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County of Orange Insurance News

New Year, New Laws & Regulations; What's New For 2026?

See Feature Article, Page 5

Also inside this issue

- Legal Briefs from Marilyn Monahan, Monahan Law Office
- CAHIP-OC Pizza Party & PAC Fundraiser Photos
- CAHIP-OC Holiday Cruise 2025 Photos
- Membership News
- CAHIP-OC Heads to NABIP's Capitol Conference



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Orange County



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Thank you for being a part of CAHIP-OC!



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

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

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The C.O.I.N.



CAHIP-ORANGE COUNTY PRESIDENT'S MESSAGE

By: Sarah Knapp, CAHIP-OC President

Happy New Year, CAHIP Orange County Members!

As we step into 2026, I want to thank each of you for your continued engagement and commitment to our chapter and to the clients and communities we serve. This year promises to bring exciting opportunities for professional growth, collaboration, and advocacy—and we're starting strong with a fantastic lineup of events.

We're kicking off the year with **Breakfast & Brilliance: A CE Morning Event** on **January 13, 2026**, from **8:30 AM to 11:30 AM** at the beautiful **Tustin Ranch Golf Club**. Join us for valuable continuing education, networking, and fresh insights to start your year off right.

Next, don't miss **State of the Industry: Legislative Insights** on **February 10, 2026**, also at **Tustin Ranch Golf Club** from **8:30 AM to 10:30 AM**. This event will dive into the latest legislative updates impacting our industry. A must-attend event for staying informed and engaged as we continue to advocate for our clients and our profession.

And be sure to **save the date** for our **Annual Sales Symposium** on **March 10, 2026**, from **8:00 AM to 4:00 PM**. This full-day event will feature expert speakers, exhibitor networking, and strategies to help you elevate your business in 2026.

Membership in CAHIP Orange County is more than just belonging to a professional association, it's about being part of a community that drives positive change in our industry. Your involvement helps strengthen our voice at both the state and national levels, ensuring our collective impact continues to grow.

I encourage anyone interested in joining a **committee** or serving on the **board** to reach out to me directly. It's a rewarding way to make a difference, build leadership skills, and contribute to the future of our chapter.

Thank you for your continued support and commitment to CAHIP Orange County. Let's make 2026 a year of growth, connection, and advocacy!

Sarah Knapp, President, CAHIP-OC

CAHIP-OC Member Pizza Party &

PAC Fund-Raiser Photos. November, 2025



More Pizza Party Photos

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Feature Article: New Year, New Rules & Regulations: What's New for 2026?

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

We did it. We got through the 4th Quarter and now we're looking forward, diving head-first into 2026. It's what we do in our industry. We work 10-16 hours per day, 6 to 7 days per week for 3 to 4 straight months, and look forward to the Holidays... Yes, to spend time with our families and friends, but even more, to have a few days to relax, unwind and recover from the brutal pace of the fourth quarter each year. I hope you all had a very happy and joyous holiday, and are all looking forward to the new year!

So, what's new for 2026? As usual, more than we want or need. However, because most of us were so busy during the fourth quarter of 2025, we may need to catch up a bit on what we may have missed or heard about but had no time to process or deal with during that grueling fourth quarter. My suggestion is that you pour a glass of wine, grab a bottle of beer, or pour your favorite beverage, alcoholic or non-alcoholic, and take in what's happened and what's about to happen in our industry, so that you're prepared to move into 2026 informed and refreshed!

Let's start with a wrap up of 2025, and review some things that occurred that impact our employer clients and our agencies, and then we can head into 2026.

Wrapping Up 2025

HIPAA Reproductive Rights Rules Vacated

In 2025 (effective as of Dec. 23, 2024), HIPAA Reproductive Rights went into effect, putting a prohibition on the use or disclosure of information related to reproductive health care for the following activities:

- To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
- To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
- To identify any person for any purpose described in (1) or (2).

In general, employer plan sponsors were required to amend their HIPAA Privacy policies and procedures, provide required Attestations, and provide specific, mandated training for their plan participants on the new HIPAA Reproductive Rights.

Basically, this set of federal rules made it easier for individuals cross-

ing state lines for reproductive health care, including abortions. It calmed the waters a bit after the Dobbs decision on abortions.

In June, 2025, a Federal Court in Texas vacated most of the HIPAA Reproductive Rights **regulations**. There was and continues to be quite a bit of confusion related to what plan sponsors need to do now that the **regulations have** been vacated. Can they keep the rules in place, should they amend their plan documents, should they re-train employees after being vacated, since the 12-23-24 rules clearly stated you had to train your plan participants about the Reproductive Rights?

On the US Department of Health & Human Services website, they simply posted a notice stating the following:

On June 18, 2025, the U.S. District Court for the Northern District of Texas issued an order declaring unlawful and vacating most of the HIPAA Privacy Rule to Support Reproductive Health Care Privacy at 89 Federal Register 32976 (April 26, 2024). With regard to the modifications to the HIPAA Privacy Rule Notice of Privacy Practices (NPP) requirements at 45 CFR 164.520, the court vacated only the provisions that were deemed unlawful, namely 164.520(b)(1)(ii)(F), (G), and (H). The remaining modifications to the NPP requirements are undisturbed and remain in effect, see Carmen Purl, et al. v. U.S. Department of Health and Human Services, et al., No. 2:24-cv-00228-Z (N.D. Tex. June 18, 2025). Compliance with the remaining NPP modifications is required by February 16, 2026. HHS will determine next steps after a thorough review of the court's decision.

So, what's next on this? What should employers be doing now? I suppose you could keep the provisions in place in your own plan documents and SPDs, but the Attestations that were required are no longer required, and quite honestly, it would be difficult to administer at best. Keep in mind, the rules were in effect from December 24, 2024 through the date of the federal court decision on June 15, 2025, so if clients did what they were supposed to do, they would have had an amendment to their Plan Documents/SPDs (including Wrap Docs) effective December 23, 2024. In that case, another amendment would be needed to eliminate that language as of June 15, 2025. Some ask if the court rule will be appealed. However, that appears to be unlikely from the Trump Administra-



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New Year, New Rules, Continued from page 5

tion, as HHS has stated that the Trump Administration has “other priorities”.

I asked Marilyn Monahan about what plan sponsors need to know since the rules were vacated. “It is unlikely that the Trump administration will appeal the court order. However, employers and producers should still watch for any new developments. If documents were changed prior to the court order, you may need to amend the documents again to undo the earlier changes.”

HIPAA Notice of Privacy Practices – Due February 16, 2026

Part of that December 23, 2024 final rule on Reproductive Rights included future changes to the HIPAA Notice of Privacy Practices (NPP), which are required by February 16, 2026. Do those changes still apply, given the court decision on HIPAA Reproductive Rights?

Originally, we thought the HIPAA Reproductive Rights language would be required in those new notices. Now we know that is no longer the case. New NPPs are still required, however, by February 16, 2026, without the Reproductive Rights language. We don't have a model yet, but what else needs to be added to NPPs? I asked Marilyn Monahan to give us an update on this. "On February 8, 2024, HHS announced a final rule modifying preexisting Confidentiality of Substance Use Disorder (SUD) Patient Records regulations. These new regulations describe new terms that must be included in NPPs by February 16, 2026. If revised model forms are not issued on time, covered entities should update their NPPs based on the revisions contained in these regulations." So, we'll have to stay tuned for an announcement on the new Model Notices for February.

A question I get a lot from clients is If a plan is self-funded and they don't cover mental health and substance use or abuse, do they still have to update their NPPs in February, 2026? I asked Marilyn to comment on this as well. "It is my position that such plans probably should still update their NPPs because the revisions added by the SUD regulations are not limited to SUD benefits."

***SBC Template Change and New Language Requirements –
Retroactive to Plan Years Beginning in 2025***

The Federal Agencies released new Model SBCs in September, 2025 without a lot of public notification. I'm sure most agents and even administrators missed it. In general, most plans have to provide an SBC as well as appeals notices in a "culturally and linguistically appropriate manner," effective for plan years beginning on or after January 1, 2025. Such SBCs must be consistent with the updated 2023 CLAS Guidance. New Model SBCs

were posted (be careful, as the old ones are still out there prominently; as of the date of this writing they had not removed the older models from the federal agency websites), which included new Taglines in more languages (Spanish, Traditional Chinese, Navajo, Tagalog, Pennsylvania Dutch, Samoan, Carolinian, Chamorro). This, of course, expands the requirements from 4 languages to 8. CMS reassessed the county populations, and as a result, plans may have to translate materials in additional languages and provide language assistance services in up to eight languages, rather than four, depending on the population in each county where plan participants reside.

What do the new SBCs require and when? I asked Marilyn Monahan to confirm. “Beginning with plan years beginning in 2025, health plan SBCs may have to include taglines in 8 different languages, rather than the 4 that were previously required.” What that means is, even if new SBCs were issued at the group’s renewal (say, for example, March 1, 2025), they would need to reissue them after September’s release of the new model SBCs.

Be advised, you have to search around the websites for them. I found them difficult to locate. They also released new Uniform Glossaries and Instructions on the new model forms.

Moving Into 2026 – What's New?

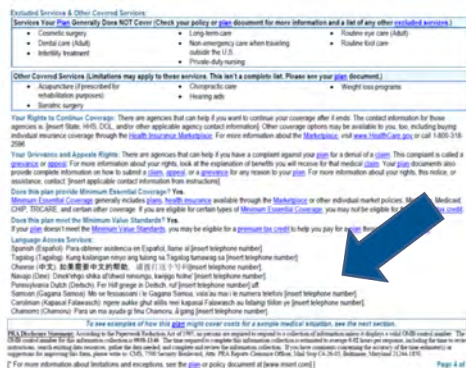
One Big Beautiful Bill – 2025 and 2026 Guidance

The IRS started releasing Guidance on many provisions of the One Big Beautiful Bill in 2025, and it's sure to continue well into 2026. I'll try to summarize what's been released, but keep in mind, new notices are being put out rapidly since the federal government reopened, so expect changes.

2025 Guidance Released

A slew of guidance has been released on the tax provisions of the OBBB, starting in August, 2025. I suggest you take a look at Marilyn Monahan's Legal Briefs article this issue, as she details the Guidance released and provides a legal assessment of the rules.

There has been new guidance released on the OBBB, particularly on the No Tax on Tips & Overtime provisions. I asked Marilyn Monahan what, in general, was released and what employers need to pay attention to now? “The IRS issued proposed regulations on the No Tax on Tips provision in the OBBB,” stated Marilyn. “These proposed regulations addressed topics such as who, based on their specific job, can qualify for No Tax on Tips. We are anxiously awaiting final rules. With regard to other provisions in the OBBB affecting employers and employees, some guidance has been issued in the form of summaries of key provisions, but extensive guidance has not yet been issued. Employers are also anxiously awaiting more information from the regulators. In the meantime, employers should communicate with their payroll providers and tax, employment, and benefit advisors to ensure



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they are prepared to start implementing the law.”

I will briefly list the notices that were released regarding the OBBB from August through early December. Again, take a look at Marilyn’s Legal Briefs article in this issue for more information.

IR-2025-82 (Aug. 7, 2025): This notice was released to discuss how employers can report tips and overtime earned by employees. We expect certain tax forms will be modified in future years so that employers can report tips and overtime earned. However, for the 2025 returns, the IRS announced that there will be no changes to certain information returns or withholding tables for Tax Year 2025. The IRS summarized that Form W-2, existing Forms 1099, Form 941, and other payroll return forms will remain unchanged for the tax filing year 2025. In addition, Federal income tax withholding tables will not be updated for 2025 to reflect the OBBB provisions. Employers and payroll providers should continue using their current procedures for reporting and withholding taxes. <https://www.irs.gov/newsroom/treasury-irs-provide-penalty-relief-for-tax-year-2025-for-information-reporting-on-tips-and-overtime-under-the-one-big-beautiful-bill>

IRS Notice 2025-69 (Nov. 21, 2025): This notice stated that employers and other payors will not be required to separately account for **cash tips** or **qualified overtime compensation** on those forms or the written statements furnished to individuals for 2025. <https://www.irs.gov/newsroom/treasury-irs-provide-guidance-for-individuals-who-received-tips-or-overtime-during-tax-year-2025>

IRS Notice 2025-69 (Nov. 21, 2025): Notice 2025-69 contains a number of examples to help individuals better understand how to report tips and overtime without a modified W-2 or 1099. <https://www.irs.gov/newsroom/treasury-irs-provide-guidance-for-individuals-who-received-tips-or-overtime-during-tax-year-2025>

IRS Schedule 1-A: Individual taxpayers will attach Schedule 1-A to their Form 1040 to take advantage of the tax provisions of the OBBB: No Tax on Tips, No Tax on Overtime, No Tax on Car Loan Interest, and Enhanced Deduction for Seniors.

IR-2025-110 & IRS Notice 2025-62 (Nov. 5, 2025): This guidance provides penalty relief from the new information reporting requirements for cash tips and qualified overtime compensation under the OBBB to employers and other payors for not filing correct information returns and not providing correct payee statements to employees and other payees. (See Monahan’s Legal Brief this issue for more information). <https://www.irs.gov/newsroom/treasury-irs-provide-penalty-relief-for-tax-year-2025-for-information-reporting-on-tips-and-overtime-under-the-one-big-beautiful-bill>

IRS Notice 2025-57 (October 21, 2025): Under the No Tax on Car Loan Interest provision in the OBBB, individuals who are purchasing qualifying vehicles for personal use may deduct interest paid on their car loan. IRS Notice 2025-57 provides penalty relief and guidance to lenders. The notice explains that the IRS will consider that lenders

have met their reporting obligations for interest received on a qualified passenger car loan in 2025 if they make a statement available to the buyer indicating the total amount of interest received. (See Monahan Legal Brief for more information). <https://www.irs.gov/newsroom/treasury-irs-provide-transition-relief-for-2025-for-businesses-reporting-car-loan-interest-under-the-one-big-beautiful-bill>

IR-2025-117; IRS Notice 2025-68 (December 2, 2025): The OBBB establishes Trump accounts, which may be set up on behalf of every eligible child for whom an election is made, generally by a parent or guardian, and who has not turned age 18 before the end of the calendar year in which the election is made. (See Monahan Legal Brief for more information). <https://www.irs.gov/newsroom/treasury-irs-issue-guidance-on-trump-accounts-established-under-the-working-families-tax-cuts-notice-announces-upcoming-regulations>

I’m sure more OBBB Guidance will be released late in 2025 and early 2026, so stay tuned for more updates.

OBBB Marketplace and Medicaid/MediCal Updates

As we’re heading into 2026, there are still a lot of questions coming from Employers that I wanted to share with you, as an update from the OBBB article I wrote for the September-October issue of the COIN. I asked Marilyn Monahan what she felt are the most important things she thought employers should remember about the OBBB’s changes to the Marketplaces and Medicaid/MediCal?

“Employers need to understand that the OBBB’s changes to the Marketplaces and Medicaid/MediCal will ultimately impact employer-sponsored plans and coverage,” Marilyn stated.

“They need to be aware of the impact so they can start planning. These changes are likely to impact premiums, provider availability, and employee coverage options. They should start thinking about how they can manage benefit cost and administration in light of these changes, which are rolling out over time.”



As a reminder of the key components Marilyn is referring to, assuming Congress does not act to extend the ACA subsidies, which are set to expire on December 31, 2025, this could affect employer sponsored health plans in 2026, as many people previously on Marketplace individual and family plans with subsidies may move back to employer-sponsored plans for themselves or their dependents if the employer is contributing to that coverage. In addition, COBRA coverage may become more affordable than non-subsidized coverage with individual plans, which could be a financial burden to employers, particularly if self-funded, as people usually only elect COBRA when they have serious medical conditions. Therefore, risk is extended and total costs could increase. Marketplace enrollment is expected to drop from 22.8 million in 2025 to 18.9 million in 2026, and fall to around 15 million in 2030. Couple this with insurers raising premiums by an estimated 26%, according to the Kaiser Family Foundation analysis of ACA Marketplace premium data, leaving considerable increases in overall

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healthcare costs for employers. Here in California, Covered California has posted their anticipated Impacts of the Enhanced Premium Tax Credits in California on its website.

Also of concern are the OBBA changes to Medicaid, and Medi-Cal here in California. With the addition of work requirements effective no later than December 31, 2026, and more stringent eligibility verification requirements (with scattered effective dates that begin in 2027), as well as eligibility re-determination every six months for “expansion adults” for renewals scheduled on or after December 31, 2026, fewer people may qualify for Medicaid and Medi-Cal coverage. In addition, the new cost-sharing within Medicaid, including a \$35 service co-pay on expansion adults, and the limitations on retroactive coverage to one month prior to the application for coverage for expansion adults (previously 90 days), could make employer plans look more attractive. In addition, the OBBA reduces Medicaid reimbursement rates to providers. This could lead to rural area hospital and clinic closures over time.

HIPAA Security

As a reminder, the Federal Agencies released HIPAA Security Proposed Rules in early January, 2025, and there was a public comment period. Although we were originally expecting some activity or guidance between October, 2025 and the end of the year, that was delayed due to the Government Shutdown. It now appears that the HIPAA Security/Cybersecurity’s much needed overhaul is still on the Fed’s radar, and it remains on the Department of Health & Human Services Office of Civil Rights *Regulatory Agenda for May, 2026*.

OCR has estimated that the first year of compliance would likely cost \$9 Billion to covered entities and business associates. Instead of the normal year, or 365 days to come into compliance after rules are finalized, it is highly possible that covered entities would have somewhere around 230-250 days to comply, given the delay in getting the regulations released. That means that all covered entities, including providers, insurance companies/health insurance issuers, employers who sponsor health plans and the Business Associates, will not have much time at all to do all of the security improvements stated in the probable release in May of 2026.

The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) issued a Notice of Proposed Rulemaking (NPRM) to modify the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule to strengthen cybersecurity protections for electronic protected health information (ePHI). In their Fact Sheet released early in 2025, they described the changes to the Security Rule, which are likely to be final (or at least the majority of them, with some possible modifications after the Comment Period) in May, 2026. Many of the changes occurred by way of changing from “recommended” to “required” upgrades to HIPAA Security. To remind everyone of the requirements of the Proposed Security Rule from 2025, I’m copying in information directly from the HHS/OCR Fact Sheet:

The NPRM proposes to strengthen the Security Rule’s standards and implementation specifications with new proposals and clarifications, including:

- *Remove the distinction between “required” and “addressable” implementation specifications and make all implementation specifications required with specific, limited exceptions.*
- *Require written documentation of all Security Rule policies, procedures, plans, and analyses.*
- *Update definitions and revise implementation specifications to reflect changes in technology and terminology.*
- *Add specific compliance time periods for many existing requirements.*
- *Require the development and revision of a technology asset inventory and a network map that illustrates the movement of ePHI throughout the regulated entity’s electronic information system(s) on an ongoing basis, but at least once every 12 months and in response to a change in the regulated entity’s environment or operations that may affect ePHI.*
- *Require greater specificity for conducting a risk analysis. New express requirements would include a written assessment that contains, among other things:*
 - *A review of the technology asset inventory and network map.*
 - *Identification of all reasonably anticipated threats to the confidentiality, integrity, and availability of ePHI.*
 - *Identification of potential vulnerabilities and predisposing conditions to the regulated entity’s relevant electronic information systems*
 - *An assessment of the risk level for each identified threat and vulnerability, based on the likelihood that each identified threat will exploit the identified vulnerabilities.*
 - *Require notification of certain regulated entities within 24 hours when a workforce member’s access to ePHI or certain electronic information systems is changed or terminated.*
 - *Strengthen requirements for planning for contingencies and responding to security incidents. Specifically, regulated entities would be required to, for example:*
 - *Establish written procedures to restore the loss of certain relevant electronic information systems and data within 72 hours.*
 - *Perform an analysis of the relative criticality of their relevant electronic information systems and technology assets to determine the priority for restoration.*
 - *Establish written security incident response plans and procedures documenting how workforce members are to report suspected or known security incidents and how the regulated entity will respond to suspected or known security incidents.*
 - *Implement written procedures for testing and revising written*



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security incident response plans.

○ Require regulated entities to conduct a compliance audit at least once every 12 months to ensure their compliance with the Security Rule requirements.

○ Require that business associates verify at least once every 12 months for covered entities (and that business associate contractors verify at least once every 12 months for business associates) that they have deployed technical safeguards required by the Security Rule to protect ePHI through a written analysis of the business associate's relevant electronic information systems by a subject matter expert and a written certification that the analysis has been performed and is accurate.

○ Require encryption of ePHI at rest and in transit, with limited exceptions.

○ Require regulated entities to establish and deploy technical controls for configuring relevant electronic information systems, including workstations, in a consistent manner. New express requirements would include:

○ Deploying anti-malware protection.

○ Removing extraneous software from relevant electronic information systems.

○ Disabling network ports in accordance with the regulated entity's risk analysis.

○ Require the use of multi-factor authentication, with limited exceptions.

○ Require vulnerability scanning at least every six months and penetration testing at least once every 12 months.

○ Require network segmentation.

○ Require separate technical controls for backup and recovery of ePHI and relevant electronic information systems.

○ Require regulated entities to review and test the effectiveness of certain security measures at least once every 12 months, in place of the current general requirement to maintain security measures.

○ Require business associates to notify covered entities (and sub-contractors to notify business associates) upon activation of their contingency plans without unreasonable delay, but no later than 24 hours after activation.

○ Require group health plans to include in their plan documents requirements for their group health plan sponsors to: comply with the administrative, physical, and technical safeguards of the Security Rule; ensure that any agent to whom they provide ePHI agrees to implement the administrative, physical, and technical safeguards of the Security Rule; and notify their group health plans upon activation of their contingency plans without unreasonable delay, but no later than 24 hours after activation.

While the Department is undertaking this rulemaking, the current Security Rule remains in effect.

If you look closely at the Fact Sheet summary of the Proposed Rules, you'll see that many of these items will take months or years to complete, so waiting until May, 2026 to look at your HIPAA Security and Cybersecurity is ill-advised!

California New Laws

There are far too many new California laws to mention them all in this article, but I will try to highlight some of them which will affect agents and their employer clients.

Employment Law Changes

Minimum Wage Increases

On January 1, 2026, California's minimum wage will increase to \$16.90 per hour. According to HR California, Powered by Cal-Chamber ("New 2026 Labor & Employment Laws" by James Ward, JD), this hourly increase also affects the minimum salary requirements for full-time exempt employees, which will increase to \$70,304 per year.

Fast food restaurant employees will see their minimum wage increase to \$20 per hour, and to qualify for exempt status, covered fast food employees must make at least twice that of fast food employees (or \$40 per hour).

California health care workers' minimum wage laws went into effect on July 1, 2025. Covered health care workers must make at least one and a half times the applicable health care minimum wage rate, or twice the state minimum wage, whichever is greater.

Pay Data Reporting Requirements

SB 642 makes changes to California's pay scale disclosure requirements and the California Equal Pay Act, revising the definition of "pay scale" for these purposes to mean "a good faith estimate" of the salary or hourly wage range the employer reasonably expects to pay upon hire.

SB 464 requires demographic information collected by an employer or labor contractor for pay data reporting purposes to be stored separately from employees' personnel records and, beginning January 1, 2027, increases the number of job categories in the report from 10 to 23. It also changes pay data reporting penalties. Currently, when an employer doesn't comply with pay data reporting requirements, the California Civil Rights Department (CRD) can seek an order from a court requiring the employer to comply, recover related costs and ask the court to impose civil penalties on the employer for noncompliance. SB 464 removes court discretion and makes penalties mandatory.

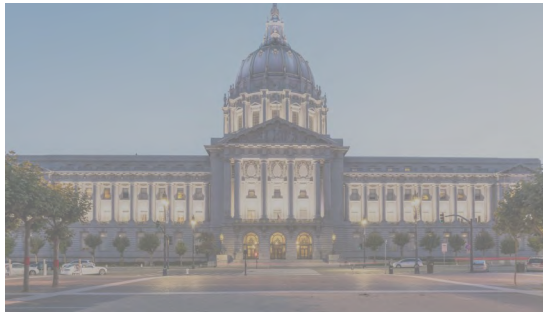
SB 406 basically clarifies and fills gaps in SB 2449, which was effective immediately on October 1, 2025, related to victims' leave provisions, moving them from the Labor Code to a Government Code. This was designed to protect employees or their

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family members who are victims to take time off to attend judicial proceedings related to the specific crimes they were victims of. Starting January 1, 2026, employees will be able to use paid sick leave for judicial proceedings related to the specific crimes described in the victims' leave and for jury duty and witness leave.

AB 692 Employment Contracts legislation affects certain voluntary employer benefits like monetary bonuses or educational tuition assistance that employers offer to incentivize and keep employees. Typically, an employer offers this benefit in exchange for an employee's promise to pay the employer back if the employment ends before a specified term. In general, AB 692 requires the worker to pay an employer, training provider or debt collector for a debt, allows the employer, training provider or debt collector to resume or initiate collection of or end forbearance on a debt, and imposes any penalty, fee or cost on a worker.



Employee Benefit Bills for California

2025-2026 (bill information provided in part from Monihan Law Office, Summary of 2025 California Employee Benefit Bills)

A.B. 144 addresses the changes being made at the federal level on preventive care, by setting the preventive service recommendations in place on January 1, 2025, as a baseline. AB 144 requires that the list of immunizations, items, and services that were recommended by the United States Preventive Services Task Force (USPSTF), the federal Advisory Committee on Immunization Practices (ACIP), and the federal Health Resources and Services Administration (HRSA) that were in effect on January 1, 2025, serve as a baseline of recommendations and would authorize the State Department of Public Health to modify or supplement those baseline recommendations.

S.B. 40 addresses Insulin coverage. This bill prohibits a fully insured large group plan/policy issued, amended, delivered, or renewed on or after January 1, 2026, or an individual or small group fully insured plan/policy on or after January 1, 2027, from imposing cost sharing (such as a copayment) of more than \$35 for a 30-day supply of an insulin prescription drug (with some exceptions). The bill limits the \$35 cap for an individual or small group plan/policy to only Tier 1 and Tier 2 insulin if the drug formulary is grouped into tiers. On and after January 1, 2026, the bill would prohibit a plan/policy from imposing step therapy as a prerequisite to authorizing coverage of insulin, and, for a large group plan/policy, requires at least one insulin for a given drug type in all forms and concentrations to be on the prescription drug formulary.

S.B. 41 is a comprehensive bill that imposes substantial new requirements on pharmacy benefit managers (PBMs). Many of the provisions in the bill go into effect on January 1, 2026. Provisions include: a fiduciary duty on the PBM with respect to both self-insured employer plans and payer clients. It also prohibits "spread pricing" (charging the plan more than they pay the pharmacy) in contracts executed,

amended, or renewed on or after January 1, 2026. It will also create a licensure process for PBMs under the Department of Managed Health Care (DMHC). Under this bill, PBMs will be restricted from requiring use of only an affiliated pharmacy, and from imposing requirements, conditions, or exclusions that discriminate against a nonaffiliated pharmacy.

S.B. 729 is a mandate for large group fully insured health plans, which must cover the diagnosis and treatment of infertility and fertility services (including IVF); for small group plans, insurers/HMOs must offer the option to employers. These mandates apply to insurance policies and health care service plan contracts

that are issued, amended, or renewed on or after January 1, 2026. There is, however, an exemption for religious employers. The law does not apply to plans/policies issued to PERS until July 2027.

S.B. 1180 requires insurers/HMOs to provide coverage for emergency services provided by a community paramedicine program, mobile integrated health program, and triage to alternate destination

program. These programs may be offered by fire departments, but in the past may not have been covered by insurance. This mandate applies to insurance policies and health care service plan contracts issued, amended, or renewed on or after July 1, 2025.

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

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

Conclusion

Hopefully, by the time you've finished reading this, you've had a chance to finish that beverage you started at the beginning of this article, and you found this information helpful.

Continued on page 16

Join CAHIP-OC For Our Upcoming Events!

Save the Date! **CAHIP-OC Annual Sales Symposium**

March 10, 2026

8 am to 4 pm

Lake Forest Community Center

*CAHIP-OC November, 2025
Pizza Party Photos*



*CAHIP-OC Pizza Party at Sgt Pepperoni's Pizza Store, Irvine
Special Thanks to Grace and to our Event Sponsors!*



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 and state levels:

FEDERAL: UPDATES

2025 IRS Forms 1094/1095: Final versions of the 2025 Forms 1094/1095 (and the instructions for the forms) have been issued by the Internal Revenue Service (IRS). The IRS deadlines to furnish and file the forms are as follows:

- If filed electronically, file with the IRS by **March 31, 2026** (employers must file electronically if filing ≥ 10 forms with the IRS)
- If filed on paper, file with the IRS by **March 2, 2026** (although the IRS has provided a deadline for filing the forms on paper, ALEs will not actually be able to do so since they will file more than 10 Forms 1095-C)
- Employee statements (Form 1095-C) must be furnished on or before **March 2, 2026** (no additional extensions will be granted)
- If the employer intends to rely upon the “alternative manner of furnishing statements” permitted by the Paperwork Burden Reduction Act, the employer must post a compliant notification on its website by **March 2, 2026**, and also retain the notice at same location on the website through **October 15, 2026**. More information on this process is outlined in IRS Notice 2025-15.

Are there penalties if employers do not furnish and file the forms on time, or if the forms contain incorrect information? Yes. Potential IRS penalties for the 2025 forms include:

- \$340/form for failure to timely file with the IRS (\$4,098,000 maximum)
- \$340/form for failure to timely furnish the statements to employees (\$4,098,000 maximum)
- \$340/form for failure to file a correct form (\$4,098,000 maximum)

Continued on page 13

HIPAA/HHS/OCR Updates

At the time of this issue’s preparation, there were no notices of HIPAA Enforcement Activities, likely due to the recent Government Shut-down. I will then yield my column space for photos from the Holiday Cruise on December 9, 2025!

Stay tuned for more updates in the next issue!

##

Holiday Cruise Photos, December, 2025



Legal Briefs, Continued from page 12

- \$340/form for failure to furnish a correct statement to employees (\$4,098,000 maximum)
- \$680/form for intentional disregard (with no cap)

The penalties for late filing are lower if the error is corrected promptly. For example, the penalty is \$60 per form if the forms are filed not more than 30 days late, and the penalty is \$130 per form if they are filed between 31 days late and August 1st.

Certain states and jurisdictions have individual coverage mandates: CA, DC, MA, NJ, VT, and RI. To enforce these mandates, these states may require employers to file the IRS forms (or other forms) with state authorities. Employers with employees in these jurisdictions should review the applicable requirements.

To comply with California's Minimum Essential Coverage Individual Mandate, employers must furnish the Forms 1095-C to employees by **January 31, 2026**, and file the forms with the Franchise Tax Board (FTB) by **March 31, 2026** (although the deadline has been extended to **May 31, 2026**, a Sunday). If the insurer for a fully insured plan files the B-series forms with the FTB, the employer is not required to file its C-series forms with the FTB. If filing the forms electronically, employers must register with the state's MEC IR system prior to the filing deadline.

The One Big Beautiful Bill (OB BB): The IRS has started to issue guidance on implementation of certain provisions of the OB BB, which was signed into law on July 4, 2025. Some of that guidance relates to the No Tax on Tips and No Tax on Overtime provisions in the bill. These provisions are both effective from 2025 through 2028. These provisions also require both employees and employers to satisfy certain IRS reporting requirements, so that the IRS knows who is eligible for the tax relief and how much they are eligible for. Among the IRS guidance that has already been issued includes some transition relief for employers and employees so that they can take advantage of the benefits of the law for the 2025 tax year. The transition relief and guidance issued includes:

IR-2025-82 (Aug. 7, 2025): Certain tax forms will be modified in future years so that employers can report tips and overtime earned. However, for 2025, the IRS announced that there will be no changes to certain information returns or withholding tables for Tax Year (TY) 2025. For example, the IRS has stated that:

- Form W-2, existing Forms 1099, Form 941, and other payroll return forms will remain unchanged for TY 2025.

- Federal income tax withholding tables will not be updated for TY 2025 to reflect OB BB provisions.
- Employers and payroll providers should continue using current procedures for reporting and withholding.

IRS Notice 2025-69 (Nov. 21, 2025): The IRS has also stated that, because these forms and procedures will not change for TY 2025, "employers and other payors will not be required to separately account for **cash tips or qualified overtime compensation** on those forms or the written statements (copies of the forms) furnished to individuals for 2025." (Emphasis added.)

IRS Notice 2025-69 (Nov. 21, 2025): Because employers and payors do not have to separately account for tips and overtime, IRS Notice 2025-69 provides guidance to individuals on how to report overtime and tips when filing their Form 1040. Notice 2025-69 contains a number of examples to help individuals better understand how to report tips and overtime without a modified W-2 or 1099.

IRS Schedule 1-A: Individual taxpayers will attach Schedule 1-A to their Form 1040 to take advantage of the following provisions of the OB BB: No Tax on Tips, No Tax on Overtime, No Tax on Car Loan Interest, and Enhanced Deduction for Seniors.

IR-2025-110 & IRS Notice 2025-62 (Nov. 5, 2025): This guidance provides penalty relief from the new information reporting requirements for cash tips and qualified overtime compensation under the OB BB to employers and other payors for not filing correct information returns and not providing correct payee statements to employees and other payees. Specifically,

- Employers and other payors will not face penalties for failing to provide a separate accounting of any amounts reasonably designated as cash tips or the occupation of the person receiving such tips.
- Employers and other payors will also not face penalties for failing to separately provide the total amount of qualified overtime compensation.
- This relief provided for in this notice is limited to returns and statements filed and provided for **tax year**

Continued on page 14

2025 and applies only to the extent that the person required to make the return or statement otherwise files and provides a complete and correct return or statement.

IRS Notice 2025-57 (October 21, 2025): Under the No Tax on Car Loan Interest provision in the OBBB, individuals who purchasing qualifying vehicles for personal use may deduct interest paid on their car loan. Lenders that receive from any individual interest of \$600 or more for any calendar year on a qualified passenger vehicle loan must comply with new reporting requirements. However, IRS Notice 2025-57 provides penalty relief and guidance to lenders. The notice explains that the IRS will consider that lenders have met their reporting obligations for interest received on a qualified passenger car loan in 2025 if they make a statement available to the buyer indicating the total amount of interest received.

IR-2025-117; IRS Notice 2025-68 (December 2, 2025): The OBBB establishes Trump accounts, which may be set up on behalf of every eligible child for whom an election is made, generally by a parent or guardian, and who has not turned age 18 before the end of the calendar year in which the election is made. Contributions to Trump Accounts cannot be made before **July 4, 2026**. Contributions are capped at \$5,000 per year; the contribution limit will be indexed after 2027.

Employers may make nonelective contributions to a Trump Account of the employee or the employee's dependent; the employer's contribution limit is up to \$2,500 per year per employee (not per dependent). The employer's contribution counts against the \$5,000 annual contribution limit but is not included in the employee's taxable federal income.

Notice 2025-68 provides much helpful information, but more guidance is needed. We do know that to contribute to Trump accounts, employers must set up a written plan. Requirements similar to requirements that apply to a section 129 dependent care assistance program (regarding discrimination, eligibility, notification, statements, and benefits) apply to a Trump account contribu-

tion program.

Employees may make pre-tax contributions to their dependents' Trump accounts (but not their own Trump account) through the employer's cafeteria plan. The notice also states, "The Treasury Department and the IRS intend to address rules related to the coordination of Trump account contribution programs and section 125 cafeteria plans in proposed regulations."

Is such an employer contribution program subject to ERISA? The notice explains, "The Departments of Labor and Treasury anticipate issuing guidance on how to structure . . . employer contributions to Trump accounts to ensure that they are not subject to the ERISA coverage framework."

IRS Form 4547: Form 4547 will be used by taxpayers to make a Trump account election.

Patient Centered Outcomes Research Institute (PCORI) Fee:

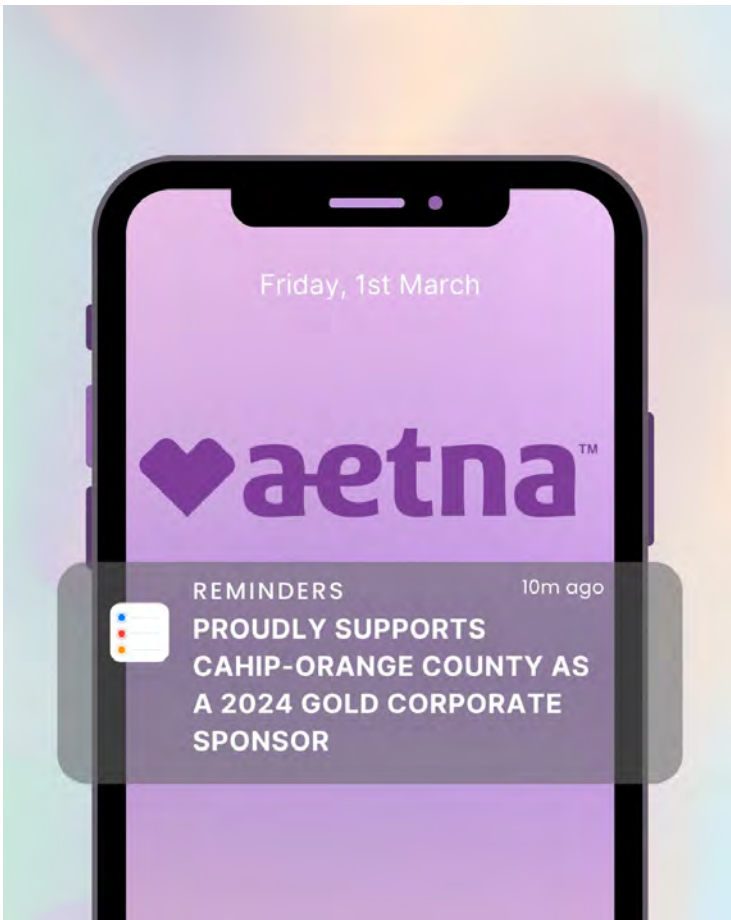
Each year, self-funded plans must file IRS Form 720, and pay the applicable PCORI fee, on or before **July 31**. The IRS issued Notice 2025-61, which announced an increase to the PCORI fee to \$3.84 per covered life for policy and plan years that end on or after October 1, 2025, and before October 1, 2026 (an increase from \$3.47 for the previous period).

HIPAA Notice of Privacy Practices (NPP): On February 8, 2024, the Department of Health and Human Services (HHS) announced a final rule modifying preexisting Confidentiality of Substance Use Disorder (SUD) Patient Records regulations. These new regulations describe new terms that must be included in NPPs by **February 16, 2026**. If revised model forms are not issued on time, covered entities should update their NPPs based on the revisions contained in these regulations.

CALIFORNIA: HIGHLIGHTS

Minimum Wage: California's minimum wage increases to **\$16.90** an hour effective **January 1, 2026**. Since 2024, the minimum wage for certain health care and fast-food workers is higher than \$16.90. 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**.

If employers have employees working in these jurisdictions, employers should update their payroll systems and workplace posters. The new minimums should also be taken into consideration when setting "affordable" employee contributions under



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Pizza Anyone? More CAHIP-OC Pizza Party Photos



New Year, New Rules, Continued from page 10

Remember, the more you take care of you, the more you can take care of your clients, so relax and take it all in, and then plow forward into 2026 with confidence and knowledge.

To all of you, I wish you a very Happy New Year in 2026!

##

Author's Note: I'd like to thank Marilyn Monahan of Monahan Law Office for her assistance with this article.

Reference Sources:

OBBB:

IR-2025-82 (Aug. 7, 2025):

IRS Notice 2025-69 (Nov. 21, 2025):

IR-2025-110 & IRS Notice 2025-62 (Nov. 5, 2025):

IRS Notice 2025-57 (October 21, 2025):

IR-2025-117; IRS Notice 2025-68 (December 2, 2025)

New 2026 Labor & Employment Laws, By James W Ward, JD, HR California, Powered by CalChamber

Monahan Law Office, Summary of 2025 California Employee Benefit Bills

Webinar: Legal Update: Are You Ready for the New Year?, December 5, 2025, Marilyn Monahan, Monahan Law Office

Webinar: Advanced Benefit Consulting, OBBB & Other Legislative Updates, October 21, 2025

HIPAA Security Rule Notice of Proposed Rulemaking to Strengthen Cybersecurity for Electronic Protected Health Information, Fact Sheet

Kaiser Family Foundation analysis of ACA Marketplace premium data

Holiday Cruise Photos 2025



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Pizza Party

Photos

November, 2025



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13 January 2026



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Info at  www.cahipoc.org



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Legislative Insights




February 10, 2026



8:30 am - 10:30 am



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- We have 125 monthly CAHIP PAC contributors and growing.
- We are your voice on legislative matters in Sacramento! We engage in continuous dialogue with legislators to address priorities and advocate for policies impacting the health insurance industry.
- We collaborate with NABIP on federal legislative discussions, working directly with members of Congress to address national health insurance issues impacting our industry.

Education

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

Social Events

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

Community Involvement

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

Annual Events

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

Opportunities to Get Involved

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

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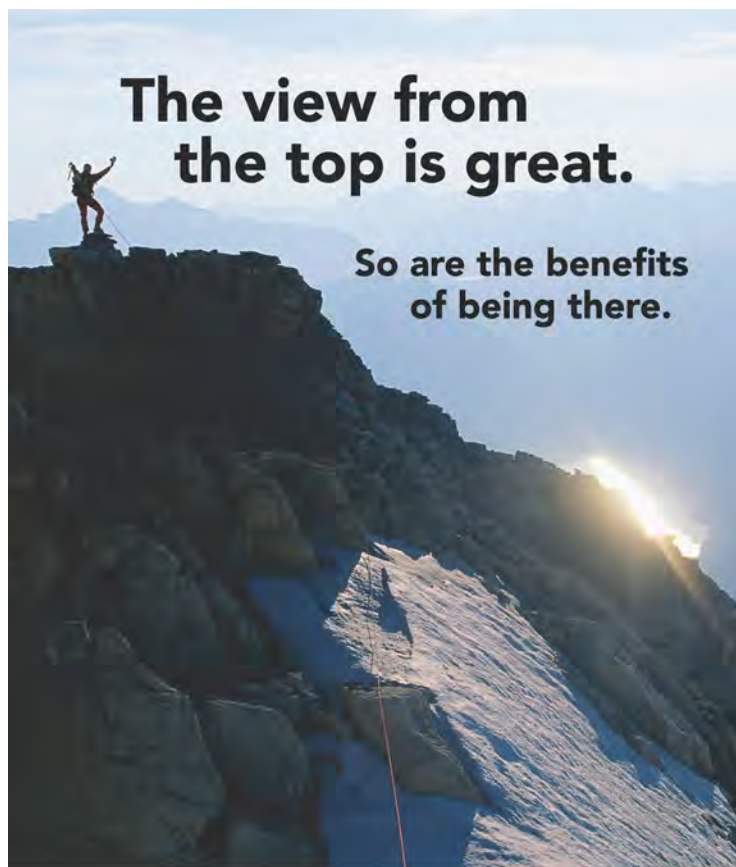
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January 13, 2026

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8:30 to 11:30 am

Tustin Ranch Golf Club

February 10, 2026

State of the Industry: Legal Insights

8:30 to 10:30 am

Tustin Ranch Golf Club

March 10, 2026

Annual Sales Symposium

8 am to 4 pm

Lake Forest Community Center

The Leading Producers Round Table

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

Legal Briefs, Continued from Page 14

the ACA and Internal Revenue Code section 4980H(b).

CalSavers: As a reminder, as of December 31, 2025, employers with 1 or more employees must either offer a qualifying retirement plan or register with CalSavers. Qualified retirement plans include:

- 401(a) – Qualified Plan (including profit-sharing plans and defined benefit plans)
- 401(k) plans (including multiple employer plans or pooled employer plans)
- 403(a) - Qualified Annuity Plan or 403(b) Tax-Sheltered Annuity Plan
- 408(k) - Simplified Employee Pension (SEP) plans
408(p) - Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) IRA Plan
Payroll deduction IRAs with automatic enrollment

SB 642 – Pay Scale Reporting: Employers must provide pay scale information to employees upon request, and must post pay scale information with job postings if the employer has 14 or more employees. This bill makes several changes to existing law. It amends the definition of “pay scale,” it revises the rules on nondiscrimination, and it expands the statute of limitations. See *also* the discussion of SB 464 in the last issue of C.O.I.N.

AB 692 – Employment Contracts: This law makes it unlawful to require employees to enter “stay or pay” agreements by which employees are obligated to pay an amount of money if their employment terminates. AB 692 applies to contracts entered into on or after **January 1, 2026**. Unless an exclusion applies, employers cannot include in any employment contract a contract term that does any of the following:

- Requires the worker to pay an employer, training provider, or debt collector for a debt if the worker’s employment or work relationship with a specific employer terminates.
- Authorizes the employer, training provider, or debt collector to resume or initiate collection of or end forbearance on a debt if the worker’s employment or work relationship with a specific employer terminates.
- Imposes any penalty, fee, or cost on a worker if the worker’s employment or work relationship with a specific employer terminates.

SB 294 – The Workplace Know Your Rights Act: First, SB

294 requires employers, on or before **February 1, 2026**, and **annually** thereafter, to provide a stand-alone written notice to each current employee of specified workers’ rights. SB 294 also requires employers to provide the written notice to each new employee upon hire and to provide the written notice annually to an employee’s authorized representative, if any. The Labor Commissioner must post a template notice on its website on or before **January 1, 2026**, and to post an updated template notice annually thereafter. The Labor Commissioner, on or before **July 1, 2026**, must also develop a video for employees advising them of their rights.

Second, SB 294 requires employers to provide employees the opportunity to name an emergency contact on or before **March 30, 2026** (for an existing employee) and at the time of hire for a new employee hired after **March 30, 2026**. If an employee has designated an emergency contact for this purpose, the employer must notify the designated emergency contact if the employee is arrested or detained on their worksite.

##

Editor’s Note: See also Feature Article, Page 5, for Additional information on some of the items Marilyn discussed in her Legal Briefs column..

Below: John Evangelista, Bob Stiffler and Juan Lopez attend the Don Baylor 65 Roses Memorial Classic Golf Tournament benefitting Cystic Fibrosis, as CAHIP-OC Sponsor Representatives



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Board Members of CAHIP-OC head to Washington, DC for Capitol Conference February 22-24, 2026. This year's conference will be at the Hyatt Regency, Capitol Hill, and features educational classes, prep for on-hill visits, and of course, lobbying with legislators. We will provide full coverage in the March-April issue of The COIN!

If you're interested in attending, more information and registration information can be found at:

<https://nabip.org/events/list/recurring-events/2026-capitol-conference>



California Agents and Health Insurance Professionals Political Action Committee
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FPPC # 892177

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Emerald	\$500 - \$719	\$42/month +	Double Diamond	\$2,500 - \$4,999	\$209/month +
Sapphire	\$720 - \$999	\$60/month +	Triple Diamond	\$5,000+	\$417/month +

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

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Please return this PAC Commitment Form to:
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Pete Pacheco Pete.Pacheco@Providence.org

As employers prepare for the 2026 plan year, several regulatory updates will affect benefit strategies, contribution limits, and communication requirements. This summary highlights the key changes employers need to plan for in 2026.



Health Savings Accounts (HSAs)

- **Direct Primary Care:** Fees up to \$150/month (individual) or \$300/month (family) qualify for HSA use (additional requirements may apply).
- **Plan Eligibility:** Marketplace Bronze & Catastrophic plans (individual market only) will be HSA-eligible.
- **Contribution Limits:** \$4,400 individual / \$8,750 family.



High Deductible Health Plans (HDHPs)

- **Minimum Deductible:** \$1,700 individual / \$3,400 family.
- **Out-of-Pocket Maximum:** \$8,500 individual / \$17,000 family.
- **Telehealth Safe Harbor:** Permanently extended—HDHPs may cover telehealth before the deductible without affecting HSA eligibility (retroactive to 1/1/25).



Flexible Spending Accounts (FSAs)

- **Medical FSA Maximum:** \$3,300.
- **Dependent Care FSA Maximum:** \$7,500.
- **Note:** Nondiscrimination testing still applies.



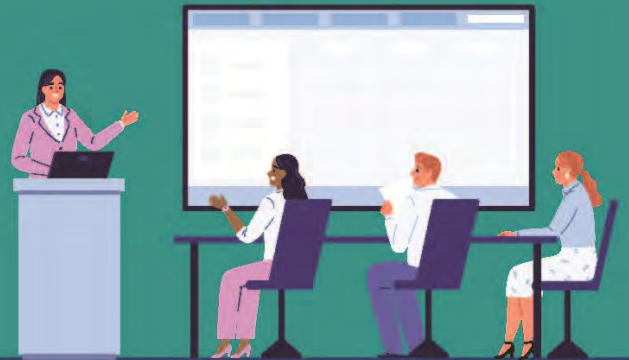
Medicare Part D – Creditable Coverage Notices

- **Deadline:** October 14 each year. Employers must notify Medicare-eligible employees whether their prescription drug coverage is creditable.
- **Testing Changes:**
 - Notices due Oct. 14, 2025: May use current or new CMS test.
 - Notices due Oct. 14, 2026: Must use new CMS methodology; old methods no longer valid.



ACA Employer Requirements

- **Applicable Large Employer (ALE):** Employers with 50+ full-time employees (including FTEs) based on prior-year averages.
- **Affordability:** Coverage is affordable if the employee share of the lowest-cost self-only plan is less than or equal to 9.96% of income using one of three safe harbors:
 - W-2 Wages (Box 1)
 - Rate of Pay
 - Federal Poverty Line (FPL)



Employer Shared Responsibility Penalties

- **4980H(a):** If coverage is not offered to at least 95% of full-time employees and dependents, the penalty is \$3,340 per full-time employee (excluding the first 30).
- **4980H(b):** Applies when coverage is offered but is unaffordable or fails to meet minimum value, resulting in a \$5,010 penalty per affected full-time employee.



ACA Marketplace Rules (Individual & Family Plans)

- **Open Enrollment:** November 1 – December 15 (state deadlines may vary).
- **Affordability Threshold (2026):** 9.96% of household income (up from 9.02% in 2025).



Marketplace Updates

- **New HSA-Eligible Plans:** Marketplace *Bronze* and *Catastrophic* plans now qualify for HSAs.
- **Verification Requirements:** Marketplaces must confirm income, residency, immigration status, and family size before enrollment.
- **APTC Eligibility:** Must be verified before plan selection; passive reenrollment subsidies are no longer allowed — consumers must reverify annually.
- **APTC Repayment:** Excess subsidies must be repaid unless the error was in good faith and income is below 100% FPL.
- **Income-Only SEPs:** No longer trigger subsidy eligibility without another qualifying event.
- **Enhanced APTCs:** Scheduled to expire December 31, 2025.
- **CMS Rule Litigation:** Implementation of parts of the *Marketplace Integrity & Affordability Rule (June 2025)* is paused due to *City of Columbus et al. v. Kennedy et al.*, which may delay enforcement of certain verification and eligibility provisions.



Consult a NABIP professional

To learn how these updates may impact your organization and to identify the benefit strategies and plans that best support your employees — connect with a trusted health insurance professional through NABIP's Find an Agent tool.



For more information visit nabip.org



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Gail James Clarke
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Gail James Assoc Mgmt



Board contact
info @
[www.cahipoc.org](mailto:info@cahipoc.org)



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

Lennea Billingsley-Crawley

Marisol Esperaza

Colleen Waller

*Thanks, New
Members!*

Contact our Membership Team:

Haley Mauser, VP of

Membership

Optavise, (707) 628-9260

Haley.Mauser@optavise.com

Talk to a Board Member

(see page 28 for board roster)

Visit our website at www.cahipoc.org

Many ways to join!

Agency Memberships Now Available!



NABIP | pac

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

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

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

What is the Candidate Account?

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

What is the Administrative Fund?

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

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

- Winning Senate candidates spent an average of \$16

million in 2022.

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

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

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

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

Cathy Daugherty, VP of PAC

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

**If so, please complete the form
on page 31!**

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



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

Contribute securely at www.nabippac.org

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

Name: Occupation:
Employer: Address:
Email: Phone:

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

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

A. Choose a Fund

☐ Candidate Fund* ☐ Administrative Fund**

**Candidate Fund can ONLY accept personal contributions.*

***Administrative Fund can accept corporate contributions.*

B. Contribution Frequency

☐ One-Time Contribution

☐ Charge my account annually for this amount.

☐ Monthly Contribution (Recurring)

Credit card or bank account will be charged monthly.

C. Contribution Levels

		(Annual)	(Monthly)
Member	<input type="checkbox"/>	\$150	<input type="checkbox"/> \$12
Bronze	<input type="checkbox"/>	\$365	<input type="checkbox"/> \$30
Silver	<input type="checkbox"/>	\$500	<input type="checkbox"/> \$42
Gold	<input type="checkbox"/>	\$750	<input type="checkbox"/> \$63
Platinum	<input type="checkbox"/>	\$1,000	<input type="checkbox"/> \$85
Diamond	<input type="checkbox"/>	\$2,000	<input type="checkbox"/> \$170
Double Diamond	<input type="checkbox"/>	\$3,000	<input type="checkbox"/> \$250
Triple Diamond	<input type="checkbox"/>	\$5,000	<input type="checkbox"/> \$415
Amount not listed	<input type="checkbox"/>	\$	<input type="checkbox"/> \$

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.

CAHIP-OC Holiday Cruise Photos, December, 2025



*Fun Times Were Had By All... And toys, sports equipment and gift cards were collected for Caterina's Club
(caterinasclub.org).*

Thanks everyone for your donations!



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Holiday Cruise Photos 2025



No one could stop smiling on the Holiday Cruise on December 9th! Thanks Gabriella and your committee!



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- Gain helpful guidance to enhance your brokerage's reputation.

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Marilyn A. Monahan
Monahan Law Office
663 S. Rancho Santa Fe Road,
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(310) 989-0993



Don't forget to read Marilyn Monahan's Column, Legal Briefs, starting on page 12! Thanks, Marilyn, for always providing a valuable Legal Briefs Column for each issue of the COIN!

NABIP Professional Development



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

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

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



Join the Fight: Support CAHIP PAC, the Voice of Agents

We need your help to ensure that CAHIP PAC can continue to support candidates who champion agents' work towards affordable and accessible healthcare for all Californians. The role of the insurance agent has never been more vital. Agents are the trusted professionals who guide individuals and businesses through the complexities of healthcare, making sure everyone gets the coverage they need.

To empower our agents and uphold our mission, we're setting an ambitious goal to raise \$100,000 this fiscal year for CAHIP PAC. Achieving this will allow us to meaningfully support candidates who understand the importance of our industry and the pivotal role agents play in delivering quality healthcare.

Here's How You Can Make a Difference:

- **Commit to Monthly Support:** Start with a minimum of \$10/month, or ideally \$25+/month to make a bigger impact this year.
- **Make a One-Time Donation:** Every contribution, whether from individuals or companies, CAHIP members, and non-members, brings us closer to our \$100,000 goal.

Champion Our Cause: Spread the word and rally others to contribute to the ONLY PAC dedicated to protecting and advancing the role of the agent and the work you do on behalf of your clients, here in CA.

Every dollar strengthens our ability to advocate for the agents who make healthcare accessible. Take action today by contributing at cahippac.org or by connecting with your local PAC chair to learn how you can get involved.

A strong network you and your clients can rely on

Experience the true difference of complete, coordinated care with Regal Medical Group, Inc. and ADOC Medical Group. For 30 years, our vast SoCal healthcare network, best-in-class member programs and quality services have provided the highest level of support to help keep our members healthy.

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Medical Group

RegalMed.com | ADOC.us



November 2025

Membership Happenings

#IFYKYK

Welcome to the CAHIP Orange County Quarterly Update!

We're excited to share all the ways our chapter is working to bring value to health insurance professionals across Orange County. In this edition, you'll find updates from our key committees—including Professional Development, Legislation, Events, Membership, and more. Whether you're a current member or exploring the benefits of joining, we hope this newsletter gives you a glimpse into the impact and connection CAHIP OC is building across our industry. We look forward to continuing to serve, support, and strengthen the community of health agents throughout the county.

Member Spotlight



Sarah Knapp has been with Colonial Life for 15 years and currently serves as President of CAHIP-Orange County. With 14 years of membership and 10 years of dedicated board service, Sarah has seen firsthand the power of advocacy. Her biggest takeaway from her time with CAHIP is the vital importance of legislative efforts in protecting and advancing the industry.

Legislative Corner: Know your representatives

Stay Informed, Stay Involved

Your elected officials in Sacramento and Washington, D.C. make decisions that impact your everyday life—education, healthcare, and more. Knowing who represents you helps you engage and advocate effectively.

Find Out Who Represents You

1. Go to: house.gov/find-your-representative
2. Enter your Zip code or address.
3. State Level: Identify your California State Assemblymember and Senator.
4. Federal Level: Learn your U.S. Representative and Senators.

Get Engaged

- Subscribe to their newsletters.
- Follow them on social media.
- Attend local town halls or community events.

Staying informed builds a stronger democracy—take a minute today to look up who's representing you!

Events

Pizza Party November 12, 5:30 - 7:00 @ Sgt Pepperoni's - Irvine

Holiday Harbor Cruise December 9, 5:00 - 8:00 @ 400 Main St. - Newport Beach

As our industry adapts to new technology, legislation, and perspectives, Cahip-OC remains focused on keeping brokers informed and supported. This year kicked off with a Wellness & Compliance webinar, followed by our Q4 Medical Carrier Panel and October Legislative Update—each designed to help brokers navigate change with confidence.

Looking ahead, our January CE Day and Sales Symposium will continue this momentum with sessions on compliance, modernization, and growth strategies that meet the needs of today's market.

Expect dynamic 2026 offerings, including:

- Legislative & Compliance Updates – SB 729, wellness programs, and new mandates
- Technology & Modernization – AI, cybersecurity, and digital health tools
- Broker Growth & Engagement – Mental health, inclusive benefits, and client connection

Dear NABIP Member,

Unlike other organizations, NABIP's sole focus is healthcare agents. And we're putting that laser-focus into action every day. Here are the concrete steps we're taking on your behalf:



Direct Advocacy in Washington

NABIP staff and member leaders meet weekly and privately with congressional offices, CMS officials, and state insurance commissioners to make one urgent point: cutting or capping agent compensation directly harms their constituents. We connect the dots for lawmakers between agent commissions and livelihoods, a stable Medicare market, and seniors losing access to trusted guidance during AEP.

At numerous CMS meetings over the last year, we highlighted how carriers across the board have reduced commissions and restricted plan displays on electronic enrollment platforms—moves that undermine agent support and confuse beneficiaries. We asked CMS to prohibit carriers from changing plan displays or posted commissions after October 1.

Legislation to Protect Agents

NABIP worked with Congress to introduce and advance bills that defend independent brokers and beneficiaries, including:

Senate Bill (SB) # 2625 Support Independent BROKERS TIME Act of 2025: draws a clear line between licensed, independent agents and third-party marketing organizations, ensuring regulators do not lump ethical brokers into the same category as high-volume call centers.

House Resolution (HR)# 2744 Medicare Enrollment Protection Act: prevents late-enrollment penalties for seniors transitioning from COBRA to Medicare.

Ideas for federal bills on agent compensation continue to be shopped around in supportive congressional offices and are a priority in our discussions.

NABIP files detailed responses that include your real-world experiences and push back on policies that erode agent pay.

Additional On-the-Ground Engagement

- NABIP engages with insurance companies on how to best address market pressures and avoid using agent compensation as a lever to achieve line-of-business stability.
- NABIP is representing you at the National Association of Insurance Commissioners (NAIC) meeting with state regulators this fall to press for stronger protections on compensation. At every NAIC meeting, we have important conversations with regulators on topics where we share common goals (i.e. misleading and aggressive consumer marketing campaigns).
- At national industry events like Medicarians, NABIP showcases the critical role of ethical, licensed agents and builds stronger relationships with carriers to push back against unfair practices.

Brokers Making a Difference: Stories in Action

NABIP has now collected 14,000+ stories from agents and beneficiaries. These aren't just for show, as they are used as:

- Congressional testimony and talking points when we meet with lawmakers.
- Letters to regulators demonstrate how policy decisions affect real people.
- Narrative-correcting evidence for research reports from groups like MedPAC, the Commonwealth Fund, and the Paragon Institute help ensure that agent experiences shape long-term Medicare policy.

Looking Ahead: Priorities for Compensation

NABIP has a clear set of legislative and regulatory priorities to guide your conversations with lawmakers ahead of AEP, centered on:

- Protecting fair and stable agent compensation.
- Preventing market instability caused by carrier decisions on plan availability and compensation decisions.
- Preserving beneficiary choice and affordability, which are directly tied to agent advocacy.

NABIP is making sure policymakers and market players know that reducing or undermining agent compensation is bad for you, your family, and every Medicare beneficiary who needs your help.

NABIP Government Affairs

National Association of Benefits and Insurance Professionals

Phone: 202-552-5060

info@nabip.org www.NABIP.org

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**29TH ANNUAL CHARITY
GOLF TOURNAMENT**



**TAKE A SWING
FORE THE CURE**

**APRIL 20, 2026
Aliso Viejo Country Club**

**Proceeds to benefit Cystic Fibrosis
Southern California - Orange County Chapter**

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!

Breakfast & Brilliance, January 13, 2026 8:30-11:30 am

State of the Industry; Legal Insights, February 10, 2026, 8:30-10:30 am

Annual Sales Symposium, March 10, 2026, 8 am—4 pm



CAHIP Legislation Report

By: Tracy Hanson, VP of Legislation

The legislative year started off with challenges, and as the final quarter approached, uncertainty persisted. Congress had not renewed the enhanced premium subsidies provided by the American Rescue Plan, which left millions of Californians unsure if they could afford health coverage during the open enrollment period. Meanwhile, both state and federal budgets were feeling considerable pressure. Despite these difficulties, California lawmakers mostly turned down proposals that would have driven up healthcare costs.

Instead, there were several important achievements aimed at protecting consumers without adding significant new premium increases. Many of these legislative successes align with the key principles of the National Association of Benefit and Insurance Professionals' Healthcare Bill of Rights, which emphasizes access, affordability, transparency, and consumer protection.

Below are a few key legislative outcomes from this session:

SB 40 – Signed into Law- SB 40 caps out-of-pocket costs for insulin at \$35 per month and limits the use of restrictive steptherapy policies. CAHIP supports efforts to make insulin more affordable for consumers, while also acknowledging the state's ongoing investment in the CalRx initiative—California's effort to manufacture lower-cost, state-branded insulin. Governor Newsom previously vetoed a similar bill in 2023, preferring the CalRx strategy over legislative cost caps. With SB 40 now law, the state is moving forward with both approaches.

SB 41 – Signed into Law—This landmark legislation introduces sweeping reforms to the regulation of Pharmacy Benefit Managers (PBMs). CAHIP supports the bill's goal of increasing transparency and affordability. However, the legislation also challenges long-standing PBM mechanisms, with potential implications for plan design, provider networks, and pricing strategies. Key provisions include bans on spread pricing and pharmacy steering—issues that will require close monitoring as implementation begins.

SB 351 – Signed into Law—SB 351 prohibits private equity groups or hedge funds involved with physician or dental practices from interfering in clinical decisions. Specifically, the bill safeguards the independent medical and professional judgment of physicians and dentists and empowers the Attorney General to seek injunctive relief in cases of violation. This law reinforces a core tenet of the health care system: that patient care decisions must remain in the hands of qualified medical professionals—not driven by financial interests.

SB 257 – Vetoed—This bill would have prohibited health plans from denying, limiting, or seeking reimbursement for maternity, newborn, or pediatric services when the insured is acting as a gestational carrier. It also proposed to establish pregnancy as a qualifying life event for special enrollment in the individual market. While CAHIP supports efforts to expand access and promote equity, we expressed concern about the broader implications of allowing enrollment after a costly medical event has already begun—potentially undermining the foundational principle of insurance as protection against unforeseen risks. ##



*More
2025
Holiday
Cruise
Photos*



NAHU Professional Development



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

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

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



- PRO Apply is the simplest and quickest way for employees to enroll in a plan.
- Using PRO Apply results in:
 - 62% fewer missing requirements
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- We have new features that allow for user-friendly interaction, easier renewals and more.
- Most groups can be set up in 30 minutes.
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- You can monitor your groups' enrollment progress on a friendly dashboard.
- Groups are installed quicker and cleaner by the carrier, which means faster access to care for employees.
- Employees can call a dedicated toll-free hotline if they have questions.
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<http://nahu.org/membership-resources/podcasts/healthcare-happy-hour>

Latest Podcasts:

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

Follow CAHIP-OC on Social Media!



<https://www.facebook.com/CAHIPOC/>



<https://www.linkedin.com/groups/4100050/>



<https://twitter.com/orangecountyahu?lang=en>

Hold the Date!

CAHIP-OC

Annual Sales Symposium

March 10, 2026



January 13, 2026

Breakfast & Brilliance CE Event

8:30-11:30 am

Tustin Ranch Golf Club

February 10, 2026

State of the Industry: Legal Insights

8:30—10:30 am

Tustin Ranch Golf Club

March 10, 2026

Annual Sales Symposium

8 am to 4 pm

Lake Forest Community Center

Register at: www.cahipoc.org



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

*By: Haley Mauser, John Austin and Melissa Calabretta
CAHIP-OC Membership Team*



In this second communication in our series, I’d like to revisit the value behind our tagline, “If You Know, You Know,” by highlighting another powerful way your investment in membership delivers the value, support, and advocacy we can’t live without. One of the most important ways that value shows up is through the **professional education** our organization has been providing since the 1930s education that has helped countless insurance professionals accelerate their careers and deepen their expertise.

CAHIP/NABIP is your trusted source for advanced designations, certifications, and continuing education, offered through both in-person meetings and accessible online resources. A few key examples include:

- **Certification Courses** covering a wide range of topics, including ACA compliance, self-funding, account-based plans such as HSAs, HRAs, and FSAs, HIPAA, and wellness. We also offer a comprehensive **Single Payer** course examining systems proposed around the world.
- **REBC Designation Program**, which allows NABIP certification to be combined with American College coursework to meet the full designation requirements.
- **Medicare Advantage Certification (MMACR)**, a robust online program designed specifically for health insurance professionals to obtain the certifications required to sell Medicare Advantage plans.
- **Continuing Education (CE) opportunities**, delivered online and in person—such as our upcoming **Breakfast and Brilliance** event on **January 13, 2026**, where you can connect with fellow members and earn CE credits.

Your membership ensures you have access to the tools, knowledge, and professional development that keep you at the forefront of our industry. **In our next communication, we will explore yet another value that strengthens our collective impact and elevates the work we do every day.**

As we continue strengthening our community through education and connection, it is the perfect moment to recognize those who have recently chosen to join us. **Please join me in welcoming our newest members**, who are now part of this growing network of dedicated professionals.

We are excited to support their journey and look forward to the expertise and energy they bring to our organization.

Lennea Billingsley-Crawley

Marisol Esperaza

Colleen Waller

Whether you are a long-time member or just getting started, every single one of us plays a vital role in shaping the future of our industry and we are thrilled to have these new members alongside us on that journey.

To our newest members: welcome. To everyone else thank you for continuing to share the value of this community.

Now you know. ##



*Holiday
Cruise
Photos
2025*





National Association of Benefits and Insurance Professionals

NABIP

Shaping the *future* of healthcare

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!**

Holiday Cruise Photos



WHAT IS THE ANNUAL VALUE OF NABIP MEMBERSHIP?



Don't Miss Our Upcoming Programs!

January 13, 2026

Breakfast & Brilliance CE Event

8:30-11:30 am

Tustin Ranch Golf Club

February 10, 2026

State of the Industry: Legal Insights

8:30—10:30 am

Tustin Ranch Golf Club

March 10, 2026

Annual Sales Symposium

8 am to 4 pm

Lake Forest Community Center



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Don't miss our upcoming events!



UPCOMING EVENTS

BREAKFAST & BRILLIANCE CE EVENT, JANUARY 13, 2026

STATE OF THE INDUSTRY: LEGAL INSIGHTS, FEBRUARY 10, 2026

CAHIP-OC ANNUAL SALES SYMPOSIUM, MARCH 10, 2026

CHARITY GOLF TOURNAMENT, APRIL 20, 2026

WOMEN IN BUSINESS, MAY 29, 2026

Visit our website for more details

www.cahipoc.org

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