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Our Exclusive Newsletter for Individuals

IN THIS ISSUE:

These 10 Grocery Items Are getting More Expensive Pg 1&3

Mike's Notes Pg 2

What's the Most Effective Way to Encourage Friends and Family Members to Get Screened for Cancer? Pg 3-6

ABM Bad Joke of the month Pg 4

Meet our Representative Pg 5

Health plans can seem complicated. It helps to know what questions to ask and where to find the information you need. Pg 6-7

Referral Program Pg 8



These 10 Groceries Items Are Getting More Expensive

By: Craig Johnson

If you've been to the grocery store lately, you've probably noticed that prices are going up. But you may be curious to know which items have seen the largest increases in recent months.

The latest data from the U.S. Bureau of Labor Statistics' Consumer Price Index indicate that several American staples — including meat and dairy items — have all risen in price.

Why Are Grocery Items Going Up?

The data show that meat, poultry and fish are up 2.2% since June 2020, but when we look at some items in those categories individually, we see bigger increases in price. One reason is a constricted supply chain, which has led grocers to offer fewer deals, according to a recent article from Bloomberg.

"When there's a shortage in supply, it makes no sense to promote aggressively," Vivek Sankaran, CEO of the Albertsons grocery store chain, told Bloomberg recently. "That's why you see inflation in some categories. It just makes no sense to play with price at this point."



Mike's Notes

Inflation's Effect on Insurance

If you are like me, you don't want to pay more for a good or service than you should.

The rate of inflation typically refers to changes in the overall level of prices within an economy, which consequently leads to the erosion of the Dollar (dollar does not buy as much as it did). Today, insurance companies will charge prices that will pay for future claims and monitoring inflation trends is important to understanding how inflation affects the cost of your insurance.

History: In 2019 and 2020, the increase in the CPI (consumer price index) averaged less than 1.9%. Within the past 18 months, there has been an unprecedented increase in the cost of construction materials and labor because the economy is recovering from a challenging 2020. As COVID-related restrictions begin to lift and with stimulus money entering the economy, demand has increased, driving costs up. As of the second quarter of 2021, some of the following annual prices are increasing:

- Lumber (+54%)
- Plywood (+42.6%)
- Ready mix (+3.8%)
- Roofer (+6.0%)
- Plumber (+4.1%)
- Electrician (+4.6%)
- Auto Parts (+19%)

(If anyone has had to purchase plywood in the past 6 months, you know.... The same \$12 piece of plywood is now \$86 in the big box stores.)

Insurance companies set their rates based on predictive modeling of expected claim cost and guarantee their rate for 6 - 12 months, based on this expectation.

Obviously, when insurance carriers have to pay more for goods and services, they adjust pricing to adjust for the increased cost of claims.....with increased premiums.

Insurance companies are also faced with increased demands from supply chain interruptions due to COVID-19 as well as previously described inflationary cost of the goods and services provided during a claim. Supply chain interruption (lack of product) coupled with pent up demand, causes prices for products to increase as well. Double Whammy!

All of this means..... higher insurance rates in the foreseeable future.

Fortunately, we are an independent insurance agency and work with 100+ insurance providers. We will work within our markets to always find you the best value for your protection.

Not all policies are the same..... Many other providers of insurance coverage, we compete with, offer inferior coverage and / or are not protecting the client. What good is insurance if you are not completely covered or saving a few hundred dollars to be exposed to Several thousands of dollars out of pocket.

Continued from page 2 (Mike's Notes)

We are 100% certain, we can provide our clients with the best value in the market. Call us to help you understand your insurance coverage. Whether you are an active client or not, we are happy to help and here to provide you with information so you can make an informed choice. Call us at 800-362-2809. Ask for Edlin, Maura, or Karen. We are here to service all your coverage needs.

Continued from page 1

Here are 10 grocery items (or categories) that have jumped in price recently.

These Grocery Items Are Going Up in Price

Food Item	Seasonally Adjusted % Change	Since Time Period
Uncooked Beef Roasts	19.5%	May 2020
Fresh Whole Chicken	7.1%	April 2020
Uncooked Beef Steaks	5.3%	June 2020
Fresh Whole Milk	4%	August 2020
Bread	3.7%	April 2020
Fresh Fish & Seafood	3.5%	April 2020
Butter & Margarine	2.2%	February 2021
Poultry	2.2%	May 2020
Eggs	2%	March 2021
Breakfast Cereal	2%	September 2020

What's the Most Effective Way to Encourage Friends and Family Members to Get Screened for Cancer?

By: Kelly Elterman

One in three people in the United States will be diagnosed with cancer in their lifetime. Keeping healthy diet and making good lifestyle choices are ways to help protect against cancer. Cancer screening tests are another very important way to decrease your cancer risk or improve the chance of successful treatment. However, some people

may not get cancer screening tests. They may be concerned about cost, or they may want to avoid worrisome results. But cancer screening is very important for everyone.



What is cancer screening and why is it important?

Cancer screening tests are tests that can help find cancer early, before you may even have any symptoms. Finding cancer early can improve the chance of successful treatment and decrease the risk of death.

There are many different types of cancer screening tests. Cancer screening can include everything from a history and physical exam to bloodwork, imaging, or an invasive procedure.

Cancer screening tests help find possible early signs of cancer, but they do not make a diagnosis.

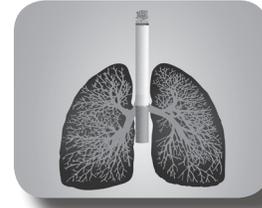
Continued from page 3

Often, if you have an abnormal screening, you will need a follow-up test to see if what the screening test found is indeed cancer or not.

What types of cancer should your loved ones be screened for?

There are many different types of cancer. Unfortunately, not all of them can be screened for. Sometimes this is because we don't yet have tests that can find a given cancer early enough. In other cases, screening programs have not been shown to make a difference in diagnosis and survival rates. The American Cancer Society currently recommends regular screening for these cancers:

- Breast cancer
- Colon and rectal cancer
- Cervical cancer
- Endometrial cancer
- Lung cancer (for those at high risk)
- Prostate cancer



Recommendations for screening are different for men and women and are based on your age. Some people who have high risks of certain cancers based on their health — such as lung cancer for those with a long history of smoking, or family history — may have different screening recommendations. Who needs to have cancer screening tests?

The type of cancer screening you need — as well as when you need it and how often — will depend on your individual situation.

Examples include:

- Cervical cancer screening is recommended for women ages 25 to 65.
- Breast cancer screening is recommended for all women after age 45, but it can be offered at age 40 or even younger in higher-risk groups.
- Prostate cancer screening consideration is recommended for men after age 50.
- Colon cancer screening is recommended for men and women starting at age 45.

Those with a family history of cancer, like breast cancer or colon cancer, may need earlier or more frequent screening:

- For example, breast cancer screening is usually recommended starting at age 40 or 45. If you have a strong family history of breast cancer, however, you may need to start annual screening at an earlier age.
- For colon cancer, the recommendation is to start with a stool-based test or a colonoscopy at age 45 or 50 and then again every 10 years. If you have a family history of colon cancer, or a condition like inflammatory bowel disease, you may need to start earlier or get tested more frequently. Sometimes, based on the results of the test, your next screening may need to be earlier.

The best thing to do is to speak with your doctor about your cancer risk. Healthcare professionals can help you decide which screening test may be best for you and when you should start screening. Sometimes lifestyle and behaviors can affect your risk of getting certain types of cancer.

These may include:

- Smoking

ABM Bad Joke Of The Month...

Who invented the roundtable?
Sir Cumference



Meet Our Representative



Phil Humber
Personal Lines/CSR

Phil has been in the insurance industry for several years, working with mortgage brokers and friends within our community find the best value for their insurance protection. Phil remains active as a High School football coach, helping teenagers reach their goals.

Continued from page 4



- Alcohol use
- Sun exposure
- Diet
- Physical exercise

If you're concerned about your risks of cancer, talk with your provider about how you can change your lifestyle to lower your risks, and ask about how and when you should get cancer screening. One downside to cancer screening tests is that they can have false-positives or false-negatives:

- A false-positive is when a screening test detects a possible cancer when cancer is not there.
- A false-negative test is when a screening test is normal but someone does actually have cancer.

All medical tests can sometimes have false positives or negatives.

Any positive cancer screening test needs a follow-up test to determine if someone actually has cancer or not. For example, a colonoscopy may find a polyp and biopsy it. The biopsy might show cancer or it might show a benign — or non-cancerous — polyp. Another example is a mammogram that finds a breast mass. Often, the next step is a biopsy that will determine whether the mass is cancer or not. Negative screening tests do not need follow-up tests, unless someone is having concerning symptoms. Any symptom needs medical evaluation, even if a screening test is negative. It is also important to get regular screening tests. A false-negative test may miss a cancer that may be found on the next regular screening test. This is why it is important to have a follow-up test for any positive screening test and to repeat cancer screening regularly, even if you have previously had a negative test.

Sometimes, people skip cancer screenings for a variety of reasons:

- Lack of regular medical care: Some people do not have an annual medical check-up, may forget to schedule a screening test, or may not know that they need a screening test.
- Test anxiety: Some may worry about discomfort from the test or feel anxious about the possibility of concerning results.
- Lack of symptoms: People who generally feel well may not think that they need to get a screening test if they don't have any symptoms.
- Healthcare costs: Some people do not have medical insurance and worry about cost or taking time off from work.
- COVID-19: With the COVID-19 pandemic, many people wanted to avoid medical care unless it was an emergency situation.

If a person is uninsured, worried about the cost of cancer screening, or doesn't have a regular provider, putting off routine screenings can seem like the only option. Fortunately, it does not have to be. Getting timely cancer screening is very important, and there are many things you can do to get screening, even if cost or a lack of insurance is a problem. If you do not have insurance, you can check with your local health department about programs that may be available to you. Breast and cervical cancer screenings may be available for free or for very little cost for those who are uninsured through the National Breast and Cervical Cancer Detection Program (NBCCDP). For colon or prostate cancer screening, hospitals or

Continued from page 5

clinics may sometimes offer free or low-cost screenings. There are also resources to help you learn more about your health insurance options, no matter what your situation may be.

If you have insurance but do not have a regular doctor, it may be more difficult to get cancer screening because some tests need a doctor's order. You can call your local health department, local hospitals, or local medical clinics to learn about what your options for cancer screening may be. Sometimes, clinics or hospitals may offer testing without a doctor's order. Other times, they may be able to help you find a doctor so that you can get the screening you need.

The biggest risk of skipping a cancer screening is not finding cancer early enough. If you have cancer and it is not found until it is already in a later stage, you may have to undergo more intense treatment than you would otherwise. For example, early colon cancer can be cured by a simple polyp removal during a colonoscopy. If you avoid the colonoscopy, the cancer can grow and by the time it gives you symptoms, it may be so advanced that you would need major surgery instead. At such a stage, it may also spread to other parts of the body and decrease the likelihood that treatment will be successful. Similarly, a skin exam can find cancer when it is still small and could be cured by a simple procedure that could be performed in an office. Skipping a skin exam could let a cancer go unnoticed until it spreads to other parts of the body, at which point it would be much more difficult, sometimes even impossible, to treat. Encouraging your loved ones to get regular cancer screening may help save their life. You can talk to your friends and family about the benefits of finding cancer early and the risks of waiting too long. Talking about side effects or possible complications of tests is also a good idea. Sometimes, sharing your own experience with cancer screening may help someone else decide to do it too. People may be concerned or choose to avoid cancer screening for different reasons. The best thing to do is to encourage your loved ones to get tested and to offer your support to them before, during, and after screening.

Cancer screening tests can help find cancer in early and treatable stages. There are many different types of cancer screening tests that are recommended for different people at different stages of life. Finding cancer early is important because it can make successful treatment more likely. Skipping cancer screening tests or waiting too long could mean missing an early cancer and needing more serious treatment. Your healthcare provider can help you find out which cancer screening test is recommended for you and when you should get tested.

If you need further help with your insurance or to see if your insurance will cover certain costs please call our Health Insurance agents at 281-448-3040 they will be happy to help you.

Health plans can seem complicated. It helps to know what questions to ask and where to find the information you need.

Take deductibles, for example. They're important to your pocketbook, but do you know how they work? To get you started, here are answers to some common questions we get from our members.

Q: What is a deductible?

A: A deductible is the amount you pay for health care services each year before your health plan starts to pay. For example, if you have a \$1,500 deductible, you pay the first \$1,500 of the services you need. Prescription drug costs can count toward your deductible. Be sure your prescriptions are covered by your plan. After you meet your deductible, you will only have to pay your copay for covered drugs.

Q: What happens after I meet the deductible?

A: Once you've met your deductible, you usually pay only a copay and/or coinsurance for covered services. Coinsurance is when your plan pays a large percentage of the cost of care and you pay the rest. For example, if your coinsurance is 80/20, you'll only pay 20 percent of the costs when you need care. Your health plan pays the rest.

Q: You said a deductible is the amount you pay each year. Does the deductible reset each year?

A: Yes. Since your deductible resets each plan year, it's a good idea to keep an eye on the figures. If you've met your deductible for the year or are close to meeting it, you may want to squeeze in some other tests or procedures before your plan year ends to lower your out-of-pocket costs.

Q: Is a health insurance deductible different from other types of deductibles?

A: Unlike auto, renters or homeowner insurance where you don't get services until you pay your deductible, many health plans cover the cost of some benefits before you meet the deductible. For example, your plan may cover the cost of annual physicals, many preventive health screenings and some disease management care before the deductible is met.

Q: My plan information says I have a family deductible, too. What does that mean?

A: If your plan covers your family, there will probably be a deductible for each person and a separate family deductible. As soon as the family deductible is met, your plan starts paying at the coinsurance amount for everyone's care. That's the case even if some family members haven't met their individual deductible. *Here's a good example of how this works:*

Your family gets in a car accident. You all need to get checked at the hospital for injuries. If each person had to meet an individual deductible, you would pay all the deductible amounts before your coinsurance started paying. With a family deductible, once you met that one family deductible amount, no other individual deductibles are needed. After the family deductible is met, you'll only pay your copay and/or coinsurance amount for services for each family member.

Q: Do all health care services apply to my deductible until it's met?

A: Not always. Some plans fully cover preventive services, which means you don't pay anything at the time you get them because they are paid out of your monthly premium. Because you don't have an out-of-pocket charge, those services won't count toward meeting your deductible. If you receive care that isn't covered by your health plan, it often won't count toward your deductible. This might include such things as cosmetic procedures or seeing a provider who isn't in your health plan's network.

Q: What are the pros and cons of a high or low deductible?

A: In most cases, the higher a plan's deductible, the lower the monthly premium. If you're willing to pay more when you need care, you can choose a higher deductible to reduce the amount you pay each month. The lower a plan's deductible, the higher the premium. You'll pay more each month, but your plan will start sharing the costs sooner because you'll reach your deductible faster. Some people who don't often need medical care would rather have a smaller premium and pay more up front for care as they go. Other people like knowing that when they need their insurance, they won't have to come up with a large sum of money before their plan starts helping with the cost. They'd rather have a higher premium, but a lower deductible. It makes costs more predictable.

Q: If I pay so much out of pocket before my insurance kicks in, why should I have coverage?

A: Health coverage can lower your costs even when you must pay out of pocket to meet your deductible. Insurance companies negotiate their rates with providers, and you'll pay that discounted rate. Without that discount, people often pay twice as much — or more — for care.



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I rarely leave reviews but the service at ABM was stellar and warranted a great review. Maura was thorough and attentive and got me a fantastic rate on my homeowner's policy plus a renter's policy for a collage apartment. Thank you Maura for saving me hundreds of dollars with no stress involved!

- Beth W.

IN THIS ISSUE:

These 10 Grocery Items Are getting More Expensive Pg 1&3

Mike's Notes Pg 2

What's the Most Effective Way to Encourage Friends and Family Members to Get Screened for Cancer? Pg 3-6

ABM Bad Joke of the month Pg 4

Meet our Representative Pg 5

Health plans can seem complicated. It helps to know what questions to ask and where to find the information you need. Pg 6-7

Referral Program Pg 8

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