

Commissions & Carriers

Compliance

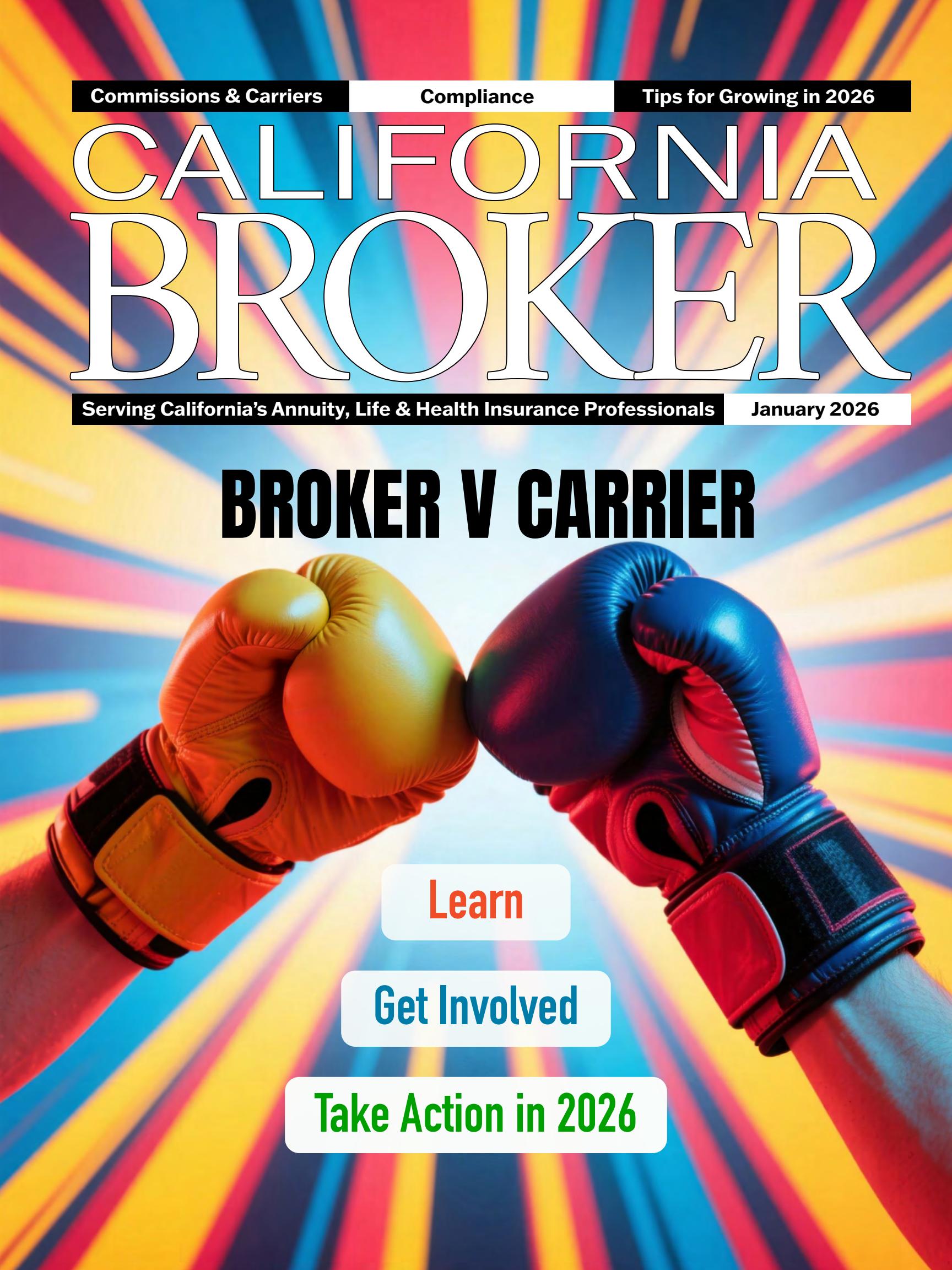
Tips for Growing in 2026

CALIFORNIA BROKER

Serving California's Annuity, Life & Health Insurance Professionals

January 2026

BROKER V CARRIER



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Take Action in 2026



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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.

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2026 COMMISSION SOLUTIONS WEBINARS

2026 COMMISSION SOLUTIONS WEBINARS

Topic: Mary's Journey to Protect Grow and Sell Her Commissions

January 6 • 10 am PST

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Tax Impacts on Health
Brokers John & Danny - January 23 • 10am PST

Get More Referrals
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Commission Solutions

January Publisher Note

By Phil Calhoun



Welcome, 2026!

We have a great deal to look forward to this year. We encourage you to learn and get involved. Let's start with the state and federal conferences. There are many items insurance professionals need to know and attending conferences and local meetings is a "Best Practice for 2026." [See our calendar for these events.](#)

Three reasons to attend:

1. Learn how the process works to educate representatives in government about what we as insurance professionals do for consumers.
2. Connect and learn from colleagues all focused on networking and collaboration. Grow your business with ideas you learn from other professionals
3. Your time is valuable. Many colleagues give their time and effort to make each conference and chapter meeting a success. They arrange speakers, work with legislators to set meetings to share our input on legislation and provide the opportunity to connect with friends and meet new ones. This effort all combines to boost your career.

Most people come away from association events with a greater understanding of the process of educating decision makers who impact our industry, namely our elected representatives, and gain a clearer understanding of why getting involved leads to a positive impact on one's career success. The KEY take away for many is joining an association as a clear professional goal. The industry needs strength in numbers. Your membership is a first step and from there you will find several ways to get involved in your professional association's local chapter meetings and events. Involvement in professional associations opens doors to improve both your role in the business and build the numbers we need to educate consumers and legislators.



Carriers and Commissions

For 2026, a growing concern is carrier financial and quality ratings. A comprehensive carrier review is more significant now, given the recent changes from commissions, provider networks, plan access, and coverage. This information is needed to explain the impact on clients and for brokers and agents to guide clients to the plan that best suits their needs.

There is no doubt that the independent insurance professional's success is tied to the success of insurance carriers. Knowing how carriers are rated is important when advising clients on plan selection. To start, life insurance carriers are rated based on financial stability and claims paying ability, and health insurance carriers are rated on many aspects of the member's access to care and more.

A handful of financial organizations rate life insurance carriers. The ratings are used at the point of sale to educate clients and differentiate carriers and products. Health insurance carriers are also rated by organizations focused on various factors such as quality of care and plan coverage. MAPD plans are rated by Stars with higher Star scores also an indication of results based on quality. CoveredCA, CMS, and the state of CA all rate health plans. These ratings will help differentiate carriers.

Also important to know is how a carrier manages claims risk. Many MAPD and HMO carriers have risk sharing agreements with providers of care. These agreements often include profit sharing. In some cases, CMS also has success and risk sharing with certain types of Medicare plans. The more solid a carriers' risk management procedures, the better the business partner for insurance professionals and the more likely clients will be better served as well. Carriers have many tools to get the work done for financial forecasting and, when they base this work on proven processes, they likely will avoid commission changes.

Keep in mind how carrier ratings and risk management policies impact health insurance professionals when considering the strength of residual commissions.

Our encouragement is to get educated and take action to be part of the solution.

CALIFORNIA BROKER

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SERVING CALIFORNIA'S ANNUITY, LIFE AND HEALTH INSURANCE PROFESSIONALS

Cal Broker's commitment is to be the leading source of news and information for California brokers and agents operating in the health, life, and annuity industry. We are committed to connecting Life and Health insurance professionals to valuable resources and solutions they can provide to their insurance clients.

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CRC COMPLIANCE

Level-Funded Plans in 2026: Compliance Responsibilities Employers Must Manage

Level-funded plans are gaining traction as employers search for an alternative to traditional fully insured coverage. These plans can offer predictable monthly costs and sometimes even refunds. But there's a catch: the compliance and administrative responsibilities shift from the carrier to the employer.

By Misty Baker Director of Compliance and Government Affairs for CRC Benefits

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CRANKWHEEL

Speed-to-Trust: The New Metric for Brokers in 2026

Trust, not product, is what wins and keeps clients. For years, brokers have focused on "speed-to-lead," the race to be the first to respond to an inquiry. As we move into 2026, a fast response is no longer enough. The new benchmark is speed-to-trust: how quickly a prospect feels clarity, confidence, and a real connection with their broker.

By Jói Sigurdsson, CEO of CrankWheel

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2026 Trend Forecast: Why Vision Benefits Will Be a Strategic Priority for Insurance Brokers

After several years of rapid workplace transformation, 2026 is emerging as a pivotal year for employee benefits, especially in vision care. For insurance brokers, vision benefits are no longer a "nice-to-have," but a strategic lever for improving productivity and overall employee well-being.

By Ben Hoover, Morris & Garritano Insurance

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Cracking the Gen Z Code in Insurance

California brokers are standing at a crossroads with younger generations in the workplace and in client organizations. This interview with Michael Lattuca Founder of Gen Gap and California Broker Media offers a candid look at how seasoned professionals can adapt without sacrificing standards or professionalism.

By CalBroker Magazine, in conversation with Michael Lattuca, Founder of Gen Gap

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BRANDING

Business Growth through Client Community: How newsletters and annual reviews drive retention, relevance, and referrals in 2026

2026 is shaping up to be a year where retention, trust, and relevance will be among what matters the most. The advisors who will thrive will not be the loudest marketers; they will be the most consistently present.

By Dr. Daralee Barbera

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2026 TRENDS

Turning 'maybe later' into 'let's get started' Closing with AI

If your sales team is only using AI for prospecting and research, you're leaving its most powerful potential untapped. The latter part of the sales cycle—when objections hit, deals stall and follow-ups fizzle—is where AI can turn hesitation into momentum. It's also when it can help you add unique insights and value to your prospect, cementing your role as a trusted adviser.

By Shannon Kinney, founder and client success officer, Dream Local Digital

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EMPLOYER GROUP

2026 Employment Law Update

California continues to lead the nation in employment legislation, and 2025 marked the first year of a two-year legislative session. During this period, lawmakers introduced 2,397 bills. Many of the new laws enacted during this active legislative year take effect in 2026, creating important compliance obligations for employers across the state. To remain compliant and reduce risk, employers should review updated wage requirements, notice obligations, pay reporting changes, leave laws, and more.

By Lynn Hounslay, President, Integrity HR Inc.

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HEALTH COMMISSIONS 101

Health Insurance Commissions 101

Given all of the changes recently with health insurance commissions, this information is designed to educate subscribers and help build a knowledge base from which one can then take a deeper dive to learn more about carriers and changes in commissions, and look at the article Carriers: Friends or Foes? and review what our panel of experts have to say about recent commission events and what health insurance professionals need to do now.

By Phil Calhoun

BROKER V CARRIER

Carriers: Friend or Foe?

Four highly accomplished industry leaders provide a sophisticated view of how carrier commission strategies, regulatory structures, and market forces are reshaping the health and Medicare landscape in California. Each leader approaches the carrier–broker relationship as a complex business partnership rather than a simple adversarial or friendly dynamic.

By Phil Calhoun

BRANDING

Up Your Game: Why More Leads Aren't Going to Help You

As we begin a new year, you may find yourself inevitably asking the same question, "How do I up my game to get more leads this year?" For most, the instinctive response is buying a new CRM, launching more social media posts, running ads, or purchasing leads. And while these things can help, they rarely contribute to true growth because they don't fix the real issue.

By Sarah Dupree, Owner of Echo and Stone

HISTORY OF COMMISSIONS

Debunking Lies about the Value of Carriers

It is a lie that the broker has no value. The consumer without a broker can easily become the big loser in the transaction. Showing the consumer that you have value is an important part of your brand, but you also need to use NABIP to gain a larger voice in fighting back against the old attitude that the consumer gains no value in having a compensated broker.

By Don Goldman

NAIFA

Incoming NAIFA President Richard Coffin: Our Moment to Lead

To the dedicated members of the National Association of Insurance and Financial Advisors, it is with profound humility and an energized sense of purpose that I step into the role of your President. For 2026, our mandate is clear: to move from being an association to becoming a powerful, unified movement that elevates every advisor and protects every client.

By Richard Coffin

NAIFA

Former Professional Basketball Player and 2026 NAIFA President Headlines 73rd Will G. Farrell Public Service Award Event as Tom Petersen is Honored

The insurance profession thrives on integrity, advocacy, and a commitment to safeguarding the public—values embodied by the honoree of the 73rd Will G. Farrell Public Service Award for 2026, Thomas R. Petersen, MBA, RHU, of Petersen International Underwriters, a Lloyd's Coverholder and Lloyd's Broker.

By NAIFA

REFERRALS

Do you have a smooth running Referral Machine?

Every advisor knows referrals are the holy grail of client acquisition. Study after study continues to validate this. When they flow—with the clients that fit your profile—life is good. Right-fit prospects show up already trusting you, and new business comes with less friction and even a little fun. But when your referral machine sputters—or worse, stalls completely—it can feel like the spark has gone out of your growth engine.

By Bill Cates, CSP, CPAE, President, Referral Coach International

COMMISSION PLANNING

Protect, Grow, Sell

As we enter another year, we remain committed to our goal which is to educate health insurance professionals about the risks they face with their commissions and the solutions to Protect, Grow, and Sell Commissions.

By Phil Calhoun

CA POSITIVE

Top Five Skiing and Snowboarding Destinations in California

There is a strong consensus that California boasts the most diverse terrain amongst the 50 states, with its beautiful beaches, vast deserts, quaint vineyards, and massive mountain ranges. Many Californians eagerly anticipate the wintertime, praying to the rain gods for a solid snowfall that will result in good conditions for skiing and snowboarding. While climate change continues to impact snowfall year after year, California still boasts some stellar skiing and snowboarding destinations, and we've gathered the top five.

By California Boker Magazine

HEALTH & WELLNESS

Movement: Your Most Powerful Tool for Longevity and Independence

Just as we invest in savings and retirement plans for sustainable living in the future, we should be investing in movement now, so our future bodies can live independently without pain and discomfort. As brokers, you see firsthand the downstream financial and personal impact of disability, chronic disease, and lost independence.

By Megan Wroe, MS, RD, CNE, CLEC

LTCI

The Torch Is Already Lit: Why 2026 Is the Time to Prepare for LA 2028

There's a moment every Olympian understands: the day your training becomes more than just routine—it becomes purpose. That moment usually comes long before the world is watching, long before the cameras are rolling, and long before the medals are within reach. Right now, for brokers and advisors across California, that moment is here.

By Wendy Boglioli

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Industry News

CURATED NEWS FROM THE INDUSTRY

CRC Benefits Welcomes Allan Berkin and Mark Hellickson as Benefits Sales Executives for Ancillary Solutions

PRESS RELEASE

(December 23, 2025) – CRC Benefits, a division of CRC Group and one of the nation's leading general agencies, has announced the addition of Allan Berkin and Mark Hellickson as Benefits Sales Executives for Ancillary Solutions. These appointments further strengthen CRC's national Benefits team and reinforce the company's commitment to delivering specialized expertise, exceptional service, and innovative ancillary product offerings to broker partners.



Allan Berkin brings over 30 years of experience in the insurance industry, specializing in dental and ancillary benefits. Known for his ability to build strong, trust-based relationships, Berkin has developed a reputation for delivering exceptional service and addressing complex challenges quickly and effectively. In his new role, Berkin will focus on expanding CRC's ancillary footprint across the Virginia, Maryland, and Delaware markets while strengthening broker and carrier partnerships.



Mark Hellickson offers extensive experience in employee benefits, sales strategy, and ancillary product solutions. He is recognized for his collaborative approach, market insight, and ability to tailor benefit solutions to meet the evolving needs of brokers and clients. At CRC, Hellickson will lead ancillary sales initiatives within Minnesota and Wisconsin, foster new broker relationships, and support the continued growth of CRC's ancillary portfolio.

“Allan and Mark bring a level of expertise, professionalism, and market insight that aligns perfectly with CRC’s commitment to elevating the broker experience,” said John Wiesler, SVP, General Agency, CRC Benefits. “Their leadership and deep understanding of ancillary solutions will play a key role in strengthening our capabilities and delivering even greater value to our partners nationwide.”

CRC Group remains committed to enhancing its nationwide benefits capabilities, expanding its ancillary product portfolio, and equipping brokers with the necessary resources and expertise to better serve their clients.

CRC BENEFITS

Helping Employees Grow with AI-Powered Coaching

HR Daily from SHRM

AI coaching is reshaping how employees learn, grow, and navigate their careers — but the real story is what it means for the humans at the center of it all. Theresa Fesinstine, AI educator and founder of peoplepower.ai, sits down with host Nicole Belyna, SHRM-SCP, to explore how HR can use AI coaching to personalize development, support diverse learning styles, and make growth more accessible across the workforce.

[READ FULL ARTICLE →](#)

IRS Issues Advice on Tax-Free Health Care Boost for Millions

By Sam Stevenson, Associate News Editor

The Treasury Department and the Internal Revenue Service (IRS) have issued new guidance on expanding Health Savings Account (HSA) eligibility, delivering a tax-free means for millions more Americans to save and pay for health care costs.

Why It Matters

The update, prompted by the One, Big, Beautiful Bill (OBBB), marks a major shift for consumers who rely on high-deductible health plans (HDHPs), direct primary care arrangements, and, for the first time, those enrolled in Bronze and Catastrophic plans offered on or outside Insurance Exchanges.

These changes could fundamentally reshape the tax advantages and flexibility available to Americans seeking to manage out-of-pocket health care expenses.

[READ FULL ARTICLE →](#)

2026 Outlook: Uncertainty clouds the future on the ACA exchanges

By Paige Minemyer

As the final days of 2025 slip away, Congress is poised to allow the Affordable Care Act's enhanced subsidies to fully expire.

The future of these tax credits and the impact they could have on enrollment was a headliner in healthcare in the back half of the year, and experts warn that it's unclear what comes next.

Sabrina Corlette, co-director of the Center on Health Insurance Reforms at Georgetown University's McCourt School of Public Policy, told Fierce Healthcare that with an extension almost certainly off the table, it's going to force tough decisions for consumers now even if Congress acts in early 2026.

[READ FULL ARTICLE →](#)

Poll: Most are satisfied with their health insurance, but a quarter report denials or delays

By Stephanie Perry and Marc Trussler

An overwhelming majority of U.S. adults are satisfied with their health insurance coverage overall, including most older Americans and those on Medicare and Medicaid, according to a new NBC News Decision Desk Poll powered by SurveyMonkey.

But there is an undercurrent of frustration in the findings, too, with nearly one-quarter of respondents saying they'd been denied coverage or faced a delay from their insurance in the last two years.

Overall, 82% of Americans said they're satisfied with their health care coverage, including a third who said they are very satisfied with their current coverage. The group that reported being the most satisfied were older adults, with 9 in 10 Americans over 65 years old saying they were satisfied. And 42% in that age group reported being "very satisfied."

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5 ways Insurers Will Prioritize AI and Customer Experience in 2026

By Susan Rupe

Insurers will prioritize customer experience in the coming year as declining customer satisfaction reveals the need to focus on retaining clients.

That was among Forrester's predictions for the insurance industry for 2026.

Meanwhile, the increased use of artificial intelligence to boost operational efficiency will result in a significant shift for the insurance industry. In addition, cyber insurance will expand rapidly to combat new threats brought on by AI.

Insurers will re-enter high-risk property markets, thanks to new underwriting techniques. And micro-insurance providers will find new opportunities in the growing gig economy.

What's ahead in 2026?

Here are Forrester's five predictions for 2026.

1. Property/casualty insurers will boost their investment in customer experience to increase customer engagement. Forrester's Customer Experience Index scores for auto and home insurers in the U.S. fell in 2025. Declining customer satisfaction was fueled by double-digit rate increases. Growing mistrust and frustration also led to challenges with customer retention.

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Sick with a cold? Doctors warn that favorite comfort foods could make you feel worse

By Andrea Margolis

As we approach winter — and all the illnesses that come with this time of year — many Americans are looking for proactive measures to protect their health.

Between loading up on citrus fruits and eating fresh vegetables, it's worthwhile to build up a healthy immune system to protect against germs.

But when you're hit with a cold or the flu, which foods will help you recover — and which ones will make the illness worse?

Fox News Digital spoke with medical experts about the worst foods to eat while you're sick — many of which are common choices.

Check out four items to avoid — and what to choose instead.

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2025 Year in Review: From the GLP-1 boom to the One Big Beautiful Bill Act

By Lucy Peterson

The year 2025 was marked by major developments across health care, retirement, and corporate policy, shaping the landscape for employers, patients, and consumers alike. The health care sector saw significant shifts, including the rapid adoption of GLP-1 weight-loss therapies, which raised both hopes for long-term health improvements and concerns over rising pharmacy costs. Pharmaceutical distribution also evolved, with companies like Eli Lilly, Novo Nordisk, Humana, and Mark Cuban's Cost Plus Drugs exploring direct-to-employer models to increase transparency and affordability. Meanwhile, government interventions — from the Social Security Fairness Act to ACA rebates and the expiration of enhanced subsidies — reshaped benefits and financial planning for millions of Americans.

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Sutter Health First in Sacramento Region to Offer Breakthrough Accelerated TMS Therapy for Treatment-resistant Depression

NORTHERN CALIF. — Sutter Health this week announced the launch of the SAINT® neuromodulation system at Sutter Center for Psychiatry, making Sutter the first in the greater Sacramento region to offer this advanced, FDA-cleared therapy for adults with major depressive disorder who have not responded to standard treatments.

Developed by Magnus Medical, SAINT — Stanford Accelerated Intelligent Neuromodulation Therapy — is the first and only FDA-cleared, noninvasive brain stimulation treatment shown to achieve a 79% remission rate in case studies, often in just five days. SAINT therapy is currently available for patients covered by Medicare and some private insurance carriers, with additional access expanding rapidly.

[READ FULL ARTICLE →](#)

Health insurance ranks as most-valued benefit among US workers: Indeed

By Kristin Kuchno

Health insurance is the most-valued employee benefit among U.S. workers, according to a Dec. 4 report from Indeed's Hiring Lab.

The findings are based on Indeed's 2025 Workforce Insights Survey, which polled 80,936 adults between May and June across eight countries: the U.S., UK, Germany, France, Japan, Ireland, Australia and Canada.

Here are five things to know from the report:

1. When asked to rank their five to 10 most-valued employee benefits, 67% of U.S. respondents chose health insurance. Vacation and paid sick days followed closely behind.

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LIMRA: Quarterly U.S. Retail Annuity Sales Top \$120 Billion For the First Time

WINDSOR, Conn., Dec. 9, 2025—Total U.S. annuity sales increased 5% to \$121.2 billion in the third quarter of 2025, marking the eighth consecutive quarter of \$100+ billion in sales and setting a new sales record.

Year to date (YTD), annuity sales totaled \$347.0 billion, up 4% year-over-year, according to LIMRA's U.S. Individual Annuity Sales Survey, which represents 92% of the total U.S. annuity market.

"Independent broker dealers represented more than half of all registered annuity product sales – traditional variable annuities and registered index-linked annuities – driving the double-digit growth in the third quarter. Recent LIMRA research shows FPs are most inclined to sell these products because of product design improvements, as carriers respond to shifting investor needs," said Bryan Hodgens, senior vice president and head of LIMRA research. "Although the Federal Reserve's expected interest rate cuts will likely dampen fixed annuity sales gains in 2026, LIMRA is projecting total annuity sales to surpass \$450 billion in 2025 and remain above \$450 billion through 2028."

Registered Index-Linked Annuities

Registered index-linked annuity (RILA) set a new quarterly sales record. In the third quarter of 2025, RILA sales were \$20.7 billion, 20% higher than the prior year and 20 times the sales recorded a decade ago for this product line. In the first three quarters of 2025, RILA sales increased 19% year over year to \$57.4 billion

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2026 Outlook: Setting The Standard for Health AI Programs

By Emma Beavins

In the back half of 2025, a slew of organizations announced forthcoming artificial intelligence certification programs that would offer providers and developers the opportunity to align their AI practices with technical and ethical standards

Some groups have merely announced the intent to create certification programs, while others have operationalized those programs. Each is attempting to hit on an unaddressed portion of the AI governance and certification market.

The result, thus far, is a burgeoning marketplace of third parties offering benchmarks for the use of AI in healthcare.

It's a far cry from the city-on-a-hill idea of a nationwide network of AI assurance labs, once touted by the Coalition for Health AI (CHAI). While it once may have seemed like a catch-all solution for providing oversight to an industry of thousands of players, the proposal is no longer in the works.

The landscape has fractured.

Heading into 2026, the industry faces yet another new year without clear rules for health AI. Though, the Trump administration has offered hints and begun to set priorities for the direction it will take health AI.

[**READ FULL ARTICLE →**](#)

The Highest-quality Commercial Health Plans in California | 2025-26

By Jakob Emerson

Kaiser Permanente's Northern and Southern California health plans have been named the highest-quality commercial plans in the state by the California Center for Data Insights and Innovation.

The center rates commercial health plans using a rating system on a 1 to 5 star scale. The rating is based on 2024 data reported in 2025, derived from HEDIS measures (45 clinical indicators across 9 health topics calculated by reviewing randomly sampled members' medical charts and billing records against national care standards, with measures equally weighted and averaged into a summary score.

5 stars

Kaiser Permanente Northern California
Kaiser Permanente Southern California

4 stars

Sharp Health Plan HMO
Sutter Health Plan HMO

3 stars

Anthem Blue Cross HMO
Anthem Blue Cross Life & Health PPO
Blue Shield of California HMO
Cigna HMO
Centene's Health Net HMO
UnitedHealthcare Benefits Plan of California PPO
UnitedHealthcare PPO
UnitedHealthcare HMO
Western Health Advantage HMO

2 stars

Anthem Blue Cross PPO
Aetna PPO
Aetna HMO
Blue Shield of California PPO
Cigna PPO

Fixing the unintended consequences of high-deductible health plans

By Brian Marsella

High-deductible health plans were introduced to curb rising health care premiums and costs with the aim of giving employees more control over spending and driving a consumer-driven approach to care. Yet over time, HDHPs have shifted from being a strategic choice to a default option for millions of Americans: today, 58% of privately insured individuals are enrolled, compared to just 38% in 2015. As HDHPs have come to dominate the market, they have transformed how employees interact with the health care system, often at a steep personal cost.

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Health Plan Report Card 2025-26 Edition

Quality health care is getting the right care at the right time.

This Report Card shows the quality of health care for millions of Californians who get their care through Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs). The 11 largest HMOs and 7 largest PPOs in the state are included in this Report Card.

What's the difference between HMOs and PPOs?

With an HMO you can only see doctors in your HMO's network. You will have a primary care doctor and a medical group who refers and coordinates your care to specialists when needed. With a PPO you can choose to see out-of-network doctors. You are responsible for managing your care from out-of-network doctors. You may also be responsible for paying some or all of the costs for out-of-network visits.

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2026 Healthcare Predictions: AI, Wearables & Policy Trends

By Jared Dashevsky, MD

It's prediction time. But before I get into my predictions (and the Huddle community's) predictions, I need to first reflect on what I got right and wrong about my 2025 predictions.

A Reflection on My Healthcare Predictions 2025

I made 16 healthcare predictions for 2025. Below I highlight what I got right and wrong.

Right

Telehealth Flexibilities Extended, Telehealth Companies on the Rise: I was right about the former, but the jury's still out on the latter. The government extended pandemic-related telehealth flexibilities through January 30, 2026. After that, things get more complicated.

Consumer-Grade vs. Medical-Grade Wearables: What's the Difference?: This question will continue into 2026. The FDA is targeting WHOOP for its blood pressure insights feature. The FDA says it's a medical device requiring market approval, while WHOOP claims it's strictly for wellness and not intended to diagnose. But what's the difference at the end of the day? I've been saying this since February 2023:

An interesting phenomenon we'll see is the blurring of "consumer" and "medical" wearable technology: consumer wearable tech can now perform high-quality measurements on par to medical-grade wearable tech.

[READ FULL ARTICLE →](#)

Trump Administration Proposes Significant Updates to Disclosure Requirements to Make Health Care Prices Clear, Accurate, and Actionable for Americans

The Centers for Medicare & Medicaid Services (CMS), in partnership with the Department of Labor and the Department of the Treasury (collectively, the Departments), today jointly proposed major updates to the historic health care price transparency rules established during President Trump's first term.

"Americans have a right to know what health care costs before they pay for it," said Health and Human Services Secretary Robert F. Kennedy, Jr. "This proposal delivers real transparency by turning hidden pricing into clear, usable information—so families can make informed decisions and hold the system accountable. It fulfills President Trump's commitment to put patients, not special interests, first."

The 2020 Transparency in Coverage rules transformed the landscape of health care pricing, making hidden costs available for the first time. The proposals in this rule would enhance the impact of the pricing information by reducing file complexity and size, making data clearer, and producing more usable information that consumers, employers, and innovators can rely on.

[**READ FULL ARTICLE →**](#)

CMS kicks off GLP-1 model: 7 notes

By Elizabeth Casolo

CMS shared plans Dec. 23 for its voluntary "Better Approaches to Lifestyle and Nutrition for Comprehensive Health" — or BALANCE — model.

The announcement comes weeks following the White House's agreements with Eli Lilly and Novo Nordisk to apply most-favored-nation pricing for drugs that treat obesity, diabetes and related conditions.

"Today's announcement builds upon our historic Most Favored Nations drug pricing deals' goal of democratizing access to weight-loss medication, which has been out of reach for so many in need," CMS Administrator Mehmet Oz, MD, said in a news release.

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2026 JANUARY EVENTS

Jan 08 @ 11am – 2pm CAHIP: Speed Networking With Industry Partners - @ Riverside, CA
Jan 08 @ 2:30pm – 4:30pm EPI: Shoulda Coulda Woulda: Managing the Fallout of Unplanned Exits - @ Costa Mesa, CA
Jan 08 @ 3pm – 5pm EPI: The Overlooked Exit Strategy Why Personal Planning Benefits Owners, Advisors - @ Los Angeles, CA
Jan 08 @ 5pm – 7pm WIFS: Case Study Night - @ Sherman Oaks, CA
Jan 13 @ 8:30am – 11:30am CAHIP: Breakfast & Brilliance: A CE Morning Event - @ Tustin, CA
Jan 14 @ 2:30pm – 4:30pm EPI: Shoulda Coulda Woulda: Managing the Fallout of Unplanned Exits - @ Solana Beach, CA
Jan 18 @ 10am – 12pm CAHIP: 2026 Trail Talks - @ Location Coming Soon
Jan 21 @ 11am – 1pm EPI: The \$10 Trillion Transfer: Preparing for the Boomer Exit Wave - @ Westlake Village, CA
Jan 22 @ 10am – 12pm CAHIP: Golden Gate Legislative Update - @ Lafayette, CA

VIRTUAL EVENTS

Jan 06 @ 10am – 11am Commission Solutions: Mary Fogelman Her Perspective - Webinar
Jan 08 @ 1pm – 3pm BuddyINS: Annual LTCi Market Review 2025/2026 - Webinar
Jan 08 @ 4pm – 5pm NABIP: President's Pitstop with Susan Rider - Webinar
Jan 13 @ 2pm - 3pm NABIP: Membership Chair Training - Webinar
Jan 14 @ 12pm - 1pm NABIP: Command the Shield: The Cino Security Intelligence Series - Webinar
Jan 15 @ 9am – 10am CAHIP: Breakfast Bites - Webinar
Jan 15 @ 3pm – 4pm Commission Solutions: Cross Selling Clients With Peter - Webinar
Jan 20 @ 1pm - 2pm NABIP: Understanding Medicare Estimation and Medicare Secondary Payer (MSP) Rules - Webinar
Jan 22 @ 10am – 11:00am CAHIP: LA Medicare Coffee Chats - Webinar
Jan 22 @ 12pm - 1pm NABIP: New Member Orientation - Webinar
Jan 23 @ 10am - 11am Commission Solutions: Tax Impacts on Health Brokers With John and Danny - Webinar
Jan 28 @ 1pm - 2pm NABIP: LPRT Masterclass - Compliance Roundup - Webinar
Jan 29 @ 10am – 11:30am CAHIP: How to Win More Clients in 2026: A Sales Acceleration Session with Todd Hartley - Webinar
Jan 29 @ 1pm - 2pm NABIP: Virtual Leadership Forum - Halfway Check-in: What's Working? - Webinar
Jan 30 @ 10am - 11am Commission Solutions: How To Get More Referral With Cates - Webinar

SAVE THE DATE

Feb 10 @ 8:30am – 10:30am CAHIP: State of the Industry: Legislative Insights - @ Tustin, CA
Feb 11 @ 8am – 6pm CAHIP: Innovation Expo - @ San Diego, CA
Feb 22 - 24 @ 9am - 5pm NABIP: 36th Annual Capitol Conference - @Washington, DC
Apr 09 @ 11:30am – 2pm CAHIP: Pathway to Excellence Awards & Lunch Celebration - @ Granada Hills, CA
May 19 @ 8am – 5pm CAHIP: LA Annual Conference 2026 - @ Burbank, CA

BROKER RESOURCES

Helping our brokers stay ahead of the curve with the latest news, events, trainings, and insights.

[Commission Solutions: 2025 Webinars](#)

[Covered California: Great Benefits With Great Management Tools](#)

[CRC Benefits: Webinars](#)

[IEHP: Broker Resource Center](#)

[Pinnacle: We Simplify Health Benefits Administration](#)

[Sutter Health Plan: 2025 Health Topics](#)

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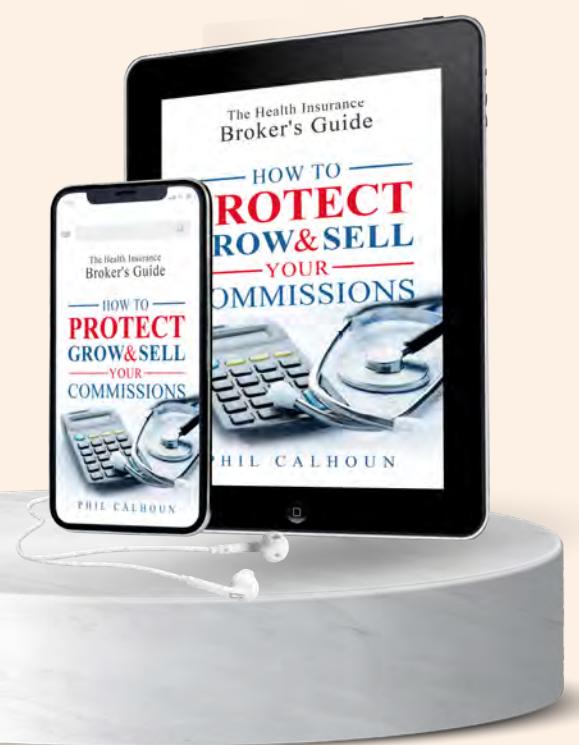
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Our goal is education. In the past year alone, we've provided more than **1,500 free books** to brokers nationwide—professionals just like you who understand the importance of protecting the business they've built.

Take action now to protect your commission.

Any health broker without a formal, compliant protection strategy is at **100% risk of losing their commissions** if they become unable to stay certified or licensed.

Critical Facts Every Broker Should Know:

- ☑ **Carriers will not assist your survivors or loved ones** in accessing your commissions if you pass away or become unable to remain active.
- ☑ **Only brokers with a carrier-driven, compliant succession plan** can ensure their commissions are protected and transferable, guaranteeing their loved ones continue to be paid.

Our **Commission Protection Plan** is the industry's leading solution for active brokers, FMOs, General Agencies, and solo practitioners. Whether for yourself, your partners, or subagents, commission planning is essential for long-term security.

Level-Funded Plans in 2026: Compliance Responsibilities Employers Must Manage



By Misty Baker, Director of Compliance and Government Affairs, CRC Benefits

Level-funded plans are gaining traction as employers search for an alternative to traditional fully insured coverage. With medical premiums projected to jump 9% for 2025 renewals, it's no surprise more groups are making the switch. These plans can offer predictable monthly costs and sometimes even refunds. But there's a catch: the compliance and administrative responsibilities shift from the carrier to the employer.

ACA REPORTING

If your group has 50 or more full-time employees, ACA reporting is not optional. You'll need to furnish Form 1095 to employees and file Form 1094-C with the IRS.

For 2025 coverage, the deadline lands at the end of the first quarter of 2026. Under a fully insured plan, the carrier usually takes care of this. With a level-funded plan, the responsibility shifts to the employer. Accuracy matters. Without systems to track eligibility, enrollment, and coverage details, it's easy to run into compliance trouble.

Red flag: Mismatched data between payroll, HR systems, and TPAs. These slip-ups are one of the top reasons filings end up wrong.

PCORI FEES

The Patient-Centered Outcomes Research Institute (PCORI) fee applies to every level-funded plan and has to be filed and paid once a year. For plan years ending in 2025, the payment is due July 31, 2026.

This step often catches employers off guard when they move from a fully insured plan, since the carrier usually handles it. With a level-funded plan, the employer has to calculate and submit the payment directly to the IRS.

Heads up: Late filings rack up penalties. Many employers assume a vendor will take care of them, but that's rarely the case.

PRESCRIPTION DRUG REPORTING (CAA REQUIREMENT)

The Consolidated Appropriations Act requires an annual prescription drug and healthcare spending report. For 2025 data, the filing deadline is June 1, 2026.

Employers will need to coordinate with their TPAs, PBMs, and carriers to make sure every piece of data is collected and submitted correctly. Even though this rule applies to all funding types, level-funded employers often face extra complexity because multiple vendors are in the mix.

Common pitfall: Vendors pointing fingers at each other. Employers should confirm who is responsible for the actual submission and set internal deadlines to review the report before it goes out.

COBRA PREMIUMS

With level-funded plans, state continuation coverage rules don't apply. Instead, federal COBRA rules take over. That means COBRA premiums can't be tied to an employee's payroll deduction. Employers have to calculate premiums using either the past-cost or actuarial method spelled out in federal law.

Getting this wrong can cause real compliance headaches. If rates are set too low, the employer ends up subsidizing coverage without realizing it. If they're set too high, employees may push back or even file complaints.

Key reminder: TPAs sometimes default to simplified calculations. Employers should ask for actuarial support or documentation each year to back up the COBRA rates.

HIPAA SAFEGUARDS

Level-funded plans increase an employer's exposure to protected health information. Under HIPAA's privacy and security rules, the employer is directly responsible for keeping both electronic and paper records secure.

Business Associate Agreements (BAAs) need to be current, and access should only go to people with a legitimate need to know. With more data running through employer systems, any gap in safeguards can quickly turn into a costly violation.

Easy-to-miss risk: paper records. Many employers lock down their electronic systems but forget about printed reports, mail, or files sitting in the office.

REFUNDS

One of the big draws of level-funded plans is the chance for a refund when claims come in lower than expected. But here's the catch: Some refunds may be considered plan assets under ERISA. If that's the case, they can only be used for the benefit of plan participants, not to offset employer costs.

That's why it's smart for employers to decide ahead of time how refunds will be handled, documented, and communicated. Without a clear plan, what should feel like a win can quickly turn into confusion or even a compliance problem.

Risk to avoid: depositing refunds straight into a general account. If those dollars are plan assets, that move is a prohibited transaction.

NONDISCRIMINATION TESTING

Section 105(h) of the Internal Revenue Code requires self-funded and level-funded medical plans to prove they don't favor highly compensated employees. That means every plan has to complete nondiscrimination testing each year.

If the plan fails, highly compensated employees face tax consequences. It may also point to bigger compliance concerns. That's why it's best not to wait until after renewals to run these tests.

Timing trap: waiting until year-end. Employers who leave testing to the last minute have little time to fix plan design or contribution issues.

WHY THIS MATTERS

Level-funded plans can bring real savings and predictability, but they are not hands-off. The compliance responsibilities move from the carrier to the employer, and the stakes are high. Miss a deadline, and penalties follow. Report inaccurately, and audits are on the table. Mishandle refunds or COBRA premiums, and ERISA or IRS issues can get expensive fast.

Too often, employers don't realize these obligations until they're already out of compliance. That leaves agents in the tough spot of explaining penalties or fixes right in the middle of renewal season, when stress is already high.

If you have **clients** looking at a **level-funded arrangement** for 2026, now is the time to **prepare**.

BOTTOM LINE

Level-funded plans give employers flexibility at a time when fully insured renewals are climbing. But they also come with responsibilities that can't be brushed aside. Success depends on planning ahead, documenting processes, and making sure everyone knows their role.

At CRC Benefits, we help brokers protect their clients by adding structure, clarity, and compliance expertise to every level-funded plan. From ACA reporting to COBRA rates and more, our team equips you with the tools and guidance to keep groups compliant and confident.

If you have clients looking at a level-funded arrangement for 2026, now is the time to prepare. Reach out to your CRC Benefits representative to get compliance checklists, filing calendars, and resources that make administration manageable. With the right plan in place, employers can enjoy the advantages of these plans without the risk of penalties or compliance missteps.

CRC
BENEFITS



Misty Baker, Director of Compliance & Government Affairs at CRC Benefits, is a nationally recognized expert in ACA, ERISA, COBRA, and FMLA. With 20+ years in benefits regulation and agent advocacy, she educates brokers, employers, and policymakers, bridging policy and practice. Her leadership and dedication have earned prestigious awards and shaped legislation at state and federal levels.

Speed-to-Trust: The New Metric for Brokers in 2026

ARTICLE EXPERIENCE OPTIONS

Listen Watch 

By **Jói Sigurdsson**

CEO of CrankWheel

Trust, not product, is what wins and keeps clients. For years, brokers have focused on “speed-to-lead,” the race to be the first to respond to an inquiry. As we move into 2026, a fast response is no longer enough. The new benchmark is speed-to-trust: how quickly a prospect feels clarity, confidence, and a real connection with their broker.

The new year is a great time for brokers to rethink the client trust equation. The landscape is shifting, and clients are looking for more than just a quick callback. They need a trusted guide who can cut through the noise and provide immediate clarity. This is where speed-to-trust becomes your most valuable asset.

Why Trust Is the Ultimate Renewable Resource

Insurance is complex. Buyers are often overwhelmed by jargon, a sea of options, and the weight of making major financial decisions. In this environment, a broker's ability to build trust is most important. Research consistently shows that consumers rate clarity, responsiveness, and transparency as the top factors influencing their trust in a broker.

This trust directly impacts your book of business. It determines whether:

- A client stays with you for the long haul
- They feel confident enough to refer friends and colleagues
- They renew their policy or start shopping competitors

With rising complexity in benefits packages, ongoing changes to Medicare, and annual deductible resets, clients need an expert they can rely on. They aren't just buying a policy, they are buying confidence and peace of mind.

From “Speed-to-Lead” to “Speed-to-Trust”

For too long, the industry has been obsessed with volume-based pipelines, where success is measured by how quickly you can dial a new lead. But 2026 demands a shift from this transactional mindset to one focused on clarity-based relationships.

So, what's the difference?

- **Speed-to-lead** is about a fast response time
- **Speed-to-trust** is about creating fast understanding and a fast connection. When a client quickly starts asking deeper questions, when they say “this makes sense now,” or when the number of follow-up calls drop, that's when you're experiencing Speed-to-Trust

Today's clients want brokers who can quickly simplify complexity. When you optimize for speed-to-trust, you are not just building a better relationship; you are also improving hard numbers: Higher close rates, better retention, more cross-sell opportunities, and steadier, year-round client loyalty.

Clarity Builds Credibility: The Power of Visuals

How can brokers build trust faster? The answer lies in a simple, science-backed principle: show, don't just tell. People comprehend visual information up to five times faster than purely verbal explanations. Insurance, with its intricate web of deductibles, tiers, formularies, premiums, and provider networks, is an inherently visual subject.

When you use visual communication, you reduce:

- Client confusion and frustration
- The need for follow-up calls to re-explain concepts
- Decision paralysis that can stall a sale
- Application errors and administrative headaches
- Decision paralysis that can stall a sale

Think about it in practice. A phone call explaining a new Medicare plan can leave a senior client more confused than when they started. An email with attachments can feel overwhelming for a busy small business owner comparing group plans.

In contrast, a guided visual walkthrough on a shared screen makes complex information digestible and clear. Whether you're helping a client understand Medicare plan changes, guiding a business owner through group plan options, or comparing hybrid policies, visual explanations can turn a confusing topic into something clear in a few minutes.

Tools to Accelerate "Show, Don't Tell" Trust

Adopting technology doesn't mean replacing the human element of your business. Instead, think of it as a trust accelerator. The right tools can enhance your ability to connect with clients, and you don't need to be a tech expert to use them.

Technologies brokers can adopt today include:

- **Instant screen-sharing tools:** Share your screen in seconds without asking clients to download any software
- **Browser-based visual guidance:** Walk clients through websites, forms, and quotes while they stay in their own browser
- **Asynchronous video explanations:** Record quick, personalized videos to explain complex topics that clients can watch on their own time
- **Mobile-friendly presentations:** Ensure your visual aids are clear and accessible on any device, which helps seniors and busy professionals on the go

Tools like CrankWheel are prime examples of this new breed of technology, designed for zero-friction, visual-first communication that allows brokers to instantly share their screen via a simple link sent by text or email. You can guide them through quotes, networks, or application forms in real time, turning a potentially confusing conversation into a clear, shared view.

Q1: Your Trust-Setting Quarter

For brokers, January is often "confusion season" for clients. They are dealing with new ID cards, plan changes, deductible resets, and unexpected billing issues. This is your moment to shine.

Brokers who deliver clarity quickly during Q1 will not only reduce client frustration but also solidify their role as the go-to advisor for the entire year. This proactive support dramatically increases renewal likelihood and builds a foundation of trust that pays dividends for months to come.

Many of the frustrations that cause clients to shop around at renewal actually begin in Q1. If you clear those up early, you protect your renewals before they are at risk.

Q1 best practices for building high speed-to-trust include:

- **Offer quick micro-demo calls:** A five-minute guided walkthrough can solve a problem that might otherwise take multiple emails
- **Record short walkthroughs:** Create brief videos explaining new benefits or changes to a client's plan
- **Use guided screen-shares:** Instantly address billing or network questions by showing clients exactly where to find the information they need
- **Send visual recaps:** Follow up calls with screenshots or short recordings that summarize key decisions.

A Practical Framework to Improve Speed-to-Trust

Ready to make a change? Here is a simple, 30-day action plan to boost your speed-to-trust.

1. **Respond Visually:** Shift your default response from a phone call to a guided visual explanation
2. **Embrace Micro-Meetings:** Use quick, five-minute screen share walkthroughs to replace long, complex consultations
3. **Adopt an Instant-Sharing Tool:** Choose a friction-free tool like CrankWheel to eliminate tech headaches for you and your clients
4. **Standardize Your Scripts:** Create visual templates for the most common Q1 questions to ensure consistency and efficiency
5. **Follow Up with Clarity:** End every interaction with a summary. Send short recordings or annotated screenshots to confirm decisions and next steps

As you implement these changes, track signals of trust, such as:

- Fewer confused callbacks
- Shorter sales cycles
- Faster client decisions
- More referrals without prompting

"Many of the frustrations that cause clients to shop around at renewal actually begin in Q1. If you clear those up early, you protect your renewals before they are at risk."

Your Blueprint for Success Beyond 2026

The role of the insurance broker is changing. Consumers will expect you to be an expert guide who can simplify their choices, not just a source of quotes. The brokers who thrive in the years to come will be those who master the art of reducing complexity and quickly building authentic trust.

Always remember, trust compounds. Every moment of clarity you provide in Q1 builds goodwill that lasts all year. By embracing visual communication and the tools that enable it, you can deepen client relationships, close more business, and build a stronger, more resilient advisory practice for 2026 and beyond.



Jóí Sigurdsson is the CEO of CrankWheel, a company dedicated to making screen sharing simple enough to use on any sales call, with any prospect. Boost your close rates with effortless screen sharing. Join our exclusive webinar for Cal Broker Magazine readers and discover how CrankWheel's effortless screen sharing helps agents close more deals faster, with less friction.

2026 Trend Forecast: Why Vision Benefits Will Be a Strategic Priority for Insurance Brokers

By Ben Hoover, Morris & Garritano Insurance



After several years of rapid workplace transformation, 2026 is emerging as a pivotal year for employee benefits, especially in vision care. For insurance brokers, vision benefits are no longer a “nice-to-have,” but a strategic lever for improving productivity and overall employee well-being.

Findings from the Transitions Optical 2025 Workplace Wellness Survey underscore the urgency of this shift. Screen-heavy, hybrid, and flexible work arrangements now dominate daily routines, and their impact on visual comfort and performance is growing. Employees are clearly signaling a need for more support, and brokers who help employers respond will be well-positioned to deliver measurable value.

Below are the top trends shaping vision care strategies for 2026 and how brokers can leverage them to strengthen employer relationships and drive better workforce outcomes.

1. Vision Care Demand Will Surge as Screen Strain Impacts Productivity

Vision care has historically taken a back seat to medical and dental coverage, yet today's data paints a far different picture.

More than half of employees spend over six hours a day on screens, and 92% report light sensitivity or eye fatigue by day's end, which can affect concentration and comfort. In fact, 42% of respondents say light sensitivity caused by eye fatigue negatively impacts their productivity and performance at work. (2025 Transitions Workplace Wellness Survey)

Despite this, only three in 10 employees say eye health is even discussed at work. This communication gap presents a major opportunity for brokers to help employers modernize their benefits approach. (2025 Transitions Workplace Wellness Survey)

In 2026, employers looking to boost performance will increasingly turn to enhanced vision benefits.

2. Premium Vision Solutions Will Gain Market Share

As hybrid and outdoor-to-indoor environments expose employees to constantly changing light, premium lens technologies are becoming essential.

Sixty-eight percent of employees say bright or constantly changing light conditions interfere with their ability to excel at work. This suggests that solutions supporting visual comfort may play a valuable role in overall performance. (2025 Transitions Workplace Wellness Survey)

Premium options like Transitions® GEN S™ lenses, available in Anthem Blue View Vision insurance plans, automatically adapt to changing light, darkening when outdoors and returning to clear when indoors, offering ultimate light protection by blocking 100% UVA and UVB rays and filtering blue-violet light indoors and outdoors. (Block 100% UVA & UVB rays, darken outdoors & filters up to 32% of blue-violet light indoors & up to 85% outdoors. Blue-violet light is measured between 400nm and 455 nm (ISOTR20772:2018) across colors on polycarbonate & CR39 lenses.)



Vision care has historically taken a **back seat** to medical and dental coverage, yet today's **data** paints a far **different picture**.

3. Vision Health Will Become a Core Pillar of Wellness Programs

In 2026, brokers will see vision benefits repositioned as a foundational wellness investment, rather than simply a basic insurance add-on.

The economics alone make a compelling case. Deloitte estimates that for Americans exposed to excessive screen time, annual eye exams, which are included under Anthem Blue View Vision plans, could unlock as much as \$45.5 billion in productivity gains and \$26.4 billion in improved well-being. (Deloitte. 2024, February 8. The impact of unmanaged excessive screen time in the United States.)

Survey respondents also describe several motivations for obtaining an annual eye exam, including:

- Early identification of eye diseases (67%)
- Detection of indicators related to high blood pressure, diabetes, or brain tumors (42%)

(2025 Transitions Workplace Wellness Survey)

Positioning vision care within holistic wellness efforts may help employers support healthier, more productive workforces.

4. Education and Engagement Will Be Critical to Realizing Value

Even the best benefits can fall short if employees do not understand or use them.

Survey data shows employees want more communication and support from their employers:

- 52% want educational materials on digital eye strain
- 52% want reminders to step away from screens
- 48% want clear, annual explanations of their vision benefits

(2025 Transitions Workplace Wellness Survey)

This makes education one of the biggest differentiators for brokers in 2026.

Brokers can support employers by offering:

- Ready-made communication toolkits
- Digital-strain and eye-comfort wellness content
- Engagement campaigns tied to open enrollment
- Preventive-care reminders to encourage annual eye exams

Such resources may support stronger utilization and greater perceived value among employees.

5. Preventive Eye Care Will Become a Competitive Advantage for Employers

Three in five employees say they are more likely to take time off for a dental appointment than to visit an eye doctor, despite the fact that vision issues affect their work every day. (2025 Transitions Workplace Wellness Survey)

Employers that highlight the importance of regular eye exams may be better positioned to support productivity, comfort, and long-term health outcomes. When preventive care is paired with premium lens solutions, employees may experience clearer vision and fewer distractions, which can contribute to higher engagement and improved morale.

LOOKING AHEAD: WHY VISION CARE WILL BE A TOP PRIORITY FOR 2026

The industry is moving toward a clear consensus: vision care is a core component of workplace well-being and productivity. Employers should seek new ways to drive wellness and efficiency, and premium solutions are now mainstream expectations.

For brokers, 2026 presents a unique opportunity to lead. By guiding employers toward more robust vision benefits, offering communication and engagement tools and emphasizing the value of preventive care and lens technologies like Transitions® GEN S™ lenses, brokers can drive meaningful improvements across the workforce.

Vision care is no longer just about seeing clearly. In 2026, it will be about helping employees feel better, work better, and perform at their best in an increasingly visually demanding world.



Ben Hoover is a Senior Employee Benefits Advisor & Practice Leader at Morris & Garritano Insurance, a company affiliated with Anthem, Inc. He can be reached at bhoover@MorrisGarritano.com

SOURCES:

Transitions® GEN S™ lenses:
<https://www.transitions.com/en-us/products/transitions-gen-s/>

Anthem's Blue View Vision insurance plans:
<https://www.anthem.com/individual-and-family/vision-insurance>

Cracking the Gen Z Code in Insurance

By CalBroker Magazine, in conversation with Michael Lattuca, Founder of Gen Gap

ARTICLE EXPERIENCE OPTIONS

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Watch



California brokers are standing at a crossroads with younger generations in the workplace and in client organizations. This interview with Michael Lattuca Founder of Gen Gap and California Broker Media offers a candid look at how seasoned professionals can adapt without sacrificing standards or professionalism.

A new kind of generational gap

Michael Lattuca comes at the generational divide from the perspective of someone who works every day with Gen Z and Millennials and with the leaders who are struggling to reach them. His core premise is straightforward. There is nothing wrong with this generation. The real issue is the widening gap in expectations, communication, and time horizon between younger workers and the executives and business owners who manage them.

One of his recurring themes is that seasoned professionals underestimate how different the formative experiences of Gen Z have been. They are digital natives who live in a world of immediate feedback and constant comparison. At the same time, they have been told they can have anything they want without always being shown the process required to get there. For brokers who built their careers on long game relationship building, this can feel like a clash of values rather than a solvable communication problem.

“We challenge the myth of overnight success and the idea that you can skip the grind” - Michael Lattuca, Founder of Gen Gap.

Why this matters to California brokers

For California life and health brokers, the stakes are business critical. Every firm now depends on bringing in younger producers, service staff, and account managers, while also selling to a new generation of decision makers and consumers. The old producer profile that was willing to wait five to seven years for a book of business to mature is much harder to find.

Lattuca points out that when leaders label younger people as entitled or not willing to work hard, they shut down curiosity about what actually motivates them. Once that happens, recruiting becomes reactive, and retention turns into a revolving door. Instead, he urges leaders to view Gen Z as a different market segment and to apply the same discipline they already use in benefits consulting. Diagnose, listen, segment, and then design the right value proposition.

“If you keep saying they are the problem, you guarantee nothing changes” - Michael Lattuca, Founder of Gen Gap.

Rethinking leadership communication

A major part of Lattuca's work is helping owners and executives shift from command and control to what he describes as collaborative clarity. Younger employees are not rejecting structure. What they resist is opaque decision making and unexplained directives. When a broker principal simply says "do this because that is how we have always done it," the likely response from a Gen Z team member is disengagement.

Effective communication with this generation starts with context and outcomes. Instead of giving a script and saying "make these calls," a leader might walk through why a particular outreach strategy works, how it connects to client needs, and what success looks like in real numbers and timeframes. This way, younger team members are invited to refine the process. They want to be heard, and they want to understand the "why" before they fully commit to the "what."

Applying this to sales and service

For brokers who sell in California's complex regulatory environment, the generational lens can be a powerful sales tool. Younger HR leaders and startup founders often approach benefits decisions differently than legacy clients. They look for transparency, fast options, and a clear story about value. They may not respond to traditional carrier-centric presentations, but they will listen to a broker who can explain tradeoffs in plain language and who is willing to co-create a strategy.

Inside the agency, the same principles apply to training and performance management. Lattuca emphasizes that standards should not be lowered. Instead, they should be translated into milestones that match how Gen Z is accustomed to tracking progress. That can mean shorter ramp periods with clearly defined skills to master at each step and more frequent feedback loops instead of one annual review. When goals are visible and broken into stages, younger producers are more likely to buy into the long-term commission-based model that drives most California brokerages.

"It is not that they cannot do hard things they have just never been shown how to build hard things over time" - Michael Lattuca, Founder of Gen Gap.

Culture accountability and the law of the harvest

A phrase Lattuca returns to is the law of the harvest. For brokers, this is familiar. Prospecting networking and client service all compound over the years. The challenge is that many younger workers have been immersed in a short form highlight reel culture where results look instant and the grind is invisible. Part of leadership today is explicitly teaching the cause-and-effect relationship between daily behaviors and future income.

That does not mean tolerating poor performance. Lattuca stresses that accountability and empathy are not opposites. Clear expectations, written standards, and consistent follow through still matter. What changes is how those standards are introduced and reinforced. Leaders who can connect expectations to a compelling future story will see more buy-in than those who rely on fear or guilt about paying dues.

"We are not against consequences, we are for consequences that are clearly connected to real choices" - Michael Lattuca, Founder of Gen Gap.

"Gen Z is not asking for a voice because they hate authority, they are asking because they want to understand the 'why' behind the work"

- Michael Lattuca, Founder of Gen Gap

GenGap 



Michael Lattuca is a leadership coach and generational consultant with more than ten years of experience helping organizations understand and motivate Millennial and Gen Z talent. With GenGap, Michael specializes in coaching young professionals to increase executive mindset, have greater buy-in, and envision a career with your company. Before founding GenGap, he became the youngest organizational leader in the world's largest custom clothing company, overseeing the California offices and a team of twenty-two. Michael's organization led the company to grow profits during COVID, achieving a 9% increase while the organization declined 38% overall. During his first 20 months he broke a 56-year sales record with more than \$1.2M in personal production and was inducted into the company's Hall of Fame. Known for attracting, training, and retaining young talent in high turnover environments, Michael now brings his generational fluency and proven coaching frameworks to companies that want to unlock the potential of their emerging workforce.

Business Growth through Client Community:

How newsletters and annual reviews drive retention, relevance, and referrals in 2026



BY DR. DARALEE BARBERA



Every year, advisors ask me the same question: "What is the single best thing I can do next year to grow my practice?" My answer is rarely what they expect. Before we talk about technology, lead programs, social media, or the next shiny marketing tactic, I ask a simpler—and more revealing—question:

How is your client community, and what are you doing to give it a hug? That is, how are you reminding clients that they are seen, supported, and valued?

If that question gives you pause, good. Because 2026 is shaping up to be a year where retention, trust, and relevance will be among what matters the most. The advisors who will thrive will not be the loudest marketers; they will be the most consistently present.

Client Community

This matters as most clients do not see their advisor merely as a product provider. Over time, they come to view you as part of their personal professional community—and often as a key contributor to what makes their family system or business function well. You may be one of the few professionals who understands both their personal goals and financial realities.

Clients feel a part of your client community as they place significant trust in advisors when making consequential decisions related to family security, business continuity, employee wellbeing, and risk management. You are often present during pivotal life and business transitions, including retirement, growth or succession planning, health events, and the loss of a loved one.

Client trust and belonging in your client community exists because clients see you as credible, reliable, and competent—someone who communicates clearly and provides enough information to make well-informed decisions with confidence. Community is a mutual relationship.

2026

The new year is the perfect time to review your marketing and servicing model and recommit to the fundamentals of community building that drive long-term growth, connection, communication, and care.

If you could implement just one marketing and service upgrade in 2026, I recommend a simple but powerful combination:

Quarterly newsletters paired with a disciplined annual review process.

If you are already doing these, you may still find a few ideas here that help you do them with greater impact.

Why Newsletters Still Matter (More Than Ever)

A newsletter is not about selling. It is about reminding clients—and their families—that they belong to a community. In an environment filled with noise, uncertainty, and constant change, a professional, predictable communication from you does three critical things:

1. Reinforces trust
2. Signals stability
3. Positions you as an ongoing resource, not a one time transaction

How to Do It Well

Keep it simple and brief:

One page is ideal. Choose a clean visual format that reflects your brand and remains consistent. Even before a client reads it, they should immediately recognize it as yours.

Share "news you can use:"

A short, client-facing article addressing a timely planning issue or regulatory update. The goal is not depth, but to spark relevance: "Is this something I should be thinking about?"

Quarterly works:

A quarterly cadence is sustainable. You have three months to gather ideas, finalize content, update your list, and distribute. Then repeat. Consistency is important.

Add value-enhancers:

- A calendar of key dates (open enrollment, tax deadlines, Medicare milestones)
- A “Client Corner” FAQs
- Educational events such as webinars, podcasts, short talks, or interviews. Even if readers do not attend, they see the topics—and they see you as the guide

Newsletters and annual reviews are not flashy tactics. They are foundational disciplines.

Annual Reviews: Your 2026 Growth Tool

Your newsletter should consistently reinforce the importance of scheduling an annual review. If reviews are not already systematized, 2026 is the year to start.

Clients value predictability. When reviews occur around the same time each year, they become a rhythm rather than a request. This shifts your practice from reactive servicing to proactive leadership.

A Simple 1-2-3 Review Framework

Step 1: Where are you now?

What has changed since your last meeting? Life events, business shifts, health updates, and family dynamics. Are current products still doing the job they were designed to do?

Step 2: Where do you want to go?

Revisit goals. What is new, changing, or emerging? What is relevant today?

Step 3: How will you get there?

This is your opportunity to update their plan, refine strategies, and align programs, products, and services to current realities.

Clients experience this as “care” more than as a “review.”

Do Not Skip Beneficiary Reviews

Beneficiary reviews deserve special attention. Life changes quietly, and beneficiary designations can become outdated or misaligned. Make beneficiary reviews a formal annual practice.

When appropriate, personally connect with beneficiaries so they understand who you are and your role. Including beneficiaries in your newsletter distribution, when permissible, supports continuity across generations.

Operational Excellence Supports Client Care

Use scheduling tools to make it easy for clients to access your calendar. Accessibility builds confidence and reduces administrative burden.

Set clear goals for your annual review initiative:

- How many reviews will you complete in 2026?
- Which clients require your personal involvement, and which can be supported by your team?
- How many meetings are realistic per week and per month?

Prioritize your client base into meaningful segments and build your calendar intentionally.

Track What Matters

Measure the impact of this approach by tracking:

- Client retention
- Recurring revenue
- Referrals
- New sales
- New Centers of Influence

If you have 2025 data, use it as your baseline. Then watch what happens when connection becomes systematic.

Referrals do not happen by accident. They happen when clients feel seen, supported, and confident enough to introduce you to people they care about.

Make 2026 the Year of Client Community

Newsletters and annual reviews are not flashy tactics. They are foundational disciplines.

Together, they create a deliberate, repeatable process that allows you to truly know your clients, anticipate change, be responsive, and deliver value over time.

Strengthen loyalty. Deepen trust. Increase retention. And grow your business.

Give your client community that hug in 2026—one newsletter and one meaningful conversation at a time. Remind them they are seen, supported, and valued.

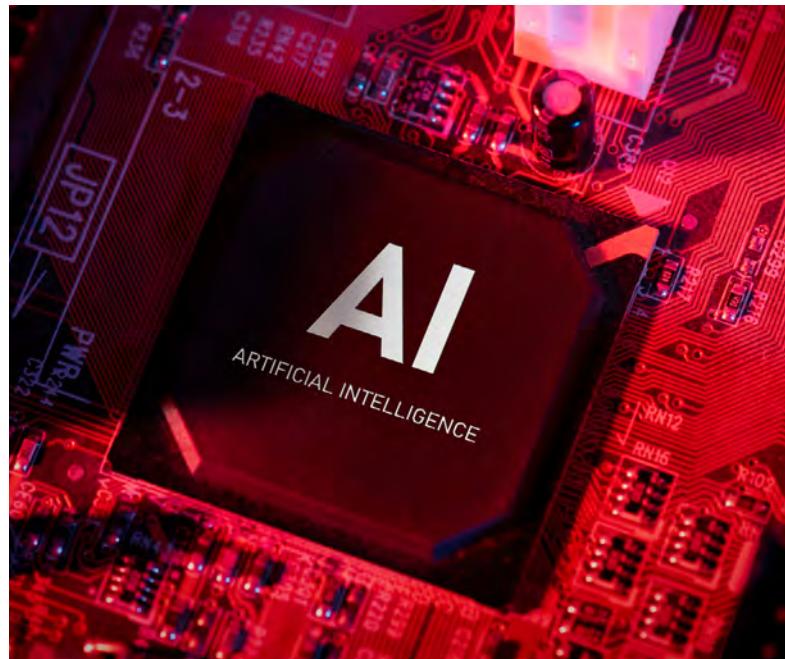


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Turning ‘maybe later’ into ‘let’s get started’ Closing with AI

By Shannon Kinney, founder and client success officer, Dream Local Digital



If your sales team is only using AI for prospecting and research, you’re leaving its most powerful potential untapped. The latter part of the sales cycle—when objections hit, deals stall and follow-ups fizzle—is where AI can turn hesitation into momentum. It’s also when it can help you add unique insights and value to your prospect, cementing your role as a trusted adviser.

At this stage, your prospects already know you, your brand and your offering. What they need now is context, confidence, and clarity. And AI, when used well, can help you deliver all three.

Here are four ways media sales professionals can use AI to close stronger, follow up smarter and handle objections with confidence—complete with examples and prompts you can try today.

Role-playing objections: Using AI as your sales coach

The best sales reps know that closing is all about preparation. But most teams “practice” objections once during training or onboarding and never again. In addition, role-playing exercises with peers can feel awkward and forced. AI can change that.

Try this prompt: “Pretend you’re a small business owner who has been pitched a \$2,500 monthly marketing campaign with a local media company. You’re hesitant about the cost and unsure of the value. You’re not clear on how these tactics will fuel your success. Challenge me with realistic objections. Then, help me improve my answers.”

AI will push back with the same concerns your prospects do:

“We tried that before, and it didn’t work.”

“That’s not in our budget right now.”

“We’re already doing social media ourselves.”

Then, you can coach yourself (or your team) on better responses—with feedback from AI. Follow-up prompt: “Rewrite my response to sound more empathetic and data-driven while highlighting ROI.”

Use it to create a living objection library—one that evolves with every pitch, campaign or product launch. In my own work with AI, I avoided this stage. Then, in the past few weeks, I’ve been working on this one myself and am already seeing results.

Add context to proposals that convert

Proposals fail when they’re just math and media placements. In many cases, your prospect is confused and unsure how to evaluate your offering. They win when they tell a story of the client’s future success after working with you. AI can help you bring that story to life.

Before presenting, ask AI to help connect your recommendation to a client’s real-world challenge.

Prompt: “Summarize why a local restaurant should invest in a branded content campaign with my company right now, based on current digital advertising trends and consumer behavior.”

You’ll get data-backed talking points that elevate your deck from “What we’ll do” to “Why this matters.” It’s even more valuable when you add the client’s company name and info (website, etc.) and specific goals to the prompt.

You can also use AI to analyze your proposal text for clarity.

Prompt: “Review this proposal for readability. Highlight any jargon or areas where I need to explain the value to a business owner better.”

That’s the kind of prep that makes your proposal meeting feel less like a pitch and more like a partnership.

Emails that add value—not noise

The weakest phrase in sales? “Just checking in.” If you’ve been following this column this year, you know that I consider that the kiss of death.

Your post-proposal follow-ups should demonstrate insight and value, not laziness and impatience. AI can help you craft thoughtful, value-packed messages that get replies.

Prompt: “Write a follow-up email to a prospect (insert company info and industry) who hasn’t signed yet (proposal link here). They were interested in digital video advertising. Include one new industry insight, remind them of the opportunity cost of waiting, and keep it under 120 words.”

You’ll receive something like:

Hi [Name],

I came across a recent Nielsen report showing that local video ad engagement has jumped 18% this quarter — driven by mobile and connected TV. That means your audience is spending more time in exactly the environments we discussed. I’d love to walk you through how our CTV targeting can help you capture that growth before your competitors do. Would you like to reconnect this week?

Short. Insightful. Forward moving.

AI can even help you tailor the tone to each client—analytical for one, casual for another. Always add your human touch but let AI handle the blank-page anxiety. Use it as inspiration to help you add more value to your prospects, making you deeply relevant to them.

“Proposals fail when they’re just math and media placements. In many cases, your prospect is confused and unsure how to evaluate your offering. They win when they tell a story of the client’s future success after working with you. AI can help you bring that story to life.”

Build a library of ‘value nudges’

Sometimes deals stall not because of objections, but because of inertia. Everyone is busy, and your proposal could just be sitting in a pile, an email inbox or on the desk. AI can help you create what I call “value nudges”—short, insight-driven updates you can send to re-engage a quiet prospect.

Prompt: “Write a 75-word message for a small business prospect (insert company info) who’s been unresponsive after a proposal (proposal link here). Include one data point or market insight related to their industry that reinforces why they should act soon.”

Examples of what you’ll receive:

“Local search traffic for home services is up 22% this month—perfect timing for your campaign.”

“Meta just rolled out new local ad targeting features. I’d love to show you how we can test them together.”

These micro-messages work because they reframe your follow-up as help rather than harassment.

Putting it all together: The AI close cycle

When you integrate AI into your close process, you’re not automating sales—you’re enhancing it. You’re also empowering yourself to get more valuable work done, deepen your relevance to your prospects, and save time.

Here’s the workflow I recommend testing this week:

- After a proposal meeting, ask AI to summarize the client’s pain points and craft a personalized recap email.
- If you get objections, role-play with AI until your responses feel sharp and natural.
- If they go quiet, send a value nudge with a fresh insight.
- Before final outreach, ask AI, “What would make this offer feel irresistible based on what they’ve told me?”

This combination of empathy, context and persistence—powered by intelligent prompting—will elevate every stage of your close cycle.

Final thought

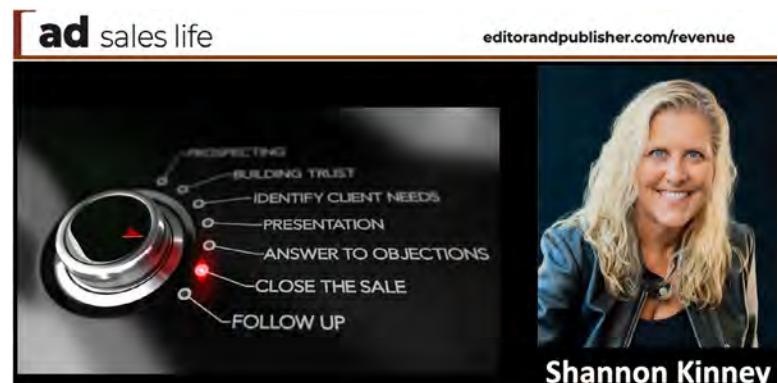
The future of media sales isn’t just about more tools—it’s about better use of the ones we already have. AI can make every seller a strategist, every follow-up a conversation, and every proposal a story worth saying “yes” to.

It’s not about selling differently; it’s about thinking differently.

So, stop chasing the next shiny AI tool and start training the one you already have to help you close.

I’ve created a free resource for all of you with the best tools for media sales pros and proven winning prompts for every stage of the sales process.

[CLICK HERE TO GET YOUR COPY](#)



shannon@dreamlocal.com.

SOURCES: <https://dreamlocal.com/ai-prompt-playbook/>

EMPLOYER GROUP

2026 Employment Law Update

BY LYNN HOUNSLEY

2026 Employment Law Update for California Employers Effective Dates: January 1, 2026, unless otherwise noted

California continues to lead the nation in employment legislation, and 2025 marked the first year of a two-year legislative session. During this period, lawmakers introduced 2,397 bills, of which 917 were sent to Governor Newsom's desk. He signed 794 bills (86.6%) and vetoed 123 (13.4%), slightly below the 10-year average veto rate of 15%. Many of the new laws enacted during this active legislative year take effect in 2026, creating important compliance obligations for employers across the state. To remain compliant and reduce risk, employers should review updated wage requirements, notice obligations, pay reporting changes, leave laws, and more.

1. Minimum Wage Increases

On January 1, 2026, California's minimum wage increases to \$16.90 per hour. As a result, the minimum salary requirement for full-time exempt employees rises to \$70,304 annually.

Fast-food employees covered under Labor Code Sections 1474–1476 remain subject to a separate minimum wage of \$20 per hour, and exempt classification requires a salary of at least twice that hourly rate.

Various California cities and counties also maintain their own local minimum wage ordinances, many of which will increase on January 1, 2026. While these local rates do not change the statewide exempt salary threshold, employers must still comply with whichever hourly rate—state or local—is higher.

2. Equal Pay Act Amendments (SB 642)

SB 642 revises compensation transparency rules and strengthens Equal Pay Act enforcement. Employers must now provide a good-faith salary or hourly wage range representing what they reasonably expect to pay upon hire. Employers with 15 or more employees must continue including this range in job postings.

The bill also expands Equal Pay Act liability by:

- Increasing the statute of limitations from two to three years
- Allowing wage recovery reaching back up to six years
- Clarifying when a cause of action accrues

In addition, the law impacts pay data reporting requirements. SB 464 (discussed below) will expand job categories from 10 to 23 beginning in 2027.

3. Pay Data Reporting Penalties (SB 464)

SB 464 strengthens pay data reporting enforcement by eliminating judicial discretion for penalties. Courts must now impose civil penalties for non-compliance when the California Civil Rights Department (CRD) seeks enforcement.

The bill also requires employers and labor contractors to store employee demographic information separately from personnel records and expands the job categories required in pay data reports starting in 2027.

4. OBBBA Federal Changes: Overtime & Tips Deductions

The federal OBBBA introduces new tax deductions for the 2025–2028 tax years affecting overtime and tipped workers:

Deduction for Qualified Overtime Pay

Employees may deduct the “half” portion of “time-and-a-half” overtime pay that exceeds the regular rate.

Annual caps include:

- \$12,500 for individuals
- \$25,000 for joint filers

Deduction for Qualified Tips

Employees in IRS-recognized tipped occupations may deduct up to \$25,000 in qualified tips, with income-based phase-outs.

For Tax Year 2025, employers must continue withholding all federal and California payroll taxes. IRS withholding tables will be updated beginning Tax Year 2026.

OBBA also adjusts dependent care FSA and HSA provisions and increases immigration enforcement funding, likely resulting in additional ICE audits and I-9 inspections.



5. Employee Notices & Emergency Contacts (SB 294)

The Workplace Know Your Rights Act requires employers to distribute a new annual notice covering:

- Workers' compensation
- Immigration protections
- Rights to engage in concerted activity
- Constitutional rights when interacting with law enforcement

The Labor Commissioner will publish a template by January 1, 2026. Employers must distribute the notice by February 1, 2026, at hire and annually thereafter, and keep compliance records for three years.

Additionally, employers must notify an employee's designated emergency contact if the employee is arrested or detained at the worksite, provided the employee has opted in for this specific notification. The bill requires employers to provide existing employees with the opportunity to choose an emergency contact by March 30, 2026, and at the time of hire, for new employees hired after that date.

6. Cal-WARN Expansion (SB 617)

SB 617 requires employers covered by Cal-WARN (covers establishments with as few as 75 employees -- including part-time employees) to include new information in layoff and closure notices. Updated notices must disclose whether the employer will coordinate services through the local workforce development board and must include information about that board and the CalFresh food assistance program.

7. Personnel Records Requirements (SB 513)

SB 513 updates requirements for documenting employee education and training by mandating the inclusion of:

- Employee name
- Training provider
- Training duration and dates
- Core competencies, including equipment or software skills
- Certifications or qualifications earned

Penalties for noncompliance include \$750 plus attorney fees. Employers should review their training record practices to ensure compliance.

8. Bias Mitigation Training (SB 303)

An employee's acknowledgment or assessment of personal bias—when made in good faith as part of required bias mitigation training—cannot be used as proof of unlawful discrimination under FEHA. This clarification supports employers implementing bias training without creating legal risk for participants.

9. Crime Victim Leave & Paid Sick Leave Updates (AB 406)

AB 406 expands enforcement of California's crime-victim leave laws by transferring authority to the Civil Rights Department. The bill clarifies that employees may use Paid Sick Leave for all purposes aligned with crime-victim leave, jury duty, and witness leave statutes.

Updated state model notices are expected and should be monitored by employers.

10. Restrictions on Retention Bonuses & Tuition Assistance (AB 692)

For employment contracts entered into on or after January 1, 2026, employers cannot require employees to repay hiring bonuses, retention bonuses, or tuition-assistance payments when employment ends—except in limited situations such as approved apprenticeship programs, transferable-credential tuition programs, government loan repayment assistance, or

certain discretionary payments not tied to job performance.

Employers offering such benefits should seek legal guidance to ensure agreements remain compliant.

11. Paid Family Leave Expansion (SB 590)

Beginning July 1, 2028, the Paid Family Leave Program (EDD) will cover time off to care for a seriously ill designated person, defined as anyone whose association with the employee is equivalent to a family relationship.

“ Integrity HR, Inc. is here to help—from handbook updates to employee relations guidance and compliance strategy”

12. Expanded Enforcement of NLRA Rights (AB 288)

In circumstances where the NLRB is unable to act, AB 288 authorizes workers and unions to petition California's PERB to enforce NLRA rights, including union elections and unfair labor practice charges.

13. Transportation Network Company Drivers (AB 1340)

AB 1340 enhances the rights of app-based drivers—such as those working for Uber, Lyft, and DoorDash—to organize and engage in collective bargaining. TNCs must provide driver information to PERB and follow established bargaining procedures.

Other Notable Legislation

Additional laws affecting employers include:

- Hospitality & Airports Return to Work (AB 858)
- Construction Trucking Classification (SB 809)
- Contractors' State License Law (AB 1002)
- Direct Contractors Labor Liability (SB 597)
- Final Wage Judgment Enforcement (SB 261)
- California Tips & Gratuities (SB 648)

PAGA: A Continuing Compliance Priority

The Private Attorneys General Act (PAGA) continues to drive significant litigation risk. In 2024 alone, over 9,464 PAGA notices were filed—an 85,936% increase since 2006. The best protection is strict, ongoing compliance with the Labor Code and Wage Orders. Employers should regularly review policies, handbooks, payroll practices, and timekeeping systems with legal counsel.

Conclusion

Not every new law applies to every employer, but all employers should review their policies, notices, wage practices, and agreements for compliance. Integrity HR, Inc. is here to help—from handbook updates to employee relations guidance and compliance strategy.

This article is for informational purposes only and not legal advice. Consult employment counsel before implementing any changes.



Lynn Hounslow – is the President and Founder of Integrity HR Inc., established in 2008 to support the people-management needs of growing businesses. She partners with small to mid-sized companies to ensure HR compliance, resolve employee issues, foster positive work environments, and reduce legal risk. With over 30 years of human resources experience, Lynn's background includes employee relations, recruitment and retention, benefits, compensation, and training. She has served as HR Manager for a Southern California aerospace corporation and held consulting and leadership roles within a large life insurance company. Lynn holds a bachelor's degree from Biola University and a Human Resources Management certificate from the University of California, Irvine. She has volunteered as an HR counselor with the Inland Empire Women's Business Center and is an active leader in the HR and business community, currently serving as President of the La Sierra Business Council. Her professional service also includes leadership roles with PIHRA and SHRM.

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HEALTH INSURANCE COMMISSIONS 101

BY PHIL CALHOUN

President & CEO, Integrity Advisors

Given all of the changes recently with health insurance commissions, this information is designed to educate subscribers and help build a knowledge base from which one can then take a deeper dive to learn more about carriers and changes in commissions, and look at the article Carriers: Friends or Foes? and review what our panel of experts have to say about recent commission events and what health insurance professionals need to do now.

But first please review this article which provides some background information as we cover KEY Questions about our industry and commissions. Although we focus specifically on California, these general points are applicable nationwide.

Where does the money come from for carriers to pay commissions?

We need to remember that consumers of health care services, employers, employees, and individuals pay premiums for health insurance coverage. Most often, a health insurance professional licensed in California provides information about the medical plan options available. Medicare pays MAPD plans monthly for each member that enrolls in their plan. Carriers are paid by Medicare/CMS, and the carrier pays the health care providers a flat dollar amount each month—called capitation—for each member who is enrolled.

How do Employers, employees and individuals know which health plans are better for them?

Health insurance professionals who are licensed in the state where their client, an individual, or employer resides, or the employer is domiciled, educate their clients about the insurance plan coverages, provider networks, how to access doctors, tests and treatments, and what the pharmacy options and coverage includes. To assist clients throughout the year, health insurance professionals advocate on behalf of their clients to make sure the health plan coverages “promised” work as outlined, and they can access the medical care from providers.

KEY POINT #1

Nearly All people residing in California who have health insurance through Medicare, their employer, or an individual plan, work with an insurance professional who holds an active license in that state, are contracted and often certified with the insurance carrier they are either a member of or a policy holder.

KEY POINT #2

Carriers pay commissions to contracted health insurance professionals—to get more members and policyholders, more premiums, and to retain members and premiums.

Carriers may need reminders about:

How Brokers earn commissions. Health insurance professionals spend time and money marketing to find new clients, work to build referral systems to get leads, spend hours to serve their clients to make sure the health plan and care providers honor the plan coverage, and join professional associations to network with colleagues and learn tips on the business. Let's go back to the basics on why carriers pay commissions.

Summary: Why Carriers Pay Commissions

Health insurance professionals need to communicate consistent messages to remind insurance carriers the value they get when they pay competitive commissions including:

- » New client acquisition at a lower cost
- » Motivates independent agents to sell and service policies
- » Significantly increases retention and profitability
- » Provides consumers with expert local guidance
- » Builds wide distribution without internal hiring costs from salaries to benefits
- » Aligns incentives with long-term business growth

How Employers, employees, and individuals know which health plans are better for them?

Health insurance professionals who are licensed in the state where their client, an individual or Employer resides (or the Employer is domiciled) educates their clients about the insurance plan coverages, provider networks, how to access doctors, tests, and treatments, and what the pharmacy options and coverage includes. They also inform about the insured's costs under various medical situations. To assist clients throughout the year, health insurance professionals advocate for their clients to make sure the health plan coverages "promised" work as outlined and their client can access the medical care from providers, they want at a price the health plan promises.

Next We Focus On How Carriers Pay Commissions

Producer and carriers work with Producer Agreements which are legal contracts between the insurance carrier and the licensed agent and broker, and they define the commission amounts paid when a producer enrolls a new member. In California, most commissions are a percentage of the premium paid for employer group benefits cases and for Medicare supplements. Recently, some carriers have moved to pay a flat dollar amount; some pay only for a defined period, and other carriers have stopped paying commissions on select plans. For Medicare Advantage plans, in most cases, carriers pay the mandated commissions which are defined by CMS. For select MAPD plans, commissions can be higher or lower, often based on standard versus special needs plans.

Debate is active on how carriers change commissions and health insurance professionals need to join in this discussion.

We need to educate our representatives and CMS and the DOI to support health insurance professionals to develop a policy for carriers to include the following in the producer agreements:

- » Vested Renewals.
- » Advanced notice of proposed compensation change
- » Mutual consent to change compensation of an in-force producer agreement.
- » Advanced notice of coverage and provider changes.

Moving forward, when new health insurance business is written, health insurance professionals need to consider the long haul. Possibly in the past, little effort was placed to view the future commission payments from a carrier. In the current carrier environment, it is smart to apply a commission payout filter when placing the time and effort into working with clients to show them health plan options available to them and which plans you represent and can support them as their advocate.

Who would show a product or service brand if they were not paid to represent the brand as an independent sales professional? In all industries, independent representatives would only represent those brands they were paid to represent. To do the opposite would be a career ending move

When carriers change commissions. When commissions are eliminated or reduced, health insurance professionals need to know that all with no action, it is possible more health commissions are at risk of changing. Learn how the carriers you choose to represent have acted in the past. Discover what plans they have for the future. Get involved in local and state meetings and content on this subject and make a professional decision on which carriers you represent.

A carrier can change commissions even with a written agreement if the contract gives them the right to make changes, and most do.

Use this filter -

A carrier cannot change commissions when:

- Renewals are vested.
- The contract or producer agreement prohibits changes without mutual consent.
- CMS regulations restrict changes.
- State law requires specific compensation for certain lines of insurance.

What Is NEXT?

Health insurance professionals need to have both initial success and long-term protection of commissions. Client education is the place to start.

As an industry, there is a need for health insurance professionals to educate consumers about what our role in the industry is and explain how we are not employed by the carrier, but we work for and protect them.

Health insurance professionals need to hold CMS and state Departments of Insurance to a standard to protect clients against plan coverage changes, provider changes, and when they block health insurance professionals from enrolling clients in a plan. The health insurance professional's role and fiduciary responsibility is to work for their client. This is your role, and it is critical to consumers. This is why the agent or broker does this client centered work and is why they are compensated.

What can brokers do about these carrier moves?

All health insurance agents, including those with life and health licenses, must pay attention to what is happening with the carrier moves to limit or end commissions for the sale of the carrier's insurance products.

Insurance carrier owners and management have one agenda: *make sure revenues exceed claims.*

Commissions are not just a sales reward — they are a foundational pillar of the insurance ecosystem.

How Insurance Brokers Are Paid

Let your clients know that when they work with you—a licensed insurance broker—they get professional guidance at no additional cost. Here's how and why.

Share this information

Understanding How Your Insurance Broker Is Paid

Clear, Transparent Information for Clients

Top Carriers With Recent Commission Changes

UHC, Centene, Aetna, Elevance, Blue Shield and CIGNA have recently made changes.

2026 Blue Shield letter on Med Supp Commission changes

All carriers still must honor the birthday rule so look to work with carrier partners who honor your commitment as a broker advocate and pay you fairly.

Why These Moves Are Problematic for Brokers

- **Eroded Revenue Streams:** Losing commissions (especially on new enrollments) makes it much harder for brokers to justify time and effort in selling certain plans.
- **Increased Risk:** When carriers change commission structures mid-year or eliminate commissions for new business, brokers take on more risk and can no longer act on their fiduciary responsibility.
- **Reduced Plan Access:** With some plans being decommissioned for brokers, their ability to offer a full suite of options to clients is limited.
- **Strategic Pressure:** These cuts often appear driven by carriers' financial stress or risk management, not by broker performance — meaning brokers are being squeezed as a lever rather than being rewarded and carriers are seeking a pure profit move.
- **The future value your hard-earned commissions are at risk.** Buyers pay for the residual value of commissions. If carriers cease payments the value to a Buyer is gone. Moving clients sold to a new carrier may work for some but not all situations.

How many want to retire without the ability to sell hard earned commissions for value?

- **Regulatory Tension:** Broker associations (like NABIP and NAIFA) are pushing back, and these decisions could lead to more regulatory scrutiny or demands for broker protections. Support these associations with your membership and get involved.

When a Carrier Can Change Commissions

Commission agreements always include clauses that allow the carrier to change compensation under certain circumstances. These clauses vary, but the following conditions are the most common and legally enforceable. Be aware of these points when you review your carrier producer agreements.

If the Contract Contains a “Right to Amend” Clause

Most carrier contracts give the carrier the right to change commissions at any time with advance notice.

Typical language includes:

“Carrier may amend compensation schedules at any time with written notice.”

“Commissions may be modified for new or renewal business upon 30-60 days’ notice.”

This is the #1 reason carriers can legally adjust commissions.

» If Commissions Apply Only to New Business

Many agreements specify that commission changes apply only to:

- New enrollments after the effective date
- New plan years
- New products

If the contract is structured this way, carriers can change future commissions but must honor past ones.

» If State or Federal Regulations Require Commission Changes

Laws can override private contracts.

Examples:

• ACA (Affordable Care Act) changes

States or CMS may impose compensation rules for certain health plans.

• Medicare Advantage / Part D

CMS sets MAXIMUM commissions annually.

Carriers must update compensation when CMS changes the rules.

If regulation changes, the contract must change.

» If the Broker Loses Eligibility (Licensing / Appointment Issues)

If a broker:

- Lets their license expire.
- Fails to maintain E&O insurance.
- Loses a carrier appointment.
- Fails training requirements (e.g., AHIP for Medicare).

...the carrier can immediately stop commissions for the above and these reasons are typically spelled out in the agreement.

» If the Contract Is Terminated

If either party terminates the contract (per the contract terms), commissions may stop on:

- New business.
- Existing business (unless vested).

Whether renewals continue depends on vesting.

» If Renewal Commissions Are NOT Vested

Most agreements specify whether renewal commissions are:

- Vested (guaranteed even after termination).
- Non-vested (can be stopped when the relationship ends).

If renewals are non-vested, the carrier can stop paying after termination regardless of history.

» If the Product Line or Book of Business Changes

Carriers may legally change commissions if they:

- Close a product line.
- Move a block of business.
- Convert plans to new versions.
- Withdraw from a market.

This is allowed because the original product no longer exists as sold.

» If the Agreement Is “At-Will”

Some carrier agreements are written as at-will contracts.

This allows either party to:

- Amend.
- Suspend.
- Terminate.

...with proper notice.

When a Carrier *Cannot* Change Commissions

There are limits. A carrier **cannot**:

- Reduce commissions retroactively on policies already issued unless the contract explicitly allows it.
- Reduce vested renewals.
- Change Medicare commissions outside CMS rules.

Withhold earned commissions without legal cause.

If a contract promises **vested commissions** or a **guaranteed schedule**, the carrier must honor that schedule for existing business.

Please get educated and involved. We pledge to help inform our subscribers as news and events are added to our [California Broker eCalendar](#).

Summary

This article is an educational piece designed to build your understanding of the role you play as a health insurance professional, explain how the Medicare carriers operate in the industry, and arm you with information. With the amount of commission changes over the past two years and the shift of moving the focus off “business” at this time of year, we hope these resources will help you take action in 2026. Knowing more about how and why some carriers have decided to impact consumers with the changes to the key distribution system for health plans, health insurance professionals, is important. Equally important is actively joining the conversation by joining your local professional association’s meetings and participating in discussions to stay involved. For about \$50 a month, you can join NABIP, and, for about the same amount, you can join NAIFA.

If you make New Year’s Resolutions for your business, check out the links below to learn more about how to get involved.

[NAIFA link to join](#)

[NABIP link to join](#)

“More Resources to Review”

[The 2027 Final Rule and Medicare MAPD by Calvin Bagley](#)

[NABIP Calls on State Regulators to Protect Fair Competition & Consumer Access](#)



Carriers: *Friend or Foe?*

Our Esteemed Panel of Experts Provide Input on Health Commission Crossroads in California.

BY PHIL CALHOUN

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Watch and listen to insights from our panel of experts on the last page of the article.

Four highly accomplished industry leaders provide a sophisticated view of how carrier commission strategies, regulatory structures, and market forces are reshaping the health and Medicare landscape in California. **Maggie Stedt** contributes decades of Medicare and carrier product experience, including time as a carrier product director. Maggie was on the team that started the Medicare Summitt—the largest Medicare event in CA—and she served as CAHIP president.

Rosamaria Marrujo brings national distribution insight as an FMO operating in all 50 states and she served as president of CAHIP. **Juan Lopez** adds deep legislative and association engagement as well as carrier experience and has served as president of CAHIP. **Dawn McFarland** connects state and federal advocacy with day-to-day brokerage operations and has served as president of the Los Angeles chapter of CAHIP.

Carrier Relationships Beyond Friend or Foe

Each leader approaches the carrier–broker relationship as a complex business partnership rather than a simple adversarial or friendly dynamic. Maggie notes that many carriers treat broker compensation as part of their 15% profit allowance instead of a core cost of distribution, which leaves brokers positioned as “*a necessary evil*” even though a substantial portion of carrier enrollment originates with independent producers.

She observes that if carriers could eliminate brokers without losing production, “*they would happily do so,*” and she is critical of the assumption that agents will continue servicing longstanding clients even when compensation is removed.

Rosamaria emphasizes functional roles. In her view, carriers are neither friend nor foe; they are partners with “*different responsibilities in our ecosystem.*” Carriers design, price, and underwrite the products, while brokers “translate those products into a real-world solution for individuals, their families, and their employers.” When both sides respect those roles, the relationship works extremely well and is ultimately judged by consumer outcomes, she notes.

Juan highlights mutual dependence under financial pressure. Carriers must maintain solvency and profit, and agents “**do not want to work for free**” as they bring in revenue, so “**they need each other in order for them both to be successful.**” He characterizes the current environment as “turbulent times” that both carriers and brokers must work through together.

Dawn is explicit that the core question is not friendship. She states, “**this is not about friendship, it is about business.**” Carriers are evaluating their bottom line and determining whether “it makes sense to continue to use agents as their marketing arm,” while agents must continue to demonstrate their value proposition if they wish to remain central to distribution.

Commission Environment and Market Drivers

All four leaders describe a commission environment defined by volatility, compressed timelines, and increased uncompensated work for brokers.

From a national FMO perspective, Rosamaria characterizes recent periods as “**volatile and inconsistent,**” citing commission reductions, restructures, caps and, in some instances, eliminations of commissions, often implemented quickly and with “**limited transparency.**” She reports that across the markets she oversees, she “**cannot find one market**” that has remained stable.

Dawn notes that carriers have historically managed unprofitable plans by removing them from the agent channel, but she points out that the current application of that pattern is “**exasperated.**” In an environment where agents are already under pressure, she explains that non commissionable plans “**truly do create steering,**” because it is neither realistic nor sustainable to expect brokers to sell and service zero commission products.

Juan provides a detailed explanation of underlying financial drivers. He links increased utilization to delayed care during COVID, the impact of high deductible ACA plans that pushed major procedures into the Medicare period, and the Inflation Reduction Act’s reduction of the out of pocket maximum from about \$8,000 to around \$2,000, along with the elimination of the donut hole. Those changes, he notes, shift thousands of dollars per member to the carriers. He also highlights the revenue impact of declines in Medicare star ratings, explaining that a half point drop can translate into “**millions and millions of dollars**” in lost funding for a plan with hundreds of thousands of members.

Maggie describes the operational impact on brokers as “**three different tsunamis**”: plans that were filed and marketed as commissionable but later designated non commissionable, contracting windows that extended into late December even though AEP still ends December 7 and no special enrollment relief for beneficiaries whose provider relationships were disrupted, leaving many seniors “**thrown to the wolves.**”

Why Carrier Responses Differ

The leaders also explain why some carriers have made aggressive commission changes while others have remained comparatively stable and broker supportive.

Juan observes that regional carriers with deliberate, controlled growth and tighter overhead have experienced “**less changes and less impact.**” These organizations tend to expand into nearby markets with good density and rely on brokers to execute a “**controlled growth conversation,**” rather than viewing broker compensation as the primary adjustment lever. In contrast, national carriers that expanded rapidly “**into very many different markets**” and built “**huge overheads**” are the ones more likely to withdraw from counties, cut commissions on PDP and PPO products, and materially alter benefit designs.

Rosamaria underscores that carriers are not homogeneous. She notes that financial pressures, risk profiles, market exposure, and leadership philosophies differ significantly. Some organizations prioritize short term cost containment, while others treat broker distribution as a long term investment in “**growth and retention and compliance.**” She cautions against broad generalizations across carriers, reminding brokers that compensation decisions often reflect each carrier’s specific portfolio and strategy.

Maggie brings in California specific behavior, including carriers that have tightened application of the state’s birthday rule and reevaluated rich ancillary benefits such as dental and other extras on Medicare Advantage and Med Supp to mitigate loss ratios. At the same time, she points to carriers that maintain extensive value-added benefits but look to broker commissions and agent participation as areas to trim, sometimes restricting agent involvement altogether on certain drug plans and then criticizing agents to consumers when those agents cannot assist.

“Carriers design, price, and underwrite the products, while brokers “translate those products into a real-world solution for individuals, their families, and their employers.”

Dawn adds the regulatory overlay, outlining how California's bifurcated structure places Med Supp and Medicare Advantage under different agencies, while Medicare Advantage benefits and compensation are heavily driven by federal guidance. She notes that this creates a complex environment in which state agencies may empathize with broker concerns yet have limited authority to address certain commission practices directly.

Strategic Practice Adjustments for Seasoned Brokers

Each leader offers practical recommendations for experienced brokers who are reassessing their models in light of these changes.

Maggie encourages brokers to conduct a rigorous review of their books and decide "what business you are willing to be in?" She suggests stepping away from routine handling of standalone PDP enrollments and, instead, building partnerships for that segment, focusing broker time and liability on areas where compensation and professional value remain aligned. She also stresses the importance of respecting E and O boundaries, stating that if she is not appointed with a carrier, her coverage "is not covering" her, and she therefore will not enroll or service those plans.

Dawn explains that she has already stopped selling prescription drug plans as a core activity. She now provides structured education through online meetings to show clients how to use Medicare tools and reserves individual assistance for those who genuinely cannot navigate the process. She emphasizes that she is "not leaving them high and dry," but is deliberately aligning her service model with where she can add the most value and maintain a sustainable practice.

Rosamaria describes her agency as "***client first, disclosure driven.***" She trains her downline to understand how compensation changes affect service capacity, to be "very clear" about what they can sustainably provide and to ensure clients are "fully informed" when a non-commissionable plan will not come with the same level of ongoing broker support. She stresses that unmanaged expectations in this environment can damage a broker's brand and longstanding client relationships.

Juan focuses on professionalism, compliance, and policy literacy. He urges brokers to stay current on legislative and regulatory developments, to understand CMS and carrier requirements in detail, and to report peers who are not following the rules, noting that one non-compliant agent can "***smear the rest of us***" and invite more restrictive oversight that affects the entire profession.

Strength in Numbers and Professional Leadership

Drawing on their substantial association and advocacy experience, all four leaders emphasize organized engagement as essential to influencing commission policy and preserving the independent distribution model.

Dawn notes that there is "***no getting around the work of doing advocacy.***" She stresses that the industry needs both more members and more individuals willing to serve in leadership roles, participate in meetings with regulators and legislators and attend state and federal visits so broker perspectives are clearly represented alongside carrier and provider interests.

Juan states that "***professional brokers need to belong to a professional association,***" pointing to the role of state and national organizations in engaging with CMS, HHS and lawmakers on Medicare and individual market issues. He highlights coordinated work with related industry groups to present a unified position on the value of professional advice and the need for fair, transparent compensation structures.

Rosamaria frames collective action as "shared education, unified professionalism, and consistent messaging." She argues that brokers, FMOs, and associations must present a cohesive narrative that distinguishes independent advisors from high-volume call centers, explains the breadth of year-round service, and clarifies how zeroed-out renewals affect client support. She also emphasizes leadership development so more brokers can advocate "***not emotionally, not reactively, but strategically and compliantly.***"

Maggie calls on brokers to move beyond frustration and avoid a victim mindset. She reminds colleagues that they "have the power in our hands through our association and through other good agents" and says it is "***time to take the reins***" so that broker expertise remains central to how Californians navigate increasingly complex health and Medicare coverage decisions.

MEET OUR ESTEEMED PANEL OF EXPERTS



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► MAGGIE STEDT

Maggie Stedt, C.S.A, LPRT, is an independent contractor/licensed agent and consultant. She is a certified senior advisor and lifetime member of NAHU's Leading Producers Roundtable at the Soaring Eagle Level. She has over 40 years of experience in essential areas of the insurance industry including sales and sales management, product development and product management. Maggie currently serves on the NAHU Medicare Advisory Committee. Founder of the annual Senior Medicare Summit, attendance grew from 200 in 2010 to close to 1,000 attendees in 2022. She served as past president of CAHIP; NAHU Region 8 Membership Chair 2014 –2018 and past president of OCAHU, serving two terms.



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► ROSAMARIA MARRUJO

Rosamaria Marrujo, Founder and CEO of Trusted American Insurance Agency (TAIA), is a trailblazer in the healthcare and insurance industry. As President of CAHIP, she leads initiatives that protect consumer rights, strengthen the role of insurance professionals, and influence policy at both the state and national levels. Marrujo's leadership is defined by her vision for a stronger, more connected industry—one where professionals are empowered, consumers are protected, and healthcare remains accessible to all.

www.taia.us

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► JUAN LOPEZ

Juan Lopez is a 35-year insurance industry veteran with leadership roles at Ameritas Life, Aetna, and Kaiser Permanente. He retired from Kaiser Permanente as Southern California Area Vice President of Sales, overseeing Small Group, Large Group, Public Sector, and Strategic Sales.

A past president of multiple regional chapters and the California Association of Health Insurance Professionals (CAHIP), Juan currently serves as Vice President of Finance for CAHIP-OC and chairs its philanthropic golf event benefiting Cystic Fibrosis. His honors include the NABIP Presidential Citation Award (2018), CAHIP Pinnacle Award (2023), and NABIP Distinguished Service Award (2024).

In retirement, Juan joined Colonial Life as a broker consultant and serves as a General Agent with Applied General Agency, supporting brokers in voluntary benefits and Medicare. He holds a Bachelor's degree in Business Administration from Cal Poly Pomona and enjoys traveling, wine, golf, and photography with his wife of 40 years, Shirlene.



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► DAWN MCFARLAND

Dawn McFarland is the Founder and President of M & M Benefit Solutions Insurance Services. She has found a passion as an agent who helps individuals, especially Medicare eligible, navigate choosing how they receive their health care. Dawn volunteers as a community educator for the Alzheimer's Association and was recently elected President Elect for the State of CA Agents and Health Insurance Professionals. She has been recognized by the National Association of Benefits Insurance Professionals (NABIP) with both the Distinguished Service Award and the coveted State Legislative Achievement Award. She also served (4) years on the Medicare Advisory Council for NABIP, was president of the LA Chapter of CAHIP, and is a member of the founding group of the [NABIP Bill of Rights](#).

Up Your Game: *Why More Leads Aren't Going to Help You*



brand

BY SARAH DEPREE

As we begin a new year, you may find yourself inevitably asking the same question, "How do I up my game to get more leads this year?" For most, the instinctive response is buying a new CRM, launching more social media posts, running ads, or purchasing leads. And while these things can help, they rarely contribute to true growth because they don't fix the real issue.

Most agents don't have a marketing problem—aka "If I was seen more, I'd have more leads"

The truth is that it's a branding problem.

It's not the number of leads or posts on social media. It's not the volume of your outreach. It's the lack of clear messaging that instantly creates trust the moment people discover you. More often than not, your brand is building that trust well before you even get a chance to speak to a potential client.

In other words, if your brand is confusing, no amount of marketing can compensate for it.

The Hidden Reality

Insurance is a relationship-driven industry. Potential clients want to feel safe, seen, and understood. So, when your website sounds generic or your social media tone doesn't match your emails or claiming to serve "everyone," prospects immediately can sense that something is off. Even if they can't explain why.

They feel a disconnect between who you say you are and how you show up. Maybe your website sounds formal, but your social content is casual. Or your emails feel warm, but your website reads like it belongs to a different agent altogether. These subtle shifts create doubt, and doubt is all it takes for someone to choose another agent who feels more aligned and reliable.

Humans are wired to avoid inconsistency. In a trust-based field, like insurance, small inconsistencies don't feel minor. They feel risky. And potential clients don't want to take risks with someone who will manage their health, life or financial future.

Skip the foundation and pay for it later

Most agents jump straight into marketing because it feels productive. It's an action that will lead to a predictable outcome, supposedly.

New logo? Feels like growth.

New CRM? Feels like progress.

New ad campaign? Feels like momentum.

But without clearly knowing who you actually serve, what you bring to the table that is special, and why you are a better choice than the competition, all those marketing efforts are being built on sand.

Have you ever experienced the following cycle:

1. Launch a new marketing tactic
2. See little to no change
3. Feel discouraged
4. Try something else, a different marketing tactic
5. Give up until the same time next year & try again

But the problem was never the tools. Or the platform. Or the leads. It's the foundation beneath them.

Before you market anything

If you want more leads in 2026, start by tightening your brand, not your marketing. Most brands skip this step because branding feels abstract while marketing feels actionable. Branding requires you to slow down. Marketing lets you speed up and do something. But growth only happens when the two work together.

Here are four foundational elements every insurance agent needs in place before investing a single dollar into lead generation:

More leads aren't the answer. When your brand is clear, consistent, and trustworthy, every marketing effort becomes more effective. You won't just increase your leads—you will increase the right leads.

1. A Clear and Narrow Target Audience

Serving everyone is the fastest way to serving no one. People don't trust generalists. They trust people who understand their specific situation. So instead of:

“I help you with life and health insurance”

Try:

“I help self-employed professionals simplify health coverage and avoid expensive mistakes.”

Or

“I work with families who want a simple, practical life insurance strategy that grows with them.”

Specificity attracts. Generality repels.

2. A Consistent Message Across Every Platform

Your website, social media, email, voicemail, and even your business card should feel like they were created by the same person.

When you're consistent, potential clients think:

“They are stable and trustworthy.”

When you are inconsistent, they subconsciously think:

“If they're not organized here, what else might they miss?”

And while we're at it, ditch the industry jargon. It may feel professional, but often potential clients don't understand half of what you said. Use plain English that connects to real people by speaking how they speak.

3. A Simple, Compelling Value Proposition

Most agents talk about the product, not the problem they solve.

Consumers don't buy insurance.

What?

Yes, that is what we said, they don't buy insurance. They buy peace of mind. Protection. Confidence that someone will help them avoid costly mistakes.

A strong value proposition explains:

- The problem you solve
- The people you solve it for
- The outcome they can expect

4. A Trust-Building Digital Presence

Before anyone calls you, they will inevitably Google you. It is 2026 and information is easily accessible.

If the first impression is unclear, outdated or generic, leads fall apart before you even get a chance to begin.

Trust-building elements include:

- Testimonials, stories and reviews from real clients
- Clear homepage messaging
- A professional photo

- Easy to understand explanations of services
- Visible call-to-action
- Consistent brand voice

These little pieces lead to big confidence.

When your brand is Right, Lead Generation Works Effortlessly

The irony is when your positioning is clear and consistent, you actually need less marketing, not more.

- Your ads perform better because they are targeted.
- Your referrals increase because people know exactly who to send you.
- Your content resonates because it sounds like it was written for a specific person.
- Prospects convert faster because they trust you sooner.

Brand clarity lowers your cost per lead and increases your close rate. Confusion does the opposite.

How to Up Your Game in 2026

If you want this year to start different, begin here:

1. Identify your niche

Choose a segment you understand and enjoy serving.

2. Audit your digital presence

Is it consistent everywhere?

3. Simplify your message

Make it easy for people to know what you do and who you help.

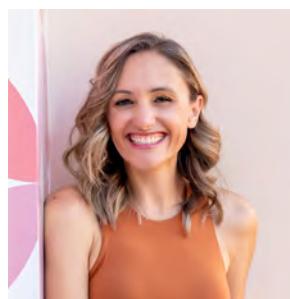
4. Then (and only then) choose your marketing tactics

Once the foundation is solid, your marketing becomes an amplifier instead of a Band-Aid.

More leads aren't the answer. When your brand is clear, consistent, and trustworthy, every marketing effort becomes more effective. You won't just increase your leads—you will increase the right leads.

And that is how you truly up your game in the new year.

ECHO & STONE

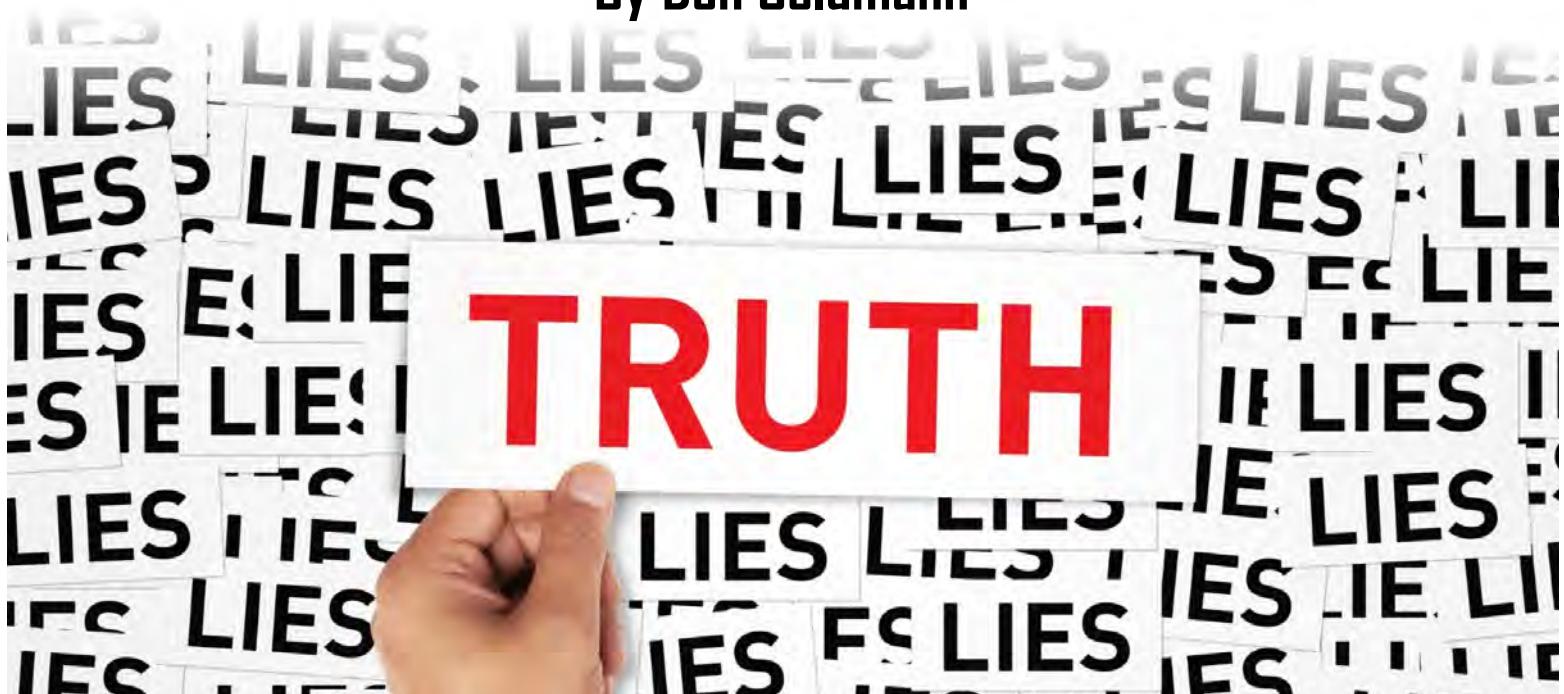


As co-founder of Echo & Stone, **Sarah Dupree** blends brand insight with the empathy of someone who's built a business from the ground up. After working with brands like Toyota, Boot Barn, and Yamaha, she found a passion for helping female founders see who they really are and empowering them to show up with purpose. To find out more about Echo & Stone's brand focused approach to marketing, visit www.echostonemedia.com.

SOURCE: www.echostonemedia.com

Debunking *Lies* about the Value of Carriers

By Don Goldmann



Johnathan Swift, the 1700s English satirist who wrote “*Gulliver’s Travels*,” is often credited as being the first writer to suggest the Devil invented lies.

If the Devil first invented lying, then everyone who lies, is simply repeating his process, not inventing anything new.

Hence, it’s apt to repeat that what’s old is new again!

What current lies are arising again?

- The consumer is better off without broker commissions by getting a lower premium.
- The carrier can lower its premiums and gain more market share, if it doesn’t pay commissions.
- Brokers only add cost, not value.

Every time those lies are told, the Devil smiles a wicked, evil grin, worthy of the Grinch and happily says, “*Everything old is new again!*”

Californian insurance brokers, active between 1990 and 2010, heard those claims back then.

During those years, for a period of time, Pacificare discontinued paying brokers until sales started fading.

Also, during that period, Kaiser had a policy of not paying commissions, until they too decided there was value in having broker support.

Politicians decided to join the chorus by passing legislation, without broker involvement, in 1992, for California’s first state sponsored health care exchange titled “*The Health Insurance Plan of California*” (HIPC), or what became known later as PacAdvantage.

The HIPC’s decision to disrespect brokers by not providing commissions led, in 1996, to John Word and Rusty Brown, of Word & Brown, creating CaliforniaChoice, with a commitment to distribute the product with broker commissions.

Eventually, Pacificare, Kaiser and, what evolved to become Covered California, all concluded that paying commissions was the best thing for consumers, brokers, and themselves.

However, the Devil doesn’t stop!

“ **Today**, carriers throughout the country, selling individual, small group and Medicare policies, have been tempted to believe that **there’s no value in having brokers distribute their products.**”

In the 1990s, brokers applied pressure to force change in the carriers' refusal to maintain active commission plans, but those brokers had to do it by convincing each other to not present non-commissionable products. While there was no formal collective bargaining involved, peer pressure helped to stymie sales until carriers no longer listened to the Devil.

As Johnathan Swift correctly noted, it will always be that what is old is new again.

Carriers deciding to forego commissionable plans do so for the same illogical reasons as in the past. However, we now live in a time in which state regulatory rules must be reckoned with.

While there are variations between states, most Departments of Insurance view brokers as part of the consumer protection system that should be encouraged.

The encouragement comes through rules, regulations, and directives prohibiting carriers from certain marketing and commission practices which act to discourage or disincentivize brokers from presenting certain plans to consumers. Such actions, sometimes described as an unfair trade practice, are often seen as attempting to direct consumer choices to products that are more financially favorable to the carrier to the disadvantage of the consumer.

Every broker should make the National Association of Benefits and Insurance Professionals (NABIP) a part of the brand they project to the consumer. They should lean on NABIP to help solidify that brokers represent consumer values, not carrier values, because that's what NABIP works to publicly present. the consumer. They should lean on NABIP to help solidify that brokers represent consumer values, not carrier values, because that's what NABIP works to publicly present.

In terms of carriers engaging in non-commissionable products to discourage the writing of certain policies that might be better for a consumer, but less profitable to a carrier, NABIP is working with the National Association of Insurance Commissioners to issue bulletins warning of potential fair-trade violations.

As of November 12, Idaho, Delaware, Montana, New Hampshire, North Dakota, and Oklahoma have issued bulletins.

Active discussions are going on with regulators in 17 other states, including Alabama, Arizona, California, Colorado, Connecticut, Florida, Iowa, Maryland, Minnesota, Nevada, New Mexico, North Carolina, Ohio, South Carolina, Texas, Virginia, and Wisconsin.

“Customer service and protection should be qualities reflected in every broker’s brand, but non-commissionable plans create a customer service dilemma.”

A broker presenting commissionable plans may be asked to compare such offerings against a non-commissionable plan the consumer is aware of, but would like more information, while not recognizing that the broker is being asked to work for no compensation. Even worse, the broker may be endangering their own financial well-being in presenting plans which have no compensation.

While E&O policies can be different, the general rule of thumb is that E&O only applies to the selling of a policy for which there is compensation. Presenting a non-compensated policy opens the broker to being sued if something goes wrong with the E&O policy not providing coverage.

Showing the consumer that you have value is an important part of your brand, but you also need to use NABIP to gain a larger voice in fighting back against the old attitude that the consumer gains no value in having a compensated broker.

That old lie is once again new and it's clearly a Devil's lie that the broker has no value.

“The consumer without a broker can easily become the big LOSER in the transaction.”



Don Goldmann is the former NAHU President and current Chairman of the Independent Board of Directors for the Dental Health Services of America with plans available throughout California, Oregon and Washington state. With over 40 years of industry experience, he also works as an independent consultant, often with the National Association of Health Underwriters. Previously, he was Vice President of the Word & Brown University.

MESSAGE FROM INCOMING PRESIDENT



Incoming NAIFA President Richard Coffin: Our Moment to Lead

To the dedicated members of the National Association of Insurance and Financial Advisors, it is with profound humility and an energized sense of purpose that I step into the role of your President. Having dedicated three decades in this incredible profession starting in California and striving daily to serve my clients, culminating in multiple MDRT honors and the distinction of the Hard Hat Award, I understand the tireless commitment each of you brings to the financial well-being of American families. Our work is not simply about transactions; it is about trust, certainty, and creating legacies. For 2026, our mandate is clear: to move from being an association to becoming a powerful, unified movement that elevates every advisor and protects every client.

The foundation of our calling lies in professional excellence and staunch advocacy. This coming year, we must renew our commitment to continuous learning. That means developing cutting edge programs, like E3 Collaborate, that don't just review regulatory changes but fundamentally increase advisor knowledge in complex planning areas. I urge every member to engage deeply with our educational offerings and, specifically, to utilize the Business Planning Seminar E3 NEXUS, a critical tool designed to help you analyze, strategize, and grow your business planning practices efficiently. Furthermore, we must amplify our voice on Capitol Hill both in Sacramento and D.C. Our collective strength is the shield that ensures our clients' best interests are always prioritized, protecting the delicate financial ecosystem we work within.

To truly build this experience, we need to dramatically increase our footprint. We ask you to look around and invite those dedicated colleagues who are not yet members to join us. Our "Strength in Numbers." This is also why collaboration is paramount. We will be actively strengthening our partnerships with key organizations across the industry, such as E3 Nexus, recognizing that our ultimate goal—securing the financial future of our clients—is a shared endeavor. By forging these vital alliances, we create a unified front that ensures our profession remains relevant, respected, and resilient against external challenges.

This is more than a term of office—it is a call to action. We are the architects of financial confidence, the pillars of protection, and the trusted guardians of our clients' futures. My time in this industry has shown me that the most powerful force is an advisor operating with knowledge, passion, and the support of a strong association. I am asking every single one of you to join this collective movement for 2026. Let's lead with purpose, grow with integrity, and advocate with conviction. Together, we will define the next great chapter for NAIFA and for the millions of people who depend on us.

**We are the architects
of financial confidence,
the pillars of
protection, and the
trusted guardians
of our clients' futures.**



Rich Coffin has over 25 years of experience in the financial services industry, helping families and businesses achieve retirement security and asset protection. As a Partner at CapitalSmith Financial and Insurance Services and Vice President of Membership for NAIFA-California, he is recognized for his leadership, advocacy, and commitment to the profession. In 2023, he was honored with NAIFA's Q2 Membership Hard Hat Award for his outstanding recruitment efforts across California and beyond.

CELEBRATING LEADERSHIP & LEGACY

**Former Professional Basketball Player and 2026 NAIFA President Headlines
73rd Will G. Farrell Public Service Award Event as Tom Petersen is Honored**

By NAIFA

The insurance profession thrives on integrity, advocacy, and a commitment to safeguarding the public—values embodied by the honoree of the 73rd Will G. Farrell Public Service Award for 2026, Thomas R. Petersen, MBA, RHU, of Petersen International Underwriters, a Lloyd's Coverholder and Lloyd's Broker.

With more than 40 years of specialization in disability insurance, Petersen has shaped the industry through innovation, legislation, and steadfast dedication to consumer protection. His work includes authoring 25 legislative bills enacted across multiple states and partnering with NAIC task forces to develop model acts addressing special-risk disability coverages. His contributions have created greater clarity, access, and stability in a vital product line that continues to evolve.

A Tradition of Service

Established in 1949 by the Life Insurance Committee of the Los Angeles Chamber of Commerce, the Will G. Farrell Public Service Award honors individuals in financial services who demonstrate exceptional and unselfish service to the public.

Since its inception, the award has reflected the legacy of Will G. Farrell—an industry pioneer remembered for his leadership, professional excellence, and belief in service as a cornerstone of the financial services profession.

The award has long been presented by NAIFA—Los Angeles, and since 1974, jointly with the Society of Financial Service Professionals (FSP)—a partnership strengthened when FSP officially merged with NAIFA in 2023. The perpetual trophy, originally donated by the Title Insurance and Trust Company, continues to symbolize the highest level of professional integrity.

We invite you to join us in honoring Tom Petersen and celebrating the values that elevate our profession.

Keynote Speaker: Chris Gandy—Championship Mindset Meets Financial Excellence



Adding to the significance of this year's event, attendees will hear from former professional basketball player Christopher Gandy, whose career included time with the Chicago Bulls, San Antonio Spurs, and professional leagues in France, following a standout collegiate career at the University of Illinois.

After retiring from the court, Gandy began a new chapter in 1999: financial services with Northwestern Mutual. He later founded APEX Consulting Group LLC and served as Senior Vice President of Sales at MassMutual Chicago. His experience as a high-performance athlete and team builder gives him unique insight into the financial complexities facing high-income earners—especially professional athletes—guiding his passion for education, planning, and protection.

For the past 25 years, Gandy has been a national advocate for financial literacy, community empowerment, and professional growth. A NAIFA member since 2003, he serves as NAIFA's 2026 National President, bringing his trademark energy and leadership to the national stage.

Join Us for a Landmark Celebration

We invite you to join us in honoring Tom Petersen and celebrating the values that elevate our profession.



Event Details



Event: Will G. Farrell Public Service Award & Pathway To Excellence

Date: Thursday, April 9, 2026

Time: 11:00 a.m. – 2:00 p.m.

Location: Knollwood Country Club, Granada Hills, CA

Optional: Golf outing following the luncheon

Corporate tables (10 seats), sponsorship packages, and exhibitor booths are now available—an exceptional opportunity to showcase your organization and support NAIFA—Los Angeles.

For ticket reservations, tables, and sponsorship information, please visit:

<https://naifala.org/pathway2026/>

For additional questions, please call

213-500-4946 or email

janet@naifala.org.

Do you have a smooth running Referral Machine?

By Bill Cates, CSP, CPAE, President, Referral Coach International



Every advisor knows referrals are the holy grail of client acquisition. Study after study continues to validate this. When they flow—with the clients that fit your profile—life is good. Right-fit prospects show up already trusting you, and new business comes with less friction and even a little fun. But when your referral machine sputters—or worse, stalls completely—it can feel like the spark has gone out of your growth engine.

If that sounds familiar, there's a good chance your “referral system” isn't really a system at all. It's a few scattered tactics: a thank-you note or birthday phone call here and there. Maybe an occasional “Who else do you know?” that never feels quite natural. Getting good at any one part of the process will help. But building a complete referral system—one that's authentic, intentional, and repeatable is what creates consistent growth and steady introductions to right-fit clients.

Let's take a look under the hood.

Start with the End in Mind

What every financial advisor truly wants is to get in front of more right-fit clients as efficiently as possible—time-efficient and cost effective. A strong referral system does exactly that. It reduces dependence on expensive or weak leads (usually both), costly marketing that doesn't produce the desired ROI, or random prospecting.

Unfortunately, too many advisors only focus on one or two parts of the machine. They might be excellent at client service but weak at proactive outreach. Or they ask for referrals well but don't secure effective introductions. It's like having a car with a great engine but no steering wheel—it looks powerful, but you're not going anywhere reliably.

The Five Parts of a Complete Referral System

1. Become Super-Referable

Everything starts here. No script or strategy can overcome a lack of trust or enthusiasm. When clients feel fully engaged, emotionally connected to your mission, and confident in your value, they

naturally want others to experience it. You know you're becoming referable when value has been delivered, and value has been recognized.

Pay attention to value-recognizing statements and conduct value discussions. Get them speaking your value out loud.

Neuroscience validates that speaking something out loud creates understanding and clarity.

2. Promote or Encourage Introductions Before You Ask

One of the best ways to normalize introductions is to talk about them casually and early in relationships. Plant the seed:

“Like you, most of my clients first came to me through a personal introduction. If you ever think of someone who should at least know about the work I do, my process, please don't keep me a secret.”

You're not asking—you're teaching clients that introducing you is part of the culture. You're framing referrals as a natural extension of great service, not a favor they owe you.

3. Ask Proactively (Without Awkwardness)

A professional ask is not a pushy one. It's confident, specific, and client-centric. Instead of "Who do you know?" try:

"You've mentioned that your brother has a growing business—assuming we come up with a comfortable approach, can we discuss the possibility of an introduction to him?"

That small shift from vague to specific transforms discomfort into clarity. It's not begging; it's being of service.

4. Turn Willingness into Introductions

This is the step most advisors either forget or don't feel comfortable doing, but it's what turns "willingness" into "results." Your client says, "I gave your name to a friend," and you wait... and wait. Don't rely on hope. Turn a referral into an introduction. Offer to draft the introductory email handshake, host a short three-way meeting, or invite the introducer and prospect to an educational event. You're making it easy and safe for everyone involved. The more relevant and compelling the connections, the higher the conversion.

5. Expand Through Networks and Centers of Influence

Even the best client advocates can only introduce a few people a year. Building productive relationships with other professionals—CPAs, attorneys, mortgage lenders, P&C agents, business consultants—exponentially multiplies your reach. Start with value to them! Show genuine interest in helping them first. Bring ideas for client service and/or growth.

Then, three critical gears for this part of your engine:

1. Become referable in their eyes. Make sure they "get" your value.
2. Teach them how to recognize who might be a good candidate for your work, and
3. Discuss how the introductions will be made.

Never assume a COI is good at making connections.

Bring It All Together

A real referral system connects these five components into one cohesive process. It becomes part of your daily rhythm built into how you onboard, communicate, and deliver value.

Think of it this way:

- Principle: Earn and maintain trust. Become referable.
- Strategy: Build engagement and create advocates. Think "leverage."
- Tactic: Ask and secure introductions the right way.

When those three levels work together, you're not "chasing referrals," you're creating conditions where they happen naturally and predictably.

Turn your referral results from random acts of kindness into a systematic approach that never hurts a relationship but enhances it. They're the natural result of a well-oiled system—part mindset, part method, part momentum.

When you get all the parts working together—referability, promotion, asking, introductions, and networking—you create a self-sustaining growth engine. Clients feel good about introducing you because they know exactly what you deliver. Referral partners send you business because they trust how you'll treat it. And you, the advisor, spend more time in meaningful conversations with right-fit clients and less time chasing the wrong ones.

So, if your referral machine feels a little sluggish, pop the hood. Chances are, you're not missing motivation—you're just missing a part. Fix it, fine-tune it, and soon you'll hear that sweet sound every advisor loves: steady introductions humming along, driving your business forward—efficiently, enjoyably, and by design.

Neuroscience validates that speaking something out loud creates understanding and clarity.



Bill Cates, CSP, CPAE, works with financial advisors to speed up their growth without increasing their marketing budget. Advisors tap into Bill's proven process to multiply their best clients through introductions from advocates and Centers of Influence, communicate their value proposition more effectively, and create a reputation in a profitable target market. Bill helps advisors move from push prospecting to magnetic marketing – to attract more Right-Fit Clients™. Bill is the author of 3 best-selling books, *Get More Referrals Now*, *Beyond Referrals*, and *Radical Relevance*. Bill's newest book, *The Language of Referrals* was released in March of 2024. He is the founder of The Cates Academy for Relationship Marketing™, was named the #1 Financial Advisor Influencer by Indigo Marketing, and is the host of the acclaimed Top Advisor Podcast (www.TopAdvisorPodcast.com) – now ranked in the Top 5% of podcasts worldwide

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Protect Grow Sell

By Phil Calhoun



As we enter another year, we remain committed to our goal which is to educate health insurance professionals about the risks they face with their commissions and the solutions to Protect, Grow and Sell Commissions.

To help accomplish this goal in 2026, we have scheduled more educational webinars during the peak planning season, from January to June. We feel to properly do commission planning; one needs to get started in the first quarter of the year and then move through the learning process to implement either a Commission Protection Plan if staying active or move through to complete a Purchase Agreement with a Buyer to sell their book of business.

To help with the learning process we have recorded several commission planning success stories which are accessible in our [website library](#) with 12 years of experience with commission planning we have provided solutions and educated thousands of California health insurance professionals.

Our mantra is that most every health insurance professional from solo independent agents and brokers to general agencies and FMOs, have commissions at risk and planning is needed. We plan to continue to beat the drum about the risk to commissions and help colleagues learn about the risks and solutions. The commission planning tools help solo agents and brokers, FMOs and General Agents help their subagents in a Win - Win solution that places health commissions in a position where there is no longer a risk.

Our commission planning process enables active brokers to be in control of the decision "When to retire" or "When stay active". New for 2026 is how we include in our planning work the support to do a complete evaluation of retirement income and taxa mitigation strategies. We have partnered with subject matter experts in estate planning, asset protection, and retirement income areas which are key to decisions while active in the business and also after the sale of commissions. Our webinars on these topics will open new planning opportunities and give control to

the timing decisions on when to sell. Finally, we have a revenue enhancement and readiness to sell survey tool we will cover.

If you want to search our new commission planning topics, please review our 2026 webinar series. When each webinar is completed we will post the recorded webinar in our Commission Solutions library.

More? Should you want to learn more you can either request our book *A Health Brokers Guide to Protect, Grow and Sell Health Commissions*. You can also schedule a 15 minute call and get your questions answered.

Our mission is to help health insurance agents and brokers protect, grow, and sell their commissions for the highest value.

[From Active Producer to Retiree - Mary's Exit Story](#)

When longtime broker Mary Fogleman finally decided it was time to retire she knew one thing for certain she could not just walk away from her clients. She had spent decades building deep relationships and felt a duty to protect them as she exited production. That mindset will resonate with many California brokers who are wrestling with succession planning while still servicing active books.

From vague idea to real plan

Mary did not rush into retirement. For years she kept a file of ideas on how she might eventually transition her book because she had never sold a business and did not know where to start.

Her first instinct was a family succession and she hoped one of her children would take over the practice but that option ultimately did not work out. She next experimented with referring new clients to another independent agent she respected as she gradually slowed down production.

Choosing the right buyer

The turning point came when Mary revisited an old contact Integrity Advisors and CEO Phil Calhoun. She remembered that Phil had been interested in buying agencies and books of business and she identified him as a serious third option.

Mary applied clear criteria that any seasoned California broker would recognize. She wanted a buyer with a track record of purchasing books written agreements already tested in the marketplace and enough staff capacity to actually service her sizable block. Just as importantly she wanted someone close enough and engaged enough to meet with clients who needed in person support not just phone service.

“I realized I had to sell my business. I have to take care of my clients.”

Negotiating the deal

Reviewing the purchase agreement initially felt daunting because the contract included many details Mary wanted to refine. Yet she describes the negotiations as easy and says she felt comfortable throughout the back and forth process.

Having an existing deal template and proven structure made the legal side far less intimidating for a first time seller. Mary could focus on adjusting terms rather than drafting documents from scratch and she ended satisfied with the final agreement.

Transfers and commissions made simple

For many California brokers the scariest part of an exit is commission transfer across multiple carriers and platforms. Mary fully expected a nightmare and told her husband she assumed it might take years to clean everything up.

Instead the process surprised her. She says the transfers went smoothly across carriers and happened far faster than she had imagined which she attributes to the buyers experience managing carrier specific requirements. She describes the result as beautiful and still finds it hard to believe how efficient it turned out to be.

“I looked at it as a nightmare and it did not take that long. I was completely surprised how smooth it went.”

Our mission is to help health insurance agents and brokers protect, grow, and sell their commissions for the highest value.

Getting paid with transparency

Mary also highlights payment transparency as a key satisfaction point. Each month she receives a detailed statement listing clients carriers and total commissions along with the exact split between her and the buyer.

She notes that she never had to chase a check or question a line item on a statement. For brokers considering a structured payout this level of reporting and reliability can be a practical benchmark when evaluating potential buyers.

Proof that clients stayed protected

Perhaps the most telling metric for Mary was the number of calls she received from clients after the sale. With hundreds of accounts she expected complaints or confusion yet only a handful of clients contacted her and those calls were more like requests for a second opinion than problem reports.

Mary credits the Integrity Advisors team including Jennifer and David for proactively reaching out to clients and handling service issues with care. For brokers who see their book as a legacy her experience is a reminder that choosing a buyer with a seasoned service team can be as important as purchase price.

“I judge how your team is handling my book of business by the number of calls I get and I was amazed how few calls I received.”

Mary continues to receive monthly checks for the sale of her book of business. She enjoys traveling with her husband and cashing checks especially during the Fall and Winter months.

Thank you Mary, and we wish you a Happy New Year.



Phil Calhoun is the owner and publisher of California Broker Magazine. Phil also is a leader in coaching health insurance professionals. He is an active member of several insurance associations including the California Association of Health Insurance Professionals (CAHIP) and local chapters in Orange County, Los Angeles, San Diego and Inland Empire Health Insurance Professionals.

He attends many state and local California chapter meetings. Phil's book, "The Health Broker's Guide: To Protect Grow and Sell Commissions" is available free at www.healthbrokersguide.com.

Phil offers complementary 15-minute coaching sessions to help brokers get answers to questions about how to protect, grow and sell their health commissions.

To schedule a FREE phone call "[Click Here](#)"

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Top 5 Skiing and Snowboarding Destinations in California

By California Broker Magazine



Top Five Skiing and Snowboarding Destinations in California

There is a strong consensus that California boasts the most diverse terrain amongst the 50 states, with its beautiful beaches, vast deserts, quaint vineyards, and massive mountain ranges. Many Californians eagerly anticipate the wintertime, praying to the rain gods for a solid snowfall that will result in good conditions for skiing and snowboarding. While climate change continues to impact snowfall year after year, California still boasts some stellar skiing and snowboarding destinations, and we've gathered the top five.

For avid skiers and snowboarders, buying an Ikon Pass is a popular choice as it grants access to over 60 destinations worldwide, including several California resorts. However, the pass often sells out as early as the beginning of December.

Before you depart for your ski trip, consider these tips:

- Book your lift tickets and lodging ahead of time.
- Consider the parking situation. Many ski resorts allow you to reserve parking in advance.
- Be prepared to rent or purchase snow chains if you plan to drive. Check road conditions to see if they are required, using the Caltrans QuickMap for real-time updates.

- Pack for the weather—make sure you have gloves and a beanie, thick waterproof socks, long underwear, and a windproof jacket. If the weather looks like it will be moderate, bring a backpack so you can shed layers as you break a sweat.
- Bring water and snacks. Many of us are not accustomed to high elevations and zooming down the slopes can exert a lot of energy, so be sure to pack sustenance accordingly.

As an *excellent perk* for those *born* during the *winter* months, *Snow Summit* and *Bear Mountain* offer a *free* lift ticket on your *birthday*.

Now, here is our ranking of the top five destinations in California for skiing and snowboarding:

1. Lake Tahoe

With over a dozen major ski areas, Lake Tahoe is a no brainer for the number one spot, as it is home to the highest concentration of ski resorts in the United States within a 100-mile radius. A widely popular destination for skiers and snowboarders alike, Lake Tahoe receives nearly 300 days of sunshine a year, and its snowstorms typically deposit over 500 inches of snow annually. For South Lake Tahoe resorts, try the massive Heavenly Mountain Resort, which is celebrating its 70th anniversary and is presenting a slate of lively DJ sets all season long. Other popular resorts in the South region include the often less crowded Kirkwood, or beginner-friendly Sierra-at-Tahoe. For North Lake Tahoe, try the widely popular Palisades Tahoe, its largest resort featuring a gondola, perfect for serious skiers. Also in this area are family-friendly Northstar California, historic Sugar Bowl, and lakeside Homewood.

2. Mammoth

Just 140 miles south of Lake Tahoe is Mammoth Mountain—another hugely popular Northern California destination for skiing and snowboarding. Compared to Lake Tahoe, Mammoth offers higher elevation and typically drier snow. Situated on the east side of the Sierra Nevada mountain range within the Inyo National Forest, Mammoth is ideal for those who prefer longer runs and more consistent conditions. With over 175 trails and the longest ski season, Mammoth is a premier destination for year-round mountain adventure. For ambitious skiers, Mammoth lift tickets are valid on the same day at its sister location, June Mountain, which is just 20 miles away. June Mountain is known for its more family-friendly terrain, shorter lift lines, and quieter vibes.

3. Big Bear Lake

Arguably the best skiing and snowboarding destination in Southern California, Big Bear Lake offers two prime locations for visitors—Snow Summit and Bear Mountain. Situated near Big Bear's downtown hub with around 240 skiable acres, Snow Summit offers a more traditional ski vibe, with a wide selection of advanced trails and plenty of beginner-level trails. Bear Mountain has around 198 acres with many pipes and jumps, making it popular among snowboarders. Both locations are open at nighttime, offer lessons, and onsite equipment rental. As an excellent perk for those born during the winter months, Snow Summit

and Bear Mountain offer a free lift ticket on your birthday. You must bring a valid government-issued ID at the time of redemption, and it must be redeemed on one's legal birth date.

Notable mention: located just down the hill from Big Bear Lake is Snow Valley Mountain Resort in Running Springs, a great family-friendly option with 240 acres of skiable terrain. Widely popular for its snow tubing, it boasts the only resort with lift-served tubing in Southern California.

4. Mountain High

Just a short distance from Los Angeles, Mountain High is a popular destination for a quick winter escape. With around 290 acres, Mountain High is slightly larger and offers more trails than Big Bear's Snow Summit, though conditions can be less dependable due to its lower elevation. On the upside, driving to Mountain High is often less stressful with less windy mountain roads. Mountain High also offers night skiing and a balanced array of beginner, intermediate, and advanced trails. Another perk for the budget conscious: Mountain High offers flexible ticketing, allowing you to purchase passes by the hour or by individual runs.

5. Mt. Baldy

A convenient option for those seeking a day trip and fewer crowds, Mt. Baldy is the closest ski resort to Los Angeles. Popular for its "old-school" vibe and uncrowded slopes, Mt. Baldy is typically best for intermediate or advanced skiers due to its more unpredictable snow, steep terrain, and vertical drops. For the best experience and conditions, visit just after a fresh snowstorm.



Movement: Your Most Powerful Tool for Longevity and Independence

By Megan Wroe



Movement: Your Most Powerful Tool for Longevity and Independence

My guess is that you and all of your clients have at least thought about starting or improving your exercise routine this month as it is the natural way for most of us to start the year. But for adults moving through middle age and beyond, the underlying reason for making fitness goals is not simply getting stronger or losing weight. The real reason we exercise—even if we do not consciously think about it—is to maintain independence, prevent falls, protect daily functions, and build sustained confidence in navigating the world around us for the decades ahead. Just as we invest in savings and retirement plans for sustainable living in the future, we should be investing in movement now, so our future bodies can live independently without pain and discomfort.

As brokers, you see firsthand the downstream financial and personal impact of disability, chronic disease, and lost independence. Research has shown time and time again that fitness is the single most influential modifiable factor for long-term healthspan outcomes. While diet, sleep, and

stress management matter deeply, research in lifestyle medicine consistently shows that fitness is the top determinant of longevity, functional independence, and quality of life as we age.

In addition to January being the time to set new year goals, Fitness Professionals Week also occurs during this month, so it is the perfect moment to honor the role of trained movement specialists in helping adults age safely, confidently, and successfully; and to remind clients and communities that restarting or progressing forward in exercise routines should always be done with the goal of long-term function, not short-term exhaustion.

Movement Is the #1 Predictor of Independence and Longevity

Fitness is more than strength or stamina—it is a direct predictor of healthspan. Large population studies show that cardiorespiratory fitness and muscular strength are among the most accurate predictors of all-cause mortality, surpassing many traditional biomarkers when adjusted for age.

Research in journals such as Sports Medicine, JAMA Internal Medicine, and multiple American College of Lifestyle Medicine publications show the following outcomes repeatedly within a variety of populations:

1. Walking speed and grip strength reliably predict longevity and functional independence.
2. Resistance training as little as one to two times per week reduces disability risk by roughly 20%, independent of weight loss.
3. Increased fitness status reduces hospitalization, ER utilization, and fall severity, all of which drive healthcare costs and reduce patient quality of life.
4. Regular movement improves balance, cognition, metabolic health, and emotional wellbeing, which are all key components of healthy aging.

One of the highest-risk issues for older adults is falls, which are a leading cause of ER visits, hip fractures, loss of independence, and long-term disability. In fact, for those over the age of 65, a fall that includes a hip or femur break increases mortality within the following year by 15 to 30 percent. Training that builds balance, leg strength, stimulation response, and endurance is more effective for fall prevention than any pharmacological intervention currently available so should be a priority in health routines for all adults. Consider movement as medicine that continues to compound over time.

The Four Core Elements of Functional Movement for Aging Well

Healthy aging requires more than cardio or strength training alone. In order to develop functional movement capacity, we must focus our fitness efforts across four movement domains: endurance, resistance, high intensity, and mobility. Before feeling overwhelmed, know that each of these domains intersect and can be done concurrently with the right fitness plan, and each can be started gently, progressed safely, and modified for any physical condition. Let's review each domain individually.

1. Endurance, aka Zone 2 Cardio

Zone 2 is steady-state activity done at a conversational pace. It is any consistent activity that is gentle enough to maintain breathing comfortably but challenging enough to raise heart rate. It improves metabolic flexibility, cardiovascular health, mitochondrial function, blood sugar regulation, and stamina. Examples include fast paced walking, swimming, cycling, light dance, etc. For a beginner, start with 10 minutes of easy walking, cycling, or swimming, three to five days per week. Progress gradually toward 20 to 30 minutes at a time, with the goal being 150 minutes per week. Sample modifications may be a recumbent bike or indoor treadmill for joint discomfort, an indoor walking track or supported walking with railings for fall risk, or an arm bike for leg paralysis.

2. Resistance Training, aka Muscle Building

Muscle mass naturally declines with age, leading to weakness, slowed gait, difficulty rising from the floor or chair, and higher fall risk. Resistance training preserves muscle, bone density, walking ability, metabolic health, and core strength. For a beginner, start with one set of eight to 10 light repetitions in the major muscle groups twice weekly. Examples would be chair stands, wall pushups, resistance bands, light dumbbells, or Pilates reformer exercises. Progress slowly to two or three sets with stable form, with the goal being a minimum of three resistance training sessions per week. Sample modifications may be shorter ranges of motion and slowed tempo for arthritis, bands for weak grip strength, or seated weightlifting.

3. High-Intensity Exercise, aka Power

As we age, we lose power and speed if we do not force ourselves to practice them.

This slows reaction time, which becomes a major fall-risk factor. Short bursts of higher-effort work improve neuromuscular responsiveness, agility, and critically, cardiovascular health. For a beginner, warm up first of your favorite cardio exercise, then do a 20 to 30-second sprint as fast as you can, then follow with a one- to two-minute recovery. Repeat once or twice and progress each week with slightly longer sprints or more repetitions, with the goal being no more than once per week sprint sessions. Sample modifications would be to use a bike, NuStep, arm ergometer or even kickboard in the pool drills as sprints rather than running or jumping for lower intensity on joints.

4. Mobility & Flexibility

Stiffness, limited range of motion, and loss of balance increase fall risk and create fear of movement. This type of exercise is often a final thought and may even be left out of a session to save time, but increased muscle mass without mobility only creates joint pain and reduced functional movement down the line. Mobility work improves gait confidence, posture, joint health, foot stability, and core control. For a beginner, start with five minutes of light mobility movement, with the goal being 15 minutes per day, ideally divided throughout the day. This can be in the form of tai chi, gentle yoga, ankle/hip stability, floor stretches, or Pilates. Sample modifications include using a wider stance or elevated surface for neuropathy concerns, or tools like straps, balls and blocks to do stretches in appropriate format.

Why Professional Guidance Matters

As movement needs become more specific with age, professional guidance elevates safety, success, and confidence. Fitness professionals, physical therapists, yoga therapists, and clinical exercise specialists offer:

- Safe form and joint alignment
- Gradual progression strategies
- Balance and gait analysis
- Fall prevention programming
- Post-rehab movement planning
- Condition-specific modifications (especially in Medical Fitness Certified facilities like St. Jude Wellness Center)

For any adult trying to restart or progress fitness goals, exercising without guidance can lead to preventable injuries and often preventable falls and ER visits. Professionally guided programs dramatically improve adherence and functional outcomes.

In **honor** of Fitness Professionals Week, **St. Jude** Wellness Center is **offering** a **\$20 discount** for a **Fitness Program** Design during the entire month of **January**.

Celebrating Fitness Professionals Week at St. Jude Wellness Center

In honor of Fitness Professionals Week, St. Jude Wellness Center is offering a \$20 discount off of a Fitness Program Design during the entire month of January. During this session, a personal trainer certified in medical fitness will create a fitness plan that their client can safely and independently follow to start meeting their fitness goals. After their program design, clients are encouraged to participate in any of our medical fitness programs focused on balance, strength, and functional fitness.

Anti-Inflammatory Masterclass Series Launches in January

For those who are not local enough for a Fitness Program Design but interested in whole-body health and how to take steps toward longevity, we also have a virtual masterclass starting soon. Our Anti-Inflammatory Masterclass Series blends evidence-based education on fitness along with nutrition and recovery with practical strategies to help participants build sustainable habits that support longevity, energy, and metabolic health. It's an excellent option for Medicare recipients, employers, or anyone looking for a structured, supportive path to better wellness. Individuals can register on our Programs & Events page. If employers or groups are interested in private versions of the course, reach out to me to discuss options, as I am always happy to modify in order to bring education to the community.



Megan Wroe, MS, RD, CNE, CLEC, is a registered dietitian and Manager of St. Jude Wellness Center, an integrated program of Providence St. Jude Medical Center. She leads a multidisciplinary team providing nutrition, fitness, mind-body therapies, and preventive wellness services that support the hospital's mission of whole-person care. Megan partners with community organizations and insurance professionals to advance preventive health strategies that help reduce chronic disease risk, promote healthy aging, and improve quality of life for Medicare and senior populations. From single offering services and packages, to virtual comprehensive programs for larger employee populations, the wellness center team will create a wellness package based on the health needs and interests of your clients and groups. Learn more about the St. Jude Wellness Center and their upcoming programs online.

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The Torch Is Already Lit: Why 2026 Is the Time to Prepare for LA 2028

By Wendy Boglioli

An Olympic Reflection from a Long-Term Care Financial Advocate

There's a moment every Olympian understands: the day your training becomes more than just routine—it becomes purpose. That moment usually comes long before the world is watching, long before the cameras are rolling, and long before the medals are within reach.

Right now, for brokers and advisors across California, that moment is here.

LA 2028 may still seem far off, but as someone who stood on the podium and later ran the 1984 LA Olympic Speakers Bureau for one of the world's largest Olympic-permissible food companies, let me assure you—the Olympics don't begin in 2028. They begin today.

And so should your plan.

The Olympics Will Change Everything

The 2028 Games will bring an influx of investment, innovation, and human potential to California. The impact will touch every industry—construction, transportation, hospitality, technology, healthcare—and with it, thousands of individuals, families, and businesses who need guidance, protection, and clarity.

As brokers, you aren't just selling policies—you're building futures. You're creating peace of mind, helping people protect what matters most, and preparing them for life's uncertainties.

LA 2028 gives you something powerful: a timeline, a goal, and a shared milestone that every client can connect with. Use it.

Long-Term Care Is a Conversation Worth Starting Now

In my work as a long-term care advocate, I've seen the heartbreak of being unprepared—and the relief that comes when a plan is already in place. Too often, families wait. They hope care won't be needed. They assume they'll have time. But as Olympians know, hope is not a strategy.

Whether it's long-term care, disability, life insurance, or a hybrid solution, 2025 is not too early—it's the perfect time to begin. The conversation is easier when the stakes aren't immediate, and clients are more open when the goal feels clear and inspiring.

And what's more inspiring than an Olympic city rising to meet its moment?

You're Not Just an Advisor—You're a Coach, a Catalyst, a Champion

When I trained for the Games, I had people in my corner who believed in the power of preparation. You are that person now—for every business owner, employee, and family you serve.

LA 2028 offers you more than opportunity—it offers you purpose. It's a chance to lead with heart, to educate with integrity, and to give your clients the confidence that they'll be ready—no matter what comes.

And yes, I'll be there. Just as I've stood at the heart of the Games before—representing the U.S., leading the Olympic Speakers Bureau, and helping brands connect to the spirit of the Olympics—I'll be there again in 2028. Because this moment matters.

What Will You Have Built by Then?

In sport and in life, the wins go to those who start early, stay focused, and never lose sight of the bigger picture.

So, here's the question I'll leave you with

When the torch is lit in Los Angeles in 2028, and the world turns its eyes to California—what will you have built?

Who will you have helped?

What impact will you have made?

Because the time to prepare isn't tomorrow. It's TODAY.

We encourage subscribers to take a second look at Group LTCI. There are five reasons to learn about this too good to be true coverage for small to large businesses.

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Click for more information:

<https://buddyins.com/program/calbroker/group>



Wendy Boglioli is a featured speaker, long term care expert, healthy aging advocate, and Olympic gold medalist. Boglioli brings professional versatility and captivating insight to audiences across the country. Her positive message and riveting personal story encourages everyone to take a holistic approach to their physical and financial outlook. As a BuddyIns partner, Boglioli focuses on educating financial advisors, agents, and consumers about the power of a long-term care plan.

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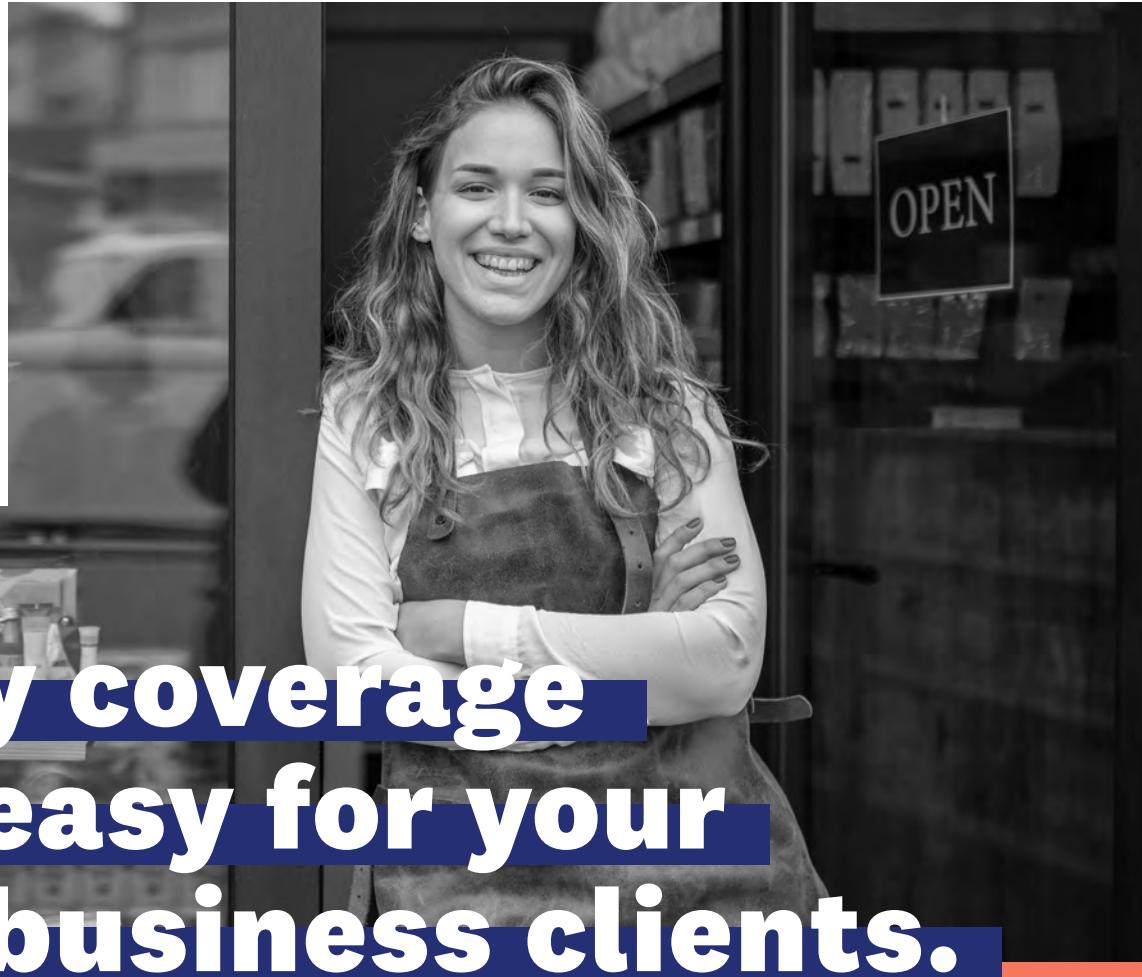
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