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County of Orange Insurance News

## America's **250th** Special Events Coverage Issue 2026!

Full coverage of our Annual Sales Symposium, Charity Golf Tournament and our upcoming Member Appreciation Event and Women in Business Event in May!

### Feature Article:

**Fiduciary Liability in 2026; How Plan Sponsor Employers, PBMs, TPAs, Brokers and Consultants May Now Potentially Be Subject to ERISA Fiduciary Liability**

### Also inside this issue

- Legal Briefs from Marilyn Monahan, Monahan Law Office
- CAHIP-OC Board Member Elections
- Special Goodbye Message From Our COIN Editor
- And More!





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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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# CAHIP-ORANGE COUNTY PRESIDENT'S MESSAGE

By: Sarah Knapp, CAHIP-OC President

## Celebrating What We've Done This Year!

As we reflect on another incredible year, I am filled with gratitude for our members, sponsors, and partners who continue to make CAHIP Orange County such a strong and engaged community.

Together, we've hosted meaningful educational events, fostered connections across chapters, supported local charities, and strengthened our voice through advocacy. Each event this year reflected our shared mission—to **educate, advocate, and serve**—and demonstrated the lasting impact we can have when we work together.

Thank you for your ongoing support, participation, and passion for our industry. I am proud of what we have accomplished and excited for what's ahead in the coming year!

— Sarah Knapp

**President, CAHIP Orange County Chapter**

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### *What We've Done in 2025-2026:*

#### **August 2025**

##### **Wellness Programs & Compliance Webinar**

We kicked off the year with an informative session featuring **Jessica Frier of American Fidelity**, who shared best practices for developing compliant and effective workplace wellness programs.

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#### **September 2025**

##### **The Greatest Medicare Show on Earth**

CAHIP Orange County joined forces with the **San Diego** and **Inland Empire** chapters to host this spectacular regional collaboration at **Pechanga Resort Casino**, combining education, CE sessions, and networking.

##### **Carrier Panel CE Webinar**

We also hosted a **2-hour CE course**, "*Navigate California's Medical Carrier Landscape Like a Pro*," moderated by **Jack Lyons of Amwins**, featuring carrier experts sharing key market insights and updates.

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#### **October 2025**

##### **Legislative Update & Breakfast CE**

**Dorothy Cociu** and **Marilyn Monahan** led an engaging **1-hour CE breakfast** where attendees received valuable updates on the *One Big Beautiful Bill Act* and its implications for California health insurance professionals.

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## Feature Article: Fiduciary Liability in 2026: How Plan Sponsor Employers, PBMs, TPAs, Brokers and Consultants May Now Potentially Be Subject to ERISA Fiduciary Liability

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

### The Issue: Fiduciary Liability, In General

In the benefits space, fiduciary liability for plan sponsors has been a growing concern over the past several years. Whether you're managing a pension plan or a health plan, ERISA fiduciary rules apply. In addition to the basics of ERISA and its Fiduciary Requirements, The Department of Labor put out Cybersecurity Guidance in 2021 and updated these in 2024, putting more compliance burden on fiduciaries, as well as requiring the Plan Fiduciaries to make their selections of vendors (including brokers and consultants) in a fair and equitable way, and to monitor those vendors. In addition, the Consolidated Appropriations Act stepped in with its Broker Compensation Disclosure Requirements in 2021, and the new round in 2026 (CAA 2026), clarifying that entities like TPAs and PBMs are also subject to the ERISA section 408(b)(2)(B) compensation disclosure requirements.

In addition, there has been plenty of activity in the Voluntary Benefits space, with ERISA litigation targeting employers, brokers and benefit consultants, putting them in jeopardy of increased litigation exposure.

Before I dig into all of this, I asked Marilyn Monahan of Monahan Law Office, an ERISA attorney, if she thought overall that employers really understand the full weight of fiduciary responsibility, and does it matter if they are fully insured or self-funded? "I believe almost all employers could benefit from more education on this topic," stated Marilyn. "I also think many employers would be unable to identify their plan's fiduciaries, and also unable to explain what it means to be a fiduciary under ERISA, and this is true for employers with either fully insured or self-funded plans. Although fiduciary responsibilities apply to both fully insured and self-funded plans, because an employer with a self-funded plan has more administrative involvement with the plan, it is likely that more situations will arise in which the employer will have to apply the fiduciary principles outlined in ERISA."

I also asked the same question of Chris Condeluci, ERISA Attorney and Washington Counsel for the Self Insurance Institute of America (SIIA), in a recent Zoom meeting interview on all of this. Chris responded: "I'd say as a whole, when it comes to the self-insured industry and all this, the number of self-insured plans and plan sponsors, the answer would be no. They don't understand the full weight of their fiduciary responsibility. And that's due in large part to, just like anything, most employers are doing what they do as employers. Organizations are trying to run an ongoing business and make money and, yes, selling widgets, making widgets, you know, all the stuff that

organizations and plan sponsors do out there. So, they're busy doing everything else, other than worrying about the cost of their health plan, notwithstanding the fact that the cost of their health plan is, you know, their top, if not second most sized liability that they have on their expense sheet. No, I do not think that they understand the full weight of their fiduciary responsibility."

What does all this mean to employer plan sponsors as well as their brokers? I'm going to attempt to break it down for you, and explain the new world of fiduciary liability. Before I do, I thought it best to summarize some of the most important historical events to frame the current state of fiduciary liability and what it means to all of us.

### Brief History/Background of ERISA and Fiduciary Responsibilities

Employee Income Retirement Security Act was signed into law on September 2, 1974 by then President Gerald R. Ford.

The goal of Title I of ERISA, according to the EBSA website, is to protect the interests of participants and their beneficiaries in employee benefit plans. Among other things, ERISA requires that sponsors of private employee benefit plans provide participants and beneficiaries with adequate information regarding their plans. This may be cumbersome for employers and brokers assisting them, but it provides for consistency and order within the administration of pension and health plans. It's important to keep in mind that those individuals who manage plans (and other fiduciaries) must meet certain standards of conduct, which is required of all fiduciaries. The law also contains detailed provisions for reporting to the government and disclosure to participants. And of course, there are civil enforcement provisions aimed at assuring that plan funds are protected and that participants who qualify receive their benefits. Protection of plan assets has been one of the most important aspects of ERISA.

The Employee Benefits Security Administration (EBSA) is responsible for administering and enforcing the fiduciary, reporting and disclosure provisions of Title I of the Employee Retirement Income Security Act of 1974 (ERISA). Until February 2003, EBSA was known as the Pension and Welfare Benefits Administration (PWBA). Prior to January 1986, PWBA was known as the Pension and Welfare

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## Fiduciary Liability, Continued from page 5

Benefits Program.

Because it's so massive and has so many implications, the administration of ERISA is divided among the U.S. Department of Labor, the Internal Revenue Service of the Department of the Treasury (IRS), and the Pension Benefit Guaranty Corporation (PBGC). Title I, which contains rules for reporting and disclosure, vesting, participation, funding, fiduciary conduct, and civil enforcement, is administered by the U.S. Department of Labor. Title II of ERISA, which amended the Internal Revenue Code to parallel many of the Title I rules, is administered by the IRS. Title III is concerned with jurisdictional matters and with coordination of enforcement and regulatory activities by the U.S. Department of Labor and the IRS. Title IV covers the insurance of defined benefit pension plans and is administered by the PBGC.

### ERISA Fiduciary Duties- Summary

There are four main fiduciary duties under ERISA: 1) the Duty of undivided loyalty to plan participants and beneficiaries (exclusive benefit rule), including acting for the sole purpose of providing benefits to plan participants, which includes the requirement that you must only pay reasonable plan expenses; 2) Duty of prudence (Prudent Man/Person Standard of Care). ERISA requires that plan fiduciaries must act with the care, skill, prudence, and diligence under the circumstances then prevailing, that any prudent person acting in a like capacity and familiar with such matters would use. What has now been added to these duties is an obligation to ensure "proper mitigation of cybersecurity risks." 3) Duty to diversify assets of the plan; 4) Duty to administer the plan in conformity with governing documents. The DOL understands and encourages plan fiduciaries to get help if and when they need it from experts.

The plan administrator is obligated to administer the plan in accordance with the plan terms. There is a fiduciary obligation when sponsoring an ERISA plan, which uses the "Prudent Man Rule," now referred to as the Prudent Person Rule. Simply stated, the Prudent Man Rule requires that the fiduciaries act in the best interest of the plan participants, and should act as any other prudent person would given similar circumstances. Plan assets can only be used for the benefit of plan participants and beneficiaries to offset certain plan expenses. There are Prohibited Transactions under ERISA; fiduciaries must identify "parties in interest" and transactions with them and ensure that any such transactions are compliant with ERISA.

Plans cannot discriminate among plan participants and beneficiaries. Failure to do so could result in the loss of stop loss coverage for self-funded plans, and could result in an employee complaint, and possible subsequent audit or litigation. In addition, fiduciaries must identify all service providers, determine if they are Business Associates under HIPAA Privacy Rules, and if so, execute a BA Agreement. Ser-

vice providers must be monitored and audited, as appropriate, and all compensation paid must be reasonable according to standard benchmarks. All contracts should be reviewed to ensure that the plan's interests are protected.

### DOL Steps into Cybersecurity Compliance

For an employer sponsoring an ERISA benefit plan, cybersecurity compliance matters because it's the legal standard, it is part of the Plan Administrator's fiduciary responsibility, it's an employer obligation – not an insurer or broker obligation, it's needed and expected to fix problems, be ready to respond to participant inquiries or complaints, as well as be ready in the event of a lawsuit. In addition, compliance matters so that you're prepared in the event of a DOL, IRS, or HHS/OCR audit, prepared in the event of a merger, or wish to be a hero to the CEO/CFO, and if self-funded, it is required to be complaint with stop loss requirements, to name a few reasons.

The DOL released their three sets of Cybersecurity Guidance in April, 2021 for plan fiduciaries, plan sponsors, recordkeepers and plan participants, and updated them in 2024. Why have they



released them? Without sufficient protections, the DOL stated with the release of the Guidance, "participants and assets may be at risk from both internal and external cybersecurity threats. ERISA requires plan fiduciaries to take appropriate precautions to mitigate these risks." In addition, "This much-needed guidance emphasizes the importance that plan sponsors and fiduciaries must place on combatting cybercrime and gives important tips to participants and beneficiaries on remaining vigilant against emerging cyber threats."

I asked Marilyn Monahan what she thought is the biggest lesson employers could learn about overall fiduciary requirements discussed in the cybersecurity guidance and in ERISA in general. "I think one of the most important takeaways from recent DOL guidance, new legislation passed by Congress, as well as recent court cases, is a reminder that both choosing and monitoring service providers are fiduciary functions," stated Marilyn.

### Summary of Cybersecurity Guidance for Plan Fiduciaries

#### Tips for Hiring a Service Provider with Strong Cybersecurity Practices

In the first of the 3-part guidance, the DOL focuses on tips for hiring service providers with strong cybersecurity practices. Business owners have a fiduciary responsibility under ERISA to prudently **select and monitor** service providers. *The guidance makes it clear that each plan sponsor must have a process in place for selecting your service providers.* This includes Brokers and Consultants, TPAs, PBMs and others. One question you need to ask them is if their "process" is completely documented? This should be made a part of your RFP process. Then plan sponsors

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## ***Fiduciary Liability, Continued From Page 6***

need to find out from the service provider how they monitor their electronic files and data and be sure that every step is completely documented. Plan sponsors/fiduciaries should monitor not only new service providers, but current providers as well.

The service provider or providers should have in place a recognized standard of information security and outside monitoring procedure. Do they have a documented standard of information security that tracks the who, how, why, when for everything they have in their possession? Lastly, plan sponsors should ask who is overseeing the process? Each service provider should assign an individual or team to oversee the process, and the employer/plan sponsor/fiduciary should be asking for details on this procedure (or procedures).



### ***Cybersecurity Program Best Practices***

The Guidance calls for a formal, well documented cybersecurity program. According to the DOL, a sound cybersecurity program identifies and assesses internal and external cybersecurity risks that may threaten the confidentiality, integrity or availability of stored non-public information. Under the program, the organization fully implements well-documented information security policies, procedures, guidelines and standards to protect the security of the IT infrastructure and data stored on the system.

A “prudently designed” program will protect the infrastructure, information systems and information in the systems from “unauthorized access, use, or other malicious acts by enabling the organization to identify the risks to assets, information and systems; protect each of the necessary assets, data and systems; detect and respond to cybersecurity threats; recover from the event, should one occur; disclose the event as appropriate; restore normal operations and services and quickly and efficiently as possible.”

### ***Online Security Tips***

The third of the three DOL Guidances provided online security tips. The guidance states that you can reduce the risk of fraud and loss to your retirement account (or other plans), if you follow their (and our) online security tips, including registering, setting up and routinely monitoring your online account, using strong and unique passwords, using multi-factor authentication, keeping personal contact information current, closing or deleting unused accounts, being wary of free wifi, being aware and taking efforts to eliminate or reduce phishing attacks, using antivirus software and keep apps and software current, and knowing how to report identity theft and cybersecurity incidents.

Of course, phishing attacks are aimed to trick you into sharing your passwords, account numbers, and sensitive information, which allow

the “bad actors” to gain access to your accounts. You should always be aware of these, and train your staff to be wary of messages that may look like it comes from a trusted organization, to lure you into clicking on a dangerous link or passing along confidential information.

This third set of guidance is an ideal document to provide to plan participants, to encourage them to protect their own electronic data.

## **Consolidated Appropriations Act Compensation Disclosure Requirements Summary- 2021 and 2026**

The Consolidated Appropriations Act, 2021 (the “CAA”) amended the Employee Retirement Income Security Act of 1974 (“ERISA”) to require “covered service providers” (“CSPs”) to furnish responsible plan fiduciaries with certain information about the services CSPs provide to ERISA plans and about the direct and indirect compensation they receive in connection with those services. CSPs were originally defined as vendors that provide certain consulting and brokerage services to ERISA plans.

Under ERISA, a responsible plan fiduciary must ensure that the services a CSP provides are necessary to operate the plan, and that the contract or arrangement for providing the services and the compensation paid are reasonable. This Disclosure of Compensation and Services (“Disclosure”) required by the CAA requires brokers and consultants, as required by the CAA’s amendment of ERISA, fully disclose all of the services it will provide to the Plan, as well as the direct and indirect compensation the broker or consultant will receive or reasonably expects to receive for those services in the coming plan year.

In early 2026, the DOL released the proposed regulations requiring PBMs to disclose up to 8 “types” of compensation streams to a self-funded group health plan in accordance with ERISA’s section 408(b)(2)(B) Compensation Disclosure requirements. The language requires a PBM to disclose to a group health plan, among other things, PBM payment practices including the receipt of rebates, price concessions, and “spread pricing,” along with the gross and net costs of prescription drugs in the PBM’s drug formulary, and other information like whether the PBM is dispensing covered drugs through PBM-owned pharmacies, mail-order, or specialty programs.

This also amended ERISA section 408(b)(2)(B) to delete the references to “Brokerage Services” and “Consulting,” and instead, clarified that any plan service provider that furnishes the “types of services” included in the statute’s enumerated “list of services” are subject to the 408(b)(2)(B) Compensation Disclosure requirements. This amendment is intended to confirm that (1) PBMs that perform “pharmacy benefit management services” and (2) TPAs that perform “third-party administrative services” (both of which are “types of services” included in the statute’s enumerated “list of services”) are required to disclose “direct” and “indirect” compensation to a plan’s fiduciary in accordance with ERISA section 408(b)(2)(B).

*These regulations require a PBM to pass through 100% of the rebates paid to the PBM by a drug manufacturer to the plan itself.*

In 2026, through the enactment of Consolidated Appropriations Act of 2026 (“CAA 2026”), Congress confirmed that **any** entity providing services to a self-insured group health plan must disclose “direct” and “indirect” compensation that this entity receives when providing ser-

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## Fiduciary Liability, Continued From Page 7

vices to the plan, including and specifically mentioning, Third Party Administrators (TPAs) and Pharmacy Benefit Managers (PBMs). This was a result of a House Committee with jurisdiction over ERISA explicitly telling the Department in 2022 that Congress *always intended* to impose ERISA section 408(b)(2)(B)'s Compensation Disclosure requirements on PBMs and TPAs that provide the following services:

- Negotiating prescription drug or medical rates.
- Developing a prescription drug or medical provider network.
- Processing prescription drug or medical claims.
- Maintaining records relating to prescription drug or medical claims.



Recently, the Self-Insurance Institute of America provided comments to the proposed ERISA Section 408(b)(2)(B) Compensation Disclosure Requires recommending that the Department also make clear in regulations that any entity, not just TPAs, that provide the services listed above, must disclose the specified compensation streams in an ERISA section 408(b)(2)(B) disclosure.

This means that employer plan sponsors will start receiving not only annual Broker Compensation Disclosures, but also disclosures from TPAs and/or PBMs, and perhaps additional entities, if the final rules should include other entities besides TPAs and PBMs.

There were actually two separate actions on PBM reform, the CAA 2026 provisions, as well as H.R. 7148; Pub. Law No. 119-75 (02/03/2026), which is effective for plan years beginning on/after 30 months from enactment (January 1, 2029, for calendar year plans). It prohibits contractual restrictions on disclosures in PBM contracts, adds PBM reporting requirements (every 6 months); adds employee notice requirements, requires pass-through pricing and prohibits spread pricing, and expands CAA 2021 compensation disclosure rules. *They included enforcement language, with DOL penalties of \$10,000 per day.*

I asked Marilyn Monahan if she would comment overall on the law's impact on fiduciary requirements under the CAA, including new clarifications that TPAs and PBMs are subject to CAA compensation requirements? Marilyn responded: "The Consolidated Appropriations Act, 2021 (CAA 2021) contained new disclosure requirements. These new requirements place an obligation on covered service providers (including those providing both brokerage and consulting services) to disclose to plan fiduciaries the services they perform and the compensation they receive. The intent of this new disclosure requirement is to ensure that plan fiduciaries make an informed decision when choosing and monitoring service providers, so that plan fiduciaries can satisfy their fiduciary obligations under ERISA and address the prohibited transaction rules contained in the law. The disclosure requirements in the CAA 2021 were modified this year through the Consolidated Appropriations Act, 2026 (CAA 2026) to expand the categories of covered service providers that must make these disclosures, to ensure that both TPAs and PBMs provide the necessary information. Increased reporting requirements emphasize the need for plan fiduciaries to make informed decisions about the service providers they are retaining and the costs they are incurring."

I also discussed this with Chris Condeluci. We started with comparing the

CAA 2021 to CAA 2026.

"You can quote me on this," said Chris. "*As time goes on, I'm very disappointed in CAA 2021.* It was not well drafted. And it certainly has not been implemented by the federal departments. And it has been resisted by the stakeholders in the industry to which the CAA was intended to change their behavior. And, you know, that resistance is in those stakeholders' best and their own financial interests, which, sadly is selfish."

In general, the CAA 2021 called for a lot of transparency. Broker Compensation was one part of it. But it also brought requirements and obligations of Plan Fiduciaries to monitor their service providers and attest to certain information, such as what is required in the RxDC Reporting and Gag Clause Attestation reporting. The primary purpose of the Consolidated Appropriations Act, 2021 (CAA) Gag Clause Reporting (officially the Gag Clause Prohibition Compliance Attestation or GCPCA) is to ensure that health plans and insurance issuers do not enter into contracts that restrict the sharing of crucial cost, quality, and claims data. Plan sponsors were and are required to attest that all of their contracts, including downstream contracts that they had no control over, do not enter into contracts that restrict the sharing of that cost, quality, and claims data.

Chris continued: "You know, again, I'm pragmatic. I get it. You know, people will interpret the law that is most favorable to their position, and unfortunately, those stakeholders that are interpreting the law most favorable to their position and those stakeholders to which the CAA was targeting have so much greater negotiating power over, for example, plan sponsors and the plan fiduciaries who are helping the plan sponsor operate their plan. That plan sponsor can never win in any said negotiation and effectively get the plan information and plan data that those plan sponsors need satisfy their position they need."

Chris also commented on the lack of enforcement in the CAA 2021 and what the CAA 2026 might be able to accomplish. "The fact is that Stakeholders have interpreted the way that they wanted to interpret it... The CAA26 at least tried to take another bite at the apple, at least as it relates to the compensation disclosure requirements, to say, hey, stakeholders who we, Congress, were intending to go after here, you were misinterpreting the law, and we now are forced to go back to amend the statute to clarify and confirm that you are indeed subject to this and that your interpretation prior to this amendment was wrong and going forward, you're subject to it. Now, sadly, Congress was not as explicit as they could and should have been in CAA26... I even drafted language, I and others, collectively drafted language that was way more explicit in making sure that stakeholders and service providers knew how and when and why they were subject to the compensation disclosure requirements. They didn't use that language, but they at least used language that clarifies that any service provider is subject to the compensation disclosure rules that perform services listed in the statute."

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I asked Chris if he thought additional guidance is forthcoming. “I think now the departments, in particular, the Department of Labor, knows that they have to issue clarifying guidance telling all of these stakeholders, if you perform these particular services that are listed in the statute, you are subject to the compensation disclosure requirements. It’s long overdue, unfortunately, but we’re moving in the right direction.”

I asked Marilyn Monahan why is this reform on PBMs is important for plan sponsor fiduciaries? “Many people are concerned that prescription drug prices are too high, and are also concerned that plans are not able to take full advantage of rebates and other options that might bring drug prices down,” Marilyn stated. “The high prices impact participants and beneficiaries, resulting in drugs being either too expensive or unavailable, while also fueling higher premium rates. The goals of the proposed PBM reforms are to increase transparency (so plans can make better decisions about product offerings and costs), and to limit industry practices which are thought to keep prices high.”

I also asked Chris Condeluci about the PBMs mentioned in the 2026 legislation and regulations, and why is this so important for plan-sponsored fiduciaries to pay attention to, and what’s this all about in a nutshell for employers? “In general, you know, just well-known block-letter law requirement under ERISA that says, *plan sponsors must monitor their plan service providers*. Plan sponsors *must also only pay their service providers reasonable compensation*. These disclosures are intended to show or tell the plan sponsor or give the plan sponsor the ability to evaluate whether the compensation that they are paying, the plan is paying to that service provider, is indeed reasonable. Right now, they don’t have that information to determine whether that compensation is reasonable.

Again, the point of CAA 2021, and now reframed with more detail and inclusion in CAA 2026, is more disclosure, more transparency of fees. Chris and I discussed the PBM issue in the forefront of the industry and these regulations.

“We all know that *there’s a lot of money that splashes around in the prescription drug supply chain*, and that money splashing around is opaque is shrouded, and again, due to the opacity and this information being shrouded, coupled with the general rule that fiduciaries have to pay reasonable compensation, is motivating the Department to get out rules specific to this area, and the hope is that this will lower cost, because all the money that has been splashing around is not reasonable.”



I also asked Chris what he can say in general, about third-party administrators and their responsibilities under CAA 2026?

“First, under the proposed reg that applies to entities providing pharmacy benefit management services, those regs apply to any entity

providing pharmacy benefit management services, which could include a TPA,” stated Chris. “So, a TPA could contract with a self-insured plan to perform what is defined in the reg as pharmacy benefit management services. So, in that regard, TPAs are subject to that reg and the disclosure requirements. Now again, that reg is specific to Pharmacy Benefit Management Services.”

Chris continued: “If I’m a TPA and I’m not performing Pharmacy Benefit Management Services, then I am not subject to that reg. Now, CAA 26, the amendment to 408 (b)(2)(B), which is the statute, was intended to confirm that TPAs providing any of the services that are listed in the statute, which could be Pharmacy Benefit Management Services, which could be third-party administrative services, which could be a price transparency tool, which could be cost-sharing or cost-savings or cost-management services. *So, if you’re a TPA and you’re performing those services, CAA 26 now says that you are subject to the general compensation disclosure rules that you find in 408(b)(2)(B), which is the statute.*”

He concluded “That’s somewhat different than the reg because it’s specific to pharmacy benefit management services, but could include TPAs, should you be performing those services. But if you’re not performing those services, you’re subject to 408(b)(2) (b) if you perform third-party administrative services, cost containment services, transparency tool services, and other services in the statute.

Now the last thing I’ll say is going back to the DOL, and hopefully they will start taking a page out of what they just did, and they will use the pharmacy benefit management services reg as a template and replace pharmacy benefit management services with other [service providers]. Third-party administrative services and have a reg. Maybe they’ll do the same thing for cost containment management service provider in a separate reg. Stop-loss insurance, separate reg. Price transparency, separate reg. Or maybe they’ll now come up with a full reg that has silos for each of those services.”

I asked Chris if he thinks that plan sponsors can act prudently and evaluate plan contributions and out-of-pocket costs properly if they aren’t given access to that complete and accurate claims data that he was talking about earlier? “If they’re not given access to a complete and accurate set of claims data and pricing information and other plan information, then no, I do not think that they can act prudently,” stated Chris. “They do not have the ability to evaluate that plan information to then determine whether they are prudently administering the plan. They do not have the opportunity to evaluate that information, to know whether they’re keeping health plan costs low or whether they know that they could take certain actions that will ultimately result in keeping health plan costs low, which, again, are all fiduciary obligations. So, if they do not have access, they cannot

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do that. And therefore, if they don't have the access, which we've discussed, then that plan sponsor is exposed to fiduciary liability, which is arguably worn out by the lawsuits, whether they succeed on the merits or not is a different conversation to have. But needless to say, they are definitely exposed to claims of fiduciary liability and lawsuits that the plan sponsor breached their fiduciary liability or breached their fiduciary duties. But if the plan sponsors did have access, even if those lawsuits would continue to come, the plan sponsor could at least, I would argue insulate themselves from potential liability because they have the data. Now they have to evaluate it. They can't just have the data and put it in the drawer, but they need it first to then make it actionable, evaluate it, analyze it, which is all in accord with the rest of fiduciary duties. But if they don't have it, they can't even do that."

### Recent Fiduciary Lawsuits of Interest of Plan Sponsors

In my last question to Chris, I asked overall, if he thinks that there are going to be more lawsuits in the future or less related to fiduciaries? "I think there will be more lawsuits," he stated. "And forgive me as I say this, and you could even quote me on it, *part of me wishes that there are going to be more lawsuits*. And the reason why I say that is the government is not enforcing these rules and or Congress and the federal departments are not promulgating or enacting legislation that puts more teeth behind existing rules and or comes up with new rules to give plan sponsors access to complete accurate information, then the only other way that things are going to change is through litigation. *As a policy guy and as a government guy and as a regulatory guy, I don't like litigation*. I don't want the tail to wag the dog, so to speak. I'd rather there be enforcement. I'd rather Congress to act. I'd rather the federal departments to act. *But if they ain't acting, let litigation change.*"

Chris provided me with cases that SIIA referred to in their recent Comments In Response to the Proposed ERISA Section 408(b)(2)(B) Compensation Disclosure Regulations (RIN 1210-AB37), submitted to EBSA/DOL on April 15, 2026. Taken (with permission) from their footnotes, the following cases on fiduciary liability: "For example, a series of lawsuits have been filed by participant-employees against self-insured plan sponsors claiming that these plan sponsors breached their ERISA fiduciary duties for making decisions – and not making decisions – relating to the cost of certain covered prescription drugs. See [Lewandowski v. Johnson & Johnson, No. 3:24-cv-00671](#) (filed in Feb. 2024, dismissed for lack of standing and never ruled on the merits); see also, [Navarro v. Wells Fargo & Co., No. 0:24-cv-03043](#) (filed July 2024, dismissed for lack of standing and never ruled on the merits). Another employee-participant lawsuit claimed that the plan sponsor failed to, among other things, actively negotiate for lower prices for covered benefits. See [Barbich & Lindvall v. Northwestern University, et al., No. 25-cv-6849](#) (filed June 2025, still pending). Without access to a complete and accurate set of claims data, plan sponsors cannot act prudently and analyze and evaluate how much the plan and its participants should be paying for medical items and services and prescription drugs, thereby



exposing plan sponsors to similar lawsuits that may or may not succeed on procedural grounds or on the merits."

### Voluntary Plans and Fiduciary Exposure to Employers, Brokers, Consultants

We've traditionally thought of Fiduciary Liability and Responsibility as belonging to plan sponsors under ERISA. However, recently ERISA litigation has crossed over to the Voluntary Benefits space, and this has shined a light on fiduciary best practices, good governance procedures and prohibited transactions. In some of these cases, newly filed suits allege that employers and their benefit consultants (brokers) breached ERISA fiduciary duties and engaged in prohibited transactions. The lawsuits claim that by failing to prudently monitor cost, including excessive consultant commissions, the plaintiffs feel that brokers should be treated as fiduciaries under ERISA.

Some of the recent cases include [Laboratory Corporation of America Holdings](#), [United Airlines](#), [CHS/Community Health Systems](#), and [Allied Universal](#). These lawsuits named the fiduciaries from each of these companies and their insurance brokers/consultants ([Willis Towers Watson](#), [Mercer](#), [Gallagher and Lockton](#)) and all are very similar in nature and scope. All state that voluntary benefit programs are ERISA plans and allege that *employers and their benefits brokers are plan fiduciaries* and that they violated their duties by *failing to monitor, negotiate and ensure prudent and reasonable selection of insurance carriers for the voluntary benefits, and in doing so, failed to ensure prudent and reasonable broker commissions, insurance loss ratios, and premiums for the voluntary benefits*. There was *no specific fiduciary process to monitor and control premiums and broker fees/commissions, and that they failed to use competitive bidding or leverage group sizes to reduce premiums and commissions, and failed to monitor the performance of their brokers, including failing to have a prudent process in place to evaluate the voluntary benefits and premiums, loss ratios and commissions*. Further, the lawsuits claim that employers and brokers violated prohibited transactions rules. *The lawsuits are attempting to hold the employers and their brokers personally liable for all plan losses, as well as remove the plan fiduciaries who breached their duties*.

I asked Marilyn Monahan of Monahan Law Office, what her overall (general) thoughts were on this, as it relates to ERISA fiduciary status, and if she thinks brokers are in jeopardy here? "Brokers need to understand what their responsibilities are to the client so that they are satisfying the standard of care for an insurance broker in California, and also understand when they might be deemed a fiduciary of the employer's plan under ERISA," responded Marilyn. "Typically, a broker will not want to take any steps, or perform any services, that could result in a determination that they are a fiduciary. (I would also note that their errors and omissions policy may not cover them when

*Continued on Page 11*

## Fiduciary Liability, Continued From Page 10

performing fiduciary functions.) Education on these points is essential. At the same time, brokers should ensure that they are satisfying the new disclosure requirements imposed by CAA 2021 and CAA 2026, so that they are giving the plan administrator the tools it needs in order to make prudent decisions when hiring and monitoring service providers.”

There is a Voluntary Benefit Program Safe Harbor Exemption under ERISA. I asked Marilyn Monahan to share how a voluntary program qualifies for the safe harbor exemption? “If a benefit satisfies the DOL’s voluntary plan safe harbor, they it will not be deemed subject to ERISA,” stated Marilyn. “A voluntary plan is one under which:

1. No contributions are made by an employer or employee organization;
2. Participation in the program is completely voluntary for employees or members;
3. The sole functions of the employer or employee organization with respect to the program are, without endorsing the program, to permit the insurer to publicize the program to employees or members, to collect premiums through payroll deductions or dues checkoffs and to remit them to the insurer; and
4. The employer or employee organization receives no consideration in the form of cash or otherwise in connection with the program, other than reasonable compensation, excluding any profit, for administrative services actually rendered in connection with payroll deductions or dues checkoffs.

Whether or not the plans involved in the above lawsuits meet the safe harbor exemption remains to be seen, as well as the arguments from the defense. But the bottom line is, **there is a risk not only to employers, but also their brokers and others who may violate ERISA prudent person and prohibited transaction rules.** With the new CAA 2026 rules and guidance, and more future guidance expected, covering perhaps some of the points that Chris Condeluci discussed, **there will be an increasing risk to employer plan sponsors and their brokers/consultants, TPAs, PBMs and other service providers in the coming weeks, months and years.**

The DOL provided very specific guidance in their 2021/2024 cybersecurity guidance that if followed, should help all to create the prudent process for competitive and fair bidding and selection of brokers and consultants, as well as other service providers, and gave specific instructions on the requirement for ongoing service provider monitoring. I know that I personally created a complete retail package on the requirements and processes back in 2023, and have written various articles and included in numerous seminars, webinars and other speaking engagements for employer plan sponsors, health benefits brokers and consultants, and other industry personnel.

The writing is on the wall. Fiduciary liability is real, and lawsuits are happening frequently. Will your company, Mr. Plan Sponsor, or your Benefits Broker/Consultant’s company, be the next involved in an ERISA Fiduciary

Lawsuit? Remember, it’s all preventable. There is information available and there are tools to help you out there. It’s up to you if you want to do the work to be compliant. ##

*Editor’s Note: This article was edited, reduced in size, from it’s original form, to fit into the COIN.*

*Author’s Note: I’d like to thank Marilyn Monahan and Chris Condeluci, both extremely busy ERISA attorneys, for their assistance with this article, and thanks to Chris for sitting down with me in a recent interview to discuss these issues. Marilyn can be reached at [marilyn@monahanlawoffice.com](mailto:marilyn@monahanlawoffice.com), and Chris can be reached at [ccondeluci@sjia.org](mailto:ccondeluci@sjia.org). I can be reached at [dmcociu@advancedbenefitconsulting.com](mailto:dmcociu@advancedbenefitconsulting.com).*

## Golf Tournament Photos 2026





# 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. We begin with some important deadlines producers and employers in California need to calendar:

#### UPCOMING DEADLINES

**San Francisco: Health Care Security Ordinance (HCSO):** The 2025 Annual Reporting Form (ARF) for the Fair Chance Ordinance (FCO) and Health Care Security Ordinance (HCSO) is due on Friday, **May 1, 2026**. The form is filed with the Office of Labor Standards Enforcement (OLSE).

**California Pay Data Reporting:** Pay data reports for reporting year 2025 are due **May 13, 2026**. The reports contain pay, demographic, and other workforce data and are filed annually with the California Civil Rights Department (CRD).

Every private employer with 100 or more payroll employees, at least one of whom is a California employee, is required to file a payroll employee report with the CRD annually. In addition, every private client employer with 100 or more labor contractor employees, at least one of whom is a California employee, is required to file a labor contractor employee report with the CRD annually.

Last year, Governor Newsom signed S.B. 464, which alters the pay data reporting requirements. Some changes took effect January 1, 2026, and some take effect January 1, 2027.

Separately, the Equal Employment Opportunity Commission (EEOC) requires all private sector employers with 100 or more employees, and federal contractors with 50 or more employees meeting certain criteria, to submit workforce demographic data, including data by job category and sex and race or ethnicity, to the EEOC (the EEO-1 Component 1 Report). The EEOC will announce a filing window for the report due in 2026.

**2025 Forms 1094/1095-C:** To track compliance with Califor-

### HIPAA/HHS/OCR Updates

There were a couple of newsworthy HIPAA Enforcement activities since the last issue. First, on **February 20, 2025**, the **HHS Office for Civil Rights Imposed a \$1,500,000 Civil Money Penalty Against Warby Parker in HIPAA Cybersecurity Hacking Investigation**, following the receipt of a breach report regarding the unauthorized access by one or more third parties to customer accounts.

*The Cyberattack resulted in unauthorized access to the protected health information of nearly 200,000 individuals.*

Warby Parker, Inc., is a manufacturer and online retailer of prescription and non-prescription eyewear.

OCR enforces the [HIPAA Privacy, Security, and Breach Notification Rules \(the HIPAA Rules\)](#), which set forth the requirements that covered entities (health plans, health care clearinghouses, and most health care providers), and business associates must follow to protect the privacy and security of protected health information (PHI). The HIPAA Security Rule establishes national standards to protect individuals' electronic PHI (ePHI) that is created, received, used, disclosed, maintained, or transmitted by a covered entity. It also requires appropriate administrative, physical, and technical safeguards to ensure the confidentiality, integrity, availability, and security of ePHI. The civil money penalty resolves OCR's investigation concerning this breach investigation.

"Identifying and addressing potential risks and vulnerabilities to electronic protected health information is necessary for effective cybersecurity and compliance with the HIPAA Security Rule," said OCR Acting Director Anthony Archeval. "Protecting individuals' electronic health information means regulated entities need to be vigilant in implementing and complying with the Security Rule requirements before they experience a breach."

In December 2018, OCR initiated an investigation following receipt of a breach report filed by Warby Parker. The report stated that in November 2018, Warby Parker became aware of unusual, attempted log-in activity on its website. Warby Parker reported that between September 25, 2018, and November 30, 2018, unauthorized third parties gained access to Warby

## Legal Briefs, Continued from page 12

nia's individual health coverage mandate, the Franchise Tax Board (FTB) requires employers and insurers to file with it the Forms 1094/1095. If the employer has a fully insured plan and the insurer files the Forms 1094/1095-B, the employer does not have to file anything with the FTB. However, if the employer has a self-funded plan, the employer must file the Forms 1094/1095-C with the FTB as well as the IRS. The filing deadline this year to file with the FTB is **May 31, 2026**. After that date, the FTB may assess a penalty of \$50 per employee who was provided health coverage. Employers filing 10 or more forms must file electronically.

**RxDC Reporting:** RxDC reporting—an annual reporting requirement added by the Consolidated Appropriations Act, 2021 (CAA 2021)—is due **June 1, 2026**. The annual report includes data relating to the “reference year.” The reference year “is the calendar year immediately preceding the year in which the RxDC report is due. The RxDC report for the 2025 reference year, which is due in 2026, should contain information based on what happened in calendar year 2025.”

The Reporting Instructions were updated in February 2026. Regarding the Reporting Instructions, CMS states that, “There are no changes from the previous version other than updating the reference year from 2024 to 2025, and minor non-substantive clarifications.”

Employers with both fully insured and self-funded plans are required to report. However, if an employer has a fully insured plan and the carrier reports all required information, the employer does not have to report.

**Patient Centered Outcomes Research Institute (PCORI) Fee:** Each year, plan sponsors of self-funded health plans must file with the IRS Form 720, and pay the applicable PCORI fee, on or before **July 31**. The filing deadline is not based on the plan year—this year, everyone must file on or before **July 31, 2026**. Be certain to use the most up-to-date version of the Form 720 when filing. The PCORI fee mandate will be in effect through 2029.

The PCORI fee adjusts each year. For policy and plan years ending:

- after September 30, 2025, and before October 1, 2026, the applicable dollar amount is \$3.84
- after September 30, 2024, and before October 1, 2025, the applicable dollar amount is \$3.47

**Form 5500:** The Form 5500 must be filed by the last day of the 7<sup>th</sup> month after the end of the plan year. For calendar year

plans, that means that this year the Form 5500 must be filed by **July 31, 2026**. Plan sponsors may obtain a one-time extension of up to 2 1/2 months if they file a Form 5558 on or before the normal due date for the Form 5500.

**Summary Annual Report (SAR):** The Summary Annual Report (SAR) must be distributed by the last day of the 9<sup>th</sup> month after the end of the plan year (**September 30, 2026**, for calendar year plans that did not request an extension of time to file their Form 5500).

**Minimum Wage:** Effective **July 1, 2026**, various municipalities in California are increasing their minimum wage. Some municipalities have announced their new minimum wage, other municipalities had not announced the new rate as of the date this summary was prepared for publication.

Communities with minimum wage increases include the City of Los Angeles (\$18.42; different rates apply for hotel workers), the County of Los Angeles (\$18.47), Alameda (not announced), Berkeley (not announced), Emeryville (not announced), Fremont (\$18.05), Malibu (\$17.91), Milpitas (not announced), Pasadena (not announced), San Francisco (\$19.61), Santa Monica (not announced), and West Hollywood (\$20.87 for hotel workers).

The minimum wage may be higher for workers in certain industries, either because of a higher state minimum (such as the applicable minimum for certain health care and fast-food workers) or because of a higher local minimum wage for those industries (such as hotel workers in the City of Los Angeles).

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

### **FEDERAL: UPDATES**

**2027 Cost-of-Living Adjustments:** The Department of Health and Human Services (HHS) issued, as it does each year, a Notice of Benefit and Payment Parameters. This notice includes, for 2027, the out-of-pocket maximums on cost-sharing amounts allowed by the Affordable Care Act (ACA). The new limits are:

- Individual coverage: \$12,000 (\$10,600 for 2026)
- Family coverage: \$24,000 (\$21,200 for 2026)

*Continued on page 14*

## **Legal Briefs, Continued from Page 13**

**The One Big Beautiful Bill (OBBB):** New guidance continues to emerge from the Internal Revenue Service (IRS) to help employers and individuals comply with the OBBB. In the coming months, we are anticipating further guidance on Trump Accounts, No Tax on Overtime, and the Section 45S Employer Credit for Paid Family and Medical Leave.

In April, the IRS issued an updated Publication 5993, which includes a template for an Educational Assistance Program under section 127 of the Internal Revenue Code (IRC). To set up an educational assistance program, the employer must have a written plan document and satisfy other standards as well. The IRS has also updated the FAQs it has posted on its website, but has not updated the governing regulations (26 C.F.R. §§ 1.127-1 & 1.127-2).

With regard to Trump Accounts, on April 6<sup>th</sup>, the Treasury Department announced the following: “The U.S. Department of the Treasury today announced that it has designated The Bank of New York Mellon Corporation (“BNY”) as a financial agent of the U.S. government to support implementation of the new Trump Accounts program. Under this designation, BNY will manage the initial accounts and help develop the new Trump Accounts app — a secure, user-friendly platform that will enable families to easily access and manage their accounts. [¶] As part of this process, BNY has partnered with Robinhood, which will serve as brokerage and initial trustee for Trump Accounts. Together, these partners will support Treasury’s goal of ensuring every eligible child can access a Trump Account quickly and easily.”

With regard to the No Tax on Tips provision in the OBBB, final regulations were issued on April 10<sup>th</sup>, and this is essential information for both employees and employers. To be eligible for the No Tax on Tips deduction, an individual or employee must work in a “qualified occupation.” What is a “qualified occupation”? The OBBB defines a qualified occupation as an “occupation that customarily and regularly received tips on or before December 31, 2024.” The final regulations define which occupations qualify and also define “qualified tips.”

The qualified occupations fall into 8 categories: Beverage and Food Service (100s), Entertainment and Events (200s), Hospitality and Guest Services (300s), Home Services (400s), Personal Services (500s), Personal Appearance and Wellness (600s), Recreation and Instruction (700s), and Transportation and Delivery (800s).

The regulations identify specific occupations within these 8

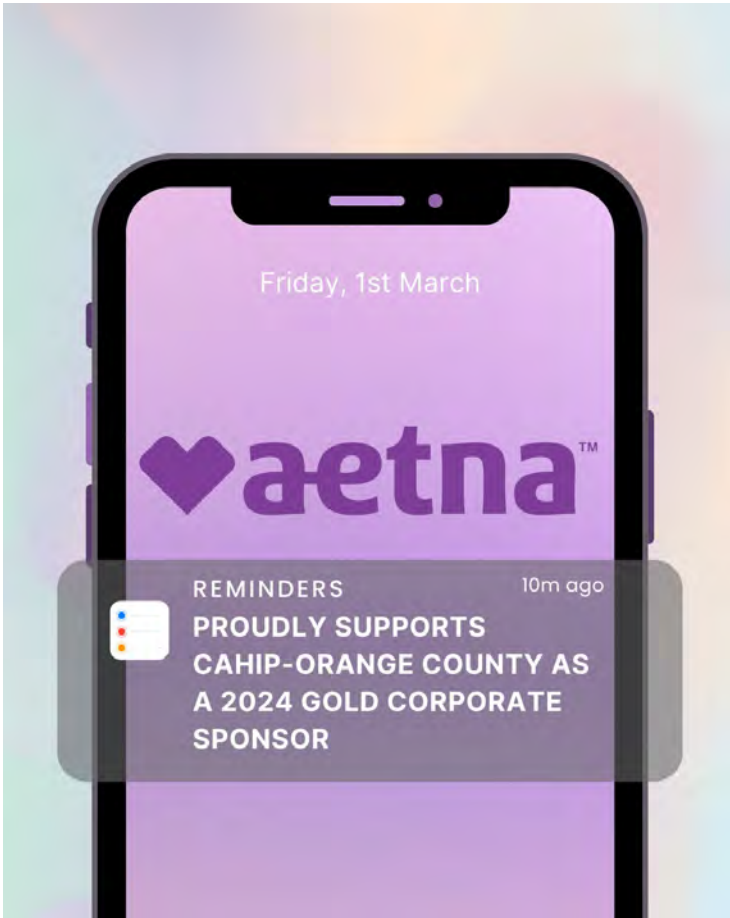
categories and assign a 3-digit code to each (the “List of Occupations that Receive Tips”). Not only do individuals and employees need to know if they are in a qualified occupation in order to ask for the deduction, employers need to know this information—as well as the codes—so they can track the relevant data and report it on the Form W-2.

**Proposed Regulations:** In addition to developing guidance on various provisions in the OBBB, in the past year the federal government has issued other proposed regulations that should be of interest to employee benefit professionals. Producers and employers should watch for the issuance of final rules, which may occur in 2026. These regulations include:

- **Transparency in Coverage:** Machine-Readable Files (MRFs): Proposed regulations were issued on December 23, 2025 (90 Fed. Reg. 60432). These proposed regulations would modify the content and format of the MRFs that plans and issuers have been required to post since the issuance of the Transparency in Coverage (TIC) Final Rule.
- **Transparency into PBM Fee Disclosures:** These proposed regulations—issued on January 30, 2026 (91 Fed. Reg. 4348)—would require covered service providers to make specified disclosures to self-funded plans.
- **HIPAA Security Rule:** On January 6, 2025, proposed regulations were issued that would require extensive changes to the HIPAA Security Rule (90 Fed. Reg. 898). The regulations would increase cybersecurity protections for ePHI by revising cybersecurity guidelines, best practices, methodologies, procedures, and processes. When designing the proposals, the government looked at common deficiencies the Office for Civil Rights (OCR) has observed in investigations into Security Rule.
- **Notice of Benefit and Payment Parameters for 2027 and Basic Health Program:** On February 22, 2026, HHS issued a set of proposed regulations (91 Fed. Reg. 6292) that would make significant changes to Marketplace coverage. The proposed changes include strengthened standards of conduct for and administrative actions against noncompliant agents, brokers, and web-brokers; a prohibition on issuers from including routine non-pediatric dental services as an Essential Health Benefit (EHB); cost-sharing changes for catastrophic and individual market bronze plans; standards for multi-year contract terms for catastrophic plans; and updates that would align existing rules to the OBBB.

**Department of Labor (DOL) Enforcement Projects:** The DOL has

*Continued on page 15*



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**Legal Briefs, Continued From Page 14**

announced its enforcement projects for 2026. As employers plan compliance priorities for the year, they should consider these DOL health and welfare plan priorities:

- **Cybersecurity:** This DOL project addresses the growing risks cyberattacks pose to employee benefit plans and participants by promoting best cybersecurity practices for plans and service providers. The DOL states that this project builds on cybersecurity guidance issued in 2021 and updated in 2024.
- **Barriers to Mental Health and Substance Use Disorder Benefits:** This project focuses on targeting the most serious violations by plans and service providers that block participants and beneficiaries from accessing their promised mental health and substance use disorder benefits. The DOL states that this “project aligns with the priorities in Executive Order 14212, ‘Establishing the President’s Make America Healthy Again Commission,’ and builds on recent enforcement work under the Mental Health Parity and Addiction Equity Act.”
- **Surprise Billing:** The DOL’s work in this area centers on

enforcing the protections under the No Surprises Act (NSA), which prevents participants and beneficiaries from receiving unexpected medical bills in certain situations. The DOL will review whether plans and issuers are following the prudent layperson standard, applying in-network cost-sharing charges to services protected under the NSA, providing proper notices and disclosures, complying with prior authorization rules, and meeting payment timelines.

**Field Assistance Bulletin No. 2026-01:** On April 14, 2026, the Employee Benefit Security Administration (EBSA) issued a Field Assistance Bulletin outlining its “Guiding Principles for EBSA Enforcement Priorities.” The bulletin states that, “These priorities and principles are designed to ensure that EBSA’s enforcement is fair, even-handed, responsive, and focused.”

##

*Editor’s Note: See Marilyn’s ad on page 16. Marilyn can be reached at [marilyn@monahanlawoffice.com](mailto:marilyn@monahanlawoffice.com).*

## NABIP Professional Development



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



### Golf Tournament Photos 2026

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## HIPAA/HHS/OCR Updates, Continued from Page 12

Parker customer accounts by using usernames and passwords obtained from other, unrelated websites that were presumably breached. This type of cyberattack is often referred to as “credential stuffing”. In September 2020, Warby Parker filed an addendum to its December 2018 breach report, updating the number of individuals affected by the breach to 197,986. The compromised ePHI included customer names, mailing addresses, email addresses, certain payment card information, and eyewear prescription information. Warby Parker also filed subsequent breach reports (each breach report affecting fewer than 500 persons) in April 2020, and June 2022, following similar attacks.

OCR’s investigation found evidence of three violations of the HIPAA Security Rule, including a failure to conduct an accurate and thorough risk analysis to identify the potential risks and vulnerabilities to ePHI in Warby Parker’s systems, a failure to implement security measures sufficient to reduce the risks and vulnerabilities to ePHI to a reasonable and appropriate level, and a failure to implement procedures to regularly review records of information system activity.

In September 2024, OCR issued a Notice of Proposed Determination seeking to impose a \$1,500,000 civil money penalty. Warby Parker waived its right to a hearing and did not contest OCR’s imposition of a civil money penalty. Accordingly, in December 2024, OCR imposed a civil money penalty of \$1,500,000.

The Notice of Proposed Determination may be found at:

<https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/warby-parker-npd/index.html>

The Notice of Final Determination may be found at: <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/warby-parker-nfd/index.html>

The second case I’d like to report was announced on **April 23, 2026, when HHS’ Office for Civil Rights Settled Four HIPAA Security Rule Ransomware Investigations.**

*OCR Resolves Investigations from Ransomware Breaches that Affect Over 427,000 Individuals*

The U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) announced settlements with four regulated entities following separate ransomware investigations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule. Ransomware is malicious software that blocks access to data—typically by encrypting it with a key known only to the attacker—until a ransom is paid. The resolutions announced mark 19 completed investigations from ransomware breaches and 13 completed investigations in OCR’s Risk Analysis Initiative.

“Hacking and ransomware are the most frequent type of large breach reported to OCR,” said **OCR Director Paula M. Stannard**. “Proactively implementing the HIPAA Security Rule before a breach or an OCR in-

vestigation not only is the law but also is a regulated entity’s best opportunity to prevent or mitigate the harmful effects of a successful cyberattack.”

The settlements follow investigations into separate ransomware breaches that collectively affected over 427,000 individuals and involved the exposure of unsecured ePHI. The types of ePHI affected include demographic data, Social Security numbers (SSNs), financial information, lab results, medications, and diagnoses or conditions. Under the settlements, the regulated entities have agreed to implement corrective action plans subject to OCR monitoring for two years and paid a total of \$1,165,000 to OCR.

The announcement covers settlements with the following regulated entities:

**Regional Women’s Health Group, LLC (“RWHG”), doing business as Axia Women’s Health**, is a network of women’s health care providers in New Jersey, Pennsylvania, Ohio, Indiana, and Kentucky. The ransomware breach affected 37,989 individuals. In addition to committing to corrective actions, RWHG paid \$320,000 to OCR.

**Assured Imaging Affiliated Covered Entities (“Assured Imaging”)** is a medical imaging and screening service provider with corporate headquarters in Arizona and California. The ransomware breach affected 244,813 individuals. In addition to committing to corrective actions, Assured Imaging paid \$375,000 to OCR.

**Consociate, Inc., doing business as Consociate Health (“Consociate”)** is a third-party administrator of employee-sponsored benefit programs that provides health plan administration, plan analytics and consulting services to HIPAA covered entities as a business associate. Approximately 136,539 individuals were affected by the ransomware breach. OCR’s investigation determined that Consociate had failed to conduct an accurate and thorough risk analysis to determine the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held by Consociate. In addition to committing to corrective actions, Consociate paid \$225,000 to OCR.

**Star Group, L.P. Health Benefits Plan (“SG Health Plan”)** is the self-funded employee benefits plan of a Connecticut-based energy provider. About 9,316 individuals were affected by the ransomware breach. Affected ePHI included names, addresses, dates of birth, SSNs, and health insurance information, such as member identification numbers, claims data, and benefit selection information. SG Health Plan reported in October 2021 that an unauthorized actor deployed ransomware on SG Health Plan’s information system and exfiltrated PHI. OCR’s investigation determined that SG Health Plan had impermissibly disclosed PHI and failed to conduct an accurate and thorough risk analysis to determine the potential risks and vulnerabilities to the confidentiality, integrity, and availability of its ePHI. In addition to committing to corrective actions, SG Health Plan paid \$245,000 to OCR.

Thanks to all of you for reading my HIPAA Enforcement Reports! This is my last report for the COIN.

##

## ***President's Message, Continued From Page 4***

### **November 2025**

#### **PAC Pizza Party**

With Q4 in full swing, we took time to relax and reconnect! Thanks to sponsors **Engage PEO** and **Colonial Life**, members gathered at **Sgt. Pepperoni's Pizza Store** for good food, great company, and to raise funds supporting our **CAHIP Political Action Committee (PAC)**.

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### **December 2025**

#### **Holiday Harbor Cruise**

Our signature **Holiday Harbor Cruise** aboard the **Newport Legacy** was a festive highlight of the season. Attendees enjoyed Newport Harbor's dazzling light displays, a delicious dinner, and wonderful camaraderie. Donations of toys and gift cards benefited **Caterina's Club**, bringing holiday cheer to local families.

---

### **January 2026**

#### **CE Morning at Tustin Ranch Golf Club**

We kicked off the new year with breakfast and **two CE sessions** focused on **Compliance Education** and **Entrepreneurship**, equipping members with tools and insights for a strong start to 2026.

---

### **February 2026**

#### **Legislative Insights for 2026**

**Dorothy Cociu** and **Marilyn Monahan** returned for another important **Legislative Update**, providing clarity on key regulatory and policy changes impacting our profession.

---

### **March 10, 2026**

#### **Annual Sales Symposium – Lake Forest Community Center**

We offered a full day of learning and inspiration! Featuring **Keynote Speaker Jason Lezak**, U.S. Olympic Gold Medalist, this event will include two educational tracks—**Group Insurance** and **Medicare**—packed with CE opportunities and expert-led discussions.

---

### **April 20, 2026**

#### **Annual Charity Golf Tournament – Aliso Viejo Country Club**

Our annual golf tournament returned, benefiting the **Southern California Chapter of the Cystic Fibrosis Foundation**. Non-golfers again enjoyed our **Wine Tasting Class**, a favorite from past years!

---

*Continued on Page 34*

# Health Net is proud to support CAHIP-OC

## Underwriting Made Easy

### Small Group (1-100)

Groups with 4+ enrolling employees

- Mix and match any HMO + PPO plans
- No DE9C, payroll, prior bill, or ownership documents required
- No waivers for groups with 10+ enrolling
- No participation attestation

Minimum participation:

- 4-9 enrolling: 25% participation (employees on another employer carrier do not count against the 25%)
- 10+ enrolling: No participation requirement

### Large Group (101-500)

Total Replacement

- 101-250 enrolled: Minimum 33% of total eligible or 33 enrolled (whichever is greater).
  - Up to 6 plans if participation is 50%+
  - Up to 4 plans if participation is 33-49%
- 251-500 enrolled: Minimum 50% of eligible or 50 enrolled (whichever is greater).
  - Up to 6 plans

Multi-Carrier (e.g., Kaiser)

- Minimum 33% of eligible or 33 enrolled (whichever is greater)
- Up to 4 plans may be selected



Contact Your Account Executive to learn more about our flexible underwriting, plan options, and competitive network choices.

#### Leticia M. Ruiz

Small Group Account Executive

San Diego, South OC, Imperial

[Leticia.M.Ruiz@healthnet.com](mailto:Leticia.M.Ruiz@healthnet.com) - (619) 756-5345

#### Stefan Van Doren

Large Group Account Executive

[Stefan.Vandoren@healthnet.com](mailto:Stefan.Vandoren@healthnet.com) - (714) 328-9004

#### Ramon Duran

Small Group Account Executive

North OC, South Bay LA

[Ramon.Duran@healthnet.com](mailto:Ramon.Duran@healthnet.com) - (949) 796-5845





## Choose a health care partner that's better for your business today, and tomorrow.

Remote, hybrid, in-person. Today's workforce needs care that meets them where they are. More than ever, workforce health is a business strategy. Choose a leader who can help you navigate challenges and capitalize on emerging opportunities. Learn more at [kp.org/business](https://kp.org/business)

**For all that is California. For all that is you.**

## What does CAHIP do for you?



### Political Involvement

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

### Education

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

### Social Events

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

### Community Involvement

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

### Annual Events

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

### Opportunities to Get Involved

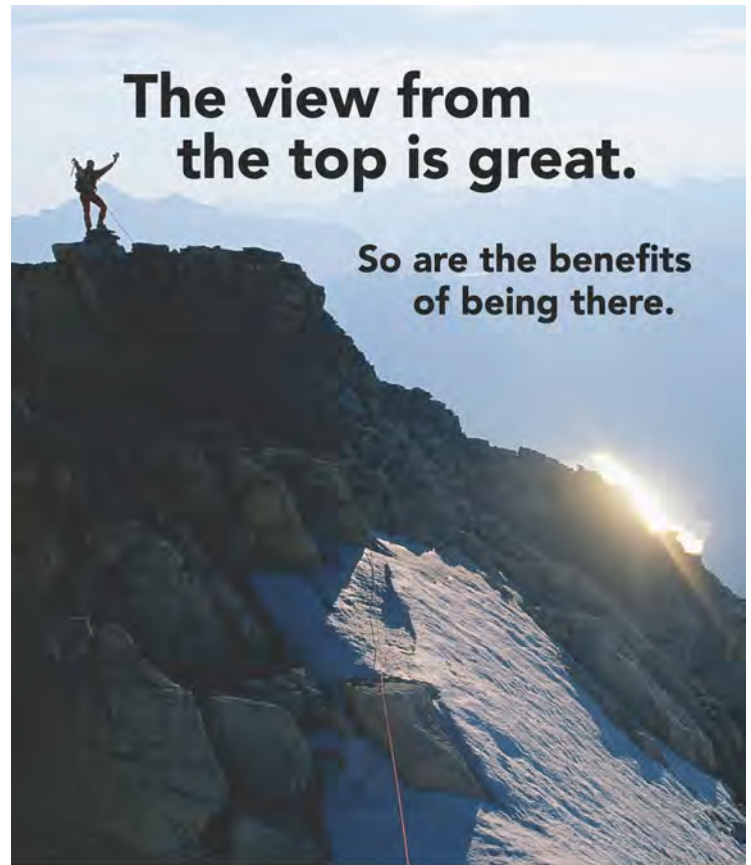
- We function with lay leadership and active Boards of Directors at all three levels of service (local, state, and national).
- Leadership training is applicable to board service within our association and beyond.

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



**California Agents and Health Insurance Professionals**

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



# The view from the top is great.

So are the benefits of being there.

*Don't Forget To Register*

## Member Appreciation Mixer

**May 12, 2026**

3-6 pm

*Flecha Cantina, Huntington Beach*

## Women In Business

**May 29, 2026**

9:30 am-2:30 pm

*Balboa Bay Resort, Newport Beach*

*See Pages 22 and 23 for more information.*

## The Leading Producers Round Table

**The best of the best.** That's what the Leading Producers Round Table (LPRT) is for America's benefit specialists. It's where the nation's best performers in the business get recognized for their leadership and rewarded for their accomplishments ... with tools and benefits that will help keep them at the top of their game.

Only members of the National Association of Benefit Insurance Professionals (NABIP) can qualify. So, if you like the view from the top, visit us online for more information about the privileges and rewards of being an LPRT member.



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

# MEMBER APPRECIATION MIXER

Because **YOU** make our community amazing!

**Tuesday, May 12**

**3:00 PM – 6:00 PM**

**Flecha Cantina**

7821 Edinger Ave #110  
Huntington Beach, CA 92647

Join Us as we celebrate our members and introduce the  
2026-27 Slate of Officers at our Annual Membership Meeting.

- ♥ Mingle with fellow members
- ♥ Enjoy the lively atmosphere
- ♥ Build new connections!

**FREE** for  
Members!

**\$25** for  
Non-Members

Spots are limited—RSVP today &  
let us say **THANK YOU** in person!

REGISTER NOW



**CHOICE**  
Administrators.



PRESENTS



REGISTER NOW

CELEBRATING AMERICA'S

# 250<sup>th</sup>

GIVING BACK TOGETHER.



**COMMON GROUND**  
Where Grief Meets Community

ALL PROCEEDS GO TO SUPPORT COMMON GROUND GRIEF

**WOMEN IN BUSINESS**  
LUNCHEON & FASHION SHOW



# FRIDAY MAY 29

**BALBOA BAY RESORT**  
1221 WEST COAST HIGHWAY | NEWPORT BEACH CA 92663

QUESTIONS: ADMIN@CAHIPOC.ORG



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

## CAHIP PAC CONTRIBUTOR COMMITMENT FORM

\_\_\_\_\_  
 Last Name First Name Middle

\_\_\_\_\_  
 Occupation (Required for FPPC reporting purposes)

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

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

\_\_\_\_\_  
 City, State, Zip Phone Fax

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

\_\_\_\_\_  
 City, State, Zip Phone Fax

\_\_\_\_\_  
 Contact Email Address Local Chapter

### PRECIOUS GEM STONE CONTRIBUTION LEVELS

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

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

### PAYMENT METHOD (attach check or select method below)

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

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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



# CalOptima Health OneCare is Proud to Sponsor CAHIP-OC

CalOptima Health OneCare (HMO D-SNP) is built around Orange County's Medi-Medi community, uniting members with the support network they need. We strive to promote and strengthen collaboration among health care professionals, highlighting our commitment to support those who serve our members.

To learn more about CalOptima Health OneCare, contact us at [broker@caloptima.org](mailto:broker@caloptima.org) or visit [caloptima.org/OneCare](http://caloptima.org/OneCare).

CalOptima Health, A Public Agency



# SENIOR SUMMIT



SEPTEMBER 1-3, 2026



RIVERSIDE CONVENTION CENTER

ELEVATE YOUR KNOWLEDGE. SHARPEN YOUR STRATEGY. MAKE AN IMPACT.

REGISTER TO ATTEND!





## COIN Editor Farewell Announcement

*Dorothy Cociu, VP of Communications & Public Affairs Ends Her Board Term & COIN Editor Post*

Greetings everyone! I wanted to reach out to you all and let you know that this is my last issue as the Editor of The COIN. As you know, I've been involved on the CAHIP-OC and CAHIP state boards for many years, and have been the Editor of The COIN (and previously editor of the CAHIP Statement) for the majority of the past 3 decades. I'm happy that I was able to share with you all of my articles and the important information and insights into the health insurance industry. As many of you know, I not only was the editor and author of regular articles, but I also produced the entire layout and creation of the magazine myself. Many hours were put into each issue, which was do-able with a publishing program I was very efficient in using. I gave Sarah a one-year notice of this decision last year, due primarily Microsoft's decision to end support of Microsoft Publisher in October, 2026, which is the publishing program I've been using for decades. You know what they say about teaching old dogs new tricks... The COIN is too massive of a publishing job to learn a new program and be efficient at it as the board year changes. I didn't want the magazine to suffer. So I had to let it go, and pass the baton to a new generation.

I'm proud of the work I've done here, but it's time to turn the reins over to a new Editor, Haley Mauser. Haley was a large part of the Membership team at CAHIP-OC last year, and she created the quarterly Membership newsletters for members. I know she will do an excellent job for you all! And I will continue to submit articles from time to time, if Haley decides to publish them.

Thank you all for your massive support over the years. The members and readers have continually shared positive feedback with me this entire time. I want you to know that was appreciated!

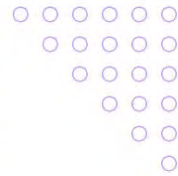
Thanks for letting me share The COIN with you! Good luck, Haley, with The COIN 2.0! Thanks to all of you for reading The COIN!

Dorothy M. Cociu, RHU, REBC,GBA, RPA, LPRT

### Sales Symposium 2026 Photos



# 2026-2027 BOARD OF DIRECTORS NOMINEES:



## Officers



**Sarah Knapp**  
President



**Ailene Dewar Costello**  
President-Elect



**John Evangelista**  
Past-President



**Haley Mauser**  
VP Communication



**Juan Lopez**  
VP Finance



**Tracy Hanson**  
VP Legislation



**Melissa Calabretta**  
VP Membership



**John Roberts**  
VP Political Action

## Officer



**Tori Abrams**  
VP Prof Develop



**Becky Capelouto**  
Awards



**Maggie Stedt**  
Medicare



**Linda Madril**  
New Member Liaison

## Directors



**Patricia Stiffler**  
NABIP Ed Foundation



**John Austin**  
Social Media



**Cathy Daugherty**  
Sponsorship

**Voting by membership is being done by email.**

**Join us for the Installation of Officers on May 12 at Flecha Cantina in Huntington Beach!**

**See page 22 for more information!**



# 2025-26 Board of Directors



**Sarah Knapp**  
President  
*Colonial Life*



**Gonzalo Verduzco**  
President-Elect  
*FFG*



**Barbara Ciudad**  
Immediate Past-  
President



**Dorothy Cociu**  
VP Communication  
*Advanced Benefit Consulting*



**Juan Lopez**  
VP Finance  
*JRL Benefit Solutions*



**Haley Mauser**  
VP Membership  
*Trinet*



**Tracy Hanson**  
VP Legislation  
*Blue Shield of CA*



**Cathy Daugherty**  
VP PAC  
*B AIS*



**Gabriella Bellizzi**  
VP Professional  
Development  
*Amwins Connect*



**Becky Capelouto**  
Awards  
*Sunrise Express  
Insurance*



**Maggie Stedt**  
Medicare Liaison  
*Stedt Insurance*



**Linda Madril**  
Media Relations



**Melissa Calabretta**  
Member Retention  
*JLR Agency*



**John Austin**  
New Member Liaison  
*CHOICE*



**Patricia Stiffler**  
Public Service  
*Options in Insurance*



**John Evangelista**  
Sales Symposium  
*Colonial Life*



**Ailene Dewar Costello**  
Social Media  
*Engage PEO*



**Anne Kelly**  
Sponsorship  
*Kelly and Kelly*



**Gail James Clarke**  
Executive Director  
*Gail James Assoc Mgmt*



Board contact  
info @  
[www.cahipoc.org](http://www.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 (LRPT), you will have the recognition of your peers for being one of the top performers in our business. LRPT members also receive discounts on many NAHU services and meetings. There are exclusive LPRT-only events held as well.

The qualification categories are:

**Personal Production:** Business written by a single producer.

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

**Agency:** Management of a general agency or agency.

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

Visit [NAHU.org](http://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

Julie Mangrello  
Chan Woong Park  
Brittany Nya Saavedra  
Sohee Shon  
Lawrence M Hartley  
Luis Jaramillo  
Sandra Karpel

*Thanks, New  
Members!*

### Contact our Membership Team:

**Haley Mauser, VP of**

**Membership**

**(707) 628-9260**

**[Haley.Mauser@trinet.com](mailto:Haley.Mauser@trinet.com)**

**Talk to a Board Member**

*(see page 28 for board roster)*

**Visit our website at [www.cahipoc.org](http://www.cahipoc.org)**

## *Many ways to join!*

**Agency Memberships Now Available!**

**JOIN CAHIP-OC**



# 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](mailto: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](http://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

<p><b>A. Choose a Fund</b></p> <p><input type="checkbox"/> Candidate Fund*   <input type="checkbox"/> Administrative Fund**</p> <p><i>*Candidate Fund can ONLY accept personal contributions.  **Administrative Fund can accept corporate contributions.</i></p>	<p><b>C. Contribution Levels</b></p> <table border="1"> <thead> <tr> <th></th> <th>(Annual)</th> <th>(Monthly)</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td><input type="checkbox"/> \$150</td> <td><input type="checkbox"/> \$12</td> </tr> <tr> <td>Bronze</td> <td><input type="checkbox"/> \$365</td> <td><input type="checkbox"/> \$30</td> </tr> <tr> <td>Silver</td> <td><input type="checkbox"/> \$500</td> <td><input type="checkbox"/> \$42</td> </tr> <tr> <td>Gold</td> <td><input type="checkbox"/> \$750</td> <td><input type="checkbox"/> \$63</td> </tr> <tr> <td>Platinum</td> <td><input type="checkbox"/> \$1,000</td> <td><input type="checkbox"/> \$85</td> </tr> <tr> <td>Diamond</td> <td><input type="checkbox"/> \$2,000</td> <td><input type="checkbox"/> \$170</td> </tr> <tr> <td>Double Diamond</td> <td><input type="checkbox"/> \$3,000</td> <td><input type="checkbox"/> \$250</td> </tr> <tr> <td>Triple Diamond</td> <td><input type="checkbox"/> \$5,000</td> <td><input type="checkbox"/> \$415</td> </tr> <tr> <td>Amount not listed</td> <td><input type="checkbox"/> \$</td> <td><input type="checkbox"/> \$</td> </tr> </tbody> </table>		(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"/> \$
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Triple Diamond	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$415																													
Amount not listed	<input type="checkbox"/> \$	<input type="checkbox"/> \$																													

**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.*

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](mailto: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.*

# PINNACLE AWARD RECIPIENT

## David Benson President

*DCB Insurance Marketing & Financial Services*

David Benson is the President of DCB Insurance Marketing & Financial Services (DCB). Founded in 1994, DCB is a Southern California based full-service insurance agency. David has many years of experience in the insurance industry. David gained substantial knowledge and experience in insurance sales as well as management at major insurance companies, including Blue Cross of California and CNA Life Insurance Company.

Over the last 40 years David served on the Agent Advisory Board for Aetna, Blue Cross of California, Blue Shield of California, Health Net, Kaiser Permanente, PacifiCare of California, Nationwide Health Plans and John Alden Life Insurance Company.

David served on the Board of Directors for the California Association of Health Underwriters (CAHU) as President (2006-2007) and spent two years as its Vice President of Legislation (2003-2005).

David served 3 terms as President of the Los Angeles Association of Health Underwriters. From 2018 through 2023, David served as the VP of Legislation for the Orange County Association of Health Underwriters.

David received the Paladin Award as the 2002-2003 Member of the Year from the Los Angeles Association of Health Underwriters.

David is a life and qualifying member of the Leading Producers Round Table (LPRT). David served as the Chair of LPRT during the 2012-2013 association board year.

David served 4 years as a member of the Agent Broker Advisory Council for the California Department of Insurance.

David and his wife Shauna live in Mission Viejo and are involved as volunteers in a number of community and business organizations.



**SPECIAL THANKS TO OUR  
ANNUAL CORPORATE SPONSORS!**

**Titanium Level**



AN INTEGRITY II COMPANY

**Platinum Level**



**KAISER PERMANENTE®**

**Gold Level**



**Silver Level**



**Bronze Level**

**CRC BENEFITS**



Retire *with* Renewals

**Word&Brown.**

**President's Message, Continued from Page 18**

**What's Coming Up!**

**May 12, 2026**

**Membership Appreciation Mixer- Flecha Cantina 3-6 pm**

Join us as we celebrate our members and introduce the 2026-2027 Slate of Officers at our Annual Membership Meeting.

---

**May 29, 2026**

**Women in Business Luncheon – Balboa Bay Resort**

Don't miss our most anticipated event of the year! Celebrate empowerment, style, and philanthropy at our **Women in Business Luncheon**, featuring inspiring speakers and exciting fundraising activities.

---

**A heartfelt thank you** to our members, sponsors, and volunteers who make these programs possible. Your commitment to **advocacy, education, and community** keeps our chapter thriving and ensures we continue to make a meaningful impact in the lives of our clients and colleagues alike.

Here's to another outstanding year ahead with CAHIP Orange County! ## \_\_\_\_\_



**Left: Sales Symposium Photos. Right: CAHIP-OC first group hike.**





**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](http://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.

To learn more about our local doctors and services, visit us at [RegalMed.com](http://RegalMed.com)

 **STAY CONNECTED.**  
Updates + Tips. Social.  
Free Classes + Events.



-  One of the largest doctor-led medical groups in Southern California
-  Network of thousands of doctors and specialists
-  Access to hundreds of local urgent care centers, labs and hospitals
-  Free online and in-person health education, fitness classes, preventive care and more
-  Contracted with most major health insurance plans
-  Elite 5-star status in Standards of Excellence™ from America's Physician Groups

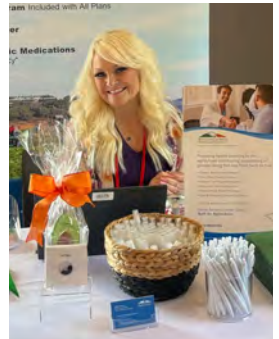


[RegalMed.com](http://RegalMed.com) | [ADOC.us](http://ADOC.us)

# Sales Symposium 2026 Photos



**More photos throughout this issue, and more will be posted on the CAHIP-OC social media platforms!**



# Charity Golf Tournament 2026 Photos



ALISO VIEJO COUNTRY CLUB	
Swing For A Cure Charity Tournament Results	
1st Place	-53 <sup>(19)</sup>
<u>John Skatman</u> <u>John Lopez</u> <u>Daniel Kavro</u> <u>Eric Ferragut</u>	
2nd Place	54 <sup>(18)</sup>
3rd Place	56 <sup>(16)</sup>
<u>Nick Branton</u> <u>Zach Jost</u> <u>Danny Kapperman</u> <u>John Miller</u>	
<u>Julio Galvan</u> <u>Eric Welton</u> <u>Bret Kerlin</u> <u>Ed Clarke</u>	
MEN	
CTP #7	CTP #7
<u>Mike Capriotti; 77"</u>	<u>Jen Turpin 8'</u>
Longest Drive #14	Longest Drive #14
<u>Aaron May</u>	<u>Jen Turpin</u>
WOMEN	

*Special Thanks to Our  
Bronze Level  
Corporate Sponsor*

**CRC  
BENEFITS**

*More Sales  
Symposium  
Photos*



**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!**

**Membership Mixer & Annual Meeting**

***May 12, 2026 – Flecha Cantina, Huntington Beach***

**Women in Business**

***May 29, 2026 — Balboa Bay Resort***



## CAHIP-OC 2025 Annual Report

### ***Income***

Dues	\$9,919
Corporate Sponsorships	\$39,125
Monthly Meeting Registration	\$14,732
Continuing Education Day	\$12,247
Annual Sales Symposium	\$37,108
Senior Summit	\$27,500
PAC Contributions	\$261
Charitable Events	\$188,680
COIN Newsletter Advertisements	\$525
Miscellaneous Income	\$0
Interest Income	\$16
<b><i>Total Income</i></b>	<b>\$330,113</b>

### ***Cost of Sales***

Monthly Meetings	\$16,978
Charitable Contributions	\$135,961
Continuing Education Day	\$9,129
Annual Sales Symposium	\$18,077
Senior Summit	\$0
<b><i>Total Cost of Sales</i></b>	<b>\$180,145</b>

### ***Expenses***

CAHIP-OC Administration / General Chapter Management	\$48,050
Membership & Recruitment	\$4,311
Legislative Activities	\$28,795
Conferences / Education	\$11,586
<b><i>Total Expenses</i></b>	<b>\$92,742</b>

## 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



**1** PRO Apply is the simplest and quickest way for employees to enroll in a plan.

**3** We have new features that allow for user-friendly interaction, easier renewals and more.

**5** You will no longer have missing applications.

**7** Groups are installed quicker and cleaner by the carrier, which means faster access to care for employees.

**9** Employees can enroll securely — anywhere, anytime.

**2** Using PRO Apply results in:  
- 62% fewer missing requirements  
- 95% fewer keying errors  
- 100% fewer errors due to illegible handwriting

**4** Most groups can be set up in 30 minutes.

**6** You can monitor your groups' enrollment progress on a friendly dashboard.

**8** Employees can call a dedicated toll-free hotline if they have questions.

**10** The total cost to the group for PRO Apply: nothing!

**10**  
Reasons Why Your Clients Should Use PRO Apply



To set up your groups, call Warner Pacific at (800) 801-2300.

CA Insurance License No. 0764260 | CO Insurance License No. 35162 | TX Insurance License No. 369426 | [warnerpacific.com](http://warnerpacific.com)

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## Subscribe to NAHU's Healthcare Happy Hour

<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>



## Member Appreciation Event

May 12, 2026

Flecha Cantina, Huntington Beach

## Women in Business

May 29, 2026

Balboa Bay Resort

Register at: [www.cahipoc.org](http://www.cahipoc.org)

**Register Now!**

**CAHIP-OC**

**Women in Business**

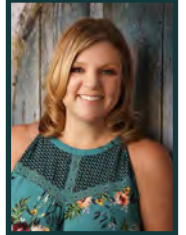
**May 29, 2026**



## 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 fourth communication in our *Membership Matters* series, I’d like to focus on why community matters and how that impact comes to life through CAHIP Orange County and NABIP.

In today’s fast-moving and highly competitive insurance landscape, success is rarely achieved in isolation. For professionals in this industry, the power of community is not just beneficial, it is essential.

#### **Engage. Empower. Elevate.**

At the core of CAHIP OC/NABIP is a shared commitment to building a network of professionals who support one another. Community creates opportunities for members to build authentic relationships that go beyond transactions. These connections foster trust, encourage collaboration, and open doors to partnerships that might not otherwise exist.

The insurance industry is constantly evolving, with new regulations, technologies, and market dynamics shaping our landscape. Through the CAHIP OC/NABIP community, members are able to share insights, experiences, and best practices. Rather than navigating challenges alone, we lean on our collective wisdom. Through events and peer engagement, members gain real-world knowledge that extends beyond what is typically communicated by policymakers and regulatory authorities.

One of the most powerful aspects of our community is our ability to amplify our collective voice. Individually, our influence on policy and industry standards may be limited but together, we form a unified front capable of driving meaningful change. Our collective strength ensures that the needs of both our profession and the communities we serve are heard at the local, state, and national levels.

Community is not only about what you gain, it’s also about how you give back. CAHIP OC/NABIP empowers members to recognize and celebrate women in business, champion local causes, and create lasting impact. This is exemplified by our Annual Women in Business Event on May 29, 2026—an event that honors outstanding women while also supporting a local grief support charity. By combining recognition with purpose, we continue to build a stronger, more compassionate community.

If you don’t feel it already, community is our heartbeat. It transforms a group of individuals into a powerful network of support, knowledge, and advocacy. By fostering meaningful connections, encouraging collaboration, and promoting shared success, CAHIP OC/NABIP demonstrates that when professionals come together, we can achieve more together.

#### **Welcome Our Newest CAHIP Orange County Members**

We are excited to welcome the newest members who have recently joined CAHIP Orange County. Each of you brings unique experience, perspective, and passion to our community—and we are grateful you’ve chosen to be part of this organization.

Please join us in welcoming:

Julie Mangrello  
Chan Woong Park  
Brittany Nya Saavedra  
Sohee Shon  
Lawrence M Hartley  
Luis Jaramillo  
Sandra Karpel

We encourage you to introduce yourself at an upcoming meeting, connect with fellow members, and get involved. Your journey with CAHIP is just beginning, and we look forward to growing together.

**Now you know.** And if you’re just beginning to discover it—we’re glad you’re here.

##



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:

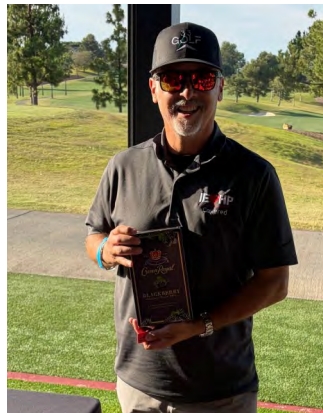
- Visit NABIP's Micro Site - [www.welcometonabip.org](http://www.welcometonabip.org)
- Take advantage of NABIP's **Mentorship Program**
- Read America's Benefit Specialist Magazine each month and learn something new
- Listen to the NABIP **Healthcare Happy Hour Podcasts** on a weekly basis for up-to-date 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](http://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!**

## More Golf Tournament Photos



## WHAT IS THE ANNUAL VALUE OF NABIP MEMBERSHIP?



Happy America's 250th  
Celebration July 4, 2026!



PRSRT STD  
U.S. POSTAGE  
PAID  
ANAHEIM, CA  
PERMIT #815

## **- THE C.O.I.N. -**

**Don't miss our upcoming events!**



## **UPCOMING EVENTS**

**MEMBERSHIP MIXER, ANNUAL MEETING & BOARD INSTALLATIONS, MAY 12, 2026**

**WOMEN IN BUSINESS, MAY 29, 2026**

**Visit our website for more details**

**[www.cahipoc.org](http://www.cahipoc.org)**

**LinkedIn**  [linkedin.com/groups/4100050](https://www.linkedin.com/groups/4100050)

 [facebook.com/CAHIPOC](https://www.facebook.com/CAHIPOC)

 [@OrangeCountyAHU](https://twitter.com/OrangeCountyAHU)