

Voluntary Benefits Voice

M A G A Z I N E



**Beyond Open
Enrollment: Making
Benefits a Strategic
Advantage**

**Navigating the
Regulatory Landscape:
Wellness Benefits in
Supplemental Health
Products**

**High Awareness,
Low Understanding:
Many Know It Exists,
Few Know What It
Means**

VOLUNTARY ADVANTAGE

Key Contributors



Steve Cain



Steve Clabaugh
CLU, ChFC



Editorial Staff

Editors

Heather Garbers | Trevor Garbers

For Media and Marketing Requests Contact:

Heather@voluntary-advantage.com

Trevor@voluntary-advantage.com

Mailing Address

10940 S Parker Rd #257
Parker, Colorado 80134



Advisory Board

Jennifer Daniel
Aflac



Jack Holder
EBIS



Paul Hummel



Rachel McCarter
Mercer



Mark Rosenthal
PwC



Seif Saghri
Founder



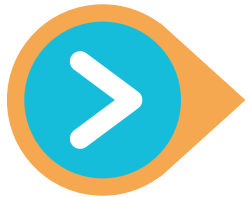
Tim Schnoor
Birch Benefits



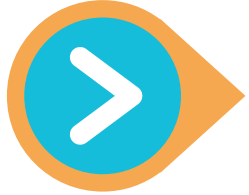
Hunter Sexton, JD,
MHA
Sydney Consulting
Group



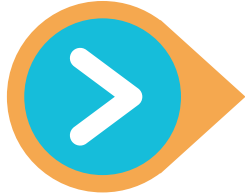
FEATURED ARTICLES



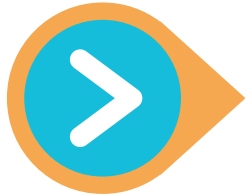
Beyond Open Enrollment: Making Benefits a Strategic Advantage



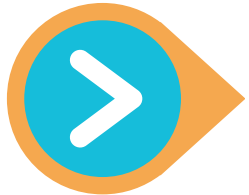
Navigating the Regulatory Landscape: Wellness Benefits in Supplemental Health Products



Cybersecurity Awareness Month: Helping Employees Stay Protected Year-Round



Voluntary Benefits and an Alternative Funding Strategy



Trouble



**Meeting a Critical
Need**



**High Awareness, Low
Understanding: Many
Know It Exists, Few Know
What It Means**

From The Editor...

Envision the Future of Employee Benefits

As we find ourselves in the thick of another open enrollment season, I can't help but stop and think. Every year, benefits teams and their brokers/consultants work tirelessly to make benefits and budget decisions, communicate plan changes, host enrollment meetings, and push employees to make decisions about something that can literally change the trajectory of their financial well-being.

But maybe it's time we ask a simple question — how could we do this differently or better?

What if we stopped approaching benefits as experts and instead took a step back to see things through the eyes of a human being, not a benefits professional, not a consultant, not an HR leader — just an average employee, at an average employer, trying to make sense of it all.

If that were you... How would you want to receive information about your benefits? What would help you best consume information? How would you want to enroll - in a way that feels easy, intuitive, and supported?

Our industry has clung to a “one-size-fits-all” mindset or the mentality of “this is how we've always done it.” But that doesn't make it right. In fact, it might be exactly what is holding us back.

We can learn a lot from outside industries:

- Amazon delivers hyper-personalized experiences, curating recommendations that save customers hours of scrolling
- You can file an auto claim right from your phone – no claim forms or phone calls required
- Google knows everything about your preferences - your habits, and lifestyle - and uses that data to make your experience seamless

So why hasn't the benefits industry caught up? Why aren't we applying these same principles of personalization, convenience, and data-driven design to improve how benefits are offered, communicated, and used? Employees today are consumers, and they expect a consumer-grade experience. They want education that meets them where they are. They want tools that simplify decisions. They want simple and proactive ways to help them best utilize the benefits that they use their hard-earned paychecks to fund. And they want choice, the ability to customize their benefits to fit their unique needs, their families, and their stage of life.

If we want to move forward, we need to shift our priorities. We need to start asking better questions, challenging outdated norms, and embracing strategies that focus on real people. At the end of the day, benefits aren't just about cheap rates, bundling discounts, and commission. They're about helping families stay financially secure, helping employees feel confident in their choices, and helping organizations build cultures of care and protection. It's time to envision the future — one where benefits are personal, accessible, and human.

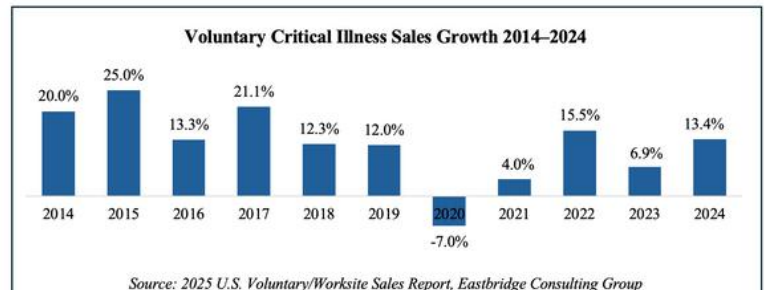


Meeting a Critical Need: Critical Illness Insurance Continues to Rise in The Voluntary Benefits Market

By Eastbridge Consulting Group, Inc.

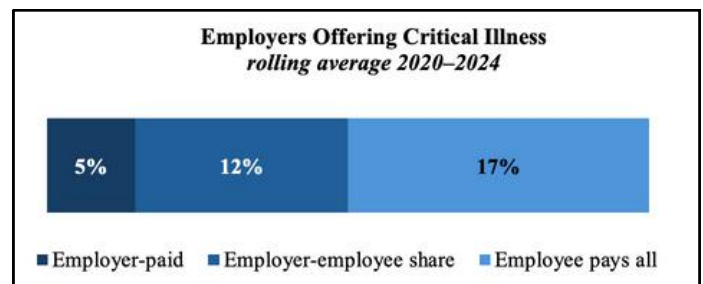
The numbers are startling: Nearly half of U.S. adults — 127.9 million people — had some form of cardiovascular disease between 2017 and 2020, according to the [American Heart Association](#). Meanwhile, the [American Cancer Society](#) estimates more than 2 million people will be diagnosed with cancer this year, and the [Centers for Disease Control](#) reports more than one in seven adults suffer from chronic kidney disease. The total costs nationwide of treating these and other critical illnesses run into the hundreds of billions of dollars. And even with the best major medical insurance, patients and their families can face overwhelming out-of-pocket expenses that devastate their financial security.

It's not surprising, then, that critical illness insurance has become one of the industry's fastest-growing voluntary insurance products. Eastbridge's most recent "U.S. Voluntary/Worksite Sales Report" shows voluntary critical illness plan sales grew by double-digits from 2014 to 2019 and have rebounded strongly from a 7% pandemic dip to average 12% increases each of the past three years. Critical illness products now account for more than 12% of all voluntary sales.



Employer Perspective

More than a third of U.S. employers offer critical illness coverage, according to Eastbridge's 2024 "MarketVision™—The Employer Viewpoint®" report. The most common funding arrangement is voluntary only, although 12% of employers share the cost of premiums with their employees and 5% of employers pay the entire premium.



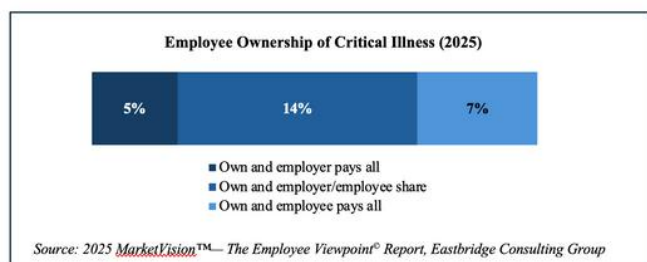
Employers with more than 500 employees are the most likely to offer critical illness coverage to employees on any funding basis, although about a third of smaller employers also offer this coverage. Employers with 500–9,999 employees are the most likely to offer critical illness coverage on a voluntary-only basis.

Percent of Employers Offering Critical Illness Coverage by Size								
	10–49 EEs	50–99 EEs	100–499 EEs	500–999 EEs	1,000– 2,499 EEs	2,500– 9,999 EEs	10,000+ EEs	Weighted Average
Any funding basis	26%	32%	33%	49%	50%	49%	63%	34%
Voluntary basis	16%	8%	18%	27%	21%	22%	17%	17%

Source: 2024 MarketVision™— The Employer Viewpoint® report, Eastbridge Consulting Group

Employee Perspective

About a quarter (26%) of employees own a critical illness plan provided through their employer on any funding basis, according to participants in Eastbridge's 2025 "MarketVision™ - The Employee Viewpoint™" report. Most of these employees (14%) share the cost of the coverage with their employer. Just 7% pay the full cost of the coverage, and 5% say their employer pays the full premium.



Employees in businesses of all sizes have similar ownership levels of voluntary critical illness insurance, ranging from 4% to 8%. Employees across employer size groups also show consistently strong interest in purchasing this coverage on a voluntary basis. Interest is highest in groups with 100–499 employees.

Top Five Voluntary Products Brokers Sold in 2024		
Product Rank	Benefit Brokers	Voluntary Brokers
1	Term life	Accidental injury
2	Short-term disability	Critical illness
3	Accidental injury	Hospital indemnity
4	Dental	Universal/whole life
5	Critical illness	Short-term disability

Source: 2025 "Broker Perspectives on the Voluntary/Worksite Market" Spotlight™ report, Eastbridge Consulting Group

Broker Perspective

Brokers also continue to value critical illness as one of the top voluntary offerings for their clients. Eastbridge's 2025 "Broker Perspectives on the Voluntary/Worksite Market" Spotlight™ report shows both benefit brokers — those who sell mainly employer-funded employee benefits but also offer voluntary products — and voluntary brokers who mainly sell voluntary/worksite benefits list critical illness as one of the top five voluntary products they sell.

Top Five Voluntary Products Brokers Sold in 2024		
Product Rank	Benefit Brokers	Voluntary Brokers
1	Term life	Accidental injury
2	Short-term disability	Critical illness
3	Accidental injury	Hospital indemnity
4	Dental	Universal/whole life
5	Critical illness	Short-term disability

Source: 2025 "Broker Perspectives on the Voluntary/Worksite Market" Spotlight™ report, Eastbridge Consulting Group

Critical Need Continues

Medical care continues to advance, bringing earlier diagnoses, new treatments and better outcomes for many serious illnesses — but alongside those improvements come ever-rising health care expenses and out-of-pocket costs for millions of Americans. The interest in and demand for critical illness insurance shows brokers, employers and employees are finding value in this solution to protect their financial well-being.

Eastbridge is the source for research, experience, and advice for companies competing in the voluntary space and for those wishing to enter. For over 25 years, they have built the industry's leading data warehouse and industry-specific consulting practice. Today, 20 of the 25 largest voluntary/worksite carriers are both consulting and research clients of Eastbridge.



Danielle Lehman
Senior Consultant

WEBINAR

THE 2025 DEBRIEF:

Driving Supplemental Utilization with Survey-less, Silo-less Guidance

Discover how to drive supplemental benefit utilization to lower healthcare costs and build long-term financial strength. Join our roundtable to explore strategies for overcoming adoption barriers and driving results for employees, employers, and partners in 2026.

DECEMBER 9, 2025

REGISTER NOW

ROUNDTABLE DISCUSSION WITH:



TREVOR GARBERS
Co-founder,
Voluntary Advantage



CHRISTIN KURETICH
VP, Supplemental Products,
Voya Financial



BENYOMTOOB
Founder, BuckleyRoberts



JAKE ALDRICH
Sales Director, SAVVI Financial



Unlock Supplemental Value with Smarter, Data-Driven Guidance.

Deliver enrollment clarity that boosts participation and drives better client results.

THE SAVVI SOLUTION

Faster. Smarter. Survey-Less.

SAVVI delivers instant, data-driven guidance, showing how benefits fit health, paycheck, and goals.

THE RESULT

Clarity That Converts.

When **employees understand the value of supplemental products, participation soars**. With SAVVI, you don't just shift them, you transform them with up to 70% participation rates.

The power of a complete SAVVI financial decision guidance engine

289%

Increase in Accident Insurance Participation

218%

Increase in Critical Illness Insurance Participation

185%

Increase in Hospital Indemnity Insurance Participation

Guidance that works. Decisions that pay off. Let's find the right solution for you.

781-583-7011 | sales@savvifi.com

About SAVVI

SAVVI Financial is redefining how employees navigate their most important financial choices. By delivering expert-level personalized guidance, SAVVI helps employees optimize their full financial journey, from early benefit decisions to creating a reliable paycheck in retirement, driving better outcomes for both employees and employers. Integrated with HR stacks, our solutions reduce admin work, lower costs, and boost employee experience. Founded by experts in quantitative finance and data science, SAVVI was built with the understanding that the path to financial strength starts, and grows, through the workplace. Learn more at www.savvifi.com, [LinkedIn](#), [Facebook](#), and [X](#).



High Awareness, Low Understanding: Many Know It Exists, Few Know What It Means

By PES Benefits

Critical Illness Insurance (CI) has gained notable traction in voluntary benefits portfolios, yet brokers know that awareness alone is not enough. According to the 2024 MetLife U.S. Employee Benefit Trends Study, “nearly 50% of employees are aware of critical illness insurance, but only about 15% feel confident that they understand what it covers” (MetLife, 2024). This disparity presents both a challenge and an opportunity for brokers: to translate awareness into actionable understanding that drives enrollment and optimizes client outcomes.

For benefits professionals, CI is already recognized as a strategic gap-filler. It delivers a lump-sum benefit upon diagnosis of specified conditions—such as cancer, stroke, or heart attack—addressing costs outside the scope of traditional medical coverage. This might include high deductibles, copays, uncovered treatments, or even everyday expenses during recovery.

But beyond the policy basics, the value lies in the ability of CI to support income continuity and reduce financial stress during a critical life event. This makes it not merely a product but a pivotal component of a holistic benefits strategy that addresses both clinical and financial risk.

Broker Insights: Moving Beyond the Basics

The low confidence that employees have in understanding CI means brokers must elevate their role beyond enrollment logistics into benefits education and strategy design. Brokers can bridge the gap by:

- **Framing CI within a broader risk-management conversation** — position it as part of a layered protection strategy alongside health, disability, and life insurance. This contextualizes the benefit as essential, not optional.

- **Leveraging targeted segmentation** — employees have different needs depending on life stage, financial obligations, and health risk factors. Tailoring communications to specific segments (e.g., young families, dual-income households, mid-career employees with mortgages) increases relevance and uptake.
- **Incorporating storytelling and real-life scenarios** — translating coverage into concrete examples helps employees grasp value. Explaining how CI can cover mortgage payments, childcare, travel to treatment centers, or modifications to living spaces during recovery turns abstract benefits into relatable decisions.

Strategic Communication Approaches

To move the needle on CI understanding, brokers should champion sustained, multi-channel education, integrating CI into year-round engagement strategies rather than relegating it to open enrollment. Effective approaches include:

- Interactive digital tools and decision aids that allow employees to visualize scenarios where CI benefits apply.
- Brief, scenario-based training for HR teams so they can articulate the value during onboarding and benefits reviews.
- Microlearning modules and infographics tailored to varied learning preferences.



When brokers guide employers toward thoughtful CI education and integration, they don't just sell a policy — they help create benefits programs that protect employees when they need it most and drive lasting value for employers.

This ongoing education positions CI not just as an elective coverage option but as a strategic benefit that fosters employee financial resilience and loyalty.

For brokers, helping clients understand CI in this way elevates their advisory role. It strengthens broker-client relationships by demonstrating expertise in benefits strategy and communication, while improving employee benefit literacy. In a competitive talent market, that differentiation is key. When brokers guide employers toward thoughtful CI education and integration, they don't just sell a policy — they help create benefits programs that protect employees when they need it most and drive lasting value for employers.

Source: MetLife. (2024). U.S. Employee Benefit Trends Study. As reported by Employee Benefit News. Retrieved from <https://www.benefitnews.com>



PES Benefits is dedicated to revolutionizing the employee benefits landscape with cutting-edge technology, administration, education, and virtual care solutions. Since its inception, PES Benefits has focused on simplifying the benefits experience, making it more accessible and meaningful for all involved.



Beyond Open Enrollment: Making Benefits a Strategic Advantage

By Tim O'Connor

Each fall, open enrollment prompts millions of Americans to make some of their most significant financial decisions: choosing workplace benefits for themselves and their families. Yet, many spend more time deciding which pair of shoes or how big a TV they should buy (LIMRA). This quick decision-making often leads to missed opportunities that can impact both employee well-being and, ultimately, a company's bottom line.

Prudential's 2024 Benefits & Beyond research reveals that 66% of employees stick with the same benefits choices year after year, and 1 in 10 don't review their options at all. The result? Gaps in coverage that affect workforce satisfaction, retention, and return-to-work outcomes.

As employees ourselves, we know workplace benefits are more than just a checkbox — they're a safety net that allows us to care for our health and prepare for the unexpected.

Whether it's preventive medical care, financial support through retirement plans, mental health resources, or insurance to help cover unexpected illnesses or injuries, decisions made during enrollment season can have a lasting impact.

For organizations, the stakes are high. Simply offering comprehensive workplace benefits isn't enough. Employees need to understand and trust what's offered to elect and use it. That's why benefits enrollment season is such a pivotal moment for HR and business leaders. When employees are empowered to make informed decisions, benefits enrollment becomes a lever for improved workplace well-being, talent retention and business performance.

But the enrollment process is often seen as complicated, time-consuming and lacking transparency. In fact, one-third of employees consider it an unpleasant experience (Prudential Financial, 2024). This presents a strategic opportunity to turn enrollment into a business advantage by making the process easier to understand and navigate.

Power of Communication

Enrollment remains a guessing game for 40% of employees (Prudential Financial, 2024). Without the right tools, context and guidance to make the right choices, employees can miss out on valuable benefits.

That's where effective communication and education make all the difference. While most employers believe they communicate well, only 38% of employees find them effective (Prudential Financial, 2024). To bridge the gap, benefits communication and education need to be strategic and ongoing, highlighting the value of each offering. Clear explanations of how benefits programs work and the support they offer to help navigate employees' challenges, plan for the future, and balance their personal and professional responsibilities, can make the difference between enrolling in essential benefits and missing out.

Education shouldn't stop at open enrollment. When organizations proactively educate year-round about all the benefits offerings, including noncore products such as supplemental health, employees are twice as likely to feel confident in their choices and twice as likely to stay (Prudential Financial, 2024).

It's equally important to ensure that messages resonate with all employee populations by considering how different groups prefer to learn and engage. While email and print remain the most common formats employees use, generational preferences can differ. For example, Prudential's 2024 Benefits & Beyond study found that Gen Z employees place greater value on in-person learning than other generations. Adopting a multichannel communications approach ensures employees get the benefits information they need, in the format they prefer and are most likely to engage in.

It's equally important to ensure that messages resonate with all employee populations by considering how different groups prefer to learn and engage.

The call to action for HR and business leaders: regularly revisit not just what you communicate, but how and how often. Measure effectiveness and ask for employee feedback. Proactive communication drives engagement.

Making Enrollment Easier

Enrollment can be overwhelming — these are some of the biggest financial decisions, and the choices can be daunting. Nearly 70% of employees want more personalized advice during open enrollment, and 90% are willing to share personal information to get it (Prudential Financial, 2024).

Education shouldn't stop at open enrollment. When organizations proactively educate year-round about all the benefits offerings, including noncore products such as supplemental health, employees are twice as likely to feel confident in their choices and twice as likely to stay (Prudential Financial, 2024).

The good news is there are decision support tools available to leverage which can help empower employees to choose the right coverage. These include calculators that recommend the amount of insurance needed, financial planning tools to help determine which benefits fit budgets, tools to compare costs, and case studies illustrating how people can use each benefit. And as technology evolves, more resources are becoming available.

The Role of Supplemental Health

Supplemental benefits — such as accident, critical illness, and hospital indemnity insurance — are often overlooked, but are essential for protecting employees and their families.

These benefits help offset major medical expenses by providing cash payments that can be used to cover out-of-pocket costs.

Although employees rank supplemental health insurance among the most important in a benefits package, many aren't sure if their employers offer it (Prudential Financial, 2024). Employers have an opportunity to raise awareness and explain how these options can help manage rising medical costs. By doing so, employees have the power to better protect themselves from unexpected medical debt. This serves organizations well because when employees aren't burdened with the financial stress of medical bills, they can more fully focus on their work.

BAD WEDDING VENDORS HAPPEN

ARAG legal insurance protects employees when legal issues happen.

Bad wedding vendors happen. But when employees have ARAG legal insurance, they can work with a network attorney to resolve their problems – and the attorney fees are paid in full for most covered matters.

[See How ARAG Helps Employees](#)



Meeting Modern Employee Needs

Workplace benefits are an investment in people. Simply offering comprehensive benefits isn't enough. To realize their true value, organizations must ensure employees understand the benefits, appreciate their value, and use the offerings. Education and ongoing communication are essential for driving enrollment and utilization.

When employees know how to use their benefits and can leverage them to address challenges, they are better able to manage stress and prevent burnout. Healthier, supported employees are more motivated and engaged, leading to higher quality work, increased productivity and stronger retention. The numbers are telling: When benefits are seen as modern, 90% say they're likely to stay. But when benefits don't feel relevant, retention falls to 73% (Prudential Financial, 2025).

Ineffective or unclear communication erodes the impact of even the best benefits. Today's employees expect employers to help them navigate their retirement savings, daily financial stress management, and mental health support. It's clear that employees are seeking not just traditional offerings but also benefits rooted in empathy and real life. Forward-thinking organizations evolve their benefits and proactively educate employees, building loyalty and performance.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ.

LIMRA, "[Employee Benefits Influence Worker Satisfaction But Lack of Awareness Could Undermine Their Impact](#)," 2022.

Prudential Financial, Benefits & Beyond, "[Make Enrollment Worth It: Engaging employees with their benefits options](#)," 2024.

Prudential Financial, Benefits & Beyond, "[New Workforce Expectations: How evolving needs are reshaping the workplace](#)," 2025.



Tim O'Connor, VP, HR Technology Partnerships & Enrollment Services at Prudential

Tim is responsible for enrollment strategy and HR technology partnerships to drive clean enrollment, integration and ongoing administration of Prudential products. Tim has also served on the executive committee for various LIMRA committees, including the LDEX Standards committee and the Workplace Benefits committee.

OnePack Plan™

by petpartners 

Group Pet Insurance, Made Simple

OnePack Plan™ Benefits

- One policy, one renewal date
- Coverage options for pre-existing conditions after 12 months*
- The only group pet insurance able to fully integrate with most benefits administration platforms.



91% of our groups
have not seen a
rate increase in the
past 5 years.¹



OnePackPlan.com | SalesSupport@PetPartners.com | 866-774-1113

¹ 91% of our groups have not seen a rate increase in the past 5 years. Based on PetPartners rates from 2020-2025.

*Pre-existing conditions may be eligible after 365 days of continuous coverage. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit <https://www.petpartners.com/sample-policies>. Products, schedules, and rates may vary and are subject to change. Discounts may vary and are subject to change. Premiums are based on and may increase or decrease due to the age of your pet, the species or breed of your pet, and your home address. Insurance products are underwritten by Independence American Insurance Company (NAIC #26581) or Independence Pet Insurance Company (NAIC #17543), both are domiciled in Delaware with corporate offices in Scottsdale, AZ. Policies are produced by PetPartners, Inc. (NPN #7612549, Scottsdale, AZ. California producer license #0F27261, PPI Pet Insurance Agency, Inc.).



Navigating the Regulatory Landscape: Wellness Benefits in Supplemental Health Products

By Joe Carollo, JD, Taylor McKinnon, JD, Ali LaRocco

There is a notable trend across various states in the United States towards severely limiting or even fully prohibiting the offering of wellness benefits in supplemental health products. These products – also known as excepted benefits products – include (but are not necessarily limited to) accident only policies, hospital indemnity products, specified disease policies and disability income policies – traditionally provide benefits that are not covered under comprehensive health insurance. Wellness benefits programs typically provide insured individuals with fixed dollar benefits for preventative services such as health screening tests, blood work, exams to identify potential health risks, dietary services, and various other services that assist in promoting overall health.

The inclusion of wellness benefits in supplemental health products has sparked significant debate among state regulators. Critics of the programs argue that some wellness benefits, do not provide actual value to insureds and that the inclusion of wellness benefits compromise the “excepted benefit” status under state and federal law

Conversely, proponents of the programs assert that wellness benefits play a crucial role in identifying and preventing diseases, mitigating or lowering claims costs, and encouraging a more holistic approach to overall health and well-being. Those proponents also argue that inclusion of such benefits helps carriers stay competitive in the market by providing cost-effective and valuable coverage of those additional benefits.

In this white paper, we discuss the regulation of excepted benefits and three states’ approaches to regulating wellness benefits in supplemental health plans. Finally, we offer considerations for supplemental health benefit insurers engaged in state product filing review and approval processes.

Regulation of Excepted Benefits Products and State Variations

The regulation of supplemental health products as excepted benefits is a critical difference when compared to comprehensive health benefit plans.

While excepted benefits products may cover or provide benefits that pay for or defray the cost of some of the same health services that consumers may obtain through a more comprehensive health benefit plan, excepted benefit products are subject to different regulations.

Unlike comprehensive health coverage, excepted benefit products do not cover all hospital, medical, or surgical expenses but rather help offset such costs by providing more narrowly tailored benefits that are not coordinated with other insurance coverage. For a product to be considered an “excepted benefit,” it must satisfy the applicable federal regulation as well as requirements at the state level.

States vary with the guidelines, allowances, limitations, and restrictions established and their positions can be fluid.

We present a sample of state approaches below to demonstrate the ranges of current state positions while emphasizing that insurers and regulators must continue to navigate emerging rules and balance the benefits of wellness programs (and their value to consumers) with regulatory compliance.

State-Specific Regulation of Wellness Benefits

Virginia

Virginia has taken a firm stance on the inclusion of wellness benefits in supplemental health products. Published wellness guidance^[1] (effective July 1, 2025) demonstrates Virginia’s position that accident only policies, group hospital indemnity products, and disability income policies may NOT be issued with wellness coverage, while leaving open the potential to keep wellness benefits in critical illness, individual hospital indemnity or other fixed indemnity, and limited scope dental, vision, or hearing plans if the benefit functions in a certain way.

As such, the prohibition does not necessarily span across all supplemental health products.

The guidance is suspended until further notice while the Bureau of Insurance considers comments received. Previously approved wellness benefits may continue to be issued or renewed pending further update of the guidance. Below are some details on how excepted benefit plan carriers might offer wellness benefits that comply with Virginia’s currently suspended position:

- The “General Rules” prescribed by Virginia in 2024 state that carriers cannot provide wellness benefits via rider or amendment, but they must be a part of the product’s base policy.
- The guidance provides some examples of allowable wellness benefits (preventative/wellness tests, routine exams, screening tests, survey/lab results) and some examples of prohibited wellness benefits (e.g., “medically necessary” tests/services performed after a triggering event to determine the sickness or injury covered by the policy).
- The guidance provides that individual hospital or other fixed indemnity coverage may include wellness benefits if benefits are payable as a fixed dollar amount “per period” of hospitalization or illness or “per service” regardless of the amount of expenses incurred.
- The guidance provides the following rules for wellness benefits in a specified disease plan. Such benefits must be:
 - Related to the disease for which coverage is being provided; AND
 - The monetary amount provided to the insured for receiving the service must be related to the cost of the service (i.e., the payment functions as a partial reimbursement) and NOT be a “reward” (i.e., a monetary amount unrelated to the cost of the service).

Colorado

Colorado insurance regulators impose clear limitations on wellness benefits, allowing them only in accident-only, hospital indemnity, and disability income coverage pursuant to 3 CCR 702 Reg. 4-2-11 s 11.[1] Such policies must be explicitly labeled to indicate the inclusion of wellness benefits, for example “Accident-only Policy with Wellness Benefits,” or “Hospital Indemnity Policy with Wellness Benefits.” If wellness benefits are included in either accident-only or hospital indemnity coverage, Colorado specifically prohibits coordination of benefits. Products not referenced by the cited regulation (e.g., specified disease products, long-term care insurance, and other limited benefit fixed indemnity coverage) are not permitted to include wellness benefits.

Michigan

While Michigan’s Department of Insurance and Financial Services (DIFS) has not codified regulations or guidance to explicitly state that wellness benefits are not permitted within excepted benefits policies, DIFS interprets federal regulation 45 CFR 146.145(4) to restrict this practice. DIFS holds the position that when preventative benefits are added to an excepted benefits policy, the policy no longer fits the definition of the “excepted benefits” category. Without such designation as excepted benefits, the policy becomes subject to the requirements of the Patient Protection and Affordable Care Act (PPACA).

Using specified disease insurance as an example, the inclusion of preventative services (e.g., health screening benefits or wellness benefits) would mean the coverage is no longer “for only a specific disease or illness” as described by federal regulation, thus the policy is no longer considered to be an excepted-benefit policy. A review of DIFS’ publicly available product filings accessed via SERFF Filing Access, demonstrates its clear position on how inclusion of wellness benefits changes excepted benefits products.

Impact of Tri-Agency Ruling

In addition to the state above, some states are concerned by the potential consumer confusion between supplemental health products and comprehensive coverage when wellness benefits are included, and federal agencies indicate they share this concern. The Department of Treasury, Department of Labor, and Department of Health and Human Services (collectively referred to as the “Tri-Agency”) published 2024-06551 (89 FR 23338)[1] on April 3, 2024, a rule governing short-term limited duration insurance and independent, non-coordinated excepted benefits coverage, which directly impacts supplemental health products. The Tri-Agency proposed several provisions relating to regulation and tax treatment of hospital and other fixed indemnity products but did not finalize any of the proposed regulations for a disclosure requirement. Notably, that disclosure requirement was set aside and vacated by a U.S. District Court decision from December 4, 2024, *Manhattan Life Insurance and Annuity Co. v. U.S. Department of Health and Human Services*. [2]



The Tri-Agency proposed several provisions relating to regulation and tax treatment of hospital and other fixed indemnity products but did not finalize any of the proposed regulations for a disclosure requirement.

One of the proposed Federal requirements that would impact wellness benefits is a rule that hospital or other fixed indemnity insurance must pay benefits as a fixed dollar amount per day or other time period. Currently, such policies can pay benefits as a fixed dollar amount per time period or per service. Since wellness benefits typically pay per service (e.g., for a health screening exam), the proposed Federal requirement could substantially change the landscape of wellness benefits or even lead to some states prohibiting wellness benefits for hospital and other fixed indemnity products. The Tri-Agency's concern with "per service" benefits is the potential consumer confusion with more traditional comprehensive coverage, which already pays benefits on a per service basis.

Although these rules were not finalized, the Biden administration expressed their remaining concerns regarding the health and financial risks for consumers enrolling in supplemental policies under the assumption consumers have comprehensive coverage.

The Trump administration seems much less interested in pursuing these proposed rules as evidenced by their voluntarily dismissal of the appeal of the Manhattan Life case.

Considerations for Insurers

Insurers looking to file and obtain state approvals for excepted benefits products that include wellness benefits should keep in mind the potentially significant differences in regulation across states, the recent developments at the federal level, and the customized research, expertise, and resources required to support such compliance review. The emerging trend of prohibiting or significantly limiting wellness benefits in supplemental health products reflects a broader debate over the value and function of these benefits, and whether such benefits create confusion among insured individuals.

 **MassMutual**

More Is Here.

Don't settle. More innovative Group Accident Insurance & Group Critical Illness Insurance have arrived.

Finally, the kind of Supplemental Health Insurance products working Americans have been waiting for – with fewer restrictions and more flexible coverage. Get it from MassMutual®.

Visit [worksite.MassMutual.com](https://worksite.massmutual.com) to learn more.



While Virginia and Colorado provide specific guidelines and limitations regarding their regulation and what is allowable, Michigan takes a more concise, restrictive approach. Other states may share similar positions or make their own interpretations. As states continue to refine their positions, the future of wellness benefits in supplemental health product markets remains uncertain. Insurers and regulators will need to navigate evolving rules to balance the benefits of wellness programs with regulatory compliance and the perceived value to their consumers.

1. [45 CFR 146.145\(4\)](#).

2. <https://www.scc.virginia.gov/media/sccvirginiagov-home/regulated-industries/insurance/insurance-companies/life-health-companies/naic-product-checklists/wellness-benefits-guidance.pdf>

3. 3 CCR 702 Reg. 4-2-11 s 11

4. 2024-06551 (89 FR 23338)

5. Manhattan Life Insurance and Annuity Co. v. U.S. Department of Health and Human Services



Joe Carollo, J.D. - Senior Compliance Specialist with the Tampa office of Milliman. Contact: Joe.Carollo@milliman.com
milliman.com/compliance



Ali LaRocco - Healthcare Policy and Regulatory Specialist with the Tampa office of Milliman. Contact: Ali.LaRocco@milliman.com
milliman.com/compliance



Taylor McKinnon - Principal and Compliance Consultant with the Tampa office of Milliman. Contact: Taylor.McKinnon@milliman.com
milliman.com/compliance

Cybersecurity Awareness Month: Helping Employees Stay Protected Year-Round

By Casey Cullinan

Practical tips and benefit strategies to help employers protect employees at work and at home.

October's Cybersecurity Awareness Month is the perfect time to spotlight how digital protection impacts employees' everyday lives. Cyberthreats don't just affect company systems; they extend into employees' personal and financial well-being — and can even put families at risk. Identity theft, scams, and online fraud can lead to stress, distraction, and financial strain that follow employees into the workplace.

That's where brokers play an important role: guiding employers to strengthen their benefits packages with solutions that safeguard employees' identities and protect their families. In fact, 58% of Americans say they feel vulnerable to scams and fraud, underscoring the need for this protection. Norton LifeLock Benefit Solutions helps make that possible, including tools like Child Identity & Financial Monitoring, which extends coverage to children and families for added peace of mind.

Cyber Tip #1: Use Strong, Unique Passwords

Why it matters: Weak or reused passwords remain one of the top entry points for cybercriminals. Over 80% of confirmed data breaches are tied to weak or stolen passwords.

Example: An employee reuses the same password across multiple accounts. When one retailer suffers a data breach, cybercriminals suddenly have access to the employee's email and banking login.

Solution: Encourage the use of strong, unique passwords for every account. Password managers can help employees create and securely store complex passwords, removing the burden of memorization.

58% of Americans say they feel vulnerable to scams and fraud, underscoring the need for this protection

Cyber Tip #2: Monitor Finances with Confidence

Why it matters: Financial fraud can have lasting effects on employees and their families. Monitoring accounts and credit activity is one of the most effective ways to spot suspicious activity early.

Example: An employee's child's Social Security number is compromised and used to open new accounts. Without monitoring, the fraud may not be discovered until years later, creating serious financial and emotional stress.

Solution: With Norton LifeLock Benefit Solutions, employees gain access to Financial and Child Identity Monitoring tools that alert them to unusual activity. Early detection helps minimize damage and gives families the support they need to recover quickly.

Cyber Tip #3: Recognize and Avoid Scams

Why it matters: Phishing scams — whether through email, text, or phone — are among the most common ways criminals trick employees into revealing sensitive information. In fact, at least 73% of U.S. adults have fallen for an online scam, highlighting just how widespread and convincing these schemes can be.

Example: An employee receives a text message claiming to be from their bank, urging them to “verify” their account. Clicking the link leads to stolen credentials and drained funds.

Solution: Training employees to pause, verify, and think critically before responding to unexpected messages helps reduce risk. Tools like Scam Protection Pro can provide real-time guidance, warning employees before they fall victim to scams.



September Workforce Financial Stability Score ticks up

The Workforce Financial Stability ScoreSM (WFSS) increased 1.6 points compared to August. All six measured dimensions were also up – led by a 2.4-point increase in working Americans’ confidence in their ability to help others financially and a 2.1-point increase in ability to manage expenses between paychecks. Compared to September 2024, the WFSS is up 3.8 points plus all dimensions are up year over year.

Workforce Financial Stability ScoreSM

59.5

Check out
the Latest
Scores

Worksite Better.

FOR FINANCIAL PROFESSIONALS. NOT FOR USE WITH THE PUBLIC.

© 2025 Massachusetts Mutual Life Insurance Company (MassMutual®), Springfield, MA 01111-0001.

All rights reserved. www.MassMutual.com.

MM202609-313808

Cyber Tip #4: Strengthen Device Protection

Why it matters: Software updates often include patches for newly discovered vulnerabilities. When employees delay these updates, they leave devices open to attack — with 32% of cyberattacks in 2025 tied to unpatched software vulnerabilities. But patching alone isn't enough; employees need protection against malware and viruses that can slip through.

Example: A laptop running outdated software becomes a target for malware that exploits known flaws. Without layered security, sensitive data can quickly be compromised.

Solution: Encourage employees to enable automatic updates and consider benefits that provide device security tools. Norton LifeLock Benefit Solutions includes software that helps protect against viruses, malware, and other intrusions — giving employees and families confidence their devices are safer at home and at work.

Bringing It All Together

For employees, cyber risks don't stop at the office door. Brokers can help employers address these concerns by offering digital and financial wellness benefits that provide peace of mind year-round.

Cybersecurity Awareness Month is the ideal time to highlight these protections — but the conversations shouldn't end in October. By equipping employees and their families with education, tools, and benefit plans like those from Norton LifeLock Benefit Solutions, brokers and employers can help reduce risk and build a culture of security that lasts well beyond the month, supporting both productivity and personal well-being.



Casey Cullinan - Head of Employee Benefits, Norton LifeLock Benefit Solutions

Casey works closely with brokers and employers to design and deliver digital and financial wellness programs that protect employees from cyberthreats and support their overall well-being. With extensive experience in employee benefits, Casey is passionate about helping organizations provide meaningful protection that empowers employees to feel secure both at work and at home.



Good digital hygiene goes a long way

Cybercrime is evolving fast — but you can help employees stay safer, more secure, and confident online.



This Cybersecurity Awareness Month, encourage four small habits that pack a big, protective punch:



Use strong passwords

The first line of defense against hackers



Recognize scams

Spot phishing, ransomware, and fraud attempts early



Enable multi-factor authentication (MFA)

Adds an extra layer of security



Keep software up to date

Patch vulnerabilities before they're exploited

Offer the benefit of peace of mind

All Norton LifeLock Benefit Plans provide digital and financial wellness protection to help employees stay ahead of evolving cyberthreats.

Reach out today to get started



EB_Sales@GenDigital.com



844-698-8640



Voluntary Benefits and an Alternative Funding Strategy

By Krystie Dascoli, CVBS

State of the Market

Over the last decade, supplemental health programs like accident, critical illness, and hospital indemnity insurance have shifted from optional to more common benefits, providing employees with a helpful safety net against the financial risks associated with high deductibles and out-of-pocket expenses. Technological advancements have also streamlined the administration and delivery of these programs, making it less costly for carriers to bring them to market.

According to recent industry reports, while supplemental health premiums have come down over the years, the voluntary benefit industry still faces challenges. Lower-than-expected loss ratios persist, carrier margins continue to shrink due to heaped commissions, and carriers are expected to fund 3% – 5% technology and communication credits. Additionally, HR teams are well-versed in claims utilization and have transparency for their core benefits and now expect the same level of reporting and analysis for supplemental health benefits. This highlights three areas where the supplemental health market falls short:

- **Lack of claims utilization and reporting data** comparable to traditional life and disability carriers.
- **Heaped commission structures**, which industry data show may pay up to 70% in year one, leading to carrier losses in the first two to three years.
- **Low plan utilization**, such as reminder communications, claims nudging, and auto adjudication, is in the infancy stage of development and is not yet widely used.

History Repeating Itself

Market analyses show that employers are noticing lower-than-expected utilization and are asking for more value from the employee dollars spent on supplemental health benefits. The need to increase claims and regulatory scrutiny is influencing the voluntary benefits market in a manner comparable to the life and disability market two decades ago. We see many similarities in how that market was reshaped to provide more transparency, lower employee costs, and increase utilization and claims paid. This is why alternative funding solutions are becoming a trend employers can consider as the market continues evolving for these supplemental health programs.

The Alternative Funding Spectrum

The voluntary benefit market alternative funding spectrum offers three types of programs:

- Participating arrangements (PAR)
- Group captives
- Single-parent captive (for employers who already have a captive and want to diversify their captive with a third-party, predictable premium)

There are a few essential components that all these alternative funding programs have in common:

- Accident, critical illness, and hospital indemnity must be treated as ERISA.
- The surplus must support enhanced programs that benefit employees. Surplus funds can be used in various ways, including but not limited to helping with technology, communication solutions, premium holidays, well-being programs, and more. These programs function similarly to a Medical Loss Ratio (MLR) insurance rebate.
- They typically underwrite the program to a 50% loss ratio.

A high-level comparison of these programs highlights key differences when choosing the right program for your organization. In a traditional model, all the surplus goes back to the carrier, whereas in the other funding arrangements, the surplus can be repurposed to support employees.

All funding programs are fully insured and have a fronting carrier that pays claims and services the employee plans. When we discuss employer risk, this refers to what happens if claims exceed the 50% loss ratio. In traditional, participating or group captive programs, there is no risk to the employer if plan utilization runs higher than the defined loss ratio. No surplus is paid if the plan runs higher than 50%–60%. In the single-parent captive, the employer's captive does share in the program's loss.

The pooling component is relatively straightforward. Traditional and participating programs pay a surplus based on the employer's actual utilization, while captive arrangements pool all captive participant utilization into one pool and pay the surplus on the overall pool.

	Traditional	Participating	Group captive	Single-parent captive
Surplus share with employer	No	Yes	Yes	Yes
Fully insured	Yes	Yes	Yes	Yes
Employer risk	No	No	No	Yes
Pooled claims	No	No	Yes	Yes
Requires an employer captive	No	No	No	Yes
Ability to diversify employer captive	No	No	No	Yes

It's important to note that PAR programs require each participating carrier to file its plans with every state for approval, and the surplus is based on the client's actual utilization. At the same time, captive solutions pay the surplus based on the pooled utilization of all plan participants.

Another key difference to point out is that if an employer already has a captive for other lines of coverage, such as property and casualty or stop loss, incorporating the single-parent captive solution with supplemental health programs can be a way to diversify the employer's captive. Supplemental health programs tend to be non-volatile and predictable year over year, which may lead to potential tax benefits for the employer and/or help stabilize the volatility of the current captive.

The voluntary benefit market alternative funding spectrum offers three types of programs:

- Participating arrangements (PAR)
- Group captives
- Single-parent captive (for employers who already have a captive and want to diversify their captive with a third-party, predictable premium)

Implementing Alternative Funding

Implementing any of these programs is straightforward, as nothing changes for the employer or the employee, making deployment simple. Just like they do today:

- Employees enroll in their supplemental health programs via the benefits administration platform.
- Employers take payroll deductions and remit premiums to the chosen carrier.
- Carriers are responsible for issuing policies, customer service, and claims management.
- The difference is that at year-end, the carrier will net out claims and expenses, submitting the surplus according to the selected PAR or captive program arrangement elected by the employer.

Determining the Right Solution

There's no one-size-fits-all solution when it comes to voluntary benefits or the funding arrangements they offer. It's important to work with a consulting partner who understands the nuances of the participating vendors and programs available in the market. Defining organizational goals and predictive modeling of the voluntary benefit alternative funding spectrum are essential in selecting the right partner.

While there are many levers to drive better claims utilization, it may take time to see an increased number of claims filed and to bring loss ratios closer to the expected target. The bottom line: if your plan is running below a 50% loss ratio today, the surplus goes back to the carrier instead of being repurposed to benefit employees by using one of the alternative funding methods.



Krystie Dascoli, Practice Leader of Voluntary Benefits for MMA East - Her responsibilities include strategic planning, regional and national carrier partnerships, resource development, and product initiatives. She is also the lead subject matter expert for MMA East, providing advice on voluntary benefits products, trends, and technologies to team members and clients.



Trouble!

By Steve Clabaugh, CLU, ChFC

Relational leaders demonstrate that they care for their team members as much as the organization. As a result, they create, build and lead high-performance teams that consistently achieve excellence.

*"Ya got trouble, my friend, right here, I say,
trouble right here in River City..."*

-The Music Man written by Meredith Wilson

One of the few things we agree about, in this highly divided modern-day culture, is that our society is in Trouble – with a capital T.

It has always been a challenge for organizations to find, hire, train, lead and keep the right people in the right positions. But, in addition to the usual human resource challenges, organizations of all types – public, private, for profit, not for profit – are facing some unique and difficult obstacles in today's workplace environment. I regularly hear from both employers and employees that they are discouraged with the culture in their organization. For some, the situation appears to be hopeless on both a local and national level due to some of the issues we've never had to face before.

Deteriorated social skills and public behavior standards. It is not unusual and, somehow, seems to be acceptable today to speak and act rudely in public. Sometimes this is directed in anger at an individual but often, especially as it relates to foul language, is simply considered an acceptable form of communication. It seems likely that this growing phenomenon was accelerated by the national quarantine during the pandemic.

Psychological impact of geopolitical conflicts and wars endlessly reported on the 24 hour news. This constant bombardment of troubling news stories from local, national and international sources has multiple clearly observable impacts on viewers. Among the negative impacts are: chronic stress, anxiety, desensitization, a distorted worldview, disrupted sleep, social withdrawal, susceptibility to misinformation, misplaced anger and more.

Unprecedented, sharply focused cultural conflicts dividing co-workers, family and friends. Differences of opinion about various issues are not new to this generation. Instead of debating (even vigorously) different ideas and perspectives, we have developed the habit of personalizing them to the point of hating the individual rather than simply disagreeing. In politics we repeatedly see the identification of persons who represent a different party as the “enemy”, instead of the “opponent.”

Issues of fairness and equality in the workplace and society in general. No doubt, aggravated by the negative impact of our sharply focused cultural conflicts, issues of racial, gender and economic equality have been raised to a fever pitch. The terms diversity, equity and inclusion have become either a pejorative or a cause célèbre depending upon the side you’re on in the cultural debate.

Tragic rise of ultra dangerous prescription drugs that can cause addiction or even death from the very first time it’s used. 2023 statistics indicate that approximately 80,000 deaths were the direct result of opioid overdose, primarily from fentanyl, which can cause addiction or death with a dose as small as 2 milligrams (Center for Disease Control CDC). In addition, the economic impact is staggering, reaching more than \$1.5 trillion in 2020 including: loss of life, healthcare costs, labor productivity and criminal justice (U.S. Joint Economic Committee). A Brookings Institute study indicates that opioid misuse caused 43% of the decline in male labor force participation between 1919 and 2025.

Many of these issues are substantially different than anything we have faced in prior generations. Unfortunately, there is no “how to” guidebook for managing them. It is also true that every generation has been required to face up to and resolve their own set of unique difficulties.

During my childhood in the 1950s and 1960s our national culture was dominated by the struggle for racial equality. The experiences of Rosa Parks; integration of public schools; the assassinations of President John F. Kennedy, Martin Luther King, Jr, Bobby Kennedy and Malcolm X; peaceful demonstrations; race riots; the battle to achieve passage of the Civil Rights Act – 1964 and the Voting Rights Act – 1965; these were not historical footnotes. They were in our faces every day on the daily news.



Many of these issues are substantially different than anything we have faced in prior generations. Unfortunately, there is no “how to” guidebook for managing them.

The 1970s weren’t any easier as the Vietnam War dominated the news and our societal discourse. The decade was defined by protests and marches; the draft and the overwhelming anxiety of the draft lottery; draft dodgers; 4 students killed at Kent State University shot by Ohio National Guard soldiers; the Watergate burglary and the resignation in disgrace by the President of the United States were ugly warning signs of a potential complete breakdown of the social order.

Each one of these events alone had a profound impact on the national psyche. Combined they led many pundits, and regular folks like my parents, grandparents, uncles and aunts, to worry that our nation was in serious danger of collapsing politically and economically. Though not well known today, such thinkers and authors as: Herbert Marcuse “One Dimensional Man” 1964; Daniel Bell “The End of Ideology” 1960 and “The Coming of Post-Industrial Society” 1973 and Christopher Lasch “The Culture of Narcissism” 1979 predicted the slow but steady erosion of civic values, institutional trust and cultural acceptance.

The 80's, 90's and early 2000's experienced their own set of “society's going to hell in a handbasket” cultural upheaval issues. Accompanying these challenges were the inevitable naysayers predicting the demise of our culture, freedoms and even our nation itself.

Depending upon your age, you may recall some of these seminal cultural experiences:

1980s – Cable TV and introduction of the 24-hour news cycle; the AIDs epidemic; the “War on Drugs,” the greed is good “Decade of Decadence.”

1990s – Rodney King and the LA riots; the Columbine high school shootings; LGBTQ increased visibility and backlash; growth of the internet and introduction of new subcultures; the rise of “New Age” and other forms of spirituality.

Early 2000s – 9/11; the “War on Terror;” social media explosion; battle for LGBTQ rights; race and policing crises – Trayvon Martin, Black Lives Matter; the 2008 “Great Recession.”



Though not well known today such thinkers and authors as: Herbert Marcuse “One Dimensional Man” 1964; Daniel Bell “The End of Ideology” 1960 and “The Coming of Post-Industrial Society” 1973 and Christopher Lasch “The Culture of Narcissism” 1979 predicted the slow but steady erosion of civic values, institutional trust and cultural acceptance.

Each generation has its own set of cultural upheaval issues, and each generation must find its own solutions. Clearly, we need leaders that will help discover and encourage implementation of those solutions.

An argument, however, can be made that our current set of crises are even more challenging than those of previous generations for two specific reasons:

- 1. The impact of our current challenges is affecting our workplace environment in virtually every region of the country and with the same set of issues.** In the past, while cultural turmoil may have impacted the whole nation, those issues often (with some notable exceptions) were identified with specific geographical parts of the country and didn't have such a universal influence in the workplace.
- 2. None of our traditional societal institutions are helping us manage or work through these difficult times.** It's not difficult to make the case that our much-needed leadership is not currently forthcoming from Community, Religion, Politics, Media or Social Media. In fact, it can be demonstrated that the leaders of these institutions are, more often than not, actively contributing to the problems.

Despite the difficulty of these current issues, I happen to think there are good reasons to have confidence that there are positive ways to address and overcome even the problems we face today. I believe, our ultimate success will come with the right kind of leadership.

A vital question then is – Where will we find the right kind of leaders?

That question, dear readers, is the subject of next month's Relational Leadership Article. In the meantime, feel free to share with me your thoughts and comments. I'm happy to hear of your concerns and to answer any questions you may have about Relational Leadership Experience.



Steve Clabaugh, CLU, ChFC - started his career in insurance as a Field Agent, moving on to Sales Manager, General Manager, Regional Manager, Vice President, Senior Vice President, and President/CEO. A long time student of professional leadership, Steve created the Relational Leadership program that has been used to train home office, field sales associates, mid-level managers, and senior vice presidents.

RELATIONAL LEADERSHIP EXPERIENCE

The Voluntary Benefits Industry is enjoying unprecedented growth. Your products help employers attract and keep the right employees.

But Did You Know? More than 90% of the time, the reason employees leave has to do with issues related to CULTURE!

Relational Leadership Experience (RLE) can give your clients the tools they need to build or enhance their positive culture.

Find out how RLE can help your clients and add a valuable revenue source for you. Request a copy of our report “RLE and You – A Winning Combination.”

Call, Text or Email: Steve Clabaugh, CLU, ChFC
910-977-5934 | relational.leadership@yahoo.com
<https://www.relationalleadershipexperience.com/>
Relational Leadership Experience – We Build Championship Culture



Copyright 2025 by Voluntary Advantage, LLC. All rights reserved. No part of this magazine may be reproduced in any form without consent.

The Voluntary Benefits Voice is published monthly in digital format only by Voluntary Advantage, LLC. Subscriptions are available at no cost by subscribing at www.voluntary-advantage.com.