

Volume 19, Issue 6

May/June 2025

NABIP
2024 Gold Certified

COIN

NABIP
2024 Pacesetter Award

County of Orange Insurance News

Special Events Celebration Issue

- **Annual Meeting & Cinco de Mayo Celebration May 6th**
- **Women in Business Celebration May 30th**
- **Annual Charity Golf Event Photos and Coverage from April 21st**

Also inside this issue

- *Feature Article: Agents Helping Clients: California Pay Transparency Act*
- *Legal Briefs from Marilyn Monahan, Monahan Law Office*
- *ACA Compliance for ALEs; Watching Your Number of Full-Time Equivalent Employees to Avoid ACA Penalties*
- *The Legal Consequences of Using Cal-COBRA When an Employer Outgrows the 20-Employee Threshold*



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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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The C.O.I.N.



CAHIP-ORANGE COUNTY PRESIDENT'S MESSAGE

By: Barbara Ciudad

As we wrap up the first quarter of the 2025 year, I want to take a moment to thank each of you for your continued commitment and engagement. We've had a strong start, and it's been inspiring to see the energy and dedication across our community.

Looking ahead, I encourage you to register for our upcoming events—these opportunities are not only valuable for professional growth, but are also key to your long-term success. Events include our Golf Tournament to support Cystic Fibrosis, our Cinco De Mayo Happy Hour event showing member appreciation and our annual meeting, and of course our Women in Business supporting New Hope.

I also want to emphasize the importance of legislative advocacy. Your voice matters. Staying informed and involved in the issues that have an impact on our profession helps ensure a stronger future for us all. Register and attend our upcoming Capitol Conference in Sacramento.

Finally, don't keep the benefits of membership to yourself—bring a friend to an event and encourage others to join. Together, we can grow stronger and achieve even more.

Here's to a successful year ahead!

Barbara Ciudad, President

Golf Tournament Photo



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**Get ready to fiesta at our Cinco de Mayo
Member Appreciation Party!**

Join Us as we celebrate our members and introduce our new
slate of Board Members for 2025-2026 board year at our
Annual Membership Meeting.

Event Details:

Date: May 6th
Time: 3:00pm-5:00pm
Location: Flecha Cantina
7821 Edinger Ave #110,
Huntington Beach, CA 92647

**FREE FOR MEMBERS
\$25 FOR NON MEMBERS**

For More Info
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Feature Article: California's Employer Pay Transparency Requirements; A Guide To Assist Your Clients

By: Dorothy Cociu, VP of Communications and Anne Kelly, VP of Sponsorships and Programs Committee Member



Editor's Note: As the editor of the COIN, I generally write the majority of the feature articles myself. This issue, however, I drafted my article, and then received an article submission from Anne Kelly on the same topic. Her article was simply a guide to the Pay Transparency Act, and mine had a bit more detail and background on the law in it. Anne and I discussed it and agreed to combine the two articles into one feature article for the COIN. We hope you enjoy our combined approach!

The lines between what we are required to do as brokers and what some of us do because we think it's the right thing to do to assist our clients can sometimes be blurred or confusing. The problem is, California laws sometimes become so overwhelmingly complicated, cumbersome and time-consuming for our clients that when they ask us for help, we help, even if it means putting in a lot of extra hours and doing some things not normally in our job descriptions as brokers. Examples include assistance with ACA compliance and reporting, COBRA concerns and now, even human resources specific pay transparency requirements.

It's been a few years now since California introduced its Pay Transparency Report Filings (signed into law in 2022 and effective in May, 2023), but we find that it's still very difficult for many employers, so of course, we jump in to help when we can. We thought it might be helpful to put into this article what we've learned, so that perhaps other brokers can assist their clients that have the same questions that ours have had, and continue to have.

Prior to its inception, Dorothy and her company, Advanced Benefit Consulting, offered a Lunch & Learn program in April, 2023 on the new law. As the program host, Dorothy had many of her clients in attendance, and Anne attended and brought several clients of her firm to the HR workshop on California Pay Transparency requirements. Dorothy hired an HR Consulting firm, Train Me Today, to walk the attendees through the process and answer their questions, to better prepare them for the filings. They even did a live demo on the state portal and how to do the filing. That was the beginning of our journey to help our clients with this important state law.

For the purpose of this article, Dorothy is going to provide

some details on the law and administration of the law, and Anne has put together a more simplified guide for client use.

Background and Summary of the Pay Transparency Law - Dorothy

In general, Pay Transparency is the practice of employers disclosing information about employee compensation standards to others, internally, externally, or both. It's a transparency tool that state and local governments are using to address pay gaps that exist to deal with a myriad of salary range disclosure laws, pay data reporting mandates, and overall bans on secrecy in compensation practices.

Prior to the 2023 California Pay Transparency Law, employers with 100 or more employees, with at least one employee in California, were required to submit EEO-1 reports annually. They were also required to submit a Pay Data Report to the Civil Rights Department annually. Often, this report was simply a copy of their submitted EEO-1 report.

Laws in effect before the May, 2023 Pay Transparency Act removed the exemption for anyone that is not required to submit an EEO-1 report.

The new (as of May, 2023) California Pay Transparency Act came from SB 1162, which was a broad pay transparency law that amended pay data reporting requirements and required employers to include pay ranges in all job postings as of January 1, 2023. This was intended to close the pay gap and prevent unlawful employment discrimination.

As a privacy and security consultant, I thought it was important to note that the California Civil Rights Department uses end-to-end encryption to transmit and store all employer-submitted payroll data into a secure government portal that meets all FedRAMP and NIST federal and state requirements for data protection. No employer pay data will be publicly available, except under very specific circumstances, and any and all individually identifiable information submitted is considered confidential by the California Civil Rights Department.

Who Needs to Report – Requirements By Size of Employer

Employers, in general, are re-

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quired to perform Pay Data Reporting when they have 100 or more employees, and must provide detailed requirements as set forth in the law.

Also, employers are required to provide Pay Scales when they have 15 or more employees. When the law went into effect in 2023, there were no hard and fast rules on the 15+ employee pay scale requirements. The 15+ pay transparency requirements extends to not just job postings on a company website, but to all third-party platforms, such as Social Media postings on LinkedIn or similar, or employment postings on Indeed, Zip Recruiter, Monster, etc.

Employers of any size, not just 15+ employees, must be able to provide any worker in their employ with a pay scale for their position upon request.



The purpose of Pay Scale data for employers with 15 or more employees is to prove pay transparency in a more generalized fashion. They must provide pay scale information to applicants and employees when asked, and must include pay scales on job postings.

The purpose of the Pay Data Report for 100+ employees was to prevent discrimination. There are many specific data elements that must be reported. This information must be submitted to the California Civil Rights Department.

The Pay Data Reporting requires employers with 100 or more employees to submit a pay data report for the prior calendar year annually to the Civil Rights Department by the *second Wednesday in May each year*. If employees are hired through labor contractors, they need to file a specific report covering those individuals.

What Needs to be Reported

Pay Data Reporting requires a series of Job Categories, which Anne will describe in detail below. In general, employees need to be categorized into specific demographic groups, then tallied by specific salary ranges.

If employees are categorized as hourly employees, data must be broken down within each job category, for each combination of race, ethnicity and sex, and provide the median and mean hourly rate.

Employers are required to pick a “Snapshot” period... They must pick a period in October, November or December for

their “Snapshot.” The employer must calculate the total earnings, shown on the W-2, for each employee in the snapshot for the entire reporting year, regardless of whether or not an employee worked the full calendar year. The employer has to tabulate and report the number of employees whose W-2 earnings during the reporting year fell within each pay band. The report needs to include the employer’s North American Industry Classification System (NAICS) code. For this, the employer should use the actual hours worked for non-exempt employees, and 40 hours per week for exempt employees.

The Pay Data Reporting requires many particulars. For employers with multiple establishments, the employer shall submit a report covering each establishment. The report should include a section for employers to provide clarifying remarks regarding any of the information provided in the report. An employer is not required to provide clarifying remarks, however.

The information required should be made available in a format that allows the department to search and sort the information using readily available software. The Department will maintain data reports for not less than 10 years.

Definitions

Under the Pay Transparency Act, “Employee” means an individual on an employer’s payroll, including a part-time individual, and for whom the employer is required to withhold federal social security taxes from that individual’s wages.

A “Labor Contractor” means an individual or entity that supplies, either with or without a contract, a client employer with workers to perform labor within the client employer’s usual course of business.

An “Establishment” means an economic unit producing goods or services.

Salary History

Existing law prior to the 2023 requirements prohibits employers from asking for pay history. Also in existence prior to 2023, an employer should not consider pay history in deciding to hire.

Pay Scales & Recordkeeping

Pay scales related to the specific position need to be provided

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to applicants and employees when requested, as well as for employers with 15+ employees on open job postings.

Employers must maintain records of a job title and wage rate through employment plus 3 years after termination.

Penalties for Non-Reporting

As with any law, there are penalties for not providing the data. If the Department does not receive the required report from an employer, the Department may seek an order requiring the employer to comply with these requirements and shall be entitled to recover the costs associated with seeking the order for compliance. Upon request by the Department, a court may impose a civil penalty not to exceed \$100 per employee upon any employer who fails to file the required report and not to exceed \$200 per employee upon any employer for subsequent failure to report. Simply put, penalties are \$100 initial fee per employee for not submitting a Pay Data Plan, and \$200 for a second violation.

This reporting is cumbersome and needs to be precise. To help you and your clients, Anne has created her simplified

Guide to assist broker members of CAHIP-OC.

Anne's Pay Transparency Guide

Each year, certain employers have to submit pay data reports to the California Civil Rights Department (CRD). Given that the filings must be submitted in the month of May, I thought it was timely to prepare this Guide to assist our clients, and perhaps yours as well.

This article and Guide are designed to alert CFOs, Controllers and HR Managers to check whether they are required to file Pay Transparency Reports, and to guide them through those filings, so it is something that you may want to make a copy of and provide to your employer clients.

California Pay Transparency Reporting: A Guide for Employers with 100+ Employees

Penalties for Non-Compliance

It's always important to point out the penalties for non-compliance, as Failure to file can result in penalties of **up to**

\$100 per employee for first-time violations and **up to \$200 per employee** for repeated failures. Therefore, you can provide a valuable service to your employer clients if you provide them with this Quick Guide.

Deadlines for Filing

The deadline for submitting pay data reports is **the second Wednesday in May each year**. For 2025, the expected deadline is **May 14, 2025**.

Who Needs to File Pay Data Reports?

California law requires **private employers with 100 or more employees** to submit pay data reports to the California Civil Rights Department (CRD). You are required to file if:

- You have 100 or more employees **nationwide**, with at least one employee in California.
- You are a labor contractor with **100 or more workers** in California.

You file an **EEO-1 Report** with the federal government.

Employers must also report **pay data for workers hired through labor contractors** separately.

For more information, visit the **California Civil Rights Department (CRD) Pay Data Reporting Portal**: CRD Pay Data Reporting.

Commonly Owned Groups

If you are part of a commonly owned or affiliated group of companies, each entity with 100 or more employees must file separately unless they choose to file a consolidated report. The **key considerations** for commonly owned groups include:

- Identifying whether employees are shared across entities.
- Ensuring consistency in pay data reporting across the group.
- Determining whether to file separate or consolidated reports for affiliated businesses.

What Information Needs to Be Reported?

Employers must report:

1. **Number of employees by race, ethnicity, and sex** within each of 10 job categories.
2. **Pay bands based on W-2 earnings**, aligned with the Bureau



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of Labor Statistics classifications.

3. **Total hours worked** by employees in each category.

4. **Information on labor contractor employees** (if applicable).

The 10 Job Categories

The categories, based on EEO-1 classifications, include:

1. **Executive/Senior-Level Officials and Managers** – High-level employees who make major policy decisions.

2. **First/Mid-Level Officials and Managers** – Mid-level supervisors overseeing operations.

3. **Professionals** – Jobs requiring specialized knowledge, such as engineers, accountants, or IT specialists.

4. **Technicians** – Skilled positions requiring specific technical expertise.

5. **Sales Workers** – Roles focused on selling goods and services.

6. **Administrative Support Workers** – Office and clerical roles like receptionists and data entry.

7. **Craft Workers** – Skilled trades such as electricians, plumbers, and mechanics.

8. **Operatives** – Semi-skilled roles such as machine operators or factory workers.

9. **Laborers and Helpers** – Manual labor jobs like construction workers or janitors.

10. **Service Workers** – Jobs in hospitality, healthcare support, and food services.



More Detailed Information Can Be Found on CRD Website California law (Government Code § 12999). The law requires employers with 100 or more payroll or labor contractor employees to annually submit data on the pay, hours worked, and demographics of their employees to the California Civil Rights Department (CRD). For more information about this law and filing requirements, visit: cacrivilrights.ca.gov/paydatareporting.

Employers must report data for each category, including:

- **Number of employees** by demographic group.
- **W-2 earnings** within each category's pay bands.
- **Total hours worked** in the reporting period.

How to File: Cheat Sheet

Follow these steps to ensure compliance:

1. Determine Filing Requirement

- ◇ Count all employees nationwide.
- ◇ Confirm at least one employee works in California.
- ◇ Identify if you use labor contractors with 100+ workers in California.

2. Gather Required Data

- ◇ Payroll records (W-2 wages).
- ◇ Employee demographics (race, ethnicity, sex).
- ◇ Job classifications based on EEO-1 categories.
- ◇ Total hours worked.

3. Use the CRD Online Portal

- ◇ Access the **Pay Data Reporting Portal** on the CRD website: CRD Pay Data Reporting.
- ◇ Download and complete the Excel template (if applicable).
- ◇ Upload data through the system.

4. Review and Certify

- ◇ Verify accuracy of all data.
- ◇ Have an authorized representative certify the report.
- ◇ Submit before the deadline.

5. Prepare for Future Compliance

- ◇ Implement an internal pay equity review.
- ◇ Maintain accurate payroll and demographic data.
- ◇ Monitor legal updates for changes in reporting requirements.

Employers must use this portal to submit their pay data reports to CRD. The high-level steps to submit the report are:

- Register and create a log-in to the portal.
- Provide employer information.
- Declare whether you are submitting a payroll or labor contractor report.
- Provide establishment and employee information: ([Download templates for reporting year 2024 Here](#))
- Upload Excel file
- Upload CSV file
- Complete on-line forms
- Complete the certification process - Prior to certification of a report, an employer may re-enter the portal to change

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their report using their login

- Credentials- After certification, the employer can access a read-only version of their certified pay data reports. If an employer needs to revise information previously certified, the previously certified report may be decertified and edited no later than the due date of the reporting year or seven days after certification, whichever comes last. If a certified report must be revised after this cutoff period, then the employer must start a new report, entering all data, and explain the correction in the remarks section of the report.

Instructions are provided within the portal, in the [Handbook](#), [User Guide](#), and [FAQs](#) available at: calcivilrights.ca.gov/paydatareporting.

By following these steps, employers can meet California's pay transparency requirements while ensuring fair pay practices within their workforce.

Conclusion:

We are brokers/agents that want to assist our clients, as are some of you. Some more than others. We realize that not all brokers and agents will go to the extremes or provide this type of information to their clients. Those lines between what we are required to do as brokers and what some of us do because we think it's the right thing to do to assist our clients generally seem less blurred when we think about what could happen if we don't assist our clients with laws and regulations; particularly when they ask us to do so. We're providing this information to help you help your clients. If you choose not to, just remember, *brokers and consultants that are helping their clients will not hesitate to help yours, and perhaps take them from you, if they aren't getting the help they need from you!* ##

Sources:

California Civil Rights Department Website, calcivilrights.ca.gov/paydatareporting

Train Me Today - California Pay Transparency Act, Advanced Benefit Consulting Lunch & Learn Program, April 11, 2023, Jacquelyn Thorp, MSHR, SPHR, PHRca, HR Coach, dba Train Me Today

Editor's Note: Special thanks to Jackie Thorp and Kathy Ruffino, Train Me Today, for their excellent program for ABC in 2023, and thanks to Anne Kelly for putting together this informative simplified guide for employers!

Charity Golf Tournament Photos April 21, 2025



Charity Golf Tournament Photos

April 21, 2025

Benefitting Cystic Fibrosis



It was a sold-out golf tournament with lots of great memories, great social networking and some great wine for the wine tasters!

Good times were had by all! Thanks to all of the event sponsors, the wine presentation and to all who attended. The charity event was very successful. And thanks hugely to Juan Lopez for once again putting this together!





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 of interest to benefit professionals, at the federal, state, and municipal levels:

FEDERAL: UPDATES

2024 Forms 1094/1095: New Rules: In the last issue of C.O.I.N., we explained that on December 23, 2024, President Biden signed into law two bills impacting Forms 1094/1095 reporting: The Paperwork Burden Reduction Act (H.R. 3797) and the Employer Reporting Improvement Act (H.R. 3801). Among other changes, because of this legislation, employers and issuers are no longer required to automatically mail the Forms 1095-C and 1095-B to employees and participants. Instead, they may provide the forms upon request, so long as they do so timely and they provide a “clear, conspicuous, and accessible notice” explaining how an individual may request the forms.

This new development raised the question: what do they mean by a “clear, conspicuous, and accessible notice”? The IRS answered that question in Notice 2025-15. First, a clear and conspicuous notice must be posted on the reporting entity’s website, in a location on the website that is reasonably accessible to all “responsible individuals” or full-time employees, stating that the responsible individual/full-time employee may receive a copy of the Form 1095-B/C upon request.

The website notice must include an email address, a physical address to which a request for the Form 1095-C/1095-B may be sent, and a telephone number for questions. The notice must be written in plain, non-technical terms and with letters of a font size large enough, including any visual clues or graphical figures, to call to a viewer’s attention that the information pertains to tax statements reporting that individuals had health coverage.

For example, the website notice is clear and conspicuous if it includes a statement on the main page—or a link on the

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HIPAA/HHS/OCR Updates

For this issue, I’d like to bring to your attention three recent HIPAA Privacy & Security Cases with the US Departments of Health & Human Services, Office for Civil Rights.

1) On April 17, 2025, **the HHS Office for Civil Rights Settled a HIPAA Ransomware Cybersecurity Investigation with a Public Hospital.**

This Settlement marked OCR’s 11th ransomware enforcement action and 7th enforcement action in OCR’s Risk Analysis Initiative.

The U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) announced a settlement with Guam Memorial Hospital Authority (GMHA), a public hospital on the U.S. Territory, island of Guam, concerning a potential violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule, following the receipt of two complaints alleging that the electronic protected health information (ePHI) of GMHA patients was impermissibly disclosed.

OCR enforces the [HIPAA Privacy, Security, and Breach Notification Rules](#), which set forth the requirements that covered entities (health plans, health care clearinghouses, and most health care providers), and business associates must follow to protect the privacy and security of protected health information.

OCR initiated an investigation following the receipt of a complaint in January 2019 alleging that GMHA experienced a ransomware attack affecting the ePHI of approximately 5,000 individuals. During the investigation, OCR received another complaint in March 2023 alleging that hacker(s) had accessed patient records. OCR’s investigation determined that GMHA had failed to conduct an accurate and thorough risk analysis to determine the potential risks and vulnerabilities to ePHI held by GMHA.

“Ransomware and hacking are the primary cyber-threats to electronic protected health information within the health care industry. Failure to conduct a HIPAA risk analysis puts this information at risk and vulnerable to future ransomware attacks and other cyber-threats,” said OCR Acting Director Anthony Archeval.

Under the terms of the resolution agreement, GMHA agreed to implement a corrective action plan that will be monitored by OCR for three years, and paid OCR \$25,000. Under the corrective action plan,

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main page, reading “Tax Information,” to a secondary page that includes a statement—in capital letters, “IMPORTANT HEALTH COVERAGE TAX DOCUMENTS”; explains how individuals may request a copy of Form 1095-B, Health Coverage or, for an ALE, a copy of Form 1095-C, Employer-Provided Health Insurance Offer and Coverage; and includes the reporting entity's email address, mailing address, and telephone number.

The notice must be timely posted and retained on the website through October 15. The notice is timely posted if it is posted by the due date for the forms, which would typically mean by March 2. When requested, the forms must be furnished not later than the later of January 31 of the year following the calendar year for which the return was required to be made or 30 days after the date of the request. Forms may be furnished electronically with affirmative consent.

Executive Order: Making America Healthy Again by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing Information:

On November 27, 2019, the Hospital Price Transparency Final Rule was issued under the authority of the Affordable Care Act (ACA). Effective January 1, 2021, this final rule requires hospitals to provide clear, accessible pricing information online about the items and services they provide. On November 12, 2020, the Transparency in Coverage (TiC) Final Rule was issued, also under the authority of the ACA. The TiC Final Rule requires issuers and employer-sponsored group health plans to meet two mandates: (1) to provide publicly available machine readable files (MRFs) with pricing information on in-network pricing, out-of-network pricing, and prescription drug costs; and (2) to provide an on-line self-service tool that participants can use to estimate out-of-pocket costs for covered items and services. On February 25, 2025, an Executive Order was signed—referred to as Making America Healthy Again by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing Information—which reiterated the administration's commitment to these transparency regulations, and advising the Departments with oversight authority to increase enforcement activities.

Patient Protection and Affordable Care Act: Marketplace Integrity and Affordability: Proposed Rule: On March 10, 2025, the Department of Health and Human Services (HHS) issued a proposed rule that proposes the reversal of various ACA regulations. The proposed rule would, among other changes, shorten the annual open enrollment period for the Marketplaces (so that it would run from November 1 through December 15, rather than through January 15), eliminate the monthly special

enrollment period for low-income individuals, increasing the documentation required to support a special enrollment request, allowing carriers to require the payment of outstanding premiums before enrolling issuing new coverage, requiring premium payments for those who automatically enroll in no-cost coverage until they confirm enrollment, including limitations on “essential health benefits” (EHBs), and adding new rules for agents, brokers, and web-brokers and their role in the enrollment process. The administration has also cut funding for the Navigator program—which provides outreach about the Marketplaces—by \$90M.

Braidwood Management v. Kennedy: In *Braidwood*, a group of plaintiffs is challenging the preventive services mandate in the ACA. They allege the mandate violates the appointments clause of the Constitution, the nondelegation doctrine, and the Religious Freedom Restoration Act (the latter regarding coverage of PrEP). The U.S. Supreme Court will hear oral arguments in the case in April. The case could significantly impact the preventive coverage mandate in the ACA.

The Corporate Transparency Act: In the January/February issue of C.O.I.N., we talked about the Corporate Transparency Act (CTA). The CTA was enacted in 2021 and 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. The original effective date for existing companies was January 1, 2025—but that deadline has been shifting ever since late December.

What is the current status of the CTA? On March 21, 2025, FinCEN issued an interim final rule that accomplishes the following: “All entities created in the United States — including those previously known as ‘domestic reporting companies’ — and their beneficial owners are now exempt from the requirement to report beneficial ownership information (BOI) to FinCEN. Existing foreign companies that must report their beneficial ownership information have at least an additional 30 days from March 26, 2025—until April 25, 2025, for most companies—to do so.” More information is available at this link: <https://www.fincen.gov/boi>

FORMS AND NOTICES: HIGHLIGHTS

With the start of every new year—and throughout the year—employers need to ensure that they are posting and distributing all required notices, and that these notices are up-to-date. This includes notices that are required by the Employee Retirement Income Security Act (ERISA) and other federal ben-

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efits laws, as well as federal, state, and municipal workplace law, regulations, and ordinances.

Children's Health Insurance Program Reauthorization Act (CHIPRA) Model Notice: CHIPRA includes a requirement that the Departments of Labor and Health and Human Services develop a model notice for employers to use to inform employees of potential opportunities currently available in the state in which the employee resides for group health plan premium assistance under Medicaid and the Children's Health Insurance Program (CHIP). The Departments recently issued an updated model notice. The model notice is available in both pdf and Word formats, and in both English and Spanish. The model notice is available at this link: [Children's Health Insurance Program Reauthorization Act \(CHIPRA\) | U.S. Department of Labor](#)

IRS Form I-9: Employers must use the most up-to-date and unexpired version of the Form I-9—Employment Eligibility Verification—to verify the identity and employment authorization of individuals hired for employment in the United States. The newest revision is dated 01/20/25. On April 2nd, USCIS issued an announcement about the updated form, so this is a good time for employers to review their processes to ensure they are in compliance. More information is available at this link: <https://www.uscis.gov/i-9-central/form-i-9-related-news/minor-changes-to-form-i-9-and-e-verify-updates>. A copy of the form is available at this link: [Employment Eligibility Verification | USCIS](#)

A.B. 2299 – Whistleblower Protections Model Notice: A.B. 2299 took effect January 1, 2025. Employers in California must “prominently display in lettering larger than size 14 point type a list of employees’ rights and responsibilities under the whistleblower laws, including the telephone number of the whistleblower hotline.” The bill requires the Labor Commissioner to develop a model notice, and if employers use that model notice, they “be deemed in compliance with the posting requirement.” That model notice has been issued by the Department of Industrial Relations.

CALIFORNIA: HIGHLIGHTS

In the November/December issue of C.O.I.N., we identified several mandated benefit bills signed by the governor in 2024 that go into effect July 1, 2025. It seems appropriate to remind us all of these new benefits that will become a part of fully insured plans in the coming months:

S.B. 729 – Treatment for Infertility and Fertility Services: Effective July 1, 2025, large group plans must cover the

diagnosis and treatment of infertility and fertility services (including IVF); for small group plans, insurers/HMOs must offer the option to employers. There is an exemption for religious employers. These mandates apply to insurance policies and health care service plan contracts that are issued, amended, or renewed on or after July 1, 2025; however, the law does not apply to plans/policies issued to PERS until July 2027.

In his signing message, Governor Newsom stated, “I expect that IVF coverage will be included in the benchmark plan proposal adopted next spring, but may differ from the one in this bill. As a part of that process, I request that the Legislature change the effective date of this measure from July 1, 2025 to January 1, 2026, upon their return in January to allow an evaluation of the costs and benefit design in this bill within that broader context.” It does not appear that the extension has been implemented.

A.B. 2843 - Rape and Sexual Assault: Under this bill, insurers/HMOs must cover emergency and follow-up care for a participant treated for rape or sexual assault for the first 9 months after treatment is initiated, without imposing cost sharing, including copayments, coinsurance, or deductibles. Also, plans/policies cannot require the filing of a police report as a condition of coverage. For the purposes of this law, “follow-up health care treatment” includes medical or surgical services for the diagnosis, prevention, or treatment of medical conditions arising from an instance of rape or sexual assault. This mandate applies to insurance policies and health care service plan contracts issued, amended, or renewed on or after July 1, 2025.

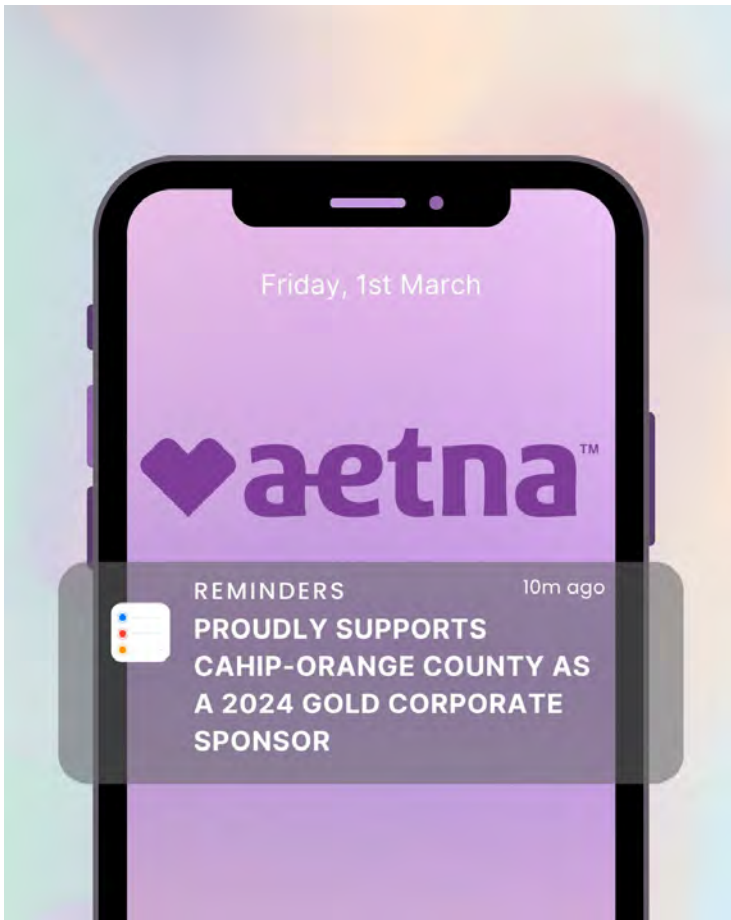
S.B. 1180 – Emergency Medical Services: S.B. 1180 requires insurers/HMOs to provide coverage for emergency services provided by a community paramedicine program, mobile integrated health program, and triage to alternate destination program. These programs may be offered by fire departments, but may not be covered by insurance. This mandate applies to insurance policies and health care service plan contracts issued, amended, or renewed on or after July 1, 2025.

A.B. 3275 – Claim Reimbursement: A.B. 3275 changes the rules on the amount of time insurers/HMOs have to process claims. Under the new rules, claims will have to be paid within 30 calendar days. If claims are paid late, the insurer/HMO must add 15% interest and, if they do not, they will owe the greater of an additional \$15 or 10% of the accrued interest. These changes go into effective January 1, 2026.

MUNICIPALITIES: HIGHLIGHTS

San Francisco: Health Care Security Ordinance (HCSO): The

Continued on page 22



[&] Effect

Elements [Passion. Authenticity. Collaboration. Trust.]

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CINCO DE MAYO



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Get ready to fiesta at our Cinco de Mayo Member Appreciation Party!

Join Us as we celebrate our members and introduce our new slate of Board Members for 2025-2026 board year at our Annual Membership Meeting.

Event Details:

Date: May 6th
 Time: 3:00pm-5:00pm
 Location: Flecha Cantina
 7821 Edinger Ave #110,
 Huntington Beach, CA 92647

**FREE FOR MEMBERS
 \$25 FOR NON MEMBERS**

For More Info
admin@cahipoc.com





Don't Forget Our Upcoming Programs & Events!

Cinco De Mayo Happy Hour & Annual Meeting
May 6, 2025

Women in Business
May 30, 2025

Senior Summit
September 9-11, 2025

What does CAHIP do for you?



Political Involvement

- Thanks to CAHIP PAC funds, we are able to attend events and network with legislators that support the role of agents in California healthcare.
- We have **125 monthly CAHIP PAC contributors** and growing.
- **We are your voice on legislative matters in Sacramento!** We engage in continuous dialogue with legislators to address priorities and advocate for policies impacting the health insurance industry.
- We collaborate with NABIP on federal legislative discussions, working directly with members of Congress to address national health insurance issues impacting our industry.

Education

- Statewide throughout our local chapters, we offer **over 40 CE credits** on a variety of topics, such as: Mental Health Matters, Harnessing AI Tools, Legislative Updates, and more. We have adapted to the current world, offering many of these CEs virtually.

Social Events

- We offer various **social events** with networking & professional development opportunities.

Community Involvement

- We support local charities with fundraisers and donations. We function as a foundation with 501(c)(3) status and rally to help our own and others in need.

Annual Events

- We host the **CAHIP Innovation Expo** in the first quarter each year, bringing together a dynamic group of health insurance professionals and industry leaders while highlighting vendors and creative measures in our industry.
- CAHIP hosts an annual **Sacramento Capitol Summit and Advocacy Day**, where members engage directly with legislators to advocate on behalf of our industry.

Opportunities to Get Involved

- We function with lay leadership and active Boards of Directors at all three levels of service (local, state, and national).
- Leadership training is applicable to board service within our association and beyond.

CAHIP is working for you.
Not a member? **JOIN TODAY!**



California Agents and Health Insurance Professionals

(800) 322-5934 | info@cahip.com | www.cahip.com



Mark Your Calendars for Our Upcoming CAHIP-OC Programs!

Cinco De Mayo & Annual Meeting

May 6, 2025

Fleecha Cantina, Huntington Beach

Women in Business

May 30, 2025

Balboa Bay Resort

Senior Summit

September 9-11, 2025

Pechanga, Temecula

Charity Golf Tournament Photo



Diversity, Equity, Inclusion & Belonging in the Modern Workplace

Diversity training is designed to facilitate positive intergroup interaction, reduce prejudice and discrimination, and foundationally teach individuals who are different from others how to work together effectively.

Participants of this course will:

- Learn terminology associated with DEI&B
- Obtain a greater understanding of why DEI&B initiatives need to become part of your organizational strategy & structure
- Learn how to identify blind-spots and actionable steps to overcome them
- Know how to cultivate a healthy diverse workforce driven by leadership

For more information: <https://nabip.org/diversity-equity-inclusion-belonging/training>



The Legal Consequences of Using Cal-COBRA When an Employer Outgrows the 20-Employee Threshold

By: Anne Kelly

There are **LEGAL CONSEQUENCES** if an employer continues to use Cal-COBRA after outgrowing the 20-employee threshold and becoming subject to Federal COBRA requirements. Here is a breakdown of how it works and what risks exist:

Cal-COBRA vs. Federal COBRA

Aspect	Cal-COBRA	Federal COBRA
Applies to	Employers with 2-19 employees	Employers with 20+ employees
Administered by	Insurance Carriers	Employers or their Contracted TPA
Governing Law	California State Law	Federal Law (ERISA, COBRA, IRS)
Eligible Plans	Fully Insured group plans in CA	All group health plans (including self-insured)
Duration of Coverage	Up to 36 Months in most cases	Typically 18 months, with extensions

Legal Consequences of Staying on Cal-COBRA After Hitting 20 Employees

If an employer with **20 or more employees** (based on **the prior calendar year**) does **not** offer Federal COBRA and continues relying on Cal-COBRA:

- 1) Non-compliance with Federal Law
 - Federal COBRA is **mandatory** for eligible employers.
 - Failure to offer COBRA can result in **IRS excise taxes**: up to **\$100/day per affected beneficiary**.
 - **DOL penalties** may apply if the employer fails to provide required notices.
- 2) Liability for Medical Costs
 - If an employee is denied Federal COBRA and incurs medical expenses, the employer could be **liable** for those costs.
- 3) Employee Legal Action
 - Former employees can file **complaints** or lawsuits for not being given their federal COBRA rights.
- 4) Insurance Carrier May Refuse Cal-COBRA
 - Once the employer crosses the 20-employee mark, **carriers are not obligated** to offer Cal-COBRA, and may **deny coverage continuation** under Cal-COBRA improperly used.

What Employers Should Do

- **Count employees annually** to determine if Federal COBRA applies
- If crossing the 20-employee threshold:
 - ◇ Implement a **Federal COBRA administration process** (many employers use a TPA).
 - ◇ Stop relying on Cal-COBRA to meet your continuation coverage obligations.
 - ◇ Provide **proper COBRA notices** as required under Federal Law.

Here's a **sample COBRA transition checklist and notice** you can tailor for employers who are moving from Cal-COBRA to Federal COBRA due to reaching the 20-employee threshold;

Continued on page 18

COBRA Transition Guide

COBRA Transition Checklist—For Employers Growing Beyond 20 Employees

Step 1: Confirm Eligibility

- Count employees (FT + PT as fractions) from the prior calendar year.
- Confirm you had 20 or more employees on more than 50% of typical business days.

Step 2: Plan For Federal COBRA Administration

- Select a COBRA TPA (Third-Party Administrator) or prepare to self-administer.
- Update employee termination procedures to include COBRA notices.
- Confirm COBRA eligibility with your health plan carriers.
- Review your Summary Plan Description (SPD) to ensure COBRA language is included.

Step 3: Notify Employees & Internal Staff

- Train HR or admin teams on COBRA timelines and responsibilities.
- Send notices to currently covered Cal-COBRA enrollees if transitioning coverage.

Step 4: Update Notices & Documents

- Update new hire packets with COBRA general rights notice.
- Ensure COBRA election notices are issued within 44 days of qualifying events.

Sample Transition Notice from Cal-COBRA to Federal COBRA

Subject: Transition from Cal-COBRA to Federal COBRA Coverage

Dear [Employee Name]:

We are writing to inform you that [Company Name] has grown to a size where it is now subject to Federal COBRA regulations.

As a result, starting [Effective Date], continuation of health insurance coverage will be offered under Federal COBRA instead of Cal-COBRA.

What This Means for You:

- You are now entitled to continuation coverage under Federal COBRA, which provides protections and options similar to Cal-COBRA.
- If you are currently on Cal-COBRA, your plan will transition to Federal COBRA on [Transition Date].
- You will receive a COBRA Election Notice with details on your coverage options, costs, and how to continue benefits.
- If you are already enrolled in continuation coverage, your coverage will not be interrupted during this transition.

If you have any questions, please contact [HR/Benefits Contact Info] or our COBRA administrator at [COBRA TPA Info].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

##

**Right: Golf Tournament
Photos**



Health Net is proud to support CAHIP-OC

Health Net has **Simplified Underwriting Programs**, including our **Enhanced Choice Promotion**:



5 Enrolled Subscribers Minimum

- Groups of **5-100** eligible employees
- 25% participation is required - **Employees enrolled on another ACA carrier through the same employer are valid waivers and will not count against the 25% participation!**

Highlights

- **Mix and Match** all of HMO networks alongside our Full PPO network including Cigna for out of state employees
- **No DE9C**, payroll, or ownership documents are required
- **No prior carrier bill** is required
- **Wrap Friendly!** Health Net can be written alongside any carrier, no limit to the number of carriers if participation is met
- There must be enough valid waivers listed on the census to verify that the group meets participation

Contact your Account Executive

Ask about our new PPO Unlimited dental plans that launched in 2025 — available with no waiting periods! Pair alongside our PPO Medical plans, and our HMO plans—HMOs with zero medical deductibles! Enjoy the flexibility of our underwriting, the ability to mix and match all plans and all networks! One Health Net invoice: medical, dental, vision!



Leticia M. Ruiz

Account Executive
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(619) 756-5345



Ramon Duran

Account Executive
North OC, South Bay LA
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(949) 796-5845



HIPAA Updates, Continued from Page 12

GMHA has agreed to take a number of steps to ensure compliance with the HIPAA Security Rule and protect the security of ePHI, including:

- Conduct an accurate and thorough risk analysis to determine the potential risks and vulnerabilities to the confidentiality, integrity, and availability of its ePHI;
- Develop and implement a risk management plan to address and mitigate security risks and vulnerabilities identified in its risk analysis;
- Develop a written process to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports;
- Develop, maintain, and revise, as necessary, written policies and procedures to comply with the HIPAA Privacy, Security and Breach Notification Rules;
- Augment its existing HIPAA and security training program so all workforce members with access to PHI understand the HIPAA requirements and GMHA's HIPAA policies and procedures;
- Enhance workforce security and information access management by reviewing all access credentials that have been granted access to ePHI; and
- Conduct breach risk assessments and provide evidence to OCR that all breach notification obligations have been conducted.

OCR recommends that health care providers, health plans, clearinghouses, and business associates that are covered by HIPAA take the following steps to mitigate or prevent cyber-threats:

- Identify where ePHI is located in the organization, including how ePHI enters, flows through, and leaves the organization's information systems.
- Integrate risk analysis and risk management into the organization's business processes.
- Ensure that audit controls are in place to record and examine information system activity.
- Implement regular reviews of information system activity.
- Utilize mechanisms to authenticate information to ensure only authorized users are accessing ePHI.
- Encrypt ePHI in transit and at rest to guard against unauthorized access to ePHI when appropriate.
- Incorporate lessons learned from incidents into the organization's overall security management process.
- Provide workforce members with regular HIPAA training that is specific to the organization and to the workforce members' respective job duties.

The resolution agreement and corrective action plan may be found

at: <https://www.hhs.gov/sites/default/files/ocr-hipaa-recap-gmha.pdf>, opens in a new tab [PDF, 228 KB]

2) The second settlement was on April 10, 2025, when the HHS Office for Civil Rights Settled a HIPAA Security Rule Investigation with Northeast Radiology. This Settlement Marks OCR's 6th Enforcement Action in OCR's Risk Analysis Initiative.

The U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) announced a settlement with Northeast Radiology, P.C. (NERAD), a professional corporation that provides clinical services at medical imaging centers in New York and Connecticut, concerning potential violations of the Health Insurance Portability and Accountability Act (HIPAA) Security Rule.

OCR enforces the [HIPAA Privacy, Security, and Breach Notification Rules](#), which set forth the requirements that covered entities (health plans, health care clearinghouses, and most health care providers), and business associates must follow to protect the privacy and security of protected health information. The [HIPAA Security Rule](#) establishes national standards to protect and secure our health care system by requiring administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information (ePHI). The "Risk Analysis" provision requires regulated organizations (covered entities and business associates) to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held by that organization.

"A HIPAA risk analysis is essential to identifying where electronic protected health information is stored, and the security measures in place to protect it," said OCR Acting Director Anthony Archeval. "A failure to conduct a risk analysis often foreshadows a future HIPAA breach."

The settlement, which marks the sixth enforcement action in OCR's Risk Analysis Initiative, resolves an investigation concerning a breach of ePHI stored on NERAD's Picture Archiving and Communication System (PACS) server for storing, retrieving, managing, and accessing radiology images.

OCR initiated its investigation of NERAD after receiving a breach report from NERAD in March 2020 about a breach of unsecured ePHI. NERAD reported that between April 2019 and January 2020, unauthorized individuals had accessed radiology images stored on NERAD's PACS server. NERAD notified the 298,532 patients whose information was potentially accessible on the PACS server of this breach. OCR's investigation found that NERAD had failed to conduct an accurate and thorough risk analysis to determine the potential risks and vulnerabilities to the ePHI in NERAD's information systems.

Under the terms of the resolution agreement, NERAD agreed to implement a corrective action plan that will be monitored by OCR for two years and paid \$350,000 to OCR. Under the corrective action plan, NERAD will take steps to improve its compliance with the HIPAA Security Rule and protect the security of ePHI,

Continued on Page 26



CAPITOL SUMMIT

MAY 13-14, 2025

KIMPTON SAWYER HOTEL, SACRAMENTO

The California Agents and Health Insurance Professionals (CAHIP) Capitol Summit combines legislative advocacy with professional development, offering members a unique opportunity to engage directly with state legislators, advocate for CAHIP's priorities, and discuss key industry issues.



Capitol Summit will highlight the critical role brokers play in helping consumers access affordable, quality health insurance.



Register at www.cahip.com.

AGENDA *for Capitol Summit*

MAY 12 - MONDAY

- 1:00 PM** CAHIP Board and Chapter Leadership Strategic Planning
- 2:00 PM** CAHIP Board of Directors Meeting: All CAHIP members are welcome!
- 4:00 PM** Welcome Reception for all CAHIP members, sponsors, exhibitors and registrants!

MAY 13 - TUESDAY

- 8:00 AM** Breakfast with Exhibitors
- 9:00 AM** [General Session
Legislative speakers and CA state updates
- 12:00 PM** [Lunch with Exhibitors
House of Delegates Meeting
CAHIP Board Elections and Bylaws Approval
- 1:30 PM** General Session
- 3:00 PM** Board Installation and Awards
- 5:00 PM** CAHIP PAC Fundraising and Networking Event

MAY 14 - WEDNESDAY

- 9:00 AM** Pre-legislative Meetings Caucus
- 10:00 AM** Legislative Appointments

AGENDA SUBJECT TO CHANGE

Legal Briefs, continued from page 14

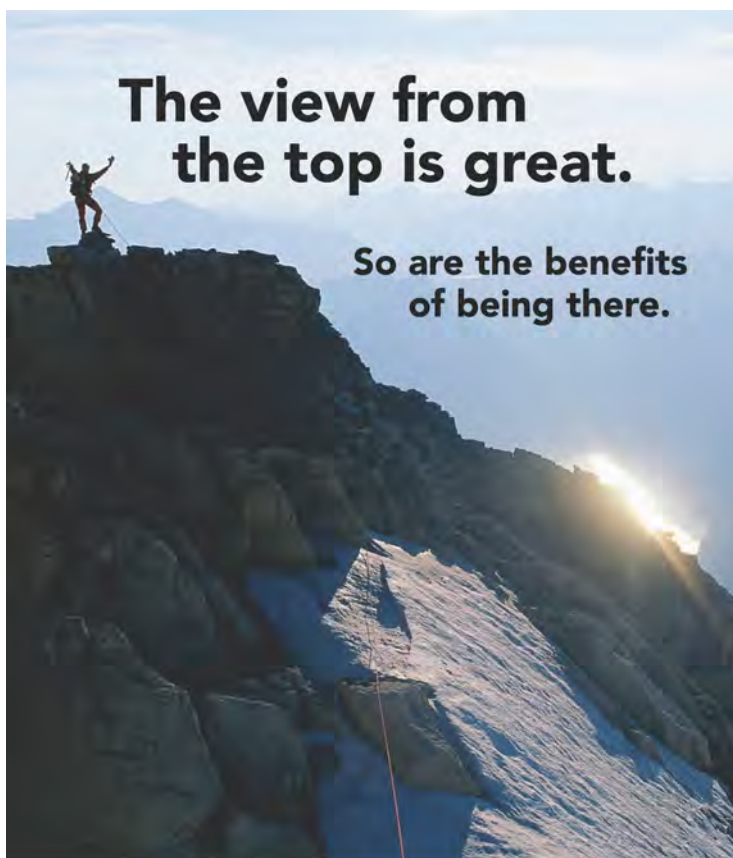
2024 Annual Reporting Form (ARF) for the Fair Chance Ordinance (FCO) and Health Care Security Ordinance (HCSO) is due on **May 2, 2025**. The form is filed with the Office of Labor Standards Enforcement (OLSE). Resources are available:

<https://www.sf.gov/submit-employer-annual-reporting-form-olse>

##



***Juan Lopez, Golf Tournament Chair,
Getting The Tournament Started***



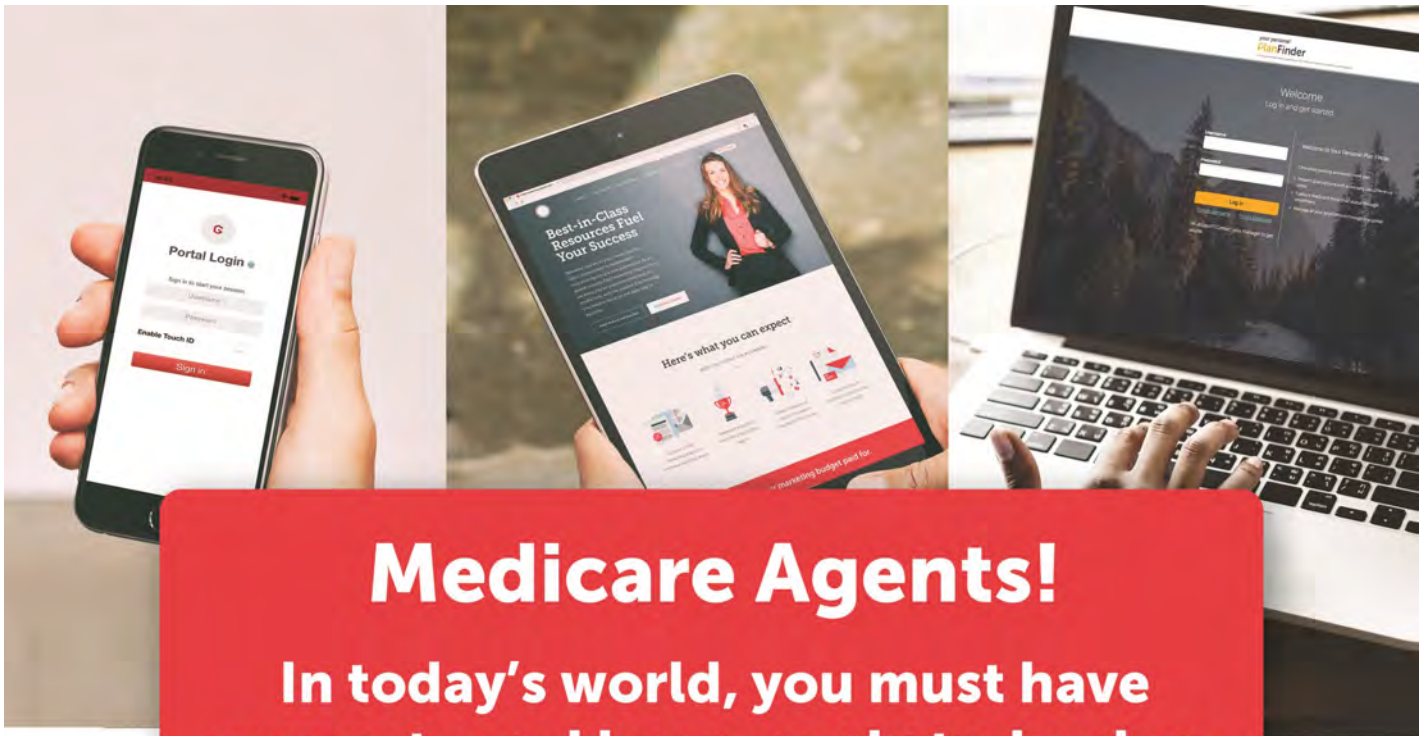
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<http://www.nabip.org/membership-resources/lprt-leading-producers-round-table>



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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.

Signed: _____ Date: _____

Please return this PAC Commitment Form to:
Mail: CAHIP PAC 1127 11th Street, Suite 210 Sacramento, CA 95814
Questions: (800) 322-5934



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Providence Medicare Advantage Plans is proud to be a Silver Sponsor of CAHIP-OC. Together, we aim to support and foster collaboration among professionals in the healthcare field along with offering community focused care dedicated to what really matters.

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Michael Corcoran Michael.Corcoran@Providence.org
Pete Pacheco Pete.Pacheco@Providence.org

HIPAA Updates, Continued from Page 20

including:

- Conducting an accurate and thorough risk analysis to determine the potential risks and vulnerabilities to the confidentiality, integrity, and availability of its ePHI;
- Developing and implementing a risk management plan to address and mitigate security risks and vulnerabilities identified in its risk analysis;
- Developing and implementing a written process to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports;
- Developing, maintaining, and revising, as necessary, its written policies and procedures to comply with the HIPAA Rules; and Augmenting its existing HIPAA and security training program to all of its workforce members who have access to PHI. OCR recommends that health care providers, health plans, clearing-houses, and business associates that are covered by HIPAA take the following steps to mitigate or prevent cyber-threats:
 - Identify where ePHI is located in the organization, including how ePHI enters, flows through, and leaves the organization's information systems.
 - Integrate risk analysis and risk management into the organization's business processes.
 - Ensure that audit controls are in place to record and examine

information system activity.

- Implement regular reviews of information system activity.
- Utilize mechanisms to authenticate information to ensure only authorized users are accessing ePHI.
- Encrypt ePHI in transit and at rest to guard against unauthorized access to ePHI when appropriate.
- Incorporate lessons learned from incidents into the organization's overall security management process.

Provide workforce members with regular HIPAA training that is specific to the organization and to the workforce members' respective job duties.

The resolution agreement and corrective action plan may be found at: <https://www.hhs.gov/sites/default/files/ocr-hipaa-settlement-nerad.pdf>.

3) The third case I want to mention was from March 21, 2025, when the HHS' Office for Civil Rights Settles HIPAA Security Rule Investigation with Health Fitness Corporation, which was the 5th Enforcement Action in OCR's Risk Analysis Initiative.

The "Risk Analysis provision" requires a regulated organization to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and

Continued on Page 39



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Insurance companies vary by region.



Don't forget... the CAHIP-OC Annual Meeting and Happy Hour Event May 6, 3-5 pm in Huntington Beach!

April 2025

Notice to Members of California Agents & Health Insurance Professionals – Orange County

Following our Bylaws, we are pleased to announce the following nominees:

Name of Nominee:	Board Position:
Sarah Knapp <i>Colonial Life</i>	President
Gonzalo Verduzco <i>Word & Brown</i>	President-Elect
Barbara Ciudad <i>HealthEquity</i>	Immediate Past President
Dorothy Cociu, RHU, REBC <i>Advanced Benefit Consulting</i>	VP of Communications
Juan R. Lopez <i>JRL Benefit Solutions</i>	VP of Finance
Tracy Hanson <i>Blue Shield of California</i>	VP of Legislation
Haley Mauser <i>Optavise</i>	VP of Membership
Cathy Daugherty, HIP <i>Bridgeport Benefits</i>	VP of Political Action (PAC)
Gabriella Bellizzi <i>Word & Brown</i>	VP of Professional Development

Nominees as General Board Member: As called for by the Bylaws and by Presidential Appointment

Awards Becky Capelouto <i>Sunrise Insurance Solutions</i>	Medicare Liaison/SR Summit Maggie Stedt, CSA, LPRT <i>Stedt Insurance Services</i>	Member-at-Large Linda Madril <i>Independent Agent</i>
Member Retention Melissa Calabretta <i>JLR Agency and Insurance Solutions</i>	New Member Liaison John Austin <i>CHOICE Administrators</i>	Public Service Chair/NABIP Foundation Committee Patricia Stiffler, LPRT <i>Options in Insurance</i>
Sales Symposium Champion John Evangelista, LPRT <i>Colonial Life</i>	Social Media Ailene Dewar Costello <i>Engage PEO</i>	Sponsorship Anne Kelly <i>Kelly and Kelly Insurance Services</i>

CAHIP-OC Board of Directors and Staff 2024-2025

Contact Information



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bciudad@healthequity.com



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PRESIDENT-ELECT

Sarah Knapp
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VP of COMMUNICATIONS & PUBLIC AFFAIRS

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consulting.com



VP of FINANCE/SECRETARY GOLF CHAIR

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Membership has its “Awards”

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 (LPRT), you will have the recognition of your peers for being one of the top performers in our business. LPRT 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

Clare Macintosh

David Miller

Carolyn Troutman

Michelle Wong

Contact our Membership Team:

Haley Mauser, VP of

Membership

Optavise, (707) 628-9260

Haley.Mauser@optavise.com

Talk to a Board Member

(see page 28 for board roster)

Visit our website at www.cahipoc.org

Many ways to join!

Agency Memberships Now Available!



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 31!**

**Note: CAHIP PAC contribution form can be
found on page 24!**



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.



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Get ready to fiesta at our Cinco de Mayo Member Appreciation Party!

Join Us as we celebrate our members and introduce our new
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Annual Membership Meeting.

Event Details:

Date: May 6th

Time: 3:00pm-5:00pm

Location: Flecha Cantina

7821 Edinger Ave #110,
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For More Info
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ACA Compliance for ALEs; Watching Your Number of Full-Time Equivalent Employees to Avoid ACA Penalties

By Anne Kelly, CAHIP-OC V.P. of Sponsorships

WATCH YOUR NUMBER OF FULL TIME EQUIVALENT EMPLOYEES – AVOID ACA PENALTIES

KNOW WHEN TO OFFER A MINIMUM VALUE AFFORDABLE PLAN AND WHEN FILINGS ARE REQUIRED

ACA Compliance for Employers with 50+ Full-Time Equivalent Employees

Employers with 50 or more full-time equivalent (FTE) employees are subject to the Affordable Care Act's (ACA) Employer Shared Responsibility provisions. These provisions require applicable large employers (ALEs) to offer minimum essential coverage (MEC) that provides minimum value (MV) and is affordable to their full-time employees, or potentially face penalties.

Determining Employer Size on a Month-by-Month Basis

To determine if an employer is an ALE, the IRS requires a month-by-month calculation of full-time equivalent employees. The steps include:

1. **Identifying Full-Time Employees:** Employees who work an average of 30 hours per week (or 130 hours per month) are considered full-time.
2. **Calculating Part-Time Equivalents:** Add the total monthly hours worked by all part-time employees (those working less than 30 hours per week) and **divide by 120**.
3. **Summing the Total:** Add the number of full-time employees to the number of FTEs derived from part-time employees.

Averaging Over 12 Months:

Sum the monthly totals and divide by 12.

If the result is 50 or more, the employer qualifies as an ALE and is subject to ACA requirements for the following calendar year.

- ◇ As a Corollary to this- and it's not commonly known-

NEW EMPLOYERS - That reasonably Expect to have 50 Plus FTEs in their 1st year of business are expected to comply immediately (after a 90 Day Grace) with Offering an Affordable Minimum Value Plan to their Full Time Employees. (i.e The 1st of the following year- does not apply in this case) See Q&A #7 on our [employer shared responsibility questions and answers page](#) for more information.

Offering Minimum Value and Affordable Coverage

Once an employer is classified as an ALE, they must offer qualifying health coverage to at least 95% of their full-time employees and their dependents to avoid penalties.

- **Minimum Value (MV):** A health plan must cover at least 60% of total allowed costs of benefits.
- **Affordability:** Under ACA guidelines, an employee's required contribution for the lowest-cost, self-only coverage cannot exceed a set percentage of their household income. Employers can use one of three affordability safe harbors:
 - ◇ **Federal Poverty Line (FPL) Safe Harbor:** Ensures affordability if the employee's premium cost does not exceed a percentage of the federal poverty level.
 - ◇ **Rate of Pay Safe Harbor:** Determines affordability based on an employee's rate of pay multiplied by **130 hours per month**.
 - ◇ **W-2 Safe Harbor:** Bases affordability on the employee's **W-2 BOX 1** wages.

Timeline for Offering an (ACA Min Val/Affordable) Plan and Grace Period

- **Plan Implementation:** Employers must ensure coverage is available by January 1st of the year they qualify as an ALE. If a new employer becomes an ALE mid-year, they typically have until April 1st to offer coverage.
- **Grace Periods:** The ACA allows for short administrative periods but generally requires offers of coverage to be in place within 90 days of an employee becoming eligible. ACA compliance for employers with 50 or more FTEs requires careful tracking of employee hours, offering affordable minimum-value coverage, and adhering to strict timelines. Employers should work closely with benefits administrators and payroll providers to ensure compliance, thereby avoiding potential penalties under the Employer Shared Responsibility provisions. As agents, we should be watching our Employer groups and making sure to keep an eye on Number of FTE's. Often our Benefits systems such as EASE may not be kept as up to date as these filings require as administrators may not be adding new hires particularly part time employees.

ACA Penalties for Non-Compliance

A Penalty (4980H(a)) – Failure to Offer Coverage

If an ALE does not offer MEC to at least 95% of its full-time employees and at least one full-time employee receives a premi-

ACA Compliance, Continued from Page 34

um tax credit for purchasing coverage on the Marketplace, the employer is subject to the “A” penalty.

- The **2024 penalty** amount is **\$2,970 per full-time employee (minus the first 30 full-time employees)** annually.
 - This penalty applies to **all full-time employees**, not just those who were not offered coverage
- For example, if an employer has 100 full-time employees and does not offer MEC, the penalty would be calculated as follows: $(100 - 30) \times \$2,970 = \text{\$207,900 annually}$

Penalties for Failing to File or Issue 1094-C and 1095-C Forms

Applicable Large Employers (ALEs) are required to file Form 1094-C with the IRS and provide Form 1095-C to full-time employees. Failure to comply results in penalties:

- **Failure to File with the IRS:** The penalty is **\$310 per return** in 2024, with an annual maximum penalty of **\$3,783,000** for large employers.
- **Failure to Furnish Form 1095-C to Employees:** The penalty is also **\$310 per return**, with the same maximum cap.

Intentional Disregard: If an employer intentionally fails to file or furnish forms, the penalty increases to **\$630 per return**, with no maximum cap.

Anne Kelly – Contact anne@kellyandkellyinsurance.com 949-294-5814.

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FRIDAY • MAY 30, 2025

9:30AM - 2:00PM

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QUESTIONS: ADMIN@CAHIPOC.ORG

Charity Golf Tournament Photos, 2025



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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

May Happy Hour Event

May 6, 2025—See Page 32 for Details!

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!

*May 6, 2025
Cinco De Mayo Happy Hour & Annual Meeting*

*May 30, 2025
Women in Business*

*September 9-11, 2025
Senior Summit*

HIPAA Updates, Continued from Page 26

availability of ePHI held by that organization.

OCR initiated after receiving four reports from Health Fitness, over a three-month period (October 15, 2018, to January 25, 2019), of breaches of unsecured protected health information. Health Fitness filed the breach reports on behalf of multiple covered entities as their business associate. Health Fitness reported that beginning approximately in August 2015, ePHI became discoverable on the internet and was exposed to automated search devices (web crawlers) resulting from a software misconfiguration on the server housing the ePHI. Health Fitness discovered the breach on June 27, 2018. Health Fitness initially reported that approximately 4,304 individuals were affected and later estimated that the number of individuals affected may be lower. OCR's investigation determined that Health Fitness had failed to conduct an accurate and thorough risk analysis, until January 19, 2024, to determine the potential risks and vulnerabilities to the ePHI held by Health Fitness.

Under the terms of the resolution agreement, Health Fitness agreed to implement a corrective action plan that OCR will monitor for two years and paid \$227,816 to OCR. Under the corrective action plan, Health Fitness committed to take steps

to ensure compliance with the HIPAA Security Rule and protect the security of ePHI, including:

- Annually reviewing and updating as necessary its risk analysis to determine the potential risks and vulnerabilities to the confidentiality, integrity, and availability of its ePHI;
- Developing and implementing a risk management plan to address and mitigate security risks and vulnerabilities identified in its risk analysis;
- Implementing a process for evaluating environmental and operational changes that affect the security of ePHI; and Developing, maintaining, and revising, as necessary, certain written policies and procedures to comply with the HIPAA Privacy, Security, and Breach Notification Rules.

The resolution agreement and corrective action plan may be found at: <https://www.hhs.gov/sites/default/files/health-fitness-ra-cap.pdf>.

Stay tuned for more updates in the next issue of The COIN!

##



Happy 15th Birthday, ACA!

The Affordable Care Act turns 15 on March 23rd. Let's celebrate the ACA hitting 15 by getting to know the ACA better, and the Monahan Law office can help.

The Monahan Law Office offers a range of ACA compliance services:

- Section 4980H and IRS Forms 1094/1095 compliance
- Letter 226J appeals
- Training and webinars
- Translation of legalese into layperson terms
- Help with employee questions and communications

The Monahan Law Office brings two decades of mastery to the table, adeptly navigating ERISA, ACA, COBRA, HIPAA, and CAA regulatory requirements. Let us be your benefits resource. Let us help you solve your compliance conundrums.



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NAHU Professional Development



Are you new to the industry? Do you want to brush up on new concepts?
Do you have employees who need training? Do you want to be an expert on industry topics so you can educate your clients?
NAHU can help....

NAHU has an Online Learning Institute and offers courses in a variety of areas that can help you be successful. NAHU members receive a discount on enrollment of up to 30%. Some of the course work and certificates are listed below, but there are many more options on the website. For more information on courses and enrollment, visit the NAHU website at <http://nahu.org/professional-development/courses>.

- Registered Employee Benefits Consultant (REBC)
- Single-Payer Healthcare Certification
- Account-Based Health Plans Certification
- Benefit Account Manager Certification
- Diversity, Equity and Inclusion in the Modern Workplace
- Health Insurance 101
- Self-Funded Certification
- HIPAA Compliance Training



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- 15 -



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<http://nahu.org/membership-resources/podcasts/healthcare-happy-hour>

Latest Podcasts:

- House Ways & Means Committee Advances NABIP Federal Priority to Ease Employer Reporting Process
- Are you Ready for NABIP's Annual Convention?
- How to Best Leverage Employee Benefit Portfolios—from Retirement Plans to Pet Insurance
- A Stay inn ACA Preventive Care Mandate Case: NABIP Submits More Testimony
- What You Need to Know About the End of the COVID-19 Emergency Periods
- NABIP Submits Written Testimony on Host of Healthcare Issues
- Special Guest from Nonstop Health Discuss Benefits for Brokers and Employers
- An Individual Market Agent's Perspective on the Medicaid Unwinding

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Don't Forget to Register...

Cinco De Mayo Happy Hour & Annual Meeting

May 6, 3-5 pm

Women in Business

May 30

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?





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!**

**13th Annual
Senior Summit is coming to town!**
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3 full days of Speakers, Educational Classes,
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CAHIP CAPITOL SUMMIT– MAY 12-14, 2025

WOMEN IN BUSINESS—MAY 30,2025

SENIOR SUMMIT— SEPTEMBER 9-11, 2025

Visit our website for more details

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