COMPASS HEALTH CONSULTANTS®

Enroll Prime Updates & Q&A

MED Performance Return · New Gap Plans · Dental Compliance

Agent Overview • Thursday, August 6, 2026

Date / Time	Thursday, August 6, 2026 — 2:00 PM ET
Meeting Type	Enroll Prime Agency Update Call — product, underwriting & compliance updates with live Q&A
Presenter	Robert (Enroll Prime)
Audience	Compass Health Consultants agents & agency partners
This Document	Full recap for anyone who missed the live call — all product updates, compliance reminders, dates, and action items

Top Takeaways

- **MED Performance enrollment is still paused** while Securus (the TPA) finishes its final reviews. September 1 effective dates are **still possible** — the enrollment window for 9/1 runs through **August 20** — but the green light is in Securus's court. Enroll Prime will send a timeline update by **midweek next week (≈ Wed, Aug 12)**.
- **Nothing about the plan itself is changing:** same price, same Cigna network. There is **no loss of network** — more Cigna-network products are actually on the way.
- **The medical questionnaire is being upgraded:** most questions move from "ever in your life" to a **5-year lookback**, and "yes" answers will get a real underwriting review of the condition instead of a blanket decline — meaning **more approvals** and far fewer coverage rescissions at claim time.
- **Three new gap plans (Gap 5,000 / 10,000 / 25,000)**, underwritten by SiriusPoint, should appear in the enrollment system **early next week (≈ Aug 10–11)**. Near-guaranteed issue, composite rates, and roughly $20/month cheaper when bundled with a medical plan.
- **Plan changes inside the MED lineup are not honored.** Members cannot move between MED Max / MED Value / MED Access / MED Performance outside open enrollment — a reminder letter is going out to all brokers. Also verify SSNs: bad data blocks activation and forces refunds.
- **Dental compliance is tightening.** Carriers are tracking brokers with high dental turnover and can terminate broker access. Verify the member's dentist in the *specific* network (Cigna DHMO ≠ Cigna PPO ≠ Solstice) before enrolling. A true **Cigna dental PPO arrives mid-September**.
- **Carrier Blitz: October 2–3 in Nashville** (Mastermind day October 1) — Q4 / open-enrollment product rollouts. Attend if at all possible.

1 · MED Performance — Status & Return Timing

- Enrollment remains **temporarily switched off** while Securus completes final reviews and system checks on the new questionnaire workflow. Enroll Prime has done everything asked of it — including building links so Securus can access the application questionnaires directly — and is waiting on the final thumbs-up.
- The pause ran longer than hoped (the person handling final reviews was on vacation); Enroll Prime pushed for a scheduled go-live date, but the TPA opted to stop enrollment immediately and rebuild properly rather than run in parallel.

- When it returns: **same price, same Cigna network**. The network was the field's biggest concern — there is no network loss, and no disruption for existing members.

> **September 1 Feasibility — Watch for the Midweek Update**
>
> Enrollment for a September 1 effective date runs through **August 20**. If Securus gives the green light by roughly **August 19**, 9/1 effective dates are on the table. Enroll Prime will send agents a written timeline update by **midweek next week (≈ Wednesday, August 12)**. Recommendation: keep your quotes prepared so you can move the moment enrollment reopens.

What's changing in the questionnaire

- **Lookback shortened:** many questions move from "has the member *ever* had…" to a **past-5-years** window — more lenient in most areas, slightly tighter in a few.
- **"No" answers** → clean approval, straight through.
- **"Yes" answers** → instead of an automatic decline, the condition routes to underwriting for review of what the underlying condition actually is. The intent is to **approve more applicants**, not fewer.
- The heavy lift behind the scenes is an **API connection between enrollment and underwriting** — that build is what's taking the time.
- **Why this matters:** members and brokers have seen coverage rescinded at claim time under the old blanket-question model. Underwriting accuracy up front means claims are smooth sailing later — no surprises at the moment of a claim.
- *Asked on the call:* will "yes" answers (e.g., a cancer history) be *rated* rather than approved/declined? Not currently — but tiered ratings are a possibility for new business down the road (potentially with a new application process around January). Nothing announced.

2 · HC Data Plans — Uniform Questions & Plan-Change Rules

- All the MED plans — **MED Max, MED Value, MED Access, MED Performance** — sit under the HC Data program. Compliance requires the **same questionnaire across every plan with a hospitalization benefit**, so expect the new questions to appear on MED Max and MED Access (administered through Performance Health) as well.
- Even where questions are asked, the back-end underwriting approach means **more approvals** are expected, not fewer.

> **Plan Changes Within the MED Lineup Are Not Honored**
>
> - Because every MED plan is part of one program, moving a member between them (including chasing a different network) is a **plan change** — and existing members **cannot change plans until open enrollment**. Once a member is on a plan, they stay on it for the plan year.
> - A **reminder letter is going out to all brokers**: attempted switches and downgrades will not be honored. Agents trying to move members between MED plans to salvage business should stop — the change will be reversed.
> - Where an improper change already happened (e.g., July 1 or August 1), the member is **returned to their original plan**, with a refund/recharge so billing lands correctly.

Audits & notifications

- The TPAs are auditing plan-change activity across both systems (the Performance Health software and the Securus portal). MED Performance identifications are manual and trickle in; the others arrive roughly **weekly**. Compass is being notified as cases are found; volume should slow over the next week or two.
- The TPA is bound by the program's **SPD (summary plan description)** and must enforce these rules on HC Data's behalf — this is contractual, not discretionary.

Data accuracy — SSNs

- Applications with **incorrect Social Security numbers** cannot be activated — the system flags them, coverage can't be made effective, and the member ends up refunded. Verify member information carefully at the point of sale, and communicate clearly with your members.
- Related: help members pick the **right plan the first time**. If a member on a lower-cost plan later realizes they wanted richer major-medical coverage, they cannot move until open enrollment — too late is too late.

3 · New Gap Plans — In the System Early Next Week

Three new gap plans, **underwritten by SiriusPoint**, are expected to appear in the enrollment system around **Monday–Tuesday, August 10–11**. Plan names reflect the benefit amount:

Plan	Accident Medical Expense (AME)	Critical Illness	AD&D	Pricing Notes
Gap 5,000	Up to $5,000	Up to $5,000	Included	Standalone $79.99/mo; bundled ≈ $20/mo less
Gap 10,000	Up to $10,000	Up to $10,000	Included	Composite rate — see system
Gap 25,000	Up to $25,000	Up to $25,000	Included	Composite rate — see system

- **Composite rates** — no age banding on these plans.
- **Why six show in the system:** each plan exists twice — a standalone version and a bundled version. Enroll from the site's gap section and you get standalone; add a gap plan as an **add-on during a medical enrollment** and it defaults to the bundled (lower) rate automatically.
- **One checkout, one bill:** gap products bundle cleanly with medical, dental, and vision — including on a list bill.
- **Near-guaranteed issue.** No medical questions — just attestations: owner/employee of a small business (fewer than 50 employees) yes/no, SiriusPoint's disclaimers, the association (UBA) disclaimers, and confirmation that the member reviewed the state certificate of insurance (links provided in the flow).
- **Positioning:** built to pair with high-deductible medical plans — closing the gap, exactly as the name says, while adding commission to the sale.
- **Billing today:** charged upon submission. A **post-dating feature** (pick a future effective date at checkout) is being added soon.
- **State availability:** not available everywhere — e.g., **Massachusetts is currently unavailable** (more states are being pursued). Always check the plan's **Info → States** list before quoting.

> **Washington State — Hard Stop, No Gray Areas**
>
> - **No Enroll Prime product is available to Washington residents.** Washington is aggressively unfriendly to ERISA/association-style programs, so the program avoids the state entirely — every product's disclaimers single out Washington on purpose.
> - Do not attempt workarounds (dual residency, using an out-of-state address, etc.). Agents have tried; **if a member lives in Washington — or moves there — the plan terminates**.
> - Travel is fine: plans cover members anywhere in the U.S. if they get hurt. **Residency** is the disqualifier, not location of care.

4 · Dental — Network Diligence, “Discount Plan” Pushback & a New Cigna PPO

Carriers are tightening up — do the lookup before you enroll

- Cigna and Solstice both report members being enrolled in DHMO dental only to find out months later that **their dentist isn't in network**. Both have asked Enroll Prime to track brokers with high dental turnover — and to **terminate broker access** above a certain threshold.
- Be the good agent: **look up the member's dentist together before enrolling**. Use the Info buttons on each dental product for provider-search instructions.
- Networks are not interchangeable: the **Cigna DHMO network is not the Cigna PPO (major medical) network**, and Solstice has its own. Also check **county/ZIP-level provider density** — a state being “available” doesn't mean the member's county has strong coverage.
- New **on-site disclaimers and an agent attestation** (confirming the network review happened with the member) are being added, likely within the next week.

12-month commitment

- Dental plans must be kept for **12 months** — members cannot use benefits and then cancel. The carrier will hold members to the commitment (or rescind coverage where the plan was abused), and members must wait for open enrollment to change. Set this expectation at the point of sale; additional in-your-face disclaimers are coming to the enrollment flow.

“It's a discount plan” — no, it isn't

- Multiple agents (twice this week alone) report dentist offices telling members the Cigna DHMO is “a discount plan, not insurance,” or denying in-network status despite a successful lookup.
- **That is wrong.** The DHMO is an insurance product with a contracted **copay/fee schedule** — the brochure's Info link shows the copay for each procedure code, and in-network dentists are contractually obligated to honor it. A dentist refusing the schedule is jeopardizing their own Cigna contract.
- **Escalation path:** Enroll Prime is taking one concrete example to Cigna for provider re-education (“accept the schedule or leave the network”). If you hit this at a dental office, **send the specific example (dentist/office, member scenario) to Enroll Prime through Compass** — guidance on handling it chairside will follow on the next call.

Coming mid-September: Cigna dental PPO

- A true **Cigna PPO dental** option is expected by mid-September, joining the Solstice PPO — two PPO choices for members whose dentist sits outside the DHMO networks. PPOs cost more, but they solve the out-of-network problem. Match the product to the member's actual dentist.

5 · Product Roadmap — What's Coming for Q4

- **New major medical plan designs on the Cigna network** at lower price points with strong commissions, built on association, co-op, and limited-partnership models (similar in structure to the HC Data program). A **PHCS-network option comes first**, for brokers who want an alternative on limited medical.
- **Why not just put Cigna on the existing limited-medical plans?** Enroll Prime looked at it, and the TPAs said yes — but confidence wasn't there that it would stick long-term. Rather than sell something that changes networks later, the focus went to new, stable major-medical designs. Sell with confidence.
- **Legacy transition (First Choice / First Health members):** the path back onto a Cigna-network plan **without underwriting** is still in the works — it will be **major medical (not limited medical)**, with the **PBM aligned so members' medications carry over** without disruption. Target: **soft launch in September, broader push October 1**. This is the #1 question in support (three times a day); good things take time, but it's close.

- **One more thing:** a “bonus” product is being held back until it's finalized — expect several announcements before open enrollment.

6 · Carrier Blitz — Nashville, October 2–3

- **Friday–Saturday, October 2–3, Nashville** (October 1 is the Mastermind day). Sign up if you can attend — or watch from home.
- Carrier-by-carrier rollout of the Q4 / open-enrollment product lineup — the goal is agents “armed and dangerous” with product knowledge for fourth quarter.
- Meet the Enroll Prime team in person, from management to the customer-service reps who support your clients behind the scenes.

Field Feedback

- Agents on the call praised **Securus** — responsive, quick to answer the phone, and genuinely helpful; the field is hearing consistently good things.
- **MBA** (TPA) also got credit for improving while handling heavy volume during the transition period.

Key Dates

Date	What Happens
≈ Aug 10–11 (Mon–Tue)	New gap plans (Gap 5,000 / 10,000 / 25,000) appear in the enrollment system
≈ Aug 12 (midweek)	Enroll Prime sends agents a written update on MED Performance return timing
Aug 20	Last day to enroll for a September 1 effective date
Mid-September	Cigna dental PPO added (second PPO option alongside Solstice)
September	Soft launch: First Choice / First Health → Cigna-network transition (no underwriting)
October 1	Mastermind day, Nashville; broader push for the legacy transition
October 2–3	Carrier Blitz, Nashville — Q4 / open-enrollment product rollouts

Action Items

#	Action	Owner
1	Send written MED Performance timeline update to agents by midweek next week	Enroll Prime
2	Distribute broker reminder letter: plan changes within the MED lineup will not be honored	Enroll Prime
3	Escalate dentist “discount plan” example to Cigna for provider re-education; report guidance on next call	Enroll Prime
4	Add dental network attestation/disclaimers and gap post-dating to the enrollment site	Enroll Prime
5	Keep September 1 MED Performance quotes prepared; move as soon as enrollment reopens	Agents
6	Stop plan-change attempts within MED plans; set member expectations for open enrollment	Agents
7	Verify SSNs and member data on every application before submitting	Agents
8	Verify the member's dentist in the exact network (DHMO vs PPO, county/ZIP) with the member before enrolling; explain the 12-month commitment	Agents
9	Send concrete “discount plan” dentist examples to Enroll Prime through Compass	Agents
10	No Washington residents on any product — no exceptions, no gray areas	Agents
11	Register for the Carrier Blitz (Nashville, Oct 2–3) or plan to watch remotely	Agents

Prepared from the live call recording for agents unable to attend. Questions on anything above: reach out through Compass Health Consultants agent support.