped David Charlesworth from Harrogate. But the inquest in February into the death of the teacher, who set himself on fire in the car park of his school after becoming depressed about exam results, did highlight the importance of support being offered fast and proactively, with his GP chasing his local NHS trust in vain on four separate occasions to carry out an assessment for referral to such “talking therapies”.

Such a tragic outcome may be, thankfully, as rare as it is extreme but the issue of mental ill-health nevertheless remains a very real one for employers and is, if anything, becoming increasingly pressing.

The challenge for both insurers and employers is how to square the circle between recognising mental ill-health is an growing problem that needs to be addressed if productive and healthy workforces are to be maintained (the relatively easy bit), but how to do so without completely breaking the bank (much harder).

One of the problems is that mental ill-health benefits, especially psychiatric benefits, have, rightly or wrongly, traditionally been seen as something of an expensive “nice to have” rather than a “must have” when it comes to budgeting for cover, particularly private medical insurance (PMI) cover.

“The focus has been more on the physical side of things and, yes, a lot of employers and brokers have cut back on psychiatric benefits,” concedes Eugene Farrell, key accounts director at PMI provider AXA PPP healthcare and international director of the Employee Assistance Professionals Association. “But that is changing, it is now massively coming into the consciousness of employers. If you are not covering terribly well the biggest cause of absence in your workforce then you have a problem.”

Within this, another complication has traditionally been where to draw the line between chronic and recurrent.

“Chronic versus recurrent can be very hard to pin down when it comes to mental health. When something becomes chronic you can normally exclude it from the medical plan. But it is not like cancer where you have the pathology to refer to,” argues Jagielko.

The Chartered Institute of Personnel and Development’s annual absence survey, carried out in conjunction with Simplyhealth and published last October, calculated that, for the first time, stress had now overtaken musculoskeletal disorders (such as bad backs) as the most common cause of long-term sickness for both manual and non-manual workers.

And in recent weeks, an analysis of government sickness benefits data claimant data by insurer Legal & General calculated that more than 260,000 people are claiming sickness benefits because of mental and behavioural disorders while research by academics from the universities of Nottingham and Ulster concluded that stress-related absence from work tends to rise by a quarter during times of austerity.

On top of this there have been calls for the government to appoint a Cabinet-level “Minister for Mental Health”.

A BALANCING ACT

The challenge for both insurers and employers is how to square the circle between recognising mental ill-health is an growing problem that needs to be addressed if productive and healthy workforces are to be maintained (the relatively easy bit), but how to do so without completely breaking the bank (much harder).
“It is more about access to treatment changing. Insurers are now looking at different pathways to facilitate quicker, easier access to, say, talking therapies. If an employer has a good occupational health service, or access to a good GP, it could be that the insurer will accept them as the initial referral, perhaps to a network of CBT or psychotherapists.”

More widely, we are already seeing insurers wrapping enhanced mental health benefits into their offers. CGHa, for example, in February enhanced its psychiatric benefit to offer a full refund on outpatient psychiatric care, and up to £15,000 for inpatient and day-case treatment, it also provides access to online CBT therapy for less severe cases. Back in 2010, too, cash plan provider Westfield Health moved to include CBT as a core benefit within its corporate plans, in a move it argued was a first for the industry.

“Psychiatry and psychological treatments are coming of age now,” AXA PPP’s Farrell says. “There is a cost advantage, of course, in trying to avoid inpatient psychiatric care, and to online CBT therapy for less severe cases. Back in 2010, too, cash plan provider Westfield Health moved to include CBT as a core benefit within its corporate plans, in a move it argued was a first for the industry.

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Eugene Farrell, AXA PPP Healthcare

James Hall, head of health and risk at employee benefits firm Vebnet Services, equally sounds a cautionary note about relying too heavily on EAPs. While EAPs can be very useful in tackling mental health issues, their value can sometimes be undermined by elements of the service often being available as free-of-charge add-ons with other employee benefits, such as group income protection.

“As a result they are often not the priority and not communicated as effectively, and can be under-utilised," VeBNET’s Hall says. Also, employers do not always seek the services of an EAP for advice on preventing issues, such as stress or depression, until after the issues become apparent. Generally it is only then when they will seek support.”

He continues: “Whilst we are seeing more and more employers looking to introduce basic health screens to help identify potential physical impairments, employers and the health insurance industry could go one step further and offer the same dedicated basic-screens for mental health.”

THE NHS

Finally, a key factor in this evolving picture, of course, is the sort of back-up the NHS can offer employers, or will be able to offer in the future. At one level, mental ill-health has become much more of a priority in recent years in terms of state provision. The National Institute for Health and Clinical Excellence (NICE) has issued clinical best practice on the treatment of depression in adults and the government in February last year published a substantive new mental health strategy No Health Without Mental Health.

On top of this there has been the rolling out of the Improving Access to Psychological Therapies programme, which has been establishing a network of treatment centres for people with mild anxiety and depression. The government’s Fit for Work service, not to mention the recent reviews of workplace health and absence have also put tackling mental as well as physical ill-health centre stage.

But with the NHS in flux as the government pushes through its controversial health reforms, employers may not be able to rely on it to be supporting employees with mental ill-health and may therefore need to continue to work closely with insurers to come up with affordable solutions.

As Jelf’s Judge points out: “A lot of people will be waiting to see what happens in regards to the NHS reforms. Corporate UK may be forced to take on a greater burden of this risk.”

Similarly, Lara Rendell, marketing manager at cash plan provider Health Shield, argues that, as stigma about discussing mental ill-health and frailty gradually lifts, employers increasingly are now seeing value in putting in place provision such as EAPs, alongside wider health and wellbeing programmes.

Whatever future models emerge, there will need to be structured, consistent approach from both employers and insurers, with Dr Doug Wright, head of clinical development at Aviva UK Health, suggesting the norm is likely to be a mix of early identification, access to talking therapies and then structured elements coming through PMI.

There will probably be more use of CBT through group protection insurance as well as PMI, he also asserts.

“I do not think stress in the workplace is going away,” agrees Howard Hughes, head of business marketing at Simplyhealth, the insurer. “I do think people are looking for help and, as an industry, we have a part to play in that. If employers are using intermediaries and they have policies that include psychiatric benefit within them we do need to be engaging with them and saying are you sure you want this? Too often they can be working to an old-fashioned model that might be expensive or ineffective.”

Smart companies are waking up to the fact that their huge efforts to become more efficient, productive and profitable are being undermined by the very real cost of poor employee health management.

They are realising that to maximise profitability, they need to manage and maintain their human assets with the same expertise as their systems or equipment.

To meet this need the specialist Health Services division of AXA PPP healthcare has completely reinvented employee health services. Forget the fluffy or ill-defined employee health schemes that you might have come across. Our new approach is based on excellence and rigour, the singular goal being to provide better health outcomes that benefit the company bottom line.

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...health cash plans from the UK’s best provider, fast-track voluntary schemes from £1.25, and fitting into your skinny jeans before Easter

Using a cash plan to mop up a medical insurance excess is a common sales strategy in the corporate arena. But, while it has been operated on an unofficial basis for the last few years, it has now been formalised with the launch of medical insurance excess cover by Simplyhealth and Medicash.

The two providers have taken slightly different approaches to offering the cover. On Simplyhealth’s corporate cash plan it is available as an optional module. Three levels are available, starting at 25p per employee per week, which gives £100 of excess cover, and rising to 75p per employee per week for £300 of excess cover. Conversely, Medicash includes it automatically on its Proactive corporate plan, wrapping it up with its specialist consultation and diagnostic tests benefit. It has four benefit levels, starting at £1 a week for £200 of cover a year and rising to £5 a week for £400 of cover.

For Howard Hughes, head of employer marketing at Simplyhealth, formalising excess cover was a logical step. “It makes sense,” he says. “Advisers are shrewd and are selling cash plans to fit alongside medical insurance and soak up the excess. If it’s going to be sold this way, we have to make sure it works properly.”

Making sure it works properly is welcomed. Without a separate excess benefit, an employee would have to pay the excess and then send the excess statement letter they receive from the insurer on to the cash plan provider, claiming it under the specialist consultation benefit.

As cash plan providers continue to develop solutions to help employers and employees cover PMI excesses, Sam Barrett looks at some of the implications.

Paul Gambon, head of sales at Medicash, says this was not always the smoothest of procedures. “Having excess cover benefit does make it easier,” he explains. “Not all medical insurance claims start with a specialist consultation and you could also run into problems where treatment ran across two policy years and two excess periods.”

Additionally, given the complexity of the process, it required thorough communications to ensure that employees understood how to claim their excess payment so they did not feel out of pocket if an excess was introduced to cut costs.
EXCESS DISTRESS
But not everyone is happy to see cover for excesses being given such a prominent spot.

“They’ve taken a good idea and ruined it by making it too easy to claim on both products,” says Mike Izzard, managing director of Premier Choice Group, the intermediary. “We’ve been recommending cash plans alongside medical insurance in the last five years and it worked. This is a salesman’s dream but cash plans alongside medical insurance is certainly something of a no-brainer for any healthcare adviser. By adding an excess to a medical insurance policy, they can create sufficient excesses to pay for a cash plan that, in addition to all the traditional benefits, also covers the excess that was introduced to pay for it. This could drive huge growth for the cash plan market.

But, for Nick Lipczynski, director of IHC, the specialist healthcare consultancy, the benefits simply don’t stack up. He is concerned that the cash plan providers are offering so much more for so little, with no additional charge. “Cash plan providers have offered their cash plans at between 75p and £1 a week, telling us how much they pay out, but now they find that, for the same price, they are able to introduce, offer and encourage the use of an additional benefit, medical insurance excess cover,” he explains.

The maths is certainly concerning. On average, one in five people claim on their medical insurance every year. On average, one in five people claim on medical insurance every year. One in five people claim on medical insurance every year. The smaller cash plan providers need distribution and marketing director of BHSF, believes this is a result of increased competition in the market.

“There’s a scramble for new business with cash plans getting commoditised into oblivion,” he says. “The ones offering excess cover haven’t thought through the consequences of what they’re doing.”

Stuart Scullion, managing director of the Private Health Partnership, is also worried about the sustainability of offering this additional benefit, especially at no extra cost.

“Making it work”
Understandably, the cash plan providers offering excess cover argue that they are managing the risk. Gambon says his firm has been covering excesses informally since 2009 and is happy with the level of claims on its product. For example, Scullion says he is comfortable using a cash plan to mop up an excess where only a small proportion of employees have medical insurance. “We often implement a cash plan in these situations, using the savings to extend the cash plan to the entire workforce,” he says. “You need critical mass to make it work.”

Hall is also happy to offer excess cover in these situations. “We do it if we’re asked but you do have to charge for it,” he adds. “I’m glad that Simplyhealth are charging for it: they do understand the cost implications.”

Another instance where adding excess cover can work is when a policy has a particularly large excess, for instance £750, and the cash plan only looks to cover a small proportion of this, say £150. This model allows the cash plan provider to offer a capped benefit, in keeping with its model for other benefits, while also ensuring the medical insurance excess continues to work as a claims deterrent.

A more radical way to make excess cover viable in the long-term is to adjust the price of a cash plan. Simplyhealth is charging between 25p and 75p a week for its cover. This means that for every five employees on the £300 excess benefit level, £65 is collected over the course of a year. This is certainly something of a no-brainer for any intermediary, as it will remove this deterrent.

“The nature of insurance means that not everyone will claim but we will monitor it to make sure claims patterns don’t change.”

Paul Gambon, Medicash

“The smaller cash plan providers need distribution and niche benefits can help them achieve this,” Scullion says. “It can backfire if everyone follows them or, worse, if it becomes unaffordable and they have to increase the cost or withdraw it.”

There are also concerns about how excess cover will affect medical insurance. Steve Sharrock, head of intermediary sales at Westfield Health, believes that, as well as potentially driving up claims on cash plans, it will also change claims behaviour on medical insurance.

“A cash plan isn’t a medical insurance cost control mechanism,” he says. “Medical insurers are able to offer discounts on premiums to companies taking out an excess because they act as a claims deterrent. By allowing an employee to claim the excess through the cash plan it will remove this deterrent. Medical insurers will react: if they see an increase in usage, the level of discount will be reduced.”

Should this happen, it would push up the overall cost of a company’s healthcare. Often cash plans can be implemented cost-neutrally, with their premium covered by the savings generated by introducing an excess on the medical insurance policy. With a smaller discount, or none at all, employers could find themselves paying a full premium for their medical insurance with an additional premium for the cash plan, effectively cancelling out the excess benefit altogether.

BeHAVIOURAL DISORDERS
Other cash plan providers are also concerned about this latest stage in product development. Brian Hall, sales and marketing director at BHISF, believes this is a result of the increased competition in the market.

“There’s a scramble for new business with cash plans getting commoditised into oblivion,” he says. “The ones offering excess cover haven’t thought through the consequences of what they’re doing.”

Scullion, managing director of the Private Health Partnership, is also worried about the sustainability of offering this additional benefit, especially at no extra cost.

The maths is certainly concerning. On average, one in five people claim on their medical insurance every year. On average, one in five people claim on medical insurance every year. One in five people claim on medical insurance every year. The smaller cash plan providers need distribution and marketing director of BHSF, believes this is a result of increased competition in the market.

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Private health insurance Health cash plans Dental plans Self funded health plans
### Paycare Go from Paycare

**CASH PLANS**

Paycare Go is a health cash plan aimed at young adults aged 18-24 (actually 24 years three months at outset). The logic of starting at age 18 is that it is the age at which many “free” NHS benefits stop. For example, many young people (unless they are in full-time education or are otherwise exempt or sometimes depending on which UK country they live in) will no longer be entitled to free prescriptions, eyecare or dentistry. However, most are likely to have little or low income, so affording such extra costs can be quite tough. Paycare Go provides the following maximum annual benefits and a choice of two cover levels (Level 1 and Level 2).

<table>
<thead>
<tr>
<th>Plan</th>
<th>Benefits</th>
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| Level 1 |  £40: Optical charges (100% of cost up to)  
£40: Dental charges (100% of cost up to)  
£75: Specialist consultations and tests (100% of cost up to)  
£50: Professional therapy (physiotherapy; osteopathy; chiropractic; acupuncture; homeopathy; hypnotherapy; and reflexology (100% of cost up to)  
£50: Inoculation/vaccination (100% of cost up to)  |
| Level 2 |  £80: Optical charges (100% of cost up to)  
£80: Dental charges (100% of cost up to)  
£150: Specialist consultations and tests (100% of cost up to)  
£100: Professional therapy (physiotherapy; osteopathy; chiropractic; acupuncture; homeopathy; hypnotherapy; and reflexology (100% of cost up to)  
£100: Inoculation/vaccination (100% of cost up to)  |

There is also a 24/7 Paycare counselling and helpline. Level 1 plans cost £5 a month and Level 2 plans £10 a month. At age 25, the customer is transferred onto Paycare’s Direct Plan. There is an initial 13-week waiting period, some restrictions on changing benefit levels and specialist and professional benefits cannot be claimed for pre-existing conditions. Premiums can be paid by parents or by the young person themselves.

**WHAT THEY SAY**

Chief executive Gail Mattly said: “We believe Paycare Go will be seen by many parents as a great way of helping their offspring stay fit and well despite them having limited finance. We have to accept that in the eyes of many young people their priorities are much more likely to be food, drink, cars, clothes and the like, rather than good health. Giving them the gift of continued good health is a thoughtful present which will almost certainly be appreciated, whether in the short or long term.”

**WHAT WE SAY**

“Young people can start to do a lot of things when they get to age 18 (voting and drinking in pubs for example – although not necessarily in that order). One downside is that many previously free health benefits can, at that age or a bit older, become chargeable and, at a time when income is invariably low and expenditure high, that can be a problem.

“Paycare has recognised that and come up with an inexpensive solution that costs from little more than a pint of beer a month. For parents too, funding such a plan can make sense and saves having to work out what on earth you buy a young person for their birthday. It would be useful to have an annual premium option – making the plan ideal as a birthday present – and there are some cover limitations too, but overall this plan could appeal to parents (especially) but also to other relatives and could open up a potential new market for intermediaries too.”

### Group Critical Illness Cover from Legal & General

**CRITICAL ILLNESS**

Legal & General has made a series of changes to its existing group critical illness (CI) plan including:

- Adding five more conditions. Aplastic anaemia, bacterial meningitis, cardiomyopathy, encephalitis, and liver failure have been added, taking the total to 38 conditions (when the “Additional” option is selected – otherwise, only 12 conditions are covered under the “Core” option).
- The maximum benefit has been increased to the lower of £500,000 and five times scheme earnings.
- A free cover (underwriting free) limit of £50,000 can apply to high earners.
- The survival period has been cut from 30 days to 14 days.
- The maximum benefit for spouses and registered civil partners has been increased to £150,000.
- The maximum benefit level for employees joining a voluntary plan has been raised to the lower of £250,000 and five times P60 earnings.

Pre-existing and related conditions are not covered. The former is well explained in the literature (and online) but the latter is based on the opinion of L&G’s medical adviser only and no examples are given of either. Technical guides on both standard and voluntary schemes help explain the plan for intermediaries, although we had problems downloading these when this product review was written. Existing plans can be upgraded at no extra cost.

The minimum scheme size is usually 50 employees and children’s cover (the lower of £20,000 or 25% of the member’s benefit) is automatically included, regardless of the number of children. Target turnaround time on claims is five days from receipt of all documentation. There is also a 24/7 employee and managers’ assistance programme called Worklife Solutions.

**WHAT THEY SAY**

Underwriting and benefits director Vanessa Sallows said: “Employers and employees all over the country rely on CI cover to help them to cope with challenging circumstances. Expanding the range of illnesses that we cover means we can help more people when they are ill.”

**WHAT WE SAY**

“We still have concerns that CI cover generally does not include all critical illnesses and that some of those that are covered (and, admittedly, the vast majority are covered) have definitions that are beyond the comprehension of most customers. That said, this is an industry issue not that of any provider.

“So far as this plan is concerned, we think that both pre-existing and related conditions could be better explained, especially by adding examples. Long-term protection insurers could learn from private medical insurance providers here – where cancer cover especially now has to be well explained, with examples given. Core cover only includes 12 conditions under L&G’s plan, but 26 extra conditions can now be included, albeit at extra cost.

“Overall, L&G has introduced a raft of useful and positive changes that further enhance its reputation in this sector and should appeal both to potential clients and to intermediaries too.”

### CONTACT DETAILS

**TELEPHONE**

See website for most appropriate contact numbers.

**WEBSITE**

www.paycare.org

**RATING: 7.5 OUT OF 10**

**THE COMPANY**

Wolverhampton-based Paycare started life in 1874 with the aim of safeguarding factory foremen from doctors’ bills. Today, the not-for-profit organisation is a major health cash plan provider and, since 1964, its charity trust has donated almost £2m to good causes.

**PROS**

- Health cash plan benefits for young people who are now starting to have to pay health costs.
- Can be funded by parents.
- Low monthly cost.

**CONS**

- Three month initial waiting period.
- Some pre-existing conditions not covered.
- Need to convert to another plan at age 25.
THE PRODUCT

Lifestyle Plus
from Bright Grey

Bright Grey has extended its existing simplified product lifestyle plan by introducing a “plus” version of it. Effectively, the new plan adds TPD (total and permanent disability) and waiver of premium with specific features to its existing life and critical illness (CI) proposition. The new plan features the following:

- Up to £150,000 life cover with or without CI cover is available.
- The term of the policy can be between five and 40 years.
- 22 critical conditions are covered plus TPD. The 22 are: Alzheimer’s disease; aorta graft surgery; benign brain tumour; blindness; cancer; coma; coronary artery bypass graft; diabetes; heart attack; heart valve replacement; kidney failure; loss of hands or foot; loss of speech; major organ transplant; motor neurone disease; multiple sclerosis; paralysis of limbs; Parkinson’s disease; stroke; third degree burns; and traumatic head injury.
- Terminal illness is also covered (although not within the final year of the plan’s term).
- The term of the policy can be between five and 40 years.
- TPD is also covered and is subject to one of three possible definitions or may be unavailable for a week deferred period.
- Some CI plans offer more coverage (albeit usually with a lot more complexity).
- Task-related definitions (on TPD) are not widely understood by consumers.
- The customer’s occupation can be effectively re-underwritten if a claim is made.

WHAT THEY SAY

Head of product development and technical support, Ian Smart, said: “There are a growing number of advisers selling protection who want flexible products without the intricacies of the menu product. The addition of TPD and waiver of premium gives them that added flexibility and protection for their clients.”

WHAT WE SAY

“Many clients won’t want more than this from their CI cover. For those that do, other (more expensive) solutions are available. Bright Grey has packaged this plan well and also made it as easy to buy (and therefore also easy to sell) as possible. It won’t win any prizes for the breadth of its cover, but then that’s not the point — think of it as being like a base model of a car, with a few extra added luxuries at very little extra cost; or as a ‘bridge’ product. With many consumer products, that is the package that is most popular, rather than the all-singing, all-dancing version we techies tend to love.”

THE COMPANY

Bright Grey is one of the two protection arms (with Scottish Provident) of the Royal London Group. Royal London is the largest mutual life and pensions company in the UK, with funds under management of over £46bn. The group has over four million customers and employers almost 3,000 people.

CONTACT DETAILS

TELEPHONE
See website for most appropriate contact details.
WEBSITE
www.brightadviser.co.uk

A SIMPLE IDEA

Can heavy-handed compliance be compatible with simple products?

I am getting very exercised about the big opportunity we have in developing simple products. We have a very capable set of people working within the industry to this end. I have an encouraging discussion about it with Carol Sergiant – the former Financial Services Authority director who is heading up a Treasury steering group on the issue – and, optimist that I am, I really do think something really good could happen. I see the spread of social media, the possibilities for using it to provide information and I sense a quiet determination within the industry to make something happen.

But then I think of the horde of compliance people to whom an idea like this would be anathema. One of the big changes, especially in really large organisations, has been the inexorable rise of the business preventers, the powers of cost cut on ways to get products easily to people and to harness new ideas and new propositions to bring bright, informal ideas to the insurance-buying public. In an era where we talk wildly about innovation the reality is that for many organisations it is much more important to be compliant than innovative.

I find it ironic that in downsizing organisations we never think about downsizing compliance departments. In fact, I’ve never seen it happen. We have developed a culture, which spread initially from the US, that has thrown a straitjacket over organisations. It is more important not to be seen than to do anything constructive that might make it easier to provide new concepts to customers.

How often nowadays, when organising a meeting or a conference, do we wait for clearance on slide packs from compliance departments? The people I normally ask to speak are top-quality professionals who know the business inside out and they really don’t need the say-so of lawyers and an array of internal approval mechanisms before they share their thoughts with colleagues in the industry. Some of the disclaimers I have seen on these slide packs are frankly bizarre, completely unworkable and utterly pointless. But great organisations have to tie themselves in knots while a jobsworth tells them what they can say in public.

I’ve been in the industry for many years and I can never recall an occasion when something unsuitable was propagated by public utterance. Yet for some reason the thought-police must check what they can say in public.

Pray tell me how this is compatible with simplicity, with thinking differently and freely about offering new ideas and new propositions to bring bright, informal ideas to the insurance-buying public. In an era where we talk wildly about innovation the reality is that for many organisations it is much more important to be compliant than innovative.

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*A minimum monthly premium of £25 applies.
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