

HEALTH | HISTORY | HAPPENINGS

CALIFORNIA BROKER

SERVING CALIFORNIA'S ANNUITY, LIFE AND HEALTH INSURANCE PROFESSIONALS • OCTOBER 2024

A human hand is shown in the lower-left corner, reaching upwards. In the upper-right corner, a white and black robotic hand is reaching downwards. The background is a vibrant, futuristic space with a blue and purple gradient, filled with glowing particles and a bright, central light source. The overall theme is the intersection of human and artificial intelligence.

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https://www.coveredca.com/pdfs/Exhibit_F_Commission_Schedule_March_2024_Final.pdf



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from Across the Bay

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By Ruth Yomtoubian



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Subscriptions: U.S.: \$15/issue
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prior to effective date; include old/new address to:

HEALTH BROKER PUBLISHING
14771 Plaza Drive Suite C • Tustin, CA 92780
714-664-0311

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Industry News

CURATED NEWS FROM THE INDUSTRY



Credit: Erik Jepson | UC San Diego

California has problems. AI can help solve them.

Julia Busiek, UC Newsroom

Since the University of California's earliest days, its researchers have propelled the state's leading industries and helped solve some of its biggest challenges. Our faculty bring curiosity, ingenuity and years of accumulated expertise to their research. But even the nimblest human brain can only crunch so many numbers in a day.

That's where AI comes in. It can sift through massive troves of data, picking out patterns and making predictions that put vital insights within reach. As AI gets more powerful and easier to use, UC researchers are finding ways to integrate these emerging technologies into their work, shortening the distance to solutions that benefit every Californian.

"AI can potentially unravel complex systems and amplify our capacity to better understand interrelated phenomena around some of the world's greatest challenges," says UC Vice President of Research & Innovation Theresa Maldonado. Across science, medicine and engineering, as well as humanities and the law, UC researchers are showing how AI can amplify human potential, rather than substitute it, and enhance our creativity and capacity for innovation, Maldonado says.

From preventing homelessness to early identification of Alzheimer's disease, here are some of the ways UC researchers are putting AI to work for California.

Shortening your daily commute

READ MORE» <https://bit.ly/3B7uZFE>

California Insurance Requirements for Small Businesses

Running a small business (or any business) in California isn't always a walk in the park. There are regulations to follow, forms to file, community licenses to snag, and more. If your business has 50 or more employees, there might be some extra hoops to jump through.

ACA Employer Mandate

One of those added hoops applies to group health insurance. The Affordable Care Act (ACA) requires businesses with 50 or more full-time and/or full-time equivalent (FTE) employees to offer health insurance. This is known as the Employer Mandate. An employee is considered full-time when working 30 hours or more weekly.

Health insurance must be offered to 95% of eligible employees and their children (up to age 26). If your business is subject to the mandate and you don't offer affordable coverage with minimum value, you are subject to penalties. For more about Applicable Large Employers (ALEs), visit the IRS website.

ACA-compliant health plans provide essential health benefits to your employees. There is no medical underwriting for groups in California of up to 100 employees. You can plan your budget knowing rates are locked in for 12 months.

California Individual Mandate

READ MORE» <https://bit.ly/3TBIkNX>



Photo by Barbara Ries

UCSF Health Opens Comprehensive Care Facility at Mission Bay

The new Bayfront Medical Building will expand access to a spectrum of health care, including primary, specialty and urgent care, as well as outpatient surgery.

By Jess Berthold

UCSF is celebrating the opening of the UCSF Health Bayfront Medical Building, which brings new adult urgent care, primary care, same-day surgery, and specialty care to the community in a single setting.

Welcoming its first patients August 27, the building on UCSF's Mission Bay campus will house more than 130 physicians, bringing together primary and secondary clinical care for roughly 131,000 patient visits per year, about a third of which will be for new patients.

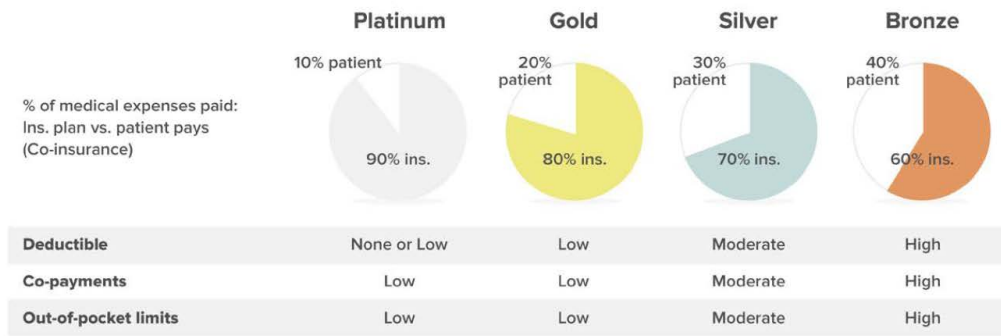
"The Bayfront facility is all about expanding access to the world-class care that UCSF Health is known for, and making that care as convenient and comfortable as possible," said Suresh Gunasekaran, president and chief executive officer of UCSF Health. "This is more than a building, but a delivery on our promise to the community that leading-edge, compassionate care should be available to anyone who needs it."

Patient-centered, comprehensive services

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The Rules for California Small Business Health Insurance

The ACA Uses Metallic Levels to Compare Plan Benefits



This is a summary of the rules that govern small group health insurance plans in California. The rules described in this document include the “Obama Care” (Affordable Care Act, ACA) guidelines and are current and up-to-date as of April 2024. These rules apply to companies with up to 100 employees. If you offer a group health insurance plan – or you’re thinking of offering a plan to your employees - give us a call at (800) 746-0045 and we can become your agent/broker/advisor. We’re experts and we can help you. Regulations. All medical insurance companies must follow guidelines established by the Federal government and the State of California. Some of these rules may not make sense but we’ll try to explain the purpose of the rules in this summary. If you want to check out the source regulations see California Health and Safety Code (HSC) Section 1357.500; and the California Insurance Code (CIC) Section 10753 and CIC section 10755. The Federal regulations are 42 US Code Section 18024; Affordable Care Act Section 1304; and 45 CFR Section 155.20.

READ MORE» <https://search.app/emxcRdbmmw8f3Epu8>

A Guide to Small Business Health Insurance

For a small business, navigating health insurance can seem confusing at first glance. There are many options available for insurance plans and tons of rules to sort out.

If your company lacks a human resources department, figuring out health insurance can become part of your job as an owner. You will need to educate yourself on small business health insurance options and everything you need to consider before purchasing a plan.

Providing medical coverage might be one of the best things you ever do for your company and employees alike. Learn more about how it all works with this insurance guide for small businesses.

Health Insurance for Small Business Owners

Many small businesses choose to provide their workers with health insurance. There are some important considerations for finding the best plans for your team. When shopping for coverage, you must

understand your employees’ needs and budgets. Because every company’s needs are unique, finding the right plans can take some time. This is why every small business owner interested in providing health insurance should know the requirements they must meet and the advantages of providing health insurance.

Advantages of Health Insurance for Small Business Owners

There are many benefits for small business owners who offer health insurance to their employees. The following are some of the advantages of providing health care for your team:

READ MORE» <https://bit.ly/4eqDaLC>

FINDING THE BEST SMALL BUSINESS HEALTH INSURANCE IN CALIFORNIA

Health insurance for small businesses in California has more options than ever, with an abundance of carriers like Blue Shield and many others, lots of health insurance plans offered through Covered California for Small Business, lots of choices like HMOs and PPOs, and affordable premiums for health care on the individual market. Group plans, on the other hand, continue to get more expensive. For business owners looking for affordable California small business health insurance, California QSEHRAs are here to save the day.

Why HRAs in California are Trending

Small businesses represent the strongest net job growth in the state, with businesses with less than 20 employees making up over 88% of businesses in California and 20% of the workforce.

Understanding how vital small businesses are to the state’s economy, the fact that it is still so hard to find quality California small business health insurance for these types of companies is really disappointing. But it’s not surprising, either, since pricey group plans for small companies, health insurance for startups, and those just starting out just aren’t financially viable. Plus, premiums creep up year after year, making it not only pricey, but unpredictable for those tight budgets as well.

READ MORE» <https://bit.ly/4gwEQ8g>



You know wildfire smoke is bad for you. But did you know it's this bad?

By Julia Busiek,
UC Newsroom

How air pollution affects your body

The most common measure of air pollution — the number you'll see reported on apps like PurpleAir — is the concentration of PM2.5, or microscopic particles smaller than 2.5 micrometers. Depending on the source of pollution, these particles can contain dirt, soot, heavy metals, chemicals, pollen, mold and more. Whatever they're made of, these particles are all small enough to skirt your upper respiratory defenses and wind up deep in your alveolae, the delicate membranes in your lungs that exchange gases between your circulatory system and the outside world.

READ MORE » <https://bit.ly/3Xonkua>

Wildfire season in California is getting longer, more intense and more destructive. That means millions more Californians breathe polluted air more often as smoke drifts into skies across the state.

UC experts have answers to critical questions about this new reality: What's in wildfire smoke that makes it so harmful? What happens to our bodies when we breathe it in? And what can governments and everyday Californians do to reduce the health risks of fire season?

29 HEALTH SYSTEMS RANKED BY LONG-TERM DEBT

Madeline Ashley

While hospital finances continue to stabilize, a Kaufman Hall July "National Hospital Flash" report found that financial performance for health systems is trending lower than hospitals.

To combat long-term debt, many health systems continue to offload hospitals, facilities and other services to improve financial health.

Here are 29 health systems ranked by their long-term debt:

Note: This is not an exhaustive list. The following long-term debt figures are taken from each health system's most recent financial report.

1. HCA Healthcare (Nashville, Tenn.): \$36.3 billion
2. Tenet Healthcare (Dallas): \$12.8 billion
3. Kaiser Permanente (Oakland, Calif.): \$12 billion
4. Community Health Systems (Franklin, Tenn.): \$11.5 billion
5. Providence (Renton, Wash.): \$8 billion
6. Advocate Health (Charlotte, N.C.): \$7.4 billion
7. UPMC (Pittsburgh): \$6.2 billion
8. Mass General Brigham (Boston): \$5.9 billion
9. Cleveland Clinic: \$4.4 billion
10. Universal Health Services (King of Prussia, Pa.): \$4.4 billion
11. Banner Health (Phoenix): \$4.4 billion
12. Bon Secours Mercy Health (Cincinnati): \$4.3 billion
13. Intermountain Health (Salt Lake City): \$4.3 billion
14. Mayo Clinic (Rochester, Minn.): \$4 billion
15. Orlando (Fla.) Health: \$2.7 billion
16. IU Health (Indianapolis): \$2.2 billion
17. Beth Israel Lahey Health (Cambridge, Mass.): \$2 billion
18. Montefiore (New York City): \$2 billion
19. Scripps Health (San Diego): \$1.9 billion
20. Allina Health (Minneapolis): \$1.7 billion
21. OSF HealthCare (Peoria, Ill.): \$1.6 billion
22. Norton Healthcare (Louisville, Ky.): \$1.6 billion
23. SSM Health (St. Louis): \$1.6 billion
24. Sanford Health (Sioux Falls, S.D.): \$1.4 billion
25. Prisma Health (Greenville, S.C.): \$1.4 billion
26. Sharp HealthCare (San Diego): \$1.2 billion
27. Allegheny Health Network (Pittsburgh): \$886 million
28. Premier Health (Dayton, Ohio): \$849 million
29. Tufts Medicine (Boston): \$796 million

REPUBLICANS CHALLENGE CMS PREMIUM STABILIZATION PROGRAM LEGALITY

Noah Tong

Leading Republicans are looking toward the Government Accountability Office (GAO) to ensure CMS' new premium stabilization demonstration program is legal and in the best interest of seniors.

In a recent letter written by House Energy and Commerce Committee Chair Cathy McMorris Rodgers, R-WA, Senate Finance Committee Ranking Member Mike Crapo, R-ID, and House Ways and Means Committee Chair Jason Smith, R-MO, the lawmakers said the program seems arbitrarily created. Though designed to limit premium increases, they say CMS has not shown evidence or analysis the program will be legal and effective and would transfer responsibility from plans and members to taxpayers.

"In response to the Inflation Reduction Act's (IRA) problematic design features and rushed legislative process, the proposed demonstration employs arbitrary policy levers to achieve short-term objectives," the letter reads. "The initiative lacks any budgetary analysis, clear statutory basis or credible research goals. The integrity of the Medicare program and the taxpayer dollars that finance its benefits demand more than partisan aspirations to justify extra-statutory, eleventh-hour policy changes."

The lawmakers said CMS is attempting to "sidestep Congress." They believe the IRA's poor implementation is causing havoc in the market in the form of fewer plan options and higher premiums.

READ MORE » <https://bit.ly/3XMdnYS>

CMS Ratings 5-star hospitals

Compared to 2023, CMS has awarded 102 fewer hospitals its five-star quality rating.

The organization annually assigns star ratings to U.S. hospitals based on 46 hospital quality measures, which are divided into five quality categories: safety of care, mortality, patient experience, readmission rates, and timely and effective care. On July 31, CMS released its Overall Hospital Quality Star Ratings for 2024. Here are 381 hospitals that received a five-star rating from CMS:

Editor's note: Asterisks denote that CMS included a footnote about the organization's data, which are shared below.

California

- Peninsula Medical Center (Burlingame)
- Adventist Health Saint Helena
- UC San Diego Health - Hillcrest Medical Center
- California Pacific Medical Center - Mission Bernal (San Francisco)
- Kaiser Foundation Hospital - South San Francisco*
- Novato Community Hospital
- Sierra Nevada Memorial Hospital (Grass Valley)
- Sequoia Hospital (Redwood City)
- Hoag Memorial Hospital Presbyterian (Newport Beach)
- French Hospital Medical Center (San Luis Obispo)

- Glendale Adventist Medical Center
- Ronald Reagan UCLA Medical Center (Los Angeles)
- Sutter Santa Rosa Regional Hospital
- Adventist Health Ukiah Valley
- VA Northern California Healthcare System (Mather)
- Palo Alto VA Medical Center
- Scripps Memorial Hospital La Jolla
- Salinas Valley Memorial Hospital
- Torrance Memorial Medical Center
- Goleta Valley Cottage Hospital (Santa Barbara)
- Santa Barbara Cottage Hospital
- Scripps Green Hospital (La Jolla)
- Stanford Health Care
- UCSF Medical Center (San Francisco)
- John Muir Medical Center - Concord Campus
- Sutter Auburn Faith Hospital
- Scripps Memorial Hospital - Encinitas
- Kaiser Foundation Hospital - San Diego*
- Sutter Davis Hospital
- Cedars-Sinai Medical Center (Los Angeles)
- Kaiser Foundation Hospital - Santa Rosa*
- Keck Hospital of USC (Los Angeles)
- Kaiser Foundation Hospital - Vacaville*
- VA San Diego Healthcare System
- Adventist Health Howard Memorial (Willits)
- Sutter Lakeside Hospital (Lakeport)

Uninsured Rate in US Stable From 2022 to 2023: US Census Bureau Report

Rose McNulty

The rate of uninsurance in 2023 was 8.0%, a statistically insignificant change from the 7.9% uninsured rate in 2022.

In 2023, the percentage of uninsured Americans remained stable, according to a new report from the US Census Bureau based on data from the 2024 Current Population Survey Annual Social and Economic Supplement (CPS ASEC). While the overall percentage of Americans without insurance did not statistically significantly change, rates of uninsurance varied across age and poverty levels.

The overall rate of uninsurance in 2023 was 8.0%, a statistically insignificant change from the 7.9% uninsured rate in 2022. While methods for measuring health insurance coverage have changed over time, the 2023 rate is among the lowest recorded in the latest measuring system that began in 2017, according to a White House press release. With the current CPS ASEC, individuals are

asked about insurance coverage in the previous calendar year and considered insured if they have any type of health insurance for all or part of the year.

The 2023 data also showed that most Americans had private health insurance at some point during the year, with 65.4% of insured individuals covered by private health insurance and 36.3% covered by public insurance. Notably, some individuals may have more than 1 type of insurance coverage during the year. Employment-based insurance was the most common type (53.7%), with Medicaid (18.9%), Medicare (18.9%), direct-purchase coverage (10.2%), TRICARE (2.6%), and Veterans Affairs or Civilian Health and Medical Program of the Department of Veterans Affairs (1%) following.

READ MORE » <https://bit.ly/47y5UzE>

Humana

Humana braces to lose a 'few hundred thousand' members in 2025

Paige Minemyer

Humana CFO Susan Diamond told investors on Wednesday that the insurer is likely to lose a "few hundred thousand members" as it adjusts to ongoing pressures in the Medicare Advantage space.

On its earnings call Thursday morning, CEO Jim Rehtin said that Humana identified as it built 2025 MA bids "a set of plans" that weren't turning a profit, and did not identify a path to make those plans profitable. So it intends to exit those plans, he said.

Additionally, another crop of plans has been identified as turning a slim profit or posting a slim loss, and the insurer does see opportunity to turn those products around, so is finding benefit cuts or price reductions that can make them more profitable, he said.

For people enrolled in a plan that Humana intends to exit, they in most cases have access to alternative coverage through Humana, Rehtin said. Diamond said those plan shifts may offset some of the anticipated membership losses.

"It's not a small number, within that there is an assumption that obviously we will retain some of those members because as Jim said, in...virtually all of the counties where we're having plan changes, there is another plan option available to our beneficiaries," Diamond said. "So there's an inherent assumption."

Diamond said as the bid process has not yet been finalized, the Humana team can't offer further details on the outlook for 2025 plans. However, once they're filed, they may be able to provide greater clarity later this quarter.

READ MORE » <https://bit.ly/4e85WRw>

What drives health spending in the U.S. compared to other countries?

Emma Wager Twitter, Shameek Rakshit, and Cynthia Cox

The U.S. spends twice as much as comparable countries do on health, driven mostly by higher payments to hospitals and physicians.

The United States spends significantly more on healthcare than comparable countries do, and yet has worse health outcomes. Much of the national conversation has focused on spending on retail prescription drugs and insurer profits and administrative costs as key drivers of health spending in the United States. The Inflation Reduction Act, signed into law by President Biden in 2022, includes several provisions aimed at lowering the cost of these prescription drugs. While it is true that many brand-name retail prescription drugs are priced higher in the U.S. than in peer countries, health spending data indicates that other spending categories – particularly hospital and physician payments – are primary drivers of the U.S.'s higher health spending.

This brief examines the drivers of health spending and differences between the U.S. and its peers – other Organization for Economic Co-operation and Development (OECD) nations that are similarly

large and wealthy. In 2021, the U.S. spent nearly twice as much per capita on health as these comparable countries did. Most of the additional dollars the U.S. spends on health go to providers for inpatient and outpatient care. The U.S. also spends more on administrative costs, and significantly less on long-term care.

Though spending is higher in the U.S., there is little evidence that this gap is driven by higher utilization or higher quality of care. In addition to having generally worse health outcomes than peer countries, people in the U.S. are less likely to see a doctor, have a long hospital stay, and be able to make a prompt appointment for medical care. The U.S. also has fewer physicians per capita than other countries, making access to care more difficult in some areas.

READ MORE » <https://bit.ly/3WCDBEM>

U.S. INDIVIDUAL HEALTH INSURANCE MARKET SIZE REPORT, 2030

U.S. Individual Health Insurance Market Size, Share & Trends Analysis Report By Type (Public, Private), By Demographics (Minors, Adults, Seniors), And Segment Forecasts, 2023 – 2030

The U.S. individual health insurance market size was valued at USD 1.60 trillion in 2022 and is expected to expand at a compound annual growth rate (CAGR) of 6.08% from 2023 to 2030. An increase in insurer participation and new product offerings are among the major factors leading to the rising demand for individual health insurance in the U.S. For instance, according to a report published by KFF, several insurers entered the market in 2021 and are growing their service coverage, about 30 insurers entered the individual market across 20 states.

Furthermore, the growing prevalence of chronic disorders in the country such as diabetes, cancer, cardiovascular diseases, and neurodegenerative diseases is expected to increase the adoption of individual health insurance. For instance, according to the International Diabetes Federation, in 2021 there were about 32.2 diabetes cases in the U.S. These cases are projected to reach 34.7 million by 2030. The cost of treating chronic conditions like cancer and heart disease is very high in the U.S. Many people opt for health insurance as a result to prevent the sudden weight of having to pay a sizable sum of money for hospitals and other medical bills.

READ MORE » <https://search.app/aJ8fDkyUMszjRxs47>

Prioritize Human Factors: The Hidden Key to AI Project Success

In the race to adopt artificial intelligence, organizations are learning a hard truth—success isn't just about technology. A recent RAND report highlights a startling statistic: 80% of AI projects fail. But why? The answer lies not in the algorithms or the data, but in the human element that underpins these initiatives.

As we dig deeper into the reasons behind these failures, HR leaders will most likely have a critical insight: The success of AI projects hinges on people and the ways in which they work, far more than on technology alone. For example, Mickey McManus,

a senior advisor at BCG, tells clients that success is “70% people and ways of working” and only “30% technology.” This reality places HR at the forefront of AI transformation, with an important role in leading change communication as well as learning and development (L&D) around basic human factors.

The Skills of the Future: A Moving Target

READ MORE » <https://bit.ly/3XuXsg7>

Engineering in Real Life

Sonia Fernandez, Shelly Leachman, James Badham and Andrew Masuda

What nobler endeavor is there than to help others? UCSB researchers past and present continue in that tradition, leveraging their skills, creativity and collaboration into inventions that can help millions of people living with medical and physiological conditions live fuller, more independent lives.

These researchers — those featured here are only a small selection — combine an ambition to address longstanding and widespread health and wellness challenges, like blindness or mobility issues, with a focus on practical, technological solutions. Consider

psychology and brain sciences assistant professor Michael Beyeler's smart bionic eye that incorporates AI to give those with incurable blindness some vision. Or mechanical engineering associate professors Tyler Susko and Elliot Hawkes's “variable friction shoe,” built to help people with foot drop walk more securely.

READ MORE » <https://bit.ly/3Xq1613>



2024 CONFERENCES

- Sep 29- Oct 1 SHRM Northern California 2024 Annual Conference @ San Francisco CA
- Oct. 1-4 Becker's Healthcare 9th Annual Health IT + Digital Health + RCM Conference @Chicago
- Oct. 6-8, 2024 NAIFA E3 2024 Career Advancement Conference @Redondo Beach & Marina
- Oct. 14 -16 @8:00am EDT 2024 WIFS National Conference @ Philadelphia, PA
- Nov 4-7 SHRM Inclusion 2024 Conference @Denver CO
- Nov 11-14 Becker's Healthcare 12th Annual CEO + CFO Roundtable @Chicago
- Nov 11-14 SHRM The Women in Leadership Institute @Orlando, FL & Virtual
- Nov 20 SHRM Workplace Law Forum 2024 @Washington D.C.

» **Feb 3, 2025 @9:30am-4:30pm CAHIP 2025 Innovation Expo @Long Beach, CA**

OCTOBER

- Oct. 1 @8:00am-12:30pm, BBSI Long Beach-Red Cross Instructor Led First Aid/CPR @Long Beach, CA
- Oct. 2 @9-10:30am BBSI Long Beach-Wage and Hour Essentials: Protecting Your Business @Long Beach, CA
- Oct. 3 @11:30am -1:30pm Dickerson CE Courses,
What Advisors Should Know About Compliance With Medicare Marketing Rules - 2 Hr. CE
- Oct. 8 @10:30am-11:30am CAHIP Ventura County ICHRA 101, Virtual Meeting
- Oct. 8 @11:00am-1:00pm CAHIP OC Cyber Risk, Cybersecurity & Insurance @Lake Forest Community Center
- Oct. 10 @2:30-4:30 pm PT EPI OC, Speed Dating: Always know Who to Call! @Costa Mesa, CA
- Oct. 10 @ 11:30am-12:30pm, Dickerson CE Courses,
What Advisors Should Know About San Francisco's Health Care Security Ordinance - 1 Hr. CE
- Oct. 11 @9:00 - 10:00am, AARP® Medicare Supplement Insurance Plans from UnitedHealthcare®
- Oct. 16 @8:30am-9:30 am BBSI Long Beach- Creating Clear and Accurate Job Descriptions @Long Beach, CA
- Oct. 16 @9:45 am-10:45 am BBSI Long Beach-Elevate Your Recruiting Process @Long Beach, CA
- Oct. 16 @11:00am-12:00pm BBSI Long Beach-Master the Art of Interviewing @Long Beach, CA
- Oct. 16 @11:00am-1:00pm EPI Conejo Valley, Stewarding Your Wealth:
Plan, Proceed, Prosper...Now What? @Westlake Village CA
- Oct. 16 @2:30-4:30pm EPI San Diego, Speed Dating: Always Know Who to Call! @Cardiff, CA
- Oct. 16 BBSI Mastering the Art of Hiring and Onboarding @Long Beach, CA
- Oct. 17 @11:30am-12:30pm Dickerson CE Courses,
What Advisors Should Know About Alternative Funding - 1 Hr. CE
- Oct. 18 @8:00 am-12:30 pm BBSI Long Beach-Red Cross Blended First Aid/CPR @Long Beach, CA
- Oct. 22-23 @7:00am-12:30 pm BBSI Long Beach OSHA 10 Certification @BBSI Long Beach CA
- Oct. 22 @ 4:30pm-7:00pm EPI Greater LA Oct. 2024 Mixer @Los Angeles, CA
- Oct. 23 @2:30pm-4:30pm EPI Greater LA, How Banks Can Impact Sale Transaction @Los Angeles, CA or Virtual
- Oct. 24 @11:30am-1:30pm Dickerson CE,
Courses What Advisors Should Know About ACA Compliance Step By Step - 2 Hr. CE
- Oct. 24 @2:30-4:00pm EPI Inland Empire,
Creating Leverage to Maximize Value in a Business @Ontario, CA

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California Wine: History & Present Day

By Emma Peters & Peter G. Michel

Not only can consuming California wine be a part of a healthy lifestyle and enhance dining/ social experiences, but it is also a major contributor to the nation's economy and California's tourism. Its rich history is diverse and a key element to what makes California such a great State to explore.

Part 1 of 2

A Historical Overview

The California wine industry has a rich and diverse history dating back to the early days of European settlement. The first grapevines were planted by Spanish missionaries in the late 18th century, primarily for religious purposes to produce sacramental wine. Mission grapes, as they were called, were the earliest varieties cultivated in California, laying the foundation for what would become one of the world's premier wine regions.

"Many believe Napa Valley was embryonic center of wine grape vineyards but as noted, Fr Junipero Serra planted the first vineyards in San Diego and Los Angeles as he established his Missions up the California coast from Mexico. In fact, the oldest and still producing vine in the California is the "Vina Madre or Ramona Vine" planted between 1760 and 1770 at the Mission in San Gabriel just outside of Los Angeles. The first commercial vineyard in California was also planted in the 1830s by Jean-Louis Vignes in what is now LA's Union Station"

The 19th Century: Gold Rush and Growth

The California Gold Rush of 1849 brought an influx of settlers and immigrants, many of whom brought their winemaking traditions with them. This period saw the establishment of vineyards and wineries, particularly in Napa and Sonoma. Notable figures, like Agoston Haraszthy, often referred to as the "Father of California Viticulture," began importing European grape varieties, significantly enhancing the quality of wines produced.

The 1880s marked a pivotal moment with the arrival of phylloxera, a root-eating pest that devastated vineyards across the state. Despite this setback, the resilience of California vintners shone through as they replanted with pest-resistant rootstocks.

Prohibition and Recovery

Prohibition in the 1920s posed another significant challenge to the wine industry, forcing many wineries to close or pivot to produce non-alcoholic products. However, a few persevered, selling "sacramental" wines or producing near-beer. The repeal of Prohibition in 1933 revived the industry, though it took several decades for it to regain its former glory.

The Modern Era: Global Recognition

The 1976 Paris Wine Tasting, often referred to as the "Judgment of Paris," catapulted California wines onto the world stage. When California wines, notably from Napa Valley, bested French wines in a blind tasting, the perception of California as a legitimate wine-producing region changed forever. This event sparked a renaissance in winemaking, leading to a focus on quality and innovation.

The State of California is the fourth largest wine producer in the world (following the entire countries of France, Italy, and Spain), with diverse regions producing more than 110 different grape varieties, including Cabernet Sauvignon, Chardonnay, Zinfandel, Pinot Noir, Syrah, Merlot and Sauvignon Blanc.

The California wine industry and related business' have made a significant impact to the US economy adding over \$170 billion annually in activity. The industry in the State directly employs over 400,000 jobs, contributes over \$73 billion in economic activity and attracts over 25 million tourists annually. ⁽⁴⁾

Where to Go in California?

Napa Valley

“With hundreds of wineries to explore, each with its own unique style, setting and history, planning your Napa Valley wine tasting excursion may seem overwhelming. But whether you are visiting just for fun or to delve into that library collection and stock the cellar, there is an experience and price point for everyone.”⁽¹⁾

Tips For Your Visit

- 1. Plan Ahead:** Popular wineries often require reservations, especially during peak seasons. Check websites for tour and tasting options.
- 2. Transportation:** Consider hiring a driver or joining a guided tour to fully enjoy wine tastings without the worry of transportation.
- 3. Timing:** Visit during weekdays to avoid weekend crowds. Early morning tastings can also provide a quieter experience.

Where to Stay

Napa Valley Lodge: A charming lodge located in Yountville, perfect for a romantic getaway.

The Meritage Resort and Spa: Offers luxury accommodation and a unique wine cave for tastings.

Harvest Inn: Nestled among vineyards, this hotel provides a cozy and relaxing atmosphere.

Recommended Wineries

- 1. Honig:** A family owned and operated winery, sustainably farmed, and powered by solar energy that focuses on Cabernet Sauvignon and Sauvignon Blanc.
- 2. Far Niente:** An iconic Napa Valley winery devoted to the highest forms of Chardonnay and Carbernet Sauvignon with 140 years of history.
- 3. Trefethen:** One of Napa Valley’s pioneering wineries, a charming local vineyard in tranquil surrounds.



Dining Options

Bistro Don Giovanni: An Italian restaurant with a beautiful patio and an extensive wine list.

Ad Hoc: Informal, comfortable eatery serving American fare with a set menu, created by chef Thomas Keller.

Oxbow Public Market: A great spot for casual dining with various food vendors offering local produce and cuisine.

Bouchon: A restaurant offering authentic French bistro fare with Thomas Keller's unfailing attention to detail in both ingredients and presentation.

Mustard's Grill: Wine country stalwart for upscale Californian-New American fare offered in low-key surrounds.

Sonoma County

Life Opens Up in Sonoma County, just 30 miles north of San Francisco. Acclaimed food and wine, relaxing spas and stunning beauty create a Wine Country experience like no other. Taste a diverse terroir at more than 425 wineries, hike among towering redwoods, marvel at the stunning Pacific Coast and get to know inviting small towns. Or just sit back and take it all in. More than just a premier Wine Country destination, visitors to Sonoma County will discover the best of many worlds through a combination of unique, immersive activities and unexpected experiences.⁽²⁾

Tips for Your Visit

- 1. Diversity of Region:** Sonoma County is vast, with various AVAs (American Viticultural Areas) to explore. Each has its unique climate and grape varieties.
- 2. Local Events:** Check the local calendar for festivals and wine events that may coincide with your visit.
- 3. Eco-Friendly Options:** Many Sonoma wineries focus on sustainable practices; look for organic and biodynamic certifications.

Where to Stay

The Fairmont Sonoma Mission Inn & Spa: Offers luxury accommodation and a renowned spa.

Hotel Healdsburg: A boutique hotel with a central location for easy access to wineries and restaurants.

Sonoma Creek Inn: A budget-friendly option with a cozy, rustic charm.

Recommended Wineries

- 1. Buena Vista Winery:** Landmark circa-1857 winery with historic buildings, formal gardens, tastings & picnic spots.
- 2. Dry Creek Winery:** One of the few remaining truly private, family-owned, iconic wineries in Sonoma County, consistently producing 90+ point wines.
- 3. Keller Estate Winery:** A perfect first stop for wine tasting in Sonoma County, specializing in chardonnay and pinot noir.

Dining Options

- Cafe La Haye:** A charming bistro in Sonoma with a focus on local ingredients.
- El Dorado Kitchen:** Offers farm-to-table cuisine and an extensive wine list featuring local selections.
- The Girl & The Fig:** A popular spot in Sonoma featuring a menu inspired by the rustic cuisine of France.

Paso Robles

“Paso Robles has a long history as an agricultural community, from ranches dating back to barley, almonds and now vineyards. The region’s unique and diverse climate combined with an equally distinct landscape, both challenge and inspire vineyard growers and winemakers who call this place home”⁽³⁾

Tips for Your Visit

- 1. Diverse Varietals:** Paso Robles is known for its Zinfandel and Rhône varietals, so be sure to sample a variety.
- 2. Wine Trails:** Take advantage of the Paso Robles Wine Trail for a curated experience of top wineries.
- 3. Stay Hydrated:** The region can get hot, especially in the summer, so drink plenty of water between tastings.

Where to Stay

- Allegretto Vineyard Resort:** A luxurious resort with stunning grounds and a focus on wine.
- The Piccolo:** A quaint boutique hotel located in downtown Paso Robles, perfect for walking to local shops and restaurants.

Cass Winery: Offers unique accommodation and an on-site restaurant with seasonal menus.

Recommended Wineries

- 1. Halter Ranch:** Sustainably grown Bordeaux and Rhône-style wines, plus a tasting room with vineyard views.
- 2. Tin City:** An evolving industrial maker’s market where friends, adventurers, and aficionados come together to partake in craft wine, beer and spirits served up by Paso Robles’ most passionate artisans.
- 3. Opolo:** A storied estate winery in the westside Willow Creek District of Paso Robles, California.

Dining Options

- Thomas Hill Organics:** Focuses on farm-to-table dishes using local ingredients.
- The Hatch Rotisserie & Bar:** Offers a cozy atmosphere with a focus on rotisserie meats and local wines.
- Il Cortile:** An upscale Italian restaurant known for its seasonal menu and extensive wine list.



Santa Barbara County

“Santa Barbara County area wineries also add a diverse selection of wineries and vineyards to be visited including the famed Sta. Rita Hills and Santa Maria appellations (known for their cool climate Chardonnays & Pinot Noirs) to the warmer Santa Ynez Valley and Happy Canyon properties (capable of top-rated Cabernets and Sauvignon Blancs)”⁽³⁾

Tips for Your Visit

- 1. Diverse micro-climates and Varietals:** known for its elegant and bold Pinot Noirs and Chardonnay as well as elegant Cabernet Sauvignons and Rhône varietals.
- 2. Wine Trails:** Take advantage of the Santa Barbara Wine Trails for a curated experience of top wineries.
- 3. Local Events:** Check the local calendar for festivals and wine events that may coincide with your visit. Include Solvang

Where to Stay

Rosewood Miramar Resort: Sits right on the sand, this five-star resort will please even the most pretentious and discriminating of patrons.

El Encanto, a Belmond Hotel: Perched in the hills overlooking downtown Santa Barbara and the ocean. This luxury hotel is a historical landmark.

The Inn at Mattei's Tavern: This luxury resort dates to 1886 when Felix Mattei built a stagecoach stop between San Francisco and Los Angeles. Located in the middle of wine country.

Recommended Wineries

- 1. Alma Rosa Winery:** Experience the great pinot noirs and chardonnays of Sta. Rita Hills.
- 2. Grassini Vineyards:** This beautiful Santa Ynez Valley winery features Bordeaux-style wines.
- 3. Funk Zone:** packed with many tasting rooms and wine shops amongst boutiques, art galleries and restaurants.

Dining Options

Caruso's at Rosewood Miramar Beach: A Michelin Star restaurant where coastal California meets Southern Italy cuisine.

Lucky's Steakhouse: Montecito's famous restaurant offers the embodiment of tradition and class and world-class wine list.

Los Olivos Cafe: Located in the heart of the Santa Ynez Valley in the quaint town of Los Olivos, this great lunch and dinner spot is all about being "Super Local" with both food and wine.

Conclusion

The California wine industry's storied history reflects resilience and innovation, making it a premier destination for wine lovers worldwide. Whether exploring Napa Valley, Sonoma County, or Paso Robles, visitors will find a unique blend of exquisite wines, stunning landscapes, and delicious cuisine. With proper planning and a sense of adventure, you can create unforgettable memories in these renowned wine regions.

Next month keep your eyes open for another feature from California Positive on the wine industry, this time with an inside look from subject matter experts! Cheers!



Peter G. Michel, is currently General Manager / VP of Sales with J&L Wines, a wholesale wine & spirits distributor located in Paso Robles, California. He has spent over thirty years in key sales and management positions directing sales /marketing teams, advising producers of marketing strategies and managing logistics and operational aspects of California distributors. After a successful restaurant management career, Peter acquired a great interest in the wine business and joined Wine Warehouse, a large statewide distributor as a sales representative and worked his way up to Senior Vice President of Marketing. In 2013, he relocated to Cambria, California managing the family-owned J&L Wines and enjoying the Central Coast's lifestyle and the area's diverse wine regions.



Emma Peters, is a media intern at California Broker Magazine. She recently graduated from Point Loma Nazarene University summa cum laude, with a Bachelor of Arts in Literature and a minor in Humanities.

Sources:

Visit Napa Valley: <https://www.visitnapavalley.com/wineries/>

Sonoma County Tourism: <https://www.sonomacounty.com/>

Paso Robles Wine County: <https://pasowine.com/>



AI Benefits and Disadvantages in the Healthcare System

By CalBroker Mag

Artificial intelligence has become a nebulous term that brings excitement and confusion to conversations. There has been much speculation about AI benefits and disadvantages in the healthcare industry — but what exactly does this mean for patients, providers, and people trying to choose a health insurance plan? Learn more about the interplay of AI and the healthcare system and understand how this technology is advancing the medical field. You'll be able to use this knowledge to have important conversations with your clients about how AI trends might affect their chosen insurance plans.

Why Is AI Used in Healthcare?

Artificial intelligence simulates the way people think, communicate, and learn. In healthcare, AI may be used to run datasets, analyze patient outcomes in a clinical trial, and match providers to patients. While these developments are exciting to some, many are cautious about how quickly the healthcare industry has embraced and moved forward with this technology.

AI advantages

People are experiencing higher rates of chronic diseases than before, but there are not enough primary care providers to go around. Even patients with great health insurance often have to wait months to see a specialist, and there's little doctors can do to speed up the process. AI can help facilitate better healthcare in the following ways:

- It raises the standard of care: A solid argument for the use of AI in healthcare is that it's able to amass and analyze a lot of information at once. Proponents of AI see the technology as a helpful tool to be used by practitioners as a part of their care plans — not as an impersonal force that replaces humans in the field.
- It helps fill gaps in basic care: AI assistants and health platforms can connect patients to care when they need it most. People living in rural areas and medically underserved communities are especially at risk for poor health due to a lack of primary care practitioners, prenatal care, and pediatricians.
- It can advance medicine quickly: Researchers are working to enhance AI's accuracy in diagnosing and treating illnesses. Because AI models can analyze massive amounts of data in a short time, they can work faster than humans and save time. This is especially important for managing diseases that currently have no cure and for detecting symptoms early to improve patient outcomes.

AI disadvantages

AI development is still in its infancy, and there's much we don't yet understand about how this technology will evolve and impact human lives. It's also multifaceted: When someone talks about AI expectations or trends in healthcare, they might be referring to using chatbots to diagnose patients, utilizing technology to find early cancer development, or automating parts of the billing cycle.

Regardless of the type of AI used, a central worry is that handing over data to computers could be unsafe. Concerns about the use of AI in healthcare include the following:

- **It might not be private:** There are still many concerns about security in the AI industry, and AI-driven healthcare platforms and chatbots are no different. Medical information is very personal, and patient records can include sensitive data such as credit card and social security numbers. As a result, many patients and providers hesitate to use this technology until it's more refined.
- **It's not foolproof:** AI has a reputation for being cutting-edge, but it's far from perfect. Some experts have concerns about AI's ability to perform complicated tasks that traditionally involve humans.
- **It's impersonal:** Empathy and compassion are cornerstones of good patient care. These traits can be taught to AI — but is mimicry enough? Providers and patients alike wonder whether AI will interfere with healthy doctor-patient relationships.

“Because AI models can analyze massive amounts of data in a short time, they can work faster than humans and save time. This is especially important for managing diseases that currently have no cure and for detecting symptoms early to improve patient outcomes”

Uses of AI Technology in Healthcare

AI has entered healthcare with lightning speed, and its reach extends further than most people would guess. Here are a few examples of AI implementations in the healthcare space:

Automation

Many providers are already short on time. AI excels at automating tasks like data entry, scanning records, and more. It's also used for exciting developments such as identifying cancer cells, analyzing patients' medical data and lab results, and automating the billing cycle, which often frustrates providers in private practice.

Patient assistance

AI can help patients schedule appointments, send reminders, and ask follow-up questions. Using AI for this purpose can save medical practices time and money. Many practices cannot afford to hire additional staff for these tasks, and providers often have little free time to complete them.

Chatbots can take patient assistance a step further. If a patient needs help with a primary care issue outside of standard business hours, for example, it may be more convenient to talk to a virtual nurse. These medically trained virtual assistants can answer basic primary care questions, triage the patient's case to determine when they should see a doctor, and help patients adhere to complex or tedious treatment regimens.

Diagnosis

Since large language models like ChatGPT became household names, people have been turning to AI to help diagnose their health issues. While this isn't the best method for obtaining a diagnosis, it may have benefits over simply searching the internet for symptoms and medical conditions. Patients should be cautioned that diagnoses from LLMs are not foolproof, but they can help facilitate conversations between doctors and patients.

How AI in Healthcare Impacts Your Clients

At this point, experts believe that using AI technology in healthcare is much more beneficial than disadvantageous. Consider explaining to your clients how insurance plans may incorporate AI technology to monitor chronic conditions, provide patient education, and connect them with the best provider matches for their health.

“AI has a reputation for being cutting-edge, but it's far from perfect. Some experts have concerns about AI's ability to perform complicated tasks that traditionally involve humans”

Sources:

American Health Information Management Association:

“What Will Healthcare AI Developers Do When and If the Data Well Runs Dry?”

Glorium Technologies: “Top 5 Cases for Using AI in the Healthcare Industry.”

Nursing Central: “Hospitals Are Adopting New AI and Virtual Nurse Platforms.”

The Korean Journal of Pain: “The downsides of artificial intelligence in healthcare.”



AI and Lawsuits

By CalBroker Mag

Although artificial intelligence (AI) is rapidly gaining visibility for the general public, it is not a new technology in the healthcare industry. Organizations have long used several forms of AI, including machine learning, robotics, automation, and rule-based systems, in everything from surgical robots and imaging analysis to electronic health records and prior authorization.

However, algorithmic or prediction-based models have become increasingly prevalent in clinical decisions. Professionals can use AI to find diagnoses and treatment options and understand the risk for disease or those likely to respond well to treatments.

These technologies have many applications in healthcare and have the potential to streamline decision-making and precision medical care, but they're not perfect. An AI algorithm can make decisions, but it's often almost impossible to explain how it does. Most importantly, AI makes mistakes.

These concerns lead to practical, ethical, and legal issues with far-reaching consequences for patients, medical professionals, and other key players. Understanding the impact on insurance empowers you to make better decisions within your business that help protect you and your clients.

Common Themes in Complaints and Lawsuits in Healthcare AI

Health insurance carriers use AI to fast-track coverage, prior authorization, and claims decisions. AI tech speeds up and eliminates significant manual and time-consuming admin work, lowering costs and helping patients get care faster.

However, decision and prediction algorithms aren't yet ready for large-scale use without oversight. Recent lawsuits showcase issues with reliability, leading to common themes and complaints.

“An AI algorithm can make decisions, but it’s often almost impossible to explain how it does. Most importantly, AI makes mistakes. These concerns lead to practical, ethical, and legal issues with far-reaching consequences for patients, medical professionals, and other key players.”

Wrongful Denial

Organizations develop AI algorithms according to their values and business motives. Carriers often say algorithm predictions and decisions are guideposts, but patients and internal staff suggest it's not always the case.

For instance, insurers are supposed to review coverage decisions based on individual factors and with medical professional insight. Yet one lawsuit alleges that insurance carriers used AI to deny claims in batches in seconds.

Another investigation describes how a carrier used an algorithm to predict the length of rehabilitation needed and denied care outside that prediction. The common issue in these cases is a lack of transparency, oversight, and ethical use that appears to lead to denial of medically necessary care.

Ultimately, poor AI performance and a lack of human oversight put patient health at risk. Patients are forced to pay out of pocket for services that should be covered under their plan, which means they may forgo care completely because of the extra expense.

Bias and Discrimination

Many tout the ability of AI to eliminate bias and discrimination in healthcare decisions, but a previous study shows otherwise. In particular, many hospitals used a commercial AI program to make clinical decisions, which showed a racial bias.

The algorithm was trained to recommend patients for extra care based on historical healthcare costs. However, the algorithm assumed that Black patients are healthier than white patients because less money is spent on Black patients than others with the same health need. As a result, it reduced the number of eligible Black patients by half.

However, Black patients receive less spending because they have unequal access to care, not because they're healthier. Professionals had to deem Black patients sicker than others just to access the same care.

This algorithm was eventually corrected, but it highlights ongoing concerns about unintentionally perpetuating health disparities or directing poor or worse care to people of color.

Best Practices in Healthcare AI

AI is unlikely to disappear. Rather it's likely to evolve and eventually come under regulation or guidelines. In the meantime, adopting best practices can help insurance advisors, carriers, medical professionals, and healthcare businesses prioritize ethics and navigate healthcare AI use.

Create AI Usage Guidelines

One of the biggest concerns with AI and algorithms is the secrecy around its use and coding. While the carrier or developer may not understand how the algorithm arrives at a decision, disclosing how the program works and how it's used to finalize decisions is critical to building trust.

The first step to using AI is to create a framework for how you will use, test, and monitor an algorithm, resolve disputes, or correct problems. Your internal staff and clients or patients should understand what types of AI you use, how they're developed, and where the data comes from.

Include information about:

- Data sourcing
- Strategies used to mitigate bias
- Manual review policies
- Algorithm performance monitoring
- Algorithm effectiveness

Include Oversight

Algorithms don't always have access to information that could influence a claim decision. For instance, the EHR might not have information about a patient's social situation, leading a prediction algorithm to send a patient home from a facility or hospital too soon.

On the other hand, clinicians may have more insight into those circumstances that could lead to better claim decisions. Carriers reduce readmission costs while patients receive appropriate and necessary care.

In addition, a new CMS final rule states that medical professionals must review all final decisions about medically necessary care for Medicare Advantage plans. Adopting this practice helps you avoid noncompliance and potential legal action.

Anticipate and Mitigate Bias

There are many types of bias, from data bias that causes misinterpretation of facts to population bias that reinforces stereotypes to model bias that generates distorted results because of a pattern flaw. Applying healthcare AI without accounting for or correcting these biases will skew results and potentially worsen disparities.

A responsible AI program should use a variety of strategies to mitigate risk, including:

- Large and complete datasets that represent the real world
- A diverse team of humans to monitor and correct unintended biases
- Careful data filtering
- Documenting data selections and filtering methods

Use AI as a Tool, not a Final Arbiter

Finally, understand the role of healthcare AI. Technology does not replace human decisions, insights, or input, but it is a tool to summarize and process information faster. Be clear about its role in your business and train staff to leverage it for efficiency, not to replace human expertise or medical decision-making.

Building Trust with Your Clients

Recent lawsuits highlight a few concerns within healthcare AI, one of which is problems with the development of algorithms. Unclear data sourcing and poor development and testing may lead to a flawed system that denies medically necessary care and hampers equitable healthcare.

Understanding how insurance carriers use AI, the potential pitfalls, and areas for improvement can help you protect your clients' best interests. If you use AI within your insurance practice, adopting best practices can foster transparency and trust with your clients.

Sources:

Future Health: "The potential for artificial intelligence in healthcare."

Health Affairs: "Best Practices for AI in Health Insurance Claims Adjudication and Decision Making."

Science: "Dissecting racial bias in an algorithm used to manage the health of populations."



AI Opportunities in Health Insurance

By CalBroker Mag

Health insurance companies are actively adopting artificial intelligence (AI) into their data and plan design processes. Using machine learning and fast-acting automation, these tools can help you organize data, protect your members, and design cost-effective coverage plans.

That said, the best AI opportunities in health insurance create a myriad of time-saving and helpful solutions, giving you multiple ways to implement AI into your business.

Available AI Opportunities in Health Insurance

New AI advancements can improve your organization's efficiency, profits, and scalability, depending on how you implement them. Insurance companies adopt AI in different ways. Some organizations have implemented AI into their existing models, while others have completely changed their tools and processes for the new digital age.

Healthcare Claims Data

Health insurance companies must handle members' healthcare claims data, including specific patient information from multiple sources, such as appointments and pharmacy transactions. The process of storing this data manually can be time-consuming and prone to errors, such as entering a single number wrong.

Insurance companies use AI to automate many of these steps. AI can disaggregate and organize patients' data in seconds, giving you a well-structured cloud of easily accessible information.

This level of automation can save your organization extensive time by cutting down on administrative tasks and maintaining a reliably accessible database. It can also decrease errors and improve privacy by limiting the number of employees who access members' private information. Furthermore, not having to shuffle through multiple file sources can significantly improve efficiency and members' experiences.

“Insurance companies use AI to automate many of these steps. AI can disaggregate and organize patients’ data in seconds, giving you a well-structured cloud of easily accessible information.”

Analytics Services

Analytics tools let health insurance companies track the efficiency of their plans. This can help your organization reduce costs, maximize time, avoid cumbersome providers, and guarantee the best possible care for members.

Health insurance analytics services gauge performance using multiple metrics, including:

- Claim frequency
- Call frequency
- Average time per claim
- Average cost per claim
- Factors contributing to claim costs
- Issue resolution rate

Member satisfaction

With so much data to track, AI automation is practically essential for capturing the full scope. Using AI analytics tools for the long term can help you understand how different variables impact your organization without overlooking any contributing factors. AI can also draw connections in data — such as specific factors contributing to higher claim costs — that non-AI services may not identify.

Provider Selections

AI and analytics services help insurance companies disaggregate data based on the provider, patient, and other details. This information can help you assess your best provider selections, including ideal options for specific clients and your organization.

You shouldn't, however, use AI-generated suggestions to make your final referrals. These metrics are best used as reference points. For example, an AI tool may recommend a general healthcare provider if that provider has higher satisfaction rates and lower costs per claim. But if your member has unique needs, you may need to research multiple providers yourself for their specific offerings. AI metrics can help you eliminate a few options, but they shouldn't be the final decision-makers.

Health Plan Coverage Design

The best health plans combine extensive benefits and provider networks with specifications for copays, visits, and premiums. These coverage plans are typically highly detailed, which can make them challenge to assess until they're already in action.

Insurance companies can use AI on many levels to improve how they design these health plans. As mentioned, AI can help you easily search through data and identify cost-effective providers. Beyond that, AI lets you see the greater scope of members' plans to mitigate risks, errors, inconsistencies, and other concerns as early as possible.

Healthcare Providers That Use AI

AI's healthcare benefits extend far beyond the insurance process. With ongoing research, AI technology may improve cancer research, surgeries, medical diagnoses, and health monitoring. Understanding how different healthcare providers implement AI into their practices can help you find specific members' best possible options.

Risks of AI in Health Insurance

Like any technology, AI poses potential risks for businesses that adopt it. Ongoing research and innovations continue to change the AI landscape. Organizations must stay updated on the latest AI developments to maximize their usage and avoid the most prominent concerns.

The potential risks of using AI in health insurance include:

Privacy: Trusting artificial intelligence to handle meaningless tasks is different from letting AI handle members' personal information. New technology poses potential cybersecurity and privacy concerns that still haven't been resolved.

Overdependence on AI: Relying too much on technology can limit your ability to complete processes manually. This can create issues accessing data or completing tasks if the AI stops functioning.

Mistakes and errors: AI is often prone to basic, hard-to-spot errors, such as skipping a box in a spreadsheet. These can create significant challenges that impair your operations and member perception.

Focusing on the wrong metrics: While numbers are important, they aren't everything. Prioritizing specific metrics can distract your organization from what's working. For example, a particular healthcare provider may cost your organization more per claim, but they may also have higher member satisfaction rates.

Member perception: Roughly 60% of Americans are uncomfortable with AI's usage in healthcare. While this is predominantly a concern for providers, some members may be uncomfortable with AI being used to design their insurance plans.

Applying AI to Health Insurance Processes

AI opportunities in health insurance continue to change with new advancements and risks to be aware of. While no technology is perfect, properly implemented AI can significantly improve how you select providers, plans, and more. It can also save you significant time and stress, letting you focus on what's most important to your members and your business.

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View from the C-suite: AI, automation key to getting, staying ahead of RCM issue

By Dave Pearson

Healthcare executives have big plans for technology in their revenue cycle management operations. Over the next 12 months, AI, machine learning and other RCM automation solutions are a top investment priority. The findings are from a survey conducted by the Healthcare Financial Management Association (HFMA) and analyzed by Guidehouse. The researchers received completed questionnaires from 134 hospital CFOs, VPs and other executive-level leaders.

The respondent pool showed “payer challenges” to be the overall most vexing area of concern affecting RCM. Some 41% said they’re experiencing claims denial rates above 3.1%. Meanwhile staffing shortages continue to thwart operations, including RCM, although 71% are happy with vendor outsourcing as a fix.

Guidehouse analysts offer a number of observations from the project. Among the most edifying are these five:

1. Providers are planning to heavily invest in automation, AI and machine learning to address staffing shortages while streamlining operations, improving efficiency and filling gaps.

Research shows AI adoption alone has led to accelerated payment cycles, the report authors write, with payments processed within 40 days versus the standard 90.

‘This trend aligns with broader industry movements, as noted in Guidehouse’s 2023 Digital and Technology Report, which found that providers have increased their digital and IT budgets over the past few years.’

2. As the need continues to grow for effective EHR integration, revenue cycle automation and modernization, provider technology systems have become prime targets for cybercriminals.

Laying the groundwork for a strong cybersecurity posture and risk mitigation program is imperative in today's healthcare environment, Guidehouse comments.

'Testing incident response programs by implementing executive security simulations for revenue cycle management and clinical operations in the face of any level of cyber risk is critical to avoid detrimental financial and operational disruptions.'

3. Higher-than-average denial rates indicate internal process breakdowns, documentation issues and payer delay tactics such as requesting additional information.

Plus, the time and effort needed to research and collect documentation to appeal fatal denials has become unsustainable.

'The goal should be to achieve a final denial rate of 1% or less; however, staffing shortages impact an organization's ability to counter the increased level of activity.'

4. Both providers and payers continue to face workforce shortages.

For providers, being understaffed and experiencing increases in denials is a disastrous mix, the authors point out. "To overcome these compounded complexities, providers need the staff necessary to bullishly manage the entire process—from front-end staff handling patient access to back-end processing and collection."

'The struggle to recruit and retain qualified staff members—and the resulting high turnover—is costing organizations in more ways than one: Providers invest significant time and money in training, onboarding and benefits for new employees who often don't stay long enough for employers to realize a return on investment.'

5. Healthcare organizations seeking to optimize results from RCM automation, AI and machine learning capabilities should take four steps:

Assess data and technology governance, cybersecurity and quality.

Determine whether the application is appropriate for each user's use case and patient population.

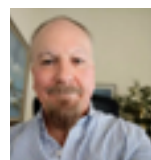
Identify metrics for validation, testing, measuring impact and managing expectations.

Never lose sight of the human element.



The full report is available in exchange for contact information:

www.guidehouse.com/insights/healthcare/2024/revenue-cycle-management-survey



Dave Pearson, has worked in journalism, marketing and public relations for more than 30 years, frequently concentrating on hospitals, healthcare technology and Catholic communications. He has also specialized in fundraising communications, ghostwriting for CEOs of local, national and global charities, nonprofits and foundations.

AUTOMATION

Maximizing Client Reviews with Automation: A Must-Do for Brokers During Open Enrollment

By Elka Soussana

Simpler Horizons Insurance Solutions

As we head into the busy season of Open Enrollment for group and individual health plans, and Annual Enrollment Period (AEP) for Medicare, brokers are gearing up for their busiest time of the year. Whether you're helping clients navigate Medicare plans, individual coverage, or group benefits, the next few months will be packed with phone calls, meetings, and explanations of coverage details. But amidst the chaos, there's one golden opportunity you might be missing: collecting client reviews.

Yes, reviews—those digital nuggets of gold—can make your business stand out in the crowded insurance market. And with automation, it's easier than you think. So, buckle up, because we're about to turn the somewhat "meh" process of gathering reviews into something easy, automated, and—dare I say it—kind of fun.

Step 1: Setting Up Your Google Business Page

Before you start requesting reviews, you need to have a place for clients to leave them. Enter the Google My Business page—your new best friend. It's where potential clients can find you, check out your reviews, and decide if you're the broker they've been searching for.

Now, Google has gotten strict with business verifications, and it might ask you to upload video proof of your address. If you're working from a home office, don't worry—Google won't make your home address public if you choose the option that says you're a service-based business. Take the time to follow their verification steps carefully, because a Google profile packed with five-star reviews is going to be a powerful asset during both Medicare and Open Enrollment seasons.

Step 2: Creating a Facebook Business Page

In addition to Google, having a Facebook Business Page is another great way to gather reviews. Whether your clients are retirees, small business owners, or individuals shopping for their own health insurance, many are already active on Facebook. It's an easy and familiar space for clients to leave reviews after you've helped them find the perfect coverage.

Make sure your page is fully built out with services, contact information, and links to your quoting tools. Think of it as setting the stage for a dinner party: you want everything in its place before the guests (aka reviews) arrive. Plus, Facebook reviews show up in newsfeeds, giving your business extra visibility, right alongside photos of grandkids and vacation posts.

Step 3: Using Automated Scheduling to Streamline Client Touchpoints

Now that your Google and Facebook pages are set, it's time to streamline your interactions with clients by using an automated scheduling tool like Calendly or Acuity Scheduling. These tools let clients book appointments directly online—whether they're Medicare beneficiaries needing plan reviews, small business owners choosing group benefits, or individuals navigating their marketplace options.

Even if some of your clients aren't tech-savvy enough to book themselves, you can schedule the appointments for them using your own calendar link. The beauty of these tools is that they send automatic confirmation emails and text message reminders, ensuring everyone stays on track—no more missed calls with "Oops, I thought our meeting was tomorrow?" You can finally focus on serving your clients, without worrying about chasing down appointments.

Step 4: Automating Review Requests Post-Appointment

Here's where automation really starts to pay off—set up a workflow to automatically request reviews after each client meeting. Platforms like Calendly or AgencyBloc allow you to trigger follow-up messages after appointments, so five minutes after your session ends, a thank-you email or text goes out, including a request for a review.

For example:

“Thank you for meeting with me today! If you found our session helpful, I'd appreciate it if you could leave a review. Here's a quick link: [Insert Google Review Link]. Your feedback helps others choose the right broker for their needs!”

This workflow ensures that clients are prompted to leave a review while your conversation is still fresh in their minds. Whether you've just helped someone pick a Medicare plan, resolved a group benefits issue, or guided an individual through their options, a timely request is the key to getting those valuable reviews.

Step 5: Responding to Reviews and Engaging Clients

So, the reviews are rolling in—awesome! But don't just let them sit there. Engage with your reviews by responding to them. Whether it's a simple “Thank you for your kind words!” or a more detailed response, clients would like to know you appreciate their feedback.

For less favorable reviews, take the opportunity to show your professionalism by addressing their concerns politely. This can help turn a potentially negative situation into a positive one. Plus, Google and Facebook reward businesses that engage with their reviews by giving them a slight boost in visibility, so it's a win-win! review while your conversation is still fresh in their minds. Whether you've just helped someone pick a Medicare plan, resolved a group benefits issue, or guided an individual through their options, a timely request is the key to getting those valuable reviews.

Step 6: Encourage Detailed, Specific Reviews

While “Great service!” is nice, specific reviews pack more punch. Encourage clients to highlight exactly how you helped them—whether it was making Medicare simple, helping them choose an affordable individual plan, or clarifying group benefits for their small business.

Try something like this:

“If you could mention something specific, like how we went over your group benefits or helped you compare Medicare options, I'd really appreciate it!”

The more detail, the better. Specific reviews help future clients understand what you offer and can make you stand out from the crowd.

Step 7: Consider Video Testimonials for Extra Impact

Feeling ambitious? Ask your happiest clients if they'd be willing to record a short video testimonial. Video is personal, engaging, and can go a long way toward building trust with future clients—whether they're looking for help with Medicare, group plans, or individual insurance.

You can easily record these via Zoom or ask clients to film a quick video on their phone. These testimonials can be shared on your website, social media, or even your Google and Facebook pages. It's like Yelp, but with personality!

“By setting up a Google Business page, creating workflows to request reviews automatically, and engaging with client feedback, you'll build a strong online reputation that lasts long after Open Enrollment ends. And in a market as competitive as insurance, that reputation can be the key to setting yourself apart from the rest.”

Step 8: The Power of Reviews in SEO and Social Proof

Did you know that reviews don't just help build trust—they also boost your Search Engine Optimization (SEO)? Google favors businesses with strong, frequent reviews, so every five-star review you collect helps you climb the rankings. This means potential clients—whether they're looking for Medicare advice or group health insurance—are more likely to find you when they're searching for a broker online.

Reviews also act as social proof. When clients see that others have had great experiences with you, they're more likely to reach out to you for help. And in today's crowded insurance marketplace, anything that sets you apart is a big deal.

Step 9: Ask for Reviews Year-Round, Not Just During Open Enrollment

While the Open Enrollment and AEP periods are perfect times to ask for reviews because of your frequent client touchpoints, don't let the momentum stop there. Whenever you have a positive interaction with a client—whether it's an individual, group, or Medicare-related meeting—ask for feedback. By making review requests a regular part of your workflow, you can build up a steady stream of fresh reviews throughout the year.

Step 10: Cross-Posting Reviews for Maximum Visibility

Once those reviews start coming in, don't let them just sit on Google or Facebook—share them everywhere! You can add standout reviews to your website, include them in your email signature, or even repurpose them for social media posts. Embedding a Google or Facebook review widget on your website ensures that the latest feedback is always visible to potential clients.

Final Thoughts

Whether you're a Medicare broker, an individual health broker, or someone specializing in group benefits, collecting reviews is one of the smartest and most efficient ways to build your online presence. During the Open Enrollment and AEP seasons, you're already in constant touch with clients, making this the perfect time to automate those review requests.

By setting up a Google Business page, creating workflows to request reviews automatically, and engaging with client feedback, you'll build a strong online reputation that lasts long after Open Enrollment ends. And in a market as competitive as insurance, that reputation can be the key to setting yourself apart from the rest.

For more tips on mastering your digital presence, check out [Simpler Horizons' Medicare Agent Guidebook](#) for additional insights.



Elka Soussana, the driving force behind Simpler Horizons Insurance Solutions, a thriving senior general agency boasting over 100 independent agents. Currently serving as the Vice Chair for the CAHIP-LA Medicare board and as an advisor for the Foundation for Senior Services, Elka is a respected figure in the insurance and senior services sectors. Since making her mark in the Medicare space in 2012, she has skillfully navigated its complexities, ensuring both her agents and the seniors they serve can make informed choices.



Your Client's Stories Are Your Biggest Asset

By Bill Cates, CSP, CPAE

President, Referral Coach International

You are in the evidence business!

Your prospects need to see the evidence that you are the right fit for them.

Your prime evidence building tools are:

- Referrals, Recommendations, and Introductions from Trusted Sources
- Testimonials
- Stories, Examples, and Case Studies from Your Clients
- Your Client Centered Why – Why You Believe in Your Value
- Certifications and Awards

In his article, I'm going to focus on the stories that come from your experience with your clients. Stories create the body of evidence that you've seen their situation before. That you know how to solve their problems and/or maximize their opportunities.

These stories – I like to call them “Mini Case Studies” – need to be relevant to your target clients. Advisors who use this strategy to great results typically have a small inventory of stories they use to fit the specific context.

While very few people agree on exactly what makes up a great case study, most will agree that they're a great form of social proof that can help grab the attention of a new client. Allow me to introduce to you what I'm calling ***The Minute Case Study.***

“Think of **The Minute Case Study** as a well-crafted “for example” or anecdote that brings your value to life, allowing you to elaborate just a bit on the work you do that is relevant to the conversation.”

The Minute Case Study is not a testimonial that a client might write for you. Nor is it a full-blown case study that you might turn into a one or two-page graphic you can share with prospects and COIs. Complete case studies are great and have their place in your toolkit of evidence. The purpose of *The Minute Case Study* is to use it in conjunction with the many ways you communicate your value. You can use them orally while speaking to an individual prospect or a group during a seminar. You can use them in an email to a prospect, when describing your value proposition to a center of influence or on your website or even in your LinkedIn profile.

Think of *The Minute Case Study* as a well-crafted “for example” or anecdote that brings your value to life, allowing you to elaborate just a bit on the work you do that is relevant to the conversation.

We know that the human brain listens to stories differently than facts and figures, bullet points, and the other ways we tend to communicate our value. *

*On Functional MRI scans, many different areas of the brain light up when someone is listening to a narrative. One study of listeners found that the parts of the brain that processes emotions were activated, especially during the emotional parts of the story.

People remember stories better and longer than other information. Stories of differing length are a great tool in sales and marketing.



For a comprehensive look at how to determine and communicate your value, check out my book **Radical Relevance**:
www.RadicalRelevanceBook.com

6 Elements of The Minute Case Study

- 1 The Situation**
A very brief statement of the starting point.
A senior executive approximately 10 years from retirement.
- 2 The Challenge or Opportunity**
Their initial motivation for working with you.
Wanting to plan for a smooth transition into retirement without taking a pay cut.
- 3 How the Clients Felt About the Challenge or Opportunity**
He was concerned and a bit confused if his goal was even possible.
- 4 The Strategy**
What processes and tools you used.
We used our proprietary 3-step process to gain a deep understanding of his situation, goals, concerns and opportunities, presented a comprehensive plan and then went to work implementing that plan.
- 5 The Result**
Either achieving a goal or progress toward a goal.
As we began to implement elements of the plan, our client saw how his goal could be achieved. He started taking full advantage of his company's retirement plan options.
- 6 How the Client Feels About the Result or Process**
Our client's sense of relief was visible. He told us that he felt a huge weight being lifted off his shoulders and that he could go back to just enjoying life knowing that a plan was in place and then we would stay with him—adjusting with life's changes.



Bill Cates, CSP, CPAE, is the author of *Get More Referrals Now*, *Beyond Referrals*, and *Radical Relevance*. Bill's newest book, *The Language of Referrals*, has just been released and is available as a at Amazon in paperback, Kindle, and Audible. Bill is a highly sought-after coach, consultant, international speaker, and virtual presenter.

CalBroker Readers can get free (and valuable) tools
www.ReferralCoach.com/resources
Bill can be reached directly at: BillCates@ReferralCoach.com

LIFE INSURANCE
POLICY

Your Client Tells You They No Longer Want Their Life Insurance Policy – Now What?

By Lisa Rehburg

You just finished taking care of helping your Medicare client find a plan, or a client's group health insurance renewal. You ask – "Do you need any additional help or advice?" They tell you that they have a life insurance policy that they do not want any longer, or that it has gotten too expensive to maintain. Now what do you do?

Tell them that their life insurance policy can be sold for cash through a life insurance settlement, and that you can help them. Get the basic policy details and then contact a life settlements expert.

There are two options:

1) direct to a buyer; or 2) through a life settlements broker. Buyers will underprice a policy, but clients save broker commissions. Brokers maximize value for policies by introducing competition, and they are paid commission – which is shared with you.

The Process

Either way, the process typically takes 3 – 5 months from start to finish (but can be completed sooner). Here is what the process looks like:

- **Preliminary review** - Contact a life settlements expert. They will review the policy details to determine if the policy is marketable.
- **Complete application** - They will send you an application to get started. The application includes a medical release form to obtain a client's medical records, a life insurance release form to obtain premium projections from the insurance company, and an authorization to evaluate or market the policy. The application takes clients about 5 – 10 minutes to complete.
- **Medical records and illustrations** - Whether through a life settlements buyer or broker, they will obtain a client's medical records for the past 5 years and premium projections from the insurance company. This is usually the longest part of the process, because doctors can take a while to respond to records

requests. Realistically, from the time an application is received, to the time offers are made, is around 60 – 90 days (but it could be sooner). Most of that time is waiting for medical records. The buyers also need about 30 days for their review. The reason medical records are important is because this is how the buyers will underwrite for a client's life expectancy. The shorter the life expectancy, the more money buyers are willing to offer for a policy. The premium projections from the insurance company are also important, because buyers need to know how much a

policy is going to cost them every year. The lower the cost relative to the face value of the policy, the more money a buyer is willing to offer, because they do not have to put as much money into the policy to keep it going.

- **Offers made** - Clients are not obligated to sell their policy. If offers are made, clients can decline the offer and keep their policy.
- **Offer accepted** – Sale contract sent out. All aspects of life insurance settlements are highly regulated by

the Departments of Insurance (DOI) in each state. Each contract is state-specific with mandated language from the DOI, and the contract template is approved by the DOI before its use.

- **Escrow opened** – Escrow is opened to protect clients. The buyer deposits the sale money into escrow. The change of ownership and change of beneficiary forms are sent into the insurance company for processing.
- **Sale complete** – Client is paid. Once the change of ownership and change of beneficiary forms are processed, the sale is complete. Escrow closes and the money is sent to the client within a day or two, either by wire transfer or by check via overnight delivery, whichever option the client chooses in the contract.
- **Commission paid to agent**- A good life settlement expert will take care of all of these steps and guide you and your client through the process. But what types of clients really benefit from life insurance settlements?

"2.5 million seniors every year will lapse or surrender their life insurance policies, walking away with little or nothing."

“Every client’s situation is unique, but in every case, a life insurance settlement generated more money for clients than lapsing or surrendering their policies.”

Client Examples

» An 82-year-old gentleman had a \$200,000 universal life policy. Over time, the cost of insurance had decreased the cash in the policy, until there was none. The premiums were \$8,000 a year to continue the policy. He and his wife did not want to pay the premium any longer. The opening offer on his policy was \$25,000. The buyers were leveraged against each other and the final offer was \$50,000. The client was thrilled because they were going to cancel the policy for zero. His advisor made \$7,500 in commission.

» A 90-year-old gentleman had a \$150,000 universal life policy. It was for his wife, who had passed away a year prior. His sons did not want to pay the premiums of \$1600 per quarter. There was no cash. As with the client above, he would have cancelled his policy for zero. The opening offer was \$15,000 and the final offer was \$43,000. The client again was thrilled. The agent received \$6,500 commission.

» A 90-year-old woman had a \$760,000 universal life policy. The scenario is the same as above with no cash in the policy. The premium was \$60,000 annually to carry the policy. The opening offer was \$150,000. After marketing the policy, it sold for \$360,000. The insurance agent collected \$25,000 in commission.

These are universal life examples, which are very common. Universal Life is the #1 types of policy sold in the life insurance settlements market. However, convertible term policies are also very highly marketable (they are a very close #2 in terms of the volume of policies sold). Convertible term policies are especially attractive for younger, healthier clients:

◇ A 73-year-old gentleman had a \$400,000 term policy that was ending its 20-year term period. Fortunately, it was still convertible to a permanent policy, which is very attractive to buyers. He had some health issues, but that was many years ago. The premiums for the conversion policy were very expensive, making the policy unattractive to many buyers. However, one offer was received – of \$10,000 – and accepted. The client was happy because they were going to let the policy go for zero. The insurance agent made \$7,000 in conversion commission.

◇ A 69-year-old gentleman had a \$750,000 term policy that was ending its 20-year term period. As with above, it was still convertible with a very expensive conversion premium. There was only one buyer will offer - \$8000. Like above, he was happy because he was walking away with nothing, and the agent is happy because he is receiving \$7500 in conversion commission.

◇ A 69-year-old gentleman had a \$5,000,000 term policy. The same circumstances as the prior two situations. In this case, the opening offer was \$100,000. The policy sold for \$345,000 for a policy that the client was going to walk away from with zero. The agent made \$100,000 in conversion commission plus \$45,000 on the sale. Happy client – happy agent.

You may have heard me say this before, but it bears repeating - 2.5 million seniors every year will lapse or surrender their life insurance policies, walking away with little or nothing. These could be your clients – your Medicare clients, your group clients, your property casualty clients, your next-door neighbors, your family members – and you can help them.

Every client’s situation is unique, but in every case, a life insurance settlement generated more money for clients than lapsing or surrendering their policies. Industry statistics from 2023 show that selling a policy generated 6 times the cash surrender value of policies.

How Do You Talk with Clients About Selling Their Policy?

As we discussed in the opening of this article, asking your current clients about other areas you can assist with is key. You may even want to ask them if they have a life insurance policy that they no longer want or need. Besides in-person contact, other ideas include:

Sending your current clients an email. I have a customizable PDF flyer that you can use. Simply put your contact information on it, save it, and it is ready to go.

Add an article to a newsletter that you send to clients.

Sending a postcard or letter to clients. Include the flyer from #1 above in the letter.

Talking to your referral network, so they can refer you to their clients who may need help in this area.

You do not need to be a life insurance expert, nor the agent on a client’s life insurance policy to help them. Education is key. Some buyers are advertising on TV and on the internet, trying to get your clients to contact them directly. Be sure you educate your clients, so they call you.

The bottom line is life insurance settlements can be a good solution for your clients who no longer want their policy or can no longer afford it. Besides helping a client, life insurance settlements help you build your business as well with commission paid on the sale, additional referrals from your network, and additional product sales from the sale proceeds.

Win for clients – win for you.



Lisa Rehburt, is president of *Rehburt Life Insurance Settlements*, a life insurance settlements broker. Lisa is passionate about assisting financial, insurance, legal and non-profit professionals to help their clients benefit from their unwanted or unneeded life insurance policies. She has been in the health and life insurance industries for over 30 years.

Lisa has presented to hundreds of organizations, including various Financial Planning Associations, Fiduciary Associations, Estate Planning Councils, Planned Giving Roundtables, NAPFA, NAIFA and Health Underwriters Associations, to raise the visibility of life insurance settlements as an option for clients, when appropriate. She has held executive roles at carriers, general agencies and TPAs.

Lisa earned a Bachelor of Arts degree in Finance and a Master of Arts degree in Organizational Development.

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Which Dental Plans Have the Most Dentists



By CalBroker

Dental insurance can help your clients maintain their oral health while saving on dental care costs. But finding the best dental plan for your clients can be challenging, especially if they prefer specific dentists for their treatments.

In California, dental plan directories often contract with in-network dentists only. This makes it easier for individuals and families to find cost-effective dental care from their preferred dentists.

Learn about the dental plans with the most in-network dentists so you can provide clients with informed recommendations.

Why the Dentist Network Size Matters

When you're choosing a dental insurance plan, the number of in-network dentists makes a difference. In-network dentists in contractual agreements with insurance companies provide services at pre-negotiated rates, so clients receive care at lower costs.

A larger network ensures that your clients have more options to choose from. This increases their likelihood of finding a preferred dentist near their home or work. It also enhances accessibility to specialists and reduces wait times for appointments. This helps your clients pay less for dental care with negotiated rates.

Understanding the network size of dental plans allows you to guide your clients more effectively, enabling them to receive comprehensive dental care.

Types of Dental Plans

Dental insurance plans fall into two categories: preferred provider organization (PPO) and health maintenance organization (HMO).

PPO Directory

The PPO directory offers many in-network dentists only, providing more flexibility for your clients. With a PPO plan, your clients can see any dentist in or outside the network without a referral. This allows them to directly visit specialists but at higher out-of-pocket costs.

PPO plans usually have higher premiums but offer greater freedom and convenience. This makes PPO plans an attractive option for people who prioritize dentist choice and accessibility.

HMO Directory

The HMO directory has a smaller number of in-network dentists and operates on a managed care model. Your clients must choose a primary dentist from the network and obtain referrals to see specialists.

HMO plans have lower premiums and out-of-pocket costs than PPO plans, but they may have more restrictions. The smaller network size can limit dentist choices and flexibility. However, HMO plans are more cost-effective and are suitable for client's seeking affordability.

"In California, dental plan directories often contract with in-network dentists only. This makes it easier for individuals and families to find cost-effective dental care from their preferred dentists."

Dental Plans with Most In-Network Dentists

Here's a list of dental plans with in-network dentists only to help you guide your clients based on their needs and preferences.

Delta Dental

Delta Dental is one of the largest dental insurance providers in California and across the U.S. It offers PPO and HMO plans along with managed fee-for-service and discount options. It has over 152,000 (1) in-network dentists nationwide, giving your clients greater access to dental care. Also, Delta Dental PPO has 269,841 access points or dentists at each location.

However, many plans offered by Delta Dental have a maximum benefit cap of around \$1,000. This may limit coverage for extensive dental procedures. Also, coverage and cost-sharing for orthodontic care may be limited, which can increase out-of-pocket costs for major treatments.

MetLife Dental

MetLife (2) includes over 475,000 in-network locations, with more than 133,000 dentists searchable by zip code, specialties, and languages. These dentists offer 100% coverage for routine cleanings and exams, with negotiated fees that are 30% to 45% lower. This translates into reduced out-of-pocket expenses for your clients.

MetLife offers PPO and HMO dental plans that can be individual, employer provided, federal, and for veterans. The plans are ideal for businesses offering comprehensive benefits. However, options for individual insurance buyers are limited compared to other providers, which offer broader coverage choices.

Cigna Dental

Cigna Dental (3) is known for its extensive network and flexible plan options, including PPO and HMO. It is a leading medical insurance provider in the U.S., serving over 17 million dental customers.

Cigna offers dental plans starting at an average of \$19 per month. Its network spans 93,000 dentists across 297,000 locations. With Cigna's dental plans, your clients can visit any dentist or specialist without a primary dentist or referrals.

However, standard waiting periods may vary by state, from 6 months for basic services to 12 months for major and orthodontic services. Also, Cigna offers limited choices compared to other dental insurance providers.

Blue Shield California

Blue Shield California (4) offers comprehensive PPO and dental HMO insurance plans for individuals and families. Its network includes over 47,000 dentists across California for PPO plans and 22,000 for HMO plans. This provides your clients broad access to dental care.

Its PPO plans feature no waiting period for diagnostic or preventive services. Basic services like X-rays and cleanings don't count toward the annual coverage limit, maximizing coverage for other dental services. Your clients can choose from benefit maximums of \$1,000 to \$2,000 per year and receive coverage even with non-network dentists.

The dental HMO plans provide extensive benefits with no deductibles or calendar-year maximums. Your clients can enjoy fixed copayments for basic and major services. They can also access orthodontic services and specialty care with referrals from a primary dentist.

Anthem

Anthem offers a range of dental insurance plans covering 42 million people across the U.S. As part of the Blue Cross Blue Shield Association, Anthem boasts one of the largest PPO directories in the country. It includes dentists in all 50 states, ensuring your clients can find a dentist wherever they live, work, or visit. However, the network size is unclear due to insufficient data.

The PPO plan offers 100% coverage for diagnosis and preventive care, with higher annual benefit maximums of up to \$2,500. The dental HMO plan (5) is a cost-effective option and covers more than 500 dental procedures.

Anthem is ideal for people seeking standard insurance plans and coverage options. It offers bundling options for added convenience. However, it recently exited 14 counties, and the plans offered may not be customizable. This can be a drawback if you have clients with personalized coverage needs.

Comparison of Dental Plans

Here's a chart to simplify the number of in-network dentists for dental plans across California (CA) or nationwide (U.S.)

COMPARISON OF DENTAL PLANS

Number of in-network dentists for dental plans across California (CA) or nationwide (U.S.)

Dental Plan	Number of Dentists (PPO)	Number of Dentists (HMO)	Total In-Network Dentists
DELTA DENTAL	269,841 (U.S.)	—	152,000 (U.S.)
METLIFE	—	—	133,000 (U.S.)
CIGNA	—	—	93,000 (U.S.)
BLUE SHIELD	47,000 (CA)	22,000 (CA)	—
ANTHEM	—	—	—

Choosing the Right Dental Plan for Your Clients

To choose the right dental plan, consider the size of the network relative to your client's coverage needs — larger networks offer more options. If your client wants choice and flexibility, PPO plans may be ideal. For those seeking lower premiums and managed care, HMO plans may be suitable. Assess the premiums, out-of-pocket expenses, and your client's preferences to select the best dental plan that suits their personal needs.

“In-network dentists in contractual agreements with insurance companies provide services at pre-negotiated rates, so clients receive care at lower costs.”

Sources:

Delta Dental: "Form A Hearing."

MetLife: "Dental."

Cigna Healthcare: "Cigna Healthcare in California."

Blue Shield California: "Dental Plans."

Word and Brown: "Summary of Benefits."



Employee Benefits Options

By Eric Trost

To meet the demands of companies both small and large and their people, benefits brokers must become partners. They must learn about their clients' enrollment participation, cater to employee benefits preferences, and most of all, move away from the traditional model of benefits planning that only offers standard fully insured BUCA benefits.

Are you looking for a solution to the challenges of outdated employee health plans with a 30% savings, remarkable member support, network and open access plans with an unmatched Claims Savings Guarantee?

With savings that are unattainable from the legacy insurance plans, you can help your clients offer better benefits at a lower cost. Let's look at a modern health plan that is a Self-funded plan with a streamlined, bundled approach and a full replacement on single-funded platform with a significantly enhanced TPA.

- Ease of use – single admin fee and one vendor to work with for broker, employer, and employees.
 - Flexibility – infinite customization of benefits and contract; cost savings/member service modules can be easily added.
 - Proprietary Open Access model alongside network plan options, including Cigna.
- Rx plan included – typical savings is 30-40% compared to traditional PBMs.

- National Pharmacy Network
- Manufacturer's assistance services included.
- International Sourcing included.
- 10% of the rebates passed through to the employer.
- The proprietary claims payment algorithm called "FMP" drives medical claims savings.
 - 97% of claims are processed without a provider interaction
 - Payment is fair to providers, and they pay quickly – 96% if claims paid 5-7 days.
 - Members are NEVER financially responsible for a balance bill – in plan contract.
- \$0 elective surgery benefit for members
- \$0 telemed that includes behavioral health
- Deep level member concierge team available from 12 hours a day, 7 days a week via phone, email or member app
- Handles all member requests and service-related issues – ALL calls answered by a live person, in the US.
- Each employer group receives a dedicated phone # so their rep knows who's calling when they answer.
- \$1 million carrier Guarantee on projected savings target

Result – Long overdue SAVINGS, without cost shifting to employees or benefits reduction, a better experience for your clients, and a durable platform for their health plan.

Industry first 3-Year Premium Rate Lock

This industry first program gives employers 36 months of Fixed Premiums for stable cash flow and predictable budgeting. Premium financing for health care.

In 1995, a new financial program was developed to bring a non-traditional approach to stabilizing and limiting the cost of health care benefits for employer groups. We help private and public entities take control of their health care costs. This enables employers to quantify their future health care costs and transform them from volatile and unknown variable expenses to a totally predictable monthly fixed obligation.

Advanced Funding provides:

- Analytics using historic costs and trends
- Actuarial modeling to establish and predict costs over a three-year period
- Pre-funds the predicted costs in the capital markets for three years borrowing
- Structures a fixed monthly payment, providing long term planning and budget predictability
- Establishes and maximizes a significant Reserve Fund within the Trust
- NO change to administrative, claims, or reinsurance costs
- Surplus can be applied to renewal or paid out

After years of development, their model affords companies and organizations a unique perspective when embarking on difficult benefit solutions. Their mathematical, statistical, and actuarial software includes access to a database of more than 22 million lives dating back to the 1950's and is regularly updated to provide contemporary demographics by state, count, and region.

Result – The benefits are clear.

For the employer the benefits include total predictability, establishes an identified long-term budget, generates cash flow opportunity, creates long-term cost control, an opportunity to build up significant cash reserves over 36 months, institutes partnerships between carrier/cost manager, incorporates a guaranteed services contract and shifts focus from reactive strategy to a proactive management strategy. For the employee, the program offers a level premium opportunity, strong customer service guarantees, and focused attention to care management and stabilization for health care providers over an extended period. For the broker, the program offers client retention, savings related to re-marketing costs and a potential “upside” related to their rate of return on the advanced premium accrual.

Are you evolving with the times?

You know how difficult it can be to create a custom next-generation health benefits plan that drives down costs and improves benefits in an industry that is changing fast. You need to work to stay ahead of the curve to stay competitive. The good news is you can simplify the sales and onboarding process with some of our carrier Health Plans turnkey solutions. Additionally, proven alternative options dramatically reduce costs without sacrificing quality of care.

We offer alternative healthcare options that put employees in the driver's seat.

- **Gain Clarity**
 - Find out how your client's healthcare dollars are being spent so you can qualify them for the proper turnkey solution.
- **Define Cost**
 - Be able to provide your clients with solutions anchored by proven plans that have clearly defined costs.
- **Take Control**
 - Simplify the sales process by offering proven, pre-packaged solutions and simplify onboarding with existing processes.

Our carrier partners have eliminated the excess costs and conflicts of interest in legacy insurance plans and upgraded what really matters— payment controls and the member experience. Our innovative health plans remove outdated employer health insurance practices, such as one-sided contracts and price-blind billing that restrict payment controls, patient navigation and open data access. We are custom built to drive 30% savings on your clients' total medical spend by delivering superior and sustainable financial outcomes by reducing fixed expenses, claims costs, and year-over-year trend. Our contract optimization eliminates excess costs, hidden fees, and unfavorable terms to guarantee lower health plan expenditures.

We are serious about controlling costs and providing a better health plan experience for you and your clients with savings that are unattainable from legacy insurance plans. You, your clients, and their employees deserve more. You can create a competitive advantage with better benefits at a lower cost.

If you want to work with a true partner and offer unique plan designs customized to SMBs, consider partnering with NCA Consulting. As an experienced benefits consulting firm, our team offers advice, strategies and quoting from brokers who work with SMBs to large private and public entities across California.

By partnering together, we can work to grow your book and provide our mutual clients with comprehensive business solutions.

You're invited to sharpen your knowledge with our Fall Broker and Agency Webinar Series, featuring innovative solutions for your clients and prospects with advanced sales strategy, the renewal and conversion process, and more, our webinars are designed to help you gain an even better understanding of the world outside the BUCAs products and services.

Click below to register for the upcoming webinars of the series that focus on basic employee benefits and how brokers can deliver a 30% savings to their clients while retaining robust commissions.

www.benefitsoptionins.live



Eric Trost, is a benefits consultant at NCA- Consulting and leverages his expertise in employee benefits to provide customized and cost-effective solutions for brokers/consultants and help employers across various industries.

NCA is an independent consulting firm that is dedicated to the principles of service, integrity and professionalism while providing our valued partner clients, brokers/consultants, and third-party administrators the highest quality of service with the goal of exceeding expectations.

Our team has over 100 years of combined experience in areas such PPO network evaluation and other programs that can save self-funded employer groups money without cost shifting to their employees. Our team is uniquely positioned to help control health care costs, communicate plan features and ensure legislative and regulatory compliance. Engage with us and create your path to growth with strategies that work from plan analysis, custom provider networks, our partner network to responsibility, ensuring compliance and that your plan runs efficiently. NCA is positioned to provide the customization needed to win more business.

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Commission Protection Plan Versus Beneficiary Designations

By Phil Calhoun & David Ethington

In this article we compare carrier beneficiary agreements with a Commission Protection Plan. The beneficiary agreement generally offered by a few carriers is explained and the shortfalls of these agreements are covered. Financial projections are outlined so you can see the comparison with a common buyout agreement and how the numbers work in the 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 is limited in scope mostly for IFP and Medicare Supplement lines of business. When a broker completes a carrier designation the major limitation is how the surviving family is not allowed to sell or transfer these commissions after the broker's passing.

While these limiting factors seem to pose significant issues, let's explore the math and compare the two commission planning options, #1) "Protect then Sell" and #2) the Beneficiary Designation with a carrier.

You can see for yourself if the beneficiary designation is a viable method to continue commissions of a deceased broker.

First, the sale of commissions takes full advantage of the "selling at the peak concept." Commissions always drop when a broker slows down but is still active. The client's perception is they are semi-retired which often encourages the more lightly aligned clients to move 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 are less active often as they also age, they provide less service and support,

and some clients find help from other sources. Also compounding this reduced service impact, is when the broker's death occurs there is an automatic drop in the value of commissions to a buyer. Without a licensed active Seller and with no certified Successor ready to pursue a pre-planned client retention effort, retention drops and clients can leave. Secondly, 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 long term retention failure.

When an unlicensed family member or friend steps in as the beneficiary, the assumption is commission retention will work. Since the carrier is now 100% responsible for all service and support for clients 100% responsible for client retention including during open enrollment, the chance of failure increases. Overall, the risk when using the beneficiary designation comes with three key concerns:

1 Open enrollment (PDP, other Med Supp plans, and even MAPD) requires personalized assistance. Shopping for the best coverage, comparing options, all with 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 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.

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 written 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 urgent situations. 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 for which clients are included and then monitoring carrier payments can take time and some expertise. In a traditional commission transfer between a Seller and Buyer the carriers rarely get this correct requiring both Buyer and Seller work together to proactively review carrier statements to make sure the job is done correctly.

We anticipate that on average, more than 70% of clients will move to another carrier or brokers within 6 years. IFP and Medicare clients do shop plans often and are heavily marketed directly.

3 Final Thoughts on Beneficiary Designation Agreements. 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 yielding \$400,000 to \$600,000 with a viable Successor. This result is compared to a beneficiary arrangement where a slow financial drawdown 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 your clients 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 may change the option for a beneficiary designation, it is important to make sure you have the current information. Given the option to have a comprehensive, viable, and modern commission protection solution for all your commissions, it seems clear 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 offer where it is best to do the math.



Commission Planning Table

CARRIER BENEFICIARY DESIGNATION	ANNUAL PROJECTED LOSS/GAIN	ANNUAL PROJECTED LOSS/GAIN
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	.5% Broker Moves Them
ZERO	Premium Increase Impact	100% SHARED Which Offsets Loss by 1% a year

20% LOSS ANNUALLY

4.5% LOSS ANNUALLY

Commission Planning Table

Option: Use the Carrier Beneficiary Designation OR the Commission Protection Plan (CPP)

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 a far reduced ability to protect a broker's commissions resulting 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, well-funded 800# agencies, client-initiated moves, when a Med Supp client moves to MAPD even with the same carrier, and 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 the active broker's retirement/passing, the option to protect commission is ideal. A broker can protect against competition with active service and support compared with the carrier's limited-service work. Most brokers who purchase commissions include payment of all commission increases including when premiums increase due to age or plan changes during the Payout Period.

20% ANNUAL LOSS OVER 5 YEARS IS....

REVENUE	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
\$100,000	\$80,000	\$64,000	\$51,890	\$40,960	\$32,768

Summary

The Carrier’s Beneficiary Designation option is projected to net less than half as 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 better result is with a Commission Protection Plan as total loss over five years with an active professional broker’s retention effort after the sale/or passing, is 20% or \$20,000. We assume a five-year period as many payout periods cover 5 years. Retention rates are assumed. Your results could be higher or lower. Net paid to a broker’s 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.

Click here to arrange a no obligation 15-minute coach session, or call 714-612-0306

Our website has information on Commission Protection, Growing Commissions, and Selling Commissions



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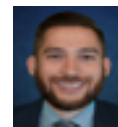
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Integrity Advisors is a health insurance agency which specializes in educating health brokers on the importance of commission protection. Commission Solutions is a program offered by Integrity Advisors.



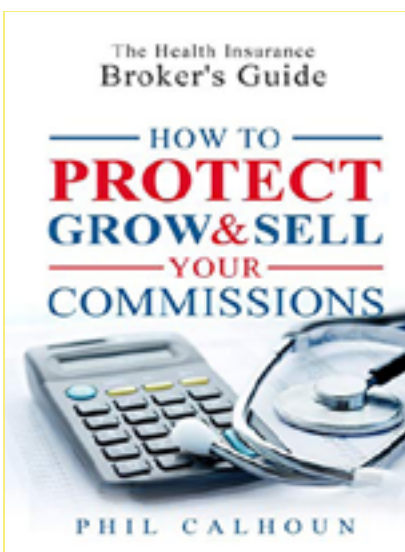
Phil Calhoun MBA, is a board member of the Exit Planning Institute Orange County Chapter, he owns Integrity Advisors.

Click here to arrange a no obligation 15-minute coach session
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714-664-0311



David Ethington, is an expert in the process to acquire and transfer health commissions. He has trained many brokers in commission education and built the commission transfer planning module for Medicare commissions provided to our broker colleagues.

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Lifestyle Medicine for Preventing & Beating Cancer

By Megan Wroe

MS, RD, CNE, CLEC

Fall is a big season for cancer awareness, with each month having a national focus on various types of cancer. While screening, prognoses and treatments are very different for every cancer type and every individual person, preventive lifestyle strategies for all cancer types are similar across the board. Moreover, research from the National Institute of Health suggests that only 5-10% of all cancer cases can be attributed to genetics alone, with the remaining 90-95% of cancers rooted in environmental and lifestyle factors that are completely within our control. How encouraging is that!?

Here are 5 ways to make a significant difference in your cancer risk right now:

1. Eat More Fiber. Fibrous foods have a double whammy impact on your body since they help remove toxins and create a healthy microbiome so that your immune system is super powered.

Your Goal: 5 cups per day of fruit/veggies with a minimum of 3 different colors.

2. Eat Less Sugar & Ultraprocessed Foods. Americans eat on average twice as much sugar as the maximum national guidelines. This leads to insulin resistance and an internal environment where cancer thrives. Add this to the oxidized oils and artificial ingredients in fast foods on a regular basis and we create a cancer-friendly body.

Your Goal: Limit daily added sugar intake to no more than 6 teaspoons per day and read ingredient labels on processed foods so you recognize everything on the list as real food.

3. Intermittent Fasting. Research shows that overnight fasts allow autophagy to occur, which is the cellular clean-up crew process that gets rid of old, tired, mutated cells that can increase risk of cancer occurrence.

Your Goal: Fast for 12-14 hours overnight every night.

4. Move Move Move. Endorphin production, insulin sensitivity and lymph movement – these are the anti-inflammatory effects of exercise, ANY exercise. From walking to swimming to weightlifting to yoga – as much daily movement as you can do is a huge cancer preventive strategy.

Your Goal. Move at least 30 minutes every single day in any capacity. Ideally, aim for 10-20 minutes of high intensity movement each week and 2-3 days of resistance training.

5. Become Stress Resilient. Chronic stress and the resulting effect on hormones and inflammation is thought to significantly increase the risk of all cancers. Stress can come in many many forms and may not feel like what we think of as psychological stress. Stress can also be in the form of inadequate sleep, shallow breathing, multi-tasking or environmental toxin exposure.

Your Goal: Examine your areas of stress and choose at least one of the following techniques to improve your body's reaction to it: sleep environment at night, breath work, meditation, aromatherapy, gratitude journaling, yoga, tai chi, massage therapy, acupuncture.

“...research from the National Institute of Health suggests that only 5-10% of all cancer cases can be attributed to genetics alone, with the remaining 90-95% of cancers rooted in environmental and lifestyle factors that are completely within our control”

St. Jude Wellness Center offers nutrition, fitness and stress resilience services to help optimize your health. The Wellness Center also offers an innovative Cancer Wellness Program for cancer survivors that is completely free.

To learn more about services, programs and the October Open House for the Cancer Wellness Program, visit the Programs & Events page at

www.stjudewellnesscenter.org

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Megan Wroe, MS, RD, CNE, CLEC manages St. Jude Wellness Center, an integrative wellness department of St. Jude Medical Center. St. Jude Wellness Center is located in Brea, CA and offers a variety of nutrition, fitness and restorative programs and services for prevention and condition management such as PD.

Visit their website for more information:
www.stjudewellnesscenter.org

Videos –
St. Jude Wellness Center (stjudewellnesscenter.org)
Plant-Powered Eating on Vimeo

VSP Vision Explores the Future of Senses in New Report Spotlighting the Innovations Redefining How We See, Hear, Smell, Taste, and Touch

By Ruth Yomtoubian



RANCHO CORDOVA, Calif. – **VSP Vision™** (1) announced the release of “The Future of Senses,”(2) a new report from the VSP® Vision Global Innovation Center (3) that showcases the wave of sensory startups and innovations transforming how we experience the world.

“Our goal is to capture how advancements in sensory technologies are improving well-being and quality of life,” said Ruth Yomtoubian, Senior Director of the VSP Vision Global Innovation Center. “Innovators from healthcare to entertainment are providing experiences that seamlessly blend the lines between physical and digital realms. This convergence will not only elevate consumer engagement but also empower individuals to become more aware of their physical health and performance, including their vision.”

The Internet of Senses (4) market encompasses technologies designed to enhance and digitize sensory experiences and it is projected to grow from \$16.95 billion in 2023 to \$83.6 billion by 2030. This growth is driven by innovation in haptic devices (set to triple in size by 2030), virtual reality headsets, and spatial computing (startups securing substantial equity funding), all contributing to an evolving sensory landscape.

Here are the five transformative trends shaping the future of the senses:

Tech-enabled senses heighten the human experience.

Advancements in sensory technology are enhancing, and in some cases, replacing natural senses to allow individuals to achieve new levels of performance and well-being. Innovations like neurostimulation can enhance touch, hearing, and vision, while eye-tracking technologies enable hands-free device interaction. Virtual reality is being used for managing chronic pain and treating mental health issues.

Digitized senses unlock new business value chains.

According to a 2023 VML report (5), approximately six out of ten consumers desire multisensory engagement from businesses with eight out of ten expecting new experiences. In advertising, multisensory campaigns are fostering stronger emotional connections with consumers. On the retail front, haptic technology enables immersive, tactile experiences in online shopping. In healthcare, digitized sensory diagnostic screenings and tests allow for comprehensive, multi-sensory patient care, enhancing outcomes and patient satisfaction.

The brain-to-sense relationship aids in disease detection.

Eyes have long been a window into overall health, able to reveal more than 270 systemic and chronic diseases, (6) including diabetes, cardiovascular issues, aneurysms, and blood cancers. AI is helping further expand this capability by uncovering new ways our senses relate to brain health and by allowing new sense-based diagnostic techniques and tools to emerge – like the detection of cognitive decline through smell and taste and the assessment of brain health through a hearing test.

Sensory substitution technology supports disabilities.

Over 2.5 billion people need at least one assistive product, according to UNICEF and WHO (7). Innovations like a wristband translating sound into vibrations for the hearing impaired, or

AI-navigation glasses for the visually impaired, are empowering individuals with limited abilities to improve how they engage with others and the world around them.

AI ensures safety through sensory technologies.

By integrating AI with sensory technologies, we can greatly improve human health and security through advanced data processing of inputs such as sound and smell. For example, certain technologies employ voice authentication to detect deepfake calls, ensuring reliable communication. Additionally, AI-driven olfactory advancements can identify specific odors, playing a critical role in food safety protocols and bomb detection efforts.

To learn more about the VSP Vision Global Innovation Center, and to download “Future of Senses,” visit

vspvision.com/innovation

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About VSP Vision

At VSP Vision™, our purpose is to empower human potential through sight. As the first national not-for-profit vision benefits company, this is what drives everything we do. For nearly 70 years, VSP has been the leader in health-focused vision care. Every day, the people that power our complementary businesses—VSP® Vision Care, Marchon Eyewear, Inc., Visionworks®, Eyefinity®, Eyeconic, VSP® Optics, and VSP® Ventures—work together to create a world where everyone can bring their best vision to life. That means providing affordable access to eye care and eyewear for more than 85 million members through a network of more than 42,000 doctors. It also means expanding access to vision care to those disadvantaged by income, distance, or disaster through VSP Vision™ Eyes of Hope®. To date, more than 4 million people in need have received access to no-cost eye care and eyewear through one of our Eyes of Hope programs.

Learn more about how we’re reinvesting in greater vision, health, and opportunities for all at vspvision.com



Ruth Yomtoubian, VP of Global Innovation is a genre-defying leader, corporate innovation pioneer, and visionary technologist who has spent much of her career incubating and facilitating start-up thinking at major companies and organizations. At the VSP Global Innovation Center, she leads a multi-disciplinary team to discover, evaluate, test, and scale innovative ideas into solutions that accelerate growth and performance throughout VSP. Previously, Ruth was a global consultant, with clients from the Bay Area to Latin America. Prior to that, Ruth was Director of the AT&T Foundry where she drove the adoption and alignment of numerous start-up solutions across various lines of business.

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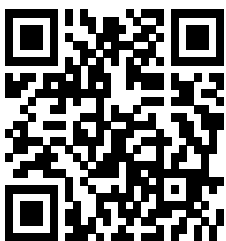


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