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County of Orange Insurance News

Preparing For 4th Quarter: Agents Call to Action for Their Employer Clients

Inside this issue

One Big Beautiful Bill Act; Is it Really Beautiful or Did it Fall Short?

*A Summary To Prepare for Our Clients'
Questions During 4th Quarter*

Open Enrollment Choices
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- PDP or Not PDP? – Medicare Agents Report
- The Tax Benefits of Workplace Wellness Incentives and Tax Exemptions





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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: Sarah Knapp, CAHIP-OC President

I hope you all had a great and relaxing summer, and that you're feeling refreshed and ready to take on the fourth quarter!

As we head into the busiest season of the year, CAHIP-OC is here to support you with valuable opportunities to stay informed and connected. We're kicking things off in September with a **Carrier Panel**—a timely event designed to help you gear up for the fourth quarter. Then in October, don't miss our **Legislative Update on the OBBB**, where we'll cover key policy developments that impact our industry.

We're excited to bring you a mix of **engaging webinars** and **in-person gatherings** in the coming months. These events are all part of our ongoing commitment to deliver value to our members through **education, advocacy, and networking**.

As always, we're here for you. Your feedback and ideas help us grow and improve, so please don't hesitate to share your suggestions with us.

Wishing you a strong and successful Q4!

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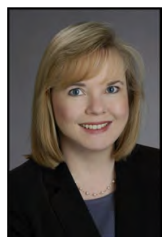
We would like you to join us for our

Q4 VIRTUAL CARRIER PANEL UPDATES

Get an exclusive deep dive into small group Q4 strategies with our top medical carriers

Moderated by AMWINS, this is your chance to get insider insights and prepare for a successful Q4!

September 16th, 10AM–1PM
Registration at
<https://ocahu.wildapricot.org/>



Join Us In Person for CAHIP-OC's October CE Program

One Big Beautiful Bill Act and It's Impact on Health Plans
October 7, 2025

Featuring Marilyn Monahan & Dorothy Cociu

Breakfast Meeting 8:30—10:30 am

Tustin Ranch Golf Club, 12442 Tustin Ranch Rd, Tustin

CE Pending





Feature Article: One Big Beautiful Bill Act; Is it Really Beautiful or Did it Fall Short?

A Summary To Prepare for Our Clients' Questions During 4th Quarter

By: Dorothy Cociu, CAHIP-OC VP of Communications & Public Affairs & President of Advanced Benefit Consulting & Insurance Services, Inc.

We've all been hearing about it for months. Things were of course tense in Washington, DC and Republican legislators had to put some extra time in lobbying for its passage; some even within their own party. But it finally happened, and of course, in a dramatic fashion, with President Trump signing the bill (OBBA) into law on Independence Day, July 4, 2025, while most of us were eating BBQ or celebrating with friends and families at a beach, a campground or a backyard somewhere.

This 940-page bill is definitely big... in terms of what it covers and the length of the pages. To summarize it isn't easy, but I'll try to include the parts of it that are of interest to human resources, benefits brokers, and to the general public, perhaps with more information than you may have heard in the post 4th of July holiday weekend news outlets.

Impacts and of Interest to Human Resources Professionals & Benefits Brokers

Employee Benefit Plans & Medicaid and ACA Marketplace Provisions

- **Telehealth Relief Becomes Permanent for High Deductible Health Plans**

One of the provisions of the OBBA that many are pleased with are the telehealth first-dollar services that were created during the COVID-19 pandemic era, which was part of the CARES Act, has now become permanent. Specifically, the Coronavirus Aid, Relief and Economic Security Act permitted coverage for telehealth services by HSA-compatible high deductible health plans before a person meets their deductible. That benefit expired on December 31, 2024. The OBBA makes this relief permanent, retroactive to December 31, 2024. The OBBA codifies the safe harbor effective for plan years beginning on or after December 31, 2024, and allows HDHPs to cover telehealth services before the deductible is met without affecting HSA eligibility.

To clarify and assist readers with understanding this, I asked my friend and benefits attorney, Marilyn Monahan, if she'd like to comment on this provision.

"To explain this change to HSAs, some background might be helpful," Marilyn stated. "If you are covered by a high deductible health plan (HDHP)—and you are not covered by any other disqualifying health plans, such as a non-HDHP health plan or a general purpose flexible spending account (FSA)—you are generally eligible to contribute to a

health savings account (HSA). An HSA lets you set aside money on a pre-tax basis to pay for qualified medical expenses (like some dental, drug, and vision expenses).

"An individual can lose HSA eligibility under certain circumstances. For example, you lose HSA eligibility if your health plan pays for benefits below the minimum annual deductible for a HDHP. One exception to this rule, however, is that a plan may provide preventive care benefits without a deductible or with a deductible less than the minimum annual deductible. Another exception to the rule was created during the pandemic, due to the popularity of telehealth services. First through the CARES Act and then the Consolidated Appropriations Act, 2023, Congress allowed telehealth services to be reimbursed without a deductible or with a deductible less than the minimum annual deductible for a HDHP without loss of HSA eligibility. However, this telehealth exception created during the pandemic has expired for almost all plans."

Marilyn continued; "The good news for employers and participants is that the OBBA revives the telehealth exception and makes it permanent. This means that a HDHP can reimburse telehealth benefits and other remote care services without a deductible (in other words, first-dollar coverage) or below the HDHP minimum annual deductible and participants will still be eligible to contribute to an HSA. This change is retroactive for plan years beginning on or after January 1, 2025."

Because this is an actual change to your benefits, I asked Marilyn about the official or legal requirements brokers and human resources professionals should be aware of.

"A plan amendment may be necessary to implement this change, as well as coordination with your carrier (for fully insured plans) or your TPA (for self-funded plans)," Marilyn commented. "Notice to employees should also be provided so that they understand this change in benefits."

- **Bronze Plan HSA-Compatible Plan Allowance**

Traditionally HSAs could only be coupled with high-deductible health plans that met certain out-of-pocket spending limits. Under the OBBA, eligibility has been expanded to include bronze-level plans and catastrophic plans. HSAs will be deemed as compatible with ACA bronze-level plans and catastrophic plans, even if the

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annual out-of-pocket spending limits exceed the limits previously permitted for HSA-compatible HDHPs.

- **HSA Reimbursement for Direct Primary Care**

Under the OBBB, owners of HSAs will be allowed to spend up to \$150 per month for individuals and \$300 per month for a family, to pay for certain direct primary care practice memberships. I asked Marilyn to help me explain this provision to readers.

“Under the OBBB, a participant in a HDHP may receive services under a ‘direct primary care’ arrangement without losing HSA eligibility. A ‘direct primary care arrangement,’ with respect to any individual, is an arrangement under which the individual is provided medical care consisting solely of primary care services provided by a primary care practitioner and the sole compensation for such care is a fixed periodic fee. This provision shall not apply if the aggregate fees for all direct primary care service arrangements for an individual for a month exceeds \$150, or \$300 for more than one person.”



I asked Marilyn to clarify what is not included in this provision. “The term ‘primary care services’ does not include (i) procedures that require the use of general anesthesia, (ii) prescription drugs (other than vaccines), and (iii) laboratory services not typically administered in an ambulatory primary care setting,” Marilyn responded.

Marilyn continued: “The direct primary care fees are also qualified HSA expenses, so long as the limits are not exceeded.”

This provision is not retroactive. I asked Marilyn to share with us the effective date of this provision. “This change is effective for months beginning on or after January 1, 2026. Regulations will be issued to implement this provision.”

- **Increase to Dependent Care Flexible Spending Accounts**

Many people have enjoyed the use of a Dependent Care Flexible Spending Account (DCFSA, or DCAPs), which historically put forth a limit of \$5,000, or \$2,500 for married couples filing separately, before inflation indexing. After several decades of this benefit, the OBBB increased the limit for tax years beginning on or after January 1, 2026.

I asked Marilyn Monahan once again to comment on this change.

“Under current rules, there is a \$5,000 limit on contributions to a dependent care spending account (or DCAP). This limit is not adjusted for inflation, so it has remained at \$5,000 year after year. However, the OBBB changes the rules on the contribution limit. For plan years beginning on or after January 1, 2026, the contribution limit will permanently increase to \$7,500—the new limit will remain static, however, and will not be indexed for inflation.”

I also asked Marilyn to tell us her thoughts on the nondiscrimination

testing and if that will make it easier or more difficult for employers, and if plan amendments will be necessary? “Many employers offering DCAPs find that the plans often fail nondiscrimination testing because they tend to be more attractive to highly compensated employees. This situation is not likely to change with the increase in the contribution limit. If an employer wishes to raise the contribution limit on its DCAP—and employers are not obligated to do so—a cafeteria plan amendment may be required. Employers should also coordinate any change in plan terms with their TPA.”

- **Limited Eligibility for Premium Tax Credits**

Perhaps one of the more controversial provisions of the OBBB, but certainly consistent with the Trump Administration’s stance on immigration, is the OBBB’s modification to the eligibility rules for individuals wanting to receive a premium tax credit under the ACA for health benefits.

Effective for tax years beginning on or after December 31, 2025, individuals that have a household income of less than 100% of the federal poverty level who are ineligible for Medicaid due to their alien status are also not eligible for premium tax credits.

Effective for tax years beginning on or after December 31, 2027, individuals who are aliens are not eligible for premium tax credits unless they qualify for certain specified “resident” status or as specified refugees from Cuba or Haiti, and an eligibility for individual premium tax credits must be verified by the exchange annually. This means they will not be eligible for automatic re-enrollment.

Additionally, for tax years beginning after December 31, 2025, there will no longer be a premium tax credit available for mid-year special enrollments due to changes in expected household income and individuals who receive advance payments of premium tax credits are liable for the full amount of any excess advance payments that they receive. In essence, the prior limitations have been removed.

- **Continuation of Employer-Provided Educational Assistance**

Under current/prior law, employers were allowed to provide educational assistance for an employee’s educational expenses, including tuition, fees, books, supplies, equipment and student loan payments made before January 1, 2026, up to \$5,250, but limited to a 50% deduction of the expense. No deduction was to be allowed after 2025.

The final language in the OBBB makes this tax exclusion permanent. In addition, employer-provided educational assistance payments made after December 31, 2025, and the \$5,250 maximum will be indexed for inflation each year. It’s interesting to note that the amount of \$5,250 had been in place since 1979.

Because Marilyn Monahan and I have talked about this tax deduction for employers favorably in seminars and webinars for several years, I asked her to comment on this provision of the OBBB.

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“Section 127 of the Internal Revenue Code permits employers to set up educational assistance programs through which employers may pay certain educational expenses of their employees and the amount of the payment will not be included in the employee’s gross income for federal income tax purposes. The OBBB makes two significant changes to section 127,” Marilyn stated.

“In the past, the only expenses employers could reimburse through an educational assistance program were tuition, books, and related expenses. Legislation passed during the pandemic (the CARES Act) expanded section 127 to also allow employers to reimburse the principal or interest on qualified education loans. However, this expansion was set to expire at the end of this year. The OBBB made this expansion permanent, so employers can set up a program to help their employees pay down their student loan debt. This is the first significant change the OBBB made to section 127.

“The second change has to do with the limit on the contribution amount. Prior to the OBBB, the annual employer contribution limit was \$5,250, and that amount was not adjusted for inflation. As a result of the OBBB, the contribution limit will now adjust each year, and the adjusted limit will apply to all benefits provided through an educational assistance program.”

Again, because Marilyn and I have discussed this in numerous seminar/webinars, I wanted her to share her thoughts (and mine) about how this benefit is perceived by employers and how it may impact the hiring process when looking for talent. “These changes will be welcomed by employers who are looking to add a new benefit that will help attract and retain talent with significant student loan debt.”

There is one caution, however, for California employers using this benefit. “Employers should recognize, however, that the tax break is only available at the federal level; California has not passed conforming legislation,” Marilyn stated.

- **Increased Child Care Tax Credit**

The final language in the OBBB Act increases the amount of tax credits that employers may claim for employer-provided child care. These increases are for amounts incurred or paid after December 31, 2025. Employers may claim up to 40% of their qualified child care expenses, up to a maximum credit of \$500,000. Eligible small businesses can claim up to 50% up to \$600,000. This amount will be indexed in future years.

- **Medicaid and Potential Future Employer/Plan Sponsor Impact**

Given that you’ve all probably heard in the media that the OBBB made significant changes to Medicaid, which will most likely result in a reduction in participation in the Medicaid program, including California’s Medi-Cal program. Overall, the OBBB includes work requirements for ACA expansion states, reductions in federal matching rates for certain services, and limitations on provider taxes. Specifically, the OBBB *adds work requirements* for eligibility, which were never

included in the past, effective January 1, 2027, but states have the option to have an earlier work requirement option. The OBBB requires individuals to prove that they are working, engaging in community service, or receiving work training at least 80 hours per month, or are enrolled in school at least part-time, unless they qualify for an exemption. In addition, they will add *new and more stringent and frequent eligibility verifications* to qualify for and remain on Medicaid programs. Some of these provisions will be effective for renewals dated on or after December 31, 2026, and some provisions will be effective in 2027.

Advocates of the OBBB claim that it will stop “the subsidization of competent adults who are choosing not to work.” However, others state that the reality is that nearly all Medicaid recipients aren’t automatically eligible based on supplemental security income (SSI) or Social Security Disability Insurance (SSDI), and those able to work are already working.

An interesting provision within the OBBB related to Medicaid is that it *requires states to impose Medicaid cost-sharing of up to \$35 per service* on “expansion adults” with incomes of 100-138% of the federal poverty level, with some exceptions for certain services. These provisions will be effective on October 1, 2028.

Another state provision is that the OBBB *prohibits states from establishing any new Medicaid provider taxes or from increasing the rates of existing taxes*, with some of these provisions effective now and some in 2027.

An issue widely discussed in the media is the *restricted definition of qualified immigrants* for purposes of the CHIP or Medicaid eligibility to “lawful permanent residents (i.e. “green card” holders), certain Cuban and Haitian immigrants, citizens of the Freely Associated States (COFA migrants) that are residing in the USA lawfully, and lawfully residing children and pregnant adults in the states that cover them under the ICHIA option. These provisions are effective October 1, 2026.

Currently, individuals with medical conditions and no health plan coverage may be eligible in some cases for retroactive coverage (previously 90 days). Under the OBBB Medicaid provisions, *the retroactive Medicaid coverage options will be reduced* to one month prior to the date of application, effective January 1, 2027.

The nonpartisan Congressional Budget Office (CBO) has estimated that the OBBB will cut federal spending on Medicaid and the CHIP program benefits by \$1.02 trillion, due in part to eliminating at least 10.5 million people from the Medicaid programs by 2034. Many fear that the reduction in federal funding of Medicare programs will result in states cutting optional benefits and community-based programs first. The OBBB creates a new category for home and community-based program waivers.

The plan sponsor employer is affected by these changes because if someone does not satisfy Medicaid work requirements, they will not qualify for a premium tax credit (PTC) when enrolling in a Marketplace

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plan, which could result in more eligible employees or their dependents enrolling in an employer's group health plan. This is effective January 1, 2027, or earlier if states put in place an earlier date.

- **ACA Marketplace Impact and Potential Employer/Plan Sponsor Impact**

The OBBB makes many changes to the Affordable Care Act's (ACA) Marketplaces, including both the federal marketplace and state marketplaces. The increased PTC will end at the end of 2025, so Marketplace coverage will be less affordable for many, effective January 1, 2026. The OBBB ends automatic re-enrollment in Marketplace plans, forcing enrollees/participants to have to affirmatively re-enroll every year. This is effective for taxable years beginning on or after December 31, 2027.

Similar to Medicaid provisions, the OBBB will result in more stringent documentation requirements to confirm eligibility for enrollment and PTCs. Pre-enrollment verification goes into effect for taxable years beginning on or after 2027.

The OBBB also requires that any PTC recipients reimburse any PTC excess, no matter their annual income. If participants have fluctuating income, or who understated their income when applying for a PTC will be impacted. This provision is effective for taxable years beginning January 1, 2026.

The OBBB also puts restrictions on eligibility for low-income immigrants without Medicaid coverage, effective January 1, 2026.

There will also be restrictions on eligibility for a PTC when signing up for coverage due to a special event during a special enrollment period, with the exception of those triggered by qualifying life events including someone seeking special enrollment due to changes in their income. These provisions are effective January 1, 2026.

The OBBB also bars legal immigrants, aside from specific groups, from receiving a PTC and cost sharing reductions. Exempted groups include lawful permanent residents, Compact of Free Association (COFA) migrants, Cuban and Haitian entrants as defined in Section 501e of the Refugee Education Assistance Act of 1980. These provisions are effective January 1, 2027.

How will this impact employers? I asked Marilyn Monahan for her opinion on this. "If employees are unable to obtain coverage through Medicaid (Medi-Cal in California) or a Marketplace (Covered California in California) they are more likely to seek out employer-sponsored coverage. This will be especially true of employees who have chronic conditions and have a more immediate need for coverage. In some cases, spouses and dependents of employees who have opted for Medicaid or Marketplace coverage in lieu of family coverage under an employer-sponsored plan may, if they are unable to get coverage through one of these programs, seek coverage from their spouse's employer. Because there is typically a mandatory employee contribution with employer-sponsored coverage, those who opt to pay for family coverage are more likely to have chronic, and potentially costly, medical conditions, and this could increase utilization and cost for employers. This could be true whether the plan is self-

funded or fully insured."

In addition, we anticipate an increased number of COBRA participants, particularly those with pre-existing conditions (i.e. adverse selection) if the Marketplace is no longer a cost-effective option or if Medicaid is no longer available, as well as increased administrative burdens for human resources if more employees seek mid-year election changes. There is also a possibility that employers will see increased workers' compensation claims expenses if more employees go without health coverage.

It's also quite possible that lower enrollment in the ACA marketplaces and/or Medicaid could result in higher premiums for those who remain in the Marketplace plans, which may result in more enrolling in employer-sponsored health plans.

- **Affects on Providers due to the ACA and Marketplace Changes**

Many fear that if the number of available hospitals, emergency rooms and other providers will decrease due to the Medicaid cuts, particularly in rural areas. This could of course lead to less overall access to healthcare, perhaps even in employer-sponsored health plans, which could result in poorer overall health outcomes and more employee dissatisfaction with coverage.

There is also a fear that fewer Medicaid and/or Marketplace participants could result in less guaranteed money paid for medical services... This could include ER visits, hospital admissions, prescription drugs, durable medical equipment, needed therapy services and more. This could result in providers increasing overall costs for other services to make up the difference in provider revenue.

- **Changes to the CMS and Marketplace Integrity Rule**

In addition to the OBBB, recent CMS rule changes, including the updated Marketplace Integrity Rule, which was published in June, 2025, will also affect Marketplace eligibility, and the impact will likely trickle down to employer-sponsored health plans. A fact sheet is available at <https://www.cms.gov/newsroom/fact-sheets/2025-marketplace-integrity-and-affordability-final-rule>.

Human Resources-Employment Law Impacts

I am not a Human Resources professional or consultant, and I'll leave the details of the provisions of the OBBB to them, but I did want to at least summarize some of the OBBB provisions of interest to human resources professionals and employers.

- **No Tax on Tips**

I know that this provision has made the headlines in many news outlets since the signing of the OBBB Act, but I do want to include it as an important provision of the Act.

The OBBB includes a new deduction for no tax on tips, effective

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for 2025-2028, which allows employees and self-employed individuals to deduct qualified tips received in occupations that are listed by the IRS as “customary and regularly receiving” tips on or before December 31, 2024 and that are reported on a Form W-2, Form 1099 or other specified statement furnished to the individual or reporting directly by the individual on Form 4137. More detail will be provided in the “Of Interest to the General Public” section below.

- **No Tax on Overtime**

This is also a new deduction for 2025, effective 2025 through 2028. Under this provision, individuals who receive qualified overtime compensation may deduct the pay that exceeds their regular rate of pay—such as the “half” portion of “time and a half” compensation—that is required by the Fair Labor Standards Act (FLSA) and is reported on a form W-2, Form 1099, or other specified statement furnished to the individual. The maximum annual deduction is \$12,500 (\$25,000 for joint filers), and the deduction phases out for taxpayers with modified adjusted gross income over \$150,000 (\$300,000 for joint filers).

More detail on this will be provided in the “Of Interest to the General Public” section below.

- **No Tax Exclusion for Employer-Provided Meals**

Current law allows employers to provide food and beverage expenses of an employer for meals that are provided to employees through their eating facility or facilities that meet the requirements for “de minimis fringe benefits” at the workplace, such as coffee and donuts, overtime meals or other working meals. These expenses, however, are limited to a 50% deduction of the expense, and no deduction is allowed after 2025.

The final wording of the OBBB Act continues to disallow this deduction after 2025, but provides two exceptions specifically for the fishing industry... particularly in extreme/remote areas like Alaska. The exceptions are available for meals provided on certain types of fishing vessels, fish processing vessels, or fish tender vessels, or at certain facilities for the processing of fish for commercial use or consumption which are based in the United States north of 50 degrees north latitude and not located in a metropolitan statistical area.

- **Employee Leaves: Continuation of Employer Tax Credits for Paid Family & Medical Leave**

Again, I am definitely not an HR consultant or HR professional, so I will allow them to expand on this further, but for simplicity sake and for the benefit of our readers, I will again attempt to summarize the provisions for Paid Family & Medical Leave.

The OBBB makes the temporary employer tax credits permanent with a few changes. The tax credits began in January, 2018 and was set to expire at the end of 2025. Once the paid leave meets certain requirements, including a written policy, employers are entitled to a 12.5% tax credit on the amount of eligible wages, which increases by 0.25% for each percentage point by which the amount an employer paid a

qualifying employee exceeds 50% of the employee’s wages. The maximum credit that be claimed is 25%, based on the leave paid at 100% of normal wages.

To assist me, and to provide more information, I asked Marilyn Monahan to provide our readers with some basic information on these provisions of the OBBB Act.

“Under current law—since the passage of the Tax Cuts and Jobs Act—employers may be eligible for a tax credit if they provide paid family and medical leave,” stated Marilyn. “This provision was set to expire at the end of the year. The OBBB extends the tax credit permanently. To take advantage of the credit, employers must follow IRS rules, including the adoption of a written policy.”

- **Permanent Elimination of Bicycle Commuting Reimbursement and Moving Expense Deductions**

The OBBB Act permanently eliminates the exclusions for both the employee’s gross income the \$20/month bicycle commuting employer reimbursement and the moving expense deduction and employer-reimbursed moving expense exclusions, but carves out an exception for intelligence community members similar to the active-duty military exception under the moving expense deductions. Both were scheduled to lapse at the end of 2025.

Of Interest to The General Public

- **No Taxes on Tips**

As briefly mentioned above in the Human Resources/Employment Law Section, The OBBB includes a new deduction for no tax on tips, effective for 2025-2028, which allows employees and self-employed individuals to deduct qualified tips received in occupations that are listed by the IRS as “customary and regularly receiving” tips on or before December 31, 2024 and that are reported on a Form W-2, Form 1099 or other specified statement furnished to the individual or reporting directly by the individual on Form 4137.



According to [IRS News Essentials](#) Issue Number FS-2025-03, qualified tips are voluntary cash or charged tips received from customers or through tip sharing. The maximum annual deduction is \$25,000; for self-employed, the deduction may not exceed the individual’s net income, without regard to this deduction, from the trade or business in which the tips were earned. The deduction phases out for taxpayers with modified adjusted gross income over \$150,000 (\$300,000 for joint filers).

So who is eligible for this? Taxpayer eligibility rules state that the deduction is available for both itemizing and non-itemizing taxpayers. Self-employed individuals in a Specified Service

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Trade or Business (SSTB) under section 199A are not eligible. Employees whose employer is an SSTB also are not eligible.

Taxpayers must include their social security number on the return and file jointly, to claim the deduction.

Reporting rules, according to FS-2025-03, requires employers and other payors to file information returns with the IRS (or SSA) and furnish statements to taxpayers showing certain cash tips received and the occupation of the tip recipient.

Guidance is expected by October 2, 2025, when the IRS must publish a list of occupations that “customarily and regularly” received tips on or before December 31, 2024.

Transition relief is provided by the IRS for tax year 2025 for taxpayers claiming the deduction and for employers and payors subject to the new reporting requirements.

• No Tax on Overtime

As discussed above in the Human Resources/Employment Law Section, the OBBB Act includes provisions for No Tax on Overtime.

The No Tax on Overtime Deductions eligibility are available to Taxpayers who both file both itemizing and non-itemizing taxpayer returns. Similar to No Tax on Tips, taxpayers must include their Social Security Number on the return and file jointly if married, to claim the deduction.

Reporting is also similar to the No Tax on Tips rules: Employers and other payors are required to file information returns with the IRS (or SSA) and furnish statements to taxpayers showing the total amount of qualified overtime compensation paid during the year, and again, Guidance is expected for 2025 by the IRS, and they will provide transition relief for tax year 2025 for taxpayers claiming the deduction and for employers and other payors subject to the new reporting requirements.



• Creation of Trump Accounts

Beginning in 2026, there will be a new type of government-facilitated accounts similar to IRAs, called “Trump Accounts,” that can be set up for children under age 18. Annual contributions are limited to \$5,000, indexed for inflation, and earnings will be able to grow tax-free. Qualified withdrawals will mirror traditional IRA rules. Accounts can be established for citizens of the USA born after December 31, 2024, but before January 1, 2029, and for these accounts, the accounts will be credited with an initial government contribution of \$1,000. The Trump Accounts allow for employer contributions, tax exemptions for certain contributions, and penalties for improper claims.

• No Tax on Car Loan Interest

This is a new deduction, effective for 2025 through 2028. Individuals may deduct interest paid on a loan used to purchase a qualified vehicle, provided the vehicle is purchased for personal use and meets other eligibility criteria. (Lease payments do not qualify.) Under this new deduction, the maximum annual deduction is \$10,000, and the deduction phases out for taxpayers with modified adjusted gross income over \$100,000 (\$200,000 for joint filers).

The interest must be paid on a loan that originated after December 31, 2024, used to purchase a vehicle, the original use of which starts with the taxpayer (used vehicles do not qualify), for a personal use vehicle (not for business or commercial use) and secured by a lien on the vehicle.

If a qualifying vehicle loan is later refinanced, interest paid on the refinanced amount is generally eligible for the deduction.

A qualified vehicle is a car, minivan, van, SUV, pick-up truck or motorcycle, with a gross vehicle weight rating of less than 14,000 pounds, and that has undergone final assembly in the United States.

The Deduction is available for both itemizing and non-itemizing taxpayers. The taxpayer must include the Vehicle Identification Number (VIN) of the qualified vehicle on the tax return for any year in which the deduction is claimed.

There are Reporting requirements. Lenders or other recipients of qualified interest must file information returns with the IRS and furnish statements to taxpayers showing the total amount of interest received during the taxable year.

The IRS will provide transition relief for tax year 2025 for interest recipients subject to the new reporting requirements in forthcoming Guidance.

• AI Provisions of the OBBB

There is one provision that many were shall we say shocked, or at least surprised, that didn't make it into the final OBBB Act were the AI provisions that were stripped from the House Version of the bill... these included a proposed 10-year federal ban on state and local artificial intelligence (“AI”) regulation. But, the OBBB Act did enact new requirements with major implications for AI and technology companies, including stringent restrictions of foreign influence in the AI supply chain, so to speak. It also included significant investments in US Based AI infrastructure. And, it preserves state authority over AI regulation.

Key provisions in the OBBB include stringent restrictions on foreign influence in the AI supply chain, broad extraterritorial rules targeting “prohibited foreign entities,” enhanced domestic sourcing mandates, and rigorous supply chain integrity require-

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OBBB, Continued From Page 10

ments. These measures present significant compliance and operational challenges, especially for multinational firms with global operations or foreign partners. Some of the most important aspects of the new law for companies in the AI sector, with a focus on the practical impact of foreign control restrictions, technology licensing limitations, and related compliance obligations.

The OBBB includes significant federal funding, grants, and tax incentives for companies investing in U.S.-based AI infrastructure, including data centers, semiconductor manufacturing, and AI research, with support from federal agencies. However, access to these funds is tightly conditioned on compliance with strict domestic content rules and prohibitions on involvement by “prohibited foreign entities” (as further discussed below). The new foreign entity of concern (“FEOC”)–related restrictions may cause companies that would otherwise be eligible for such tax credits to lose their eligibility due to ownership and supply chain issues. Therefore, robust beneficial ownership and supply chain due diligence and sourcing practices will be required to assess a connection, or a central point, in various contexts, to “prohibited foreign entities,” notably *from China*, as noncompliance can result in loss of eligibility for federal support and enforcement actions. *The result is a expanded funding opportunities, but only for those able to navigate and document compliance with rigorous sourcing and foreign influence restrictions.*

With the federal moratorium removed, the U.S. will continue to



operate under a patchwork of state-level AI regulations. This creates a complex compliance landscape for businesses operating across multiple states. Examples of

existing and pending state laws include, but is not limited to, **California AI bills (2024)**: Govern AI transparency, data privacy, and election integrity; **Colorado AI Act (2024)**: A risk-based approach regulating “high-risk” AI systems that make “consequential decisions;” **Utah AI Policy Act (2024)**: Focuses on transparency by requiring disclosures when consumers interact with generative AI; and the **Tennessee ELVIS Act (2024)**: Protects musical artists from unauthorized AI-generated voice replicas.

- **Deduction for Seniors**

This is a new deduction, effective for 2025 through 2028. Individuals who are age 65 and older may claim an additional deduction of \$6,000. This new deduction is in addition to the current additional standard deduction for seniors under existing law. The \$6,000 senior deduction is per eligible individual (i.e., \$12,000 total for a married couple where both spouses qualify). The deduction phases out for taxpayers with modified adjusted gross income over \$75,000 (\$150,000 for joint filers). To qualify for the

additional deduction, a taxpayer must attain age 65 on or before the last day of the taxable year.

The deduction is available for both itemizing and non-itemizing taxpayers. To qualify, taxpayers must include the Social Security Number of the qualifying individual(s) on the return, and file jointly if married, to claim the deduction.



- **Medicare Benefits To Be Cut**

The OBBB prohibits the implementation of two finalized rules until October 1, 2034. The rules would have made it easier for very low income Medicare enrollees to access Medicare Savings Programs (MSPs), which often help cover premiums and cost-sharing for their Medicare Benefits. According to the CBO, unless there is further Congressional action, the OBBB will trigger \$490 billion in cuts to Medicare from 2027 to 2034 due to the statutory Pay-As-You-Go Act of 2010.

Summary of Requirements For Employer Group Health Plan Sponsors

As mentioned above by both myself and Marilyn Monahan, many of the provisions discussed in this article will require plan amendments, as well as employer communications to plan participants regarding any applicable changes. These include, but are not limited to:

- Section 125-Cafeteria Plan Amendments for Increases to Dependent Care Flexible Spending Accounts and/or Increased Child Care Tax Credit
- Telehealth provisions for HDHPs
- Bronze Plan HSA-Compatible Plan Allowance provisions
- HSA Reimbursement for Direct Primary Care
- Employer-Provided Educational Assistance Program provisions
- Plan amendments or new plan documents for Trump Accounts
- Employment Law Provisions such as amendments to policy for Family & Medical Leave Act
- No Tax on Tips or Overtime Provisions
- Exchange Notices – Possible Changes – Limited Eligibility for Premium Tax Credits

Conclusion & Guidance Forthcoming

Now that the holidays have passed and we’ve enjoyed our barbecues and fun times with friends and family, it’s time to start digging in and preparing for the upcoming 4th quarter, which for many of us includes at least a basic understanding of the OBBB Act, as many employers will be asking us about it. I know that for me, many of my clients

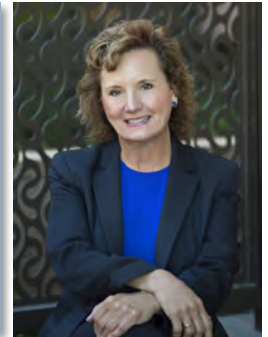
Continued on Page 35



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

2026 ACA Affordability Percentage: The IRS announced the affordability percentage for 2026: 9.96%. This number is essential for calculating the amount employees of “applicable large employers” (ALEs) can be asked to contribute toward the cost of self-only coverage in 2026, so that the coverage will be deemed “affordable” for purposes of Internal Revenue Code section 4980H(b). Affordability may be determined using one of three safe harbor methods: W-2, rate of pay, and federal poverty line (FPL). The affordability percentage for 2025 is 9.02%.

If an employer has a calendar year plan and relies upon the FPL safe harbor, using the 2025 FPL for the continental United States (\$15,650), in 2026 the maximum affordable monthly contribution for health coverage will be \$129.90 per month. (Employers may use the FPL in effect 6 months prior to the start of the plan year.) Using the rate of pay safe harbor, and the 2026 minimum wage in California (\$16.90), the maximum amount the employee can be asked to contribute for affordable coverage is \$218.82.

2026 Section 4980H Penalties: The IRS has also announced the 4980H(a) and (b) penalties for 2026, and they are notably higher than the 2025 amounts. The 2026 4980H(a) penalty is \$3,340 (up from \$2,900) and the 4980H(b) penalty is \$5,010 (up from \$4,460).

The 4980H penalties potentially apply to “applicable large employers” (ALEs). An employer is an ALE if it averaged at least 50 full-time employees, including full-time equivalent employees, during the prior calendar year. ALEs are subject to the employer shared responsibility provisions of section 4980H of the Internal Revenue Code (IRC), and are subject to the Forms 1094/1095 reporting requirements.

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HIPAA/HHS/OCR Updates

Due to space constraints in this issue, I will keep my HIPAA/HHS/OCR updates short and sweet. I’ll be back next issue with more updates.

On August 18, 2025, the HHS’ Office for Civil Rights Settled HIPAA Ransomware Security Rule Investigation with BST & Co. CPAs, LLP.

This settlement Marks OCR’s 15th Ransomware Enforcement Action and 10th 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 BST & Co. CPAs, LLP (“BST”), a New York public accounting, business advisory, and management consulting firm, concerning a potential violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule. BST is a HIPAA business associate and receives financial information that also contains protected health information (PHI) from a HIPAA covered entity.

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 – such as BST – must follow to protect the privacy and security of PHI. 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, availability, 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 those organizations.

“A HIPAA risk analysis is essential for identifying where ePHI is stored and what security measures are needed to protect it,” said **OCR Director Paula M. Stannard**. “Completing an accurate and thorough risk analysis that informs a risk management plan is a foundational step to mitigate or prevent cyberattacks and breaches.”

The settlement resolves an investigation of BST that OCR initiated after receiving a breach report that BST filed on February 16, 2020. BST reported that on December 7, 2019, BST discovered that part of its network was infected with ransomware, impacting the PHI of its covered entity client. OCR’s investigation determined that BST had failed to conduct an accurate and thorough risk analysis to deter-

Continued on page 27

Employers within an “aggregated” (or control) group are treated as a single employer. According to the IRS, employers within an aggregated group “must add together all full-time employees of the aggregated group, including full-time equivalent employees, to determine the status of the combined group of employers as an ALE. Generally each individual ALE member is responsible for its own employer shared responsibility payment.”

It is important to remember that an employer’s status as an ALE could change from year-to-year. This could occur if an employer adds employees, or if the employer lays off some employees. This may also happen if a merger or acquisition changes the employer’s status in an aggregated group. Employers should determine its ALE status each year to ensure it is in compliance with all applicable ACA rules and requirements.

Medicare Part D Notice of Creditable/Non-Creditable Coverage: Each year, prior to October 15, employers with prescription drug plans must provide employees with either a Notice of Creditable Coverage or a Notice of Non-Creditable Coverage. An employer-sponsored prescription drug plan is “creditable” if it has an actuarial value that equals or exceeds the actuarial value of standard Part D coverage.

If the employer issues a Notice of Non-Creditable Coverage, employees who are eligible for Medicare are on notice that they should enroll in a Medicare Part D prescription drug plan or they may have to pay a late enrollment penalty when they later sign up for a Part D plan. Medicare-eligible employees will not owe this late enrollment penalty, even if they delay enrolling in a Part D plan, so long as they are enrolled in a creditable prescription drug plan offered by their employer.

Effective for 2025, as a result of the Inflation Reduction Act (IRA), the out-of-pocket threshold for Part D plans was lowered to \$2,000. (The threshold will be \$2,100 in 2026.) As a result, fewer employer plans—in particular, high deductible health plans (HDHPs)—will qualify as creditable coverage. Employers do not have to offer a creditable plan, but they must provide the correct notice so that employees know if the plan is creditable or not.

Historically, there have been two methods employers may use to determine if their plan is creditable: an actuarial analysis of the “simplified determination method.” Last year, the Centers for Medicare and Medicaid Services (CMS) announced that the simplified determination method may not be available after 2025. CMS recently announced, however, that the current simplified determination method may be used for 2025 and 2026 (or an actuarial analysis may be performed). CMS also devel-

oped a revised simplified determination method, which may be used in 2026 and must be used for 2027 and beyond (or an actuarial analysis may be performed).

FAQs About Consolidated Appropriations Act, 2021 and Affordable Care Act Implementation Part 71: The Departments of Labor, Treasury, and Health and Human Services have issued another set of FAQs; this set of FAQs focuses on the No Surprises Act and the calculation of qualifying payment amounts (QPAs).

Under the No Surprises Act, if a plan and an out-of-network provider cannot agree on a reimbursement rate for the provider’s services, the parties can pursue an Independent Dispute Resolution (IDR) process. As part of the IDR system, the QPA is the basis for determining individual cost sharing for items and services covered by the balance-billing protections in the No Surprises Act, under certain circumstances.

Regulations were issued to implement the IDR system, followed by lawsuits (which challenged, among other details, the calculation of the QPA) and then revised regulations. As a result, the system and the process have been in flux. The most recent set of FAQs explains, among other details, QPAs must be calculated using a good faith, reasonable interpretations of the 2023 methodology; and mandatory disclosures about QPAs must continue to be made, consistent with the FAQs.

U.S. Department of Labor Self-Audit Program: The Department of Labor (DOL) offers several voluntary self-audit programs. Within the DOL, the Employee Benefits Security Administration (EBSA) offers the Voluntary Fiduciary Correction Program, which encourages employers to voluntarily correct violations of the Employee Retirement Income Security Act of 1974 (ERISA), and the Delinquent Filer Voluntary Compliance Program, which encourages voluntary compliance with ERISA’s annual reporting requirements and offers incentives to late filers, including paying lower penalties.

The Wage and Hour Division of the DOL recently announced that is “restarting the Payroll Audit Independent Determination [PAID] program to enable employers to self-identify and resolve minimum wage, overtime, and leave violations under the Fair Labor Standards Act and Family and Medical Leave Act [FMLA].” We are highlighting this announcement because the revised PAID program now allows employers to correct certain FMLA violations. Em-

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employers should consult their employment lawyers before proceeding with this program.

CALIFORNIA and MUNICIPALITIES: HIGHLIGHTS

Minimum Wage: California's minimum wage increased to **\$16.50** an hour effective **January 1, 2025**. Effective **January 1, 2026**, the state's minimum wage will increase to **\$16.90**.

Since 2024, the minimum wage for certain health care and fast-food workers has been higher than \$16.50, and for some health care workers the minimum wage increased again on **July 1, 2025**. More information on the minimum wage for health care workers is available at this link:

<https://www.dir.ca.gov/dlse/Health-Care-Worker-Minimum-Wage-FAQ.htm>

Some municipalities have their own minimum wage, and in some cases the municipal rate is higher than the state minimum wage. We also typically see a wave of rate increases at the municipal level every January 1 and July 1. Municipalities with minimum wage increases effective **July 1, 2025**, included the City of Los Angeles (\$17.87), the County of Los Angeles (\$17.81), Alameda (\$17.46), Berkeley (\$19.18), Emeryville (\$19.90), Fremont (\$17.75), Milpitas (\$18.20), Pasadena (\$18.04), San Francisco (\$19.18), Santa Monica (\$17.81), and West Hollywood (for hotel workers) (\$20.22).

If employers have employees working in these jurisdictions, employers should update their payroll systems and workplace posters. If employers have an upcoming open enrollment period, the new minimums should be taken into consideration when setting "affordable" employee contributions under the ACA and Internal Revenue Code section 4980H(b).

CRD Regulations: Automated-Decision Systems: A new set of regulations—this one from the Civil Rights Department (CRD)—is scheduled to go into effect on **October 1, 2025**. These new regulations—the "Employment Regulations Regarding Automated-Decision Systems"—address growing concerns over the use of artificial intelligence (AI) in the workplace. CDR explains that, "Automated-decision systems — which may rely on algorithms or artificial intelligence — are increasingly used in employment settings to facilitate a wide range of decisions related to job applicants or employees, including with respect to recruitment, hiring, and promotion." For example, the systems may be used to screen applicant resumes. The regulations are intended to

protect against prohibited discriminatory practices when these systems are used.

According to the Department, the regulations "clarify the application of existing antidiscrimination laws in the workplace in the context of new and emerging technologies, like artificial intelligence." The Department states that the regulations aim to:

- Make it clear that the use of an automated-decision system may violate California law if it harms applicants or employees based on protected characteristics, such as gender, race, or disability.
- Ensure employers and covered entities maintain employment records, including automated-decision data, for a minimum of four years.
- Affirm that automated-decision system assessments, including tests, questions, or puzzle games that elicit information about a disability, may constitute an unlawful medical inquiry.
- Add definitions for key terms used in the regulations, such as "automated-decision system," "agent," and "proxy."

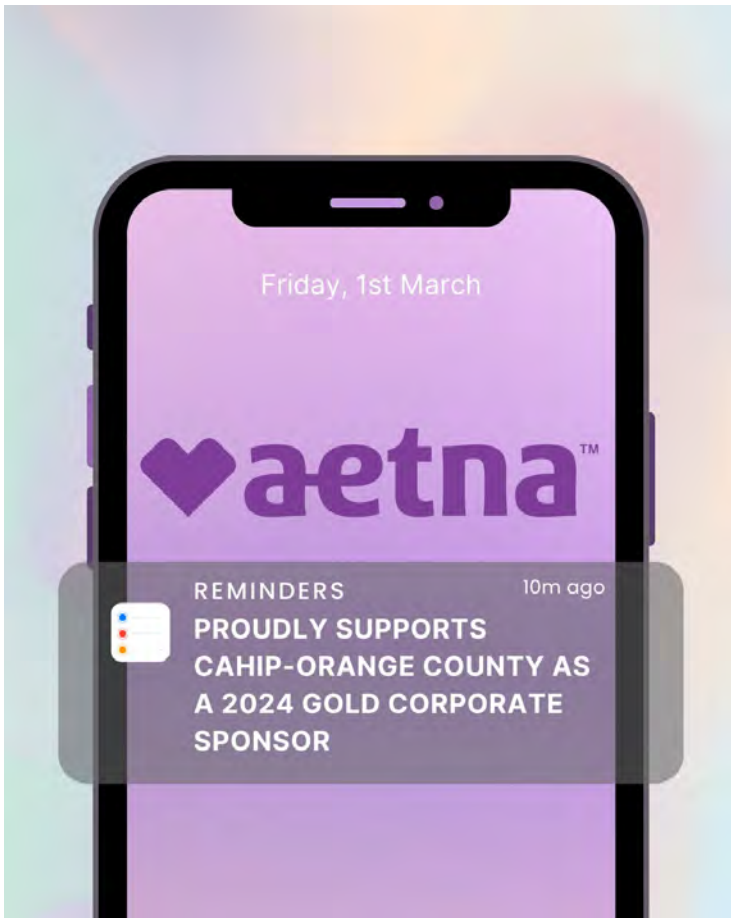
CRD Notice: Survivors of Violence: A.B. 2499—signed by Governor Newsom last fall—amended the Fair Employment and Use Act (FEHA) to provide protections for survivors of qualifying acts of violence, as well as people with a family member who has survived a qualifying act of violence. "Protections include the right to get reasonable accommodations for the worker or their family's safety. For people who work for an employer with 25 or more employees, protections also include the right to take time off work for certain activities related to the violence." These enhanced protections went into effect **January 1, 2025**.

The bill also requires employers to provide notice in writing of the rights established by the bill. The new notice—"Survivors of Violence and Family Members of Victims Right to Leave and Accommodations"—was issued by CRD effective **July 1, 2025**.

The notice must be provided to new employees upon hire, to all employees annually, at any time upon request, and any time an employee informs an employer that the employee or the employee's family member is a victim.

- A "qualifying act of violence" means:
- Domestic violence
- Sexual assault
- Stalking
- Acts, conduct, or a pattern of conduct involving injury or death
- Acts, conduct, or a pattern of conduct involving a firearm

Continued on page 15



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Legal Briefs, Continued From Page 14

(gun) or other dangerous weapon

- Acts, conduct, or a pattern of conduct involving threats of injury or death

It does not matter if anyone has been arrested for, prosecuted for, or convicted of the qualifying act of violence. "Family member" means a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner, or designated person.

CRD has also issued a set of FAQs to help employers understand more about the protections addressed by A.B. 2499.

##

Editor's Note: Marilyn Monahan can be reached at marilyn@monahanlawoffice.com. See her ad on page 39.

See Marilyn Monahan and Dorothy Cociu Presenting an In-Person CAHIP-OC CE Program on the One Big Beautiful Bill on Tuesday, October 7, 2025 for a Special Breakfast Meeting in Tustin



Don't Forget Our Upcoming Programs & Events!

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PDP or Not PDP?

By Margaret Stedt, CSA, LPRT

As the upcoming Annual Enrollment Period (AEP) approaches, Medicare agents across California are facing critical decisions regarding the selling and servicing of Stand-Alone Prescription Drug Plans (PDPs). With recent changes in the marketplace, adapting to new realities is essential. To Sell PDPs or Not to Sell PDPs, *that is the question!*

Shrinking Options and Commissions

This year, the landscape for PDPs in California has shifted dramatically. Only 7 of the existing 16 plans are offering commissions for new sales, and, in one case, commissions are now limited to renewals. All indicators suggest this trend will continue into 2026, presenting agents with notable challenges to their business models.

Adapting Client Engagement Strategies

In response to these changes, agents are taking a range of approaches:

- **Referral to Direct Enrollment:** Many agents now direct clients and prospects to medicare.gov or provide company-specific enrollment lines for direct sign-up. While this simplifies the process, it may risk future business if the client's ongoing needs are not closely supported.
- **Maintaining Hands-On Service:** Some agents continue enrolling clients in PDPs even when no commissions are paid, prioritizing long-term client relationships. By remaining the agent of record on accompanying Medicare Supplement plans, these agents ensure continuity and foster client loyalty—even at short-term cost.

Leveraging Technology and FMOs

Innovative tools provided by Field Marketing Organizations (FMOs) and technology firms such as Conjecture and Integrity are transforming agent workflows:

- **Online Management Platforms:** Many systems now empower clients to input prescription details and even complete enrollments with minimal agent involvement. Adopting such platforms allows agents to manage large client bases more efficiently.
- **Remote Appointments:** To serve a growing client book more efficiently, some agents have transitioned to virtual appointments—leveraging phone or video calls in place of in-person meetings.

Time Management and Service Boundaries

To maintain focus and efficiency during AEP, some agents are restructuring their approach:

- Limiting “New to Medicare” meetings during peak enrollment periods.
- Scheduling prospective New to Medicare appointments after December 7th.

Key Recommendations

Each agent must assess their unique situation, client needs, and available resources. My strongest recommendation: embrace technology and familiarize yourself with the sales and enrollment platforms at your disposal. Work closely with your FMO and invest time in training to ensure you're maximizing these tools.

With a strategic plan, a commitment to service, and modern technology, Medicare agents can successfully navigate the evolving PDP marketplace and achieve a productive AEP.

##

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

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- **No** prior carrier bill is required
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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 CE's 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).
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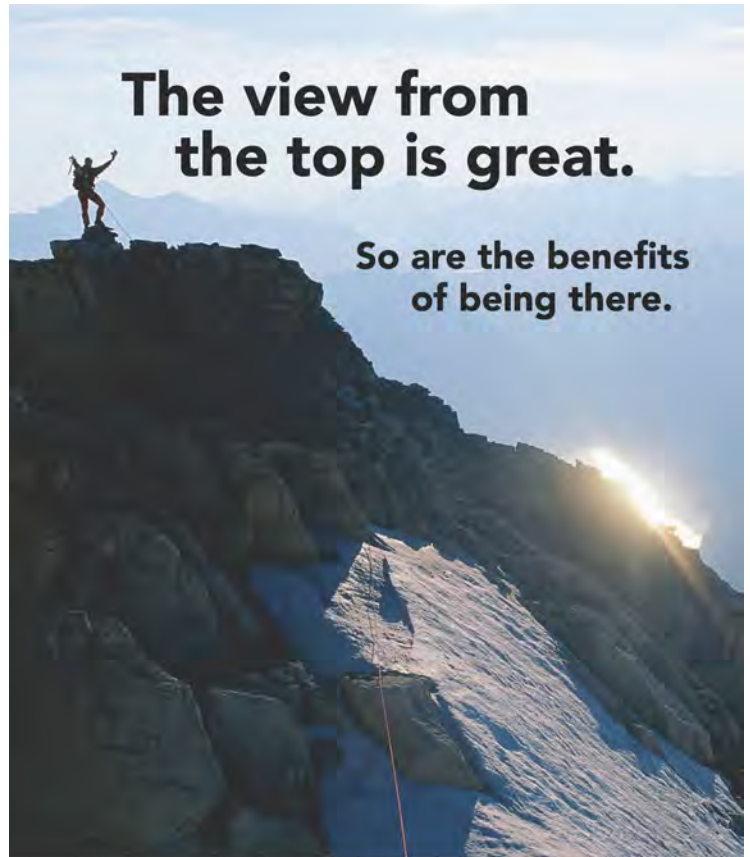
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Prep for AEP 2026 Like a Pro: The Ultimate Checklist for Licensed Insurance Agents

By: Gabrielle Rascon, AIG

The Medicare Annual Enrollment Period (AEP) will be here before you know it, and as a licensed insurance agent, you know how chaotic this time of year can get. But with the right preparation now, AEP doesn't have to feel overwhelming. AEP officially begins October 15th, meaning there's still time to set yourself up for success if you take action now and prepare ahead of time. If you're looking to prepare for AEP with less stress and better results, this checklist breaks it down step by step.

Review and Optimize Your Carrier Mix

Now's the time to review your carrier contracts and plan availability for 2026. Focus on:

- Application and enrollment process
- Plan benefits and market competitiveness
- Tools, tech, and training resources offered

Prioritize carriers that align with your clients' evolving needs, especially as plan designs and service areas continue to shift. A strong mix of large and regional carriers gives you flexibility when plans change at the last-minute.

AGA Agents: Use our Medicare [quote engine](#) to review plans and find competitive options in your area.

2. Confirm You're Fully Ready to Sell

"Ready to sell" means you have completed all of the requirements needed to sell Medicare products. These requirements include passing the [AHIP certification](#) and completing all individual carrier contracts and certifications.

✓ Complete Carrier Certification

It is important to get certifications completed ahead of time to ensure you are ready to sell with the carriers and plans you wish to offer.

AGA Agents: Find carrier specific certification instructions in our [agent portal](#) or contact a member of our broker service team to ensure you are on the right path and ready to sell for AEP.

✓ Pass AHIP Exam

The AHIP certification is a two-part course that is required for all agents who wish to sell Medicare. The certification is put in place to ensure agents are Medicare compliant. **The cost of the 2025 AHIP certification is \$175 however, you can get a discount by being an AGA agent!**

Use AGA's [unique link](#) to:

- Automatically receive a discount

Skip the step of sending AHIP certification to AGA

You must complete your AHIP certification to sell during AEP.

3. Use AGA Resources to Maximize Your Time

AEP is the time of year when it really pays off to partner with an FMO. A great FMO should have resources and support to set you up for a successful AEP.

AGA partners have access to a wide range of [agent services](#) such as:

- Dedicated Regional Sales Manager
- Marketing Department
- Event Reporting & Coordination
- Agent Portal & CRM with Online Enrollment
- Coordinated Certification Training & Support
- Commission Team
- Compliance & Allegation Support
- Submission Department
- Contracting Team
- Marketing Co-op program
- Marketing Dollars program

Continued on page 26



SEPTEMBER 9,10,11, 2025 Pechanga Resort Casino, Temecula, California

Preliminary Agenda

Senior Summit Tuesday – September 9, 2025 Day 1

Wednesday – September 10, 2025 Day 2

***Daily sessions schedule subject to change*

8:00 AM to 5:00 PM	Registration Open
7:30 to 9:30 AM	CONTINENTAL BREAKFAST in Summit Foyer
9:00 to 9:25 AM	GENERAL SESSION Welcome / Opening Statements
Education Sessions	
9:30 to 10:20 AM	Ethics (1-HR CE / Course: TBD)
9:30 to 10:20 AM	Cyber Security (1-HR CE / Course: TBD)
10:30 to 11:15 AM	Topics: TBA
11:00 to 11:30 AM	MORNING COFFEE BREAK: Sponsored by Primary Care Associates of CA
11:20 AM to 12:20 PM	Heard it on the Street: National and State Medicare Updates
12:30 to 1:50 PM	Lunch in Summit D/E: Sponsored by Senior Market Sales
12:30 to 5:00 PM	Exhibit Hall Open
2:00 to 2:50 PM	Our WINS with the National Association of Benefits and Insurance Professionals (NABIP) and California Agents & Health Insurance Professionals (CAHIP)
3:30 to 3:45 PM	SNACK BREAK: Sponsored by LA Care Health Plan
Education Sessions	
4:00 to 4:50 PM	Ethics (1-HR CE / Course: TBD)
4:00 to 4:50 PM	Build, Buy and Sell (1-HR CE / Course: TBD)
4:00 to 4:50 PM	Small Group and Medicare (1-HR CE / Course: TBD)
5:00 PM	Dinner on Your Own

***Daily sessions schedule subject to change*

7:00 AM to 12 PM	Registration Open
7:30 AM to 12:30 PM	Exhibit Hall Open
7:30 to 9:30 AM	CONTINENTAL BREAKFAST in Summit Foyer: Sponsored by AltaMed
Education Sessions	
8:30 to 9:20 AM	Ethics (1-HR CE / Course: TBD)
8:30 to 9:20 AM	Increase Your Revenue Through the Employee Benefits Market (1-HR CE: Course: TBD)
9:25 to 9:35 AM	GENERAL SESSION Welcome / Opening Statements
9:40 to 10:15 AM	Medicare Legislative Outlook & Challenges w/Q&A
10:20 to 10:25 AM	Membership and PAC Minute
10:30 to 11:15 AM	E & O Panel Discussion
11:00 to 11:30 AM	MORNING COFFEE: Sponsored by Aetna
11:30 AM to 12:20 PM	PDP Sales Dilemma – Sell or Not to Sell, that is the Question
12:30 to 1:50 PM	Lunch in Summit Ballroom D/E: Sponsored by Blue Zones Health
12:30 to 5:00 PM	Exhibit Hall Open
2:00 to 2:50 PM	Med Supp Panel – Understand GI and How to Underwrite Your Med Supp Case
3:00 to 3:15 PM	SNACK BREAK: Sponsored by Enable Dental
3:00 to 3:50 PM	Provider Panel
Education Sessions	
4:00 to 4:50 PM	Topic: TBA
4:00 to 4:50 PM	Topic: TBA
4:00 to 4:50 PM	Topic: TBA
5:00 PM	Dinner on Your Own



**Scan to visit
our website
to register
and learn more**

Thursday – September 11, 2025 Day 3

***Daily sessions schedule subject to change*

8:00 to 10:00 AM	Registration Open
7:30 AM to 12:00 PM	Exhibit Hall Open
8:00 to 10:00 AM	CONTINENTAL BREAKFAST in Summit Foyer
9:00 AM to 12:00 PM	Carrier First Looks / Product Overviews
12:00 to 1:00 PM	Lunch in Summit Ballroom D/E
1:00 to 4:30 PM	Carrier First Looks / Product Overviews
2:40 to 3:10 PM	SNACK BREAK: Sponsored by The Brokerage
4:30 to 5:00 PM	Closing Statements, Exhibitor Circus Theme Contest Award & Grand Prize Raffle
5:00 PM	Senior Summit Adjournment



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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ycoleman@coastalpayroll.com



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To learn more about Providence Medicare Advantage Plans, contact your local Broker Managers
Michael Corcoran Michael.Corcoran@Providence.org
Pete Pacheco Pete.Pacheco@Providence.org

Agent Referral program

4. Look at Last Year's Numbers

Your previous AEP data is a goldmine. Use it to answer:

- What lead sources delivered?
- Where did your apps come from?
- What slowed you down?

Set clear goals for AEP 2026 based on past trends, wins, and bottlenecks. If you manage a team, use this review to guide



coaching and adjustments.

5. Develop a Marketing Plan

You can't start marketing for AEP until October 1, but you can absolutely plan and prep.

- **Defining your target market.** Be specific. Instead of just "Medicare beneficiaries", think of married couples or those turning 65 or with chronic health conditions.
- **Knowing your audience.** What are their interests? What do they read, watch? What are their primary concerns? Who do they follow on social media?
- **Researching your competitors.** What are they doing that you aren't? How is your niche different from theirs? How can you outshine them?
- **Getting your marketing channels compliant.** Get your ads, websites, handouts, presentations (any marketing material) approved in advance so there aren't any delays when it's mission critical time.
- **Calendar and plan your marketing events.**
- **Check in with current clients** to review their current year

plan benefits. Note, you can only discuss their current year, but in doing so, you will learn about what their needs are and have a warm call to make come October 1. **Educating your audience** on when AEP is and what happens during that time. Provide general educational information on what the annual notice of change (ANOC) is and when to look for it.

6. Level Up Your Online Presence

Your digital footprint matters, especially during AEP when prospects are actively researching agents they can trust. If your online presence is outdated or nonexistent, you're missing out on valuable leads and first impressions.

Here's how to get ready now:

- **Fill your social profiles with value-driven content.** Start posting educational, compliant content on Facebook, Instagram, and LinkedIn. Focus on topics like Medicare timelines, what to expect during AEP (when it is compliant to do so), and how you help clients make confident decisions.
- **Update your Google Business Profile.** This is often the first thing clients see when they search for you. Make sure your contact info, hours, and description are accurate, and ask happy clients for reviews.
- Refresh your website.** Check for outdated content, broken links, or missing disclaimers. Your site should be clear, mobile-friendly, and easy to navigate. Include lead forms and a simple way for prospects to book time with you.

Online trust-building doesn't happen overnight. Start now so you're ready when AEP begins.

7. Stay Compliant and Confident

Compliance is more than avoiding penalties; it's about building trust and protecting your business.

- Stay current with CMS guidelines and carrier-specific rules
- Use approved materials
- Avoid pre-AEP marketing slip-ups
- Train your team on what's allowed

Final Thoughts

- The licensed insurance agents who prepare for AEP early are the ones who win. If you wait until October to start your planning, you're already behind.
- Use this checklist, tap into your support team, and make AEP 2026 your most productive season yet.

##

***Don't Forget to Register for Senior Summit
September 9-11, Penchanga Resort, Temecula***

HIPAA Updates, continued from page 12

mine the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held by BST.

Under the terms of the resolution agreement, BST agreed to implement a corrective action plan that will be monitored by OCR for two years and paid \$175,000 to OCR. Under the corrective action plan, BST 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, maintain, and revise, as necessary, written policies and procedures to comply with the HIPAA Privacy and Security Rules; and
- Augment its existing HIPAA and security training program and provide annual training for all workforce members to whom the HIPAA policies and procedures apply, including workforce members with access to PHI.

OCR recommends that HIPAA covered health care providers, health plans, health care clearinghouses, and business associates implement 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.
- Periodically conduct, and update as needed, a risk analysis and develop and implement risk management measures to address identified risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI.
- Ensure audit controls are in place to record and examine information system activity.
- Implement regular review of information system activity.
- Utilize mechanisms to authenticate users seeking access to 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 www.hhs.gov/sites/default/files/hhs-ocr-bst-hipaa-settlement.pdf.

If you believe that your or another person's health information privacy or civil rights have been violated, you can file a complaint with OCR at <https://www.hhs.gov/ocr/complaints/index.html>. ##



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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

Lizbeth Lopez

Trumpet Insurance Solutions

Jennifer Navarro Mian

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)

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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.



The Tax Benefits of Workplace Wellness Incentives and Tax Exemptions

By Anne Kelly

Wellness programs are no longer just about improving health—they are also powerful tools for generating tax savings for both employers and employees. When properly structured under federal tax law, these programs can unlock meaningful financial incentives while boosting work-force well-being and productivity.

Understanding Workplace Wellness Programs

A workplace wellness program typically includes employer-sponsored initiatives like health screenings, smoking cessation support, fitness challenges, and stress management workshops. To increase engagement, many employers offer **incentives**—such as cash rewards, premium discounts, or reimbursement accounts—for participation or achieving certain health goals.

What many organizations may not realize is that these incentives, if structured carefully, can qualify for **significant tax advantages** under the Internal Revenue Code (IRC).

Employer Tax Benefits

1. Tax-Deductible Program Expenses

Employers can deduct the costs of running wellness programs—including vendor fees, employee education, and preventive screenings—as ordinary business expenses under **IRC §162**.

IRC § 162, the **tax savings** comes from lowering taxable income at both the **federal** and **state** levels. Here's how it breaks down:

1. Federal Corporate Tax

U.S. C corporations are taxed at a flat rate of **21 %** under current law. An ordinary business expense reduces this taxable income directly [bench.co+15en.wikipedia.org+15taxpayeradvocate.irs.gov+15](#).

2. California State Corporate Tax

California imposes an **8.84 %** flat corporate income tax [en.wikipedia.org+8ftb.ca.gov+8investopedia.com+8](#).

Combined Tax Benefit

- Combined, a C corporation saves **~29.84 cents per dollar** spent on qualified wellness programs.

Calculation: 21 % (federal) + 8.84 % (state) = **29.84 % total deduction savings**

Examples of Aggregate Savings

- **Small business (C corp):** For \$10,000 in wellness expenses, the deduction reduces federal tax by \$2,100 and state tax by \$884 — **totaling \$2,984** in savings.

- **Pass-through entities (S corps, LLCs, partnerships):**

○ Federal: Deductible at up to 37 % marginal personal rate (depending on owner's bracket).

California state personal rates range from **1 % to 12.3 %**, plus a 1 % mental health surcharge for incomes above \$1 M [bench.co+1investopedia.com+1en.wikipedia.org+1bench.co+1](#).

Combined marginal savings range from **~22 % to over 50 %**, depending on ownership structure and income level.

Variability & Considerations

- This is a general estimate. Actual savings depend on:
 - Corporate vs. pass-through structure
 - Federal and state marginal tax brackets
 - Owners' combined federal + personal state rates (up to ~53 % in CA)

Pass-through entities with high-income owners can see even greater tax benefit from wellness expense deductions.

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Tax Benefits of Workplace Wellness Programs, Continued From Page 32

Summary Table for Typical CA C-Corps

Expense Amount	Federal (21 %)	State (8.84 %)	Total Savings
\$1,000	\$210	\$88.40	\$298.40
\$10,000	\$2,100	\$884	\$2,984

Final Takeaway

- **C-Corporations** in California typically **save ~29.8 ¢ per \$1** spent on wellness programs.

Pass-throughs can save more—potentially up to 50 %+—depending on combined federal/state marginal rates.

Here's a detailed breakdown of the **tax savings** for **S Corporations** and **LLCs** in California when deducting qualified wellness program expenses under **IRC §162**. These entities are typically **pass-through** structures, meaning income (and deductions) flow through to the owners' personal tax returns.

Pass-Through Entities: S Corps and LLCs

How It Works:

- Business expenses reduce **net business income**, which is then taxed on the **owner's personal tax return**.
- So, the tax savings depend on the **owner's marginal federal and California tax brackets**.

Marginal Tax Rates

Owner Income Level	Federal Rate	CA State Rate	Combined (Approx.)
\$75,000	22%	9.3%	31.3%
\$150,000	24%	9.3%	33.3%
\$250,000	32%	9.3%	41.3%
\$500,000	35%	11.3%	46.3%
\$1M+	37%	13.3% (incl. MH surcharge)	50.3%

Note: California applies a 1% "Mental Health Services Tax" on income over \$1M, making the top rate effectively 13.3%.

Tax Savings Examples for Pass-Through Entities

Expense	Owner at 33% Rate	Owner at 41.3% Rate	Owner at 50.3% Rate
\$1,000	\$330	\$413	\$503
\$5,000	\$1,650	\$2,065	\$2,515
\$10,000	\$3,300	\$4,130	\$5,030
\$25,000	\$8,250	\$10,325	\$12,575

OBBB, Continued From Page 11

started asking about it immediately after the 4th of July holiday, since it was in the news everywhere, and they weren't satisfied with only the media soundbites. If your clients are anything like mine, I suggest you brush up on the provisions of the OBBB Act, at least as they pertain to client upcoming renewals.

The information I'm providing in this article is designed to help you to prepare for the provisions of the One Big Beautiful Bill Act. As stated throughout this article, guidance is expected to assist employer plan sponsors, human resources professionals and benefit brokers and consultants wanting to assist their group health plan clients.

Note that this article is provided as a summary only of components of the OBBB Act that I thought our readers would like to know about. There are many more provisions of the OBBB Act that are not addressed in this article. To hear more information about the OBBB, I invite you to watch on Spotify or listen to my podcast on all major audio podcast platforms, on the Benefits Executive Roundtable, Season 7, Episode 1, where Marilyn Monahan and I discuss some of the provisions in the OBBB, released in September, 2025.

##

Disclaimer: The information provided in this article does not

constitute legal advice and should not be construed as such. This is a summary only of a complex bill signed into law. Future Guidance is expected and should answer many questions. Readers should consult their legal counsel for guidance on the application and implementation of the many provisions of the OBBB Act that impact employee benefit plans and the workplace, including the topics discussed within this article.

Author's Note: I'd like to thank Marilyn Monahan of Monahan Law Office for her assistance with and comments for this article. Marilyn can be reached at marilyn@monahanlawoffice.com, and I can be reached at dmcociu@advancedbenefitconsulting.com.

Reference Sources:

- ◇ *Bill Text: H.R.1 - One Big Beautiful Bill Act, 119th Congress (2025-2026), US Congress;*
- ◇ *The One Big, Beautiful Bill, US House Committee on Ways & Means, Section by Section*
- ◇ *FS-2025-03: One Big Beautiful Bill Act: Tax deductions for working Americans and seniors, IRS News Essentials, FS-2025-03, July 25, 2025*
- ◇ *FS 2503: One Big Beautiful Bill Act: Tax Deductions for Working Americans and Seniors, IRS News Essentials, FS-2025-03, July 15, 2025*
- ◇ *Marketplace Integrity and Affordability Final Rule Fact Sheet, 2025*
- ◇ *Benefits Executive Roundtable Podcast, Season 7, Episode 1, Advanced Benefit Consulting & Insurance Services, Inc., September, 2025*

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Tax Benefits on Workplace Wellness Programs, Continued From Page 34

Summary:

Entity Type	Typical Combined Tax Savings
C-Corp	~29.84%
S-Corp / LLC	30% – 50.3% (owner-specific)

Key Points for Employers:

- **S Corps and LLCs** can see greater tax savings than C-Corps if the owners are in higher tax brackets.
- Deductions for wellness expenses directly reduce the owners' **taxable personal income**, making these programs a strategic tool for both **health improvement** and **tax mitigation**.
- Ensure expenses are well-documented and ordinary/necessary to qualify under **IRC §162**

2. Payroll Tax Savings Through Pre-Tax Contributions

When wellness programs are integrated into a **Section 125 Cafeteria Plan**, employees can pay for health benefits like medical, dental, and vision coverage using **pre-tax dollars**. For employers, this reduces taxable payroll, resulting in:

- **7.65% savings** on FICA (Social Security and Medicare) taxes,
- Lower **FUTA and SUTA** (unemployment taxes), and

Potential **workers' compensation premium reductions**, since premiums are typically based on total taxable payroll.

Reference: IRS Publication 15-B: Employer's Tax Guide to Fringe Benefits

Summary: Section 125 + Wellness Program Examples

Wellness Feature: Pre-tax Under Section 125 Structure

Fixed Indemnity Plans (with caution) ¥	- Pre-tax salary reduction for premiums
Weight Loss/Tobacco Programs ¥	- Embedded in health plans
Wellness Credits for HSA/FSA ¥	- Credited toward qualified benefits
Lifestyle Spending Accounts (post-tax) X	- Still administered with Section 125 plan

Note* Avoid "cash for wellness" schemes that don't tie payments to actual medical care or insurance—these may trigger W-2 reporting or be disallowed by IRS

3. Workers' Compensation Insurance Savings

Workers' comp premiums are often calculated based on gross payroll. By reducing that payroll through pre-tax contributions, employers can realize an additional **5%–15% savings** on workers' compensation costs depending on state rates and classification.

Employee Tax Benefits

1. Tax-Free Wellness Benefits

Under **IRC §105 and §106**, if an employer provides medical care or coverage (including wellness benefits) through a group health plan, those benefits are typically **excluded from an employee's gross income**.

Examples of tax-exempt benefits include:

- Premium discounts tied to participation in a health assessment or screening,
- Contributions to a Health Reimbursement Arrangement (HRA),

Coverage for preventive services like flu shots or tobacco cessation programs.

Continued on Page 37

2. Pre-Tax Contributions Reduce Taxable Income

Employees who participate in a Section 125 plan can pay health insurance premiums and fund Flexible Spending Accounts (FSAs) or Dependent Care FSAs using pre-tax dollars. This reduces their:

- Federal and state income taxes,
- FICA (Social Security and Medicare) taxes.

3. HRA Reimbursements for Wellness Expenses

Wellness-related reimbursements from an **HRA**—like gym memberships, weight-loss programs, or smoking cessation—are **tax-free** if they are used for qualified medical expenses under **IRC §213(d)** and meet plan requirements.

Common Structures and Tax Implications

Strategy	Tax Treatment (Employer)	Tax Treatment (Employee)
Wellness HRAs	Deductible contributions	Tax-free reimbursements
Premium Discounts	Reduces FICA/taxable wages	Tax-free if under \$106
Gym Reimbursements	Deductible via integrated HRA	Tax-free if for medical purposes
Cash/Gift Cards	Deductible as fringe benefit	Taxable income (reportable on W-2)
Fixed Indemnity Plans	May be deductible	Often taxable if reimbursements exceed medi-

Reference: IRS Publication 15-B; IRC §§105, 106, 125, 213(d)

Regulatory Considerations

1. Affordable Care Act (ACA) Compliance

Wellness incentives must comply with ACA regulations, which require that:

- Wellness programs be **voluntary**, and
- Health-contingent wellness incentives offer **reasonable alternatives** for individuals who can't meet the standard due to medical conditions.

2. HIPAA Nondiscrimination Rules

Under HIPAA, group health plans cannot discriminate based on health status. Therefore, outcome-based wellness programs must accommodate those with medical issues or disabilities.

3. IRS Nondiscrimination Testing

Employers offering wellness incentives through a **cafeteria plan** must perform **nondiscrimination testing** to ensure benefits do not disproportionately favor highly compensated employees.

Proven Outcomes of Workplace Wellness Programs

1. Reduced Absenteeism and Sick Days

- A 2010 Harvard meta-analysis found that **medical costs fall by \$3.27 and absenteeism costs by \$2.73** for every dollar spent on wellness programs.

Baicker, Cutler, and Song, Health Affairs, 2010

- **Johnson & Johnson** cut absenteeism by **15%** and saved \$250 million over a decade through its wellness program.

Harvard Business Review, 2010

2. Increased Productivity and Presenteeism

- Wellness programs improved productivity by **4%**, equal to nearly **1 extra productive day per month**.

American Journal of Health Promotion

- Poor health costs employers **\$575 billion annually**, including **\$227 billion in lost productivity**.

Integrated Benefits Institute (IBI), 2020

Continued on Page 38

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CRC BENEFITS

*Tax Benefits of Workplace Wellness, Continued
From Page 37*

3. Lower Health Claims and Premium Costs

- **RAND Corporation:** Disease management components reduce costs by **\$136 per member per month**.

RAND Workplace Wellness Programs Study, 2013

- **Highmark BCBS:** Wellness participants had **lower cost growth (15%)** vs. non-participants (25%) over 4 years.

Highmark Inc., 2010

4. Reduced Workers' Comp and Disability Claims

- Addressing health risks reduced claims by up to **32%**.

University of Michigan Health Management Research Center, 2008

- **Dartmouth-Hitchcock Medical Center** saw a **19% reduction** in workers' comp costs.

CDC Workplace Health Promotion Case Study, 2012

Continued On Page 39

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!

Senior Summit,

September 9-11, 2025, Pechanga

Q4 Virtual Carrier Panel Updates

September 16, 2025

10 am to 1 pm

One Big Beautiful Bill

In-Person CE with Dorothy Cociu and Marilyn Monahan

Breakfast Meeting, Tustin Ranch Golf Club, October 7, 2025, 8:30 am to 10:30 am

Tax Benefits of Workplace Wellness, Continued

From Page 38

The Economic Toll of Obesity in the Workforce

1. Prevalence and Cost Statistics

42% of U.S. adults are obese (BMI ≥ 30). Obesity is linked to over 200 chronic diseases.

CDC, National Center for Health Statistics, 2022

- Obese employees incur **\$1,429 more per year** in medical costs.

Finkelstein et al., Health Affairs, 2009

- Obesity-related absenteeism costs U.S. employers **\$13+ billion annually**.

CDC Workplace Health Promotion: Obesity

2. Total Employer Burden of Unhealthy Workers

- Chronic illness-related productivity losses total **\$1.1 trillion annually**.

Milken Institute, An Unhealthy America, 2007

- **Two-thirds** of employer costs are due to **indirect impacts** like absenteeism and presenteeism.

Conclusion

Workplace wellness programs, when designed with tax code and regulatory compliance in mind, offer measurable returns in health, productivity, and cost control. Employers and benefits consultants can maximize these outcomes by leveraging Section 125 plans, HRAs, and targeted incentive structures. With obesity and chronic illness surging, the financial and human returns of a healthier workforce have never been more compelling. ##

References

1. IRS Publication 15-B: <https://www.irs.gov/publications/p15b>
2. RAND Corporation Workplace Wellness Study: https://www.rand.org/pubs/research_reports/RR254.html
3. CDC Workplace Health Promotion: <https://www.cdc.gov/workplacehealthpromotion/health-strategies/obesity/index.html>
4. Harvard Business Review: What's the Hard Return on Employee Wellness Programs?
5. Milken Institute: An Unhealthy America Report
6. Integrated Benefits Institute: www.ibiweb.org
7. Baicker, Cutler & Song. "Workplace Wellness Programs Can Generate Savings," *Health Affairs*, 2010

Anne Kelly – Patrick & Patrick Insurance Services, Inc,

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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.

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- An Individual Market Agent's Perspective on the Medicaid Unwinding

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September 16, 10 am to 1 pm

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In Person, 8:30 am to 10:30 am

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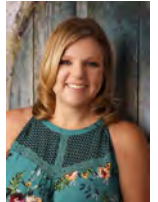
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Pechanga Resort, Temecula



CAHIP Orange County | Membership Matters “If You Know, You Know” – Join the Momentum

By: Haley Mauser, John Austin and Melissa Calabretta



We’re thrilled to kick off a new year with a passionate and dedicated Membership Committee focused on growing, engaging, and celebrating our CAHIP community. As we step into the 2025–2026 term, our mission is to not only grow our membership, but to create meaningful opportunities for connection, education, and involvement.

We believe that **membership is the heartbeat of our organization**; the stronger our community, the stronger our voice in shaping the future of our industry. Whether you’re a long-time member or just joining us, we’re here to help you feel supported, informed, and inspired to make the most of your CAHIP experience.

This quarter, we’re proud to launch our “If You Know, You Know” membership campaign—spotlighting the value of CAHIP through events that connect, updates that inform, and leaders who inspire. Be on the lookout for quarterly updates via email and join the momentum!

Pleased to announce your Membership Committee for 2025-2026:

Haley Mauser

Vice President of Membership – CAHIP Orange County

With nearly a decade in the insurance industry, I bring energy, heart, and a deep understanding of what it means to support clients and partners at every level. Since 2016, I’ve worked with multiple voluntary benefits carriers, supporting brokers and consulting directly with employers—ranging from small businesses to large-scale organizations. I’m passionate about helping people win, and I see CAHIP-OC as a space where collaboration and community fuel real progress.

As VP of Membership, I joined this committee because I believe in the power of relationships. Our members are driven, experienced, and committed to doing what’s best—not just for their clients, but for one another. My goal is to help create exciting opportunities for connection, growth, and shared success—because when we come together, we elevate the entire industry.

Outside of work, I’m currently earning my BA in Leadership Studies (graduating May 2026!) and living life to the fullest. I’m a big believer in health, balance, and fun. Whether I’m in the gym, out in the sun, or planning a new adventure, I love being active and outdoors. I spend my time with my two amazing children (ages 10 and 14) and my boyfriend, who also has two girls. Together, we make the most of every season, from skiing in the winter to soaking up sunshine all summer long.

John Austin – Membership Liaison

My name is **John Austin**, and I’m the **Regional Sales Manager for Choice Administrators**, where I’ve had the pleasure of working for the past ten years. What I love most about my role is the opportunity to simplify health insurance for small business owners and their employees that are often overwhelmed by our complex industry. Through education and partnership, we’ve helped over 500,000 members across California access better



WHAT IS THE ANNUAL VALUE OF NABIP MEMBERSHIP?



Continued on page 43



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!**

“If You Know, You Know,” Continued From Page 41

healthcare options.

I became involved in CAHIP-OC because I believe membership is the most important aspect of our chapter’s strength—when membership increases, so does our community voice, and that voice drives meaningful change in an industry that impacts everyone. Who doesn’t want to be part of the positive change in our industry that we all care so much about?

Outside of work, I’m all about fun and adrenaline—whether it’s mountain biking, surfing, snowboarding, skydiving, or scuba diving. Lately, the best adventures are the ones I share with my daughter, from riding bikes to hitting the slopes together.

I’m excited to continue working alongside this incredible community to drive progress, build connections, and make a real difference—while having a little fun along the way.

Melissa Calabretta – Retention Chair

Hi! I’m Melissa Calabretta, and I’ve been in the insurance world for over 15 years. I’m a proud dog lover, volleyball enthusiast, and someone who loves to plan events and bring a little fun wherever I go.

Today, I own and operate **JLR Agency and Insurance Solutions Inc.**, a business I was honored to inherit from my dear friend and mentor, Jason Reichert. Jason, who we sadly lost in 2020, had an unmatched passion for this industry—and I’m proud to carry that torch forward.

Let’s be honest: no one *dreams* of becoming an insurance agent

when they grow up. I certainly didn’t. But after the 2008 financial crisis, a chance encounter with Jason changed my trajectory. He believed in me and introduced me to a career that aligned perfectly with my desire to help others make smart, informed decisions about things that deeply impact their lives.

Around the same time I entered the field, the Affordable Care Act was signed into law—creating a huge need for agents who could help people navigate a changing landscape. I discovered that what I loved most about this job was *connecting with people*, educating them, and helping them feel seen, heard, and empowered.

That passion led me to **NABIP**. I quickly realized how vital this organization is for staying informed, especially on legislative changes and for building community with professionals who share the same goals. I got involved in membership (initially “volun-told” 😊) but quickly became hooked once I saw the real value NABIP brings through advocacy, leadership, and education. I now serve at the local level and love helping others discover what this organization has to offer.

As we move forward, my goal is to highlight the incredible value of **CAHIP**, and **CAHIP-OC**, while also making space for fun, connection, and a little light-heartedness along the way. I’m excited to meet new faces and reconnect with familiar ones who’ve helped shape this incredible community!

Thank you for taking the time to get to know the 2025–2026 Membership Committee. We’re honored to serve and excited to create a year full of connection and meaningful engagement. Whether you’re a returning member or new to the CAHIP family, we’re here to support you, celebrate you, and make sure you feel the value of being part of this incredible organization. Let’s make this year one to remember—together. ##

Don’t Miss Our Upcoming Programs!

Senior Summit, Pechanga, Temecula

September 9-11

Q4 Virtual Carrier Panel Updates

September 16, 2025

Moderated By AMWINS

10 am to 1 pm

One Big Beautiful Bill

In-Person CE with Dorothy Cociu and Marilyn Monahan

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Q4 VIRTUAL CARRIER PANEL UPDATES, SEPTEMBER 16, 2025, 10 AM TO 1 PM

ONE BIG BEAUTIFUL BILL– IN PERSON, OCTOBER 7, 2025, 8:30 AM TO 10:30 AM

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