

HEALTH & PROTECTION

NEW YORK ROUNDTABLE REPORT

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healthcareandprotection.com



INTERNATIONAL PRIVATE MEDICAL INSURANCE: BUILDING BRIDGES

IN ASSOCIATION WITH



INTRODUCING OUR PANEL



Kristin Rantala,
national vice president,
UnitedHealthcare Global



Brent Borawski,
vice president of North America enterprise
solutions, Global Benefits Group



Kate Ward,
product director,
UnitedHealthcare Global



Michael Clark,
area senior vice president and global
growth leader, Gallagher



Jonathan Hsieh,
CEO of Pacific
Prime Americas



Gregg Manning,
vice president of operations,
International Citizens Insurance



Andrew Perkin,
regional key account manager,
Pacific Prime



Matthew Shaw,
international sales consultant,
NFP



Mark Sharkey,
head of pension strategy,
global, Club Vita



Liz Yovich,
member relations manager,
Worldwide Broker Network



Michael Klein,
senior account executive,
NFP



BOUNCING BACK

New York City was the venue for Health & Protection's second event outside the UK with the spotlight turning this time onto North America. The city that never sleeps provided a fitting setting and a fabulous welcome for our first trans-Atlantic meeting of international private medical insurance (IPMI) industry minds.

This roundtable brought together representatives from across the continent with experiences from around the globe – befitting a landmass that bridges the gap between two great oceans.

The North America healthcare market, and perhaps more specifically the US market, is typified by a massive demand for domestic coverage, whether through employers or individuals.

This intense focus could prove overwhelming in some circumstances, but the international expatriate healthcare sector is still a significant, vibrant and vital one which remains a major source of globally mobile people.

Those figures may be down still from the typical pre-Covid-19 pandemic levels, but the recovery is well underway.

As Graham Simons writes, the panel discussed how organisations and individuals are adapting their approaches to international assignments and movements.

What is being witnessed is certain industries, locations and populations are proving a far more willing, attractive or accessible proposition for globally mobile organisations and people.

Tied in to this is a far greater understanding of the people being covered and supported, from a wider population overview right down to the individual level.

This means insurers and intermediaries have the ability to provide much more relevant healthcare, support services and benefits, meeting the greater onus being put on them from end clients, whether they be employers or individuals.

With such a dynamic marketplace on the way to returning to its previous scale but with an often substantially different outlook, it means opportunities are many and varied for those looking to shape its future.

Owain Thomas, editor of Health & Protection

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BRAVE NEW WORLD

Sweeping changes to international operations and global mobility mean advisers and insurers are facing new challenges to support expats, writes **Graham Simons**

Employers are demanding consistent approaches to the roll out of benefits across their global workforce, but legislative and cultural differences combined with the fallout from a global pandemic has made this task harder than ever.

Consequently, there was a consensus among the panel at Health & Protection's New York roundtable that creating

effective strategies rather than benefits parity should be the key consideration when moving expats around the world.

The group gathered at the Whitby Hotel in New York City also reflected on the challenge posed by the different regulatory regimes and digital nomads in a post-pandemic world where people are no longer tethered to their desks in a set office environment.

SHORTER ASSIGNMENTS, MORE TERRITORY

According to Kristin Rantala, national vice president of UnitedHealthcare Global, one of the defining trends she has noticed in the international private medical insurance (IPMI) market is a much greater appetite for short-term assignments.

"Rather than the typical expat assignment that's maybe three to five years in duration, we're seeing employers requesting more in terms of six to 18-month assignments," Rantala said.

"And then subsequently, what does that plan look like for the expat? What we're seeing is a potential reduction in some benefits.

"If you're sending somebody on assignment for six to 18 months, the



Kristin Rantala, national vice president, UnitedHealthcare Global (above); Michael Clark, area senior vice president and global growth leader, Gallagher (below left); and Matthew Shaw, international sales consultant, NFP (below right)



assumption is first of all, their family might not be traveling with them, it's potentially employee-only.

"With that, those longer-term benefits for longer-term and chronic conditions probably won't be included, or employers aren't expecting those sorts of coverages to be part of that."

However, that creates challenges when considering extending assignments to become longer term – will people remain on short term assignment plans or will they be rolled into a traditional extended plan?

"How do you track that from an employer perspective? I don't think we've got all of that figured out yet," Rantala added.

Organisations are also being more cautious in their approach to assignments

with many corporates across the globe yet to finalise development of their strategies and decide which locations they need to be in.

Michael Clark, area senior vice president and global growth leader at Gallagher, pointed out the dilemma for many firms and how they are committing people.

"Historically, while you had maybe five or six expats that you would send on an assignment, we're now seeing that go down to one or two people going on that six-to-18-month rotation or time period," he said.

"But they're also having that person go to various other markets. So, one expat is covering two territories, as opposed to sending five people to five different territories."

INTERNATIONAL REMOTE WORKING CHALLENGE

Along with this dip away from group assignments towards a much bigger uptake of small pockets of individuals, the pandemic has changed people's horizons.

This led to greater remote working with another key trend being employers seeking to extend their coverage to those choosing to work away from their home country.

"One of the big things we're seeing is clients allowing people to go and work overseas, and with remote working being possible from anywhere, there's a lot of that happening," said Matthew Shaw, international sales consultant at NFP.

"You've also got some people choosing to work overseas, but potentially wanting to live there permanently. ►

“That kind of strays into these conversations of should you really be on an international plan as opposed to a local plan? And so those are some of the conversations that we’re having at the moment.”

Rantala echoed that, noting people increasingly want to get that cultural experience and facilitating it could prove vital in retaining and attracting staff.

“The willingness of employers to provide that option to employees is something that is going to play into worker retention and attracting employees,” she continued.

“Something I hear across the board is that it is so hard to hire and retain people - good employees are leaving and it’s extraordinarily difficult to fill those positions. So, I do see some groups really looking to make that flexible work assignment available.”

This trend towards people seeking to work remotely internationally is not a new development, but it has certainly accelerated over the last two years.

The attendees agreed the digital nomad space of someone who’s working remotely and may be moving around is a particular challenge, but it is proving attractive to those in the sector as well.

NFP’s Shaw explained he was considering such a possibility particularly to accommodate his young children and school holidays.

“As soon as the school holidays are here, I get a month when I’m usually thinking, what am I going to do for this month?” he said.

“Well, let’s just go and travel. It makes sense, you can work from anywhere - as long as I’ve got a phone and internet connection, I’m good.”

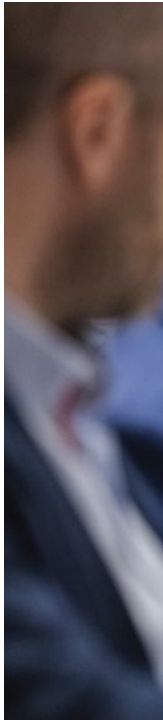
Contrasting this, Shaw explained many US businesses are trying to create global benefits strategies and encourage employees to come back into the office, but this is being disrupted by national regulation changes.

He cited the example of the Netherlands where this summer legislation was approved which will require employers to consider employees’ requests to work from home as long as their professions allow it.

He also pointed to Romania which is in the process of considering a four-day working week.

“These aren’t businesses, these are governments making these changes,” Shaw continued.

“So it’s impossible for a US business or any business really to have a truly global



Kate Ward, product director, UnitedHealthcare Global (above); Gregg Manning, vice president of operations, International Citizens Insurance (left); and Andrew Perkin, regional key account manager, Pacific Prime (above right)

strategy because you’ve got to fit with the local laws and culture.”

MAKING PRODUCTS THAT FIT

All of this means it has become very challenging to find products that can work effectively at a global or even regional scale.

“I can probably speak for most of the insurers trying to find a product that you can scale and be flexible and nimble on while meeting global regulations,” Kate Ward, product director at UnitedHealthcare Global said.

“Depending on if the employer group is making a one size fits all strategy that they want to globally deploy or wants to be more specialised by location or by region.

“I don’t know that everyone has figured it out super well, it will just continue to be something we flex and be nimble on because it’s always going to change - we know that’s the one constant.”

Ward emphasised that insurers were having to be reactive and rarely able to be proactive in this environment.

“Even when you hear regulations are coming, you don’t really know when it’s going to go into effect,” she continued.

“Regulators could be saying, ‘okay, we’re going to do this on 1 January’, but then it’s June and it still hasn’t gone into effect. Is it a priority? Is it not a priority?”

“It’s just hard to react from a product perspective and try to get in front of some of those trends.”

But complying with legislation on a domestic US level can be just as challenging with filings required in 51 jurisdictions in the US alone.

When adding other countries providers want to file their product into as well, making that whole proposition scalable can be a real struggle. And advisers feel the difficulty with that too.



gatherings are being phased out or removed altogether in large parts of the West, they remain in locations across Asia-Pacific and are proving problematic.

“There’s Covid regulations or quarantine regulations still, even though it’s reduced now from 14 days to seven days plus three,” he said.

There is some light at the end of the tunnel - China, Taiwan and a few other locales are shifting, while some places are opening up, such as Singapore and Thailand. But difficulties remain.

“For China pre-Covid there was a lot of regional travel, whether to Korea, Singapore, India or all over, even into Africa as well,” he continued.

“But you see that less now because of the restrictions in place on staff that need to come back and having to be quarantined each time they come back, making that very difficult.

“And obviously people going into China from an expat perspective has definitely been a challenge.”

EXIT PLANNING

Unsurprisingly all of these issues will be taken into account by individuals and organisations when deciding whether it is worth taking on or planning an international assignment – and they can be a deciding factor.

“Australia was pretty stringent and I’m sure a lot of people, particularly those who have a family, will think of that,” said Brent Borawski, vice president of North America enterprise solutions at Global Benefits Group. ►

“Even in the US, we deal with two or three insurers that insure in the US and none of them work in New York, except for when they do,” explained Gregg Manning, vice president of operations at International Citizens Insurance.

“One of them doesn’t work in Maryland or Washington, the others do. Another asks you to fill out an affidavit saying that you looked for multiple different local health plans even though you know that your client’s not eligible for any of them because of their citizenship or green card status and so on.

“It’s confusing to everyone.”

ASIA-PACIFIC REGULATIONS

Asia-Pacific has tended to be a significant relocation and expansion market for North America-based organisations and people, particularly those on the West coast.

For Andrew Perkin, regional key account manager at Pacific Prime, the biggest shift to contend with from a regulatory perspective in that region has been around contrasting legislation and Covid-related restrictions.

“Where Singapore would only allow

50% of the workforce in the office, Hong Kong was completely closed to everybody coming in, but 100% in the office,” he said.

“You saw a lot of shifts with employers where employees wanted to leave and make a change. Because of the regulations it was just easier to attend school, go to the office, live more of a normal life based on what sort of regulations were put in place.”

And as Jonathan Hsieh, CEO of Pacific Prime Americas, pointed out, while many restrictions around movement and



(From left to right) Brent Borawski, vice president of North America enterprise solutions, Global Benefits Group; and Jonathan Hsieh, CEO of Pacific Prime Americas



Liz Yovich, member relations manager,
Worldwide Broker Network (centre)

“Would you say yes to going there knowing that if it happens again, you’d be involved in that kind of lockdown and so forth?”

But arguably more important is there are also very serious health-related concerns to consider, particularly where emergency care is needed and even the possibility of evacuation to another country.

For insurers especially this becomes a critical issue, as Borawski explained: “It may not be impossible in a lot of places in the world to get an air ambulance in the times we used to, but it is getting closer to impossible than it was before.”

GLOBAL STRATEGIES FOR LOCAL WORKERS

However, probably the most constant theme cited by attendees across multinational clients is the desire to create consistent approaches for their whole global workforces – but this can be one of the most challenging approaches for intermediaries to tackle.

And while it is an admirable aim, achieving benefits parity among local national populations where coverage for some conditions may not usually be available is especially taxing, with Africa being a particular example of this.

“Whether that be fertility solutions, gender dysphoria or AIDS and HIV coverage, how do you provide good consultation around how to do that? And is that benefit parity available in all countries?” Rantala said.

“But that question comes up again and again. I talked to an employer last week

who is really looking to expand a fertility solution coverage across the globe.

“You don’t want to put them on global cover but how can they do that across their local national plans?”

To tackle this, Liz Yovich, member relations manager at Worldwide Broker Network, suggested the emphasis for employers should be on creating a meaningful strategy over benefits parity across their global workforces.

“When I was working with clients on a daily basis, I would try to reframe the way they’re thinking about it,” she said.

“So instead of there being benefit parity on a global basis, let’s create a strategy. If the strategy is ‘We want to lead the market in every location that we’re in,’ what do the benefits look like in that country for local nationals?”

“Make that the case as opposed to saying they want fertility covered across the board in every location, because it’s just not possible.”

CULTURALLY APPROPRIATE PROVISION

But being culturally appropriate for the host location is just as important as benefits parity and in many cases becomes the driving factor for what can be achieved or should be implemented.

For example, it may not be necessary, appropriate or even expected by the employee to provide a top of the range car for work or all-encompassing health benefits.

“You always have to take a step back from our perspective and say while we want to provide parity, we have to do

what’s culturally appropriate, and what is culturally appropriate may not resonate with the parity aim,” said Gallagher’s Clark.

And that need to be culturally appropriate is nowhere better demonstrated than in India.

“In India the biggest struggle is probably life insurance. Historically, depending on the carrier, you probably need ten or 12 employees to do life insurance,” Clark explained.

“During the Covid second and third wave, generally speaking those went up to 75 lives.

“Often you also had to include dependent information or data that would ask if they were vaccinated or if they had Covid. We can never do that in the US.

“Then you would be able to secure the life insurance but it was anywhere from five to six times more than the average premium.

“That’s a regulation issue from the data collection as well as from the local nationals trying to fine tune their product offering.”

With insurers typically limiting the number of local nationals who can be placed on an international policy, such a scenario can prove difficult to navigate.

Added to that is another crucial difference in India where life cover of parents and sometimes even grandparents is expected, something US employers would balk at.

The rollout of effective benefit plans also presents opportunities for intermediaries to work on adding similar benefits for clients’ local nationals – with virtual doctors, telemedicine and employee assistance programmes (EAPs) proving particularly popular requests.

UnitedHealthcare Global’s Ward explained employers have asked how they can extend virtual GP services intended for expats to their local nationals – something not covered by expat plans and which has had to be built separately.

And ultimately, this is the key role of intermediaries – to educate employers about what can and cannot be achieved in a global benefits plan.

“A lot of it is really around education and starting the foundation, because often what they think they want is not really what they need, and what they think they want is building off a US benefit strategy and philosophy,” Clark concluded. ■

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TAKING THE PLUNGE INTO MORE DIVERSE IPMI BENEFITS

Broad-brush approaches no longer fit increasingly diverse populations in a post-pandemic world inhabited by digital nomads and where people may not even have a bank account, writes **Graham Simons**

A wealth of data to better understand members and increasing demands on organisations to be more inclusive mean constructing healthcare benefits packages is undergoing a significant shift.

When tying this to a multinational and multicultural workforce operating potentially anywhere in the world it means insurers and intermediaries must become highly adaptable and flexible for their clients.

The panel at Health & Protection's New York roundtable heard how huge disparities in life expectancies within similar populations are one element driving the need for more diverse and inclusive practices.

Presenting insights from the firm's research, Club Vita head of pension strategy, global Mark Sharkey, told the panel that within the US there is as much as a nine-year gap in life expectancy for men aged 65 in defined benefit pension schemes.

Perhaps contrary to expectations however, occupation is not a great indicator of how long someone is likely to live.

Taking the oil and gas sector for example, one which has a significant internationally mobile population, the data points to large gaps in life expectancy among the workforce.

However, when further investigating trends that determine longevity outcomes, the picture becomes a little clearer.

"We have to be very careful about what sort of data we use," Sharkey said.

"Things like the zip code or the more detailed zip plus four, which is an even better indicator, that gives us a sense of not just where an individual lives, but also when we overlay it with other information,

how that individual probably lives as well.

"If we look at benefit amount for a lot of our clients, the higher the benefit amount usually the more affluent the individual is.

"If we strip away occupation flags and actually look at these sorts of flags, we do start to see a clustering effect where certain zip plus four groups are living longer or shorter lives, and vice versa."

INSIGHTS FOR ALL

It is at this point the data can be aggregated to generate meaningful insight where individuals are benchmarked across a range of these factors.

This can have applications across a range of factors in the international private medical insurance (IPMI) market and provide valuable insights for insurers, intermediaries and their clients.

"To try and build out that nine-year gap we are looking at where an individual is living, the benefits that are being paid, blue collar versus white collar flags, and then benchmarking them somewhere along the scale of the nine-year variation," Sharkey continued.

"You'll have individuals and plans very high up that scale but similarly, some very, low down the scale. Using that participant level analytics in your decision-making process can be really useful and avoid that sort of flow of averages that we get."

Of course the once in a century global pandemic threw a spanner in the works, but this has only made the data generated more intriguing.

It has triggered a wealth of questions to longevity actuaries about what data should be used, around publicly published figures for Covid deaths and where the real impact on society has been.

And that can have a significant impact





Kristin Rantala, national vice president, UnitedHealthcare Global (above)

“We design a one size fits all plan and say ‘here you go’, where the needs in a certain community may be very different for each of those individuals that you cover.”

Rantala added she has seen parallels with how this data can be used in value-based healthcare design in the US across self-insured health plans.

“They’ve been focused on this for a while on ‘we’ve got a really high incidence of diabetes, what should we be implementing within our organisation to drive that down?’” Rantala continued.

“And now I think that is evolving into what are those social determinants of health that are impacting the experience on our health plan and how can we influence that through the programs we offer?”

If there was one small silver lining to come out of the Covid pandemic, it could be that it became widely apparent that there were certain determinants of how people would fare if they had Covid.

This raised awareness may hopefully trigger a major overhaul in the way schemes are designed and a re-imagination of wellness services, argued Brent Borawski, vice president of North America enterprise solutions at Global Benefits Group.

“Previously HR departments would try and work out how to beat their employees over the head about wellness and utilise it,” he said.

“Now that more employees’ eyes are opened up to these social determinants and results, hopefully we’ll see great imagination with wellness and product designs around that in the coming years.”

It appears the industry is already seeing movement in this area and while there is ►

Mark Sharkey, head of pension strategy, global, Club Vita (left)

on life and health benefits and who they are being provided to.

“What we’re tending to find is that some of these subgroups, like defined benefit pensions holders or like insured lives, are quite insulated to some of the effects of the pandemic,” Sharkey revealed.

The group that appears to be more resilient to adverse impacts from the pandemic unsurprisingly includes affluent pensioners and those within higher city economic groups, which will have a knock-on effect for longevity outcomes.

“If we’re trying to monitor this going forward, thinking about the specific groups of individuals that you want to price and consider the risk for, as opposed to using a broad brush, these population or state level statistics can be really important,” he added.

NO LONGER ONE-SIZE FITS ALL

Insurers appear to be taking this wealth of information on board and are starting to use data analytics to assess how community health is evolving, but it can be a slow process and may take time to grow.

“How does that play into how we do business?” asked Kristin Rantala, national vice president at UnitedHealthcare Global.

a demand from clients to understand the data and its potential impacts, this is not quite being met yet.

Insurers are taking a growing interest, although more slowly through health insurers than other markets, with some advice firms picking up the slack for their clients.

Jonathan Hsieh, CEO of Pacific Prime Americas, explained that data analytics is incredibly important to the business already, particularly around premium expectations and future renewal expenses.

By using such data the team can help the client understand likely costs and potential claims experiences three or even four years on and build a sustainable plan design.

“There is definitely a big push to be able to explain how health is evolving in the community, how medical inflation is evolving,” he said.

“It has to be explained by us, it has to be explained by the carrier, it has to be understandable to the client, and that’s been a constant battle pre- and post-Covid.”

DEEPER AND WIDER COVER NEEDED

Clients also appreciate this data and analytics is a way to help identify, target and support diverse populations within memberships and policyholder groups.

This then helps influence the design of programmes on offer with more inclusive cover, benefits, and wider support services to these groupings, with such measures proving their effectiveness as a recruitment tool.

Attendees highlighted that employers are under increasing pressure to explain what their diverse solutions and policies are and how this aligns with their corporate value proposition.

When hiring, prospective employees want to know about diversity and inclusion



and that is becoming part of the recruitment process.

But organisations are also realising that when they make decisions around diversity they can lose employees if that decision does not match with personal beliefs.

And the panel argued that employers who lack robust benefits solutions which successfully incorporate diversity and inclusion will really struggle in a post Covid world.

“The benefit strategy is really changing from employees themselves forcing employers to make those changes,” UnitedHealthcare Global product director Kate Ward said.

“Then the employers are coming to us to ask what solutions, what partners, who is in the market that you can work with to give these benefits to our folks?”

But that definition of inclusion has also broadened widely over the last few years and brings its own challenges.

“We used to have these ideas of what diversity looks like and what being inclusive is,” Liz Yovich, member relations manager at Worldwide Broker Network added.

“But a 31-year-old female has very different needs than somebody that’s 40 and starting a family or just getting into the early stages of parenthood, or somebody that’s much older.

“It’s how do we create a programme globally? How can we create and design a benefits package that addresses

(From left to right) Liz Yovich, member relations manager, Worldwide Broker Network; and Matthew Shaw, international sales consultant, NFP with Brent Borawski, vice president of North America enterprise solutions, Global Benefits Group



everybody’s needs where they’re at in their life?”

A FLEXIBLE FRIEND

For some the answer may lie in a flexible benefits package – the beauty of which is these are not based on specific ethnicities or gender, as platforms enable employees to pick the benefits that best suit them.

Andrew Perkin, regional key account manager at Pacific Prime revealed a lot more clients have been asking about these schemes, seeking to provide a fund for a few thousand US dollars which employees can use to buy gym passes or spas or



Kristin Rantala, national vice president, UnitedHealthcare Global (far left); Jonathan Hsieh, CEO of Pacific Prime Americas; and Andrew Perkin, regional key account manager, Pacific Prime with Michael Clark, area senior vice president and global growth leader, Gallagher (right)

mindfulness retreats or some additional top-ups to their insurance plan.

"I also see a lot more people asking for various top-up options through an employee assistance programme (EAP) or different pieces," he said.

"Local nationals might be on a more local or regional plan, and the expats may be on an expat plan, but together they can all have one EAP program that spans everyone and they're all included in that policy.

"I definitely see more inclusion where they're trying to increase those benefit levels across the board and try and offer something everyone can access."

While flexible benefits may be common in the US, UK and other similar markets, they are not as well established in other regions but are being embraced and proving popular.

Pacific Prime's Hsieh was particularly positive about their platform's experience across Asia Pacific.



"It's a terrific benefit from a diversity and inclusion perspective," he said.

"For markets like Asia Pacific, the Middle East, where it is not as mature a market when it comes to flexible benefits, we're seeing a lot of uptick in that.

"Even for smaller groups where we would be looking at more of a condensed model, that it is something that we've had to address."

EXPECT THE UNEXPECTED

Another key issue around inclusion for a global industry is the massive variation in economic and social situations around the world – for example not everyone has access to a bank account or credit cards – something particularly prevalent in some areas of Africa.

In these circumstances even doing simple things like paying a claim, reimbursing a claim or using a guarantee of payment if somebody is not able to guarantee funds, are a significant challenge.

If only small proportions of the population have a credit card that can impact the access to care and essentially mean someone being turned away if they do not have that immediate access to funds.

"How do you help?" asked UnitedHealthcare Global's Rantala.

"We might want to come in and talk about benefit parity and providing equal access to benefits, but sometimes we don't know the best way to get those simpler things sorted out such as accessibility to care, how to pay for care, how to ensure that we can pay a claim wherever that might be."

Communication is a vital practicality to

consider when supporting diverse populations and enabling inclusivity and having a diverse workforce within an intermediary or insurer can aid this greatly.

Hsieh highlighted Pacific Prime's Singapore office houses more than 25 different nationalities who speak 21 languages which facilitates the firm's intention to speak the language clients are most comfortable with.

"When it comes to health and benefits, it can be quite personal, you like to speak in your mother language, even though claims can be adjudicated in multiple different languages," he said.

"We'd like to provide as much member support as possible and that includes being able to communicate those different services and products that are adaptable to the local market."

Ultimately, avoiding a broad-brush approach means intermediaries can help tailor benefits design to really meet the individual needs of sections of the workforce - such as the LGBT community.

"US clients want to know about support for the LGBT community and gender reassignment," said NFP international sales consultant Matthew Shaw.

"It's trying to help businesses understand what that looks like country by country, whether or not that kind of support can be offered within a medical plan. If not, how can they support their employees that are going through that? All of those kinds of things do come up as well.

"The whole topic of diversity and inclusion is so vast and everyone takes it in their own specific way," he concluded. ■





OPPORTUNITY KNOCKS AT EVERY DOOR

Diverse and disparate views perfectly illustrate the variety of opportunities open to those in the expatriate health cover market, writes **Graham Simons**

Technology advances, improved client service coupled with greater personalisation of benefits, and deeper risk management are key areas international private medical insurance (IPMI) firms are focusing on in the evolving market.

The panel of providers and intermediaries gathered at Health & Protection's IPMI roundtable in New York said these were among the most pressing opportunities available for them in the sector.

They emphasised that rethinking wellness programmes following the pandemic and engaging members and the support teams working in organisations were also important.

RISK MANAGEMENT AND MITIGATION

As Global Benefits Group VP of North America enterprise solutions Brent Borawski explained, there is an opportunity for the sector to use the last two years as an intense learning experience.

He argued there is a need to investigate how programmes can combine with growing demand from clients for deeper understanding around travel risk management.

"What is there for an employee if a pandemic comes again? What is there for the expat or their partner to be able to weigh the risk that is going on?" he asked.

"Do they have an assistance centre to get security updates and so forth, because

we see the world changing so rapidly politically in different areas.

"Healthcare is definitely the basis of everything and making sure we have the correct plans, but looking at those value adds for true risk mitigation and helping the expat abroad is an area where there will be innovation and improvements.

"There are some great ideas coming already from our industry and also security firms we partner with," he added.

BETTER CLAIMS EXPERIENCE

In contrast, UnitedHealthcare Global national vice president Kristin Rantala identified a trio of initiatives which she felt demanded attention - the increasing need for personalisation of benefits, meeting demand for virtual services and claims payment innovation.

"It's essentially reaching people when they need something, how to get them the information at the time they need it and making sure they know the benefits they already have - that's a huge challenge itself," she said.

"Another one is virtual care; we saw a huge rise in the use of virtual care across the course of the pandemic.

"How do we continue to encourage that behaviour, because people were able to get



Kate Ward, product director, UnitedHealthcare Global (far left), Gregg Manning, vice president of operations, International Citizens Insurance and Matthew Shaw, international sales consultant, NFP (centre); and Michael Klein, senior account executive, NFP (right)

the services they need just in a different modality. How do we continue to do that? How will we expand in that space?

“And third is finding innovative ways to pay claims and avoid the pay and claim scenario, especially for expats. How do we help, especially with groups like missionaries and non-governmental organisations? How can we do that in a different and better way that creates a better experience for the member?”

FOCUS ON TECHNOLOGY

These last two points dove into the spectrum of modernisation and meeting these opportunities are often linked with applying technological solutions.

While insurers and intermediaries alike have been investing heavily in this area, it appears there is still significant work to be done to bring systems and experiences up to those in other industries.

This was raised by Gregg Manning, vice president of operations at International Citizens Insurance, who expressed surprise at how clumsy technology across the sector is.

“Half the carriers that we work with do not having an online application in 2022, the ones who do have so much trouble with payment processing,” he said.

“I understand some of it is because there are regulatory issues as to whether they can accept payment online in certain areas such as claims filing, but one of the bigger international insurers was three years ago still taking paper claims which they would take a picture of to upload into their system.

“Technology leads into the service, and it helps provide better service to the members from start to finish,” he added.

From an insurer perspective in this regard it can seem a near-impossible task to satisfy all the competing needs and conflicting demands, and some people may not want to use digital technology at all.

This can be a significant factor, as UnitedHealthcare Global product director Kate Ward pointed out, but she also acknowledged some of the industry could do better.

“We’re going to have some people who still want to call us, but for example I don’t want to call anyone, so there are different age groups who want to interact differently,” Ward said.

“We have an ownership to offer the technology that supports members however they want to use it, whether they want to call us, whether they want to use an app.

“But if they’re in a country where internet services are not reliable, they’re not going to use the app. What do they do?”

“Insurers have historically probably not focused on technology as much, and they need to adapt to where the members are and how they want to interact with us,” she added.

And while communication modes such as WhatsApp remain popular among general populations but largely blocked by insurers, technology is developing in financial markets too.

As Worldwide Broker Network member relations manager Liz Yovich highlighted, there will be some clients who would like the option of transacting in cryptocurrencies.

CHANGING BENEFIT DEMANDS

The evolving market does bring the chance to work with employers to properly personalise benefits, engage members

and think more creatively to better meet their needs.

As a result, there has been a shift from employers using traditional benefit packages offering routine medical, dental and optical benefits to packages that offer support services.

“What about these products that can help somebody whose loved one has cancer? Or what is the experience of someone having their first child. How can we support them?” asked Michael Klein, senior account executive at NFP.

“It’s a lot more about support and starting in the US really trying to expand that around the world because while there’s cultural differences, we all have the same problems that go on.

“Different cultures treat child development very differently, but it’s still an underlying concern that you want the best for your children in any situation.

“And it’s more about how we can apply that to our global population versus just offering traditional benefits because we have to check that box.”

SERVICE IS KEY

Another point raised was taking care of those somewhat behind the scenes.

In the case of intermediary firms that can be their own staff and the HR and mobility teams of their clients.

As Gallagher area senior vice president and global growth leader Michael Clark explained, these are priorities for his organisation.

“The greatest opportunity could be really trying to help those HR professionals, because if all the employees are going to the HR people, who’s actually helping the HR teams?” he said.

“They are the ones that we think can help drive the message by working with them, so they can help disseminate the message at the broader level.”

Ultimately underpinning all of this is providing the right service and supporting the interwoven relationship between expat plans, business travel and local national cover.

“It’s that underpinning of the service model that is a real opportunity,” said Ward.

“I don’t know that anyone’s cracked it completely, but the service model for members, whether on a short-term plan or an expat plan or migrating between the two, they’re going to want a certain level of service that’s going to ring true and be consistent. And I don’t know that anyone’s got that figured out yet.” ■

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OPINION

UNDERSTANDING THE EVOLVING MARKET FOR INTERNATIONAL EXPATRIATE HEALTH BENEFITS

» Brent Borawski, VP of North America Enterprise Solutions, Global Benefits Group



The implications of the Covid-19 pandemic can be measured in a multitude of ways. During the past two years, the world had to adapt and develop a new normal on a micro and macro scale.

Last month's Global Benefits Group (GBG) roundtable discussion examined how the international health insurance industry is evolving as a market. As countries' regulations change, the health benefits and product offering should transform along with it.

While some individuals experience more opportunities to travel for work and education, others experience specific limitations. The roundtable addressed opportunities and limitations regarding working and business practices, innovation, as well as diversity and inclusion.

This process created a better understanding of how our offerings can fit various client needs.

Working and business practices

Many changes caused by the pandemic are predicted to remain for the foreseeable future. However, following the removal of many travel limitations introduced during the beginning, there has been an observed increase in short-term assignments ranging from six to 18 months and a reduced amount of expats sent for these projects.

On a corporate level, the push to hybridise the workplace limits the growing digital nomadic lifestyle. However, the hybridisation of the workforce will not negatively impact expat trends.

A predicated 30% of companies will be expanding expatriates, meaning more mobility and an opportunity to provide services to those who need it.

As mobile internet becomes more reliable, and the access to remote work

opportunities continue, employees are choosing to work remotely from countries outside of their own.

Considering this trend, clients must look for insurance coverage that protects the insured in the countries they chose to work from.

Addressing diversity and inclusion with expat health benefits

As an organization we want to deliver appropriate coverage to as many locations as possible.

Impacts from local and international regulation changes, access to technology and disparities in life and health outcomes, challenge prospective insurers' ability to get coverage and limits a company's ability to provide it.

Expatriates without a bank account or credit card will not have access to a convenient claims process. The industry is exploring options to solve this lack of access.

This specific pain point can be explored and solved once more data is collected about the type of services people are accessing and how customized and flexible the claims process of an organization is.

Key regulatory changes add barriers for businesses to achieve a true global work policy. Regulations can be volatile, and it is in an organization's best interest to personalize the insurance provision as much as possible.

With that in mind, providers still experience challenges to find products that are scalable and flexible to meet local regulations.

The disparities in life and health outcomes are well documented and provide useful information for product design that address the inequality experienced in the industry.

During the roundtable discussion, the data on health and wellbeing emphasised the variance of life expectancy based on location.

With this in mind, designing a product focusing on wellbeing is a major requirement that is needed to address diversity and inclusion through expatriate health benefits.

Actions for insurers

The roundtable discussion provided many conclusions on how to grow and compete in the evolving international expatriate health benefits market.

Rethinking wellbeing and the high costs of healthcare is a strong starting point when developing products and services.

The insurance industry is behind the curve when it comes to technological innovation.

Understanding the needs of your clients and increasing the personalisation in products and communications can significantly improve reputation and client retention.

With the cost of healthcare inflation increasing drastically, it is imperative that leaders of the health insurance industry make it easy to do business and obtain coverage. ■





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OPINION

VIRTUAL CARE AS A KEY COMPONENT OF OVERALL HEALTHCARE

» By Kristin Rantala, national vice president, UnitedHealthcare Global



It is no secret that Covid changed everything – from the way we work, to the way we engage with healthcare. One important change within the healthcare space that bears watching is telehealth.

Kate Ward, UnitedHealthcare Global's North American product director, and Dr. Amit Arwindekar, UnitedHealthcare Global's North American medical director, have carefully studied the growth of telehealth during the pandemic.

The findings have been impressive. Global telehealth use has stabilized at levels 38 times higher than before the pandemic.

Even more impressive is the fact that it does not show signs of going away.

Telehealth utilization levels have largely stabilized between 13% to 17% across all specialties with 40% of consumers surveyed saying they planned to continue using telehealth, up from 11% prior to Covid-19.

Meeting employees where they are

"Employees want choice, and virtual connections preserve capacity", says Kate Ward.

Integrating international, local, and appropriate virtual care solutions to create a broader digital front door for healthcare enables employees to easily get care when they need it, through the most convenient channels.

Dr. Arwindekar notes that since its inception, telehealth has the potential to improve health outcomes when delivered in addition to, or instead of, an in-person visit. Research shows:

- 35% reduction in hospital admissions
- 38% reduction in hospital re-admissions over 90 days
- 44% reduction in intensive care unit mortality

- 32% reduction in intensive care unit lengths of stay
- 45% reduction in hospitalisations from skilled nursing facilities
- 24% reduction in mortality for chronic heart failure patients using remote patient monitoring

Digital tools let doctors expand their reach. Using artificial intelligence responsively helps to anticipate health needs before they arise.

Telehealth services that address both physical and mental health concerns are becoming an expected part of an inclusive healthcare and employee benefits experience

Remote monitoring offers additional insight to help keep conditions well managed wherever the consumer may be and helps efficiently routing clinical data, supplies, advice, and medicine.

Integrating telehealth into employee benefit programs

Telehealth services that address both physical and mental health concerns are becoming an expected part of an inclusive healthcare and employee benefits experience.

Easily accessible and convenient, telehealth services can reduce the barriers

to care by getting patients in and out of appointments quickly from the comfort of their home or office.

Telehealth benefits can help bridge the inclusivity gap by expanding the pool of providers employees can choose from, opening the possibility of choosing a physician with a similar background.

With virtual care, patients are more likely to find a provider with whom they feel comfortable and are less likely to put off seeing their physicians and receiving treatment.

From a cost containment standpoint, telehealth visits are typically more affordable than in-person visits – especially when you consider that the total cost of a traditional doctor's appointment includes taking time off from work, paying for childcare, and arranging transportation.

When it comes to accessing equitable care, telehealth benefits can level the playing field for all patients.

A major part of retaining a productive and diverse workforce is making sure employees feel valued and cared for.

Investing in resources like employee benefit programs that include telehealth options designed to care for the whole person is a simple, yet highly effective way employers can help ensure employees are prioritised and cared for in the workforce. ■

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