

CHATGBT TOOLS | WOMEN'S LEADERSHIP SUMMIT | LEGISLATIVE UPDATE

CALIFORNIA BROKER

SERVING CALIFORNIA'S ANNUITY, LIFE AND HEALTH INSURANCE PROFESSIONALS / MAY 2023



Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.



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1. Applies to new to Covered California for Small Business (CCSB) groups with initial effective dates of 07/1/23, 08/1/23, 09/1/23, 10/1/23, 11/1/23, 12/1/23 and 1/1/24
2. Agency must submit minimum of three groups to qualify for bonus program
3. Bonuses will be calculated on number of subscribers (employees) in effect for the first effective month of the policy as determined by CCSB.
4. No pro-ration of target values will take place.
5. Business written through partnering General Agencies qualifies.
6. Covered California will issue the second bonus (6+ groups) incentive payment forty-five (45) days following the conclusion of the incentive program so long as qualifying groups satisfy the ninety (90) day requirement outlined in Section (E)(2)(c) of Exhibit F of the Agency Agreement.

For a complete list of the program rules go to:

<http://www.coveredca.com/agents/PDFs/Agent-commission-schedule.pdf>



TABLE of CONTENTS

SERVING CALIFORNIA'S ANNUITY, LIFE AND HEALTH INSURANCE PROFESSIONALS

12**BOOK REVIEW****“Never Pay the First Bill”****by Marshall Allen****REVIEW BY PHIL CALHOUN**

From a health insurance professional's perspective, I appreciated how Allen explains billing situations, how medical bills and codes work, ideas on how to access tests and treatment, and more.

14**PROFESSIONAL DEVELOPMENT****How a Self-Empowered Mindset Ensures Success****BY CHRIS JANKULOVSKI**

Take powerful steps for yourself, your staff and your community

16**MENTAL HEALTH****Study Shows How Legal Issues Impact Stress on Employees****BY JENNIFER BECK**

May is National Mental Health Awareness Month. So, let's take a moment to acknowledge that today's employees have been through some stuff the last few years (deep breath).

18**TECHNOLOGY****ChatGPT Can Help Brokers Accomplish 7 Essential Marketing Tasks****BY MJ FINSTROM**

The biggest area people struggle with is writing. They know what they want to say but have a hard time articulating it. One solution might be ChatGPT.

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.

20**COMMISSION COACH****Beneficiary Designations Versus a Commission Protection Plan****BY PHIL CALHOUN**

In this article we compare carrier beneficiary agreements with a Commission Protection Plan.

24**LEADERSHIP****Women's Leadership Summit****Watchwords: Authenticity, Connection, Compassion and Vulnerability*****Some people call them soft skills, but here they are rules of engagement***

Leading with empathy, compassion, authenticity and kindness. These were watchwords of the gathering of 200+ women leaders at the mid-March Ellevest Foundation's Women's Leadership Summit in Las Vegas.

30**LONG-TERM CARE****What you need to know about LTC legislation and state programs****BY CHRISTINE MCCULLUGH**

The need for long-term care is real, and most individuals aren't aware of their risk or what pieces of their insurance, retirement and wealth arsenal can be deployed to pay for it.

32**TECHNOLOGY****Why Brokers Should Demand Digital Technologies from their Carriers****BY TONY GROSSO**

It's important to actually fulfill the promises those benefits provide.

34**LEGISLATION****California's Legislative Season is in FULL Swing****BY DAWN MCFARLAND**

We need ambassadors encouraging participation in the associations that advocate for the real-life experiences of people using and paying for healthcare – our clients.



36
PROFESSIONAL DEVELOPMENT
Personality type and persuasive communications: understanding your client's communications needs
BY JOHN HACKSTON

Here's a quick quiz. When you are talking to a salesperson, what works for you, and what doesn't? Specifically, when someone is trying to influence you, which of the following approaches would be the least effective?

38
INFLUENCER OPINION
Prediction: There will be more and more customer segmentation
Tim Lieb, SVP of growth and marketing, Blue Shield of California responds

40
VISION
Employees expect more from employers to support wellness in post-pandemic era
Nearly 70% say vision, dental, and wellness benefits influence decision to stay with employer
BY KATE RENWICK-ESPINOSA

42
CROSS SELLING
How collaborative partnerships benefit your client
PART ONE
BY PHIL CALHOUN

In this article we will outline how health brokers can build relationships with collaborative partners.

IN EVERY ISSUE

Industry News 7

Ad Index 46

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INDUSTRY/NEWS

CURATED NEWS FROM THE INDUSTRY

MAY IS NATIONAL STROKE AWARENESS MONTH

Know the signs of a stroke and act F.A.S.T. — face drooping, arm weakness, speech difficulty, Time to call 911 if someone is having a stroke.

About Stroke

Stroke is the No. 5 cause of death and a leading cause of disability in the United States. Eighty percent of strokes are preventable. Stroke is a disease that affects the arteries leading to and within the brain.

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts (or ruptures). When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it and brain cells die.

Visit:

<https://www.stroke.org/en/about-stroke/stroke-symptoms>

Stroke Symptoms

By learning and sharing the F.A.S.T. warning signs, you just might save a life from stroke.

Call 911 if these signs are present

F.A.S.T. Warning Signs

Use the letters in F.A.S.T. to spot a Stroke

- **F = Face Drooping** – Does one side of the face droop or is it numb? Ask the person to smile. Is the person's smile uneven?
- **A = Arm Weakness** – Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?
- **S = Speech Difficulty** – Is speech slurred?
- **T = Time to call 911**

Other Stroke Symptoms

Watch for Sudden:

- **NUMBNESS** or weakness of face, arm, or leg, especially on one side of the body
- **CONFUSION**, trouble speaking or understanding speech
- **TROUBLE SEEING** in one or both eyes
- **TROUBLE WALKING**, dizziness, loss of balance or coordination
- **SEVERE HEADACHE** with no known cause



Take the CPR Challenge to Save Lives

Nearly 3 out of 4 cardiac arrests that don't happen in hospitals, happen in homes. You can help change this statistic. Join American Heart Association's challenge to be the one in your household to learn CPR. Be the beat for someone you love.

Mental Health and Heart Health: Keep this in Mind

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

Practice Gratitude for Your Well-Being

Gratitude – or thankfulness – is a powerful tool that can reduce levels of depression and anxiety and improve sleep.

Thankfulness: How Gratitude Can Help Your Health:

www.stroke.org/en/healthy-living/healthy-lifestyle/mental-health-and-wellbeing/thankfulness-how-gratitude-can-help-your-health

Gratitude is Good Medicine Video (YouTube)

www.youtube.com/watch?v=1Q4ECKfu_2Q

Caring for yourself. It's not only about your own personal well-being. It's about protecting the futures of everyone you love and care for.

Gratitude is good medicine

A regular gratitude practice can make you healthier and lead to:

- Better mood
- Better sleep
- Lower blood pressure
- Improved immune function

How to start a gratitude habit

- Soak it in:** Take three gratitude notes and be generous about yourself. If you miss your gratitude practice daily, do not worry.
- Post it up:** On your gratitude note, either write/record your thoughts, feelings, and actions in a journal. The notes don't have to be perfect.
- Repeat daily to build a habit!**
- Don't it down:** Each week, paper in a notebook, journal, or app. Nothing is too small. Write down anything you feel grateful for.

"I don't know what to be grateful for!"

It doesn't have to be Thanksgiving-level to count. Focus on anything simple like:

- For the clouds
- For my heart that keeps beating
- For my friend
- For the weekend
- For the day

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INDUSTRY/NEWS

CURATED NEWS FROM THE INDUSTRY

Modern Healthcare Magazine Names Top Women Leaders in Healthcare 2023

Modern Healthcare's Women Leaders program honors female executives who are guiding healthcare delivery improvement across the country. The annual program recognizes leaders from all sectors of the industry, spotlighting their professional accomplishments and contributions to their organizations.

WWW.MODERNHEALTHCARE.COM/AWARDS/TOP-WOMEN-LEADERS-HEALTHCARE-2023

Dr. Iman Abuzeid CO-FOUNDER AND CEO, INCREDIBLE HEALTH

In 2017, Abuzeid co-founded the San Francisco-based hiring platform, which helps nurses find the best-fitting open positions at health systems. Under her leadership, the startup has grown by leaps and bounds, receiving \$80 million in funding in August 2022 to put the company's valuation over \$1 billion. As one of the few Black women to lead a venture-backed "unicorn" startup in the health tech industry, Abuzeid is passionate about the role diverse executive teams can play in driving sector innovation.

Dr. Sumbul Desai VICE PRESIDENT OF HEALTH, APPLE

Desai has led Apple's efforts to disrupt the healthcare market through new technologies. A physician by training, she created clinical and regulatory teams to help oversee the tech giant's product development process, adding key features such as atrial fibrillation history, sleep stage tracking, and walking steadiness metrics to devices. She has fostered a culture of collaboration and transformation within the company, heading an investigator support program to fund dozens of research studies across the globe and working

to amplify the voices of women on her leadership team.

Dr. Karen DeSalvo CHIEF HEALTH OFFICER, GOOGLE

DeSalvo is passionate about addressing healthcare disparities through the intersection of medicine and information technology. Under her leadership, Google has partnered with providers to advance research and create artificial intelligence-powered tools for caregivers, among other initiatives. Before joining the tech colossus in 2019, she served as the national coordinator for health information technology and the acting assistant secretary for health during the Obama administration.

Julie Miller-Phipps PRESIDENT, KAISER PERMANENTE, SOUTHERN CALIFORNIA AND HAWAII HEALTH PLAN AND HOSPITALS

Miller-Phipps will retire in July after 45 years with the Oakland, Calif.-headquartered healthcare provider and nonprofit health plan. During that time, she has worked to boost the wellness of millions of patients and plan members through targeted programs. She also oversees more than \$1 billion in annual grants to improve healthcare quality in Southern California and Hawaii. She is a board member of United Way of Greater Los Angeles, the Southern California Leadership Council, the Alliance for SoCal Innovation, the Trusteeship and the International Women's Forum.

Mary Pittman PRESIDENT AND CEO, PUBLIC HEALTH INSTITUTE

Pittman has headed the Oakland, Calif.-based nonprofit organization since 2008. During her tenure, she has worked closely with government agencies on programs aimed at

addressing health disparities and inequities. The institute under her guidance created an online platform, Dialogue4Health, to foster cross-sector solutions to pressing public health problems. Prior to her time at PHI, Pittman led the American Hospital Association-affiliated Health Research and Educational Trust.

Johnese Spisso PRESIDENT, UCLA HEALTH

Spisso is also CEO of the UCLA Hospital System and associate vice chancellor of UCLA Health Sciences. Since 2016, she has worked to improve operations at UCLA Health's hospitals and clinics. She has overseen expansion of the health system's regional outreach efforts, such as the Homeless Healthcare Collaborative, which provides care to unhoused individuals and received a Congressional Community Project Grant in 2022. She formerly spent two decades at UW Medicine in Seattle.

Annette Walker PRESIDENT, CITY OF HOPE ORANGE COUNTY

Walker has dedicated her career to closing the healthcare gender gap through mentoring and sponsorship. She oversees City of Hope's \$1 billion investment in Orange County, Calif., including the opening of a comprehensive cancer research and treatment center in Irvine. The center has provided the region with access to hundreds of physicians and scientists, lifesaving clinical trials and leading-edge technologies. She also broke ground on a cancer specialty hospital, slated to open in 2025.

AgencyBloc Launches Quote+ Group Quoting and Proposal Tool

Quote+ gives brokers one central place to compare all types of health insurance offerings

AgencyBloc, the leading management platform for independent life and health insurance agencies, announced the launch of the new digital workflow tool for small group business, Quote+.

With Quote+, brokers can compare multiple types of health insurance offerings, including community rated, medically underwritten and ancillary, in one central place with more valuable tools to manage the various time-consuming processes involved in quoting, product comparison and proposal generation. Quote+ is the only solution on the market that allows brokers to easily access and compare medically underwritten products alongside community rated.

The debut of this new quote-to-close solution follows AgencyBloc's recent acquisition of FormFire, a leading small group quoting tool, and aligns with AgencyBloc's strategy and commitment to being the leading solution provider for life and health insurance agents.

For more information about Quote+ and other AgencyBloc solutions, visit www.agencybloc.com.

How to build a lasting team: friendship, trust, and the art of managing sideways

When the going gets tough, nothing beats a wide network of tried-and-true connections.

When stress turns to laughter, we form lasting bonds with our colleagues. Leverage goes two ways: everybody should get to know their manager. It's also just as important to make strong connections at every level.

<https://bigthink.com/leadership/scaling-people-managing-sideways/>

NATIONAL HIGH BLOOD PRESSURE EDUCATION MONTH

National Blood Pressure Month in May provides awareness regarding high blood pressure — also known as hypertension — a major risk factor for heart disease. Many people don't even know they have high blood pressure. Symptoms of hypertension often go unnoticed and if left uncontrolled the risk of heart problems such as stroke or heart attack increase.

Young and middle aged women may think of high blood pressure as something that happens later in life, but it can occur at any age and during pregnancy. Women should have their blood pressure checked at least once a year and talk to a health care provider about what their numbers mean for them. The Heart Truth® encourages women to know their blood pressure numbers. Then make keeping blood pressure within a healthy target part of self-care.

#OurHearts are healthier together. <https://www.nhlbi.nih.gov/education/high-blood-pressure/high-blood-pressure-education-month>

EVENTS

May 4 @ 6:00 pm - 8:00 pm, **NAIFA Los Angeles, LET'S PLAY POOL! Billiards Night in Pasadena.**

Register: <https://bit.ly/408jmVV>

May 8-10, **CAHIP Capitol Summit**, Sacramento.

Register: <https://bit.ly/3zTMw06>

May 16 @ 11 am-1:45 pm, **CAHIP-OC ANTI-FRAUD CE PRESENTATION**

Register: <https://conta.cc/3UBeNC9>

May 16 @ 8:00 am-3:00 pm, **32nd Annual IEAHU Sales Symposium — E3: EARN ELEVATE EVOLVE.**

Register: <https://bit.ly/404StCc>

May 18 @ 7:30 am-2 pm, **CAHIP DESERT CITIES HEALTH CARE SUMMIT**, Palm Valley Country Club Palm Desert.

Register: <https://bit.ly/40375Sp>

May 23 @ 12:30 - 4:30 pm, **GAAHU CE & Wine Tasting**,

Livermore. Register: <https://bit.ly/3oboc7q>

June 7 @ 10:00A - 7:00 pm, **SDAHU Annual Summer Classic Golf Tournament**, Poway.

Register: <https://conta.cc/3KCBf9h>

June 12, 9:30 - 5:00 pm, **IEAHU Richard Hawkins Memorial Annual Golf Tournament**, Riverside

Register: <https://guestlist.co/events/741090>

June 15, 9:00 - 11:00 pm, **GAAHU Annual Member Meeting/Board Election**, Walnut Creek.

Register: <https://bit.ly/3UxFAza>



WIFS-LA Women’s Forum 2023 Empowers Audience When women thrive, we all thrive

“Embracing Empowerment” was the theme of the March Women in Insurance and Financial Services – Los Angeles Chapter (WIFS-LA) annual Women’s Forum. We welcomed industry wonder-women (and men) to celebrate Women’s History Month by sharing the struggles and successes of women in our industry. It was a gathering of minds — with diversity of ideas shared with one common goal: to help everyone “embrace empowerment.”

What does “embracing empowerment” mean? It means women support each other, stand up for one another, share stories of success, and collaboration. When women thrive, we all thrive.

Presenters shared great stories about women who helped empower others — women of color, women with different backgrounds, lifestyles and experiences. The intent was to help our audience grow in their knowledge of what attributes great leaders possess, how to be more intentional in showing up for others, and how collaboration with peers with a healthy dialogue can diffuse conflict and create a better working environment. We were reminded that having women at the decision-making table is critical to the growth and sustainability of the profession for those who are in it and those we serve.

The zoom event was a joint effort with the National Association of Insurance and Financial Advisors – California (NAIFA) and was joined by affiliate chapters of WIFS: WIFS-Houston, WIFS-Ohio River Valley, WIFS- Phoenix, and WIFS-Portland Metro.— **By Joanna C. Dellosa**

Joanna C. Dellosa, LUTCF, FSS, RICP, LACP, CLU, is a general agent with Wilshire Group Financial Services in Los Angeles. She is the current president WIFS-Los Angeles and a past president of NAIFA-Los Angeles. Joanna served as the chair of the 2023 Women’s Forum.

Medicare go-broke date pushed back to 2031

The date Medicare’s hospital trust fund is expected to run dry has been extended by three years, but stakeholders continue to urge action from Washington to address Medicare’s long-term solvency.

The go-broke date for a pivotal trust fund that props up Medicare has been pushed back three years, giving additional wiggle room for Washington to address looming insolvency for a program that currently covers 65 million senior and disabled Americans.

Read more:
<https://bit.ly/414rEiB>

Dr. Daralee Barbera Wins Will G. Farrell Award

Esteemed honor from NAIFA-LA and FSP-Pasadena, By Exec. Dir. Janet Fishman



Don Harrington of NAIFA-Los Angeles and FSP-Pasadena presents the trophy to Dr. Daralee Barbera

Dr. Daralee Barbera was named the 2023 recipient of the Will G. Farrell Public Service Award by NAIFA-Los Angeles and FSP-Pasadena/ Los Angeles in February. This award is bestowed annually on a member of the life insurance industry in Southern California or someone closely associated with this industry who is distinguished in his or her

career and who has demonstrated unselfish service to others. This recognition is a testament to Dr. Barbera’s tireless efforts and unwavering commitment to making a positive impact in her community. Her accomplishments are impressive and varied, having spanned several decades.

An inspiring figure, she is a veteran of the financial services profession, retiring after 30 years as a managing principal and a distinguished 34-year career at Waddell and Reed. A true trailblazer, Dr. Barbera has been a strong advocate for financial literacy and education. She embodies the highest standards of integrity, compassion, and dedication, and serves as an example to others. A remarkable leader, Dr. Barbera holds these certifications: EdD, CFP®, CMFC®, CLF®, ChFC®, CPMB®. She is a Certified Master Business Coach, international speaker, professor, author and consultant and holds an EdD in Leadership and Organizational Change from The University of Southern California (USC), a BA in Mathematics (summa cum laude), and an MEd from California State University Long Beach (CSULB).

Dr. Barbera has co-authored two books: “Women Matter – The Why and How of Gender Diversity in Financial Services” and “What You Can Do...When You Can’t – 21 Days to Personal Success.” Her doctoral dissertation addressed “Financial Literacy for Women and the Role of Financial Education.” She is a contributing author to “The Experience of Leadership – Proven Examples from Successful Leaders,” by Fred Stuvek, Jr.

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MAKING THE CASE FOR PROFESSIONALISM

AUTHOR MARSHALL ALLEN

By Phil Calhoun

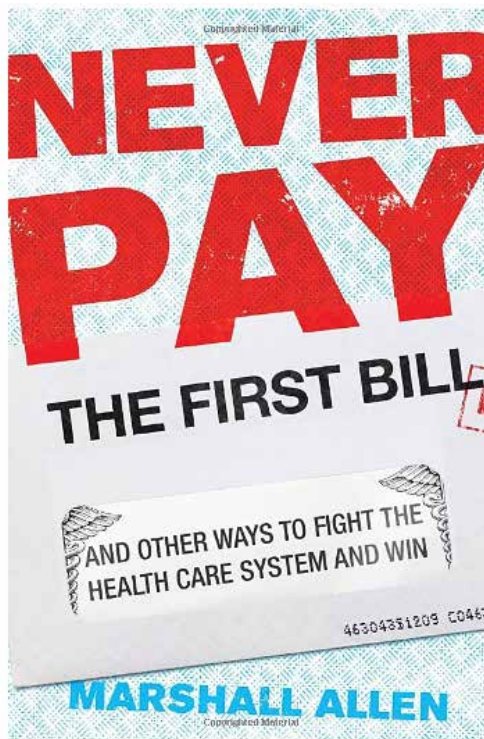
After reading this book it is clear the author has done an excellent job covering many aspects of the health industry. From a health insurance professional’s perspective, I appreciate how he explains billing situations, how medical bills and codes work, ideas on how to access tests and treatment, and more. The book is an excellent resource for experienced brokers and a solid teaching tool for those newer to health insurance especially when it comes to client service work. I believe that all health insurance professionals act on a morale code to be the best advocate for clients as possible. This book aligns with this concept and seeks to empower individuals to be informed consumers and be equipped to fight for what is right.

The examples in the book demonstrate a well-rounded view of the issues that can develop when seeking medical care and comes with suggestions on managing these situations. This is all very valuable for health insurance professionals who seek to be a helpful client advocate. When training staff who are learning the benefit business, I have found myself repeating many of the points the author makes. This suggests that most experienced health insurance professionals often do the same for their staff. This book can be both a handy reference and a valuable teaching tool for most agencies.

I draw attention to the valuable tips covered at the end of each chapter where in the “Take Action” sections, readers will get a helpful summary of chapter key points and tips to use now.

Some examples to help advocate for clients include:

a) Page 33 www.healthcarebluebook.com and www.fairhealthconsumer.org which list price fairness ratings.



b) Page 34 www.clinicpricecheck.com to find hospital price checks.

c) Go to www.advoconnection.com to work with a patient advocate and nahac.com to find more about what an advocate does.

d) Page 42 is on appeals and how they can work when applied to gain access to tests and treatments which have not been approved and for ways to go out of network to get the medical care necessary.

e) Page 56 lists the three keys to a successful appeal and pg. 58-59 provides readers a summary of a proven appeal process.

f) Page 130 covers drug discounts and tips on saving hundreds by using discount programs with lists of several sites to visit.

g) Chapter 9 covers health broker issues

Comment: Much of the focus is on what is defined in California as large not small group benefits. We know small group benefits are fixed by the ACA with no significant design flexibility. While the section on self-funding seems accurate, many of the problems linked to annual premium changes, commissions, coverage and rate dynamics apply only to large groups. Considerable content is focused on avoiding a bad behaving broker, one who is motivated only by commissions and bonuses.

h) Appendix C has 13 questions an employer can ask their broker about their ethics.

The author ventured into concepts about “bad brokers” and

addresses some situations many would consider to be outlier cases concerning very bad actors in the industry.

As far as covering compensation, in California compensation disclosure is mandatory and is focused on fees some brokers are still able to charge for services rendered. Much energy was placed on financial incentives carriers offer to sell their products and bonuses paid by carriers for selling their plans. In California, the Department of Insurance limits carrier and broker compensation and incentives may be situational. Marketing support is often restricted to basic lead generation materials and tips. Occasionally a stay incentive from a carrier in small group is offered as well as an incentive to write business. If there is no incentive offered to remain competitive, one must ask what will work in a market driven system.

Finally, many of the concerns mentioned are addressed in the legislation preventing aggressive incentives to write small group business in California and the fact that the best medical plan products are sold due to consumer demand.

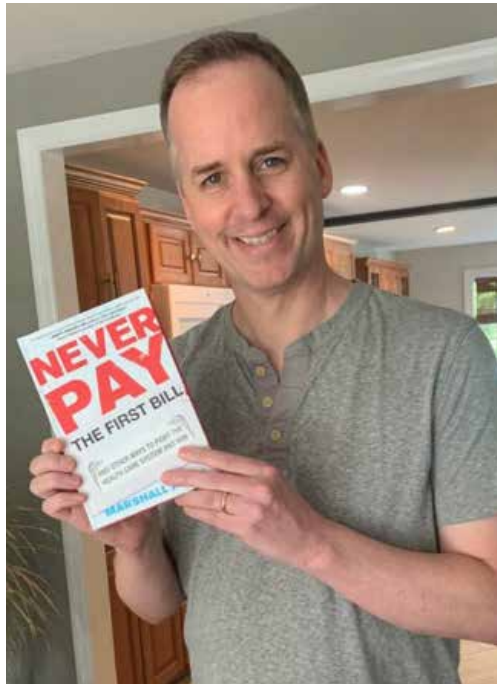
While making money is one of the reasons health insurance professionals are in the business, it is clear all professionals are paid for the work they do. For brokers and agents, the goal is to help their clients find the right coverage within their budget and in doing so they become the professional trusted advisor. This makes incentives, while nice to receive, not the focus, because the goal is client satisfaction. A satisfied client stays with their trusted advisor longer and refers business to them as well.

For local health insurance professionals, integrity and service have always been top priorities. General agencies and carriers can be helpful partners as the support they bring is required for brokers to completely address their client's needs.

Health brokers can also learn from the author's explanation of the industry's pressure points and how companies and individuals have fought overbilling, price gouging, insurance denials and more to get the care they deserve. Understanding the practical tips to protect against the system's predatory practices which the author offers can provide inspiration to use these "tried-and-true" strategies.

Marshall Allen is a reporter for ProPublica, where he covers the health care industry. He is a Pulitzer Prize finalist and recipient of Harvard Kennedy School's Goldsmith Prize for Investigative Reporting. He teaches investigative reporting at the Newmark Graduate School of Journalism at the City University of New York and has spoken at various conferences across the country. Prior to journalism, he spent five years in full-time ministry, including three years in Kenya.

Contact: www.marshallallen.com



Benefits of professional organizations – power in numbers

To more effectively address the often-negative label health insurance professionals get from far too many, consider joining your local chapter, state and national professional associations and learn how the small investment in membership has a huge value.

Over my many years in this business, I have seen how newcomers benefit when becoming a member of a professional association as they witness how the power of numbers makes a difference.

At events you can mix with friendly colleagues and discover the many ways the association boosts your professionalism. In addition, you will see how the role of the health broker is positioned professionally in the industry — and have the opportunity to educate politicians each year whom in turn play

a role in representing voters. With knowledge conveyed by our professional organization representatives, legislators can impact the problems within the medical industry with a greater understanding of the health insurance professional's role.

Membership with associations such as NABIP and CAHIP are an excellent way to learn and be involved in the industry. With the experience of professional membership comes the opportunity to join the local professional chapter and network with colleagues at the many educational events. Industry involvement enhances your ability to grow your business and reinforce your advocacy role with clients. We "sell ourselves" to our clients and then we "sell" our role in the industry. Through joining we find colleagues who all share the belief in the vital advocacy role we play in the health industry.

When you join the National Association of Benefits and Insurance Professionals (<https://nabip.org>) you also become a member of your local chapter in California at www.cahu.org/.



PHIL CALHOUN is 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. He offers complementary 15-minute coaching sessions.

Contact: phil@integrity-advisors.com
or call 714-664-0311

How a Self-Empowered Mindset Ensures Success

Take powerful steps for yourself, your staff and your community

BY CHRIS JANKULOVSKI

As an insurance broker, you know that the industry is all about managing risk. But have you ever stopped to consider the risks associated with your own mindset? A self-empowered mindset is essential for success in both personal and professional life. So, why does a broker need to know this information, and how can they use it to help themselves and their clients?

Let's start with the basics. **What is a self-empowered mindset?** It's a way of thinking that allows you to take control of your life and your circumstances. Rather than feeling like a victim of your circumstances, you feel empowered to make positive changes and take action toward your goals. A victim mindset can negatively impact your ability to grow your brokerage business and build relationships with clients and coworkers. This can be applied to both personal and professional life, and it can have a significant impact on your success.

According to a study conducted by researchers at the University of Pennsylvania, individuals with a strong sense of self-empowerment are more likely to achieve their goals and experience success in their careers. They're able to set and achieve goals and persist in the face of obstacles. They also tend to be more satisfied with their jobs and experience lower levels of stress. These findings are supported by other studies, including one published in the Journal of Applied Psychology, which found that employees with a self-empowered mindset are less likely to experience burnout and more likely to feel motivated to achieve their goals.

How can a self-empowered mindset help you as a broker? For starters, it can help you attract and build a community of people who recommend your business. By having a clear intention on what to deliver for your customers, you can provide them with better service. This will lead to your business attracting more customers and people who want to work with you. Your staff will also benefit from your self-empowered mindset as you will help them in their career paths by providing them with guidance and support.

A self-empowered mindset can also help you become a better version of yourself. When you have clarity of focus, you can recognize your gifts, talents, and passions and use them in service to your community. This can lead to your brokerage business reaching a new level of growth. You'll be able to identify opportunities for growth and improvement and take action toward achieving your goals.

Finally, having a self-empowered mindset can help you manage your precious resources, such as time, focus and energy. By doing so, you can sustain little steps in the right direction that can make a big impact over the years to come.

You'll be able to prioritize your time and focus on the things that matter most to your business and your clients.

How do you cultivate a self-empowered mindset? It starts with recognizing that you are in control of your own life. You have the power to make positive changes and take action toward your goals. You can do this by setting specific, actionable goals and taking small steps toward achieving them. You can also focus on your strengths and talents, and use them to make a difference in the lives of your clients and community.

Developing self-awareness is also crucial. This involves being honest with yourself and understanding your own thought patterns, beliefs and behaviors. Journaling or meditation can be useful tools to help you develop self-awareness. Once you have a clear understanding of yourself, you can work on replacing negative thoughts and behaviors with more positive ones.

Surrounding yourself with positive people and consuming positive content can also contribute to a more positive mindset. Consciously focusing on the good things in your life can shift your perspective and develop a more optimistic outlook. Practicing gratitude daily, such as writing down three things you're grateful for each day helps you recognize and appreciate the good things in your life, no matter how small they may be.

As an insurance broker, you have a unique opportunity to help your clients and their employees achieve a self-empowered mindset. By providing them with the right insurance coverage, you can help them manage risk and feel more in control of their lives. You can also provide them with guidance and support to help them achieve their goals and live more intentional lives.

In conclusion, as an insurance broker, it's important to recognize the power of a self-empowered mindset. A victim mindset with disempowering qualities can negatively impact your ability to grow your brokerage business, while a self-empowered mindset can lead to success and growth in your business. Studies have shown that individuals with a self-empowered mindset are more likely to achieve their goals, experience success in their careers, and manage stress better.



CHRIS JANKULOVSKI is the founder and CEO of Remote Staff, a recruiting company specializing in remote working placements in the Philippines.

He is also author of "Near Death Lessons" www.neardeathlessons.com. He learned 14 life-changing lessons through eight near-death experiences, and would love to share them with you.

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Study Shows How Legal Issues Impact Stress on Employees

BY JENNIFER BECK

May is National Mental Health Awareness Month. So, let's take a moment to acknowledge that whether they're dealing with heightened financial challenges, complex family matters, or an uncertain employment outlook, today's employees have been through some stuff the last few years (deep breath).

And when that stuff turns into a legal issue, it can send an employee's stress level soaring. Whether it stems from not knowing who to call, anxiety over what the attorney fees may be, or how the matter will turn out, dealing with a legal event can be overwhelming, costly and time-consuming.

At ARAG®, where we provide legal insurance as an employee benefit, we see many challenges that members face morph into a need for legal representation and support. Notably, we've seen member interactions (e.g., phone calls, chats, emails) with our customer care specialists increase by nearly 10% so far this year.

Study shows impact of legal stress

Our purpose in undertaking a stress research study was to evaluate consumers' experiences — with and without an attorney — across a wide range of legal issues and gauge how stress and mental health can be affected. Respondents included:

- consumers who used an attorney but did not have a legal plan
- consumers who did not use an attorney and did not have a legal plan, and
- consumers with a legal plan, using ARAG members as a point of reference.

Our findings showed that legal issues occur more often than consumers think. Yet the majority of Americans (85%) have experienced a legal event in the last three years, countering the commonly held belief that legal issues “would never happen to me.”

These study findings provide compelling insights into consumers' experience with legal events that may factor into how brokers help their clients mitigate employees' growing mental health concerns in the coming years.

The most pressing — and stressful — legal events

The survey found that the greater the severity or importance of the legal issue and its potential financial impact, the more pressing the need to hire an attorney to help resolve it. And with that, a greater the level of stress. In general, 11 of the top 15 legal events for which an attorney is most often used are family-centric and as such can be emotionally charged.

Notably, many of that top 15 list align with life events that rank high on the Holmes and Rahe stress scale — like the death of a spouse or close family member, divorce or separation, and change of financial state.

Two-thirds of those who hired an attorney say it had a positive impact on the outcome of their situation — no matter how big or small. However, the economics of the decision to hire an attorney — or to try to manage a legal situation on your own — is very different for those with access to legal counsel and resources through their legal plan than for those who'd have to pay 100% of their attorney fees directly.

For Andrew Tice, an ARAG network attorney and founder of Tice Law Firm, the study findings come as no surprise. “As a bankruptcy and immigration attorney and one who provides assistance with consumer financial matters, I have definitely seen a rise in the number of financial-related cases leading to bankruptcy or the defense of credit collection lawsuits since the pandemic and surging inflation.

“In my experience, it’s natural that people facing financial stress carry a great deal of worry and concern for their future,” he noted. “While creditor-initiated litigation — like money judgment, repossession, or foreclosure — is the most obvious form of financial-related stress, it can arise in immigration cases as well.”

Tice adds, “I find that most of the clients I help through a legal plan, like ARAG, would not have the resources themselves to afford the necessary help they receive from a network attorney. Being able to provide plan members relief and the peace of mind they need (and deserve) is what it is all about at the end of the day.”

Legal issues and the impact on work

In general, consumers trying to handle a legal situation without the benefit of an attorney or a legal plan experienced more stress, more time off work, and more negative impact on their mental health.

- More than one-third of these consumers (37%) said handling their legal matter had a “very negative or somewhat negative” impact on their performance at work.
- Only 41% of this group were able to manage their legal situation without taking time off work compared to 72% of those with a legal plan who were able to handle it without taking time off.
- Consumers without a legal plan spent an average of 2.5 hours more than expected handling their legal matter while legal plan members spent an average of one hour less than expected.

With benefit of counsel – but no legal plan

When addressing a legal issue, three times as many consumers paying for an attorney on their own describe their mental health as being “extremely impacted” compared to those having a legal plan.

A primary stressor for 89% of this group was knowing where to turn to get started in addressing their situation. And they also cite higher levels of stress than legal plan members when it comes to:

- Understanding their options and what might be the best for them (26% more)
- Staying focused at work while dealing with their legal issue (25% more)
- How much money they had to spend to resolve their situation (24% more)

Alleviating employee stress

As stress and anxiety continue to weigh on employees, employers are proactively bolstering employees' mental health resources, recognizing they're critical to ensuring employee productivity, satisfaction and retention. In 2023, popular mental health benefit enhancements include employee assistance programs, digital health tools and educational resources.

The findings that emerged from our study indicate consumers are dealing with all kinds of pressures — and handling the related legal issues have a real impact on their stress and mental health. We see that reflected in calls to our Customer Care center and feedback from member surveys as employees struggle to find balance.

The study also showed that “going it alone” — addressing a legal issue without the help of an attorney or legal plan — greatly compounds the stress consumers feel.

As a carrier, what we're bringing to the table is one way to help mitigate stress. That stress of going it alone can be rooted in the difficulties of finding an attorney or the cost involved in hiring one. Legal insurance can potentially fill a gap in coverage and provide employees with added security. While we can't take the legal issue away, we can offer added support to make navigating it easier.



JENNIFER BECK, VP, ARAG Customer Experience & Insights

As VP, Jennifer is responsible for the overall experience of ARAG's members through the research, analysis and evaluation of current processes and future trends of both consumer expectations and industry innovations. Jen leads ARAG's transformation to a customer centric organization designed to promote revenue growth and productivity — with a reputation of providing exceptional customer experiences. In this, Jen leads the Customer Care call center, Business Intelligence and IT Operations.

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ChatGPT Can Help Brokers Accomplish 7 Essential Marketing Tasks



BY MJ FINSTROM

Effective

Effective marketing attracts new customers, wakes up dormant clients, fosters loyalty and generates referrals. It's an important part of business. Nonetheless, some people neglect their marketing because they don't have budget to hire a professional or they try to do it themselves and get stuck on the creative process.

The biggest area people struggle with is writing. They know what they want to say but have a hard time articulating it.

One solution might be ChatGPT, the new artificial intelligence sensation that is shaking up the tech world. With good human direction and intent, it can be the ultimate writing partner and collaborator when it comes to nailing the basics of marketing.

How to use ChatGPT

Here are some fundamental marketing tasks you might try with the help of ChatGPT. (You can sign up for ChatGPT at <https://openai.com/blog/chatgpt>.)

1. Update your bio across all online platforms: Instruct ChatGPT to write a bio. Make sure to provide specific details (your current position, where you worked before, expertise, experience, hobbies etc.) ChatGPT will provide an impressive draft, which you can then copy and paste into your preferred text editor (Word or Notes). Make sure to edit, fact check and make it your own. If it's too long, ask ChatGPT to write a shorter version. You may want to use the longer version on your web site and a shorter version for your social media profiles. The next time someone asks you to send your bio, you'll be ready!

2. Improve your networking skills with a better elevator pitch: Let ChatGPT help you create a 30-second elevator pitch to use at your networking meetings. If the initial result seems too formal, ask ChatGPT to add some humor, add a catchy phrase, or simplify the language! Make sure to edit and add your personality.

3. Send a monthly email to your current customers and prospects: Despite compliance rules, brokers can benefit from email marketing strategies. Sending team announcements, a list of local events, or a holiday greeting to current customers and prospects is a great way to stay top of mind. Start simple. Send a holiday greeting (happy summer, happy 4th of July, happy national financial awareness day, etc). Include a fun picture of your team or image related to the message. Let ChatGPT help you create the copy for the greeting as well as an attention-grabbing subject line. Send an email at least once a month to your list. Make sure to use an email marketing platform like Constant Contact for sending group emails. You can get a free 60-day trial of Constant Contact at www.emailtrial.com.

4. Follow up on important conversations. After meeting a prospect or someone at a networking event, it's always good practice to send a quick follow-up note, email, or text. With ChatGPT's assistance, create a simple message that includes links to your social media, a list of your services and specialties, and a link to your website.

5. Write a press release. If you have something to announce, craft a good press release. Whether it's about a new team member, a promotion, added services, changes in business address or hours, etc., a press release is a great way to convey the news. ChatGPT can assist you with the initial draft. Your human direction to ChatGPT should be something like "Write a press release announcing our new team member Bob who comes to us from..." Once you've edited and finalized the press release, ask ChatGPT for guidance on how to distribute a press release. It will provide you with a list of helpful steps. If you want to take it a step further, ask ChatGPT to turn the press release into a social media post with emojis and hashtags or ask ChatGPT to turn it into a blog post, an email, text, postcard, etc.

6. Improve and simplify your product and service descriptions. Financial products and health insurance plans can be very hard to understand. Ask ChatGPT to simplify a complex service or product description. You might discover

there is a better way to explain what you offer. If it passes compliance you might update your web site, brochures and use the simplified version in your conversations or on a frequently asked questions page.

7. Create a signature presentation. Everyone in business should have a signature presentation ready to deliver. A helpful and informative talk can establish you as the go-to expert in your field. It's a great marketing strategy. You can use it for your own webinars or find organizations that invite guest presenters to their meetings. ChatGPT can help you come up with the outline for your presentation but you'll want to use a tool to make it visually appealing. The standard tool has always been PowerPoint but **Canva.com** offers a great alternative that offers artificial intelligence to assist with the written content and slide deck creation. You can present in Canva or export the presentation to PowerPoint.

These are just a few ideas that can get you used to working with ChatGPT and other Ai integrations. Don't worry, Ai is not going to replace your brain. It does a great job articulating what we often find challenging to put into words but it will never replace human creativity, critical thinking, expertise or experience. The era of artificial intelligence will most likely sharpen our critical thinking skills as it will become even more important to evaluate what we read, hear, say or write. **Make sure to fold in your voice, expertise, experience, knowledge, thoughts, perspective and creativity when you collaborate with ChatGPT.**

Don't worry, Ai is not going to replace your brain. It does a great job articulating what we often find challenging to put into words but it will never replace human creativity, critical thinking, expertise or experience.

Marketing plans are a must

A strategic and consistent marketing plan will still require human effort. You can create all the amazing copy you want, but if you don't have a plan for making sure it reaches your target audience, then it's not effective marketing. Earning an email list and building a following on your blog and or social media takes work and time. You still need to show up at your networking meetings, make your phone calls and build and nurture relationships.

The takeaway: ChatGPT is a tool that can help you be more productive, articulate your ideas and help you fill in that blank page.



MJ FINSTROM is the chief creative officer at HUTdogs, a creative services agency. They are dedicated to helping businesses and nonprofits strategically reach their audience. She recently gave a presentation on ChatGPT at NAIFA which is how we found her, thanks to Janet Fishman, NAIFA exec. director.

www.hutdogs.com

Beneficiary Designations

Versus

a Commission Protection Plan

*Get better protection
for your hard-earned
commissions*

BY PHIL CALHOUN

In this article we compare carrier Beneficiary Agreements with a formal Commission Protection Plan. We will explain the beneficiary agreement generally offered by carriers, then explain the shortfalls of these agreements. Finally, we outline a projected financial comparison with a future buyout agreement and explain how the numbers compare in the future sale of commissions.

To begin with you need to know only a few carriers offer a beneficiary designation option to protect a broker's hard-earned commissions. This designation has important limits as it only fits when a broker dies and only applies to individual and family plans (IFPs) and Medicare supplement lines of business. When a broker completes a carrier designation, the surviving family cannot sell these commissions, nor service members.

We could stop right here with these limitations and just advise NOT to use a Beneficiary Designation, but we will continue and explain the math we use to compare the two options:

- 1) Protect then Sell
- 2) Carrier Beneficiary Designation

Since it is obvious we do not consider designating commissions as a viable solution, we want to bolster this case and outline two main concerns for a broker working on planning for commission protection.

First, the sale of commissions takes full advantage of the "selling at the peak" concept. Commissions always drop when a broker slows down since the perception is they are semi-retired. The more lightly aligned clients are susceptible to moving to a new broker who may offer more service and new plans to consider — such as a MAPD option — especially when a client year after year is paying high premiums for their supplement policy. When brokers in this later stage situation provide less service and support, some clients may look to find another broker. Also compounding this reduced service impact, is when a broker dies — there is an automatic drop in the value of commissions. Without a licensed and certified successor ready to pursue a pre-planned client retention effort, retention drops as clients leave.

Second, commission retention going forward is important and a beneficiary (often a non-licensed friend or family member) is unable to do the job necessary to help clients. Relying on carriers to do this service work is a recipe for retention failure.

Risks of carrier support of clients

When using a family member or friend as the unlicensed beneficiary, the assumption is commission retention will work without great effort. However, since the carrier is now 100% responsible for all service and support for clients — and carriers have the responsibility for all client retention including during open enrollment — the chance of failure increases. With clients seeking

information and making plan changes, the impact can result in a rapidly declining retention effort.

Overall, the beneficiary designation places clients at risk for three key reasons:

1. Open enrollment (for prescription drug plans (PDP), other Medicare Supplement plans, and even MAPD) requires personalized assistance. Shopping for the best coverage and comparing options requires personalized attention to the client's needs. Carriers will never provide options offered by competitive carriers. Even when contacted, most carriers will not be easily accessible compared to an active broker.

And finally, the carriers are not advocates for clients and will fall far short of the support an active broker provides their clients. Relying on a carrier for client and commission retention will quickly lead to lost clients, especially in situations where clients must rely on a carrier's 800 number for all servicing, combined with an inability to compare or enroll in plans with other carriers.

This approach to succession planning effectively eliminates retention management and will lead to a shorter than desired time period for funds getting paid to unlicensed beneficiaries. We anticipate that on average, more than 70% of clients will move to another carrier or brokers within six years. IFP and especially Medicare clients do shop plans often and are heavily marketed directly.

2. Logistics are complex. When working with any carrier that offers a beneficiary designation option, the broker must place the request while alive and use the carrier's formal process. Any request must be approved ahead of a life event. So when the timing is last minute, which is often the case, mistakes can be made in an urgent, time sensitive situation. Carriers can have completion timelines which if missed will close the option for the designation.

Staying current with carrier agreements is important as well since carriers can change the terms of the agreement over time. A review of carrier agreements shows carriers have the right to change their broker agreement to modify commission amounts and conditions of payment at any time. History shows carrier decisions of this type do change. Also accounting can take time and some expertise — which includes keeping track of clients and then monitoring carrier payments. In a traditional commission transfer between a seller and buyer the carriers rarely get this correct and both buyer and seller work together to proactively review carrier statements. A great deal of importance is placed on active client management each month.

While the beneficiary option is better than nothing, the best practice is to have a comprehensive plan for 100% commission protection and doing the work required to

Ask yourself if most of your clients will stay with the same carrier and on the same plan for the next several years. If the answer is a yes for 90% of your clients, the beneficiary designation could fit your needs.

reach the highest possible retention.

A key goal in commission protection is to pay loved ones out when retiring or after death. This is due to the fact commission protection planning uses a best practice approach that will create a much better solution. A \$200,000 book of business could sell for two or three times that — yielding \$400,000 to \$600,000 with a viable successor. This result is compared to a beneficiary arrangement where a slow financial draw down happens as clients change plans and move to brokers who can help them. While the payout may last a couple years, the business will quickly vanish as clients experience poor service and go through the pressures of sales tactics with limited objective assistance. Ask yourself if most of your clients will stay with the same carrier and on the same plan for the next several years. If the answer is a yes for 90% of your clients, the beneficiary designation could fit your needs.

Since carriers only include IFP and Medicare supplement plan commissions with a beneficiary designation option, our position is to seek a comprehensive, viable and modern commission protection solution for all of your Medicare commissions. A solid Commission Protection Plan with a purchase agreement included, can beat a carrier driven beneficiary designation process.

We do applaud the effort carriers have made to help brokers; this is one situation where it is best to compare your options.

3 Final thoughts on beneficiary designation agreements.

The carrier's beneficiary designation option is projected to net less than half the amount in five years, compared with a broker/agency-based commission projection plan. When the active broker decides to retire and sell, the typical payout annually is 50% versus 70% for the carrier paid.

Assumptions: Based on \$100,000 of commissions, annual losses after transferring all retention work via retirement to the carrier (800 number) is 20% annually

and the cumulative impact over 5 years is a reduction of \$66,000 lost commissions or 66% of the total \$100,000 starting point/year. The total loss over five years with an active professional broker's retention effort after the sale is 20% or \$20,000.

We assume a five-year period as many payout periods cover five years. Retention rates are assumed. Your results could be higher or lower. Net paid to beneficiaries is no less with either option assuming the carrier continues to pay, and retention is at least 83% and payout remains at 70% of total commission.

Take away

Hold onto your commissions and use a Commission Protection agreement. Select a viable successor broker who agrees to pay you upon your retirement and to pay your beneficiaries after your death. Payments in most cases will be the amount agreed upon with the buyout paid over a defined payout period. Often for Medicare supplement commissions this is 50% of collected commissions for six years. Retention will be higher than a carrier can manage, and most successors will agree to pay based on received commissions which include increases due to age rate increases.

Commission Planning Table

Option: Sell Your Medicare Supplement Commissions or use the Carrier Beneficiary Designation

Carrier Beneficiary Designation	Annual Projected Loss/Gain	Our Model
5% LOSS	Competitive Brokers	.5% LOSS
5% LOSS	Loss to Health Providers, Carriers, 800# competitors	.5% LOSS
3% LOSS	Death of Client	3% LOSS
3% LOSS	Client Moves	1% LOSS
4% LOSS	Moves to MAPD	0% We Move Them
ZERO	Premium Increase Impact	100% SHARED

20% LOSS ANNUALLY
4.5% LOSS ANNUALLY

Check out our website for information on Commission Protection, Growing Commissions, and Selling Commissions: www.commission.solutions

To arrange a no obligation 15-minute coaching session, please call 714-612-0306.



PHIL CALHOUN is 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. He offers complementary 15-minute coaching sessions.

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Chart Summary

A few carriers offer the option to get paid up to 70% of ONLY your Medicare supplement commissions with the carrier's beneficiary designation option. The chart shows why this carrier option results in far reduced ability to protect a broker's commissions. This results in much lower payments compared to a protection and sell option. The problem with the beneficiary designation option is the combined impact of:

- **competition from brokers**
- **aggressive marketing from health care providers, other carriers and well-funded 800# agencies**
- **client-initiated moves**
- **when a Medicare supplement client moves to MAPD even with the same carrier**
- **carriers never pay more as premiums increase over time.**

When an agency or a local independent broker provides commission protection and then purchases the commissions upon broker retirement, the ability to protect commission is far better. A broker can protect against competition with active service and support, service work not outsourced but provided internally. When a client moves, a broker can manage within the state and outside the state with multi-state licensure, giving them the ability to move clients to new plans. Most brokers who purchase commissions include payment of all commission increases due to premium increases or plan changes during the payout period.

To demonstrate:

20% ANNUAL LOSS OVER 5 YEARS:

REVENUE	Year 1	Year 2	Year 3	Year 4	Year Five
\$100,000	\$80,000	\$64,000	\$51,890	\$40,960	\$32,768

4.5% ANNUAL LOSS OVER 5 YEARS:

REVENUE	Year 1	Year 2	Year 3	Year 4	Year Five
\$100,000	\$95,500	\$91,200	\$87,100	\$83,180	\$79,440



Organizers and board members: Kimi Shigetani, Cerrina Jensen, Jolene Bibian, Stephanie Berger, Korey Ashton, Sue Wakamoto-Lee, Jill Pedersen

Women's Leadership Summit Watchwords: Authenticity, Connection, Compassion and Vulnerability

Leading with empathy, compassion, authenticity and kindness. These were watchwords of the gathering of 200+ women leaders at the mid-March Ellevate Foundation's Women's Leadership Summit in Las Vegas.

"Current and aspiring female leaders both within and outside the insurance industry find this a valuable program that fosters personal growth, leadership and self-awareness. This is indeed a very special sisterhood, and the objective is that everyone returns home with a deeper sense of self, and tools to unleash their own unique magic.

"It's a unique conference that attracts a diverse group of women who work with insurance carriers, general agencies, administrators, technologists, and various products geared for female success."

From <https://www.ellevatefoundation.org/>



"WLS supports relationship building, being vulnerable, letting your guard down," opened Lisa Hutcherson, Master of Ceremonies. "So, be prepared to take your mask off. We've come here to share wisdom and build relationships with other women leaders. Ask yourself: Why are you here? Have courage, be authentic, believe in your worth. Look for encounters. Make real connections. Let down your guard and know that it's okay to ask for help." On day two, she emphasized, "You may be the blessing for someone else, the dip for someone's chip. So be present, ready to give AND receive. Identify your Sugar, Honey, Ice Tea and let it go. We have to be brave. Every moment is priceless, so be a blessing."

Lisa is now writing a soon to be published book, "Living Beyond the Walls." Contact: **Lisa Hutcherson, CEO & Founder of Darlis, LLC, leader at Brown & Brown, author and public speaker. lisamhutcherson@gmail.com**



“Drop your mask, show us your true authentic self. It’s okay to be really scared.”

**Jennifer Berman, CEO
MZQ Consulting, LLC,
Benefits Compliance**

“I couldn’t do what I do without help. I run a company, have a family and I have a connective tissue disease that can come upon me at any time causing my muscles to not hold me up. My wheelchair is a tool that allows me to be this person — it allows me the freedom to be who I am. This wheelchair is a direct metaphor. There’s something that each of you needs help with. Without help, you can be held back.

“What help do you need? What’s holding you back? What is that for you? Confidence, self esteem? Figure it out, and address it with an open heart.”

Contact: <https://www.mzqconsulting.com>



“Your style should reflect your true YOU.”

Erica Brown, Owner, Dylan Star Clothing Boutique

“Every woman particularly in leadership needs to take time to put together outfits that reflect who you are, and how you want to be seen. Being taken seriously doesn’t mean you have to dress seriously. Make sure you have good

“foundation” pieces = basic, affordable, well fitting slacks, jeans or shirts, and comfortable tee shirts in neutral colors. Then add your style — statement pieces that are an investment. A dramatic jacket, hat, funky jewelry, a colorful scarf or shawl, a great belt, comfortable stylish shoes — have fun with accessories and show your personality. That’s your superpower.”

Contact: <https://www.dylanstar.com/>



“Leverage your story, and adopt a sense of humor, it’s essential.”

**Karyn Buxman, CEO, Founder,
HighPerformanceHumor.com
Author, speaker, neuro-humorist**

“What if going to work could be more fun? Humor gives you more energy. The brain gets hijacked when stressed — your prefrontal cortex gets overridden by the amygdala. We lose intelligence when we are scared or nervous. When my 34-year-old daughter in-law died unexpectedly, my brain went into threat, my body and mind were on overload. This is what happens. In response to the Covid pandemic, our brains are on fire all the time.

“What can you do about it? The brain craves certainty so — how can you create certainty? Humor can help with that. Practice having a sense of humor. Research shows that smiling and laughing frequently makes you look younger and more attractive. Laughter gives you a healthy DOSE of Dopamine

Oxytocin Serotonin Endorphins.

“We are social beings and humans are addicted to stories. Men tend to tell jokes — women tell stories. Humor can help you influence, persuade, inspire people — your clients in particular. Don’t be ashamed that you have something to sell — use humor to warm up your conversation. Use authentic, gentle humor if you don’t know the person. Build rapport on commonalities. Where is the humor I am missing? Get the right lens. Be intentional. Be consistent.

HACK: “At a gathering, introduce yourself to someone you don’t know and ask about their super power — it’s a great, humorous conversation starter.”

Contact: www.HighPerformanceHumor.com



“Ask the hard questions, even if you don’t want to hear the answers.”

Susan L. Combs, CEO, Combs and Company

“A big part of love is just showing up. When my father, a major general and a judge became ill, I changed my life to be there for him and my family. He was such an inspiration, I wrote a book recently about him, “Pancakes for Roger” with

proceeds going to the veteran’s support organization he founded. Through this effort, I’ve reached a lot of people and learned a lot of lessons that I call the ‘syrup’ of life. Here are just a few: Show up for yourself. Self love is the MOST important. Share good stories to give others hope. Covet your chosen family. Lift others up. Be humble. Be authentic. Look back, but don’t stare. Understand your patterns, so you can make healthy choices. In a world that can feel shaky and uncertain at times, one fact holds true: nobody gets anywhere alone.”

Contact: scombs@combsandco.com | Web: www.combsandco.com
<https://www.pancakesforroger.com/>

Embrace your “too much!”



Sandra Gebhardt, Online Marketing Strategist, Sandra Gebhardt Marketing

As proof of online marketing success, Sandra runs a six figure marketing strategy company from Roundup, a small town in Montana.

“We have to treat social media like we do any other interaction. Maxims: Use a unique voice. Use humor. Try to lift each other up.”

She gave out a bright pink ‘A BIT TOO MUCH’ sticker saying, “A bit too much is okay for me! Embrace what you love about your “too much” and share it. Personal branding is powerful. My power outfit is tennis shoes, jeans, black hoodies and red lipstick. Some women say to me ‘I wish I could pull off red lipstick.’ Well, go find one that works for you, and WORK it!

“Some women believe things like, ‘I’m too heavy to be taken seriously.’ Don’t turn your volume down for anyone — let your brilliance shine. Post YOU online. Be authentic. It doesn’t matter WHAT you sell. Real life happens on social media. Literally EVERYBODY (except engineers!) is online.”

Sandra’s recommendation: Take selfies when you are at an event, then share info, and post on social media. Better than ex-

changing business cards, it's a great way to get on each other's radar, support the event, and promote each other!"

Sandra specializes in coaching agents about how to maximize marketing without spending a ton of money using social media. She provided an entire marketing plan at a special discount for attendees.

Contact: Total Marketing Domination

<https://sandra-gebhardt-marketing.passion.io/>

"Gratitude is key in all that we do.

It's okay to be vulnerable."



Kelly Gorman, Regional Vice President of Sales, Homestead Smart Health Plans

"In living through and telling my mom's story of dementia, "The Long Goodbye," gratitude is what got me through. Figuring how to care for your confused, elderly mother? That one may never cross your mind. I thought I could handle this news with ease. With someone every three seconds being diagnosed with dementia, it is highly likely that you know at least one person — if not more — affected by this disease. And of those people who have dementia only 25-50% have a formal diagnosis.

"My go-to after her diagnosis was 'be the hero of the family.' I thought I would find a solution for some kind of new drug or process to help slow things down for my mom and dad and be the hero. And my parents would say 'My daughter who's been in health insurance for almost 20 years found the solution to the dementia diagnosis.' I know I was delusional.

"The reality is, this disease takes all your knowledge of everything in the world around you. It also takes away the life of the people who are caring for the diagnosed in a form of isolation.

"I found out that no matter where you are in the journey with this disease there are resources for both the family and the caregiver. I hope that sharing my journey so far with my mom has helped just one of you. I believe that the support from people sharing their experiences is priceless."

Contact: kgorman@homesteadplans.com



"Write your story and ask for help."

Becky Patel, CEO, Amwins Connect

For over three decades, Becky's leadership has been key to making her organization what it is today and shaping the general agency market in California. Becky joined the company in 1985 as a receptionist, and within three months, was licensed and selling insurance. After becoming vice president in 1994, Becky was promoted to president in September of 2004 and then CEO in 2010.

"I'm very petite but I discovered that when you're sitting at the 'table,' we are all the same height. Your power is in YOUR RESPONSE to the rooms you find yourself in, and the inevitable obstacles you face. You are writing your own story. So you have to do 'the work.' That means to ask yourself: 'Who am I? What do I want from life? What do I value? What makes me

happy? What am I doing here?'" Choose You first, and make sure you are enjoying the story.

"I made written promises to myself to make sure I was choosing ME in the right way, balancing my commitment to my health, exercise, family, personal and spiritual development, and career."

Becky's rules of engagement:

- Work on creating my best self from the inside out
- Ask for help along the way
- Mentor others
- Find a tribe and flow with life
- Trust I have all I need to build my abundance
- Be grateful

Contact: www.amwins.com



"Follow your heart and preserve your energy."

Cora Tellez is CEO, Sterling Administration, a company she founded in 2004. She was president of the health plans division of Health Net, Inc., served as president of Prudential's western healthcare operations, CEO of Blue Shield of California, Bay Region, and regional manager for Kaiser Permanente of Hawaii.

"Here's what I've learned: Follow your heart. Practice gratitude. Be curious. Know yourself. Express your passion. Believe in yourself. Take risks. Stay in touch with your core values, stay connected with family, friends and colleagues.

"I'm a control freak but I learned that your attitude is what you can control: 10% of life is what happens, 90% is how you respond to it.

"I was naive — I built a startup, but didn't know why I couldn't get support. It did not fit the model of a startup. I pivoted to my 'village' and got what I needed. Nineteen years later, I became part of Sterling Administration. It's now self-sustaining and employee owned. We have an employee stock ownership plan (ESOP) that gives workers ownership interest in the company in the form of shares of stock. ESOPs encourage employees to give their all as the company's success translates into financial rewards."

Contact: www.SterlingAdministration.com



"Gratitude, resilience and how we frame our experience matter."

Heather Siems, Employee Benefits Specialist, Morrison Insurance Services

"Flexibility is power. Feel good emotions are good for your health. Have an attitude of gratitude.

"Foster gratitude, be intentional about it and pay it forward. The power of prayer and positive energy work."

Contact: [linkedin.com/in/heathersiems](https://www.linkedin.com/in/heathersiems)



“Raise your good vibrations.”
Breanne Swenson,
Owner, Soul Element Retreats

Breanne is a Wellness Retreat Leader and Intuitive Energy Guide certified in Reiki, Sound Healing, Yin Yoga and outdoor wilderness survival. We dove into the magic and science behind energy and sound frequencies and how it

relates to our overall well being in a sample sound bath experience.

Contact: www.soulelementretreats.com



Wellevate Session Leaders

“Practice trusting yourself.”
Cori Moyes, Owner, StarHawk Consulting,
Select Health Sales Executive

This session included mind/body grounding and embodiment practice and a powerful discussion on how to integrate more feminine energy in business and in life for more presence, more impact, more connection.

“Show up and do You. You can feel when your energy contracts. Here’s an easy way to know if you are overriding your feminine energy — you find yourself out of your body — dissociating. Think of one area where you disconnect, and study why. Listen, trust. Pause, flow, visualize, think and use your intuitive body wisdom. Take time to nurture yourself. Ask for what you actually need. Where are you taking on more than you can handle? Define what’s yours. Get clear about your boundaries. If being in control is your comfort zone, let others take responsibility, don’t become the ‘mom.’ In terms of relationships, know you have a choice to walk by yourself rather than walking small.”

Contact: [linkedin.com/in/cori-moyes-27b193152](https://www.linkedin.com/in/cori-moyes-27b193152)



“Planting a Dream” Ceremony
Naama Pozniak, Founder/CEO,
A+ Insurance Services

“We can’t change people, but we can plant seeds that may one day bloom in them.”
 ~ Mary Davis

“One of the most important principles in life is the concept of sowing seeds. The law of giving and receiving is a vital principle of the Seven Spiritual Laws of Success. This concept teaches us that the universe always gives us something in return if we offer something unconditionally. If we plant something together in the proper conditions, bless it, water it, feed and grow it, we can reap something bigger and more significant. Self care and meditation are essential.”

Contact: <https://www.rightplan.com/>



“Just BREATHE. Really consciously breathe”
Irma Romero, Director,
Quick Learning School

“In addition to directing Quick Learning School where we provide educational services in insurance, securities and real estate, I teach mindfulness through the practice of meditation, breathing exercises, body movement, and honoring the natural rhythm and cycles of

mother nature.”

Contact: <https://quicklearningschool.com>



Editor’s note: I had the privilege of attending WLS for the first time, as a guest of Ellevate and CalBroker. I was so warmly welcomed by the leadership and all the women in attendance, I felt immediately accepted and appreciated. I have been to many events in my 37 years in the insurance industry – but

this was the most unusual.

The focus on building relationships, being original, authentic and vulnerable was quite an unexpected and moving experience— rather than the technical, informational training approach of most conferences. I arrived as a ‘reporter’ to observe, but was swept in by the friendly hugs, emotional sharing and kindred spirits. I found myself deeply resonating with people and opening up in new ways. The ideas explored by the great presenters were really thought-provoking, connecting me personally to their experiences in this industry. It helped me realize that I too play an important part of embodying the intention to lead with heart and empathy.

After earning a Masters in Fine Arts in Missoula, Montana, I always thought I would be an artist and healer. Little did I know the form that would take! I entered the healthcare industry in 1986 at Blue Cross of California in Oakland, as part of the art department. I quickly became a writer for many of the design projects, and was recognized for my skill. I graduated to internal communication manager for CEO Leonard Schaeffer and moved to LA to help create the WellPoint identity, where I stayed 19 years. Health Net came next for 9 years, working for CEO Jay Gellert. Then I joined CEO Denny Weinberg (of WellPoint) at the HIXME startup where he was asked to write for *CalBroker*. Fortuitously, I met the fantastic previous editor, Victoria Alexander. She invited me to join as assistant editor, writing from the agent/broker perspective. In May 2022, I embraced the opportunity to become the editor.

The Women’s Summit clarified for me what a truly caring, compassionate community we are. Giving voice to agents, brokers and other experts is my passion. I’m delighted to be a part of ensuring California Broker offers the best information and resources for California health professionals.

Linda Hubbard Lalande
Editor, California Broker Magazine



“Believe in yourself. Know that without bad days, there wouldn’t be good days.”
Fireside chat with Jessica Word, CEO Word & Brown General Agency and Korey Ashton, Director, SunFire Services.

Questions for Jessica were gathered from participants.

Korey Ashton: “What is your life philosophy?”

Jessica Word: “It doesn’t matter what others think — believe in yourself. When you speak, or speak out on social media, know that 10% of people will love you, 10% will hate you, 80% will accept you.”

Korey: “What would you tell your 20 year-old-self?”

Jessica: “Stop living your life for others. Beware of giving too much of your life energy away. Let go of those who do not serve your way of being.”

Korey: “Many women are givers — we are socialized to be so. It can be hard to receive. Any tips?”

Jessica: “That’s true. We need to build boundaries. Determine who is taking from you, and who is reciprocating. Don’t waste energy on things that aren’t of real value. Recognize when someone calls that just needs to ‘dump’ or take your energy. When you see this pattern, ask them to call you back in 15 minutes. If they are dumping, they will find another person to transfer that energy to. You can still be friends, but set that boundary. Let them take space and come back if they really want to *connect* with you. Eckhart Tolle talks about ‘sharing a pain body’ as being an unhealthy pattern.”

Korey: “We know you have children. How do you balance being a mom and a CEO?”

Jessica: “It is definitely hard to find balance — it’s ongoing. I prioritize and actually book time for self care: hair, nails and lashes are what make me feel confident in my position. Find ways to take care of yourself, and schedule help. I have a nanny to help with my children and home. My husband is part of the mix, but of course, he works too. My kids are a top priority so I set aside consistent family time. I also schedule time for a personal trainer and a life coach who I take a 3-day retreat with quarterly. I lean into my ‘tribe’ of friends for both social and business support. It’s also important to me to give back, so I mentor students. My message: Believe in yourself. Know that without bad days, there wouldn’t be good days.”



Long-term Care Update

What you need to know about LTC legislation and state programs

By Christine McCullugh

I'm often asked to clarify points on the various pieces of long-term care (LTC) legislation being considered across the country. As a 30+-year veteran of the LTC industry I am thrilled that LTC planning is a trending topic in the U.S. The more we examine LTC — the risk, need and solutions for funding it — the better off we will all be. And as brokers, the better we can consult with our clients about their choices.

For me, that starts by looking at the reality of long-term care as a need. While we are able to provide products that may allow clients to opt-out of proposed state legislation, that's not the only reason to look at this important benefit.

The need for long-term care is real, and most individuals aren't aware of their risk or what pieces of their insurance, retirement and wealth arsenal can be deployed to pay for it. So, let's start right there — where legislators are starting, and where we each need to begin when considering our LTC solutions.

These are the facts:

- 70% of us will require long-term care in our lifetimes while...
- Only 10% of us have LTC insurance to pay for it.
- LTC is not restricted to older individuals: of those that receive care, 44% are under 65 years old.
- The average cost and duration of care in the U.S., by care setting is:
 - **Home care:** three years average stay @ \$63,629/annually for a total of \$190,887
 - **Assisted Living:** three-year average stay @ \$55,620/annually for a total of \$166,860
 - **Nursing Home:** 2.4-year average stay @ \$111,657/annually for a total of \$267,976
- Health insurance, Medicare and disability insurance will **not** pay for long-term care.
- Medicaid can help cover LTC costs after an individual has depleted or "spent-down" their assets to the poverty level.

What are the options for paying for long-term care expenses?

- **Public LTC Plans:** As these roll out there's likely to be a gap in coverage between the average amounts needed and the state plan maximum coverage numbers. LTC insurance is a good option to close that gap.
- **Self-Fund:** Knowing the likelihood of needing care, and its cost – planning to self-fund by saving adequately is an option.
- **LTC Insurance:** Traditional and hybrid life+ LTC products are popular and effective ways to cover costs.
- **Retirement Funds:** Individuals may choose to tap into their retirement wealth to pay for LTC.
- **Medicaid:** After spending-down assets to the poverty level individuals may qualify for assistance through state Medicaid programs.
- **Relying on Family:** For generations family members have cared for each other and shared expenses for long-term care needs.

LTC Legislation | An Overview and Deep-Dive on California

LTC is one of the biggest budget busters for Medicaid. As legislators face a wave of aging baby boomers with a 70% likelihood of requiring long-term care and a significant disparity in coverage for it (only 10%), they've recognized the need for a solution to preserve Medicaid. That solution is coming in the form of a state LTC plan funded by a payroll tax.

Washington State led the way, passing the first ever public LTC program funded by a .58% payroll tax on W2 workers. An idea with great intent, but the lifetime benefit amount is only \$36,500 a year, which will fall short of the annual cost of long-term care for most individuals. Twenty additional states are considering similar laws.

What is the California LTC Task Force?

The state of California passed Assembly Bill (AB) 567, establishing the Long-Term Care Insurance Task Force in the California Department of Insurance to explore the feasibility of developing and implementing a LTC program. In December of 2022 the AB567 Feasibility Report was completed and

Plan Design	Lifetime Plan Benefit	Monthly Benefit
1	\$36,000	\$1,500
2	\$110,400	\$4,000
3	\$36,000	\$3,000
4	\$81,000	\$4,500
5	\$144,000	\$6,000

Table of five possible plan designs proposed by the Calif. LTC task force to the legislature at the end of 2022

submitted by actuarial firm Olyver Wyman. An actuarial report is scheduled to be completed by Wyman for a 12/14/2023 review date.

The Calif. LTC task force developed and proposed five possible plan designs to the legislature at the end of 2022. Though there's a great deal of information and differences in these five plan designs, the table above provides a very high-level view of the benefits offered by each — for more in-depth information visit their website.

What does this mean for California employers and employees?

While we won't know for sure until it happens, it's likely that a long-term care bill will be proposed and voted into law. Employers and employees — or just employees — may be subject to paying a new payroll tax to fund this program.

Brokers, why talk to clients about LTC now? Legislation has sparked conversation.

- Legislation and tax mandates have sparked nationwide conversations on the need for long-term care planning. Ensure you provide accurate information to your clients.
- Employers can bring in group products that provide favorable perks only available through an employer.
- The enrollment window for 2023 (the likely opt-out deadline for tax mandates in some states) is closing rapidly, as this is a product with a long timeline for implementation that enrolls off-cycle. Starting conversations now allows for a better opportunity to secure a 2023 enrollment slot.

Retirement and wealth management discussions need to include LTC options for consideration. When planning for your own future and for your clients, consider solutions for funding long-term care needs and take steps to put your plan into action now. Don't forget to communicate about your LTC wishes with your loved ones so everyone has clear expectations and an understanding of your choices.



CHRISTINE MCCULLUGH is president of LTC Solutions, Inc., in Redmond, Washington. She grew up in upstate New York and graduated from Rochester Institute of Technology. McCullough started her LTC career with American Express LTC in Boston, providing individual LTC. In 1996 she started LTC Solutions, Inc. and is recognized by insurance companies, benefit brokers and employers as a national expert in group LTC insurance.

McCullough is a speaker and consultant helping shape the future of LTC insurance. She provides expertise with the most up-to-date information of the LTC market. She's been actively involved with the Wash. State Trust Act providing industry and employer insight. In March 2021, Christine testified at the Wash. Senate Health and Long-Term Care Committee HB 1323 supporting an amendment to extend the opt out to 12/31/21. This provided more time for the committee to study opportunities for greater coordination between the private market and the trust program. McCullough attends and provides information to the Calif. Task Force.

She is also a member of the National Association of Insurance and Financial Advisors (NAIFA) – LTC Study Group. This group develops suggestions for state LTC needs that blends public and private sectors to solve the growing need of LTC.

In 2023, LTC Solutions celebrates 27 years in business with the certification of Women Owned and Women's Business Enterprise.

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Why Brokers Should Demand Digital Technologies from their Carriers

It's important it is to actually fulfill the promises those benefits provide

BY TONY GROSSO



Ask anyone in the hiring world, and most will tell you that over the past few years, more and more job seekers are ignoring job descriptions without a listed and clear benefits package.

If simply having a benefits package is key to getting considered, imagine how important it is to actually *fulfill* the promises those benefits provide.

I know that last sentence might sound a bit inane at first. Why *wouldn't* an employer or insurer deliver on the benefits they sell? But stick with me because it doesn't always happen like it should.

Insurance's major 'Fire and Forget' problem

As modern as we all think we are in the workplace, we've got some major blind spots, and benefits enrollment processes are some of the worst offenders.

When employees have to use manual, or partially manual, processes to enroll in their company-offered benefits, a tragedy can happen. Once the end customer and their employer fire off the paperwork to the insurance company, they assume the insurer takes care of everything and they're all set from there.

But too many times, an end customer may not qualify for the level of coverage they selected, or qualify for any coverage at all. They get no notice of the coverage refusal or downgrade, and get a very unpleasant surprise when the enrollment report comes, at which point it's too late to fix.

This rapidly degrades the customer experience. The employee is upset, so they complain to their HR manager, who must spend time researching the issue. They call their broker, who has to do the same. Why? The carrier's segregated and siloed legacy technology may not be built to integrate new demands of online enrollment.

Not to mention manual errors that can happen. When information is passed and entered manually via paperwork, there's

a higher probability of human error. If a tiny decimal point is entered into the wrong place, it can have catastrophic consequences to the financial situation of the end customer who was relying on the policy.

This is where brokers step in. They help insurers pick out health benefits carriers that they know have dependable enrollment technology to plug these gaps, AND are able to follow up to work with employees if their coverage needs to be adjusted. This can relieve the burden for inhouse HR staff.

But then there's the terrible enrollment numbers

It is one thing to build relationships with carriers and help them understand how they could improve their customer experience, so they are considered when bidding for group business, and remain competitive for new deals that arise. But it is another entirely to help them realize just *how much* they're leaving on the table when they don't upgrade their enrollment systems to be fully integrated. **You can turn it around to how much they can GAIN.** That can have a powerful impact when you show them you are their ally.

At the recent LIMRA Enrollment Technology Strategy Seminar, a panelist said data shows that when online enrollment is fully connected, insurers can expect an 80% completion rate, greatly increasing their revenue from any one deal they have with any given employer.

But as soon as you introduce an enrollment system that's disconnected or partly manual, that completion rate plummets to 30%.

And when it's fully manual?

A measly 10% to 25% completion rate results, meaning that even if an insurer has more contracts with large employers than other benefits vendors, they're leaving up to 90% of their potential revenue from those deals on the table. Just because they have not yet modernized.

Driving a stronger perceived "employment value proposition"

When people join a new company, no matter how reputable it might be, they may still be a little nervous about whether or not making the leap was the right move. Not only can having a flexible core system and connected ecosystem help carriers and brokers sell more types of coverage to make their employer clients more competitive to new employees, but having solid enrollment technology can

One of the most exciting things in the health benefits insurance market is that brokers are now putting technology evaluations into their RFPs to help employers select the right benefits vendor.

help them keep their employees happy, thus retaining top talent and reducing turnover.

Imagine how it would feel to be an employee, six months into a new job, who suddenly needed emergency surgery.

During their onboarding, they *know* they filled out the paperwork for hospital indemnity and short-term disability (STD) insurance, so they agree to the medical care and take time off without a second thought. Insurance is there to give people peace of mind in scary situations like this, after all.

Then, six weeks later, their bills come in the mail, and their STD payments haven't processed like they thought they should.

Disaster.

Not only is this person much worse-off financially, they'll probably hold this against their employer for using a sub-par benefits partner, and be on the hunt for a new job immediately. One with a more reliable benefits program. And brokers who work with insurers who know how to fulfill that need for both attractive *and*

reliable benefits packages will be the real winners over the next few decades.

Technology evaluations in benefits program RFPs

In my opinion, one of the most exciting things in the health benefits insurance market is the fact that **brokers are now putting technology evaluations into their request for proposals (RFPs) to help employers select the right benefits vendor.**

As a society, we are so far past the dark ages of pen and paper enrollment for anything, and there's no *real* reason why insurance providers should have a special pass to not have to upgrade their operations to match.

The fact that brokers are now compelling insurers to face the music regarding their Application Programming Interface (API) connectivity, enrollment technology, and customer service automations makes my insurance geek heart so, so happy. (Not to mention how good it

makes me feel to know that fewer and fewer people are facing financial troubles due to the ball being dropped during their benefits enrollment.)



TONY GROSSO, *head of GWB Insurance Markets, EIS, has over 25 years of hands-on experience leading innovation, business development, product and marketing across all sectors of the insurance industry. Tony is leading the Guaranteed Withdrawal Benefit (GWB) market for EIS, a high growth company, helping insurers to achieve their ambitious plans and incredible potential.*

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LEGISLATION



California's Legislative Season is in Full Swing

BY DAWN MCFARLAND

don't know if you all feel this way, but I feel like the whole first quarter of 2023 flew past. It's interesting to observe the changes in our environments in our post-COVID world. Our industry has adapted over and over again, and we are not done. I have come to understand, as so many of my mentors have explained, that healthcare has always needed — and will always need — advocacy. And the integrity of the independent agent is on the line. I feel like there are a lot of new and young people joining this industry that would love to help advocate. **We need ambassadors** encouraging participation in the associations that advocate for the real-life experiences of people using and paying for healthcare —

our clients.

Before I summarize the current events post CAHIP Bill Review, I want to make a plea.

If you are reading this article and not yet a member of the National Association of Benefits and Insurance Professionals (NABIP), join at www.nabip.org.

And if you need a reason to do so, you can join the California Agents & Health Insurance Professionals (CAHIP, the state chapter of NABIP) in Sacramento from May 8-10 for our annual Capitol Summit. **Go to www.cahu.org for agenda and registration link.**

This event is where hundreds of us go to the state capitol and meet with our legislators to discuss how healthcare

financing and access to care affects their constituents. Our stories matter when we are explaining the help we provide, to counter the stories the legislators hear of bad actors in our industry.

CMS final rule

This leads me to the latest CMS Final Rule released the first week in April. As most of you are likely aware, about this time last year CMS released a final rule that lumped independent agents in with the definition of third-party marketing organizations (TPMOs). It also required new disclaimers and client call recording for agents that serve Medicare beneficiaries. This rule was a result of 40,000 complaints in 2021, a drastic increase from 21,000 in 2016.

In response, NABIP and other organizations worked on many levels to get answers and clarification from CMS **because its new rules did not stop the bad actors.** I know my clients are still receiving text messages urging them to hurry to meet a deadline — threatening loss of coverage. On the flip side, I feel like the commercials have toned down significantly. It has been a while since I've heard the "let's check your zip code" commercial.

There was an agent petition started by those that serve Medicare beneficiaries, Operation Shout from NABIP, and even a piece of legislation (introduced too late in the session) to remove agents from the definition of TPPO. This year NABIP is continuing the effort and is actively working to get a new piece of related legislation introduced.

Now we have the new 2024 Final Rule, which includes things like reinstating the 48-hour scope of appointment (SOA) for all appointments except walk-ins, rules limiting what you can do with marketing versus education meetings, list every carrier you are certified with and mention SHIP counselors, (HICAP in California), in the disclaimer.

The good news is that CMS has backed off the call recordings for all calls, instead applying the new rule only to calls associated with the marketing and enrollment of a plan.

Visit www.nabip.org to see all the activity and CMS communications NABIP has worked on. Many of us just returned from Washington D.C., lobbying this issue and others on behalf of you and your clients. If you would like to see the full list of NABIP of federal priorities 2023 visit www.nabip.org.

CAHIP's annual bill review session

CAHIP's annual bill review session — where the local chapter legislative chairs and chapter presidents take a full day to

review and discuss the many pieces of California legislation regarding healthcare financing and healthcare access — just took place in March 2023. It was a massively successful day.

Our entire industry benefits from this legislative work, but only a fraction of licensed California health agents are members. This association is truly for you. It is made of volunteers that do what you do. These volunteers go through all introduced legislation each season and work with policy makers to avoid unin-

tended consequences and things that can harm Californians.

February 17 was the 2023 deadline to introduce any legislation this session in California. There were 2,600 bills introduced, a high number even by California standards! CAHIP is actively watching a list of about 137 bills related to healthcare, paired down to about a dozen bills on our priority list (available to CAHIP Members

at www.cahu.org). Many are proposals to address social determinants of health and access to care. We consider the costs versus the benefits of each piece of legislation, to determine whether to support, oppose, and/or consider alternatives.

Some interesting statistics about the 2,600+ newly introduced bills: 1,046 (40%) of them were nearly blank, commonly referred to as "spot bills" or "intent bills." As spot bills are amended and filled in with substance, we will continue to flag key bills of interest.

The top urgent priorities for CAHIP are California's SB 770 and AB 1048, both regarding movement toward a single payer healthcare system in California. While the price tag continues to rise and the California budget is questionable at best, it seems preposterous. However, without advocacy and voices to share concerns with policy makers, those policymakers will only hear one side of the story. (Another plea to join us in Sacramento! With 31 new legislators in state seats who have not heard our concerns in

the last two single payer fights, we need industry professionals from up and down the coast to join us.)

We are also watching the Long-Term Care (LTC) Task Force and the Office of Healthcare Affordability as measures to control the cost of healthcare and LTC continue to rise.

The CAHIP member newsletter for April has a rundown of California legislation. Feel free to read the article at www.cahip.org. You will learn about all these things and more if you attend CAHIP's Capitol Summit in Sacramento in May.

Hey, we should make a drinking game out of how many times I mention Capitol Summit in this article, LOL.

Onward we go, doing our best to help California consumers understand how to access their healthcare in the most affordable ways, working for a future with real healthcare instead of sick-care. Hope to see you in the trenches!



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Personality type and persuasive communications: understanding your client's communications needs

BY JOHN HACKSTON

Here's a quick quiz. When you are talking to a salesperson, what works for you, and what doesn't? Specifically, when someone is trying to influence you, which of the following approaches would be the *least* effective?

- A. Idealistic, using emotive arguments with little relevance to real life**
- B. Detached, impersonal and with a complicated rationale**
- C. Closed-minded, narrowly focused, and impersonal**
- D. Poorly thought-through arguments with irrelevant detail and few possibilities.**

Probably none of them appeal — but which would be the worst? I'll come back to your answer in just a while.

We are all individuals. The messaging that works for you will irritate or turn off others, and vice versa. And our natural approach, especially when we are seeking to persuade or influence others, is to communicate in a way that would work for US. Unfortunately, that won't always work well for the other person. One factor that can help us, and which has a huge impact on the way people want to be communicated to, is their personality type, as measured by the Myers-Briggs Type Indicator® (MBTI®) assessment.

The MBTI framework looks at four aspects of our personality that combine dynamically to capture the fundamental elements of who we are. When it comes to persuading and being persuaded, two areas that are especially important are the sort of information that we prefer to use (Sensing or Intuition, S or N), and our preferred decision-making process (Thinking or Feeling, T or F). Combining these two preferences means that each of us can be sorted into four categories: ST, SF, NT or NF.

- When they are communicated to, people with a preference for **Sensing and Thinking** will focus on specifics and details, and will then want to make a logical, objective decision based on this information. To persuade or sell to these people, it is important to state the facts, listing tangible features and benefits.
- For **Sensing and Feeling**, again specifics and details are important, but the decision will be made on how those specifics impact on the people they care about. Treating those with SF preferences as individuals and making an effort to meet their specific individual needs will be important.
- For **Intuition and Feeling**, the focus will be on the big picture, and the decision made on how this impacts on people and their values; speak to their vision and their values.
- For **Intuition and Thinking** the emphasis is on possibilities and logical options, often with a focus on the future. Acknowledge their expertise and present them with innovative options from which they can make a logical choice.

This may seem a little theoretical, but it does work. For example, in a [2012 article](#), researcher Holly Buchanan described her work with an online women's fitness clothing retailer, who was not achieving the sales return from electronic mail that they were hoping for. The sales copy was written by an owner of the company, who had preferences for Intuition and Thinking, and this was reflected in the style and content of the messaging. However, Buchanan's analysis suggested that many of the customers had preferences for Sensing and Feeling. She rewrote the copy in a way that was more likely to appeal to people with a SF preference, and this resulted in increased sales, with a 27% higher click through rate on the website.

Now, given that you are reading this article in *California Broker*, you probably aren't working as a copywriter for a clothing company. However, the same principles apply in other contexts where you need to sell to people or persuade them to your point of view. [Research by Pia Hautamäki](#) shows that while business buyers expect a number of things from a salesperson, the most important factor is a sales approach that matches their personality.

Remember that quiz question I asked at the start of this article? Damien Killen and Richard Thompson included this in a [study](#) about the link between MBTI type and influencing.

Based on the responses of 2,800 people:

- Option A: 89% Sensing and/or Thinking preferences
- Option B: 77% Sensing and/or Feeling
- Option C: 93% Intuition and/or Feeling
- Option D: 83% Intuition and/or Thinking

Here are some dos and don'ts for persuading each type:

Sensing and Thinking (ST)

- **Do** outline pros and cons, provide facts and evidence, be clear and direct
- **Don't** be too personal or emotional, logically inconsistent, or appear to lack confidence

Sensing and Feeling (SF)

- **Do** show you have listened, use personal facts and information, and demonstrate loyalty
- **Don't** be too dry and factual, ignore details (especially personal details), or appear to be impersonal

Intuition and Feeling (NF)

- **Do** engage with their values and fire their imagination, show energy and passion, and emphasize harmony
- **Don't** use too much detail, miss the big picture, or appear to lack passion

Intuition and Thinking (NT)

- **Do** present and discuss possibilities, outline pros and cons acknowledge the individual's expertise, and appear competent yourself
- **Don't** be too personal or emotional, lack evidence or focus, or use irrelevant detail

Of course, in practice you probably don't know for certain the personality type of the person you wish to persuade; you likely won't have had the luxury of them having taken the MBTI assessment, deciding what type fits them best and sharing this information with you.

However, if you listen carefully, you can pick up cues about a customer's type from what they say and do. This is easier if you've completed a type assessment and had feedback yourself; you will have a framework for evaluating other people's behavior and compare it with your own. You'll also better understand your own default communication style, which will give you a head start in adapting your own behavior to match that of the customer. And this isn't just important for selling; it applies to any situation where you need to influence and persuade other people, or even to situations where you just want to build a good relationship with a client.



JOHN HACKSTON is a chartered psychologist and head of Thought Leadership at [The Myers-Briggs Company](#) where he leads the company's Oxford-based research team. He is a frequent commentator on the effects of personality type on work and life, and has authored numerous studies, published papers in peer-reviewed journals, presented at conferences for organizations such as The British Association for Psychological Type. Hackston has written on various type-related subjects in top outlets such as Harvard Business Review.

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Prediction: “There will be more and more customer segmentation”



In this column, we pose a question or share a perspective or prediction about some aspect of the health insurance/finance industry. We invite industry leaders — aka influencers — to weigh in.

If you would like to participate, reach out to linda@calbroker.com.

Source: Sachin H. Jain, *Forbes*

Dec. 2022 Top 10 Healthcare Industry Predictions for 2023

*“While companies that focus on a single condition or subset of the population may struggle, all healthcare companies (big and small) are beginning to look at **further segmenting their offerings to differentially serve and grow within diverse populations**. Clever Care, a Medicare Advantage startup in Southern California, grew impressively in the Asian community through focused benefit offerings, a carefully curated network, and a grassroots model that engaged community members. Alignment Healthcare began serving members through its “el Unico” option focused on the Hispanic population.*

*And my company, SCAN Health Plan, partnered with Included Health to **launch its Affirm product** focused on the LGBTQ+ population. The products all provide differentiated service and benefits and also unlock growth that might not otherwise be attracted to the market or the company. Similar trends are present on the care delivery side where there are a growing number of startups focused on ethnic populations. Zocalo Health, for example, is a new clinical company founded by Amazon Care alumni Erik Cardenas and Mariza Hardin “by Latinos for Latinos.”*

“The idea that “all patients” should receive the same clinical model is being fundamentally questioned — and this is a very positive development. Whether these offerings will be viable in the long-run is an open question, but certainly worth watching as every company is looking to align with broader trends in diversity, equity and inclusion and simultaneously drive results.”

Tim Lieb, SVP of growth and marketing, Blue Shield of California



Do you agree or disagree on specific points about customer segmentation and why?

As far back as I can remember, we have known that a one-size-fits-all approach does not work in healthcare. Each individual comes to us with their unique health history and needs. Addressing the specific needs of groups, such as Latino people and LGBTQ+ people, is a key part of improving the health of all individuals.

Fortunately, we can use data to better

even further and provide the support individuals are telling us they need. This is especially true as we work to meet the needs of our diverse population in California. This is why, at Blue Shield of California and across the industry, we see the impact of a member-centric approach in designing benefit offerings.

Moving forward, we'll continue to see digital tools used to improve choice and accessibility as we address diverse health needs and close care gaps, especially targeted at the individual level. For example, our virtual-first benefit offering, Virtual Blue, allows members to select their primary care physician based on criteria that are important to each individual — including race, ethnicity, years of experience, language, experience with LGBTQ+ individuals and more.

Moving forward, we'll continue to see digital tools used to improve choice and accessibility as we address diverse health needs and close care gaps, especially targeted at the individual level.

understand health issues that may impact a community — whether that is defined geographically or by other demographics like race, ethnicity, age, gender identity, socio-economic status and more. From there, we are able to develop solutions or team up with an organization that has a deep understanding of how to support a specific population.

As a health payer with an expansive network, Blue Shield of California has an opportunity to bring this targeted support across the state — and we can partner with employers and brokers to ensure customers know what resources are available to them. For example, our Maternal Child Health Equity Initiative provides pregnancy and postpartum resources and support in underserved communities. This initiative specifically targets support for Black mothers due to the Black maternal health crisis driven by interpersonal and institutionalized racism, specifically in healthcare settings.

Are there other trends you want to comment on?

While it is critical to provide support that addresses what we know to be community- or population group-level needs, we also need to narrow it down

TIM LIEB is SVP, growth and marketing, at Blue Shield of California, a nonprofit health plan with \$22.9 billion in annual revenue serving 4.7 million members in the state's commercial, individual, and government markets. He leads the company's commercial markets, consumer markets including Promise Health Plan, and marketing departments.

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VISION

Employees expect more from employers to support wellness in post-pandemic era

Nearly 70% say vision, dental, and wellness benefits influence decisions to stay with their employer

BY KATE RENWICK-ESPINOSA

It's been three years since the pandemic changed our lives forever. As many things are getting back to 'normal,' a lot has permanently changed, especially for brokers, benefits managers and HR professionals. Around the world, companies have had to rethink their entire approach to remote workforces, work-life integration, cultivating culture, talent recruitment, and employee health and wellness.

Maybe for the better, the pandemic expanded the definition of "wellness." Benefits offerings — which use to cover traditional healthcare insurance plans — now include everything from virtual fitness classes to mental health and family planning benefits. **Employees expect more from their employers to support their wellness and whole-body healthcare.** Nearly 70% of workers say vision, dental, and wellness benefits influence their decision to stay with their employer — or move to a competitor. And in the ongoing war for talent, companies must continue to meet the moment with their employee-benefits packages.

Offering traditional healthcare insurance plans alone isn't enough to treat the whole-body care needs of employees today. Healthcare plans must include robust vision care offerings to help cover the full physical health needs of employees. In fact, an annual eye exam can provide employees with one of the simplest ways to protect their overall health.

How?

The eyes are more than the windows to the soul. They're the windows to your health.

In an eye exam, an eye doctor can detect evidence of more than 270 chronic diseases — including some types of cancer, kidney disease, and hypertension — even before physical symptoms emerge. For example, visible signs of retina damage are a useful marker for identifying cardiovascular disease before a heart attack or stroke even occurs.

This means **an eye exam is one of the easiest and most cost-effective early detection systems for serious illnesses.** And the sooner a patient knows about a potential health issue, the sooner they

can work on prevention, treatment and healthy lifestyle changes.

Eye health is good for business

Beyond supporting workforce wellness and helping to attract and retain top talent, offering a vision benefit is just good business. The move can help boost your productivity, reduce your employee downtime, and reduce overall healthcare costs.

In 2020, vision problems cost U.S. employers \$575 billion in lost productivity, and vision problems in Americans ages 40 and over have an estimated annual economic impact of more than \$145 billion.

So, it's no surprise that when an organization provides vision care and encourages employees to get their eyes checked once a year, the return on investment can be significant. An eye exam can uncover the first warning signs of other health risks and allow early medical interventions that can lower health care costs for both employers and individuals. Employers who offered stand-alone vision benefits saved \$5.8 billion over four years, one recent study showed.

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Medical Eye Care as a covered vision benefit available with every full-service VSP plan. It provides added coverage beyond routine care to treat immediate issues from pink eye to sudden changes in vision or monitor ongoing conditions like dry eye, diabetic eye disease, glaucoma, and more.

VSP Vision Care works with key partners to fully evaluate member health and influence positive outcomes. Our strategic partnerships allow us to help coordinate care, identify eligible members for disease management programs, and send critical eye exam reminders.



KATE RENWICK-ESPINOSA is president of VSP Vision Care

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CROSS SELLING



HOW COLLABORATIVE PARTNERING BENEFITS YOUR CLIENTS

PART ONE

By Phil Calhoun

Many health brokers are excellent advisors in their specialty, health insurance. And, like most advisors, they feel confident when within their specialty areas. On the occasion when a health insurance client looks for help with an issue, and the need extends outside the health insurance specialty area, many advisors lean on colleagues who specialize in specific areas to find their client solutions.

In this article we will outline how health brokers can build relationships with collaborative partners. This type of work falls in the “Cross-Selling” column we will run regularly in both our monthly and weekly media. This content is designed to provide health insurance professionals with ideas to assist their clients with novel issues beyond their health insurance needs. Insurance is almost always part of the solution for your client’s issues. Long-term care insurance and life insurance, annuities, and disability insurance are the most common insurance lines that arise.

We make the case that health insurance brokers can write these insurance lines “direct” through a managing general agent (MGA) or choose to partner with a collaborative specialty.

In future articles we will cover topics ranging from helping business owner clients with estate and succession planning to assisting clients with issues related to loved ones, current

or future financial stressors, and succession or retirement planning needs.

To solve your client’s issues, it is common to connect clients with specialists. The goal is to help them solve their issue and do so with your assistance. Being the solution provider adds greater value to your relationship as their trusted advisor. As issues are identified, the solution often creates an insurance sale.

Health brokers build a bond of trust with their clients. Because of this trust it is natural to uncover other issues that require solutions outside of health insurance. Common areas of greatest concern include loved ones, current or future financial stresses, and succession or retirement planning.

The opportunity is that your clients have many needs and as their trusted advisor you can identify these needs and develop a plan to assist them. In this process, health brokers need to provide solutions outside health insurance. Building on your trusted advisor relationships with clients, the best practice is to assess if you want to do all the heavy work or join forces with an experienced collaborative partner to solve your client’s issues.

The ideal reference for this collaborative team approach

is Danniell Wexler. Danny has taught thousands of insurance professionals on this very topic. Danny often says, "Through my advisory work I cause insurance to be sold when solving client issues." He loves working in collaboration with insurance brokers. Danny agreed to explain his thoughts on how health brokers can connect with specialists and build collaborative relationships in order to meet their client's needs. Danny's inside knowledge gives readers tips on how to work so they can build business by solving client issues and without spending time and money marketing to find prospects.

In this Q&A session Danny focuses on ways health insurance professionals can help their health clients when solutions outside health insurance are needed.

Phil: Danny, health brokers looking to do new business can spend time and money marketing to find new clients or do more with existing clients. What are your thoughts about finding new clients or working with current clients, and what are the keys to discovering issues in addition to health benefits?

Danny: It is my opinion that the number one expectation for all advisors, and especially health insurance professionals, is to consistently focus on doing what is best for your clients. In doing so, you build your existing trusted advisor relationship with your clients. Your relationship opens the door to helping your clients with more issues.

As far as marketing for leads is concerned, it is far more expensive to acquire new clients than it is to generate additional income from existing clients. Taking a cold lead list from nowhere to then create prospects that become clients is an exceedingly long and often expensive path. The ability to proactively reach out to your clients and identify their issues, then bring in your chosen specialist to assist you to further explore your client's issues, is more ideal in my opinion.

To answer the question, "when is the time to get into client issues," it always is the right time. The absolute best time is when you complete the work on your client's annual health plan renewal. Another best time is shortly after you have addressed their health care concerns.

Phil: Great points. So, with a trusted advisor relationship how do we know the client is open to a conversation about other concerns?

In both my law practice and advisory work, my clients will often share personal issues. Health brokers hear very personal information which can be far more private than what I ever hear. So, when a client shares something personal about their health and wellness and you consistently listen and express your concern, and then help them address the issues expressed as top priority, their trust in you is reinforced.

Health insurance professionals year after year listen to their client's concerns and then search for options that are more affordable and provide better coverage. This process proves your worth and the trusting relationship continues to grow. Brokers have told me the ideal time to engage with clients is after solving their needs each year for health coverage. Also, a great time is when a critical issue is

managed with a positive result. At this point trust is high and the door is open to ask them if they have any other issues they lose sleep over. Common concerns include their loved ones, current or future financial stresses, and succession or retirement planning.

Phil: That sounds right. So, then how do health brokers take the next step to open the conversation and explore issues?

Danny: In my law school days, we always started with discovering the client's issue. Knowing the issue is considered the stepping off point that leads to discovering what issues are most significant. Issues almost always lead to family, money or their business/career. As you can imagine all these issues are linked. It is common to then collect more information which leads to greater clarity and then a follow-up meeting to explore the issue more deeply. Your specialist can join at this point to help identify what options can be developed to solve the issue. The best practice when working with collaborative partners is to collect some relevant client facts along with the issues. With this information you can move to an introduction to your trusted collaborative specialist.

In our next column, we will review client data collection tools like the Fact Finder and suggest opening questions to help move the client conversation toward an introduction to your collaborative partner. We will also explain ways to manage the introduction with your client and your collaborative partner.

Thanks to Danniell Wexler for sharing his expertise. We look forward to future articles on collaboration.

Future articles will cover:

- What collaborative partners can provide
- 5 Reasons why collaborative specialists help health brokers
- How to collect client information needed to personalize the first meeting with you, your client and your collaborative specialist.



PHIL CALHOUN is 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. He offers complementary 15-minute coaching sessions.

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