Strategies To Dramatically Improve Account Retention And Write Substantially More New Business Than Ever Before!

THE ULTIMATE ON-SITE TRAINING PROGRAM FOR SALES PROFESSIONALS AND UNDERWRITERS

This Innovative Training Program Will Show You Over Three Dozen Highly Effective Cost-Reduction And Health Plan Design Strategies That Will Enable Your Clients To Dramatically Reduce Their Health Plan Costs. This Will Result In Substantially Improved Sales Results For Your Company!

Proudly Presented By Scott M. Snow, FSA of S. M. Snow & Associates

Introduction

The vast majority of employers that switch health insurers do so because they feel that their health plan costs are excessive and their current health insurer isn't doing enough to help them reduce and control their health plan costs. Unfortunately, the most common "cost-reduction" advice that employers receive from health insurers is to increase their deductibles, copays, and out-of-pocket maximums which doesn't result in actual "cost reduction". It merely shifts some of the costs from the employer to their employees. Employers are in dire need of highly effective cost-reduction strategies as well as innovative benefit design strategies that will significantly reduce their health plan costs.

Any health insurer that gains the reputation of being an insurer that proactively provides their clients with invaluable cost-reduction advice and innovative benefit design strategies that significantly reduce their health plan costs will experience dramatically improved account retention and will also write substantially more new business than they have ever written in the past! Check out the detailed agenda of this innovative one-day training program and you'll see why this program is BY FAR the most comprehensive and worthwhile training program in the industry!

NOTE: This training program focuses on large groups that are either fully-insured, experience-rated, or self-funded.

About The Instructor And His Company

Scott M. Snow, FSA is the sole presenter throughout this training program. He is a Fellow of the Society of Actuaries and the President of S. M. Snow & Associates. Mr. Snow is an industry expert with nearly fifty years of experience regarding employer-sponsored health plans. During the past twenty five years, he's worked tirelessly on creating a wide variety of highly effective cost-reduction strategies for health insurers and employers.

During the first thirteen years of his career, he worked for a variety of health insurance companies where he specialized in the underwriting, plan design, and pricing of employer-sponsored health plans. In 1989, Mr. Snow founded S. M. Snow & Associates which started out as an actuarial consulting firm that provided services to health insurance companies and large employer groups. In 1995, his company discontinued its consulting services to devote 100% of its time to designing and conducting **the MOST COMPREHENSIVE AND WORTHWHILE seminars and on-site training programs in the industry**. Since then, Mr. Snow has conducted over 200 seminars and nearly 100 on-site training programs and has trained over thirteen thousand people (i.e., sales professionals, brokers, underwriters, actuaries, consultants, and employee benefits managers). The enormous success that we've enjoyed over the years is due to the **unsurpassed quality** of our seminars and on-site training programs.

Mr. Snow is an extremely effective communicator and presents complicated subject matter in an engaging and understandable manner. Although this is a lecture-style training program, attendees can ask questions at any time since we've made allowances within each module for Q&A and for group discussions.

Our Website

For additional information, visit our website at **https://www.sms-seminars.com**.

Contact Information

If you have any questions regarding our on-site training programs, or if you would like us to provide you with a quote, our phone number is **(843) 999-3038** and our email address is **info@sms-seminars.com**.

Agenda

8:30 INTRODUCTORY REMARKS / PROGRAM OVERVIEW

8:35 A BRIEF EXAMINATION OF THE 12 BIGGEST REASONS WHY HEALTH PLAN COSTS ARE SO INCREDIBLY HIGH AND WHAT NEEDS TO BE DONE TO MINIMIZE OR ELIMINATE EACH OF THESE 12 PROBLEM AREAS

Over the past 50 years, health plan costs have risen more than twice as fast as the general rate of inflation. Also keep in mind that 50 years ago, everyone had "first dollar" coverage. These days, employer health plans have large deductibles, co-pays, and huge out-of-pocket maximums. Employers are in dire need of highly effective cost-reduction advice and any health insurer that proactively provides this advice to them will dramatically improve their account retention and their ability to write new business.

- How Politicians And The Regulations They Passed Over The Past 40 Years Have Substantially Increased Health Plan Costs
  - Examples Of What Politicians Did That They Shouldn't Have Done
  - Examples Of What Politicians Should Have Done, But Didn't
- The Lack Of Price Transparency And Quality Ratings Of Medical Providers
- Skyrocketing Prescription Drug Costs
- Health Plan Affordability Among Low-Paid Employees
  - If They Do Enroll In Their Employer's Health Plan, Many Covered Members Will Postpone Or Forego Needed Medical Care Due To The High Amount Of Cost-Sharing They Face Which Often Times Leads To Serious Medical Problems Down The Road. Many Of These Low-Paid Employees Are Also Only One Semi-Serious Medical Problem Away From Bankruptcy Due To Their Large Cost-Sharing Requirement!

- The High Frequency Of Patients Whose Medical Conditions Are Misdiagnosed
- The Very Concept Of Health Insurance Is Problematic In Many Ways. The Hard Work That's Required To Make It As Cost-Effective As Possible.
- The Huge Amount Of Uncompensated Care Generated By The Uninsured And The Underinsured That Those With Health Insurance End Up Paying For
- The Costly Attitudes Of People Regarding Their Health, Their Lifestyle, And How They View And Use Their Health Plan
- Innovations In Medical Technology
- The Enormous Cost Of Drug Overdoses And Rehab Programs
- Employees Enrolling People In Their Employer's Health Plan That Aren't Eligible Dependents
- The Explosion In Chronic Health Disease
  - Shocking Statistics That Demonstrate The Severity Of This Problem
  - Our Poisoned Food Supply
  - Additional Contributing Factors

9:25 AN EXAMINATION OF SINGAPORE'S MAGNIFICENT HEALTH PLAN FOR THEIR CITIZENS AND THE EXTREMELY EFFECTIVE STRATEGIES THAT THEY USE TO DRAMATICALLY REDUCE AND CONTROL THEIR HEALTH PLAN COSTS. WHY AREN'T HEALTH INSURERS AND EMPLOYERS IN OUR COUNTRY USING THESE EXCELLENT STRATEGIES?

Virtually every industry expert raves about Singapore's healthcare system and their national health plan. Their health plan costs are only about 25% of the health plan costs in America, and the quality of care in Singapore is vastly superior to what exists in our country. Singapore has also been able to totally avoid all 12 of the biggest cost problems that our country struggles with! Virtually every international study of healthcare systems has ranked Singapore #1 in the world or close to it. Besides having a life expectancy that's 7 years higher than what it is in the United States, Singapore also greatly outperforms the United States regarding every other healthcare metric.

Singapore's national health plan could never be replicated in the United States for many reasons. However, when it comes to reducing and controlling their health plan costs, Singapore does an incredible job.

- The Major Differences Between Singapore's National Health Plan And A Typical Employer Health Plan In The United States
- The Five Objectives Of Singapore's Healthcare System And Their Health Plan
  - Promoting Good Health Among Their Citizens
  - Making Individuals Take Responsibility For Their Own Health
  - Providing Excellent And Affordable Medical Services To All Singaporeans [NOTE: Over 40% Of The Bankruptcies In The United States Are "Medical" Bankruptcies. Singapore Has NONE!]
  - Stimulating Competition Among All Medical Providers (i.e., Price Transparency & Quality Ratings)
  - Directly Intervening In The Healthcare System If Costs Are Increasing Too Fast
- The Impressive Way In Which Singapore's National Health Plan Is Funded
  - Each Employee Is Required To **Contribute X% Of Their Salary** Into Their Personal MediSave Account WHICH THEY OWN
  - The Employer Must Also **Contribute Y% Of The Employee's Salary** Into The Employee's MediSave Account
  - The Government Gives Subsidies To People To Help Them Pay For Their (Or A Family Member's) Medical Expenses. The Person Must Pay Whatever Is Left Over Using Money From Their MediSave Account.
  - The Government Also Adds Money To The Medisave Accounts Of **Low-Income People** Fairly Regularly, And They Also Incorporate "Needs-Based Testing" In Some Instances To Make Sure That Every Singaporean Can Afford To Get The Medical Care They Need
- The Amount Of The Subsidy The Government Gives To A Person **Depends On How Cost-Conscious The Person's Medical Care Decision Was Regarding "Shoppable" Medical Care**:
  - The Type Of Medical Care They Received (i.e., Inpatient Care, Outpatient Surgery, Office Visit, Etc.), And Where It Was Received
  - Those That Make A Cost-Conscious Medical Decision Receive A Very Large Subsidy. Those That Don't Will Receive A Much Smaller Subsidy, Or No Subsidy At All In Some Cases.
  - People Know What Their Cost Will Be Before The "Shoppable" Medical Service Is Received
- We'll Show You How Singapore Has Totally Avoided Each Of The 12 Biggest Cost Problems That We Have In Our Country

NOTE: Slightly Modified Versions Of The Most Impressive Cost-Reduction And Cost-Control Strategies That Singapore Uses Are Reflected In The Next Four Modules Along With Many Of Our Other Strategies. Health Insurers And Employers In Our Country Should Seriously Consider Using These Strategies!

10:25 Break

10:40 ELIMINATING THE "EVER-GROWING PROBLEM" THAT EVERY EMPLOYER IS FACING: HEALTH PLAN AFFORDABILITY AMONG LOW-PAID EMPLOYEES

*An employee's total outlay regarding their health plan has been increasing much faster than their wages have during the past 50 years. How can low-paid employees afford to pay the same deductibles, co-pays, out-of-pocket maximums, and employee contributions that highly-paid employees pay year after year? Health insurance is a **necessity for everyone**, not a luxury. Unfortunately, becoming uninsured is the only option for many low-paid employees. Even if a low-paid employee actually does enroll in their employer's health plan, many of these employees and their dependents will postpone or forego needed medical care due to their large cost-sharing requirements which can lead to huge medical problems later on. Even if a semi-serious medical problem arises, and the health plan's deductible and out-of-pocket maximum are high, medical bankruptcy is a very real possibility.*

As of 2024, 34% of large employers were trying to solve their "low-paid employees" problem but all of the strategies they were using only reduced the problem somewhat. We'll show you how an employer can virtually eliminate the problem!

- How Having The "Same Health Plan For All Employees" Is Failing Employers And About Half Of Their Employees
  - The Three Atrocious Options That Most Low-Paid Employees Have
- The Various Ways That "Employee Classes" Can Be Defined That Are Correlated With Employee Income (Low-Paid, Moderately-Paid, And Highly Paid)
- We'll Illustrate Three Strategies That Address The Affordability Problem. Each Of These Strategies Benefits Low-Paid Employees At The Expense Of High-Paid Employees.
  - Strategy 1: The Employer Has One Health Plan, But The Employee Contributions Vary By "Employee Class"
  - Strategy 2: The Employer Has Three Health Plans, One For Each "Employee Class". The Deductibles, Co-Pays, And Out-Of-Pocket Maximums Differ For Each Plan. However, The Employee Contributions Are The Same For All Employees.
  - Strategy 3: The Employer Has The Same Three Health Plans As Described In Strategy 2, But In This Strategy, The Employee Contributions For Each Plan Also Vary By "Employee Class". Why This Strategy Is Vastly Superior To Strategies 1 And 2.

11:20 HOW AN EMPLOYER CAN DEVELOP EMPLOYEE CONTRIBUTION AMOUNTS THAT TREAT EACH EMPLOYEE AS FAIRLY AS POSSIBLE IN LIGHT OF THE EMPLOYEE'S FAMILY SIZE AND FAMILY COMPOSITION. HOW THIS ALSO RESULTS IN SIGNIFICANTLY LOWER HEALTH PLAN COSTS FOR THE EMPLOYER.

We'll examine an employer that currently has a 3 tier plan (i.e., individual, two person, and 3 or more people). The employee's contribution amount only varies depending on the number of family members that are in the health plan. The employee's contribution is the same whether the employee's spouse is in the health plan or not.

Starting next year, this employer will have a 5 tier plan (i.e.,

individual, two person, three people, four people, and 5 or more people) instead of the 3 tier plan. As with the 3 tier plan, the employee contribution will vary based on the number of family members that are in the health plan. However, in the 5 tier plan, the employee's contribution amount will also vary depending on whether the employee's spouse is in the health plan or not. This is because a dependent child usually costs 60%-65% of what a spouse costs. The 5 tier plan (with subclasses within each rating tier) treats employees considerably more fairly than their 3 tier plan (without subclasses) did. It also results in significantly lower costs for the employer as time passes.

- Four Not-So-Obvious Reasons Why 2 Or 3 Tier Plans Cost Employers Significantly More Than 4 Or 5 Tier Plans Do
- We'll Estimate What The Employee Contributions Would Be Next Year Under The 5 Tier Plan As Well As What They'd Be If The Employer Kept Their Unsophisticated 3 Tier Plan In Place
- The Advantages The 5 Tier Plan Has Over The 3 Tier Plan:
  - Smaller Than Average Size Families Will Pay Less, And Larger Than Average Size Families Will Pay More
  - Employees With The Same Size Families Will Pay Less If They Don't Have Their Spouse In The Health Plan, And They'll Pay More If They Do
  - Several Additional Advantages
- Why The Average Family Size Of Families That Opt Out Increases Greatly As The Number Of Rating Tiers Increases
- How The Employer's Health Plan Costs Will Decrease Significantly, And Why Their Savings Will Increase Over Time

12:00 Lunch Break

1:00 INNOVATIVE STRATEGIES THAT DRAMATICALLY REDUCE THE COST OF PRESCRIPTION DRUG COVERAGE

Today's prescription drug costs are approximately 250 times (not a typo!) what they were fifty years ago. In this module, we'll examine a wide variety of highly effective strategies that can be used to dramatically reduce the cost of specialty drugs and non-specialty drugs.

- The Unholy Alliance Between DC Politicians, Lobbyists, Pharmaceutical Companies, And The FDA That Has Existed For Decades Which Has Resulted In Outlandish Costs For Prescription Drugs
- An Update On President Trump's "Most Favored Nation" Executive Order
- How A **SPECIALTY DRUG (SD)** Is Defined
- Examples Of The Mind-Blowing Costs Of Some SDs
- A Few Of The Cost-Reduction Challenges Regarding SDs
  - SDs Funded Under The Medical Benefit
  - The Cost To Administer A SD Varies By Site
- We'll Examine Four Highly Effective Cost-Reduction Strategies Regarding SDs That Should Be Part Of The Prior Authorization Process
- The Three Health Plan Features That Best Control SD Costs
- Reducing The Cost Of GLP-1 Drugs
  - Who Should Be Eligible For These Drugs
  - Studies That Reveal What Happens To A Person's Weight When They Stop Taking GLP-1 Drugs
  - Is Offering GLP-1 Drug Coverage Cost Effective?
- We'll Examine **Three Extremely Effective Financial Incentive Strategies** That An Employer Can Use To Get Employees And Dependents To Use GoodRx And SingleCare To Buy Their **SD In Those Instances Where The Patient And The Employer Can BOTH Save A Lot Of Money**. (This Also Applies to Non-SDs)
  - The Patient Pays Substantially Lower Out-Of-Pocket Costs
  - The Employer Enjoys Massive Savings
- AN ACTUAL CASE STUDY: Susan Needs A Very Expensive Self-Injectable That She Must Administer Daily For Two Years. She Has A 28% Coinsurance For SDs And An Out-Of-Pocket Maximum Of $6,000 For SDs. The Average Retail Price Of This SD Is About $5,400/Month, But Her Health Plan's Cost Is Somewhat Lower. For This Particular Specialty Drug, HUGE SAVINGS Will Result If It's Purchased Through GoodRx.
  - If Her Employer Had The Best Financial Incentive Strategy (Of The Three That We Just Examined) To Encourage People To Use GoodRx, We'll Show You:
    - How Susan Would Save About $6,800 Over The Two Year Period
    - How Her Employer Would Save About $75,000 Over The Two Year Period For This One Prescription
- Assigning **NON-SPECIALTY DRUGS** To Drug Tier #1, #2, Or #3
- How The Number Of Scripts And Total Drug Costs Are Typically Distributed By Drug Tier
- Why Many People Prefer Brand Name Drugs Over Generics
  - Psychology 101
  - Results Of An Interesting Johns Hopkins Study
  - How To Get People To Embrace Generics
- Getting More People To Take A Generic Drug If One Is Available
  - THE MOST AGGRESSIVE STRATEGY: Require People To Take A Generic Drug If One Is Available. If They Don't, They'll Pay A Very Substantial Co-Pay
    - The Two Exceptions To This Policy
    - We'll Show You The Huge Savings That Result Here
  - TWO LESS AGGRESSIVE STRATEGIES That Result In Lower But Very Significant Savings
  - Why The Degree Of Savings Achieved Here Is Impacted By The State You're In
- A Strategy To Encourage People To Take A Tier 2 Drug Instead Of A Tier 3 Drug Whenever A Tier 1 Drug Isn't Available

2:15 "SHOPPABLE HEALTH PLANS": AN INNOVATIVE HEALTH PLAN DESIGN THAT ENCOURAGES EMPLOYEES AND DEPENDENTS TO CHOOSE "HIGH-QUALITY VALUE-ORIENTED" MEDICAL PROVIDERS FOR THEIR "SHOPPABLE" MEDICAL SERVICES

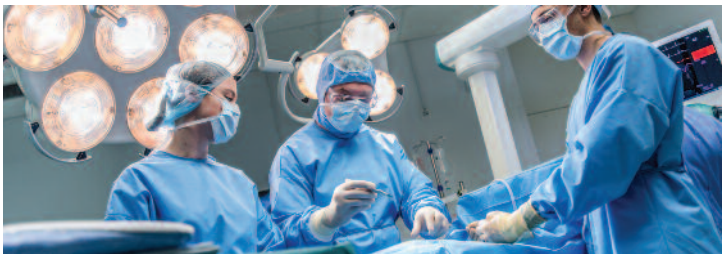
*Scheduled inpatient care, pricey diagnostic tests, and outpatient surgical procedures are considered to be "shoppable" medical services. These non-urgent services represent approximately HALF of all health plan costs. When employee cost-sharing is the same regardless of which medical provider is chosen by the employee or dependent, **THEY WON'T CARE** where they'll go for their scheduled inpatient care, **THEY WON'T CARE** where they'll have their outpatient surgical procedure performed, and **THEY WON'T CARE** where they get their MRI or stress test. In this module, we'll describe a health plan where each medical provider is assigned to a provider tier based on two considerations: The medical provider's "quality of care" rating is the primary consideration, while the cost of the care is secondary. **Employee cost-sharing for "shoppable" medical services varies substantially** depending on which provider tier their medical provider is in. Since employees and dependents know which tier their medical provider is in and what their out-of-pocket expense will be before they receive care, they'll be strongly encouraged to use tier 1 providers, and they'll be strongly discouraged from using tier 3 providers. The result is higher quality care at a lower cost.*

- Why Conventional Health Plan Designs (i.e., High Deductibles With Large Out-Of-Pocket Maximums) Are Problematic
  - Covered Members Are Unable To Identify High-Quality Value-Oriented Medical Providers
  - Covered Members Often Times Postpone Or Forego Medically Necessary Care (Including Preventative Care) Due To The Large Cost-Sharing Required
- The Benefits Of A "Shoppable" Health Plan:

- Higher Quality Care
- Much Lower Out-Of-Pocket Costs For Employees And Dependents
- Substantially Lower Health Plan Costs For The Employer Regarding "Shoppable" Medical Services

- How A "Shoppable" Health Plan Is Designed
  - Why Deductibles Aren't Needed In A "Shoppable" Health Plan. This Strongly Encourages People To Seek Preventative Care And Also Obtain Medically Necessary Care.
  - The Vast Majority Of Medical Services Involve Significant Co-Pays That Vary Substantially Depending On Which Tier A Medical Provider Is Assigned To. This Strongly Encourages Covered Members To Use High-Quality Value-Oriented Medical Providers (Tier 1) And Strongly Discourages Them From Using Tier 3 Providers
  - An Illustration Of What The Co-Pays Could Look Like For Each Medical Provider Tier
    - For Scheduled Inpatient Admissions
    - For Outpatient Surgery
    - For Costly Diagnostic Tests
    - For Primary Care Physicians And Specialists
- Complications That Arise When Someone Shops For "Shoppable" Medial Care
  - The Education That Employees And Dependents Need. Also Showing Them How To Use The "Shoppable" Health Plan Website.
  - Other Complications
- A Brief Overview Of A "Shoppable" Health Plan That A Major Insurer Currently Markets To Employers Across The Country That Have A Fully-Insured, Experience-Rated, Or A Self-Funded Plan
  - Statistics That This Insurer Touts Regarding Their "Shoppable" Health Plan's Success
  - Patients Can Check Costs, Coverage, And Treatment Options Online Before Scheduling Their "Shoppable" Medical Care
  - Reported Results Of A Study This Insurer Conducted Regarding The Success That Their Customers Achieved

2:50 Break



3:05 USING INCENTIVES AND DISINCENTIVES TO GET MORE EMPLOYEES TO ENROLL IN THEIR WORKING SPOUSE'S HEALTH PLAN (i.e., OPT OUT)

For a typical employer, most of their married employees have a working spouse that has access to a health plan where they work. So, these families can either enroll in the husband's health plan, or they can enroll in the wife's health plan. The vast majority of employers feel that "fairness dictates" that ***ONLY HALF*** *of these families should be in their health plan, with the other half opting out. If an employer has a generous health plan (i.e., an employer contribution of 80% or higher with deductibles, co-pays, and an out-of-pocket maximum that are lower than average), THE VAST MAJORITY (OR NEARLY ALL) OF THESE FAMILIES that have two health plans to choose from will choose the generous employer's health plan. Having a huge number of "extra" families in a health plan is extremely unfair to the employer and it can result in an "extra cost" for the employer that's as much as 35% of total health plan costs which is* ***AN ENORMOUS COST PROBLEM!*** *In this module we'll show you a wide variety of strategies that an employer can use to dramatically reduce or nearly eliminate this huge cost problem. (Obviously, even non-generous employers can use these strategies to get more of their employees to opt out if they so choose.)*

- Designing An Employee Questionnaire That Will Identify Those Employees That Have A Working Spouse That Has Access To A Health Plan Where They Work
  - How To Minimize The Number Of Employees That Won't Be Truthful

  [**NOTE:** In The CASE STUDIES That Follow, We'll Examine Employer XYZ's Enrollment And Cost Data Which Reveals That They Are Covering 90% Of Those Families Where The Employee Has A Working Spouse With Access To A Health Plan Where They Work. This Employer's Total Health Plan Costs Are 30% Higher Than They Would've Been If They Only Covered 50% Of These Families Which Would Be Their "Fair Share". This Employer Will Be Implementing One Of The Following Strategies Next Year To Dramatically Reduce Or Nearly Eliminate This Huge Cost Problem.]
- **STRATEGY #1:** BANNING THE WORKING SPOUSES OF EMPLOYEES FROM THE HEALTH PLAN IF THEY HAVE ACCESS TO A HEALTH PLAN WHERE THEY WORK
  - **CASE STUDY:** We'll Show You The Cost Savings That Employer XYZ Will Achieve Here. How These Savings Vary Substantially If The Workforce Is Predominately Male Or Predominately Female. Situations Where The Employee And Children Will Join The Spouse In His/Her Health Plan.
- **STRATEGY #2:** OFFERING CASH INCENTIVES
  - Situations Where An Employer Shouldn't Consider A Cash Incentive Strategy
  - How These Strategies Work And How They Should Be Administered
  - How Much Money Should An Employer Offer An Employee To Opt Out?
    - The Mistakes That The Vast Majority Of Employers Make Here

  [**NOTE:** We'll Provide You With A Template That You Can Use To Estimate The Cost Savings That Will Be Achieved In The Case Studies Throughout The Rest Of This Module.]
  - **CASE STUDY #1:** The Approximate Cost Savings That Employer XYZ Will Achieve If They Offer A Cash Incentive Amount Of $667/Month (i.e., $8,000/Year). How Much The Savings Will Diminish If The Employer Offers $333/Month (i.e., $4,000/Year).
  - **CASE STUDY #2:** Here, The Cash Incentive Amount That's Offered To An Employee Varies Based On The Size Of The Employee's Family. [NOTE: The AVERAGE Of All The Cash Incentive Amounts Offered To Employees Is Also $667/Month ($8,000/Year) As It Is In CASE STUDY #1.] How The Employer's Cost Savings Here Compare To The Cost Savings In CASE STUDY #1.
- **STRATEGY #3:** SURCHARGING THOSE EMPLOYEES THAT COULD HAVE TAKEN THEIR WORKING SPOUSE'S HEALTH PLAN, BUT DIDN'T
  - **CASE STUDY #1:** The Approximate Cost Savings That Employer XYZ Will Achieve By Levying A Monthly Surcharge Of $300 On Those Employees That Could've Opted Out But Didn't
    - The Savings Generated By New Opt Outs
    - The Savings Generated From The Surcharges Received From Those Who Decided To Stay In The Health Plan
  - **CASE STUDY #2:** Here, We'll Vary The Surcharge That's Levied On Each Employee Based On The Size Of The Employee's Family
- **DECISION TIME:** Which Of The Strategies In This Module Should Employer XYZ Implement?
  - The Pros And Cons Of Each Strategy
- Lastly, We'll Examine Two SENSIBLE EMPLOYER CONTRIBUTION STRATEGIES That Will Indirectly Result In Many New Opt Outs

4:20 FINAL THOUGHTS

4:30 Adjournment

Each Attendee Will Also Receive A Comprehensive Training Manual That Will Be An Invaluable Reference Source For Many Years To Come!

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Strategies To Dramatically Improve Account Retention And Write Substantially More New Business Than Ever Before!

THE ULTIMATE ON-SITE TRAINING PROGRAM FOR SALES PROFESSIONALS AND UNDERWRITERS