

ALTERNATIVE FACTS: THE ALARMING TREND IMPACTING 85% OF HIRING MANAGERS!

1. Covering up employment gaps

Many candidates are concerned about explaining periods when they were out of work. FakeResume's recommendation: Pretend you were volunteering.

It's a lot tougher to verify volunteer work than employment history. But if you're suspicious, don't just brush past the issue. Ask probing questions about the work and, if possible, check references at the organization.

Another tactic to cover employment gaps or inflate experience is the so-called "functional resume," which lists experience and accomplishments grouped by type, followed by a list of previous employers, rather than a chronological list of past positions. Not everyone who uses a functional resume is lying — but it might put you on alert.

2. Fake references

Most resume lies can be caught by checking references — so candidates who are serious about their dishonesty will provide references that are fake or impossible to check. FakeResume recommends candidates provide the name and phone number of a fictitious supervisor at a large company. The number actually belongs to a friend who pretends to be an admin and tells the caller the company only provides references via letter. The candidate then mails a fake reference letter.

Candidates also place "typos" in a former employer's address or phone number, hoping HR won't bother when they can't contact the person.

If you're concerned about the references someone gives, experts recommend finding the company's Web site and

contacting the supervisor through the main phone number.

3. Phony responsibilities

Most fraudulent resumes don't contain outright lies. More often, candidates stretch the truth, beefing up previous titles and exaggerating the responsibilities they had in previous positions.

The best way to catch those fibs is to ask detailed questions and not let the candidate off easy if you get vague or suspicious answers. Another tactic: Bring in somebody who's already doing a job similar to the one the person's applying for. Dishonest applicants will try to fake their way through an interview using buzzwords and generalities but break down when someone who's actually experienced in the field asks for details.

Source: <http://www.hrmorning.com/alternative-facts-the-alarming-trend-impacting-85-of-hiring-managers/>



My HR Summit™



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"Employee Documentation (Termination & Onboarding)"

When: Tuesday, July 18, 2017

Where: Montage Insurance Solutions

5550 Topanga Canyon Blvd, Suite 310, Woodland Hills, CA 91367

Time: 8:00 am to 12:00 pm

Speaker:

Karen Dinino, Esq

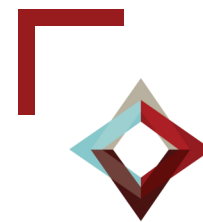
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Register now to reserve your seat!

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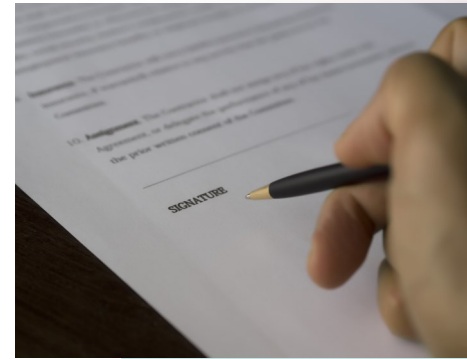
June 2017

Employer Focus

For the Management and Well-being of Your Employees



HHS CHIEF: THE SENATE WILL PASS ACA REPEAL BILL BY AUGUST



A finalized version of ACA repeal legislation could be headed to the President in the very near future. According to new HHS Secretary Tom Price, the Senate will be able to complete its vote on ACA repeal legislation by August, just before its month-long recess.

'Senate will produce a bill'

HR pros shouldn't expect the Senate to rubber-stamp the House version of the AHCA; it will likely create its own version of ACA repeal legislation. In response to a question about the Senate's ACA repeal timeline, Price said: "I believe the Senate will produce a bill this summer."

Another factor in the Senate's time table: A Congressional Budget Office (CBO) score. Unlike the House, the Senate is unlikely to move forward without an updated analysis of the legislation by CBO. Under the original version of the AHCA (not the revised version the House passed), it was projected that 24 million fewer Americans would have healthcare coverage.

The CBO is expected to release a revised score of the AHCA by "early in the week of May 22," according to a CBO spokeswoman.

The current American Health Care Act

As *HR Morning* reported previously, the House narrowly passed its ACA repeal — *The American Health Care Act (AHCA)*. While the so-called "repeal-and-replace" bill would kill many of the ACA's taxes (except the Cadillac Tax), much of the popular health-related provisions of Obamacare would remain intact.

However, the new bill does allow states to waive certain key requirements under the ACA. One of the major amendments centers on pre-existing conditions.

Under the ACA, health plans can't base premium rates on health status factors, or pre-existing conditions; premiums had to be based on coverage tier, community rating, age (as long as the rates don't vary by more than 3 to 1) and tobacco use. In other words, plans can't charge participants with pre-existing conditions more than "healthy" individuals are charged.

Under the AHCA, individual states can apply for waivers to be exempt from this ACA provision and base premiums on health status factors.

Bottom line: Under this version of the AHCA, insurers would still be required to cover individuals with pre-existing conditions — but they'd be allowed to charge astronomical amounts for coverage.

To compensate for the individuals with prior health conditions who may not be able to afford insurance, applying states would have to establish high-risk pools that are federally funded. Critics argue these pools won't be able to offer nearly as much coverage for individuals as the ACA did.

Under the AHCA, states could also apply for a waiver to receive an exemption — dubbed the "MacArthur amendment" — to ACA requirement on essential health benefits and create their own definition of these benefits.

Source: <http://www.hrmorning.com/hhs-chief-the-senate-will-pass-aca-repeal-bill-by-august/>





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SNEAKY PITFALLS THAT CAN TURN YOUR FSA PLAN INTO A COMPLIANCE NIGHTMARE



What happens when a seemingly harmless change to your company's easy-to-administer FSA plan — a plan that had met the ACA's "excepted benefits" requirements — suddenly winds up becoming subject to a series of onerous regs?

That's a subject **Kate Saracene, an employment attorney for Nixon Peabody LLP**, covered during a recent presentation at the **2017 Mid-Sized Retirement & Healthcare Plan Management Conference in Phoenix, Arizona**.

Here are some of the highlights of that presentation.

'Excepted benefits' if ...

One nice thing about FSAs for employers: These accounts can be exempt from headache-inducing ACA regs if they fall under the category of "excepted benefits."

To qualify an "excepted benefits" for a "class of participants" an FSA must first be an Internal Revenue Code §106(c)(2) health FSA. In plan speak, that means the maximum reimbursement for the FSA must always be less than 5x the COBRA applicable premium.

Then, the FSA must satisfy two conditions:

- The employer contribution must not exceed the greater of: the employee salary reduction (1:1 employer match) or \$500, and
- Other non-excepted Minimum Essential Coverage — aka major medical coverage — must be available to the eligible class of employees.

Loss of status

Employees get in trouble if they offer an FSA to employees who **aren't eligible for the company's major medical coverage** or if their contribution **exceeds \$500**. If either of these happen, the FSA loses its excepted benefit status. That means the FSA becomes subject to the following ACA and other federal regs:

- External appeals
- Preventive care
- Summary of Benefits and Coverage (SBC)
- HIPAA portability, and
- PCORI excise tax.

Here are two specific examples Saracene used:

- When an employer offers FSAs to part-time employees who aren't eligible to receive coverage under the company's major medical plan, and
- when a company offers employer contributions/flex credits that can be used only for pre-tax benefits with no cash-out option and the contribution exceeds \$500. This is a mistake employers should be especially wary of.

Reason: As part of their strategy in 2017 to have flex credit count toward the employer subsidy for ACA reporting, many employers are limiting flex credits to pre-tax group health plan benefits, Saracene noted. If you plan to employ this strategy, be sure the contributions don't exceed \$500 or, at least, offer a taxable cash-out option.

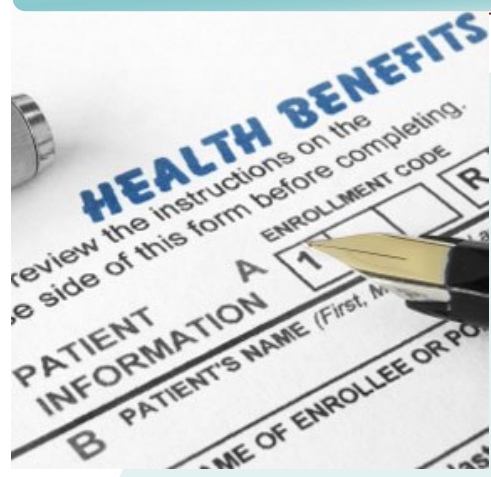
Non 'excepted' FSAs

What about the plans that never met the ACA "excepted benefit" requirements to begin with? Saracene suggests firms with these plans do the following to stay in compliance:

- never offer FSAs to workers who aren't eligible for medical coverage,
- don't contribute more than \$500 or 1X the employee's contribution as a match, and
- don't allow flex credits to be contributed to an FSA in excess of \$500 unless there is a taxable cash-out option.

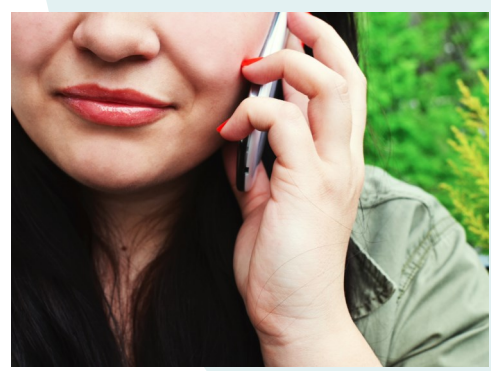
Source: <http://www.hrmorning.com/sneaky-pitfalls-that-can-turn-your-fsa-plan-into-a-compliance-nightmare/>

CREATING EFFECTIVE BENEFITS COMMUNICATION



Navigating a Sea of Benefits

Faced with such a wide range of distinct benefits and policy options, organizations need a communication plan that mitigates the complexity of healthcare rather than adds to it — while meeting the needs and preferences of their workforce. Employees may be overwhelmed by the variety of benefits available and unsure how to access the appropriate resource. Further, their communications channels of choice may differ depending on the issue at hand, as well as demographic details such as age or gender. In order to effectively connect employees with available resources that can help them take charge of their health, it is critical to communicate and offer access via a number of channels to address employees' unique needs and preferences.



High-Tech vs. High-Touch

Despite the proliferation of smartphones, tablets, wearable devices, apps and more, it's important to recognize that people still value the human, expert touch. Whether they're inquiring about healthcare claims or

looking for support managing chronic conditions, employees consistently prefer speaking with a professional by phone rather than using self-service websites

Personalizing Benefits Communications

Forty percent of employees cite the lack of "communication personalized to my specific health needs" as a core flaw in their organizations' benefits and wellness initiatives. Interestingly, almost two-thirds (65%) of HR managers claim that their employees do receive personalized wellness information, suggesting that what business leaders consider "personalization" is not up to their staff's expectations.

In order to effectively reach employees with benefits information, organizations need to consider the frequency of outreach, types of communications, and how to offer options for both to meet the varied needs of the workforce. Implementing a personalized approach to benefits communication that tailors outreach based on the type of message and employee preference is more likely to cut through the clutter of information people receive on a daily basis.

The Impact of Third-Party Support

Third-party benefit support services can make benefits communications easier for HR departments and the employees they support.

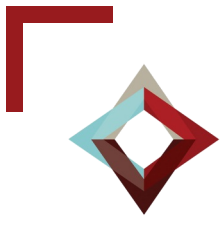
Employees who have access to these services through their employers are more than twice as likely as those without to say they receive well-being or benefits communications on a monthly basis. Having a benefits partner also correlates with an organization's ability to offer more personalized benefits messaging and digital communication channel options. According to Health Advocate's recent survey, 70 percent of HR managers with third-party benefits partners say their employees receive tailored wellness communication, compared to 56 percent of those without.

With a benefits partner at their disposal, employees are also less likely to contact their insurers with benefits questions (28% vs. 50% of employees without similar resources). These workers benefit from the one-stop simplicity of connecting with a single partner for a range of resources, from estimating care costs to setting up test reminders and tracking personal health goals. When organizations invest in services that take the pain out of historically tedious health and insurance processes, they're really investing in their people: 92 percent of employees with third-party benefits support say their employer values their health and well-being, compared to 66 percent of those without.



In the realm of benefits communication, employees want their employers and service providers to meet them where they are. Understanding employees' needs and preferences, and aligning communications to meet them, can go a long way toward enhancing engagement in available resources and realizing positive health and cost outcomes. HR and other business leaders tasked with vetting new benefits vendors may be inclined to invest in digital-first options, but the people they support want something more personal. Though health and benefits technology, processes and vendors will inevitably continue to change, one important principle will stay constant: benefits program success starts with satisfied people.

Source: <http://www.corporatewellnessmagazine.com/others/impact-benefits-communication/>



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June 2017

My Well-being and Safety News

Monthly Newsletter for the Employee

WHAT TYPE OF HEADACHE DO YOU HAVE?

Migraine with Aura (Complicated Migraine)—About a quarter of people who experience migraine also experience aura, a series of sensory and visual changes that can range from seeing black dots and zig zags to tingling numbness on one side of the body, or an inability to speak clearly. Aura sets in shortly before or during a migraine, and can last anywhere from 10 to 30 minutes. Aura is the second of migraine's four stages.

Migraine without Aura (Common Migraine)—Diagnosing migraine without aura can be difficult because the symptoms are similar to several other types of migraine. Pulsing or throbbing pain on one side of the head, photophobia, phonophobia, pain that is made worse by physical activity, and nausea and vomiting are all classic symptoms of Migraine without Aura. The key differentiator is that Common Migraine lacks the warning phases (prodrome and aura).

Migraine without head pain—Also called a Silent or Acephalgic Migraine, this type of migraine can be very alarming as you experience dizzying aura and other visual disturbances, nausea, and other phases of migraine, but no head pain. It can be triggered by any of a person's regular triggers, and those who get them are likely to experience other types of migraine, too.

Hemiplegic Migraine—If you have ever had a migraine that felt more like a stroke, it was probably a Hemiplegic Migraine. People who experience this type of migraine develop weakness on one side of the body, often with visual aura symptoms and a "pins and needles" sensation, or loss of sensation, on one side of the body. It can last for as little as

a few hours to several days. Similar to typical aura without headache, Hemiplegic Migraine doesn't always include the severe head pain.

Retinal Migraine—When a headache causes you to temporarily lose vision in one eye, it is a Retinal Migraine. Most common in women during their childbearing years, the blindness can last anywhere from a minute to months, but is usually fully reversible. This is a specific type of aura that accompanies a migraine, and it's a condition we know very little about. What we do know is that Retinal Migraine may be a sign of a more serious issue, and those who experience it should make a point to see a specialist.

Chronic Migraine—If you have a headache more than 15 days a month, you're probably suffering from chronic migraine. Many of the days often feel like typical migraine, but there may be considerable variability in the severity of the symptoms and head pain on any given day. Some days patients may mistake the pain for a "tension-headache" or "sinus headache" if the pain is less severe. Many patients with chronic migraine also use acute headache pain medications on more than 10-15 days per month, and this can actually lead to even more frequent headache.

Ice pick headaches—Ice pick headaches are pretty self-explanatory. They feel like you're getting stabbed in the head with an ice pick. They often come on suddenly, delivering an intense, sharp pain. They're short—usually only lasting 5-30 seconds—but incredibly painful. These headaches occur on the orbit, temple, and parietal area of your head. That's where your trigeminal nerve is, which is the nerve in

your face that's responsible for biting and chewing, as well as face sensation. The nerve is on the side of your head just past your eye and above your ear. If you get sharp pains in this area, chances are you're getting ice pick headaches.

Cluster headaches—This is one of the most severe types of pain that a human can experience. With cluster headaches, you'll feel an almost burning pain around and above your eyes, at your temples, and even moving toward the back of your head. You'll often also get red or swollen eyes or a runny nose, among other symptoms. Because they occur in such a large area and provoke other symptoms, cluster headaches can be the most irritating headache, and are sometimes referred to as "suicide headaches."

Cervicogenic headache—When the pain in your head is actually caused by pain in your neck, you probably have a cervicogenic headache. The pain usually comes from the neck or from a lesion on the spine, which is often confused with pain in the back of your head. It's common for this type of headache to require physical therapy in addition to medication or other treatment. Pinpointing the cause of headache is sometimes complicated. There are many types, and many methods of treatment. Focusing on where exactly your head hurts and the accompanying symptoms can help you and your doctor determine what type of migraine or headache you suffer from, resulting in a more effective treatment plan and fewer painful days.

Source: <https://americanmigrainefoundation.org/understanding-migraine/what-type-of-headache-do-you-have/>

Migraine and Headache Awareness Month — June!

June 1 is the start of Migraine & Headache Awareness Month. Over 37 million people in the U.S. are diagnosed with migraine. Although 47% of the adult population experience headache annually, these disorders are poorly recognized and inadequately treated. This is why the National Headache Foundation is standing up to "show purple" during awareness month. We challenge everyone else to stand up with us and let others know they are not alone. Let us show that we are unified and strong as we move forward together. *Source: <https://theacpa.org/news/migraine-and-headache-awareness-month>*

6 GAME-CHANGING FACTS ABOUT HEADACHES



Americans suffer from migraines, with three times as many women affected as men.

2. There's no such thing as a "sinus headache." Over 90 percent of people who think they have sinus headaches (not sinus infections) have migraines; the others are probably experiencing tension headaches.

3. What you eat could be to blame. Many foods contain chemicals that can trigger migraines and possibly other types of headaches, says Dr. Grosberg. Some foods to watch out for: deli meats and hot dogs, Chinese food and sugar-free foods sweetened with aspartame or sucralose.

1. Fifty percent of people with migraines don't realize they have them. Current stats show that more than 29.5 million

4. Smokers are at higher risk for a rare but scary type of headache. Only 1 in 1,000 people get cluster headaches, but they happen to smokers more often.

5. Some headaches warrant a visit to the ER. If you experience any of these symptoms, a hospital visit may be in order: It's severe and comes on extremely suddenly (experts call this a "thunderclap"); it crops up immediately after exerting yourself (like after lifting a heavy piece of furniture); or it's so bad that it wakes you up from sleep. Any of these could indicate a life-threatening condition like an aneurysm (a ballooning blood vessel in the brain), so best get immediate attention.

6. Botox can treat migraines. Although Botox is best known as a cosmetic treatment for minimizing lines and wrinkles, headache specialists have successfully been using it "off-label" to treat painful and debilitating migraines for over 10 years.

Source: <http://www.womansday.com/health-fitness/womens-health/a5595/6-little-known-headache-facts-118104/>

WAYS TO RELIEVE HEADACHES WITH PRESSURE POINTS



Ever notice how your hands naturally gravitate to this area when you have pain?

- The temples – These areas seem to hold a lot of the muscle stress from the rest of the scalp. Just my personal observation. And gently massaging both

- The inside of your eyebrows, just above the bridge of your nose. Application of pressure to this point – directly over the facial sinuses – can lead to some relief with headaches.

temples with your thumbs or fingers can help relieve some of that built-up tension.

- The base of the skull. Again, here we have some of the primary muscles for the head and neck. Tilt your head back and press upwards in a circular motion.
- Between the thumb and index finger. There is a pressure point located in this meaty part of the hand. Firmly pinch the area between the thumb and forefinger with the ... well, the other thumb and forefinger, and give it a good massage.
- This last one might be a little harder to do at work. Start between your big toe and second toe. On the top of your foot come back about one inch and press down.

Source: <http://www.naturalblaze.com/2013/05/6-ways-to-relieve-headaches-with.html>