



## NOTICES

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# Table of Contents

## 12 The Best Compliant Model for Expatriates

*Pasquale Gorrasi*

## 20 IBIS 2020 Conference Report

GBV

## 30 Gig-Working to Dramatically Change Employment Landscape

*Andrew Cunningham*

## 42 Employee Benefits 2045 – Where Could We Be 25 Years from Now?

*Ricardo Almeida*



## Interview with GEB's Eric Butler on The Response To Covid-19



## 34 Weight Loss: The Tricky Last Few Pounds

*Peter Rogers*

## 38 Coronavirus: Why Some People Lose Their Sense of Smell

*Simon Gane, Jane Parker*

## 48 News

## 49 Index of Articles



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**GEB***Director of Global Health and Wellness*

Eric Butler is GEB's Director of Global Health and Wellness with a remit to enhance the company's significant leading position in this area worldwide, building upon ever more insightful global medical reporting capabilities and helping multinational companies explore initiatives to mitigate medical trends and cost drivers.

Eric has an undergraduate degree in International Relations from the University of California in Davis, and a Master diploma in International Management from the American Graduate School of International Management (Thunderbird).

Eric has 30 years of experience in Group Medical Insurance, 25 of which spent developing expertise in diverse health markets in Asia, the Caribbean, Europe, the Middle East, South America and parts of Africa.

This through a career which included leading roles with UnitedHealth Group, MetLife, and Generali where Eric has worked for 10 of the last 13 years.

Eric speaks to varying degrees French, Portuguese, Spanish and German.

→ **PAGE 16:** *Interview with Eric Butler, On GEB's Response To Covid-19 And The Steps Being Undertaken To Ensure Cover For All*



# INTERVIEW ERIC BUTLER



## On GEB's Response To Covid-19 And The Steps Being Undertaken To Ensure Cover For All

**Global Benefits Vision:** *Good afternoon, Eric, and thank you for sharing your “view from the trenches” as the Covid-19 situation unfolds across the globe. How did you respond to Covid-19 from the GEB network perspective?*

**Eric Butler:** Our first concern was the welfare of our clients. We looked at local policy language and coverages for possible exclusions of pandemics, and fortunately most policies did not have such exclusions, but when there were such exclusions<sup>1</sup>, we worked with the local GEB Network Partner to consider a waiver.

That was the first, important step: making sure that every employee affected by COVID-19 was insured and covered.

We then explored how to make available to clients two relatively new services that were particularly well suited to the situation at hand, namely telehealth and mental health services.

Telehealth, i.e. remote access to a doctor, was important because people were supposed to move about as little as possible due to the lockdowns, meaning that any visit to the doctor could, perhaps, be problematic. Furthermore, emergency wards, as well as general practitioners in some places, were overwhelmed and therefore, medical attention was difficult to access in a timely fashion, or even severely rationed.

Therefore, telehealth is a great way to have a convenient, safe, and quickly accessible service, and of great use to beneficiaries. The Covid-19 crisis also caused many health authorities across the world to lift regulatory hurdles that prevented widespread use of telehealth capabilities.

In addition to telehealth, providing mental health support is important to help beneficiaries and their families deal with anxiety caused by Covid-19 itself, and by its potential consequences, particularly from an employment and financial standpoint.

<sup>1</sup>  
*Note from the Editor: this remark refers to employee benefits, as opposed to business interruption or other property/casualty policies.*

CFS  
Chronic Fatigue  
Syndrome

**GBV:** *Once GEB helped network partners and clients across the globe consider such services, did you at GEB headquarters see anything in the numbers?*

**EB:** We started looking at incoming claims data to assess the financial impact of the Covid-19 crisis on insurers and on employers, especially those with profit-sharing or self-insured policies. As of the end of May, however, it is still too early to draw any conclusions.

Most of the Covid-19 treatment around the world is being handled by public health systems, or at least partially covered by some form of social security. If a medical claim is involved, those will only trickle down to private insurance policies in the weeks and months following. In those instances where beneficiaries have private health insurance only, claims take time to be submitted, paid and then reported to us. As we run a Benefits Network we act more as a reinsurer, and the local insurance partners submit claims data to us only quarterly. Then, there are coding issues, making it possible that we find it difficult to know whether a certain claim pertains to Covid-19 or not.

Generally speaking, identifying claims as being Covid-related could be challenging, not least because patients are not universally tested for Covid, but the illness results not only in flu-like symptoms, but it also can have longer term respiratory consequences; and doctors have discovered it can affect organs, result in strokes, and we probably will discover further adverse consequences, or manifestations, of Covid-19 in the future.

To compound the identification issue, there was generally experienced in many markets a bad flu season before the Covid cases began, so there inevitably could be some degree of misclassification of actual Covid instances, as well as of regular flu cases mistaken for Covid.

**GBV:** *What about potential longer-term consequences - specifically, do you see Chronic Fatigue Syndrome (CFS) cases cropping up in the data or in the reports from your local partners?*

**EB:** CFS still is very much a question mark. First, CFS is rare and often thought by some medical professionals as possibly a mental



health issue. Moreover, **CFS** is hard to diagnose because it can be confused with depression, whereas it really is a different condition. In the end, **CFS** diagnoses often arise from an exclusion of all other possible causes for the set of symptoms at hand.

For all these reasons, we are not aware of Covid-driven **CFS** cases either in our medical or disability claims data. To compound the issue, in many countries, most of the data is with public organizations such as hospitals or social security and never reaches us. So, we may never know for sure.

Speaking of potential disability cases arising from Covid infections, there is more to it than just **CFS**. Despite comorbidities associated with Covid still being largely unknown, we do know that we will be seeing familiar issues such as post-**ICU** trauma, which can result in temporary, and even permanent, disabilities.

It is important to think about it now - not that we can do much in terms of preventing such disabilities. But the crisis has demonstrated that working from home is feasible on a much larger scale than previously thought.

And, as it requires less energy than working in an office, especially when considering the daily commute, it is likely that people with certain disabilities might still be able to carry on with their jobs later from home, which is good for them, good for employers, and good for society at large.

In the end, we think that the cost of Covid-related claims might not necessarily turn out to be a huge one in many countries, as far as employer-based health plans are concerned. Furthermore, COVID-related excess mortality affects older people mostly, who no longer are employed and enjoying benefits packages.

Therefore, group death coverage may be less affected. For group disability and mental health coverage, it is too early to say, and we need to keep a watchful eye on new claims as the situation unfolds in the coming 1-2 years.

**GBV:** *Thank you Eric and we will be sure to reach out again for updates on Covid-19 from the perspective of a global benefits network. ∞*

**ICU**  
Intensive Care Unit





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