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For more information, contact your Utica National Errors & Omissions agency representative or visit www.uticanational.com/EO for agent contact information.
**Did you know** that PIA’s company council, The PIA Partnership, has conducted nationwide research about the insurance buying preferences of small business owners?

The research is encouraging because it found that small business owners strongly prefer independent insurance agents as they make choices in today’s online world.

However, the results also serve as a wake-up call that agents must take steps to continue to demonstrate their value and also be more engaged online.

PIA and the companies belonging to The PIA Partnership have created a public website that helps agents understand PIA’s findings.

PIA members also have access to a private website containing a series of strategies and tools to help them stay ahead of online competition in commercial lines.

To access the newest PIA Partnership project, *Small Business Insurance & The Internet — The Voice of the Commercial Lines Customer*, visit us at [www.pianet.com/voiceoftheclcustomer](http://www.pianet.com/voiceoftheclcustomer).

If you are not a PIA member and want to access all of the tools available through this program, contact us for a membership application or visit us online at [www.pianet.com/joinpia](http://www.pianet.com/joinpia).
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PIA Call to Action: 
Crop Insurance Cuts Avoided

Last week Congress made an agreement with the White House on a deal to raise the debt ceiling and set the budget for two years. Paying for the deal includes a $3 billion cut to the crop insurance program.

The cuts were eventually dropped.

You helped. PIA National issued an immediate call to action because the cuts are harmful to the private sector delivery system. In a release to members, PIA National said insurance is a successful public-private partnership. This proposal weakens that partnership and with it, the rural economy.

PIA urged its members — via the grassroots effort — to contact members of Congress to ask them not to support the crop insurance cuts. The system has already sustained $12 billion in cuts since 2008. And the cuts make little sense considering we’re in one of the worst droughts in U.S. history.

You responded and your hard work and response to the grassroots call helped change the minds of those in Congress. Congressional leaders — including Iowa Republican Sen. Charles Grassley of Iowa — have pledged to remove them from the budget ceiling deal. “If people keep their word, presumably we’ll be able to keep our crop insurance,” he said.

House Agriculture Committee Chairman Mike Conaway — a Texas Republican — said the cuts are now gone from the House version of the deal. “I want to thank my colleagues who have made it very clear over the last 24 hours that the attempt to gut crop insurance in the budget agreement was not acceptable. Our nation’s farmers and ranchers did their part in reining in our nation’s debt in the 2014 farm bill, saving an estimated $23 billion. It
is imperative that we do not undermine their trust by attacking the primary tool they use to manage the tremendous risks involved in producing food and fiber.”

Rep. Collin Peterson — a Democrat from Minnesota — and the ranking member of the House Agriculture Committee agreed. “We have assurances that the cuts will be removed and the farm bill will not be raided. We produced a fiscally responsible and bipartisan farm bill in 2014 that saved $23 billion. We’ve done our part. I can now support the budget agreement with these assurances.”

Source links: Cattlenetwork, Farmfutures

Independent Agency
Organic Growth

Reagan Consulting took a look at third quarter results for independent insurance agents. The firm concluded something you’ve probably already noticed. Median organic growth and profitability for independent agents and agencies fell during the quarter.

Organic growth dropped from 6.0% in the third quarter of 2014 to 4.4% in the same time period in 2015. Profits also fell from 22.4% in 2014 to 21.9% in the third quarter of 2015.

Reagan Consulting President Kevin Stipe said this is the slowest organic growth rate since 2011 and for the first time in 14 straight quarters that agency growth has fallen below 5%. “Agent/broker organic growth is slowing — for privately-owned and public broker — because commercial property/casualty insurance rates are officially in a soft market. Profit margins tend to increase during times of strong organic growth and decrease when growth rates slow,” he said.

Stipe cited stats from the Council of Insurance Agents and Brokers (CIAB) on P&C rates. Those statistics show rates for commercial insurance falling in the last four quarters. And Stipe noted commercial insurance accounts for 60% to 70% of the revenue for the 130 large and mid-sized agencies in Reagan Consulting’s survey.

Reagan’s report suggests the impacted agencies and brokerages adjust to market conditions until pricing stabilizes.

Source link: Insurance Business America
Social media has its positives but a lot of insurance producers continue to wonder what the buzz is all about. You dutifully do Facebook and tweet on Twitter and even LinkedIn but — realistically, like most of us — you do it half-heartedly and sporadically.

Putnam Investments checked in with 300 financial advisors and asked them about social media. It found the average social media user — in terms of using it for business — is a male, an independent business owner working for themselves, about age 40 and their total income is based on commissions and fees.

They use all sorts of social media from Google+ to Facebook to Twitter to LinkedIn. It is LinkedIn that gives them the most success and the most return for the investment of time.

RESULTS

• 49% report finding new business via social media.

• For 29% that leads to new assets of $1 million or more.

• 95% — including producers — use LinkedIn for business purposes.

• It’s a referral network, a brand ID builder and is used to expand their professional network.

• 66% say it is the “go to” tool for finding new clients.

• That same 66% find their target clients are most active on LinkedIn than anywhere else.

• 85% of financial advisors — including producers — let their staff access LinkedIn at work.
The producers all report accepting and requesting connections on LinkedIn and getting firm names, group names and all said they post content updates. Putnam Investments did an even deeper focus on LinkedIn and found the **FIVE TOP REASONS** these investors use it:

1. The people I’m trying to reach are active on this network.
2. I now have a better understanding of how to best leverage this network for business.
3. It is more suitable for my needs than a different social network.
4. It has helped me achieve my desired results.
5. I have more of a business need to use it than before.

This isn’t to say that those interviewed have abandoned other social media. Most report success with Facebook. It is good for cultivating and enhancing client relationships. Twitter also works for picking up new referrals. A good tweet — says 28% of those interviewed — helped gain clients.

Google+ is at the bottom of the proverbial food chain.

Source link: Insurance Business America

Freepik.com: Social media network background image
The Urban Institute did a study on statistics provided by the National Association of Insurance Commissioners (NAIC). It found insurers spent an average of 92% of individual health plan premiums on patient care in 2014. That exceeds the thresholds set by the Affordable Care Act’s (ACA’s) medical loss ratio (MLR) requirements.

Prior to the ACA’s 2010 implementation, the average MLR for all insurers in 29 states fell below the 80% figure. By 2014, every state had an average MLR at or above 80%.

This is where insurance agents are critical of insurers and of the Obama administration and the Department of Health and Human Services (HHS). PIA National said the ACA requirement that insurance companies spend at least 80% or 85% on patient care was used by some insurers as an excuse to drastically cut agent commissions.

Now that the average MLR has reached 92%, it is no longer necessary for the HHS to classify agent compensation as an “administrative expense” under the MLR.

PIA National Executive Vice President Mike Becker said, “This is a major oversight that has caused significant, negative consequences. Congress needs to fix this. PIA expresses its appreciation to Reps. Long and Schrader for introducing legislation that addresses this problem.”

The association’s Director of Federal Affairs Jon Gentile agrees. “PIA members are insurance professionals that provide personal support, advice, and counsel to their customers. It is critical that they continue to do so as the ACA makes significant changes to the healthcare market. It is imperative that consumers and employers understand the impact of these changes and have full access to licensed, trained, local insurance agents who can provide them with professional advice regarding all of the options available to them.”

The American College of Emergency Physicians (ACEP) is also criticizing insurers over the
Our Role in Your Office

We’re specialists.
• Targeting “Main Street” commercial accounts and more
• Workers’ Compensation “lead line”
• Complementary coverages in select states

We’re secure.
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medical loss ratios. However, it is for a different reason. ACEP president Dr. Jay Kaplan, MD doesn’t think insurers are doing enough for patients — and considering the MLR 80% to 85% requirement — he’s surprised.

“Isn’t the goal of the ‘Affordable Care Act’ to make health care more affordable?” Kaplan said.

An ACEP survey of emergency room doctors finds 70% of those belonging to ACEP contend an increasing number of us are putting off health care — and sometimes necessary health care — because of health insurance company cost-cutting measures.

Here are the ACEP reasons why:

• Excessive out-of-pocket expenses
• High deductibles
• High co-insurance payments

And that’s just the tip of the iceberg.

• 73% of emergency room physicians say narrow networks are disrupting necessary care.
• 67% say primary care physicians are sending patients to emergency rooms to get medical tests and procedures because insurers won’t pay for them in an office setting.

Kaplan said, “This is a scary environment for patients. Many patients are motivated by fear of costs and not by the seriousness of their medical conditions. The insurance companies are shifting costs onto patients and medical providers as they attempt to increase their bottom lines, and this threatens the foundation of our nation’s medical care system.”

He says insurers call it cost-cutting. Kaplan contends it’s really profit-boosting.

The ACEP assessment gets even more dramatic:

• 60% of doctors surveyed said they can’t find specialists for their own patients because of narrow network plans that limit the number of medical providers.
• Over 80% said they have treated patients that can’t find specialists to care for them because of those same narrow networks.
• 65% say they are seeing more and more people in emergency rooms because people can’t find primary physicians to treat them.
• The physicians place the blame for that on insurers who will not provide an adequate number of physicians in their networks to serve communities.
• 73% say they are seeing more Medicaid patients in emergency rooms because there aren’t enough primary care physicians who will see them.
• 20% say they know doctors in emergency rooms who are opting out of health insurance networks and 90% say the reason is because health plans aren’t negotiating reasonable rates for their services.

Dr. Kaplan continued his criticism. “Insurance industry claims about ‘surprise bills’ are disingenuous since they created the ‘heads I win, tails you lose’ environment. Balance billing would not even exist if health plans paid what is known as ‘usual and customary’ payment in the insurance industry — what is also known as ‘fair payment.’ Emergency patients are especially vulnerable because health plans know that emergency departments never turn anyone away. Health insurers have been taking gross advantage of patients and medical providers since the Affordable Care Act (ACA) took effect, arbitrarily slashing reimbursements
to physicians by as much as 70%. Patients and physicians should band together to fight these dangerous insurance industry practices.”

At the same time, Kaplan was critical of the four largest insurance companies merging and wondered if they have the resources to merge why don’t they have the revenue to provide better services to the insured?

Meanwhile, rates continue to rise for health insurance. Or at least they are for what are called “mid-level” health insurance policies. According to the HHS, premiums for ObamaCare’s second-lowest cost silver plans are going up an average of 7.5% in 2016. This will be for the 37 states that are using HealthCare.gov.

Source links: PIA National, Employee Benefit Advisor and Insurance Business America

Your Employees
A Perk Worth a Job Change

Softchoice is a technology consultation firm. It just did a study on what employees want and like in a job and on what it will take to lure them away. The number-one response is not that surprising. It’s a benefit and the benefit — says 74% of the North American employees polled — is letting them work remotely and work remotely as often as possible.

Remotely — in this case — usually means at home.

Even more scary for employers is 70% of those polled saying they’d quit their current job to pick up one that gives them that flexibility.

SoftChoice President and CEO David MacDonald said, “We found most people really value the freedom to customize their workday — to be able to run an errand, schedule an appointment, or pick up their kids from school, and catch up on work when it suits them. Organizations that enable that kind of flexibility have become highly desirable places to work,” he said.

The survey and its results are from interviews with 1,700 employees. Here are more results from the survey:

- 62% of employees believe they’re more productive working outside the office.
- 61% of employees prefer working the equivalent of an eight hour workday broken up over a longer day, rather than in a single 9-to-5 block.
- 57% of employees work remotely on personal or sick days, and 44% of employees worked on their last vacation.

And since many are working on personal days, sick days and on vacation, and in many cases after hours, MacDonald said modern technology makes the concept much more workable than in the past. As noted, an employee can connect to the workplace anytime and anywhere so more flexibility in work schedules makes sense.

SoftChoice also found 59% of employees get some sort of device from their employer for just that reason — working from a remote location. But just 24% of those employers have rules or policies and expectations about work activities after business hours.

Source link: Insurance Business America
Prompt Policy Checking and Delivery are Musts

by Curtis M. Pearsall, CPCU, AIAF, CPIA, President, Pearsall Associates Inc.
Special Consultant to the Utica National Agents E&O program

Ask most agencies where policy checking and delivery rank among daily duties and it is likely not high on the list. It’s not that agents think these are unimportant. Some agents believe policies are correct and, if they are not, it’s the carrier’s problem.

Other agencies report the “quality ratio” is 95% or higher. This sounds impressive, but it means one out of 20 policies contains a mistake.

Many agencies believe the quality of the policy issuance has improved, but these same agencies will state that errors happen and some are significant e.g. missing locations or vehicles, incorrect named insureds, etc.

Whether the policies are provided in paper or electronic form, it is vital to promptly check for accuracy to ensure the coverage provided meets what the agency requested.

Identifying Policy Errors
Just giving policies a quick “once over” will not be detailed or comprehensive enough to identify errors in the policy. A best practice is to use a checklist that is completed and saved in the system. Break down the checklist by overall issues (named insured, address, effective and expiration dates, policy number, etc.) and by type of coverage. For:

**Property coverage:** verify correct coverage/forms, locations insured, limits for each location, correct list of mortgagees/loss payees, additional coverages or changes requested from the prior policy, etc.

**Liability insurance:** review additional insureds, limits, requested coverage changes, etc.

**Auto policies:** check symbols, list of scheduled vehicles, limits, and any unique exclusions or coverage limitations that need to be brought to the customers attention, etc.

**Umbrella:** double-check that underlying insurance limits meet the minimum underlying limits required by the umbrella. Insufficient underlying limits is a major cause of E&O claims.

The reviewer should complete, date and “sign” the checklist, which should then become part of the file. Other policy checking documentation methods include:

A “policy checked” stamp indicating who checked it, when and what was noted. Requiring notes in the system with an activity code showing the policy was checked.
Check policies within 30 days of receipt. When some agencies get backed up in policy checking, they have mailed the policies with a message like, “Here is your policy. Please understand that we have not checked it.” This approach is not suggested.

**Delivery Details**

After the policies have been checked, it is equally important that they are promptly delivered to the customer, either electronically, in person, mailed, etc. In most states, the customer has a duty to read his or her policy. However, it will be difficult to hold them to that duty if the policies are still sitting on the producer’s desk. When the policies are mailed, include a cover letter encouraging the customer to read the policy and to advise the agency of any areas needing correction, if there are questions, etc. The file should note when and how the policies were delivered.

The promptness of policy issuance varies. If the agency receives the majority of the policies, but is awaiting a “straggler,” it is best to deliver the policies on hand. Tell the customer what policies are still pending and that these will be delivered shortly after the agency receives them.

While many other tasks vie for priority, make the time for prompt policy review and delivery now to help prevent an errors-and-omissions problem later.
AIG: The Pressure Continues

Billionaire investor Carl Ichan continues his push to radically change AIG’s business model. His latest movie happened last week when Ichan — essentially — called for the ouster of current CEO Peter Hancock. His method for Hancock’s removal starts with the board of directors and how it communicates with its shareholders. Ichan wants shareholders to have direct communication with the board. He also wants a new director added to the board with an agreement that this particular director will — quoting — “agree in advance to succeed Mr. Hancock as CEO if asked by the board to do so.”

Ichan’s push — and that of hedge fund honcho John Paulson — is the result of Hancock’s refusal to split the company into three divisions:

- Property casualty
- Life
- Mortgage

Once the split is made, Ichan and Paulson want the company to sell off the life and mortgage lines.

With 42 million shares, Ichan owns 3.4% of AIG and is the firm’s fifth-largest investor. He says splitting up the company removes AIG from being designated as a significantly important financial institution — SIFI — and from deep regulation by the Federal Reserve.

“It hasn’t helped that AIG — under Hancock’s leadership so far — has failed to meet return targets for investors. Case in point. The company lost $231 million in the third quarter. Ichan says it’s better to act now — and quickly — rather than wait until the next annual meeting.

“AIG is too important, and the current situation is too time-sensitive, to wait years. In fact, we believe the current situation is too time-sensitive to even wait until the company’s annual meeting next spring, especially when all of the stakeholders who have reached out to us believe management’s current plan (or lack thereof) is insufficient,” he said.

Hancock didn’t react directly but more or less did so through a company statement: “AIG maintains an active dialogue with shareholders, including Carl Icahn. Management and the board have carefully reviewed a separation of AIG’s businesses on many occasions, including in the recent past, and have concluded it did not make financial sense.”

Source links: Carrier Management, Insurance Business America

A Look at the Worker’s Comp Market

A.M. Best released a special report last week on how carriers are doing with workers’ compensation premiums based on 2014 numbers. While just some are doing alright and others not so good, Best said it’s the fourth straight year of improved results.

Liberty Mutual and AIG are among the not so good and both saw their 2014 written
premiums fall from the 2013 figures. For Liberty Mutual the drop was 27.5%. AIG’s income fell 10.4%. Both hits are huge. Liberty Mutual’s numbers turned the company from the 2nd most productive workers’ compensation writer to the 5th.

Upon receiving the A.M. Best report, Liberty Mutual issued a statement and explained the drop is no surprise. “Over the past several years, Liberty Mutual Insurance has strategically reduced its exposure to workers compensation by targeting underperforming accounts that were contributing to unacceptable results. As a leading provider of commercial insurance today, we continue to be a strong market for workers compensation insurance where our claims and loss prevention expertise and customer service focus provide value and superior outcomes to our customers.”

While Liberty Mutual and AIG’s business slipped, most others saw business grow. Premium increases and a drop in claims frequency are the reason. The combined ratio for work comp ended up at 101.5 for 2014. A combined ration under 100 is thought to be healthy so the 101.5 doesn’t seem that good.

But it is.

Compare the 101.5 to the 118.1 in 2010 and things look pretty good. So does the net written premium which hit $46.8 billion. It is also up from 2010 figures when the total was $34 billion.

A.M. Best said the report is good and there is definite improvement but rate adequacy remains uncertain. “While the industry’s underwriting performance benefits from an overall positive rate environment in 2014, competitive market conditions and persistent low investment yields continue to compress operating margins. Improved fundamentals in recent years appear to indicate that further improvement in results may continue over the near term, given growth in premiums from rate increases and favorable claims frequency relative to claims severity.”

### TOP 5

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<thead>
<tr>
<th>Company</th>
<th>Net Written Premiums</th>
<th>Market Share</th>
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<td>2014</td>
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<td>Travelers Group</td>
<td>$3.84 billion</td>
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<td>Liberty Mutual</td>
<td>$2.23 billion</td>
<td>$3.08 billion</td>
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*Source link: Carrier Management*
Wells Fargo did a study and found close to half of the businesses in the U.S. that have cyber insurance have used it. The study looked at 100 middle market firms and large corporations and found:

- 85% of those responding had cyber and data policies.
- 44% have already filed a claim because of a breach.

These payouts — Wells Fargo suggests — are going to result in even higher cyber insurance rates than businesses have been experiencing:

- Rates rose an average of 32% for retailers in 2015.
- Health care companies have seen rates triple.
- For $100 million policies the deductibles have now hit $25 million on average.

All of this — Wells Fargo continues — is problematic for insurance agents selling cyber insurance. It’s a hard sell because 42% of mid-size corporations looking for that line cannot afford the cost.
And firms are becoming more choosy about who’ll they’ll insure and for how much. To write a policy many are requiring more proof that the company wanting insurance is doing all it can to keep from being compromised. It is being left to agents and brokers to explain what needed shored up before a policy can be written.

Wells Fargo suggests agents and brokers take some steps so carriers know the business they want to write is secure. Here are some tips:

**Make sure a data breach response plan is in place:**

- 35% of companies worry about data leaks and 25% are very concerned about hackers.
- Yet just 10% have a response plan in place.

**The data breach plan must be tested:**

- Just 10% of firms quizzed with a post-data breach plan in place tested that plan in advance.
- 74% report having to revise the plan after a breach or hacking.

**Employees must be trained:**

- A pitiful 27% of companies do not have an employee awareness training program in place.
- That figure drops to 20% for companies with less than 2,000 employees.

Wells Fargo’s Dena Cusick heads the company’s insurance technology sector. She said, “While companies recognize the need for cyber security and data privacy insurance, purchasing coverage is not a complete solution. It’s also important to recognize that other factors, including testing incident response plans, employee awareness training and following established privacy policies, are all critical components of an overall risk management program.”

High rates and troubles accessing insurance aside, insurance guru Robert Gordon of the Property Casualty Insurers Association of America (PCI) says the future is quite bright for the cyber line of insurance. He predicts business will quadruple in the next four years.

“The market is innovating so rapidly in this area and it’s a great opportunity for insurers to bring a wealth … of protection when a loss happens, [and to encourage] companies to have the right sorts of standards to protect themselves and to mitigate losses,” he said.

Munich Re’s Gerry Skalka agrees and said currently the premiums run $2.75 billion yearly with 90% of that written in the U.S. He predicts growth to $7.5 billion to $10 billion by 2020-2021.

*Source links: Two from Insurance Business America — Link 1 and Link 2*
Senate Republicans are going to push for the repeal of the Affordable Care Act. Under a Senate parliamentary maneuver the Byrd Rule, debate will be done without the threat of filibuster by the Democrats.

Not only that, but under the same ruling by the Senate parliamentarian, defunding Planned Parenthood can be a part of the repeal package. This question needed answering because the House repeal bill — which the Senate will have to reconcile — included no funding for Planned Parenthood.

A yes vote on repeal is not a given. No Democrat is going to vote for it and some Republicans — Alaska Sen. Lisa Murkowski, Sen. Susan Collins of Maine and Illinois’ Sen. Mark Kirkal — aren’t so sure they want to defund Planned Parenthood. That may give Senate Majority Leader Mitch McConnell problems. There are 54 Republicans in the Senate and only three votes can be lost and still pass the repeal so he needs to be careful.

If McConnell was to do away with the Planned Parenthood aspect and not tie it to the ObamaCare repeal, the repeal yes vote would be a certainty.

Meanwhile, there is very little controversy over repealing ObamaCare’s Cadillac tax. More Democrats are piling onto the nay side of the equation. Sen. Dick Durbin of Illinois — the number two Senate Democrat — said, “The conversation is very much alive, and I don’t know if it will be done this year or next year.”

Senate Finance Committee Chairman and Utah Republican Orin Hatch is pleased more Democrats are on board for repeal. “All I can say is there is support on both sides to get rid of the Cadillac tax. But the Democrats, of course, are the ones that hung us with it. Now that they’re finding that the unions are all upset about it, they want to change it.”

The problem with repeal — Durbin said — is making up the $87 billion that will be lost over the next decade if the tax isn’t enacted. ■

Source links: Two stores from The Hill — Number 1 and Number 2

OBAMACARE: The Honeymoon is Over

The Affordable Care Act is in trouble — and it’s not just from Republicans in Congress who continue to push for repeal. Consumers are concerned, some insurers are talking about jumping ship and another co-op is shutting down.
On the consumer front, Health and Human Services (HHS) Secretary Sylvia Matthews Burwell is tweaking how it gets information to people on premium costs, what they get for what they spend and how to best pick a plan.

Or to put it more succinctly, it’s premium costs added to out of pocket costs for — hopefully — a clearer picture.

“Many people came into the system very focused on premium only, and then learned about total cost. We think total cost is important, and we’ve been driving the consumer to understand that,” Burwell said.

Consumers are confused but insurers are not. UnitedHealth only has a little over 500,000 of the 9.9 million signed up for ObamaCare and it is looking at exiting the market. Losses are the reason says CEO Stephen Hemsley. He notes — and other health insurers do, too — that people signing up for insurance, having their health care needs met, and then dumping the insurance.

Hemsley predicts $275 million in losses in the fourth quarter of this year alone and $500 million in losses for 2016. “We cannot sustain these losses. We can’t really subsidize a marketplace that doesn’t appear at the moment to be sustaining itself,” he said.

Aetna’s CFO Shawn Guertin agrees. He said people are “staying for only a few months and then dropping again, and obviously getting service along the way.”

However, both Aetna and Anthem say they’ll be patient and will continue to wait for the business promised by the Affordable Care Act — and the Obama administration — to materialize. Aetna CEO Mark Bertolini said, “It’s way too early to call it quits on the ACA and on the exchanges. We view it still as a big opportunity for the company.”

Yet, Aetna — like UnitedHealth — is dropping the number of states it serves in 2016 from 17 to 15.

Here’s the bottom-line says Wells Fargo analyst Peter Costa: UnitedHealth, Aetna and Anthem are losing money on ObamaCare. “We believe UnitedHealth’s commentary that it would only participate in this market in 2017 if it expected to at least break even for the year is indicative of the mindset of many insurers. We expect that the experience of insurers will either improve in 2017 and beyond, or they will choose to no longer participate in the market.”

America’s Health Insurance Plans president Marilyn Tavenner said the administration needs to address the problem — and address it now. Payouts for claims are 13% less than what the administration promised insurers so — she says — it’s no wonder there is concern.

And the administration’s promise of making it up in the future isn’t setting well with insurers either. “We’ve been very clear with the administration about the serious challenges facing consumers and health plans in this exchange market. When health plans cannot rely on the government to meet its obligations, individuals and families are harmed as a result. The Administration must act to ensure this program works as intended and consumers are protected,” she said.

Meanwhile, another ObamaCare co-op is closing its doors. Arizona’s Meritus Health Partners joins 12 others that have closed this year and the total closures is now 13 of the 23.

And it leaves 59,000 Arizonans without health insurance.

Source links: Insurance Business America, MSN Money, Insurance Journal, Employee Benefit News
Professional Insurance Agents NE IA and The National Alliance held Nebraska’s 36th Annual Conferment Ceremony

Professional Insurance Agents NE IA along with The National Alliance held Nebraska’s 36th Annual Conferment Ceremony on November 12, 2015. The reception took place at the Embassy Suites La Vista/Omaha Hotel in West Omaha and recognized those in Nebraska who earned their CIC & CRM designation within the past year. There were 16 CICs who earned their designation, making 293 CICs statewide. There are 10 CRM designees in Nebraska with the addition of one more conferred this year. The ceremony began with a welcome and introduction from PIA NE IA President, Michael Bowman of Omaha Insurance Services and CIC NE Education Committee member Mark Suhr, CIC, reading the conferee’s names. Five CICs along with one CRM were in attendance at the ceremony and received their pins from David Mathias, CIC, LUTCF, Education Consultant for the State of Nebraska. PIA NE IA is looking forward to another successful year of institutes and a new group of conferees for 2016.
36th Annual Nebraska CIC Conferment Ceremony

CIC Conferees

Ms. Tracy J. Abbott, CIC, CISR
Unico Group, Inc.
Lincoln, NE

Ms. Deanne E. Gosda, CIC, CISR
Ryder-Rosacker-McCue & Huston
Grand Island, NE

Ms. Jessica E. Greenwald, CIC
INSPRO Insurance
Lincoln, NE

Ms. Heather Hadenfeldt, CIC
Pathway Insurance
Cairo, NE

Mr. Ryan Hedden, CIC
Ryan Hedden State Farm, LLC
Omaha, NE

Ms. Kelly Heithoff, CIC, CISR
Silverstone Group
Omaha, NE

Ms. Amy Jo Mason, CIC
Quinn Insurance
Omaha, NE

Mr. Jacob A. Millard, CIC
Nationwide Insurance
Lincoln, NE

PIA NE IA President Mike Bowman welcomes conferee’s and guests.
Ms. Jessica L. Northrup, CIC, CISR
Ellerbrock-Norris Insurance
Hastings, NE

Ms. Janel Lee Odenbach, CIC, CISR, FLMI
Inspro Insurance
Lincoln, NE

Ms. Jami Renee Ortegren, CIC, CISR
Ellerbrock-Norris Insurance
Hastings, NE

Ms. Julia Ann Richt, CIC
Inspro Insurance
Lavista, NE

Mr. Harold Burton Spivey, CIC
Forsyth Insurance
Lincoln, NE

Ms. Cori Lyn Steinhoff, CIC, CISR
Quinn Insurance, Inc.
Omaha, NE

Ms. Randi Wagner, CIC, CISR
Silverstone Group
Omaha, NE

Ms. Samuel James Phillips, CIC
Allied
Lincoln, NE

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National CIC Statistics
Total Participants: 64,652
Total Designated: 30,405

Nebraska CIC Statistics
Total Participants: 718
Total Designated: 293
CICs Conferred Today: 16

National CRM Statistics
Total Participants: 20,323
Total Designated: 3,853

Nebraska CRM Statistics
Total Participants: 85
Total Designated: 10
CRMs Conferred Today: 1

6th Annual Nebraska CRM Conferment Ceremony

CRM Conferees
Mr. David G. Pincock, CIC, CRM
Union Pacific Railroad
Omaha, NE

6th Annual Nebraska CRM Conferment Ceremony

Mr. David G. Pincock, CIC, CRM
Union Pacific Railroad
Omaha, NE

6th Annual Nebraska CRM Conferment Ceremony

Mr. David G. Pincock, CIC, CRM
Union Pacific Railroad
Omaha, NE

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Please join us for...

PIA’s Annual Holiday Party!

*Wednesday, December 9th, 2015
4:30PM - 8:00PM
**Follows Holiday Board Meeting**

Champions Run
13800 Eagle Run Drive

Please bring a new unwrapped gift.
A Marine will be present to accept the gift for “Toys for Tots”
and raffle off an Autographed Husker Football.
** Raffle Tickets 2/$10 or 5/$20.

$20 member/non-member
(Includes a drink ticket and heavy hors d’oeuvres)

**Spouses, Guests & Office Staff are all invited. Please RSVP by December 2, 2015.

Name of Attendee(s) ____________________________________________

Card Number _______________ Expiration ______

Name on Card ____________________________________________________

Signature _______________________________________________________

920 S 107th Ave, Ste 305, Omaha, NE 68114
www.pianeia.com - 402-392-1611
Contact Kate with questions: frontdesk@pianeia.com
## Upcoming Events Calendar 2014-2015

For information and to register [Click Here](#) or call (402) 392-1611.

<table>
<thead>
<tr>
<th>Date</th>
<th>Class/Webinar</th>
<th>Where</th>
<th>When</th>
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<tbody>
<tr>
<td>November 5, 2015</td>
<td>CISR: Agency Operations</td>
<td>Davenport</td>
<td>Saint Ambrose University</td>
</tr>
<tr>
<td>November 12, 2015</td>
<td>2015 Nebraska CIC, CRM, CSRM Conferment Lucheon</td>
<td>La Vista</td>
<td>Embassy Suites Omaha - La Vista</td>
</tr>
<tr>
<td>November 18, 2015</td>
<td>CISR: Insuring Personal Residential Property</td>
<td>Des Moines</td>
<td>Hilton Garden Inn Des Moines/Urbandale</td>
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<tr>
<td>November 19, 2015</td>
<td>Words Mean Things &amp; Insurance is a Foreign Language</td>
<td>NE/IA</td>
<td>Webinar 12:00 PM - 3:00PM</td>
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<tr>
<td>December 3, 2015</td>
<td>Get in the Ring: A look at Property Claims, Fights, &amp; Decisions</td>
<td>NE/IA</td>
<td>Webinar 12:00 PM - 3:00PM</td>
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<tr>
<td>December 7, 2015</td>
<td>The Ever-Evolving Affordable Health Care Act</td>
<td>NE/IA</td>
<td>Webinar 12:00 PM - 3:00PM</td>
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<tr>
<td>December 8, 2015</td>
<td>Ethics for Insurance Professionals</td>
<td>NE/IA</td>
<td>Webinar 1:00 PM - 4:00PM</td>
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<tr>
<td>December 10, 2015</td>
<td>Seven Ways to get Sued and How to Avoid Them</td>
<td>NE/IA</td>
<td>Webinar 12:00 PM - 3:00PM</td>
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<tr>
<td>December 15, 2015</td>
<td>CyberMaster: Recognizing &amp; Insuring Digital Assets &amp; Electronic Risk</td>
<td>NE/IA</td>
<td>Webinar 12:00 PM - 3:00PM</td>
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<tr>
<td>December 16, 2015</td>
<td>CHAOS: Contracts, Hold Harmless, Additional Insureds and Other Stuff</td>
<td>NE/IA</td>
<td>Webinar 12:00 PM - 3:00PM</td>
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<tr>
<td>December 17, 2015</td>
<td>Ethics: Taking it to the Streets</td>
<td>NE/IA</td>
<td>Webinar 3:00 PM - 6:00PM</td>
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<tr>
<td>Feb 24 - 26, 2016</td>
<td>CIC: Commercial Casualty Institute</td>
<td>Omaha</td>
<td>Double Tree</td>
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<tr>
<td>Feburary 11, 2016</td>
<td>CISR: Commercial Casualty 1</td>
<td>West Des Moines</td>
<td>LaMair - Mulock - Condon Insurance (LMC)</td>
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<tr>
<td>Feburary 18, 2016</td>
<td>CISR: Commercial Casualty 1</td>
<td>Cedar Rapids</td>
<td>Kirkwood Continuing Education Training Center</td>
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<tr>
<td>Event Date</td>
<td>Event Title</td>
<td>Venue</td>
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<td>February 25, 2016</td>
<td>CISR: Insuring Personal Auto Exposures</td>
<td>Des Moines</td>
<td>Hilton Garden Inn Des Moines/Urbandale</td>
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<tr>
<td>March 29, 2016</td>
<td>CPIA 1: Position for Success</td>
<td>TBA</td>
<td>TBA</td>
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<tr>
<td>March 30 - April 1, 2016</td>
<td>CIC: Personal Lines Institute</td>
<td>West Des Moines</td>
<td>Holiday inn &amp; Suites</td>
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<tr>
<td>April 13 - 15, 2016</td>
<td>CIC: Life &amp; Health Institute</td>
<td>Lincoln</td>
<td>Marriott Courtyard</td>
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<tr>
<td>April 21, 2016</td>
<td>CISR: Agency Operations</td>
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<td>Kirkwood Continuing Education Training Center</td>
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<tr>
<td>April 26, 2016</td>
<td>CISR: Personal Lines Miscellaneous</td>
<td>Davenport</td>
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<tr>
<td>April 28, 2016</td>
<td>CPIA 1: Position for Success</td>
<td>Omaha</td>
<td>Hilton Garden Inn Omaha</td>
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<td>May 17, 2016</td>
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<td>May 18 - 20, 2016</td>
<td>CIC: Commercial Casualty Institute</td>
<td>Cedar Rapids</td>
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<tr>
<td>May 24, 2016</td>
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<td>Des Moines</td>
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<td>June 16, 2016</td>
<td>CISR: Insuring Commercial Property</td>
<td>West Des Moines</td>
<td>LaMair - Mulock - Condon Insurance (LMC)</td>
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<tr>
<td>June 22, 2016</td>
<td>CISR: Agency Operations</td>
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<td>July 20 - 22, 2016</td>
<td>CIC: Life &amp; Health Institute</td>
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<td>July 6 - 8, 2016</td>
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<td>CPIA 2: Implement for Success</td>
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<td>August 23, 2016</td>
<td>CISR: Insuring Personal Auto Exposures</td>
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<td>September 28- 30, 2016</td>
<td>CIC: Agency Management Institute</td>
<td>Cedar Rapids</td>
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<td>October 6, 2016</td>
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<td>October 12, 2016</td>
<td>CPIA 3: Sustain Success</td>
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<td>Oct 12 - 14, 2016</td>
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<td>November 16 - 18, 2016</td>
<td>CIC: Commercial Property Institute</td>
<td>West Des Moines</td>
<td>Holiday Inn Hotel &amp; Suites</td>
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ssuhr@aicinvest.com

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* PIA National membership, when required, must be current at all times
** No minimum participation required
*** Benefits subject to a pre-existing condition limitation

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.
Underwritten by Unimerica Insurance Company, Association Administrative Address, P.O. Box 17828, Portland, ME 04112-8828, under Policy Form ADI-4001-A (UIC).
Insurance Program Administered by Lockton Risk Services.