

# CALIFORNIA BROKER

SERVING CALIFORNIA'S ANNUITY, LIFE &amp; HEALTH INSURANCE PROFESSIONALS

OCTOBER 2025

INSIDE ►

## Breast**Cancer** **Awareness**Month

Breast Cancer Awareness Month: Celebrated every October to raise awareness about breast cancer and improve support and screening for the disease. Major charities organize the education campaign to raise funds for research and to help educate people about prevention, diagnosis, and treatment. The key objective is to encourage people about the need for early detection. Health brokers and all insurance professionals can help by sharing the information in this issue with a loved one, with clients, and friends.





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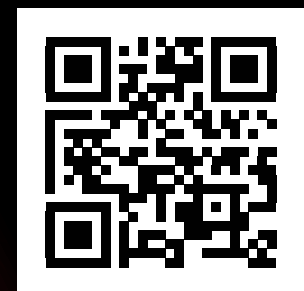
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# Reasons to Write With CalCPA Health This Open Enrollment

## **New Plan Offerings for 2026:**

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  - Spousal Medicare Eligibility Extension (SMEE)
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CPA firms and financial service firms such as wealth managers, financial advisors, fiduciaries, lenders, and more!

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# October Is Here!

By Phil Calhoun

Halloween, Breast Cancer Awareness Month, Daylight Saving and Wellness, the start of AEP and prepping for Group Benefits open enrollments, all make for a busy fourth quarter.

October is about your clients, probably more so than any other time of year as it leads us into the Annual Election Period and Open Enrollment. Working with clients to explain their health care options and their rate increases, changes with plan benefits and provider access, all demand more of your time and greater commitment to client advocacy.

California Broker applauds your efforts all the time and we hope you will share your best practices for the work you feel are the standard all health brokers need to pursue.

SCAN's Jain shares a health broker challenge, to place clients first and work with carriers in the process which is a refreshing message. Enjoy the article based on his presentation to CAHIP LA attendees last month.

Megan Wroe shares tips on health and wellness for October including breast cancer.

We also have several articles on open enrollment to review as you work through this important process. We pause some in October on Commission Planning content but encourage anyone with a medical challenge to protect your commissions with a written legal plan between you and your chosen successor. This past month we assisted over 12 brokers to protect their commissions in all life events. Many of these brokers hired us to do the planning work as they had a successor lined up but needed an agreement and a process to make the plan work when needed.

Our **READ – LISTEN – WATCH** articles are designed to give options for you to access California Broker content on your terms. We hope to hear from you about your experience with **READ – LISTEN – WATCH** articles. We also save all articles on our website and on [Issuu.com](https://www.issuu.com).

Finally, we lost a friend who founded California Broker magazine in 1981, Ric Madden may he rest in peace. We plan to share his story in our December issue, and we hope you will send us your thoughts about Ric and what his efforts with Cal Broker have meant to you.

As always please support our advertisers as we appreciate how they help cover the cost to provide valued content to our 220,000 subscribers.

Email your thoughts and feedback to [publisher@calbrokermag.com](mailto:publisher@calbrokermag.com)

## Survey Results

A recent survey conducted at the Medicare Summit in Pechanga at our booth, was centered on Cal Broker favorites. We also had a few questions about plans for a broker's agency with three areas of focus—GROW, PROTECT, prepare to SELL. There was no limit to how many of the three areas one could respond to. All participants will receive a \$10 gift card to enjoy.

## Results Summary:

- All respondents indicated they plan to focus on protecting their commissions, and all but one indicated they also plan to focus on growing their commissions.
- 65 percent of respondents said they plan to work on an exit from their business.

Results for favorite Cal Broker Media content is below:

- By far the Articles and NEWS were surveyed to be the most popular content. Newsletter, the new **READ – LISTEN – WATCH** format for some articles, and Resources to Help Clients were also valued.

On behalf of our team at Cal Broker we appreciate this feedback. We want to stay connected to our 220,000 subscribers and continue to bring resources and solutions you can use to be the best client advocate possible.

**Congratulations to our Winner  
of the Cal Broker Survey  
drawing for \$100,  
Titi Mary Tran!**

OCTOBER

# CALIFORNIA BROKER

2025

## TABLE *of* CONTENTS

SERVING CALIFORNIA'S ANNUITY, LIFE AND HEALTH INSURANCE PROFESSIONALS

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

**5**

### **PUBLISHER'S NOTE**

**By Phil Calhoun**

**14**

### **CALIFORNIA POSITIVE**

#### **Thrilling Progress In Brain-Computer Interfaces**

A man who hasn't been able to move or speak for years imagines picking up a cup and filling it with water. In response to the man's thoughts, a robotic arm mounted on his wheelchair glides forward, grabs the cup from a cabinet, and holds it up to a water fountain. It sounds like something straight out of science fiction. But it's just another day in the lab for UC San Francisco neurologist Karunesh Ganguly, one of many researchers across the University of California making progress in the brain-computer interfaces, aided by artificial intelligence.

**By Julia Busiek, UC Newsroom**

**16**

### **CALIFORNIA'S AGING POPULATION - PART 5**

#### **Anticipating Dramatic Growth Of Older Californians**

Older adults will need a range of formal and informal services during their more disabled years. The Master Plan for Aging elevates the role of communities. The plan also argues for housing that can support multigenerational families and/or caregivers. The high rate of homeownership among older adults suggests a need for programs that help homeowners maintain and adapt to their homes as they age. For renters, affordable housing options and rent support programs may become increasingly important to prevent displacement and homelessness. The substantial share of older adults living in or near poverty indicates a need for robust social support programs and expanded eligibility for existing programs.

**By Hans Johnson, Eric McGhee, Paulette Cha, and Shannon McConville, with research support from Shalini Mustala**

**18**

### **GROUP INSURANCE - PART 3 OF 3**

#### **CalCPA Health Eligibility And Prospecting**

In the final segment of our comprehensive series on CalCPA Health, CEO Ron Lang addresses a crucial topic for brokers and prospective member firms: eligibility requirements, particularly as they relate to industry classification and the use of Standard Industrial Classification (SIC) codes. This article unpacks how CalCPA Health determines which businesses qualify, the flexibility of their guidelines, and what this means for financial services firms and brokers seeking to leverage CalCPA Health's offerings.

**By Ron Lang**

**19**

### **GROUP INSURANCE**

#### **Health Care Spending**

Individuals with significant chronic and comorbid conditions drive a disproportionate percentage of the health care dollars spent by employers on workplace-based health care benefits. High-cost claimants account for about 20 percent of participants but about 80 percent of spending, according to an EBRI fact sheet.

**By Kristen Smithberg**

**20**

### **GROUP INSURANCE**

#### **Self-Funding & Stop-Loss: Rethinking the Risk Equation**

In a benefits world, where cost control is king and flexibility is increasingly prized, self-funding has stepped into the spotlight. Once viewed as something only for large corporations, this model is now gaining traction with smaller groups, especially as stop-loss coverage continues to evolve and make self-funding more accessible.

**By Randy Foster**

**22**

### **HEALTH AND WELLNESS**

#### **Self-Care As Medicine**

October marks Breast Cancer Awareness Month, a time to pause and reflect on prevention, resilience, and hope. While screenings, treatments, and medical breakthroughs are crucial in cancer prevention and management, there's another powerful tool we sometimes overlook— self-care. Far from being the luxury it can appear on social media, self-care is a science-backed strategy that strengthens our body's defenses, helps regulate blood sugar, reduces inflammation, and reduces risk of cancer progression/regression.

**By Megan Wroe**

**24**

### **HEALTH AND WELLNESS**

#### **Daylight Saving Time Change And Health**

If you're someone who groans at the idea of changing your clocks every spring and fall, you're far from alone. In fact, 63 percent of Americans support canceling daylight saving time for good. Experts in many fields have linked time change and health: We now know that daylight saving time can have real, measurable effects on the human body and brain.

**By CalBroker Magazine**

25

**HEALTH AND WELLNESS**

**The Broker Tool Kit: For Your Clients' Health & Wellness**

As a trusted healthcare broker, it's important to provide your clients with the best resources to support their health and wellness journey. Here are some valuable tools and links to help you guide your clients to the right care.

**By CalBroker Magazine**

26

**LTCI**

**Long-Term Care Financial Advocate**

There's a moment every Olympian understands: the day your training becomes more than just routine—it becomes purpose. That moment usually comes long before the world is watching, long before the cameras are rolling, and long before the medals are within reach. Right now, for brokers and advisors across California, that moment is here. LA 2028 may still seem far off, but as someone who stood on the podium and later ran the 1984 LA Olympic Speakers Bureau for one of the world's largest Olympic-permissible food companies, let me assure you—the Olympics don't begin in 2028. They begin today. And so should your plan.

**By Wendy Boglioli**

27

**MEDICARE**

**SCAN Group and Sutter Health Team Up**

SCAN Group and Sutter Health are teaming up for a long-term partnership in which they will build new Medicare Advantage products in Northern California. The two partners said they intend to launch the first products in 2026, and that there are plans to build an MA plan joint venture in the future. One critical element to the joint work is developing specialized MA plans that can meet the diverse needs of the Medicare population. Aparna Abburi, CEO of Sutter Health Plan, told Fierce Healthcare that taking a one-size-fits-all approach to the senior population doesn't work and it's critical to reach different pockets within that group.

**By Paige Minemyer**

28

**SCAN**

**Service-First Needed In CA's Medicare Advantage Marketplace**

As carriers exit markets, suppress enrollments, and recalibrate benefits under complex CMS guidance, Jain's candor and operational transparency offer actionable lessons for brokers, agency owners, and benefits consultants navigating today's regulatory and business terrain.

**By Sachin Jain**

30

**LTCI**

**Cross Selling: Long-Term Care Solutions For Clients**

As consequence of technology and today's advanced health care systems, many people are living to age 80, 90, and beyond. This reflects the truth behind the marketing phrase "60 is the new 40." Now, with ongoing scientific research beginning to offer hope of truly understanding the genetics of aging, we may soon see additional increases in life expectancy.

**Byline By Phil Calhoun**

32

**COMMISSION SOLUTIONS**

**Two Problems and Two Solutions - Baby Boomers Planning**

Two solutions solve the TWO most pressing problems all brokers, especially Baby Boomer Brokers, have when working in health insurance. This applies to Group and Medicare commissions.

**By David Ethington**

**CALIFORNIA  
BROKER**

**PUBLISHER**

PHIL CALHOUN  
HEALTH BROKER PUBLISHING, LLC  
publisher@calbrokermag.com

**PRODUCTION DIRECTOR**

ZULMA MAZARIEGOS  
Zulma@calbrokermag.com

**ASSISTANT TO PRODUCTION DIRECTOR**

GABRIELA PEREZ  
Gabriela@calbrokermag.com

**DIGITAL DIRECTOR**

CARMEN PONCE  
Carmen@calbrokermag.com

**GRAPHIC DESIGNER**

PETER KOZLOWSKI  
Peter@calbrokermag.com

**CIRCULATION**

Zulma@calbrokermag.com  
220,000 subscribers  
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**IN EVERY ISSUE**

**Industry News 8**

**Ad Index 35**



## Breast Cancer Awareness Month

The month is about more than pink ribbons. While some feel inspired, many people living with breast cancer feel like the month overlooks their experience with the disease.

Breast Cancer Awareness Month can mean different things to different people. For some, it's a trigger — 31 days in the fall of pink-ribbon reminders of a disease that forever changed them. For others, it's a chance to show their support for the more than 2 million women around the world who are diagnosed with the disease each year.

Understanding the goals behind the global campaign and the emotions felt by the many different people living with the disease may help you decide if and how you want to commemorate the month.

### What is Breast Cancer Awareness Month?

Breast Cancer Awareness Month is an international health campaign that's held every October. The month aims to promote screening and reduce the risk of the disease, which affects 2.3 million women worldwide. Known best for its pink theme color, the month features a number of campaigns and programs designed to:

- Support people diagnosed with breast cancer, including those with metastatic breast cancer
- Educate people about breast cancer risk factors
- Encourage women to go for regular breast cancer screening starting at age 40 or earlier, depending on personal breast cancer risk
- Raise money for breast cancer research

### Metastatic Breast Cancer Awareness Day (October 13)

October 13 is nationally recognized in the U.S. as Metastatic Breast Cancer Awareness Day. About 168,000 women in the U.S. are estimated to have metastatic breast cancer (cancer that spreads beyond the breast to other parts of the body). Some researchers believe this number will rise to over 246,000 living with the disease by 2030. Despite the growing numbers of people living with metastatic disease, most money for breast cancer research doesn't go toward studying it. Metastatic Breast Cancer Awareness Day seeks to educate the public about the challenges that people with metastatic breast cancer face and the need for more research — and more treatments — for this deadly disease. The day also serves as a reminder that people can do all the right things — breast cancer screenings and all the recommended treatments for early-stage breast cancer — and still have cancer spread to other parts of the body. As sf-cakes, a member of the Breastcancer.org Community, shared, “Being stage IV during Breast Cancer Awareness Month sucks. All the messaging about ‘if you catch it early, you'll be fine,’ is simply not always true.”

### Men's Breast Cancer Awareness Week (October 17–23)

Although breast cancer is much more common in women, breast cancer affects men, too. In 2021, President Joe Biden designated October 17 to October 23 Men's Breast Cancer Awareness Week. According to the American Cancer Society, about 2,800 men in the U.S. will be diagnosed with breast cancer in 2025, and about 510 are expected to die from the disease. But lack of awareness and stigma can be barriers to detection and care in men, trans men, and non-binary people.

### The History Of Breast Cancer Awareness Month

The event began in 1985 as a week-long awareness campaign by the American Cancer Society, in partnership with Imperial Chemical Industries, a British company that made tamoxifen. The campaign eventually grew into a month-long event. In 1992, the pink ribbon came into play after Alexandra Penney, SELF magazine's editor-in-chief, partnered with Evelyn Lauder, Estée Lauder's senior corporate vice president and a breast cancer survivor, to distribute pink ribbons after the magazine's second annual Breast Cancer Awareness Month issue.



## Breast Cancer Awareness Month continued

Other variations of the pink ribbon have emerged in recent years to raise awareness that all people with breast cancer are not the same. These include ribbons for raising awareness about metastatic breast cancer, men with breast cancer, inflammatory breast cancer, and more.

### Breast Cancer Awareness Month Controversy

Although many people feel supported by the month's events, activities, and pink merchandise, others intensely dislike Breast Cancer Awareness Month. The ubiquitous pink ribbons and celebratory atmosphere can seem like a distraction from the very real need for a greater understanding of the disease and more research leading to better treatments.

Many in the Breastcancer.org Community have shared their feelings about Breast Cancer Awareness Month: "I already feel overwhelmed and triggered by [Breast Cancer Awareness Month] and it isn't even here yet," wrote Keris113. "I wish that there was more done by these organizations ... to promote funding for research and treatments that could help both [metastatic breast cancer] and potentially earlier stages as well."

"We all have a special ability to create breast cancer awareness year round," wrote mountainmia. "We all have knowledge and stories we can share that are unique and powerful."

"I'm in favor of anything that brings attention to a worthy cause," wrote Breastcancer.org Community member Brilee76. "It's amazing how oblivious I was to breast cancer before my mom experienced it. ... Education is key."

Many people are also offended by what's become known as "pinkwashing." This is the term used to describe when companies use pink ribbons to sell their products — but those products may increase the risk of breast cancer.

"As October 1 Breast Cancer Awareness month approaches, I am starting to see posts of products being sold by private businesses that really don't support breast cancer programs," wrote Community member brutersmom. "They call us survivors or warriors. Sadly I don't feel like a warrior or a survivor."

Think Before You Pink is a campaign launched by Breast Cancer Action to raise awareness of pinkwashing and to help people donate in the most effective way to the cause. In 2019, the Breastcancer.org Podcast spoke with Karuna Jaggar, who was then the executive director of Breast Cancer Action.

### Learn More About Breast Cancer

For all its controversy, Breast Cancer Awareness Month can be a good reminder to learn more about breast cancer. Some good places to start might be examining your personal risk of developing the disease, giving yourself a breast exam, and scheduling your next breast cancer screenings.

### Things to do this Breast Cancer Awareness Month

- If you know someone who is living with breast cancer or has been affected by the disease, check in with them to ask them how they're doing.
- Schedule your annual mammogram. Encourage your friends and family to do the same.
- Learn more about breast cancer and how it affects people's lives from Breastcancer.org's news, educational content, podcasts, and more.
- Join community discussion forums to ask questions or connect with others. Breastcancer.org also hosts multiple virtual support groups each week.

If you'd like to support breast cancer research and programs that support people living with breast cancer, consider donating directly to organizations that do this work.

## 5 Major Retailers Expanded Into Healthcare. Were They Successful?

In recent years, retailers like Amazon, Walgreens, and Best Buy (among others) have made efforts to expand into the healthcare industry. But the results have been largely mixed, with many companies reducing their investments, closing clinics, and more, Caroline Hudson writes for Modern Healthcare.

### What To Expect From Healthcare Providers And Retailers This Year

Healthcare has been a mixed bag for retailers. According to Hudson, retailers have experienced significant challenges as they try to make clinical care a viable part of their business. In fact, some retailers, such as Walmart, have completely exited the clinical care space, citing increased operating costs and reimbursement challenges.

"Within a few years of entering the healthcare services space, we have seen some pretty high-profile exits," said Julie Utterback, senior equity analyst at Morningstar. "They couldn't make the economics work quickly. Changing the way Americans receive healthcare services just looks like a very long slog."

However, several retailers remain in the industry. Here's where five retailers currently stand in healthcare.

[READ FULL ARTICLE →](#)

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## 7 Healthcare Disruptors To Watch Out For

In a new report, the American Hospital Association (AHA) outlines the seven biggest potential disruptors in the healthcare industry and explains what traditional providers can do as the market becomes increasingly crowded with competitors.

"The nation's largest retail, payer and tech disruptors once again invested billions of dollars in healthcare in 2022, continuing to build out their visions to transform the field" by grabbing market shares in primary care, virtual care, concierge medicine, in-home medical services, and more, AHA writes.

[READ FULL ARTICLE →](#)

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## Pharmaceutical Spending

### Cost Containment Tools Include Pharmacy Benefit Managers

Health care spending in the United States is on the rise and a major component of that increase is escalating prescription drug costs. By no means is California immune from this spending surge. Health plans pay more money, year after year, for prescription drugs, which is a major element in explaining why employer-sponsored health plan premiums are increasing.

Stemming the rise of pharmaceutical costs falls largely on the shoulders of the federal government. However, the state of California and employers have tools that can assist in this task. Namely, California requires reporting for pharmaceutical spending and the recently created Office of Health Care Affordability tracks health care cost drivers. Additionally, health plans and employers typically utilize pharmacy benefit managers to manage their prescription drug spending.

[READ FULL ARTICLE →](#)

## Major Payers Set To Grow Market Share Over Next Decade. But Headwinds Await, Too

By Paige Minemyer

A new analysis from Morningstar estimates that the major national firms will continue to grow their share of the market over the next decade.

The study projects that the six largest carriers—Aetna, Centene, Cigna, Elevance Health, Humana and UnitedHealthcare—will insure 56% of Americans by 2034, increasing from 41% in 2014. As of 2024, these six firms cover 52% of Americans, per Morningstar's Julie Utterback, senior analyst for medical technology and services. Of those companies, Utterback projected that UnitedHealth and Elevance will continue to lead the way as the largest firms by membership. There are a number of factors at play, according to the report. These larger firms have obvious competitive advantages over smaller players, and there's an ongoing trend toward outsourcing government programs to private operators. The estimates also come in spite of slowing population growth outside of the senior demographic, the report said.

[READ FULL ARTICLE →](#)

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## Single-Payer Health Care

Government-Run Health Care Reduces Choice, Increases Costs

During the 2024 legislative session, a contingency of California legislators led by Assemblymember Ash Kalra (D-San Jose) reintroduced a bill that attempted to implement a government-run, single-payer health care system in California. This convoluted and extremely expensive system eradicates personal choice by eliminating health care coverage options and forcing all Californians into the state-run system.

Over the years, polls have found that voters preferred keeping their own health care coverage rather than switching to a government-run program propped up by astronomical taxes. The Legislature should respect the will of those they represent and allow for personal choice when it comes to health care coverage.

[READ MORE →](#)

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## Employer Health Costs To Top \$17,000 Per Employee In 2026

By Alan Goforth

Employers can expect to pay an average of \$17,000 per employee for health care costs next year. Aon, a global professional services firm, projects a 9.5% increase in 2026, marking the third consecutive year with price hikes approaching double digits.

“We are seeing medical cost inflation levels at their highest in years,” said Farheen Dam, the company’s head of health solutions for North America. “But the overlooked reality is that employers continue to act as a stabilizing force. They absorb the bulk of the increase while making smart, targeted adjustments that protect employees and preserve plan value.”

[READ FULL ARTICLE →](#)

## Medicare Part D Notices: What Brokers Need To Know For 2025 And 2026

Word & Brown, by Paul Roberts

By October 14, 2025, employers with plans providing prescription drug coverage must distribute Medicare Part D creditable coverage notices. These notices help Medicare-eligible individuals – employees and dependent(s), including those eligible due to disability or End-Stage Renal Disease (ESRD) – decide whether to keep employer coverage or enroll in Part D for 2026.

Here's the good news: for fully insured group health plans, the carrier makes the creditable coverage determination. Carriers typically publish this information each year and distribute it to employer clients and brokers. At Word & Brown, we've compiled these carrier determinations into state- and market-specific resources, making it easy to find what you need (references are at the end of this column). For most of your clients with traditional, fully insured group plans, that's the whole story – they just need to complete and distribute their notices with the carrier's given plan status.

[READ FULL ARTICLE →](#)

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## SCAN, Sutter Health Team Up For Medicare Advantage Joint Venture

By Paige Minemyer

SCAN Group and Sutter Health are teaming up for a long-term partnership in which they will build new Medicare Advantage products in Northern California. The two partners said they intend to launch the first products in 2026, and that there are plans to build an MA plan joint venture in the future. One critical element to the joint work is developing specialized MA plans that can meet the diverse needs of the Medicare population. Aparna Abburi, CEO of Sutter Health Plan, told Fierce Healthcare that taking a one-size-fits all approach to the senior population doesn't work and it's critical to reach different pockets within that group.

[READ FULL ARTICLE →](#)

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## Docs Warn That Medicare Payment Rates Put Them In A Precarious Financial Situation

By Paige Minemyer

Physicians are asking for greater certainty around Medicare reimbursement, arguing that compounding payment decreases over time have drastically increased the pressure on practices. Industry organizations, individual physicians and others weighed in through comments on the proposed Physician Fee Schedule, which were due Friday. The proposed legislation would bump up payments by 3.62% next year, accounting for a 2.5% payment adjustment under the One Big Beautiful Bill Act.

In its comments (PDF), the Medical Group Management Association (MGMA) acknowledged the pay increase but said that the long-term trend remains a concern. The group noted that a 2.83% payment cut for 2025 has proven a challenge throughout the year.

"Reductions in Medicare reimbursement over the years have compounded well-documented administrative and financial pressures facing medical groups, which have only grown more pronounced because of the 2.83% Medicare payment cut that has been in place all of 2025," the MGMA wrote in its comments.

[READ FULL ARTICLE →](#)



### 2025 OCTOBER CONFERENCES

Oct 28 @ 11:30m-6pm EPI: 2025 Drive Value Regional Summit @ Costa Mesa, CA

### 2025 OCTOBER EVENTS

- Oct 08 @ 2:30-4:30pm EPI: Speed Dating: Always Know Who To Call! @ San Diego, CA
- Oct 09 @ 2:30-4:30pm EPI: Speed Dating: Always Know Who To Call! @ Costa Mesa, CA
- Oct 09 @ 11am-2pm CAHIP LA: Legislative Update and Carrier Panel @ Encino, CA
- Oct 15 @ 11am-1pm EPI: Leadership, Management And Accountability @ Westlake Village, CA
- Oct 19 @ 10am-12pm CAHIP Golden Gate: Trail Talks October 2025 @ Baker Beach, CA
- Oct 21 @ 3-5pm NAIFA: Valley Golf Happy Hour @ Fresno, CA
- Oct 22 @ 2:30-4:30pm EPI: Private Placement Life Insurance Isn't What You Think It Is @ LA, CA
- Oct 23 @ 11:30am-1:30pm EPI: Scaling Beyond The Plateau @ Norco, CA
- Oct 29 @ 5-7pm EPI: Fall Mixer 2025 - The Greater LA & Conejo Valley EPI Chapters @ LA, CA

### VIRTUAL EVENTS

- Oct 02 @ 4-4:45pm NABIP: President's Pitstop with Susan Rider - Zoom
- Oct 06 @ 2:30-4pm EPI: Meeting Your Clients Where They Are With Sean Hutchinson - Zoom
- Oct 08 @ 12-1pm NABIP: Command the Shield: The Cino Security Intelligence Series - Webinar
- Oct 14 @ 2-3pm NABIP: New Membership Chairs - Zoom
- Oct 21 @ 8:30am-2pm NAIFA: HNW Sales Summit – NAIFA Greater Sacramento Valley - Podcast
- Oct 23 @ 12-1pm NABIP: New Member Orientation - Zoom

### SAVE THE DATE

- Nov 05 @ 11:30am-2pm NAIFA-SD + Strazzeri Mancini: The Advanced Planning Workshop Series @ SD, CA
- Mar 10 @ 8am-4pm CAHIP OC: Annual Sales Symposium

### BROKER RESOURCES

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# Thrilling Progress In Brain-Computer Interfaces From UC Labs

By Julia Busiek, UC Newsroom

A man who hasn't been able to move or speak for years imagines picking up a cup and filling it with water. In response to the man's thoughts, a robotic arm mounted on his wheelchair glides forward, grabs the cup from a cabinet, and holds it up to a water fountain.

It sounds like something straight out of science fiction. But it's just another day in the lab for UC San Francisco neurologist Karunesh Ganguly, one of many researchers across the University of California making progress in the brain-computer interfaces, aided by artificial intelligence.

At UC Davis, scientists have restored voice to a man silenced by ALS by translating his brain activity into expressive speech through a computer speaker. At UC Santa Barbara, neurologists are making bionic vision sharper and more useful. And the FDA recently approved a new treatment using personalized and adaptive deep brain stimulation to lessen symptoms of Parkinson's disease developed by Simon Little, a neurologist from UC San Francisco.

*"This blending of learning between humans and AI is the next phase for these brain-computer interfaces,"* Ganguly said last year after the study published. *"It's what we need to achieve sophisticated, lifelike function."*

## Paralyzed By A Stroke, Man Learns To Control A Robotic Arm With His Thoughts

Much research in brain-computer interfaces so far has focused on decoding brainwaves in the motor cortex, the swath of neurons that arcs across the top of your brain like a headband and is the region most associated with coordinating your body's movement. Sensors attached to the scalp or surgically implanted in the motor cortex detect brainwaves when paralyzed patients are consciously trying to make a specific movement. Though their bodies do not actually move, an attached computer translates those signals into instructions to move a cursor, or more recently, a robotic limb.



photo credit: Noah Burger

*"The next big challenge is how to make this useful to people day-to-day,"* says Ganguly at UC San Francisco.

One problem Ganguly is trying to solve: The computer's interpretation of a person's brainwaves actually gets less accurate over time. Nobody really knew why until Ganguly discovered the cause of this drift. The electrical patterns our brains generate when doing a certain task today are not the same patterns they'll generate when doing the same task tomorrow.

He also discovered that these day-to-day variations are especially pronounced while people are learning how to control a new device, and that the shifts appear to take place overnight. That makes sense, considering what we know about the crucial role of sleep in helping our brains organize and integrate new information.

Ganguly programmed an artificial intelligence to account for changes in participants' brainwaves over time. Now, the system can accurately decode people's intended movements, day after day, week after week, with no need to recalibrate. Ganguly is now refining the AI models to make the robotic arm move faster and more smoothly, and planning to test the system in a home environment.

## Restoring Real-Time Communication To People With Paralysis

Thanks to twenty years of research in brain-computer interfaces, people who've lost the ability to speak can now control computer cursors through sensors implanted in the part of their brains that control hand movement. That has made it possible to type messages that appear on a screen — itself a tremendous and hard-won victory for people who'd previously lost any ability to communicate, says Tyler Singer-Clark, a Ph.D. student in biomedical engineering at UC Davis.

And yet, compared to conversational speech, typing words one letter at a time is a relatively cumbersome way to communicate, Singer-Clark says. "You can imagine how much more efficient and intuitive a brain-computer interface that's actually designed to translate speech would be. Instead of having to type out letters on a keyboard one by one, you could just say what you want to say."



photo credit: Maurice Rameriez

That's the goal of the UC Davis Neuroprosthetics Lab, led by Sergey Stavisky and David Brandman, where Singer-Clark is a researcher. Instead of asking participants to imagine moving their hand in a particular direction, then decoding their brain activity into instructions to move a cursor, researchers ask the participant to try to speak words on a screen in front of them.

*"If we have the neural activity while participants are attempting to move their mouth and say words we've asked them to say, then we can train a computer to decode those movements and words,"* Singer-Clark says. *"From then on the computer can perform tasks, or say words, on the person's behalf."*

Working with lab scientists is a man who has been paralyzed by a progressive neurological disease. He has sensors implanted in the part of his brain that's responsible for speech, instead of the area that's responsible for

moving the hand. In June, Neuroprosthetics Lab project scientist Maitreyee Wairagkar published a study as part of the BrainGate2 clinical trial demonstrating that their technology can instantaneously translate brain activity into "speech" from a computer speaker.

*"The brain-computer interface also emulated the cadence of the participant's intended speech, effectively creating a digital vocal track,"* Wairagkar says. *"This advance has restored the man's ability to chat with his family, change his intonation and even 'sing' melodies."*

In a related study published this summer, Singer-Clark found that the participant in the speech study could use this same system to move a computer cursor in addition to generating speech, even though the sensors were not placed in his hand motor cortex.

*"You get multiple functions for someone with paralysis to gain more independence in life. Now they can send emails, send texts, watch TV, make a PowerPoint presentation, and have a real-time conversation,"* Singer-Clark says. *"Users don't have to choose between speech or computer control."*

## Adaptive Treatment Keeps Parkinson's Symptoms At Bay

At UC San Francisco, neurologist Simon Little is using brain-computer interfaces and AI to improve a longstanding treatment for Parkinson's disease. Known as deep brain stimulation, this treatment involves implanting a device in a patient's brain that can deliver precise electrical pulses. These pulses override the malfunctioning brainwaves that cause Parkinson's symptoms like weakness or tremors.

Until recently, the stimulation patients received was constant, even as patients' brain activity and their resulting symptoms constantly changed. "You'd meet with your neurologist in a clinic, we'd program the stimulator, and then you'd be on that stimulation for the next few months," Little says. "So sometimes your symptoms would be undertreated, and sometimes you'd get too much stimulation."

[READ FULL ARTICLE →](#)

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# ANTICIPATING DRAMATIC GROWTH IN THE NUMBER OF OLDER CALIFORNIANS

By Hans Johnson, Eric McGhee, Paulette Cha, and Shannon McConville,  
with research support from Shalini Mustala



California's Aging Population - Final Segment

## COMMUNITY AND FAMILIES WILL BE CENTRAL TO MEETING THE CARE NEEDS OF AN AGING POPULATION

Healthy aging used to be considered an alternative to aging with disability, but researchers now recognize that most aging adults experience both healthy and disabled years (Tesch-Römer and Wahl 2016; Kahana et al. 2019). Older adults not only have a greater number of illnesses than younger adults, but they are also more likely to have some of the most difficult-to-manage conditions, including Parkinson's disease, Alzheimer's disease, and other dementias. At some point, most older Californians will become dependent on others for help with daily activities, with a significant increase in dependency after age 80 (Maresova et al. 2019).

Older adults will need a range of formal and informal services during their more disabled years. The Master Plan for Aging elevates the role of communities. The plan also argues for housing that can support multigenerational families and/or caregivers. The high rate of homeownership among older adults suggests a need for programs that help homeowners maintain and adapt to their homes as they age. For renters, affordable housing options and rent support programs may become increasingly important to prevent displacement and homelessness. The substantial share of older adults living in or near poverty indicates a need for robust social

support programs and expanded eligibility for existing programs. It also points to the major role Medi-Cal is poised to play as the primary payer of long-term services and supports (LTSS), including nursing home care, and home- and community-based services (HCBS).

For those who need help with daily activities such as bathing and dressing, HCBS services are much less costly than the alternative of institutional living, and these services help honor many older adults' wishes to age in place. The range of services is substantial—from adult day services in community centers to home care services. The In-Home Supportive Services (IHSS) is the largest state program designed to help older adults maintain their independence—plays a critical role (Beck 2015; McConville, Payares-Montoya, and Bohn 2024). Notably, 70 percent of IHSS workers are family members of the care recipient, and half of these workers live with the person being cared for. This high proportion of family caregivers highlights the crucial role that family support plays in enabling older adults to age in place.

A recent policy change that eliminated the asset test for Medi-Cal is especially consequential for middle-income older adults. Previously, a person needing long-term care needed to spend down their assets to qualify for long-term care—but could not spend down (for example, by

distributing early inheritances to family members) within 30 months of applying for coverage. With the elimination of the asset test, the 30-month rule is being phased out for applicants needing long-term care and eliminated for other groups (Department of Health Care Services 2023). As a result, middle-income Californians who have some assets but low or no income will be more likely to qualify for Medi-Cal.

California's Medi-Cal program currently spends \$22 billion annually on HCBS; as we have seen, demand for these services will increase dramatically, and there is insufficient data to monitor their effectiveness. The state's California Advancing and Innovating Medi-Cal (CalAIM) initiative (California Health Care Foundation 2021) aims to enhance oversight of HCBS through Medi-Cal managed care plans (Harrison, Shih, and Ahluwalia 2022; Chapman and Evenson 2023). As HCBS demand rises in California, the state will need to develop policies that enhance geographic provider coverage, improve communication, and simplify access. Initiatives like the Aging and Disability Resource Connection can play an essential role (Kietzman et al. 2022).

**"YOU CAN IMAGINE HOW MUCH MORE EFFICIENT AND INTUITIVE A BRAIN-COMPUTER INTERFACE THAT'S ACTUALLY DESIGNED TO TRANSLATE SPEECH WOULD BE."**

CalAIM also includes community support such as medically tailored meals and transitional care to those moving from a nursing facility to assisted living or back home. Programs such as Meals on Wheels or senior centers can serve those who can no longer prepare their own food at home. We learned from the recent COVID-19 pandemic that isolation and loneliness had detrimental effects on older adults (Kotwal et al. 2021). Senior centers can also provide exercise classes, intellectual stimulation, and social interaction that are crucial for older adults' mental health.

As California's older population becomes more diverse, the need for culturally and linguistically appropriate care for older adults will grow. While technological advances such as telehealth are making care more accessible for older adults—particularly those with mobility or transportation challenges—the current systems are not sufficient to serve patients with limited English proficiency (Rodriguez et al. 2021). Another important component of equity involves providing care for the aging LGBTQ+ population; California has the largest LGBTQ+ population in the country (Flores and Conron

2023), and older sexual minorities are more likely to have never married and to live alone compared to older straight adults (Choi, Kittle, and Meyer 2018). Additionally, older adults living with HIV are at risk of some comorbidities such as cardiovascular disease (National Institutes of Health Office of AIDS Research 2024). Like other minority groups, LGBTQ+ older adults will need culturally appropriate health care services.

## **NEXT STEPS**

As the number of older adults increases, particularly those requiring assistance with daily living, the state will need to allocate more resources to programs and services that support this population. To meet the challenge of supporting California's growing population of older adults, state and local governments are working to implement the Master Plan for Aging. Multiple research, policy, and funding efforts are under way to support this initiative. Our own research has yielded some encouraging findings. Rates of older adults living alone are projected to decline, and most older Californians will own their homes, often with substantial equity. These factors can contribute to stability and well-being in later life.

However, our projections also reveal concerning trends. The economic divide among older Californians is likely to remain large, with substantial numbers of poor or near-poor older adults and a rise in the proportion of renters. Moreover, the demand for services meeting the needs of older Californians will grow dramatically, primarily due to the projected doubling of the population aged 80 and over.

With the aim of helping policymakers and service providers accommodate the state's changing demographics, PPIC's Understanding California's Future initiative plans to build on these initial findings. Key areas of focus may include housing and homelessness, long-term care affordability, and regional variations in aging and services. We may also focus on older adults who may be particularly vulnerable or have unique needs, including labor force participation among those who are poor and near-poor or who have health conditions such as HIV or dementia. By delving deeper into these areas, we hope to provide policymakers and stakeholders with insights that can help them create effective, targeted interventions and programs. As California's population continues to age and diversify, ongoing research and policy development will play a crucial role in ensuring that all Californians can age with dignity, security, and a good quality of life.

Source:

1. <https://www.ppic.org/publication/californias-aging-population/>

# CalCPA Health Eligibility & Prospecting: Navigating SIC Codes and Membership Criteria

By Ron Lang

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Part 3 of a 3-Part Series

In the final segment of our comprehensive series on CalCPA Health, CEO Ron Lang addresses a crucial topic for brokers and prospective member firms: eligibility requirements, particularly as they relate to industry classification and the use of Standard Industrial Classification (SIC) codes. This article unpacks how CalCPA Health determines which businesses qualify, the flexibility of their guidelines, and what this means for financial services firms and brokers seeking to leverage CalCPA Health's offerings.

## Understanding SIC Codes: A Guideline, Not a Gatekeeper

SIC codes are a standardized system for classifying industries, and they play a role in CalCPA Health's eligibility process. As Ron Lang explains, CalCPA Health maintains a list of qualifying SIC codes—primarily covering financial services, accounting, wealth management, and related fields—but this list serves as a guideline rather than a strict rule.

- Firms whose primary business activities fall within the financial sector (for example, accounting, financial advisory, securities brokerage, credit unions, and small regional banks) are generally eligible.
- The SIC code list is available on the CalCPA Health website and can be provided directly to brokers as a reference tool.
- However, Lang emphasizes that eligibility is not a “black and white” determination. Firms with SIC codes not explicitly on the list may still qualify if their business activities align with CalCPA Health's mission and membership base.

This flexible approach allows CalCPA Health to serve a diverse range of financial service providers while maintaining its focus on the needs of California's CPA and financial professional community.

## Core Eligibility Requirements for Firms

Beyond SIC codes, CalCPA Health applies several key criteria to ensure that member firms are aligned with its mission and regulatory requirements:

- **Ownership and Membership:** At least 50 percent of the firm's owners (principals, partners, shareholders, etc.) must be active members of the California Society of CPAs (CalCPA) or associate members in good standing.
- **California Headquarters:** Eligible firms must be headquartered in California and primarily engaged in public accounting or general financial services.
- **Employee Residency:** More than 50 percent of the group's enrolled employees must reside in California.
- **Employer Contribution:** Employers must contribute at least 50 percent of the cost of employee medical premiums, and 100 percent for dental, vision, life, or long-term disability premiums (excluding dependents).

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**Ron Lang** is the CEO of CalCPA and has over 30 years of experience in all aspects of insurance operations, systems and finance. In addition to having numerous articles published and conducting CE classes, he has been a frequent speaker and panelist at conferences including those sponsored by the Insurance Accounting and Systems Association (IASA), and is a former president of IASA's Northern California Chapter. Lang is a Certified Management Accountant and a graduate of Michigan State University with a bachelor's degree in financial administration.

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# Just One Percent Of Employees Drive Nearly A Third Of All Health Care Spending

By Kristen Smithberg

## What You Need To Know

- » Individuals with significant chronic and comorbid conditions drive a disproportionate percentage of the health care dollars.
- » One percent of enrollees account for 29 percent of spending at an average annual cost of \$206,000 per person.
- » 61 percent of all enrollees in employment-based health plans have at least one chronic condition. Individuals with significant chronic and comorbid conditions drive a disproportionate percentage of the health care dollars spent by employers on workplace-based health care benefits. High-cost claimants account for about 20 percent of participants but about 80 percent of spending, according to an EBRI fact sheet.

**“This matters to employers, who have spent decades trying to control rising health care costs,”** EBRI said. Employers have tried changing plan designs, shifting cost sharing and exploring new delivery methods for care, but despite these efforts, the cost of providing health benefits has outpaced inflation almost every year for the past 40 years.

Because spending data is often highly skewed, it is important to consider median spending rather than just mean spending when designing effective health policies, said the report.

EBRI’s analysis notes that the 80/20 rule masks nuances in the data. For example, the 20 percent of the population that accounts for 80 percent of health spending are not necessarily high users, said the report. Their average annual spend among that group is \$30,000, but median spending is only \$15,000 and some people use as little as \$6,000 in health care per year.

**Related:** Large employers are driving a shift in health benefits to control costs.

**“This raises a question as to what the threshold should be to define someone as a high-cost claimant or a high user of health care services,”** said EBRI.

The research reveals that one percent of enrollees actually accounts for 29 percent of spending at an average annual cost of \$206,000 per person. Five percent of enrollees account for 57 percent of spending, while 10 percent account for 71 percent of spending, and the top 20 percent account for 84 percent of total health spending. Essentially, that means most employees use little or no health care in a given year.

**Chronic conditions play a significant role in increasing health care usage and spending.**

Chronic conditions play a significant role in increasing health care usage and spending. Sixty-one percent of all enrollees in employment-based health plans have at least one chronic condition, and total spending for these enrollees represented 92 percent of health care spending in these plans. Among the most common conditions were respiratory disease, heart disease, musculoskeletal disorders, skin disorders, mental health disorders and diabetes. About 4 percent had complex conditions such as liver disease, AIDS, or dementia.

## BenefitsPRO.



**Kristen Smithberg** is a Colorado-based freelance writer who covers commercial real estate, insurance, benefits and retirement topics for BenefitsPRO and other industry publications.

Source:

1. <https://www.benefitspro.com/2025/09/09/just-1-of-employees-drive-nearly-a-third-of-all-health-care-spending/>

# Self-Funding & Stop-Loss: Rethinking the Risk Equation

By Randy Foster is the Senior Consultant for CRC Benefits' Self-Funded Division.

In a benefits world, where cost control is king and flexibility is increasingly prized, self-funding has stepped into the spotlight. Once viewed as something only for large corporations, this model is now gaining traction with smaller groups, especially as stop-loss coverage continues to evolve and make self-funding more accessible.

Whether you're advising an employer who's exploring self-funding for the first time or refining a strategy for a seasoned client, understanding how self-funding and stop-loss work together is essential. And beyond understanding the mechanics, it helps to know what these strategies offer, who they're best suited for, and how they're likely to evolve.

## The Fundamentals of Self-Funding

At its most basic level, self-funding means the employer takes on the financial responsibility for health care claims instead of paying fixed premiums to a traditional insurance carrier. Rather than writing a check each month to cover projected costs and insurer profit margins, the employer pays claims as they occur.

This approach gives employers more control over the structure of their benefit plans, allows greater visibility into spending, and opens the door for cost savings when claims run low. If fewer claims come in than expected, the employer can retain the unused funds. Unlike fully insured models, where the carrier sets the rates and pockets the surplus, self-funding offers a clearer link between actual health care use and overall cost. For many employers, that link translates into real savings. Estimates suggest that moving to a self-funded model can reduce total health care costs by 10 to 25 percent, depending on plan structure and claims experience.

That said, self-funding carries a degree of risk. A year with unexpectedly high claims can create financial strain. That's why many employers partner with a third-party administrator (TPA) to manage claims processing, compliance, and reporting. They also purchase stop-loss insurance to protect against large or unpredictable claims events. This layered approach allows employers to take advantage of self-funding without exposing themselves to unlimited downside.

## How Stop-Loss Coverage Helps Balance Risk

Stop-loss insurance acts as a buffer between a self-funded employer and significant claim exposure. It doesn't pay claims directly like health insurance carrier. Instead, it reimburses the employer when claims exceed a predetermined limit.

There are two main types of stop-loss coverage.

- **Specific Stop-Loss** covers high-cost claims from individual members. If a single employee's claims exceed a set attachment point, the coverage kicks in to cover the excess.
  - **Aggregate Stop-Loss** protects the group's employer-sponsored plan as a whole. If the total claims for the group exceed a preset limit during the plan year, aggregate coverage reimburses the employer for the overage.
- Employers can tailor stop-loss coverage to match their tolerance for risk. Attachment points, coverage thresholds, and premium costs can all be adjusted to align with budget needs and financial goals. Some may opt for lower attachment points and higher premiums to limit exposure. Others are comfortable taking on more risk to reduce fixed costs.

The flexibility and security that stop-loss coverage offers has made self-funding a realistic option for more employers than ever before. Smaller and mid-sized businesses that once viewed self-funding as too risky are now taking a second look. Often, that decision is supported by experienced advisors and updated plan design tools.

## Which Employers Should Consider It?

Self-funding used to be a space dominated by large employers with in-house HR teams and the financial muscle to handle risk. That landscape has changed significantly, and recent data backs that up. In 2023, 18 percent of covered workers at small firms were enrolled in self-funded plans, reflecting a steady increase from prior years. As new funding strategies and advanced analytics have emerged, self-funding is now a viable path for a broader range of employers. That includes mid-sized businesses, nonprofit organizations, and even smaller companies with a relatively healthy workforce.

### Self-funding can be a strong fit for employers that:

- Want more input into their plan design and coverage options
- Are frustrated with the lack of transparency in fully insured plans
- Have predictable claims history or a generally healthy population
- Are interested in investing in wellness programs and other point solutions that improve both short- and long-term outcomes
- Seek better access to their own claims data to make informed plan adjustments

This approach won't work for every group. It requires a certain level of financial stability and a willingness to engage more actively in plan management. But for the right employer, it offers an opportunity to create a benefits strategy that aligns with both budget and culture.



## Why Advisors Should Be Paying Attention

Employers are under pressure from rising health care costs and tighter budgets. Many are looking beyond rate relief and focusing on strategies that offer real value for their workforce and their business. This shift creates opportunities for advisors who can offer clear, actionable alternatives backed by solid planning.

Advisors who can guide clients through the full scope of self-funding, including evaluating feasibility, shaping plan design, and implementing stop-loss coverage, add measurable value. These conversations go beyond annual renewals and into long-term planning.

For some employers, the idea of self-funding may be new or feel complex. Others may have considered it before and are ready to revisit the model with a fresh perspective. In both cases, clients rely on their advisor to bring clarity, anticipate concerns, and help them make informed decisions. That level of support builds stronger partnerships and positions the advisor as a key part of the client's strategy moving forward.

## The Role of the TPA and Other Support Partners

A successful self-funded strategy depends on having the right support system in place. Most employers are not equipped to handle claims processing, provider networks, or compliance requirements themselves. Fortunately, they don't have to.

Third-party administrators (TPAs) handle the operational side of self-funded plans. That includes claims adjudication, customer service, reporting, and sometimes provider negotiations. Choosing the right TPA is critical. A strong TPA can enhance the employer's experience and deliver savings through more efficient claims management. A poor fit can lead to confusion, a lack of transparency, and an increased administrative burden.

In addition to TPAs, many brokers lean on partners to help with pharmacy benefit management (PBM) strategies, population health data, or compliance guidance. These relationships can be key to building a holistic, effective benefits offering.

## Looking Ahead: A Growing Space with Growing Expectations

Interest in self-funding isn't slowing down. The self-insured market is projected to grow at approximately two percent annually through 2030, driven by continued cost pressures and the demand for greater flexibility.<sup>3</sup> This flexibility applies not only to plan design but also to the ability to incorporate best-of-breed point solutions, rather than relying on the canned, one-size-fits-all offerings typical of fully insured plans. Enhanced stop-loss products, more competitive TPAs, and the integration of advanced data analytics are making self-funding not just possible but increasingly attractive. Employers want more control. They want visibility. They want options that go beyond reacting to annual rate increases. Self-funding, when structured well, delivers on all of that. While it does come with risks, those risks can be managed with the right setup, the right partners, and the right guidance.

## Bottom Line

Self-funding isn't the solution for every employer, but it's becoming a critical part of the conversation. Many organizations are looking to take a more proactive approach to health care benefits. The combination of control, customization, and financial protection makes self-funding a compelling option for the right group.

At CRC Benefits, we work closely with top stop-loss carriers, leading TPAs, and knowledgeable advisors to build smart, sustainable self-funded strategies. Whether your client is just starting to ask questions or ready to make the shift, we can help you build the right solution from the ground up.

Now is the time to revisit self-funding as a core part of your advisory approach. If you're not already talking about it, your competitors probably are. If you believe that self-funding may be right for you and your clients, please reach out to your CRC Benefits' Sales Executive to discuss how we can help.

## CRC GROUP



**Randy Foster** is Senior Sales Consultant CRC Benefits. With over 35 years in employee benefits, Randy Foster is a trusted advisor in strategic consulting, client management, and innovative plan design. He has guided complex employer groups through cost containment, compliance, and vendor partnerships delivering measurable results. Randy excels at building lasting relationships and aligning benefits strategies with each client's unique goals.

<https://www.crcbenefits.com/>

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# Self-Care as Medicine: Managing Stress, Blood Sugar & Inflammation for Better Health

By Megan Wroe, MS, RD, CNE, CLEC



October marks Breast Cancer Awareness Month, a time to pause and reflect on prevention, resilience, and hope. While screenings, treatments, and medical breakthroughs are crucial in cancer prevention and management, there's another powerful tool we sometimes overlook—self-care. Far from being the luxury it can appear on social media, self-care is a science-backed strategy that strengthens our body's defenses, helps regulate blood sugar, reduces inflammation, and reduces risk of cancer progression/regression.

In times of stress or uncertainty, whether it's a new diagnosis or simply the upheaval that the holiday months can bring, prioritizing self-care often feels difficult, yet this is exactly when it matters most. Research shows that daily self-care habits—how we eat, move, sleep, and manage stress—can have profound effects on chronic conditions like diabetes and cancer. The beauty of self-care is the almost endless list of strategies that can work depending on the individual. Let's explore how self-care works at the biological level and discuss some practical strategies that you can choose to protect your health.

## Self-Care for Chronic Condition Management

Self-care is not just bubble baths and spa days - it's anything you do in your day-to-day life to manage chronic stress within your body. Studies repeatedly confirm the benefits of a variety of self-care strategies for minimizing

inflammation and maximizing stress resilience. A recent study in the *Journal of Clinical Endocrinology & Metabolism* showed that lifestyle changes, especially in diet and exercise, significantly improved blood sugar control for people with prediabetes. Even more striking, these same lifestyle interventions lowered the risk of developing cancer. Another study published in *Cancer Research* highlighted how chronic stress fuels cancer progression through biological mechanisms such as hormone release, inflammation, and impaired immune function. The authors emphasized that managing stress is not just about emotional relief—it may actually help slow or prevent cancer growth.

Stress is more than the feeling you get when you're running late and there's traffic—it's a cascade of biological changes that ripple through the body. When stress is chronic, your adrenal glands release elevated levels of cortisol and adrenaline. These hormones raise blood sugar, impair insulin sensitivity, and keep your body in a constant state of "fight or flight." Over time this damages immune function and fuels inflammation, both key drivers in diabetes, metabolic syndrome and cancer progression. Simple strategies such as deep breathing, meditation, progressive muscle relaxation, or even short mindfulness breaks can quickly lower cortisol levels and help combat this chronic inflammatory process. Just five minutes of slow, intentional breathing can help reset your nervous system from "fight or flight" to "rest and digest."

## Evidence-Based Self-Care Strategies

We have lots of resources on both nutrition and fitness throughout our blog posts so we will focus this particular section on more active stress-resilient strategies that have been studied to have true effects on health outcomes.

### *Sleep Hygiene*

Sleep is your body's time for repair and reset. Deep, restorative sleep helps regulate blood sugar, restore immune balance, and clear out cellular waste through the glymphatic system in the brain. Lack of sleep, on the other hand, raises cortisol, increases appetite hormones, and weakens immunity

To support sleep:

- Dim lights in the evening.
- Power down screens at least an hour before bed.
- Keep your bedroom cool, dark, and quiet.

[Check out this webinar recording on supporting energy where we go much deeper into healthy sleep strategies.](#)

### **Social Connection**

Self-care is easier when your environment encourages it. Social connection is a powerful stress buffer and strong relationships reduce stress reactivity, improve immune function, and increase adherence to healthy behaviors. This is why support groups, wellness workshops, and group exercise programs are so effective—they combine accountability with connection. Outside of group activities, any social connection is beneficial - phone a friend, go in person to the grocery store rather than a delivery, bring your lunch to the local park for a picnic and say hello to those who walk by. Isolation is the number one cause of decline as we age so make it a point to bring social connections into your daily life.

### **Breathwork**

Breathing strategies stand out as the most effective of all self-care strategies, which may be due to its incredible accessibility. Breathwork is free to everyone and available at any time as long as you know how to practice it. You don't need equipment, a gym, or even much time—just your lungs and a few minutes of focus. Endless research studies show the following significant benefits of consistent targeted breathwork:

- **Improved perceived stress and cortisol:** Slow, deep breathing activates the parasympathetic nervous system, shifting the body out of “fight or flight.” Clinical studies have shown that controlled breathing can reduce cortisol levels within minutes, lowering overall stress load.
- **Blood sugar regulation:** Elevated stress hormones like cortisol raise blood sugar. By reducing cortisol through breathing practices, people with diabetes or prediabetes may see improved glucose stability. A 2021 study in *Frontiers in Public Health* reported that slow-paced breathing improved fasting glucose and insulin sensitivity in adults with type 2 diabetes.
- **Inflammation and immunity:** Breath work practices have been linked to reductions in systemic inflammation markers (such as CRP). By calming the stress response, breathing may indirectly support immune function and lower inflammation that drives chronic disease.

- **Cancer care:** For cancer patients and survivors, research suggests that daily breathing or mindfulness-based breath practices improve quality of life, reduce anxiety, and may enhance treatment tolerance.

You don't need to meditate for hours to get these benefits—just a few minutes can make a big difference if practiced often throughout your week. Here are two simple techniques that we like a lot:

1. **Box Breathing (4-4-4-4 method):** Inhale for 4 counts, hold for 4 counts, exhale for 4 counts, hold for 4 counts. Repeat for 2–5 rounds. This method is great for when you are preparing for a stressful event, or before meals or bed to tell your nervous system you're safe and calm.
2. **Extended Exhale Breathing:** Inhale slowly through the nose for 4 counts, then exhale for 6–8 counts. The longer exhalation calms the nervous system and promotes relaxation. This method is a favorite when you find yourself in an acute stressful situation and know you need to calm down fast. Or simply practice it while waiting in line at the grocery store!

If the idea of overhauling your lifestyle feels overwhelming, start small and start with self-care techniques that feel good. Massage, facials and spa days are a great start to show your body how good relaxation can feel. But we encourage you to also build strategies into your daily life so that self-care isn't a once-a-month experience. Choose one practice—perhaps a daily walk, five minutes of deep breathing, or swapping soda for water—and build from there. Consistency, not perfection, is what creates lasting resilience.



**St. Jude  
Wellness Center**

St. Jude Wellness Center offers nutrition, fitness and stress resilience services to help optimize your health. To learn more about services, programs and monthly free webinars on a variety of health and wellness topics, visit the Programs & Events page at: [www.stjudewellnesscenter.org](http://www.stjudewellnesscenter.org)  
[stjudewellness@stjoe.org](mailto:stjudewellness@stjoe.org) 714-578-8770



**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.

**For more information:** [www.stjudewellnesscenter.org](http://www.stjudewellnesscenter.org)

Sources:

1. <https://stjudewellnesscenter.org/back-to-basics-eating-to-nourish/>
2. <https://stjudewellnesscenter.org/back-to-basics-fitness-exercise-functional-movement/>
3. <https://vimeo.com/1082685180?share=copy>

# Daylight Saving Time Change & Health

By CalBroker Magazine



If you're someone who groans at the idea of changing your clocks every spring and fall, you're far from alone. In fact, 63 percent of Americans support canceling daylight savings time for good. Experts in many fields have linked time change and health: We now know that daylight savings time can have real, measurable effects on the human body and brain.

Are your clients complaining about mysterious symptoms around the time they change their clocks? Educating them about this twice-yearly phenomenon can help them discern which symptoms necessitate an appointment with a healthcare provider — and which are simply occurring because of the disturbance to their circadian rhythms.

## When Does Daylight Saving Time Occur?

You might use the popular phrase "spring forward, fall back" to help you remember which way to set your clocks. In the U.S., we change our clocks twice a year: one hour forward on the second Sunday in March and one hour backward on the first Sunday in November. Daylight saving time represents the period between the "spring forward" date and the "fall back" date.

## Why Do We Have Daylight Saving Time?

Daylight saving time was enacted during World War I to align daylight with waking hours and conserve energy use. In the modern era, though, we don't spend as much energy on lighting — we may spend more energy overall by using heating and air conditioning during those early waking hours. Most research into daylight savings time proposes that the practice does more harm than good.

Recent data suggest that extended hours of afternoon sunlight could contribute to poor sleep, mood disorders, and substance abuse.

## How Does Daylight Saving Time Affect Health?

Researchers have found that "springing forward" has more of a negative effect on our lives than "falling back." In the spring, we miss out on an hour of sleep. If you've felt irritated, sleepy, or even sick to your stomach for the first few days after the clocks change in either season, you're not imagining this. There are a few ways in which daylight savings time can affect the human body:

### Poor Sleep

Feeling tired, groggy, or spaced out can be an immediate side effect of daylight saving time. This temporary tiredness that some people call "Sleepy Monday" can have mild to severe effects. Sleep disruption can lead to poor work performance, impaired judgment, and trouble sleeping the next night.

On the more severe end of the spectrum, experts have found there's an increase in car wrecks and heart attacks the Monday following the "spring forward" day. Regular sleep — roughly at the same time each night — greatly matters to a person's health.

[READ FULL ARTICLE →](#)

### Sources:

1. ABC News: "Daylight saving time 2024 is ending: When do we 'fall back' an hour?."
2. American Academy of Sleep Medicine: "Daylight Savings Time."
3. Congress.gov: "H.R. 1279: Sunshine Protection Act of 2023."

# Use This Broker Tool Kit for Your Clients' Health and Wellness – Spotlight on Breast Cancer

By CalBroker Magazine

As a trusted healthcare broker, it's important to provide your clients with the best resources to support their health and wellness journey. Here are some valuable tools and links to help you guide your clients to the right care:



## one

Find the Right Hospital for You  
Help your clients select the best hospital for their needs with this [Hospital Finder Tool](#).

## five

Best Breast Cancer Hospitals in California  
Find the top-rated hospitals for breast cancer treatment in California with this [Google Search](#).

## two

Breast Cancer Awareness Month 2025  
Support Breast Cancer Awareness by sharing this [2025 Breast Cancer Awareness Month Guide](#).

## six

Providence Genomics Programs  
Offer your clients access to cutting-edge genomics and personalized medicine with [Providence Genomics Programs](#).

## three

Breast Cancer Awareness Month  
Learn more about Breast Cancer awareness through [Susan G. Komen®](#), a trusted resource for education and advocacy.

## seven

Providence Genomics Patient Resources  
Provide resources and guidance for clients interested in genomics testing through [Providence Patient Resources](#).

## four

Breast Cancer Care in Los Angeles, CA  
Explore specialized breast cancer treatment options at [Cedars-Sinai in Los Angeles](#).

These links are offered to empower you to assist your clients in making informed decisions about their health and wellness. In future issues we will include content related to health topics and resources you can use to help your clients. As trusted advocates for your clients, you can leverage these resources to strengthen your brokerage offerings by providing access to high-quality, locally sourced medical and wellness care solutions.

# THE TORCH IS ALREADY LIT: WHY 2025 IS THE TIME TO PREPARE FOR LA 2028

By Wendy Baglioli



## YOU'RE NOT JUST AN ADVISOR, YOU'RE A COACH, A CATALYST, A CHAMPION

When I trained for the Games, I had people in my corner who believed in the power of preparation. You are that person now—for every business owner, employee, and family you serve. LA 2028 offers you more than opportunity—it offers you purpose. It's a chance to lead with heart, to educate with integrity, and to give your clients the confidence that they'll be ready—no matter what comes.

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

## WHAT WILL YOU HAVE BUILT BY THEN?

In sport and in life, the wins go to those who start early, stay focused, and never lose sight of the bigger picture. So, here's the question I'll leave you with—

## WHEN THE TORCH IS LIT IN LOS ANGELES IN 2028, AND THE WORLD TURNS ITS EYES TO CALIFORNIA, WHAT WILL YOU HAVE BUILT?

## WHO WILL YOU HAVE HELPED?

## WHAT IMPACT WILL YOU HAVE MADE?

## BECAUSE THE TIME TO PREPARE ISN'T TOMORROW. IT'S TODAY.



**Wendy Baglioli** brings her riveting Olympic story, professional versatility and captivating insight to audiences and clients across the country. A national long term care spokesperson and healthy aging advocate, Wendy's enthusiasm, knowledge and ease leave audiences thirsty for more. Her message encourages everyone to take a holistic approach to their financial and physical outlook while her riveting personal and Olympic story resonates and persuades.

**[Schedule a chat with me here](#) 425-785-3218**

An Olympic Reflection from a Long-Term Care Financial Advocate. There's a moment every Olympian understands: the day your training becomes more than just routine—it becomes purpose. That moment usually comes long before the world is watching, long before the cameras are rolling, and long before the medals are within reach. Right now, for brokers and advisors across California, that moment is here. LA 2028 may still seem far off, but as someone who stood on the podium and later ran the 1984 LA Olympic Speakers Bureau for one of the world's largest Olympic permissible food companies, let me assure you—the Olympics don't begin in 2028. They begin today. And so should your plan.

## THE OLYMPICS WILL CHANGE EVERYTHING

The 2028 Games will bring an influx of investment, innovation, and human potential to California. The impact will touch every industry—construction, transportation, hospitality, technology, healthcare—and with it, thousands of individuals, families, and businesses who need guidance, protection, and clarity. As brokers, you aren't just selling policies—you're building futures. You're creating peace of mind, helping people protect what matters most, and preparing them for life's uncertainties. LA 2028 gives you something powerful: a timeline, a goal, a shared milestone that every client can connect with. Use it.

## LONG-TERM CARE IS A CONVERSATION WORTH STARTING NOW

In my work as a long-term care advocate, I've seen the heartbreak of being unprepared—and the relief that comes when a plan is already in place. Too often, families wait. They hope care won't be needed. They assume they'll have time. But as Olympians know, hope is not a strategy. Whether it's long-term care, disability, life insurance, or a hybrid solution, 2025 is not too early—it's the perfect time to begin. The conversation is easier when the stakes aren't immediate, and clients are more open when the goal feels clear and inspiring. And what's more inspiring than an Olympic city rising to meet its moment?

# SCAN GROUP AND SUTTER HEALTH TEAM UP FOR MEDICARE ADVANTAGE JOINT VENTURE

By Paige Minemyer



For the plans to launch next year, members will have access to Sutter's provider network, including hospitals, urgent care and other services. These members will have a Sutter Health primary care provider to serve as their "healthcare partner," leading the coordination of their care journey.

They will also be able to tap into Sutter's digital health programs, chronic disease management offerings and more, according to an announcement from the organizations.

*"I think for far too long, there's been kind of tension between payer and provider, and what we're trying to do is get us both on the same sides of the table, as opposed to having us on opposite sides of the table,"* said Sachin Jain, M.D., CEO of SCAN Group, in an interview with Fierce Healthcare.

*"And I think we want to be partners to providers in enabling them to do what they do best, which is to actually take care of patients,"* Jain said. *"And I think we have an incredible opportunity here with Sutter to prove the art of the possible to the whole healthcare industry, which is that plans and providers can work together to make a difference."*

## NEW Industry Partnership Could be Expanded

One critical element to the joint work is developing specialized MA plans that can meet the diverse needs of the Medicare population.

SCAN Group and Sutter Health are teaming up for a long-term partnership in which they will build new Medicare Advantage products in Northern California. The two partners said they intend to launch the first products in 2026, and that there are plans to build an MA plan joint venture in the future. One critical element to the joint work is developing specialized MA plans that can meet the diverse needs of the Medicare population.

Aparna Abburi, CEO of Sutter Health Plan, told Fierce Healthcare that taking a one-size-fits-all approach to the senior population doesn't work and it's critical to reach different pockets within that group.

For example, some individuals are just now aging into Medicare and would want to maintain continuity of care with Sutter providers they already see. Those in a middle group, or who have already been enrolled in Medicare for several years, have different social and behavioral needs than the newly Medicare eligible and the oldest people in the program.

*"We will be at the forefront in bringing a group of assets that we own, and then what they bring to the table,"* Abburi said. *"That's the part that gets really exciting, and where we can truly have an impact on the complex population we're going to serve."*

The planned joint venture will initially focus on Northern California, though the partners are considering expansion in the future that could reach a broader swath of Medicare beneficiaries.

Both the 2026 launch and the intended joint venture work will be subject to regulatory review and approvals as part of the Medicare Advantage program, according to the announcement. Conrad Vial, M.D., president of Sutter Health Network, told Fierce Healthcare that payers and providers have generally operated in "parallel universes," which can prevent both from realizing the potential of working together.

*"It's been really difficult for each party to prop up and sustain a durability principle,"* he said. *"And I think that's because each side has been sort of working with their best of intentions ... but working through processes that fundamentally aren't integrated."* *"And oftentimes mechanisms of association at an incentive level that don't necessarily square very effectively with one another, and that's because they haven't been co-created,"* he said.

Source:

1. <https://www.einpresswire.com/article/802089847/sutter-health-and-scan-group-announce-strategic-collaboration-to-enhance-medicare-advantage-services-in-northern-california>

# A Service-First Model is needed in California's Medicare Advantage Marketplace

By Sachin Jain President and CEO of SCAN Group



Sachin Jain, MD, MBA, President and CEO of SCAN Group and Health Plan, shared the focus his organization has to shape the future of Medicare Advantage with a theme of “Championing service and integrity over profit”. This stance is unique and stands out in California’s volatile and highly competitive health insurance landscape. This is a summary of Jain’s speech at a recent CAHIP LA conference on Medicare. Due to the consistent changes in the marketplace as carriers exit markets, suppress enrollments, and recalibrate benefits under complex CMS guidance, Jain’s candor and operational transparency offer actionable lessons for brokers, agency owners, and Medicare benefits consultants navigating today’s regulatory and business terrain.

## Leadership Beyond Denial

In a landscape where many organizations optimize operations to reach target profit margins often before member welfare, Jain is unapologetically honest: “Denial is not a strategy... All of us have participated in gaslighting ourselves and the American people,” he told attendees at the CAHIP-Los Angeles Medicare Summit. This self-examination is not just philosophical; it underpins SCAN’s daily operations and its ethos. Jain asserts, “We fight to want to be the company we say we are, that we’ve always said we are. And that’s what I’m really proud of”.

For brokers, this transparency has tangible impact. Every SCAN member receives Jain’s personal email and, every week, he reviews direct complaints. “We pause and we ask the question, what’s the

*bigger issue at play?”* he explained, sharing how broker advocacy recently turned a near-disenrollment into a strong client endorsement through hands-on engagement with SCAN’s pharmacy team. The message to health insurance professionals is let’s work together to provide the best outcome for SCAN members and your clients. Authenticity, proactive service, and relentless honesty are words that define sustainable client relationships in a hypercompetitive market.

## Regulatory Shifts and Broker Strategy

California brokers are preparing for and actively shaping client first strategies do deal with several crucial regulatory changes. CMS in 2025 enacted stricter rules for broker compensation, product standardization, and marketing. Agent commissions in California have increased modestly (from \$762 to \$780 for initial MA enrollments per member per year), yet the maximum is standardized across plan sponsors and excludes some administrative fees after recent litigation.

CMS’ final rule aims to curb anti-competitive steering, limit cash incentives tied to enrollments, and reinforce the statutory intent of MA as a safety-net program rather than a profit engine. Notably, new requirements mandate mid-year notices for unused supplemental benefits and extend panel reviews to include health equity experts. Once again health insurance professional working within the Medicare market must master compliance scripts, record calls, and follow enhanced disclosure rules—while still providing the client advocacy that Jain describes as the broker’s real value-add.

Jain's advice is actionable: *"If your core values are being crossed, whether it's a client who's not treating you the way you should be treated as a broker, or a carrier... know your core values and just know where that line lies. And if it's being crossed, it's okay to say no. And for sure, to speak up"*. For California brokers, this means judicious plan selection, informed refusals, and honest communication with clients and carriers—a stance increasingly supported by CMS oversight.

## Product Strategy and Market Expansion

SCAN isn't standing still. By Fall 2025, the group is launching joint MA products through a partnership with Sutter Health, extending its reach in Northern California and focusing on chronic disease management, digital health, and preventive care. In addition, SCAN has plans which address specialized products categories such as women's health, LGBTQ seniors, and culturally competent care all of which are a direct response to real member feedback.

*"Integrated payer-provider plans seek to foster a shared mission of improving outcomes and patient experience while finding efficiency, rather than push costs on the other's plate,"* Jain noted. When health insurance professionals align with this strategy and emphasize high-touch service, member advocacy, and outcome-driven product recommendations over transactional sales, they will separate themselves from the entities and individuals who are once and done enrollment only focused. This client first approach is how the local independent health insurance professionals can rise above and lead our industry.

**Move past  
the transactional  
and reclaim  
a primary role  
as patient advocates  
and industry  
truth-tellers.**

## Utilization Management and the Prior Authorization Challenge

Jain's critique of "denial as a margin tool" rings especially true in California's highly delegated care environment. *"What has happened is we have bought something from someone, and they are not delivering it to us,"* Jain explained, referencing delays in specialty access and excessive prior authorization hurdles for procedures—even ST-elevation myocardial infarction admissions. For brokers, verifying network adequacy, advocating for expedited care, and escalating access issues to SCAN leadership can differentiate their value proposition in the post-CMS rule era.

## The Broker as Community Health Worker

One of Jain's most radical proposals is for brokers to move beyond enrollment and function as community health workers: *"At the end of the day, the broker is the person who's helping to navigate the complex healthcare system for the beneficiary... getting people scheduled with a primary care appointment, getting their medications refilled, helping them navigate supplemental benefits. That's the added value that this industry can really provide."* Legislative momentum may make these expanded roles—and commission structures—standard in the coming years. This bodes well for the local independent health insurance professionals.

## Navigating Uncertainty, Building Integrity

In a market roiled by exits, suppressions, and plan volatility, Jain insists, *"Incentives matter. And if your incentives are around service and stability, you're going to behave differently than if your incentives are around profitable growth."* California's brokers, already well-versed in compliance and changing markets, should lean into this ethos, prioritize member outcomes, and lobby for regulatory clarity as Washington shapes the next wave of broker guidelines.

## Conclusion

Sachin Jain's presentation poses a challenge to move past the transactional and reclaim a primary role as patient advocates and industry truth-tellers. *"Leadership is not silent... we have to keep fighting to get back to that kind of good place where we're doing things for the right reasons."*

This message is vitally important as through the work NABIP performs which includes educating state and national decision makers and the elected representatives, the goal is to consistently focus on this message. Consider this as part of your work with clients and help your colleagues do the same. We need to collectively work together to future-proof the work of health insurance professionals in this business as we consistently redefine the value brokers deliver to beneficiaries and the broader health system.



**Sachin Jain** is President and CEO of SCAN Group and SCAN Health Plan, where he has led a transformative period of growth and performance. Under his leadership, SCAN has grown its membership, expanded into new markets, and achieved record revenue—while maintaining industry-leading member satisfaction and quality ratings. Since joining SCAN, Dr. Jain has diversified the organization's portfolio beyond traditional Medicare Advantage, launching new ventures in care delivery, home-based services, and complex care management. These initiatives have not only opened new revenue streams but have also positioned SCAN as a national innovator in senior care.

Source:

1. <https://referralcoach.com/how-to-ask-for-referrals>

# CROSS SELLING

## Long-Term Care Solutions for Clients

By Phil Calhoun



Census Bureau, the age 85 and older population group is the fastest growing segment of the U.S. population, and one out of four people in this age group today lives in a nursing home. Approximately two-thirds of nursing home residents are women.

The programs that many believe cover chronic long-term care events are not necessarily designed for this purpose.

Medicare and Medicare supplement insurance, for example, primarily pay for the costs associated with acute (as opposed to chronic) medical conditions and provide very limited coverage for long-term care. And, while Medi-Cal (Medicaid) does provide long-term care benefits for many senior citizens, individuals must first exhaust most of their income and assets to qualify. It is no secret that many seniors are spending a growing proportion of their income on out-of-pocket costs for health care and long-term care services at home due to limited or no coverage of these costs by insurance. And, once they have depleted their assets paying for home health care or assisted living facility care, many people have little choice but to move into Medi-Cal/Medicaid facilities.

The problem of paying for long-term care is made even more difficult by the ever-increasing cost of services. Currently, the median cost of a semi-private room in a nursing facility in California is \$342 per day or \$124,688 per year. Even the cost of nonmedical, homemaker services is significant: seniors can expect to pay \$34 per hour for such care.

### What Are Americans' Concerns For Their Futures?

A recent study revealed:

- Retirement savings and financial well-being are an important part of supporting overall health and well-being.
- Competing priorities and limited financial resources make it difficult to balance multiple goals. As a result, 21 percent report that this impact is going to delay their retirement by four or more years.

As consequence of technology and today's advanced health care systems, many people are living to age 80, 90, and beyond. This reflects the truth behind the marketing phrase "60 is the new 40." Now, with ongoing scientific research beginning to offer hope of truly understanding the genetics of aging, we may soon see additional increases in life expectancy. One consequence of longer life expectancies, however, is that individuals are more likely to eventually require some type of long-term care assistance.

### What Is Long-Term Care?

Essentially, it refers to the wide range of services and care that individuals need when they are unable to care for themselves as a result of a chronic (long-term) medical condition. The need for long-term care can arise at any age from the effects of an illness or injury, and it can also arise simply because of the normal effects of aging.

The likelihood of chronic illness—and the need for long-term care—increases with age.

In fact, the chance of a person who is currently age 65 eventually being confined to a nursing home at some point in the future is now one in three. Every day, thousands of people in this country turn 65, and more than 5 million are currently aged 85 or older. According to the U.S.

- Nearly half of respondents self-manage their retirement savings, yet only 13 percent correctly answered all of the financial literacy questions.
- Financial literacy can have a meaningful impact on the ability to navigate competing priorities.
- Those without a retirement plan report feeling less impacted by competing financial priorities than those with a plan.
- Emergency savings was the top choice for retirement planning, evidencing the desire to receive help navigating immediate financial challenges.
- Forty-two percent of respondents experienced a hardship that caused them to stop saving for retirement.
- Fifty-six percent of working respondents have less than three months of income saved for emergencies.
- Seventy-eight percent of working respondents with a financial plan report their retirement savings as on track or ahead of schedule, compared to 34 percent of those without a plan.
- Preparing for emergencies can prevent early withdrawals from retirement savings.

Further:

- Someone turning age 65 today has almost a 70 percent chance of needing some type of long-term care services and supports in their remaining years.
- Women need care longer (3.7 years) than men (2.2 years).
- One-third of today's 65-year-olds may never need long-term care support, but 20 percent will need it for longer than five years.

**The average adult age 65 and older receives long-term care services of some kind for approximately three years, and 69 percent of people use some type of care.**

When someone needs long-term care, a wide circle of primary caregivers, secondary caregivers, and other family, friends, and community members often provide the care and are impacted by these responsibilities.

In addition, few people correctly anticipate the total potential cost of health care in retirement, which is estimated at \$315,000 for a married couple.

Finally, approximately one-third of early retirees who claim Social Security at age 62 do so to help pay for health care expenses until they are eligible for Medicare coverage at age 65.

As these facts show, consumers are concerned about long-term care issues and are looking for credible guidance from insurance agents, financial advisors, and other sources.

**Long-term care insurance is a category of coverage designed to address these growing problems.**

Obviously, the ideal time to purchase long-term care insurance would be the day before a person needs it, but as we know, life does not work that way.

A recent study by the Life Insurance Marketing Research Association indicated that the number one reason people purchase long-term care insurance is for asset and income protection in retirement.

Policy holders also obtain peace of mind knowing that they will preserve their assets and will be able to maintain their independence by obtaining such coverage.

Given the marketplace for long term care insurance the age range to look to secure coverage is from age 50 to 65 as premiums increase with age and underwriting can be a concern as we age.

Life and health insurance professionals can add to their client check list to remember to ask about LTC and educate them on the expenses. Work with a LTC agency or expert to bring solutions to clients. Many solutions do exist for CA clients.

Learn more:

<https://partner.buddyins.com/calbrokerltcigroup>



**Phil Calhoun** is the owner and publisher of California Broker Media, and he owns Integrity Advisors, a health insurance agency. Phil started Commission.Solutions to provide coaching for health insurance professionals on how to protect, grow and sell health commissions. Phil is an active member of several insurance associations including the California Association of Health Insurance Professionals (CAHIP) and local chapters in Orange County, Los Angeles, San Diego and Inland Empire Health Insurance Professionals. He serves on board for the Exit Planning Institute.

**[CLICK HERE to arrange a no obligation 15-minute coach session](#)**  
**[Phil@commissionsolutions.com](mailto:Phil@commissionsolutions.com) 714-664-0311**

# **Two Problems and Two Solutions: Baby Boomers Planning**

By David Ethington



Two solutions solve the TWO most pressing problems all brokers, especially Baby Boomer Brokers, have when working in health insurance. This applies to Group and Medicare commissions.

## **The Two Problems Are:**

**(1)** Planning for an EXIT, which is a concern for all brokers, especially for Boomer aged brokers who want to sell and/or retire within one year; and

**(2)** For Brokers who plan to stay active in their business, how do they build a plan that is proven to protect their commissions. The proper plan will fix the problem all brokers have, which is the risk to health insurance commission when a life event happens. Carriers have proven over time that they will stop paying health commissions for a deceased broker when there is no written plan in place. Your corporate structure will not change the carrier's approach and most importantly, only a written plan that is signed by the Active Broker and their Successor Buyer will provide payment to the survivor of the deceased broker.

In this article we will focus on the second Problem: Staying Active with a Plan to Protect Commissions. *Next month we will cover the first Problem.*

The aging population of Baby Boomer health insurance brokers creates a critical challenge when looking to

secure their financial legacy. As brokers approach retirement age, many who have a clear succession plan that is legal and addresses all of their commissions and is signed by both parties, is compliant with all carriers, will a broker be assured their hard-earned commissions will continue to benefit them or their families should a life event occur.

*We call the Commission Protection Plan a broker's insurance against a carrier no longer paying commissions, should something happen to them. While active, there is no change in an Active Broker's work with their clients and no change to their commission payments. There is assurance that they have a plan to back them up if something happens or at some point in the future when they decide to retire, they have a built-in purchase plan.*

David Ethington states, "Insurance companies typically do not automatically transfer a broker's book of business to a successor unless specific contracts and forms are meticulously prepared." With a proven solution, such as the Commission Protection Plan Integrity Advisors provides, there is a time-proven, legally structured solution, to professionally address this issue.

["Baby Boomers Need an Exit Plan"](#) initiative offers tools, training, and personalized planning to help brokers protect, grow, and sell their commissions.

## The Problem: Commission Protection for Retiring Brokers

Baby Boomer health insurance brokers, many are nearing retirement age, face a significant risk: without proper planning, their book of business—comprising Medicare and group health clients—cannot be seamlessly transferred to another broker. Insurance carriers require specific legal documents, such as commission transfer forms and purchase agreements, to authorize the transfer of commissions.

Without these requirements, commissions may cease upon a broker's retirement, death, or disability, leaving their financial legacy vulnerable. This issue is compounded by the demographic wave of retiring brokers, with thousands expected to exit the industry over the next decade.

Brokers fall into two categories: those ready to retire and sell their book of business, and those who wish to remain active but need a plan to protect their commissions in case of unexpected life events.

**“ We call the Commission Protection Plan a broker's insurance against a carrier no longer paying commissions, should something happen to them. ”**

Active Brokers need a Successor Buyer who is a licensed, certified, and contracted professional, committed to managing the retiring broker's clients and commissions. With a solid successor and a written agreement signed by the Active Broker and their chosen Successor Buyer, the carriers then need their commission transfer documents completed properly as each carrier has their own forms and requirements. Without these documents, brokers often fail to transfer commissions.

A successor or advisor who has experience with this process will be most effective. Since this type of work is specialized, brokers can hire an expert to assist them with this planning work to cover all the required details.

Many brokers either have or lack family members capable of taking over. Only when they find a successor who is trustworthy and qualified can they have the confidence to sign a commission protection agreement and prepare the transfer forms for use when needed. The agreement needs to clearly define the Active Broker's wishes and responsibilities they desire for their Successor Buyer. Since finding the ideal successor is often challenging, we have built a program to train and qualify brokers as Successor Buyers. We provide them with our expertise and help the Active Broker and their Successor Buyer customize the legal documents in order to ensure a smooth transition.

When doing commission planning it is important to secure commissions, retain client relationships, and maximize the value of the broker's business.

## Conclusion

Commission planning needs to be done properly. Every broker has their personal approach to their business and clients, and they need a written plan with their successor who will agree to all the terms and conditions they require. With our Commission Protection Plan we follow all the guidelines, we clarify the responsibilities of both the Active Broker and their Successor Buyer, place this into a legal written agreement, and provide a client retention plan designed to also increase commission retention. Bottom line, Baby Boomer health insurance brokers need to eliminate the risk of losing their commissions without a proper succession plan.



**David Ethington** is VP of the Medicare Division and director of Broker Relations with Commission Solutions, part of Integrity Advisors. His work has excelled due to his commitment to providing the best service to both health clients and health brokers. David respects the hard work it takes to build a book of business and enjoys working with retiring brokers and their families. David has participated in the commission protection process for seven years. He's also involved in acquisitions, especially in the broker relationship transfer of commissions. David lives in Orange County with his wife and their cats. He is an avid runner and completes several long-distance events annually.

[David@commission.solutions](mailto:David@commission.solutions) 714-664-0605

Source:

1. <https://issuu.com/articles/64240982>

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Phil Calhoun

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*Reach out today.*



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Elliott Martin is an independent insurance agent based in Irvine, California, at his family's firm, Martin & Associates Insurance Services, Inc. He specializes in helping clients navigate Medicare and fill coverage gaps with private insurance plans. Known for his clear guidance and client-focused approach, Elliott helps individuals access flexible, nationwide healthcare options with confidence.

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**Michelle Taschler**

Zen Benefits Solutions LLC

Michelle has been a licensed health insurance agent since 1992, with broad experience in the employee benefits field. She has supported a wide range of brokers, businesses, individuals, and seniors through roles in sales, management, and by founding her own agency to better serve clients and partners. She helps agents navigate business transitions, protect commissions, and maintain client loyalty. Michelle also assists brokers in creating succession plans that ensure stability and peace of mind. Based in Clovis, California, she works with clients statewide and stays busy raising her four children.

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