

NABIP
2024 Gold Certified

COIN

NABIP
2024 Pacesetter Award

County of Orange Insurance News

New Year, New Administration, New Laws and New Opportunities?

Also inside this issue

- Legal Brief from Marilyn Monahan, Esq.
- CAHIP-OC Sales Conference 2025
- NABIP Capitol Conference
- Sleep and Recovery During Busy Seasons: Why Rest is Key to Sustaining Productivity and Health
- HIPAA Reproductive Health Care Privacy And Much More!



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*To qualify:

SBG: Top 8 Brokers qualify with a minimum of 250 members (June 2024–January 2025). SBG Sales through Cal Choice do not qualify.

LG: Top 8 Brokers qualify with a minimum of 300 members (June 2024–January 2025).

IFP: Top 8 Brokers qualify with a minimum of 250 members (January 2025 only).

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Thank you for being a part of CAHIP-OC!



**Making a Difference in
People's Lives.
One Member at a Time.**

Our association is a local chapter of the National Association of Benefits & Insurance Professionals (NABIP). The role of CAHIP-OC is to promote and encourage the association of professionals in the health insurance field for the purpose of educating, promoting effective legislation, sharing information and advocating fair business practices among our members, the industry and the general public.

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Contact CAHIP-OC at admin@cahipoc.org for more information.



The C.O.I.N.



CAHIP-ORANGE COUNTY PRESIDENT'S MESSAGE

By: Barbara Ciudad

I hope that you all had a wonderful and joyous holiday season. Now that we're heading into 2025, I wanted to remind you of some very important upcoming events in 2025. The January Legislative Updates meeting will be held at the Brea Community Center on January 14, 2025, from 11 am to 1 pm. Marilyn Monahan, Esq, of Monahan Law Office, will be providing a CE-credited update. If you're not familiar, the Brea Community Center is located at 695 Madison Way, Brea, off the 57 fwy at Imperial Hwy. It's next to the Brea Mall, off Randolph Street.

Next, our Annual Sales Symposium is set for February 11, 2025 from 8-3 at the Lake Forest Community Center. On April 21, 2025, we'll host our Annual Charity Golf Tournament at the Aliso Viejo Country Club. We'll update you on March and May meetings in future correspondence. We're including ads for all of these events in this issue of The COIN!

I truly appreciate all of your membership, as does every one of our Board Members.

Please take care, everyone, and be well! Happy New Year to all!

Barbara Ciudad, CAHIP-OC President

##

More Upcoming Events!

February 11, 2025—
CAHIP-OC Sales Confer-
ence

March 11, 2025—CAHIP-
OC Monthly Lunch
Meeting

April 21, 2025—Charity
Golf Tournament

Sept 9-11, 2025—Senior
Summit

The flyer features a red and white color scheme with a grid of red dots in the background. At the top right is the CAHIP Orange County logo. The text is arranged in a central column with red boxes for the speaker and date, and a white box for the title. At the bottom, there are icons for email and a website, and a photo of the California State Capitol building.

SPEAKER:
MARILYN A. MONAHAN, ESQ.

**LEGAL UPDATE: ARE YOU
READY FOR 2025?**
1-HR CE | COURSE: 391049

JANUARY 14, 2025

11:00 AM - 1:00 PM

BREA COMMUNITY CENTER

admin@cahipoc.org
 www.cahipoc.org



Feature Article: *New Year, New Administration, New Laws and New Opportunities?*

By: Dorothy Cociu, RHU, REBC, GBA, RPA, LPRT
CAHIP-OC VP of Communications & Public Affairs

Well, we've done it. We've made it through yet another national election cycle. We survived the negative advertising, the name-calling and the overall smear campaigns. The votes are in, and the nation has made its feelings known. The results could result in opportunities and challenges for our industry.

Presidential Election

In the Presidential Election, it's likely no one could have guessed the outcome on November 5, 2024. The news media led everyone to believe that the vote would be close, but Harris would win the electoral votes and likely the popular votes due to the nation's anger on the Abortion and Reproductive Rights issue. It was almost as though they kept saying it out loud so often that they willed it to happen. But guess what? They were wrong. It didn't happen that way at all.

Former President Trump over-performed everywhere, well above expectations, and surprisingly broke through the so-called "Blue-Wall," winning the swing states of Michigan, Pennsylvania and Wisconsin. And, even more surprising, he won ALL of the "swing states;" Arizona, Georgia, Nevada and North Carolina, all of which were all neck-and-neck dead even in the polls, if not leaning toward the Democratic side, heading into election night, landing 312 electoral votes, when 270 were needed to clinch the presidency. For those who may not be up to speed on the electoral college, there are a total of 538 electoral college votes to be had.

In the popular vote, the even greater surprise of the night was that Trump won by 3.7 million votes. *Not exactly the very tight race the mainstream media predicted (or perhaps they just wished it to be true).*

For those who may be interested, Trump improved his numbers from 2016 in several of the swing states, including .4% in Arizona, .9% in Pennsylvania, .4% in Michigan, and in Nevada, he increased by a huge amount in voting terms, with a 5.7% increase.

A Deeper Look Into the Numbers

When comparing to the presidential election in 2020, Trump surprised many with improvements in many categories, including:

- Younger voters ages 18-29; +20
- Women ages 18-29; +14
- African American Men: +25
- Latinos: +15
- "Moderates" +9

What Does This Mean and What is Being Said in Washington?

So, what does all of this mean? Since November 6, it's likely that the Democrats and the pollsters have been tearing their hair out trying to figure out how they could be so wrong. Overall, there is a general consensus that Democrats over-estimated the importance of abortion and reproductive rights and underestimated the importance of the economy, inflation, and border security, which Trump campaigned heavily on. (*Punchbowl News*)

Harris supporters, Biden loyalists and Progressives are turning on each other and finger-pointing, placing the blame on everyone for their historic loss (*Asios News*).

Senate Results

It was really no surprise to most that Republicans would gain control of the Senate, but few thought the spread would be as wide as it was in the Senate races. The final results were 53 Republicans, 47 Democrats.

A few surprises of the night were McCormick winning in Pennsylvania, and Hogan losing in Maryland. Democratic Senator Chuck Schumer's "Blue Wall" kept Republicans from even greater control of the Senate; Slotnick won in Michigan, despite Michigan voting for Trump; Rosen won in Nevada, despite NV voting Trump; Democrat Rubin Gallego defeated Republican Kari Lake in Arizona.

It was no surprise to most Californians (whether happy about it or not) that Democrat Adam Schiff defeated Repub-

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KEYNOTE SPEAKERS

Workplace Wellness that Works for Everyone

9:00 AM | 1-Hour CE | Course: Pending Approval



Devin Hughes



Keynote Speaker, Trainer, Consultant
Devin C. Hughes, Inc.

Health Insurance Industry Trends 2025 and Beyond

10:45 AM | 1-Hour CE | Course: Pending Approval



Phil Calhoun



Owner and Publisher
California Broker Media

The Evidence Behind Intermittent Fasting

12:15 PM | 1-Hour CE | Course: Pending Approval



Dr. Sean Hashmi



Regional Physician Director, Lifestyle and
Obesity Medicine
Kaiser Permanente, Los Angeles

Mental Health is Metabolic Health for the Brain

2:00 P.M. | 1-Hour CE | Course: Pending Approval



Dr. Robert Lustig



Professor Emeritus of Neuroendocrinology
and Childhood Obesity
University of CA, San Francisco



EAT WELL. LIVE WELL. INSURE WELL.

Annual Sales Symposium

It's time for Orange County's most popular and attended event for insurance agents and associated industry professionals!

Registration

Member: \$50 | Non-Member: \$70
Register online at CAHIPOC.org



Bridging The Gap

Uncover innovative strategies for integrating food wellness into healthcare practices and insurance models.



Keynote Speakers

Dr. Robert Lustig: World renowned endocrinologist

Dr. Sean Hashmi: Kaiser Permanente – Obesity Medicine Specialist

Devin Hughes: Award winning motivational speaker

Phil Calhoun: Owner/Publisher of California Broker Magazine



Networking Opportunities

Opportunities to network with insurance and technology exhibitors

TUESDAY | 8AM – 3PM
FEBRUARY 11, 2025



Lake Forest Community Center
100 Civic Center Drive, Lake Forest, CA 92630

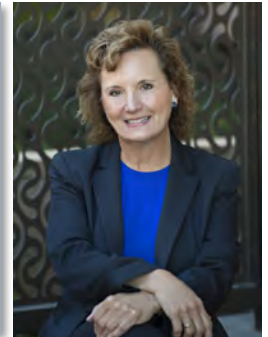
Sponsorship Opportunities Available: Contact Admin@CAHIPOC.org



COIN COMPLIANCE CORNER

What Agents and Your Clients Need to Know!

*Featuring Legal Briefs By Marilyn Monahan, Monahan Law Office,
and HIPAA Privacy & Security & Related Updates by Dorothy Cociu,
CAHIP-OC VP of Communications & Public Affairs*



Legal Briefs

This is a summary of some important updates, as well as reminders about some very important deadlines:

FEDERAL: UPDATES

Patient Centered Outcomes Research Institute (PCORI) Fee:

Each year, self-funded plans must file IRS Form 720, and pay the applicable PCORI fee, on or before July 31. The IRS recently issued Notice 2024-83, which announced an increase to the PCORI fee to \$3.47 per covered life for policy and plan years that end on or after October 1, 2024, and before October 1, 2025 (an increase from \$3.22 for the previous period).

Telehealth and High Deductible Health Plans (HDHPs): As a result of legislation passed during the pandemic—including the Consolidated Appropriations Act, 2023—if an HDHP reimburses telehealth and other remote care services without cost sharing or below the minimum deductible, the participant remains eligible to contribute to a health savings account (HSA). That relief, however, is expiring. For plan years beginning on or after January 1, 2025—and this includes calendar year plans—HDHPs can no longer reimburse telehealth services below the deductible or HSA eligibility is lost.

There is legislation pending in Congress to extend this relief, but as of the date this article was written, it has not passed. See S. 731 and H.R. 1843.

IRS Notices 2024-71 and 2024-75: In the last issue of C.O.I.N., we reported that in Notice 2024-71 the IRS announced that condoms are treated as expenses for medical care and are therefore reimbursable through a health flexible spending account (FSA), health reimbursement arrangement (HRA), or health savings account (HSA). But there is more news to report specifically relating to HDHPs, HSAs, and the benefits that can be paid by the HDHP below the minimum deductible without loss of HSA eligibility.

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HIPAA/HHS/OCR Updates

Here is an update on recent HSS/OCR enforcement.

On December 10, 2024, HHS Office for Civil Rights Settled with Health Care Clearinghouse, Inmediata Health Group, Over HIPAA Impermissible Disclosure. There was a *\$250,000 settlement to resolve longstanding HIPAA Security Rule failures*.

The U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) announced a settlement with Inmediata Health Group, LLC (Inmediata), a health care clearinghouse, concerning potential violations of the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\) Security Rule](#), following OCR's receipt of a complaint that HIPAA protected health information was accessible to search engines like Google, on the internet.

"Health care entities must ensure that they are not leaving patient health information accessible online to anyone with an internet connection," said OCR Director Melanie Fontes Rainer. "Effective cybersecurity means being proactive and vigilant in searching for risks and vulnerabilities to health data and preventing unauthorized access to patient health information."

OCR enforces the [HIPAA Privacy, Security, and Breach Notification Rules](#), which sets forth the requirements that health plans, health care clearinghouses, and most health care providers, and their business associates must follow to protect the privacy and security of protected health information (PHI). The HIPAA Security Rule establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. It also requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information (ePHI). In 2018, OCR received a complaint concerning PHI left unsecured on the internet. Following the initiation of OCR's investigation, Inmediata provided breach notification to HHS, and affected individuals. OCR's investigation determined that from May 2016 through January 2019, the PHI of 1,565,338 individ-

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Under section 223 of the Internal Revenue Code, specified preventive care benefits may be paid without cost sharing or below the minimum HDHP deductible without a loss of HSA eligibility. Notice 2024-75 “expands the list of preventive care benefits permitted to be provided by [an HDHP] . . . without a deductible, or with a deductible below the applicable minimum deductible for the HDHP, to include over-the-counter (OTC) oral contraceptives (including emergency contraceptives) and male condoms.”

In addition, Notice 2024-75 also “clarifies that (1) all types of breast cancer screening for individuals who have not been diagnosed with breast cancer are treated as preventive care under section 223(c)(2)(C), (2) continuous glucose monitors for individuals diagnosed with diabetes are generally treated as preventive care under section 223(c)(2)(C), and (3) the new safe harbor for absence of a deductible for certain insulin products in section 223(c)(2)(G) applies without regard to whether the insulin product is prescribed to treat an individual diagnosed with diabetes or prescribed for the purpose of preventing the exacerbation of diabetes or the development of a secondary condition.”

In further news relating to preventive care, in October, the Biden Administration issued a proposed rule that would, under the ACA’s preventive care mandate, expand coverage of over-the-counter contraception without cost sharing.

FAQs About the Affordable Care Act and Women’s Health and Cancer Rights Act [WHCRA] Implementation Part 68: There are three parts to this set of FAQs:

First, the FAQs specify that non-grandfathered plans must cover without cost sharing, as a preventive benefit, specified oral and injectable formulations of pre-exposure prophylaxis (PrEP), as well as baseline and monitoring services, to reduce the risk of HIV infection. This mandate applies to plan or policy years beginning on or after August 31, 2024.

Second, to address on-going issues participants have been reporting about being charged cost sharing amounts for preventive services, the FAQs provide further guidance on coding for these benefits.

Third, the FAQs address the WHCRA, which requires plans and issuers to provide breast reconstruction following mastectomies. The FAQs clarify that, “If a plan or issuer subject to WHCRA provides medical and surgical benefits with respect to a mastectomy, the plan or issuer is required to provide coverage for, among other services, . . . all stages of reconstruction of the

breast on which the mastectomy was performed and surgery and reconstruction of the other breast to produce a symmetrical appearance, in a manner determined in consultation with the attending physician and the patient. This includes coverage for chest wall reconstruction with aesthetic flat closure, if elected by the patient in consultation with the attending physician in connection with a mastectomy, as a required type of reconstruction.” Plans and issuers may impose deductibles and coinsurance for these benefits only if such cost sharing requirements are deemed appropriate and are consistent with those established for other benefits under the plan or coverage.

Family and Medical Leave Act (FMLA) and Clinical Trials: If an employer is subject to the FMLA, an eligible employee is entitled to take up to 12 weeks of unpaid leave under certain circumstances, including in the event the employee or certain family members (spouse, son, daughter, or parent) have a “serious health condition.” While the employee is on FMLA leave, the employer must maintain the employee’s group health coverage as if the employee were continuously at work. In November, the Wage and Hour Division of the Department of Labor (DOL) issued an opinion letter which concluded that a “serious health condition” could include an individual’s participation in a clinical trial, even if the employee is receiving a placebo or participating in a control group.

The Corporate Transparency Act: The Corporate Transparency Act (CTA)—enacted in 2021—requires many companies doing business in the United States to file a “beneficial ownership information report” with the Department of the Treasury’s Financial Crimes Enforcement Network (FinCEN). Specifically, companies must report information about the individuals who own or control them.

What is the reason for this new reporting requirement? According to FinCEN, “This framework is an important step in stopping the flow of illicit funds that hurt law-abiding small businesses, as well as protecting our economic and national security from bad actors.”

The deadline to file is fast approaching for many companies:

- **Existing companies:** Reporting companies created or registered to do business in the United States *before* January 1, 2024, must file by **January 1, 2025**.
- **Newly created or registered companies:** Reporting companies created or registered to do business in the United States in 2024 have **90 calendar days** to file after receiving actual or public notice that their company’s creation or registration is effective. Starting January 1, 2025, new re-

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porting companies will have **30 calendar days** to file.

- **Updated reports:** Updated reports are due within **30 calendar days** after a change occurs.

A reporting company must provide four pieces of information about each beneficial owner: (i) name; (ii) date of birth; (iii) address; and (iv) the identifying number and issuer from either a non-expired U.S. driver's license, a non-expired U.S. passport, or a non-expired identification document issued by a State (including a U.S. territory or possession), local government, or Indian tribe. If none of those documents exist, a non-expired foreign passport can be used. An image of the document must also be submitted.

In addition to these four pieces of information, the company must also submit certain information about itself, such as its name(s) (including DBAs), jurisdiction of formation, address, and EIN. Finally, reporting companies created on or after January 1, 2024, are required to submit information about the individuals who formed the company ("company applicants").

This is not an annual reporting requirement. A report only needs to be submitted once, although it must be updated if the filer needs to update or correct information. The filing is made electronically.

A key issue is determining whether the company must comply. The entities which must report include corporations, limited liability companies, and other business entities—both domestic and foreign. There are also, however, a number of business entities which are exempt, such as tax-exempt entities and certain businesses that operate in highly regulated industries. Companies should refer to the list of exempt entities in the FinCEN compliance resources to determine if one of the exemptions might apply to them.

Another key issue is determining who qualifies as a "company applicant" and who qualifies as a "beneficial owner." According to FinCEN, "in general, a beneficial owner is an individual who owns or controls at least 25 percent of a company or has substantial control over the company." The available resources define these terms in more detail.

In addition to the statutory language and governing regulations, supplementary compliance resources are available on the FinCEN website, including a "Small Entity Compli-

ance Guide" and a lengthy set of FAQs. This information is available at this link: www.fincen.gov/boi.

The terms of this new law can be complex, and there are civil and criminal penalties that can attach for failure to comply. Companies should consult their corporate attorneys if they have any questions about compliance.

FEDERAL: DEADLINES

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule: Covered entities and business associates must comply with amendments to the HIPAA Privacy Rule by **December 23, 2024**. In addition, Notices of Privacy Practices must be amended by **February 16, 2026**.

Gag Clause Attestation: The annual gag clause attestation is due on or before **December 31, 2024**.

Flexible Spending Accounts: A reminder that California law—Labor Code section 2810.7—requires employers to notify employees participating in a flexible spending account of any deadline to withdraw funds before the end of the plan year. The notice shall be provided in two different forms. For a calendar year plan, these notices should be provided before **December 31, 2024**.

Summary of Benefits and Coverage (SBC) and Claim Forms: SBCs and claim forms may have to be revised to include updated taglines. Plans must comply for the plan year beginning on or after **January 1, 2025**.

Fixed Indemnity Coverage Notice: For plan years beginning on or after **January 1, 2025**, new notices must accompany fixed indemnity policies.

Mental Health Parity and Addiction Equity Act (MHPAEA) and the CAA: Following changes made to MHPAEA by the CAA, final regulations were issued and portions of these regulations are effective for plan years beginning on or after **January 1, 2025** (such as the fiduciary certification), and other provisions are effective for plan years beginning on or after **January 1, 2026** (such as the NQTL outcomes data requirement).

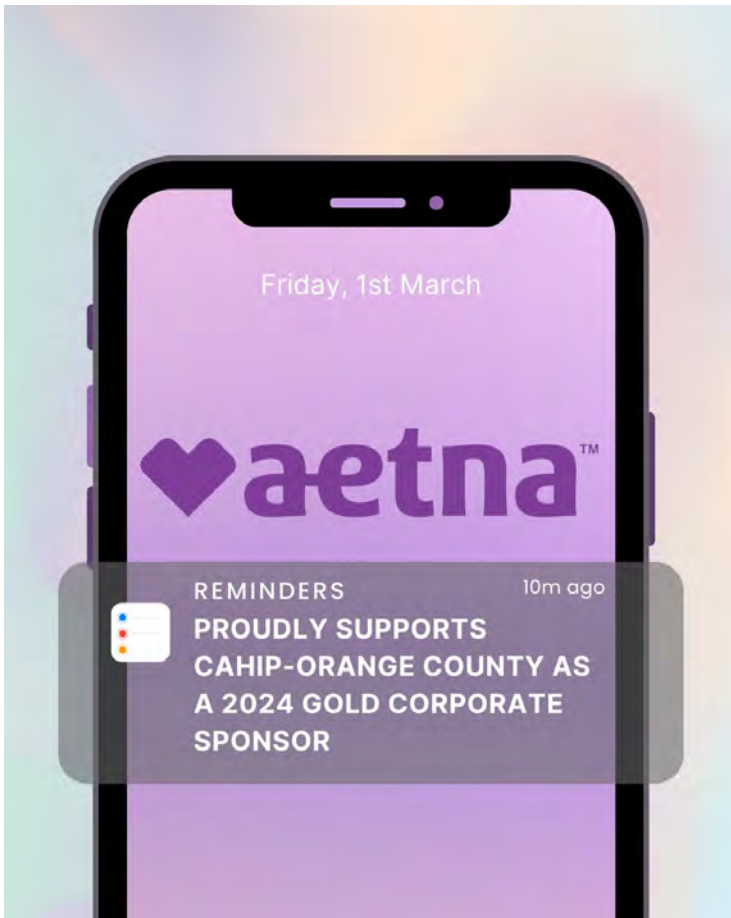
2024 Forms 1094/1095: The Internal Revenue Service (IRS) deadlines for these forms are:

- The 2024 Forms 1095 must be furnished to employees on or before **March 3, 2025**.
- The 2024 Forms 1094/1095 must be filed electronically with the IRS on or before **March 31, 2025**.

The Franchise Tax Board (FTB) deadlines for these forms are:

- The 2024 Forms 1095 must be furnished to employees by

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[&] Effect

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Don't Forget Our Upcoming Programs & Events!

January 14, 2025

Legal Update

February 11, 2025

Sales Symposium

March 11, 2025

March Monthly Meeting

April 21, 2025

CAHIP-OC Charity Golf Tournament



SAVE THE DATE!

**LEGISLATIVE
UPDATES**

JANUARY 14, 2025

 **11:00 AM - 1:00 PM**

BREA COMMUNITY CENTER

 admin@cahipoc.org

 www.cahipoc.org



*Join Us For Our
Annual
Legislative Update
Featuring Marilyn
Monahan, Esq*

January 14, 2025

11 am - 1 pm

*Brea Community Center
695 Madison Way
(near Birch & Randolph, off
the 57 fwy) Brea, CA*

*Note: New Location for This
Meeting!*

Mark Your Calendars for Our Upcoming CAHIP-OC Programs!

January Annual Legislative Update Meeting

January 14, 2025

Brea Community Center

CAHIP-OC Sales Symposium

February 11, 2025

Lake Forest Community Center

March Membership Meeting

March 11, 2025

Location TBD

CAHIP-OC Charity Golf Tournament Benefiting Cystic Fibrosis

April 21, 2025

Aliso Viejo Country Club

New Year, New Administration, Continued from Page 5

lican Steve Garvey in the special election to fill Dianne Feinstein's seat following her death.

The 53 Senate seats are significant because it means longevity for the party's hold. In 2026, Republicans will only have to defend one seat in a Blue State (ME) and one seat in a battleground state (NC). In 2028, Republicans will only have to defend two battleground states (NC and WI).

House

Republicans were not expected to hold the majority in the House, but that is what happened, with the slate at 215 Democrats, 220 Republicans. This is important because *the Republicans will control all of DC, meaning that they could and likely will use the "Reconciliation Process" to pass Republican policies*. Some of us in the health insurance industry remember precisely how this has worked in the past, as if you'll recall, COBRA was originally signed into law through the Reconciliation process (although this may be before many of your time!).

It's important to also note that the Trump tax cuts are set to expire at the end of 2025, and the ACA's "enhanced premium subsidies" expire at the end of 2025. Will this mean the end of the ACA enhanced premium subsidies? I have my own opinion on that, but we'll have to wait to see what happens later in the year. I'm hearing that Senate Republicans are pushing for quick success on an Energy policy, so we'll see what happens there.

"Lame Duck Session"

The "Lame Duck" session takes place after the election for the next Congress has been held, but before the current Congress has reached the end of its constitutional term. The significant characteristic of a lame duck session is that its participants of the Congressional session are the sitting Members of the existing Congress, not those who will be entitled to sit in the new Congress.

Washington insiders in our industry have been suggesting that Transparency, Data-Sharing and PBM reforms are likely to get finished during this "Lame Duck" session. Chris Condeluci, Esq, Washington Counsel for the Self-Insurance Institute of America, in a recent webinar, felt that all or a portion of the House-passed Lower Costs, More Transparency Act and all or a portion of S. 1339 (the Pharmacy Benefit Manager Reform Act) could very well be passed before the next Congressional

Term begins in January. It's also possible that some Artificial Intelligence regulations could be passed during this period.

Changing of the Guard

There is likely to be a huge shift in the power dynamics in Washington with the Republicans controlling the White House, House and Senate. It's possible that some of the bills mentioned in the "Lame Duck" section could however wait for President Trump to be sworn into office. It's possible that Trump being Trump may want to wait until the party can control everything in DC and do things on his own terms, rather than smaller deals during the "Lame Duck."

Some of the health care and health insurance related bills that could go forward by early 2025 include the Telehealth/HDHP exemption for first-dollar coverage and HSA eligibility. Again, if they fail to pass in the Lame Duck, look for those Transparency, Data-Sharing and PBM reforms to move quickly in 2025.

The 119th Congress and Reconciliation

The likely scenarios we will see early on in the Trump 2 era is Tax Reform, including extending the 2017 tax cuts. A lot of deals could happen quickly through Reconciliation, as I mentioned before. We could also see efforts to cap the "exclusion" for employer-sponsored coverage. That needs to be watched. Will the ACA "enhanced premium subsidies" be extended? We all know that Democrats will fight to keep them. There could be a compromise here (one of the few, in my opinion, under the second Trump term). There is talk of modifying the generosity of the subsidy and re-instituting an income limitation.

Another possibility is modifying ICHRA rules to make them more attractive.

Other health care policy issues include more Mental Health Parity legislation. Will the Republican-held Congress step in and overturn the complicated (and expensive for plan sponsors) NQTL regulations I wrote about last issue? That's definitely a possibility. Another big possibility is more Surprise Billing legislation, to make them more "provider-friendly." I however, think that's a mistake. Providers are already winning the majority of the disputes that go through the CAA's Independent Dispute Resolution (IDR) process I've written about many times. Unfortunately, we are seeing providers playing serious games to win. Like purposely sending correspondence to provide notice of a dispute to the plan sponsor or health issuer to wrong addresses, emails that are no long-

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New Year, New Administration, Continued from Page 13

er maintaining, etc. so that they are not aware of a dispute. Both parties are given 30 days to resolve the dispute through negotiations, but if aren't notified, Plan Sponsors or Issuers can't respond and submit their offers or negotiate. Basically, the arbiter has to side with the inflated claim pricing of the providers, because the Plan Sponsor never submitted their data to support their payment amounts.

There is also a possibility that the 119th Congress will take on the expansion of HSAs, Direct Primary Care and Telehealth HDHP/HSA exemptions, making them permanent (they are now temporary and their expiration date is coming up soon). Those are battles I hope they do take on and put into law.

New Trump Regulations and other Administrative Actions may move swiftly in early 2025.. Look for the possibility of Hospital and PBM consolidations to stop hospitals that purchase physician offices and other outpatient facilities to re-categorize them as facilities so that they can charge more for the same health care service, as well as site neutral payment policies NABIP emphasized last year.

Drug Pricing could be looked at early on, trying to limit or even halt drug pricing negotiations, end PBM rebates, or allow for drug importation.

It's also possible that Association Health Plans (AHPs) and Multiple Welfare Arrangements (MEWAs) could see an increase in interest in DC. Note that although NABIP has traditionally been against AHPs and MEWAs, I personally think that by joining companies into larger groups they could see a decrease in costs, if done the right way. Now, I know all of my small group friends are going to go against me on this, but I've been consistent in my thoughts on this for decades now. I guess that is because I do mostly larger group, not small group benefits. I think if my business relied on only small group, I'd probably fight it also in a somewhat self-serving way. But, my own opinion stands, and I think these larger arrangements can be cost-effective, if operated properly.

Agency Changes

One thing to keep in mind that with a new President and a new Congressional term, we will see significant changes in the key leadership of major federal agencies, like the Department of Health & Human Services (Trump has selected Robert F Kennedy Jr. as his controversial choice, subject to approval), Centers for Medicare & Medicaid Services (CMS) and the Center for Consumer Information & Insurance Oversight (CCIO). With new Agency leadership there is usually a lot of change, so be

aware and expect new regulations coming out rapidly on a myriad of topics affecting our industry.

Conclusion

So, what does all of this mean? It means we all need to stay on top of the news coming out of Washington, DC. I expect thousands of pages of new regulations to be issued in 2025, keeping us all on our toes. I expect to need to put aside a lot of hours studying whatever comes next out of the 119th Congress and the regulatory bodies/agencies. One thing to keep in mind is that with a new Administration, there are always challenges and opportunities. Rather than get pulled down into the dirt, feeling like I'm getting buried by all of the new laws and regulations, I look at as a new way to help my group clients, and continue to show them why they need me. I always try to look at a new set of rules and the stacks and stacks of paper on my desk (yes, I still print all of the regulations and read them so I can study them, highlight the important areas and tag pages to refer back to later) as an opportunity; an opportunity to see what is required, and find new ways to offer more services, new ways to educate or share knowledge with more clients and prospects. Sometimes that even results in increasing revenue! ##

Author's Note: I'd like to thank the Self-Insurance Institute of America for their Advocacy In Action webinar in November, 2024!, and particularly Chris Condeluci, Esq and Anthony Murello for their expertise, and basically giving me an idea on what to write about this issue!

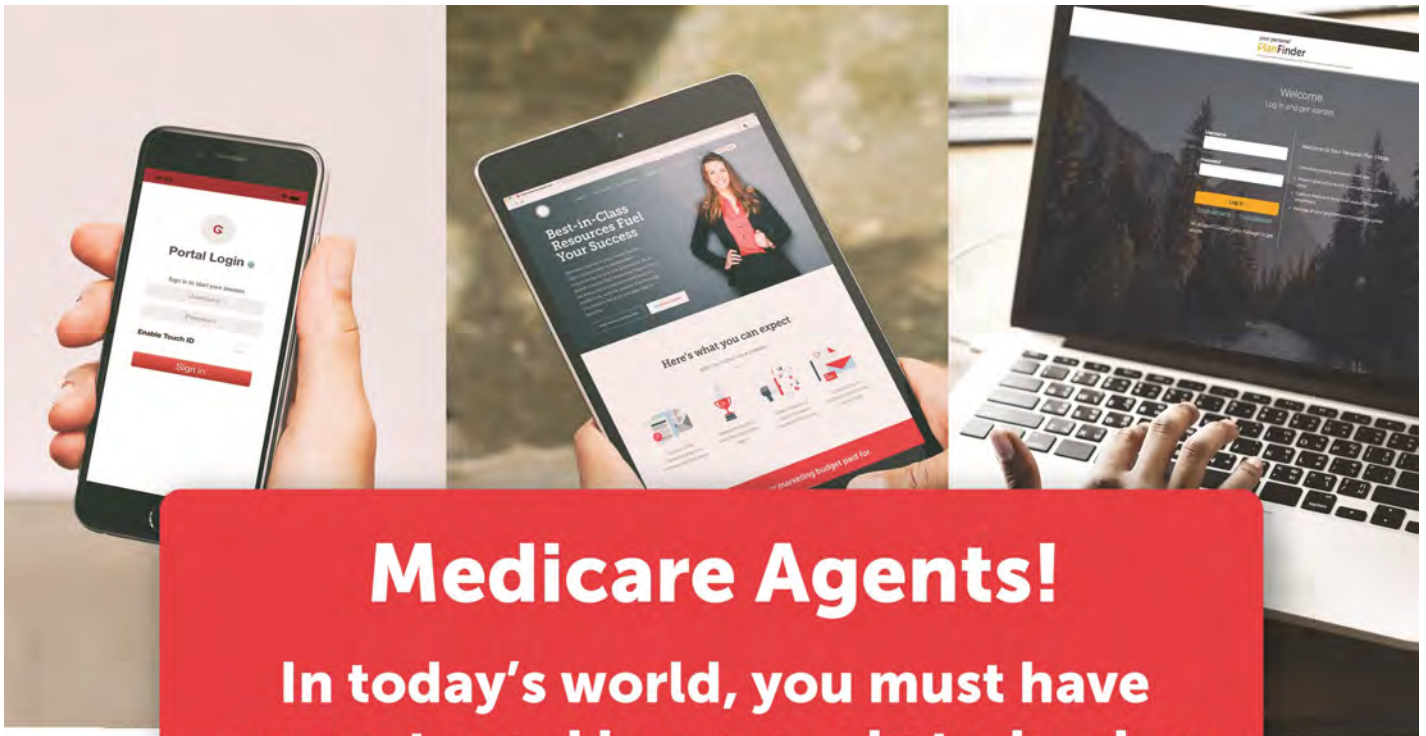
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Legal Briefs, continued from page 10

January 31, 2025.

- The 2024 Forms 1094/1095 must be filed with the FTB on or before **May 31, 2025**.

RxDC Reporting and Carrier Surveys: Annual RxDC reporting is due **June 1, 2025**. But, early in the **new year**, employers must watch for surveys from their carriers and respond to them **on time**.

CMS Disclosure for Medicare Part D: Within 60 days of the end of the plan year, employers must complete the Online Disclosure to the Centers for Medicare Services (CMS) to report the creditable coverage status of their prescription drug plan (**March 1, 2025**, for calendar year plans).

Multiple Employer Welfare Arrangements (MEWAs) – Form M-1: The Form M-1 must be filed by MEWAs no later than **March 1** following any calendar year for which a filing is required.

HIPAA Data Breaches: Breaches of unsecured protected health information (PHI) affecting fewer than 500 individuals must be reported to HHS's Office for Civil Rights (OCR) within 60 days of the end of the calendar year (or **March 1, 2025**).

CALIFORNIA: HIGHLIGHTS

New California Laws

A.B. 2434 - Multiple Employer Welfare Arrangements: This bill authorizes an association of employers to offer a large group health care service plan contract to small group employer members of the association, consistent with ERISA, if certain requirements are met, including that the association was established before January 1, 1966, and is the sponsor of a MEWA, and that the contract includes coverage of employees of an association member in the **engineering, surveying, or design industry**. This bill would repeal these provisions on January 1, 2030.

A.B. 2072 – Multiple Employer Welfare Arrangements: Existing law, until January 1, 2026, authorizes an association of employers in the biomedical industry to offer a large group health care service plan contract or large group health insurance policy to small group employer members of the association if certain requirements are met. Existing law also requires an association and MEWA to annually file evidence of ongoing compliance with these requirements in a manner specified by the departments.

A.B. 2072 extends the sunset date to January 1, 2030, for the authorization of this type of health care service plan and insurance policy. In addition, A.B. 2072 requires the CDI and DMHC, on or before June 30, 2026, to provide the health poli-

cy committees of the Legislature the most recent annual filings of compliance, and the Departments must also conduct analyses of the impact on the small employer health insurance market in California of health care service plans currently issuing large group contracts to small employers through MEWAs.

##

CAHIP-OC November Pizza Party Photos





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California Agents and Health Insurance Professionals Political Action Committee
1127 11th Street, Suite 210
Sacramento, CA 95814
FPPC # 892177

CAHIP PAC CONTRIBUTOR COMMITMENT FORM

Last Name First Name Middle

Occupation (Required for FPPC reporting purposes)

Employer (If self employed, name of business; Required for FPPC reporting purposes)

Work Address (Please provide street address only, no P.O. Boxes) ☐ Check if address for Credit Card

City, State, Zip Phone Fax

Home Address (Please provide street address only, no P.O. Boxes) ☐ Check if address for Credit Card

City, State, Zip Phone Fax

Contact Email Address Local Chapter

PRECIOUS GEM STONE CONTRIBUTION LEVELS

Levels	Annual	Monthly Minimum	Diamond Levels	Annual	Monthly Minimum
Ruby	\$250 - \$499	\$21/month +	Diamond	\$1,000 - \$2,499	\$84/month +
Emerald	\$500 - \$719	\$42/month +	Double Diamond	\$2,500 - \$4,999	\$209/month +
Sapphire	\$720 - \$999	\$60/month +	Triple Diamond	\$5,000+	\$417/month +

NOTE: POLITICAL CONTRIBUTIONS ARE REPORTED TO THE FPPC. YOUR NAME, AS A CONTRIBUTOR, WILL BE A MATTER OF PUBLIC RECORD.

PAYMENT METHOD (attach check or select method below)

Payment Method	Card or Account #	Exp. Date	Security Code	Monthly Amount	One-Time Contribution
Check Enclosed					\$
Visa/MC/Amex				\$	\$
Auto-checking withdrawal	PLEASE ATTACH A VOIDED CHECK			\$	

Bank Draft / Credit Card Authorization: I (we) hereby authorize the CAHIP PAC to initiate debt entries to my (our) checking account and or credit card. Monthly or one-time debits to be made as shown above. Monthly contributions will continue to be drawn until CAHIP PAC is notified in writing to cease. I understand that if I should request changes to the amount withdrawn or a cancellation of these charges that it may be 30 days before these changes to become effective.

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HIPAA Updates, Continued from Page 8

uals was made publicly available online. The PHI disclosed included patient names, dates of birth, home addresses, Social Security numbers, claims information, diagnosis/conditions and other treatment information. These impermissible disclosures of PHI were potential violations of the HIPAA Privacy Rule.

OCR's investigation also identified multiple potential HIPAA Security Rule violations including: failures by Inmediata to conduct a compliant risk analysis to determine the potential risks and vulnerabilities to ePHI in its systems; and to monitor and review its health information systems' activity. The settlement resolves OCR's investigation concerning this HIPAA breach.

Under the terms of the settlement, Inmediata paid OCR \$250,000. OCR determined that a corrective action plan was not necessary in this resolution as Inmediata had previously agreed to a [settlement](#) with 33 states that includes corrective actions that address OCR's findings in this matter.

OCR recommends health care providers, health plans, clearing-houses, and business associates that are covered by HIPAA take the following steps to protect ePHI:

- Review all vendor and contractor relationships to ensure business associate agreements are in place as appropriate and

address breach/security incident obligations.

- Integrate risk analysis and risk management into business processes; conducted regularly and when new technologies and business operations are planned.
 - Ensure audit controls are in place to record and examine information system activity.
 - Implement regular review of information system activity.
 - Utilize multi-factor authentication to ensure only authorized users are accessing ePHI.
 - Encrypt ePHI to guard against unauthorized access to ePHI.
 - Incorporate lessons learned from incidents into the overall security management process.
- Provide training specific to organization and job responsibilities and on regular basis; reinforce workforce members' critical role in protecting privacy and security. The resolution agreement may be found at: <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/inmediata-health-group-rahcap/index.html>

Be sure to review the new requirements for the HIPAA Privacy Rule to Support Reproductive Health Care Privacy on page 39.

More next issue! ##



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Insurance companies vary by region.



SPEAKER:
MARILYN A. MONAHAN, ESQ.

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JANUARY 14, 2025

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**Catch up on all of the new federal and state laws at our January Annual Legislative
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New Location for This Meeting!

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The **Leading Producers Round Table** was formed by NAHU in 1942 to recognize the successful underwriters of Accident & Health Insurance. Today, the LPRT committee is committed to making LPRT the premier program for top Health, Disability, Long Term Care and Worksite Marketing Insurance producers, carrier reps, carrier management and general agency/agency managers.

As the saying goes, “membership has its rewards” and as a member of the Leading Producer’s Round Table (LRPT), you will have the recognition of your peers for being one of the top performers in our business. LRPT members also receive discounts on many NAHU services and meetings. There are exclusive LPRT-only events held as well.

The qualification categories are:

Personal Production: Business written by a single producer.

Carrier Representatives: An employee of an insurance carrier working with producers.

Agency: Management of a general agency or agency.

Carrier Management: Carrier/home office sales managers, directors of sales and vice president sales

Visit NAHU.org go to Membership Resources > LPRT (Leading Producers Roundtable) for more information on how you can qualify for this exclusive membership.

MEMBERSHIP NEWS - NEW MEMBERS

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Maria Otoyá

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Haley Mauser, VP of Membership

Optavise

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(see page 22 for board roster)

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Open Enrollment Resources for Chapter Success!

- **Easy to Use Toolkits:**
These toolkits provide NABIP members with ready-made, customizable resources — from ads to social media posts and infographics. Chapters can easily use them to highlight their role and connect with consumers.
- **Promoting the Broker Advantage:**
These materials empower NABIP members to confidently showcase their expertise as trusted healthcare advisors, guiding consumers through the important Medicare and Marketplace open enrollment periods.

Annual Enrollment Period (AEP)

(Oct. 15 - Dec. 7, 2024)

This toolkit provides comprehensive resources to support Medicare-related open enrollment activities:

- **Social Media Posts:** Ready-to-use posts for promoting AEP.
- **Ad Templates:**
 - Medicare Facebook Ad
 - Google Ad
 - Medicare Print Ad
- **Customizable Flyers:**
 - Medigap
 - Medicare & Group Health Insurance
 - Comparing Traditional Medicare vs. Medicare Advantage
- **Infographic:** Customizable graphic on Medicare Part D changes.
- **Medicare Brochure:** A detailed brochure for consumer education.



NABIP Tool Kits For Members Available

Visit nabip.org for more information, or contact any CAHIP-OC Board Member



Open Enrollment Period (OEP)

(Nov. 1, 2024 - Jan. 15, 2025)

This toolkit supports activities for the Marketplace Open Enrollment period:

- **Social Media Posts:** Optimized for engagement during Marketplace open enrollment.
- **Ad Templates:**
 - Individual & Business Facebook Ads
 - Google Ad
 - Print Ad
- **Additional Tools:**
 - **PSA (Public Service Announcement)**
 - **Sample Editorial:** To support local outreach efforts.
 - **"Find an Agent" Press Release:** Ready-to-customize for local chapters.



More Pizza Party Photos



NABIP | pac

NABIP PAC has a new name but it remains committed to moving forward and fulfilling its mission to support candidates that support our industry. I'm writing today to explain what NABIP's political action committee is and how it operates.

What is the National Association of Benefits and Insurance Professionals Political Action Committee (NABIP PAC)?

- NABIP PAC is a separate segregated fund (SSF) that allows for political advocacy from the connected organization -- in this case, NABIP.
- For this reason, the PAC (candidate fund) is restricted to raising money from dues-paying members.
- PAC money is NOT tax-deductible. Contributions are not deductible for state or federal tax purposes.
- NABIP PAC has two different accounts:
 - o Candidate Account
 - o Administrative Fund

What is the Candidate Account?

- It is made up of individuals' contributions through personal credit cards or bank accounts.
- Funds from this account are given to political candidates, both challengers and incumbents, Democrats and Republicans.
- NABIP members, their spouses and NABIP staff can give up to \$5,000 each year (federal law).

What is the Administrative Fund?

- Businesses can contribute to the Admin Fund.
- State and local chapters can also contribute.
- Money in this account goes to the operating costs of NABIP PAC so that the Candidate Account can be reserved solely for political contributions.
- Unlike the Candidate Account, there are no contribution limits on the Administrative Fund.

How does the NABIP PAC money we donate get spent by candidates?

- Winning Senate candidates spent an average of \$16

million in 2022.

- On average, \$2.0 million was spent to win a House seat in 2022.
- A NABIP PAC donation of \$2000 is just one in 2000 groups of people contributing to total amount needed to win that House seat.
- Needless to say, members of Congress have many groups like NABIP that expect their legislative agendas to become a priority through their donation.
- **Through NABIP PAC, NABIP gets time and access to members of Congress to advocate on behalf of agents and brokers.**

What are the rules for communication of available money for Candidate Account Fund?

- A member of Congress and his or her staff are never allowed to discuss the campaign or fundraising while using government resources. This includes in their office, while they are working on a Congressional activity, or using an email or phone number provided by the member's office.

Reach out to me Cathy@BAISins.com or Gail to view/ or update your NABIP-pac fund giving level here and donate today if you are not currently!

Cathy Daugherty, VP of PAC

**Are you Ready to Contribute
NABIP PAC?**

**If so, please complete the form
on page 27!**

**Note: CAHIP PAC contribution form can be
found on page 18!**



The purpose of the NABIP PAC is to raise funds from NABIP members to support the political campaigns of candidates who believe in private-sector solutions for the health and financial security of all Americans.

Contribute securely at www.nabippac.org

Step 1: Tell us about yourself. *(All information must be completed in full by contributor.)*

Name:

Occupation:

Employer:

Address:

Email:

Phone:

Step 2: Please select (A) Fund (B) Frequency (C) Contribution Level

☐ New Contributor ☐ Past Contributor ☐ Change Contribution to Amount Checked Below

A. Choose a Fund

☐ Candidate Fund* ☐ Administrative Fund**

**Candidate Fund can ONLY accept personal contributions.*

***Administrative Fund can accept corporate contributions.*

B. Contribution Frequency

☐ One-Time Contribution

☐ Charge my account annually for this amount.

☐ Monthly Contribution (Recurring)

Credit card or bank account will be charged monthly.

C. Contribution Levels

		(Annual)		(Monthly)
Member	☐	\$150	☐	\$12
Bronze	☐	\$365	☐	\$30
Silver	☐	\$500	☐	\$42
Gold	☐	\$750	☐	\$63
Platinum	☐	\$1,000	☐	\$85
Diamond	☐	\$2,000	☐	\$170
Double Diamond	☐	\$3,000	☐	\$250
Triple Diamond	☐	\$5,000	☐	\$415
Amount not listed	☐	\$	☐	\$

Did a NABIP member refer you? If so, who?

Step 3: Provide your method of payment.

(Payment must be from a personal credit card or bank account if contributing to the Candidate Fund.)

Credit or Debit Card

☐ American Express ☐ Discover ☐ Mastercard ☐ Visa

Card Number:

Expiration Date: (mm/yy):

CVV:

Zip Code:

Checking Account

Bank Routing Number:

Account Number:

Signature

☐ I authorize NABIP PAC to initiate charges to my personal bank account or credit card as shown above.

Signature:

Date:

Step 4: Submit this form. Mail

NABIP PAC
999 E Street NW, Suite 400
Washington, DC 20004

Fax

202-747-6820

Email

nabippac@nabip.org

A contribution to a Political Action Committee is not tax deductible. Only NABIP members, their immediate families and NABIP staff may contribute. Only U.S. citizens and permanent residents may contribute. Any guidelines mentioned for contributions are merely suggestions. You may contribute more or less than the guidelines suggest, and the National Association of Benefits and Insurance Professionals (NABIP) will not favor nor disadvantage you by reason of the amount of your contribution or your decision not to contribute. Federal law requires PACs to report the name, mailing address, occupation and employer for individuals whose donations exceed \$200 in a calendar year. Federal law prohibits corporate or business donations to a federal PAC. Please make certain that your check or credit card is your personal account.

Tuesday, November 5th, marked a pivotal Election Day, and with Republicans now set to control the House, Senate, and White House, we are preparing for a new legislative and administrative landscape that presents both opportunities and challenges. Our immediate focus is on the upcoming lame-duck session, a period that is critical for advancing vital legislative priorities in the current Congress. We'll be working diligently to ensure that any remaining must-pass legislation aligns with the goals of our members and the individuals and businesses they serve. These priorities include extending telehealth flexibilities, reducing employer reporting burdens, providing employers greater access to healthcare data, and creating more transparency within the system regarding Pharmacy Benefit Managers (PBMs).

Looking beyond the lame-duck session, we are also diligently preparing to engage the incoming Congress and new administration. The next few weeks will be essential for laying the groundwork with newly elected legislators, especially those who will serve on key committees of jurisdiction that directly influence our advocacy efforts. Establishing solid relationships with these leaders from the outset will help ensure our members' voices are heard and amplified in the legislative process.

At the same time, the transition to a new administration brings changes at critical agencies, including the Department of Health and Human Services (HHS), the Centers for Medicare & Medicaid Services (CMS), and the Center for Consumer Information and Insurance Oversight (CCIIO). We will be reaching out to the newly appointed leadership in these agencies to introduce our organization, share our policy priorities, and begin what we hope will be a productive and collaborative relationship. Engaging early with these leaders will position us to advocate effectively for the issues that matter most to our members.

As we navigate these changes, one of the most effective ways to make your voice heard and support our advocacy efforts is by attending the 2025 Capitol Conference in February. This event is more than just a gathering—it's a critical opportunity for our members to meet directly with lawmakers and their staff to discuss the real-world implications of policies affecting our industry and healthcare consumers. With a new Congress in place and fresh leadership in key agencies, the conversations at the Capitol Conference will set the tone for our advocacy efforts in the coming years. Your presence helps us amplify the collective voice of our members and ensures that our perspectives are front and center as decisions are made in Washington.

Our organization is committed to adapting to these changes and continuing to champion the interests of our members. Whether through meetings on Capitol Hill, discussions with agency leaders, or ongoing grassroots advocacy, we remain steadfast in our mission to advance solutions that improve the lives of the individuals, families, and employers who depend on the expertise of our members.

As we navigate this new chapter, your engagement and support will be more critical than ever. Thank you for standing with us as we continue to work tirelessly on behalf of our industry, our members, and the communities they serve. Together, we can ensure that our collective voice remains robust and influential in the coming months and years.

For more information:

§ Link to Cap Con website: <https://nabip.org/events/capitol-conference>

§ Link to the Press release about President-Elect Trump: <https://nabip.org/media/9812/presidential-election-2024-trump-241106-final.pdf>

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April 21, 2025

28th Annual Charity Golf Tournament Benefitting Cystic Fibrosis

Aliso Viejo Country Club

More Information page 35.

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Retirement/401K Plans and Secure Act

By: Anne Kelly, CAHIP-OC Sponsorship Chair & Professional Development Committee Member

The **401(k) mandate** in California and the SECURE Act 2.0, as well as 401(k) testing and safe harbor rules, are critical topics for retirement plan sponsors and employees.

Below is a detailed breakdown:

California 401(k) Mandate

- **CalSavers:** California has implemented a retirement savings mandate known as **CalSavers**. Employers with five or more employees are required to either offer their own retirement plan (like a 401(k)) or enroll in CalSavers, a state-sponsored retirement savings program.

Deadlines: Companies with 5 or more employees must comply with CalSavers as of **June 30, 2022. This goes down to 1 employee December 2025.**

Non-compliant employers may face penalties, up to \$750 per eligible employee after repeated failures to enroll employees.

SECURE Act 2.0 (2024-2025 Rules)

The **SECURE Act 2.0**, passed in December 2022, continues to reshape retirement plans. Here are the key provisions for 2024-2025:

Key Changes for 2024:

- **Automatic Enrollment:** Beginning in 2024, most new 401(k) and 403(b) plans must automatically enroll eligible employees with a contribution rate of at least 3%, increasing annually by 1% up to at least 10%, but no more than 15%. Employees can opt out.
- **Catch-up Contributions:** Employees aged 50 or older can make catch-up contributions of an additional \$7,500 (for 2023; subject to future adjustments). Starting in 2024, if the employee earns more than \$145,000, catch-up contributions must be made as **Roth contributions** (after-tax).

Matching Roth Contributions: Employers can now offer **matching contributions to Roth accounts**, which were previously restricted to pre-tax contributions only.

Key Changes for 2025:

- **Mandatory Catch-up Increase for Ages 60-63:** Employees between the ages of 60-63 can make larger catch-up contributions—up to the greater of \$10,000 or 150% of the standard catch-up limit for 2025.

Part-Time Employees: As of 2025, part-time employees who work at least 500 hours per year for two consecutive years will become eligible to participate in 401(k) plans.

401(k) Top-Heavy Testing

A **top-heavy plan** is one in which key employees (owners and highly compensated employees) hold 60% or more of the plan's assets.

Owners with more than 5% and officers earning over \$215,000 are considered key employees. If key employees hold more than 60% of the total plan assets, the plan is considered **top-heavy**.

If a plan is top-heavy, the company must contribute a minimum of **3%** of compensation for all non-key employees.

- **2024/2025 Testing:** Top-heavy testing is performed annually. If the plan is top-heavy, the employer must meet the contribution requirements, regardless of employees' deferral rates.
- **Correction:** Employers can correct top-heavy status by providing additional contributions or changing the plan design to avoid the top-heavy status, potentially utilizing **safe harbor plans** to bypass these rules.

401(k) Discrimination Testing

Discrimination tests ensure that a 401(k) plan does not disproportionately favor highly compensated employees (HCEs). There are three main tests:

- **Actual Deferral Percentage (ADP):** Compares the salary deferral percentages of HCEs and non-HCEs.
- **Actual Contribution Percentage (ACP):** Compares employer matching contributions received by HCEs and non-HCEs.
- **Top-Heavy Test:** As mentioned earlier, tests the concentration of benefits in key employees' accounts.

2024/2025 Testing Rules: Employers must still perform these tests annually unless they adopt a **safe harbor plan** that automatically satisfies ADP and ACP testing.

Actual Deferral Percentage (ADP) Test

The ADP test limits how much highly compensated employees can defer into their 401(k) based on the average deferral percentage of non-highly compensated employees.

ADP Formula: The **average deferral percentage** for HCEs is compared to the **average deferral percentage** for NHCEs. The **maximum contribution rate for HCEs depends on the NHCEs' average contribution rates.**

- The limits for HCEs are:
- If the NHCE average deferral rate is **0% to 2%**, HCEs can defer **up to 2 times** the NHCE rate.
- If the NHCE average deferral rate is **2% to 8%**, HCEs can defer **up to 2% more** than NHCEs.
- If the NHCE average deferral rate is **greater than 8%**, HCEs can

defer **up to 1.25 times** the NHCE rate.

2. Actual Contribution Percentage (ACP) Test

The ACP test works similarly to the ADP test but looks at **employer matching contributions** and employee **after-tax contributions**.

ACP Formula: Like the ADP test, the ACP test compares the average percentage of employer matching and after-tax contributions for HCEs against NHCEs.

- The same ratios apply:
- If NHCE average contribution rate is **0% to 2%**, HCEs can receive up to **2 times** the NHCE rate.
- If NHCE average contribution rate is **2% to 8%**, HCEs can receive up to **2% more** than NHCEs.
- If NHCE average contribution rate is **greater than 8%**, HCEs can receive up to **1.25 times** the NHCE rate.

Note: Failing the TOP Heavy test would require your Employer to MATCH 3% for 2 Years until plan came back into compliance. Never put money in as an Owner until you know what the regular employees have in the plan .

A **safe harbor 401(k)** plan is exempt from annual nondiscrimination testing (ADP and ACP tests) if it meets specific contribution requirements. Employers must make **either**:

- **Basic matching contribution:** **100% match of the first 3% of compensation and 50% match on the next 2%. (i.e 4%)**
- **Enhanced matching contribution:** A match more generous than the basic match.
- **Non-elective contribution:** At least 3% of compensation to all eligible employees, regardless of their deferral rate.

Vesting and Safe Harbor Contributions

Safe harbor contributions are **immediately 100% vested**. Employers **cannot apply a vesting schedule to these contributions**, which means employees have immediate ownership of the matching or non-elective contributions made under a safe harbor 401(k) plan.

However, non-safe harbor contributions, such as discretionary profit-sharing or additional employer matches, can still have vesting schedules, such as a **graded vesting** (e.g., 20% per year over 5 years) or **cliff vesting** (100% after 3 years).

In the context of 401(k) plans, **owners** and **highly compensated employees (HCEs)** are important categories when it comes to plan administration, compliance, and testing (e.g., discrimination and top-heavy testing). For 2024 and 2025, here are the key definitions:

Owners (Key Employees)

For purposes of **top-heavy testing**, an **owner** or **key employee** is generally defined as any of the following:

Owners with more than 5% ownership: Any employee who owns more than 5% of the company, directly or indirectly, at any point during the year or the preceding year. This applies to ownership in terms of shares, voting power, or capital interest.

Owners with more than 1% ownership and compensation over \$150,000: Any employee who owns more than 1% of the

company and earns more than \$150,000 in compensation for the year.

Officers: Any officer of the company who had compensation greater than \$215,000 for 2023 (indexed for inflation for 2024 and 2025). The limit on the number of officers that can be classified as key employees is the lesser of 50 employees or the greater of 3 employees or 10% of the workforce.

Highly Compensated Employees (HCEs)

An HCE is defined by the IRS for 401(k) purposes as one who meets one of the following criteria:

Ownership Test: An employee who owns more than 5% of the company during the current year or the previous year. This includes both direct and indirect ownership (e.g., family ownership via attribution rules).

Compensation Test: Any employee who earned more than \$150,000 in compensation during the previous year (for the 2023 plan year). This threshold is indexed for inflation, so the HCE compensation threshold for the **2024 plan year** is expected to be around \$155,000, with an increase to approximately \$160,000 for the **2025 plan year** (adjustments pending final IRS guidelines).

Family Attribution Rules

When determining ownership for both **key employees** and **HCEs**, **family attribution rules** apply. These rules attribute ownership from family members to the employee. For example:

- Spouses
- Parents
- Children

This means that if an employee's spouse owns more than 5% of the company, the employee is considered to own that 5% as well, making them a key employee or HCE, even if they don't directly own any shares themselves.

Key Differences and Implications for Testing

Top-Heavy Testing: **Owners with more than 5% and officers earning over \$215,000** are considered key employees. **If key employees hold more than 60% of the total plan assets, the plan is considered top-heavy.**

Discrimination Testing (ADP/ACP Tests): **HCEs** (who earn over the threshold or own more than 5%) must be compared to non-HCEs to ensure the plan doesn't disproportionately favor the HCE group in contributions or benefits.

Planning Considerations for 2024-2025:

- Employers should closely monitor the **HCE threshold**, as inflation adjustments can impact plan eligibility and testing.

It is important to review ownership structures and compensation to determine whether individuals are classified as **HCEs** or **key employees** for compliance with testing and contribution requirements.

##



Sleep and Recovery During Busy Seasons: Why Rest is Key to Sustaining Productivity and Health

By: Gabriella Bellizzi - CAHIP-OC Vice President, Professional Development

As the demands of work intensify during peak seasons—whether it's the holiday rush, end-of-quarter deadlines, or project overload—many professionals find themselves sacrificing sleep to keep up. However, what they may not realize is that inadequate sleep and poor recovery practices can significantly undermine both health and productivity, creating a vicious cycle that can be difficult to break.

The Critical Role of Sleep for Health and Performance Sleep is not a luxury; it is a biological necessity that affects nearly every aspect of our physical and mental well-being. During busy times, it can be tempting to push through fatigue, thinking that working longer hours will yield better results. However, studies show that sleep deprivation severely impacts cognitive function, memory, decision-making, and overall work performance. When we don't get enough sleep, our brains and bodies struggle to perform at their best. Sleep is essential for consolidating memories, enhancing learning, and fostering creativity—processes that are especially vital when deadlines loom. Without sufficient rest, our ability to concentrate, solve complex problems, and even interact with colleagues or clients can diminish sharply (Walker, 2017). Beyond cognitive function, sleep is also closely tied to immune function. Chronic sleep deprivation weakens the immune system, making us more vulnerable to illness. During high-pressure work seasons, when stress levels rise and workloads become overwhelming, the last thing we need is an increased susceptibility to colds or infections. Studies have shown that people who sleep less than six hours a night are four times more likely to catch a cold than those who get the recommended seven to nine hours (Cohen et al., 2009). Furthermore, poor sleep can exacerbate stress. As cortisol (the stress hormone) increases during stressful periods, sleep disruption creates a feedback loop: high stress leads to poor sleep, and poor sleep increases stress. This dynamic can lead to burnout, anxiety, and a decline in overall health (Lund et al., 2010).

Improving Sleep Quality: Simple Tips for Restorative Sleep

In a world filled with constant distractions and demands, improving sleep quality during busy seasons requires intentional effort. Here are some strategies to help professionals prioritize restorative sleep, even when time feels limited:

1. **Maintain a Consistent Bedtime:** Consistency is key to regulating your internal body clock. Going to bed at the same time every night, even on weekends, helps signal to your brain that it's time to wind down and rest. This consistency builds healthy sleep patterns, making it easier to fall asleep and wake up refreshed.
2. **Limit Screen Time Before Bed:** The blue light emitted by phones, tablets, and computers interferes with the body's production of melatonin, the hormone responsible for regulating sleep. To im-

prove sleep quality, it's best to avoid screens at least 30 to 60 minutes before bed. Instead, engage in calming activities such as reading, meditating, or taking a warm bath (Harvard Medical School, 2020).

3. **Create a Relaxing Pre-Bedtime Routine:** The transition from work mode to rest mode is essential for falling asleep quickly and deeply. Incorporate relaxation techniques into your routine, such as deep breathing exercises, gentle stretching, or listening to soothing music. Creating a sleep-friendly environment—cool, dark, and quiet—also promotes better rest.
4. **Limit Caffeine and Alcohol:** Both caffeine and alcohol can disrupt the sleep cycle. While caffeine can interfere with falling asleep if consumed too late in the day, alcohol may initially make you drowsy but can impair the quality of your sleep later in the night. Aim to avoid these substances at least six hours before bedtime.

Balancing Rest and Productivity: Why Recovery Is Essential

For many professionals, there's a temptation to view rest as a luxury they can't afford when work demands escalate. However, taking regular breaks and allowing time for recovery is not only beneficial—it's necessary for sustained productivity and long-term success.

1. **The Power of Short Breaks:** Research indicates that taking short breaks throughout the day helps maintain focus and cognitive performance. The "Pomodoro Technique," where you work for 25 minutes followed by a 5-minute break, is one popular method. These brief periods of rest help rejuvenate the brain, reduce mental fatigue, and improve overall work output (Ariga & Lleras, 2011).
2. **The Need for "Micro-Rest":** Even on the busiest days, taking a few minutes to pause and reset can have profound effects. "Micro-rests" can include activities like stretching, taking a brisk walk, or simply sitting quietly with your eyes closed for a few minutes. These moments help regulate stress and provide a mental reset, allowing for more effective problem-solving and creativity once you return to your tasks.
3. **Sleep as an Investment in Productivity:** Studies consistently show that adequate sleep leads to better decision-making, enhanced creativity, and increased problem-solving abilities. While sacrificing sleep may seem like a quick fix to meet deadlines, the long-term effects of poor sleep, including decreased productivity and cognitive impairment, often outweigh any short-term gains (Walker, 2017). Prioritizing sleep during busy seasons is an investment in your work output, efficiency, and

creativity. Incorporating rest into your daily routine doesn't just mean improving your sleep. It also involves recognizing the value of downtime during your waking hours. A balance between productive work and quality recovery is essential to keeping energy levels high and ensuring long-term health and performance.

Sleep and recovery are integral components of overall well-being and productivity, especially during busy and high-stress work seasons. While it may seem tempting to work through fatigue, the research clearly shows that insufficient sleep, combined with a lack of proper recovery, leads to diminished cognitive performance, weakened immunity, and a heightened risk of burnout. By incorporating simple sleep hygiene practices and understanding the importance of balancing rest with work, professionals can optimize their health, sustain their productivity, and perform at their best, even during the most demanding periods.

Works Cited

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##

Happy New Year From the CAHIP-OC Board of Directors!



**3 full days of Review 2026 Benefits,
Guest Speakers, Educational Classes,
Panel Discussions, Exhibits and lots more!**

SAVE THE DATE

SEPTEMBER 9, 10, 11, 2025



**Mark your calendars
to attend this important
Medicare Senior Summit**



Pechanga Resort Casino in Temecula, California

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**A Special Message to our
Corporate Sponsors:**

As we enter a new year, the CAHIP-OC Board of Directors wish to reflect on the successful 2024 year for our association. A large part of that success was because of you, our Corporate Sponsors.

Thanks so much for all of the support you give us throughout the year.

Please know how much we truly appreciate you! Happy 2025!

The CAHIP-OC Board of Directors

Don't Forget
Sales Symposium
February 11, 2025

NABIP Operation Shout! One of the primary ways we engage in advocacy for the consumer is by supporting legislation that ensures the future and stability of the insurance industry. Through [Operation Shout](#), you as a member have the opportunity to participate in this process. As legislative needs arise, you will be prompted by staff to participate in Operation Shout. Participating is quick and easy. When you click on "write" you will have the option of using the message we have already created, which takes less than a minute, or composing your own. Either method is effective and sends a strong message to your member of Congress about the important issues facing us today. You can also check back at any time to view and send archived messages. When engaging in NABIP grassroots operations, remember that we are most effective when we speak with one voice. As always, if you have any questions, please feel free to [contact us](#)!

Don't Forget CAHIP-OC's Upcoming Events!

January Legislative Update Meeting

January 14, 2025

Sales Symposium

February 11, 2025

Mark Your Calendars Now!



**28TH ANNUAL CHARITY
GOLF TOURNAMENT**

TAKE A SWING FORE THE CURE

APRIL 21, 2025

Aliso Viejo Country Club

**Proceeds to benefit Cystic Fibrosis
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- Registered Employee Benefits Consultant (REBC)
- Single-Payer Healthcare Certification
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Don't Forget to Register...

Legal Update, January 13
Sales Symposium, February 11
Monthly Meeting March 11
Charity Golf Tournament April 21

Register at: www.cahipoc.org

Hold The Date

Senior Summit

September 9-11, 2025

Pechanga Resort, Temecula

WHAT IS THE **ANNUAL VALUE** OF NABIP MEMBERSHIP?



Happy New Year!





How to get more value from your NABIP membership

The activities below provide a blueprint for extracting the greatest value from your membership:

- Visit NABIP's Micro Site - www.welcometonabip.org
- Take advantage of NABIP's **Mentorship Program**
- Read America's Benefit Specialist Magazine each month and learn something new
- Listen to the NABIP **Healthcare Happy Hour Podcasts** on a weekly basis for up-to-date talking points
- Attend the NABIP **Power Hour** webinar monthly for in depth topic discussions and socialize with fellow members
- Attend Local Chapter meetings for opportunities to learn and network
- Volunteer to serve on a committee (Membership, Social, Programs/Expo, Legislative, etc.)
- Recruit one new member – best way to learn is to teach someone else about the NABIP value proposition
- Meet with a NABIP Board member and find out what motivates them to give their time and money
- Attend Day on the Hill and meet with your state legislators to discuss bills you support or oppose
- Attend NABIP Capitol Conference – annual legislative fly-in to Washington DC (IMPORTANT ONE)
- Attend NABIP Annual Convention to meet members from across the country and vote for NABIP incoming Secretary and other membership matters
- Contribute to NABIP-PAC – Political Action Committee contributions help us to have our voice heard on legislative issues at the national and state level. Contribute monthly to each!
- Participate in Operation Shout – click and sign letters to **your** elected officials regarding important grass roots efforts
- Earn your **Registered Employee Benefits Consultant** designation - acquired from The American College
- Complete all 12 modules of the **Leadership Academy**.
- Sign up to receive **Broker 2 Broker** emails on NABIP.org where you can post questions and respond to fellow members from around the country
- Share with your clients that you are a member of NABIP and working to protect their access to private health insurance and other benefits!

More information at www.nabip.org



Earning the Registered Employee Benefits Consultant® (REBC®) designation elevates your credibility as a professional. The field of employee benefits continues to evolve rapidly. A year does not go by without new government regulations, new or modified coverages, and new techniques for controlling benefit costs. To best serve their clients, professionals need to have a current understanding of the provisions, advantages, and limitations associated with each type of benefit or program as a method for meeting economic security. The designation program analyzes group benefits with respect to the ACA environment, contract provisions, marketing, underwriting, rate making, plan design, cost containment, and alternative funding methods. The largest portion of this program is devoted to group medical expense plans that are a major concern to employers, as well as to employees. The remainder of course requirements include electives on topics serving various markets based on a broker's client needs. **Earn yours now!**

HIPAA PRIVACY RULE TO SUPPORT REPRODUCTIVE HEALTH CARE PRIVACY SUMMARY

- Effective Date December 23, 2024
- Applies to Plan Sponsors, Health Issuers and Business Associates
- Most Action Items Must be Completed and in Place by December 23, 2024
- Notice of Privacy Practices must be revised and in place by February 16, 2026
- Puts in place a Prohibition on Use or Disclosure of PHI related to reproductive health care
 - ⇒ Prohibition applies to covered entity/business associates
 - ⇒ May not use or disclose PHI related to any of the following activities:
 - ◇ To conduct a criminal, civil or administrative investigation into any person or the mere fact of seeking, obtaining, providing, or facilitating reproductive health care
 - ◇ To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care
 - ◇ To identify any person for any purpose described in (1) or (2)
- Attestation required if you receive a request for PHI for specific purposes
- Attestation forms must follow the OCR model attestation– rules must be followed
- Documents must be amended to comply, including but not limited to Plan Documents, SPDs, HIPAA Policies and Procedures, potentially employee manuals, Notice of Privacy Practices (NPPs effective Feb. 16, 2025)
- Definitions have been modified
- Certain other existing provisions in the privacy rule have been revised
- Training must occur and all HIPAA Training on or after December 23, 2025 must include the new content required under the HIPAA Privacy Rule to Support Reproductive Health Care Privacy
- ***Act Now! This law is already in place!***



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- THE C.O.I.N. -

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UPCOMING EVENTS

ANNUAL LEGISLATIVE UPDATE - JANUARY 14, 2025

CAHIP-OC SALES SYMPOSIUM - FEBRUARY 11, 2025

MARCH MEMBERSHIP MEETING - MARCH 11, 2025

CAHIP-OC CHARITY GOLF TOURNAMENT - APRIL 21, 2025

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