

OUR NEWS LETTER



New malware impacting online banking tricks users

by Lyle Adriano 07 Feb 2020

A new malware is spreading among online banking users, stealing their passwords by disabling any autofill functions their devices might have and forcing them to manually retype their passwords as the malware copies the data.

The Metamorfo trojan malware has targeted the users of more than 20 banks across the globe, in countries such as the US, Canada, Peru, Chile, Spain, Brazil, Ecuador and Mexico. ZDNet reported that the attacks were first reported in Brazil, but have since spread to other online bank users.

Citing an analysis by cybersecurity researchers at Fortinet, ZDNet said that the Metamorfo malware installs itself into devices through phishing emails. The emails claim to have information about an invoice, inviting the victim to download and run a ZIP file which contains the malware.

Once the malware is installed in a device, it then checks to see if it is running in a virtual environment or sandbox. After confirming that it is not installed in either, Metamorfo then runs an Autolt script execution program to bypass antivirus detection. Autolt is a scripting language designed to automate the Windows graphical user interface, hence it does not trigger any antivirus warnings.

Metamorfo then terminates any running browsers and prevents any new browser windows from using auto-complete and auto-suggest features in data entry fields. This means the user is forced to manually input their passwords, allowing the malware's keylogger functionality to collect the data. The data is then sent back to a server run by the hackers.

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Fortinet researchers warned that Metamorfo even has a function that tracks the use of 32 keywords associated with the targeted banks. It is speculated that this tracking allows the hackers to be alerted in real time as to when the victim is trying to access online banking services.

The researchers have yet to reveal the keywords or the names of the banks being targeted, ZDNet reported, as the malware campaign is likely ongoing and the hackers could change their angle of attack.

Cardiovascular disease screenings

Medicare Part B (Medical Insurance) covers cardiovascular screening blood tests once every 5 years.

Your costs in Original Medicare

You pay nothing for the tests if your doctor or other qualified health care provider accepts assignment.

Note

Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs. Ask questions so you understand why your doctor is recommending certain services and whether Medicare will pay for them.

What it is

Blood tests for cholesterol, lipid, and triglyceride levels. These screenings include blood tests that help detect conditions that may lead to a heart attack or stroke.

If you haven't had your blood pressure checked lately, now's the time

About 1 in 3 U.S. adults have high blood pressure — and you could be one of them. High blood pressure usually has no signs or symptoms, but it can lead to a higher risk of heart disease, stroke, and kidney failure. The only way to know if you have high blood pressure (or hypertension) is to have your blood pressure tested.

Do you know your blood pressure numbers? Medicare covers blood pressure checks during your **yearly "wellness" visit** and **"Welcome to Medicare" preventive visit** at no cost to you.

Feel the pressure—blood pressure, that is

About 1 in 3 U.S. adults have high blood pressure—and you could be one of them. If you haven't checked your blood pressure lately, now's the perfect time. High blood pressure usually has no signs or symptoms, but it can lead to a higher risk of heart disease, stroke, and kidney failure.

It's important for you to know your blood pressure numbers, even when you're feeling fine. Medicare covers blood pressure checks during your "Welcome to Medicare" preventive visit and yearly "wellness" visits at no cost to you.

If you have high blood pressure, you can help control it with lifestyle changes and medicine. You may be at risk for high blood pressure if you:

- Smoke
- Eat salty foods
- Don't exercise enough
- Drink too much alcohol
- Have a family history of high blood pressure
- Are overweight

May is National High Blood Pressure Education Month. Find out more about how to prevent high blood pressure and get checked today!

Should non-driving factors be used to set auto rates?

by IBA 30 Jan 2020

As telematic devices become more common, many are calling on auto insurers to ban the use of non-driving-related data

Jared Smollik- Vice president, personal lines actuarial and analytic products- ISO, a Verisk business

“Driving-related factors alone may not provide a complete picture of auto insurance risk. Age, gender, marital status and credit history are non-driving-related factors that have long been recognized by insurers and regulators as having direct bearing on risk to be assumed. Such factors tend to be outside a driver’s control but are often critical to accurate risk measurement.

It may also be impractical to deploy driving-focused technologies such as telematics to all vehicles. Without non-driving factors to serve as differentiators, pricing may become less actuarially equitable, at the risk of becoming excessive for some insureds or inadequate for others.”

Donald S. Hardy -Founder- QuantumBenefits.com

“Simply put, auto insurers should not use credit scores or residential addresses when determining rates. They should be permitted to use driving records only.

Further, ambulance chasers should not be permitted to advertise how much they got from an insurance company for someone injured in an accident. Obviously, they should be allowed to say what services they provide; however, advertising what they recover causes accidents.

Also, most auto insurers deny claims of property damage. They think the property owner will file under their property coverage policy and therefore will not have to pay for property damage.”

Chris Moulder- Senior vice president/broker- Worldwide Facilities

“Non-driving factors such as gender, marital status and credit score have long played a role in auto underwriting. These factors were developed partially because insurers had no other objective measure to validate the risk behavior of particular drivers.

Nowadays, technology provides an array of options from which an insurer can establish rates. Telematics devices provide valuable insights that allow insurers to move away from non-driving criteria entirely and instead allow them to base their pricing on driving risk alone. A complete shift to behavior-based pricing will take time as insurers and regulators adapt to the rapid pace of change.”

How to add an authorized representative

Would you like for a family member or caregiver to be able to call Medicare on your behalf? Medicare can't give your personal health information to anyone unless we have permission in writing first. There are 2 ways to give permission:

(1) Print and fill out form **CMS-10106: "Authorization to Disclose Personal Health Information"** and then mail it to us.

OR

(2) Submit the form online with a **Medicare account**.

Don't have a **Medicare account** yet? Signing up is easy and gives you electronic access to your health information. Once you've signed up, **fill out and submit the form online by following these steps:**

1. Click on your name in the top right corner of the page.
 2. Click "My account."
 3. Select "Manage my representatives."
 4. Click "Medicare Authorization to Disclose Personal Health Information form."
 5. Enter the requested information and click the "Continue" button.
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Clearing the haze around high-deductible health plans with HSAs

by [Bethan Moorcraft](#) 07 Feb 2020

Increasingly, US employers are turning to high-deductible health plans (HDHP) to control the rising health benefit premiums of plans they offer to employees.

To incentivize employee enrollment in HDHPs, many employers are pairing these high-deductible plans with health savings accounts (HSA), which are intended to help fund potential out-of-pocket costs resulting from an HDHP. HDHP/HSA enrollment has increased significantly over the past five years, with Kaiser suggesting a jump from 20% of covered workers using HDHP/HSA in 2013 to 29% in 2018.

While the HDHP/HSA combination appears good at face value, the reality is that HSAs don't always solve the problem of out-of-pocket costs associated with an HDHP. The average individual deductible for an HDHP is \$2,500, whereas the average employer HSA contribution is around \$600.

“Employer contributions to health accounts aren't typically enough to offset an employee's deductible,” explained Ed Walker (pictured), CEO of ArmadaCare. “The average HSA contribution is well short of most deductibles and inadequate in the event of a more significant and unexpected health event. There's also a timing issue if you hit your deductible before funds are accumulated in the HSA. Employees are then in a position where they're assuming the initial risk instead of having it backed by insurance. This can cause employees a lot of financial worry.”

To help employers, employees and their insurance representatives understand the realities of HDHPs with HSAs, ArmadaCare has published a free, downloadable whitepaper for brokers to share with their clients. The infographic addresses how the HDHP/HSA combination can create a false sense of security, the drawbacks of HSAs, and the benefits of back-filling insurance deductibles.

“The idea behind the HDHP/HSA is that people have the opportunity to save tax-free money to use to pay for medical care, but they also have no choice but to use their own money to pay for their healthcare (except preventive care) before they meet their HDHP deductible,” Walker told *Insurance Business*. “The hope then is that people will use their healthcare dollars wisely — shopping carefully for medical care and avoiding unnecessary expenses.”

“Research indicates, however, that people with HDHPs generally aren’t ‘shopping’ for healthcare the way they would for other commodities. That is, they aren’t getting price quotes ahead of time or comparison shopping across multiple providers before scheduling a medical appointment. The market just isn’t that transparent. Part of the intent for HDHPs/HSAs is to drive consumerism — but it’s not the reality. The reality is that many people delay getting care, which often causes more health issues and can increase out-of-pocket costs above where they’d be if they had sought care when the health issue first arose.”

ArmadaCare offers what it describes as “a better solution” in the form of supplemental expense reimbursed plans. These annual plans enable employers to back-fill deductibles while still controlling benefit costs. Walker commented: “It’s tax efficient for both the employer and employee, and cost effective, as the employer stays in control. The employer doesn’t have to back-fill the whole gap if they choose not to, and they can select different plans for different groups of employees to get right-sized coverage.”

What if an employer is already committed to offering HDHPs with HSAs and doesn’t want to change that strategy? Supplemental expense reimbursed plans can still come into play.

“Our supplemental expense reimbursed plans can still be offered as part of the mix,” noted Walker. “Plus, we’ve just rolled out a new HSA-compatible version of our supplemental plans. Employers and employees need more options than what today’s one-size-fits-all primary plans offer, and that’s what we bring to the table.”

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