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OPEN ENROLLMENT PERIOD

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SERVING CALIFORNIA'S ANNUITY, LIFE & HEALTH INSURANCE PROFESSIONALS

SEPTEMBER 2025

September 2025
Special Issue
Group Benefits



INSIDE ►



OpenEnrollment

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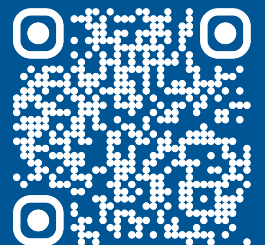
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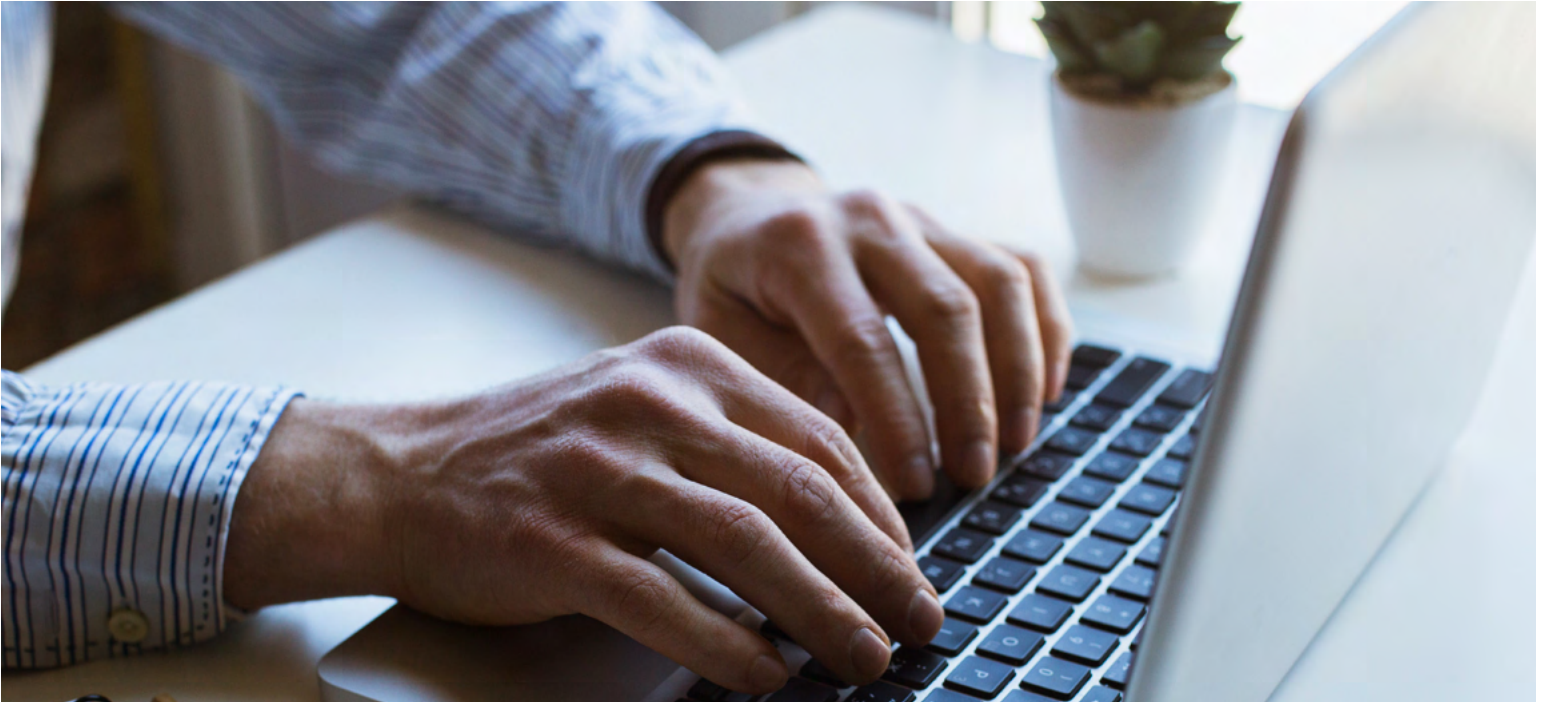
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Time To Reflect

By Phil Calhoun



We hope you will enjoy great content in this September Group Benefits Special Issue. As health brokers move into open enrollment and/or AEP, there is still time to enjoy a California beach day or weekend. Take a look at our California Positive article on Best Beaches in the State. From the Bay Area to San Diego County, California has some amazing beaches to explore. As the workload increases, keep in mind how to balance your days with some recreational time.

Check out how you can bring resources to your group clients available from your marketing partners and from Providence St Jude's Wellness Center. Helpful health and wellness education resources, outlined in Megan Wroe's article, can be shared with their clients, as a resource for Employers to offer employees. Proposing wellness programs that are sustainable and provided by an established provider will help you build your brand as an advocate for client's health insurance as well as health services.

We always like to provide tips for growing your business, and ways to show your clients you appreciate them with a nice thank you gift. Please share your tips about client gifts and look for more information on future issues as we share some of the top client gifts, many times without your logo involved.

Some new solutions for small businesses that qualify are outlined in this issue, such as group long-term care. Look at our partnership with Buddyins (<https://partner.buddyins.com/calbrokerltcigroup>) and learn more about the Allstate small group LTC product.

This is a hard to match LTCi small group product. When you take a minute to learn more, you will see how your business owners who provide this coverage will be able to demonstrate to their employees they care and help recruit new hires with a competitive benefits package.

As anticipated, the health plan coverage changes coming for open enrollment combined with the premium increases will cause clients to seek your assistance to determine if they have the best coverage and price. From Group to Medicare, this coming season will, once again, require brokers to work hard to be the local expert. Clients and prospects alike want a look at 2026 and a local health plan coverage comparison, and this information can help them keep their doctors while keeping premiums low. It's not an easy job and brokers could see more changes than usual this open enrollment season.

Final Thoughts

Pace your workload, focus on keeping clients, and look to solve client issues with the help of your collaborative partners. Group clients often look to add new group coverage with Colonial or Allstate, which are mentioned in John Evangelista's article and in the link for Group LTC. These voluntary benefits can also be used to find new business and win group benefits as you prospect and bring solutions that open the door for new business and seek referrals from clients.

Keep moving forward!

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By CalBroker Magazine

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CALIFORNIA'S AGING POPULATION - PART 4**Anticipating Dramatic Growth in the Number of Older Californians**

The substantial growth in the older adult population poses major fiscal and policy challenges for California. However, the rapid increase in the older population means that the number of older adults needing help of some sort will grow dramatically.

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

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CALCPA HEALTH - PART 2**CalCPA Health Coverage Options: A Deep Dive into Plan Variety and HSA Leadership**

In the second installment of our in-depth look at CalCPA Health, CEO Ron Lang discusses the breadth of coverage options available to California's CPAs and financial professional firms. This part explores the organization's philosophy on plan design, its industry leading approach to Health Savings Account (HSA) plans, and how CalCPA Health's flexibility and integration set the plans and support as a leader in the competitive group health market for many businesses in the financial and tax services industries.

By Ron Lang

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EMPLOYEE BENEFITS SURVEY**Helping Clients with Work-Life Balance Strategies for 2025 & Beyond**

In today's workplace, boundaries are essential. But what does work-life balance mean to employees? The research offers insights for brokers looking to guide clients in adapting their benefits strategies to meet the needs of a diverse, multigenerational workforce.

By Jennifer Beck

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PROFESSIONAL DEVELOPMENT**Emerging Trends in Group Health Coverage & How to Stay Competitive**

As a benefits broker, your ability to navigate the complexities of the group benefits health insurance market can significantly impact your competitive edge.

By Allison Babberl

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CRANKWHEEL**Beyond Open Enrollment: Your Growth & Client Nurturing Checklist**

The phones won't stop ringing. Your calendar's a wall of back-to-back appointments. Every conversation feels like a race against the clock. Welcome to open enrollment. The make-or-break season for insurance agents. But, here's the twist: the real money and long-term loyalty aren't built in these frantic weeks alone. They're earned in the moments after the dust settles.

By Jói Sigurdsson, CEO of CrankWheel

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BLUESHIELD**From Gen Alpha to Baby Boomers: Health Benefits for Today's Diverse Workforce**

With six generations in the workforce, meeting diverse health and wellness needs is more complex than ever. Brokers and Blue Shield provide flexible, technology-driven, and cost-effective benefits to support employees at every stage of life.

By Ken Lautsch

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OPEN ENROLLMENT**Open Enrollment Basics**

As a trusted advisor, you must ensure every policyholder has the information necessary to use their coverage. Open enrollment is your opportunity to explain each option. Discussing these crucial details makes you a valuable resource for clients and employees.

By CalBroker Magazine

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OPEN ENROLLMENT**The Three Main Types of Small Group Medical Insurance**

Small businesses have three main options for medical insurance: fully insured, level funded, and self-funded. Each model carries different costs, risks, and compliance responsibilities, offering employers varying levels of control and flexibility over benefits.

By CalBroker Magazine

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GROUP INSURANCE**What Venus Williams' Health Insurance Comments Indicate About COBRA**

After being sidelined from competitive tennis for 16 months due to health issues, seven-time Grand Slam champion Venus Williams made her comeback in July at the Mubadala Citi DC Open in Washington, D.C. But it wasn't just her love of the game that brought the 45-year-old superstar back. It was also the health care coverage.

By Kathryn Mayer

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GROUP INSURANCE**CRC Benefits Steps Forward After BenefitMall Rebrand to Power Broker Support Across California**

The California brokerage landscape stands at a crossroads. Amid these shifts, CRC Benefits, formerly known as BenefitMall, has emerged as a central player committed to bolstering broker strategies, compliance capabilities, and client service models in California and nationwide.

By Jamie Zelewicz

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LIFE INSURANCE**Owner or Key Person Leaving a Company? You Can Still Help Them**

When there is an executive transition or business sale at one of your employer group clients, be sure to ask if there is a key person policy in place, and what they intend to do with it. Selling a policy can reap tens of thousands or hundreds of thousands of dollars for clients.

By Lisa Rehbarg

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HEALTH & WELLNESS

Integrating Genetics and Personalized Cancer Care Drives Opportunity For California Brokers

A recent panel hosted by the Providence Clinical Institute of Oncology offered a revealing look into how the integration of advanced genomics, targeted oncology services and personalized survivorship care is transforming patient care and creating new coverage needs and challenges for benefit consultants.

By Sam J. Olmstead

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HEALTH & WELLNESS

California Brokers Connect Clients with Access to St. Jude Wellness Center's Many Remote and Onsite Programs

For California's seasoned insurance brokers, staying ahead means connecting clients with innovative, results-driven wellness solutions that go beyond traditional care. Located in Brea, California, St. Jude Wellness Center, under the management of Megan Wroe, MS, RD, CNE, CLEC, is bridging that gap by providing comprehensive, integrative programs that align with the preventive health priorities of employers, benefit consultants, and individuals with onsite and remote services.

By Megan Wroe

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NAIFA

Reinventing Insurance Careers: Industry Veterans Share Strategies for Success in California

Rich Coffin, Vice President of Membership, NAIFA-California, and his business partner and industry veteran Kelly R. Smith, Sr., CLU, ChFC, RFC, share insights and actionable strategies for those invested in the ongoing growth of California's life and health insurance sector.

By CalBroker Magazine's CEO Phil Calhoun in interview with Rich Coffin

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PROFESSIONAL DEVELOPMENT

Industry Insight: John Evangelista Discusses Product Trends and Broker Strategies for California's Evolving Market

California Broker Magazine's recent interview with John Evangelista, a General Agent at Colonial Life and recipient of the Media Relations Award on behalf of the California Association of Health Insurance Professionals - Orange County (CAHIP-OC), offers invaluable insight for health and life brokers navigating a period of evolution in client expectations, compliance, and business growth.

By CalBroker Magazine's Phil Calhoun in interview with John Evangelista

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PROFESSIONAL DEVELOPMENT

Turn Snowflakes into Snowballs: The Compounding Nature of Referrals

Studies have highlighted an intriguing phenomenon: a client who enters your practice through a referral is two and a half times more likely to refer someone else. This sets the stage for a compounding effect that, when leveraged correctly, can significantly amplify the growth and success of your financial advisory practice.

By Bill Cates

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PROFESSIONAL DEVELOPMENT

Letters on Integrity: Inspiring Ethical Excellence

From the mental toughness of baseball legend Mariano Rivera to the integrity litmus test of Peter Vajda Ph.D., Russ Williams raises questions about ethical decision making and actions in the workplace.

By Russ Williams

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MEDICARE

Medicare-Eligible Employees: Options and Challenges

As employers look to find the proper Medicare education program for employees, the opportunity is there to be filled. Key questions start the process such as what are the Medicare penalties and when do they apply? When is Medicare or the employer plan primary or secondary payer of health claims? And, how does Medicare eligibility impact health savings accounts (HSAs).

By Jennifer Turner

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COMMISSION PLANNING

So Many Ways to Plan, Just Do It

By now, many of you have read articles, spoken with carriers, and know what happens to commissions should a broker pass away without a plan. The fact is that an active broker who passes away without a plan to protect their health insurance commissions will lose most, if not all, their commissions.

By Phil Calhoun and David Ethington

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Industry News

CURATED NEWS FROM THE INDUSTRY



Providence Expands Anthem Select Network Participation to Orange and San Bernardino Counties

Irvine, California — Providence is pleased to announce the expansion of our network's participation in the **Anthem Select** commercial network to include Orange and San Bernardino counties.

This change takes effect on July 1, granting Anthem Select commercial group members in Los Angeles, Orange, and San Bernardino counties access to Providence's Southern California network.

With this expansion, members will benefit from our high-performance, integrated healthcare system featuring over 800 primary care physicians, more than 2,700 specialists, 27 centers of excellence, and 11 award-winning hospitals. This collaboration not only enhances the region's healthcare infrastructure but also reaffirms our joint commitment to improving patient access, affordability, and the quality of healthcare services.

The inclusion of the Select network ensures Southern California employers can access Providence's extensive services through Anthem's high-performance offerings, including Anthem's Vivity, Select, and full network options.

For more information on how Providence can support your employees and benefits team, please contact us at SoCalPartner@Providence.org.

For Anthem's press release, [click here](#).

Providence Southern California Network:

LOS ANGELES COUNTY

Hospitals

- Providence Cedars-Sinai Tarzana Medical Center, Tarzana
- Providence Holy Cross Medical Center, Mission Hills
- Providence Little Company of Mary Medical Center, San Pedro
- Providence Little Company of Mary Medical Center, Torrance
- Providence Saint John's Health Center, Santa Monica
- Providence Saint Joseph Medical Center, Burbank

Medical Groups

- Facey Medical Group
- Providence Affiliated Physicians
- Providence Axminster Medical Group
- Providence Medical Institute
- Providence Medical Associates
- Saint John's Physicians Partners

ORANGE COUNTY

Hospitals

- Providence Mission Hospital, Laguna Beach
- Providence Mission Hospital, Mission Viejo
- Providence St. Joseph Hospital, Orange
- Providence St. Jude Medical Center, Fullerton

Medical Groups

- Mission Heritage Medical Group
- Providence Affiliated Physicians
- St. Joseph Heritage Medical Group
- St. Jude Heritage Medical Group

SAN BERNARDINO COUNTY

Hospital

- Providence St. Mary Medical Center, Apple Valley

Medical Groups

- Providence Affiliated Physicians
- St. Mary High Desert Medical Group

Health Systems Tap Into Gen Z's Most-Desired Benefits

By Kristin Kuchno

Generation Z healthcare workers prioritize financial wellness and mental health support — and hospitals and health systems are responding.

Given changing demographics and labor shortages, organizations across the U.S. are focused on recruiting and retaining the newest generation to enter the workforce. Gen Z employees include new college graduates and those with a few years of professional experience, with the oldest members age 28.

Becker's connected with human resources leaders from five organizations — ranging from large academic health systems to community hospitals — to learn how they are tailoring benefits to meet workforce demands.

[READ FULL ARTICLE →](#)

ACA Premiums Set To Spike

By Nathaniel Weixel, Joseph Choi and Alejandra O'Connell-Domenech

People who buy health insurance through the Affordable Care Act (ACA) are set to see a median premium increase of 18 percent, more than double last year's 7 percent median proposed increase, according to an analysis of preliminary filings by KFF.

The proposed rates are preliminary and could change before being finalized in late summer. The analysis includes proposed rate changes from 312 insurers in all 50 states and DC.

It's the largest rate change insurers have requested since 2018, the last time that policy uncertainty contributed to sharp premium increases. On average, ACA marketplace insurers are raising premiums by about 20 percent in 2026, KFF found.

Insurers said they wanted higher premiums to cover rising health care costs, like hospitalizations and physician care, as well as prescription drug costs. Tariffs on imported goods could play a role in rising medical costs, but insurers said there was a lot of uncertainty around implementation, and not many insurers were citing tariffs as a reason for higher rates.

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US Department Of Labor Updates Penalty Guidelines To Support Small Businesses And Eliminate Workplace Hazards

Penalty adjustments aim to improve workplace safety

WASHINGTON – The U.S. Department of Labor has updated its guidance on penalty and debt collection procedures in the Occupational Safety and Health Administration's Field Operations Manual in an effort to minimize the burden on small businesses and increase prompt hazard abatement.

“All employers should be offered the opportunity to comply with regulations that help maintain a safe working environment,” said Deputy Secretary of Labor Keith Sonderling. “Small employers who are working in good faith to comply with complex federal laws should not face the same penalties as large employers with abundant resources. By lowering penalties on small employers, we are supporting the entrepreneurs that drive our economy and giving them the tools they need to keep our workers safe and healthy on the job while keeping them accountable.”

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MEDICARE NEWS

Breaking Down Why Medicare Part D Premiums Are Likely To Go Up

By Julie Appleby

Medicare enrollees who buy the optional Part D drug benefit may see substantial premium price hikes — potentially up to \$50 a month — when they shop for next year's coverage. Such drug plans are used by millions of people who enroll in what is called original Medicare, the classic federal government program that began in 1965 and added a drug benefit only in 2006. The drug plans are offered through private insurers, and enrollees must pay monthly premiums.

It's not known whether insurers will pursue the maximum increase allowed, as premium prices for next year won't be revealed until closer to open enrollment, which starts Oct. 15.

Armed With Pricing Data, Employers May Confront New Legal Obligations When Selecting Health Plans

By Noah Tong

National pricing data show the cost of healthcare services varies greatly by payer, geography, setting and facility, presenting new fiduciary considerations for employers. Since 2022, health plans have been required to release machine-readable files disclosing negotiated rates of healthcare services with providers. Hospitals are also required to release the costs of shoppable services.

Data analytics firm Trilliant Health ingested UnitedHealthcare and Aetna transparency files from February to April 2025 to create a new report. Now, those massive swaths of information are slowly becoming more actionable for employers, they will need to plan accordingly, said Chief Research Officer Allison Oakes in an interview with Fierce Healthcare.

[READ FULL ARTICLE →](#)

CRC Benefits Welcomes Christopher Landis as Benefits Sales Executive for Ancillary Solutions in Kansas and Missouri

August 6, 2025 - CRC Benefits, a CRC Group company and one of the nation's leading general agencies, has announced the appointment of Christopher (Chris) Landis as benefits sales executive for ancillary solutions, supporting brokerage and carrier partners throughout Kansas and Missouri.

With a strong foundation in education and experience in employee benefits, Landis brings a unique skill set to the CRC Benefits team. His ability to simplify complex benefits and deliver tailored strategies makes him an exceptional resource for brokers and clients across the region. Prior to joining CRC Benefits, Landis held a sales role at a major insurer and spent eight years as a teacher and football coach in the Blue Valley School District — an experience that earned him the district's prestigious Excellence in Education award.

In his new role, Landis will focus on delivering strategic ancillary benefit solutions, providing plan feedback and marketing insights, and integrating technology to support the broker experience.

"Chris exemplifies the kind of relationship-focused, high-integrity professional our partners deserve," said John Wiesler, SVP Sales for CRC Benefits. "His background in education translates seamlessly into the collaborative, service-driven approach we champion at CRC Benefits, and we're thrilled to have him lead our ancillary efforts in Kansas and Missouri."

Chris holds degrees from the University of Kansas and Emporia State University and resides with his wife and their two children in the Kansas City area.

ABOUT CRC GROUP CRC INSURANCE GROUP, LLC, THROUGH ITS LICENSED OPERATING ENTITIES, IS ONE OF NORTH AMERICA'S LEADING INDEPENDENT WHOLESALE SPECIALTY INSURANCE DISTRIBUTORS, DELIVERING THE BROADEST RANGE OF INSURANCE SOLUTIONS AVAILABLE IN THE MARKETPLACE TODAY. WITH OVER 5,500 TEAMMATES IN OFFICES ACROSS THE UNITED STATES AND CANADA, CRC GROUP PLACES MORE THAN \$30B IN ANNUAL PREMIUMS ACROSS PROPERTY AND CASUALTY, AND EMPLOYEE BENEFITS. LEARN MORE AT WWW.CRCGROUP.COM

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- Q&A Section: Quick answers to commonly asked employment law questions.

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Becker's Hospital Review: \$30M Gift Fuels New Sutter Health Cancer Center

By Elizabeth Gregerson

Sacramento, Calif.-based Sutter Health has received a \$30 million gift to establish a new cancer center in Santa Cruz, Calif.

The Jean and E. Floyd Kvamme Advanced Cancer Center, expected to open in 2030, is part of a larger \$50 million effort to “revolutionize cancer care and research” for Sutter Health’s community, according to an Aug. 14 news release from the health system.

Sutter Health is planning to open additional cancer centers across Northern California, in Santa Rosa, Modesto, Yuba City, and the Silicon Valley and East Bay regions, the release said. The \$30 million gift was from the Jean and E. Floyd Kvamme Foundation in honor of Jean Kvamme, who died in 2020 after battling cancer.

Apella Launches Ambient AI Tool For OR Scheduling

By Laura Dyrda

San Francisco-based Apella launched Apella Horizon on Aug. 20, expanding its real-time AI platform to include surgical scheduling and capacity optimization. The system integrates predictive algorithms and ambient sensing to improve preoperative planning, real-time OR coordination and retrospective performance analysis. Apella said Horizon unifies real-time OR management, case scheduling forecasts and workflow efficiency data.

Early pilot sites observed 69 fewer delayed minutes per OR on optimized days while maintaining case volume, according to the company. The average share of cases under-scheduled by more than 30 minutes fell from 60 percent to 16 percent. Hospitals using the tool identified enough open time to add two surgical cases per OR per month and recorded a 46-point reduction in late OR days.

[READ FULL ARTICLE →](#)

Registered Nurse Median Hourly Pay, By State

By Kelly Gooch

Median hourly base pay for registered nurses varies across states, with RNs in California earning the most, according to SullivanCotter’s “2025 Health Care Staff Compensation Survey Report.”

The survey, released in July, covers nearly 2.5 million healthcare employees across over 2,660 participating organizations, including more than 800,000 individual RNs, licensed practical nurses and nursing managers. Here is the median per-hour base pay for RNs, by state, according to survey data shared with Becker’s: Note: States are listed in descending order of pay. Seven states — Alaska, Connecticut, Hawaii, North Dakota, Vermont, West Virginia and Wyoming — were excluded due to insufficient data.

California — \$66.00

Washington — \$60.59

[READ FULL ARTICLE →](#)



2025 SEPTEMBER CONFERENCES

Sept 9 - 11: CAHIP OC: 13th Annual Senior Summit @Temecula, CA
Sept 16 @9am-6pm CAHIP GG: Medicare Mastery Conference 2025 @San Jose, CA
Sept 28 - 30: NAIFA: California e3 Collaborate Conference @Newport Beach, CA

2025 SEPTEMBER EVENTS

Sept 4 @8am-5pm CAHIP LA: 2025 Medicare Summit @Granada Hills, CA
Sept 10 @2:30-4:30pm EPI: Counseling To Commitment In 3 Parts @San Diego, CA
Sept 11 @2:30-4:30pm EPI: Counseling To Commitment In 3 Parts @Costa Mesa, CA
Sept 17 @11am-1pm EPI: Case Studies As It Relates To Estate Planning & Insurance @Westlake Village, CA
Sept 19 @4-7pm CAHIP Ventura County: The Final Pour Before Q4 @Thousand Oaks, CA
Sept 24 @2:30-4:30pm EPI: What Is The Landscape For Transactions? Private Equity Update @LA, CA
Sept 25 @11:30am-1:30pm EPI: Dusting Off The Old Crts: They Are Back In 2025 @Norco, CA

VIRTUAL EVENTS

Sept 4 @1-2pm NABIP: LPRT Masterclass - Zoom
Sept 4 @4-4:45pm NABIP: President's Pitstop with Susan Rider - Zoom
Sept 10 @9-10am NABIP: Command the Shield: The Cino Security Intelligence Series - Zoom
Sept 16 @10:45am-1pm CAHIP OC: Navigating the Medical Carrier Landscape & California Cost Controls - Webinar
Sept 18 @12-1pm NAIFA: The Reverse Mortgage Conversation: Facts, Fiction, and What's Missing - Webinar
Sept 24 @3-4pm NABIP: Power Hour - Zoom
Sept 25 @9-10am NABIP: New Member Orientation - Zoom

SAVE THE DATE

Oct 21 @3-5pm NAIFA: Valley Golf Happy Hour @Fresno, CA
Oct 28 @11:30-6pm EPI: 2025 Drive Value Regional Summit @San Diego, CA

BROKER RESOURCES

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CRC Benefits: Broker Resources
IEHP: Broker Resource Center
Pinnacle: We Simplify Health Benefits Administration
Sutter Health Plan: 2025 Health Topics

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CalCPA Health: 66 Years of Service & Stability for California's Financial Professionals

Via Interview with Ron Lang By Phil Calhoun

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Financial Grade's Playbook for Medicare Brokers Navigating California's Evolving Market

Via Interview with Pete Blasi CEO of Financial Grade by Phil Calhoun

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By Phil Calhoun & David Ethington

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Top 10 Best Beaches in California

By CalBroker Magazine



The Golden State has some of the most unique and stunning beaches in the United States. California locals and tourists alike revel in the natural beauty of its coastal sites. While we are approaching autumn, California's temperate climate makes it a perfect place for a beach trip, almost year-round. Here is a list of some of the best beaches California has to offer.

1) La Jolla

Popular for scuba diving and snorkeling, this smaller, crescent-shaped beach is surrounded by steep cliffs of sandstone on the Southern California coast. If you enjoy dramatic coastlines, this picturesque beach is the perfect setting. Known for its wide, sandy beach and gentle waves, it is ideal for swimming, especially for families. The beach also offers fire pits and a playground and is also home to abundant wildlife like seals and sea lions.

2) Venice Beach & Santa Monica Beach

These two neighboring beaches are arguably the liveliest in the state, and a must for tourists. Start at Venice Beach, where you'll enjoy people watching and strolling

along the boardwalk where you can purchase artwork, streetwear, jewelry, and more. Visit the iconic Venice Skatepark to watch skaters take a chance at diving into the many bowls while enjoying oceanfront views. Head to Santa Monica Beach to visit the famous pier, which features a classic amusement park and several restaurants. A sunset Ferris wheel ride is a must for a true California adventure!

3) Newport Beach

Known for having the largest recreational harbor on the West Coast, Newport Beach is one of the best beaches in California for recreational boating activities. Rent a Duffy boat, bring wine and a picnic, and enjoy sunset views with loved ones. Or, rent a paddle board or kayaks for a morning workout before laying out on the smooth, silky sand of Newport Beach. Its boardwalk is also a popular spot for bikers, skaters, and pedestrians. Don't forget to visit Balboa Island—a hidden gem great for strolling, shopping, grabbing an infamous "Balboa Bar" or frozen banana.

Located a few miles south
Thousand Steps Beach is
& more unique beach experi

4) Thousand Steps Beach

Located a few miles south of Main Beach in Laguna, Thousand Steps Beach is one of the lesser-known and more unique beach experiences California has to offer. As its name hints, visitors must trek down a long stairway to access the beach, but the destination is totally worth it, with its clear waters and cliffside charm. To make a full day of your visit, grab dinner in the city of Laguna Beach, which offers a myriad of popular dining spots and dozens of art galleries, along with its annual art festivals the Festival of Arts Pageant of the Masters and Sawdust Art Festival.

5) Huntington Beach

Located just north of Newport Beach, Huntington Beach is the host of the annual U.S. Open of Surfing, a weeklong competition where visitors can witness professional surfers from around the world taking on massive waves. Its beaches are expansive and parking is abundant, making it an easy destination for families and large groups. Huntington Beach also offers over 100 fire pits, where many enjoy camping out and making s'mores, or cooking a BBQ dinner.

6) Carmel Beach

Famous for its natural beauty, vibrant arts and culture scene, dog-friendly vibe, and white, silvery sand, Carmel Beach is a gem on the Central Coast. A popular spot for activities like surfing, swimming, bonfires, volleyball, and more, Carmel Beach is a must visit. Home to a wide range of art galleries, varied architectural styles, and the historic Carmel Mission, the town of Carmel-by-the-Sea is worth visiting for a charming stroll.

7) Coronado Beach

Merely six miles from San Diego city center and 10 miles north of the Mexican border, Coronado Beach is a one-of-a-kind place. Its soft, silky sand makes for a relaxing stroll and the city itself offers many family-friendly activities to make it a fun-filled day. Built in 1888, the historic Hotel Del Coronado is situated right on the beach, and anyone can stroll through its gorgeous lobby and shops. Many visitors enjoy catching sand sculptors crafting some massive sculptures.

8) Pfeiffer Beach

Widely considered one of the most beautiful places, Big Sur makes for the perfect road trip destination with its cinematic cliffs, redwood forests, and stunning beaches. Pfeiffer Beach is unique for its photogenic keyhole arch rock formation and its purple-hued sand caused by the rainwater run-off from the nearby cliffs. While it is not recommended to swim in the water due to the strong currents and absence of lifeguards, it is truly a must visit with many hiking trails nearby that offer waterside views.

9) Baker Beach

Baker Beach is known for its stunning views of San Francisco's Golden Gate Bridge and the Marin Headlands. While swimming is not recommended due to strong currents, it is a popular spot for iconic views, romantic sunset strolls, beachcombing, and picnicking. Many photographers flock here to capture the perfect shot of the bridge at sunset.

10) Doheny State Beach

Home of the annual Ohana Festival, Doheny State Beach in Dana Point is the first state beach in the California state park system. It is popular for sunbathing, surfing, whale and dolphin watching, and camping. While the north end of the beach is a world-renowned surfing spot, the south end offers camping facilities, including RV and tent sites. Visitors can also enjoy its many picnic areas, volleyball courts, and aquarium with tide pools and various sea creatures.

of Main Beach in Laguna,
one of the lesser-known
experiences California has to offer.

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



POLICY IMPLICATIONS AND NEXT STEPS

The substantial growth in the older adult population poses major fiscal and policy challenges for California. The good news is that by some measures—such as living longer and living in their own homes—older Californians will be better off than today’s seniors. However, the rapid increase in the older population means that the number of older adults needing help of some sort will grow dramatically. Our projections show an economic bifurcation of the state’s rapidly growing older population. Those who own their own homes and have adequate savings for retirement will obviously have more resources to take care of their needs as they age, but a large group of older Californians, especially renters, will face numerous challenges including simply affording a place to live.

These demographic projections highlight the need for policymakers, health care providers, and community organizations to prepare for a future where older adults represent a larger and increasingly diverse segment of California’s population. Moreover, the significant growth in the older population, particularly the oldest old, will necessitate careful planning to meet the increased demand for age-related services and support, since older ages are highly correlated with illness and disability (Tesch-Römer and Wahl 2016). The changing composition of the older adult population will require culturally sensitive approaches to service delivery and policy development to ensure that the needs of all groups are adequately addressed. This includes not only addressing language barriers but also understanding and respecting diverse cultural norms and preferences in health care, social services, and community engagement.

MANY CALIFORNIANS ARE FINANCIALLY UNPREPARED TO RETIRE

Studies on retirement readiness reveal significant financial insecurity among California’s aging population, and these trends are projected to continue until 2035 (Ebner and Rhee 2015). Demographic analyses of middle-income older adults in California predict that by 2033, many will face mobility limitations and chronic conditions, and will be unable to afford assisted living without selling their homes (Pearson et al. 2022). Additionally, financial disparities are particularly pronounced among Black and Latino communities within this group (Munevar and Rayel 2024). Sudden changes in health, disability, and marital status can lead to significant financial hardship for older adults, often resulting in Medicaid enrollment (Johnson and Favreault 2021).

The increase in labor force participation among 65- to 74-year-olds, particularly those with less education, may require workplace adaptations and policies to support older workers. The Master Plan for Aging encourages employment and volunteer opportunities for older adults, especially in roles that foster intergenerational engagement. But the economic divide among seniors may necessitate targeted interventions to support those with the greatest financial need while also addressing the unique challenges of the “housing rich, income poor” population.

Older adults with incomes too high to qualify for Medi-Cal face high and rising costs for long-term care in assisted living facilities and nursing homes. In California, a semi-private room in a nursing home cost about \$137,000 annually in 2023, an eight

percent increase over the previous year (Genworth 2023). Wealthy individuals may choose to self-insure by saving enough to cover long-term care expenses (Marotta 2022). For low- and middle-income Californians, however, managing the risk of financing this high level of care is a major challenge.

Middle-income older adults who cannot self-insure and do not qualify for Medi-Cal may choose to purchase long-term care insurance.(10) However, premiums can rise, and coverage can be limited (Marotta 2022). In a worst-case scenario, individuals pay premiums for years only to have their insurer go out of business before they can collect on any coverage. Washington state has created a public long-term insurance program; its WA Cares Fund pays for long-term care out of a payroll tax (WA Cares Fund 2024). However, lifetime payments are capped at \$36,500, a limitation that highlights the difficulty in truly insuring an entire population against the risk of long-term care.

“
**In California,
a mere 5%
of providers have
training in geriatrics**
”

WORKFORCE AND BUDGET PRIORITIES WILL NEED TO SHIFT TO ADDRESS GROWING DEMAND FOR HEALTH CARE

Growth in the aging population is in part due to advances in public health and medicine, but longer life spans involve frailty and disability (Rowe et al. 2016). The state will need to transform several sectors to meet the needs of the fast-growing group of adults 60 and older, along with the more complex needs of those aged 85 and up, a yet-faster-growing group (Department of Aging 2024). California’s Master Plan for Aging identifies priorities and calls on stakeholders in the public, private, and philanthropic sectors to help prepare for this new demographic era. The plan calls for a reimagined approach that includes both health services and healthy communities.

Health services will need to transform to respond to increased and changing health care needs. The growth of geriatric expertise in health care is not on track to meet demand. The Institute of Medicine highlighted the need for a health care workforce to serve an aging population in 2008, but its call to action was followed by a decline in geriatricians and nurse practitioners who work with older adults, and health professions education still does not require classes in geriatrics (National Academy of Sciences 2023). In California, a mere five percent of providers have training in geriatrics (Department of Aging 2024). Beyond physicians, nurses, and other well-paid health professions, the state will need to bolster its care workforce with more workers in roles such as home health and personal care aides (McConville, Payares-Montoya, and Bohn 2024). These are some of the fastest growing jobs in the state, but they tend to pay low wages and have high turnover (McConville, Payares-Montoya, and Bohn 2024).

The health needs of older adults will also have a major impact on state spending, as Medi-Cal is the most common payer for long-term services and support in California. Nationally, long-term care costs account for over 30 percent of Medicaid spending (Centers for Medicare & Medicaid Services 2020) and are projected to grow along with the aging population (University of Pennsylvania 2022).



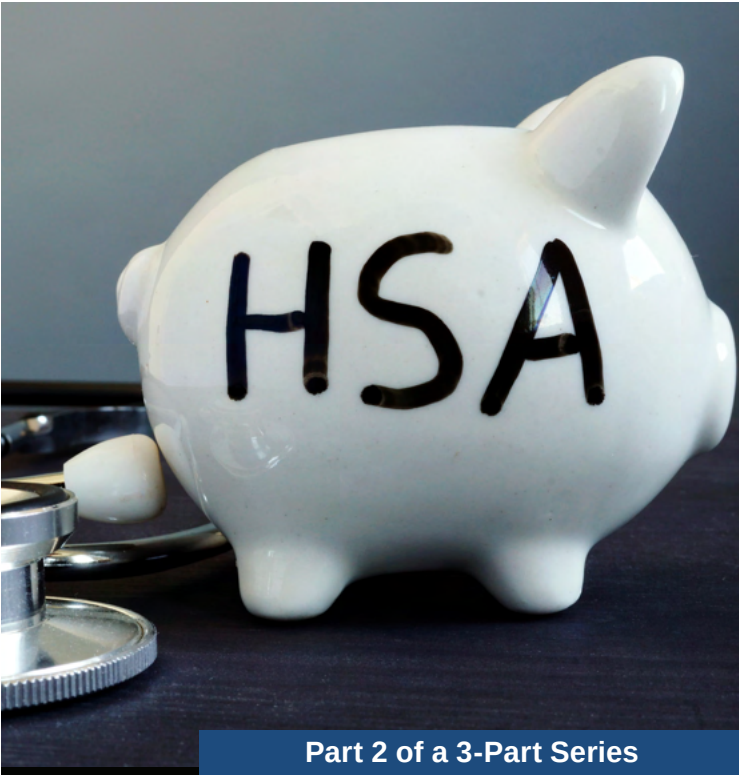
Final Part Coming Next Month

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CalCPA Health Coverage Options: A Deep Dive Into Plan Variety and HSA Leadership

Via Interview with Ron Lang By Phil Calhoun



Part 2 of a 3-Part Series

In the second installment of our in-depth look at CalCPA Health, CEO Ron Lang discusses the breadth of coverage options available to California's CPA and financial professional firms. This part of the interview explores the organization's philosophy on plan design, its industry-leading approach to Health Savings Account (HSA) plans, and how CalCPA Health's flexibility and integration set the plans and support as a leader in the competitive group health market for many businesses in the financial services industries.

A Broad Spectrum of Plans: Choice and Customization

CalCPA Health offers an exceptionally wide range of medical plans with about 40 in total. The plans span from Preferred Provider Organizations (PPOs), Exclusive Provider Organizations (EPOs), Health Maintenance Organizations (HMOs), and an extensive suite of HSA-eligible high-deductible health plans. This variety is designed intentionally to meet the diverse needs of small and mid-sized firms that often have employees with different healthcare preferences and financial situations.

While some national insurers may abruptly cancel plans and move members to new options, CalCPA Health takes a more measured approach. The organization is mindful about removing plans from the market and prefers to maintain continuity for its members, even as it regularly reviews and refines its offerings to avoid overwhelming employers and employees with too many choices.

HSA Plans: A Core Strength and Differentiator

One of the standout features of CalCPA Health is its strong emphasis on HSA-eligible plans. Roughly half of CalCPA Health's insured population is enrolled in an HSA plan, a figure far above the national average of approximately 24 percent (and even higher compared to California's average). This is no accident; as Lang explains, the CPA and financial professional audience is uniquely positioned to appreciate the tax advantages and long-term savings potential of HSAs.

Why HSAs Are So Popular with CalCPA Health Members

- **Tax and Savings Benefits:** HSAs allow for pre-tax contributions, tax-free investment growth and tax-free distributions to cover qualified medical expenses. Unused funds roll over year-to-year, accumulating for future healthcare needs.
- **Financial Literacy:** CalCPA Health's clients, primarily CPAs and financial professionals, tend to understand and value these benefits, making them more likely to enroll and actively use HSAs as part of their overall financial planning.
- **Talent Attraction and Retention:** Many firms use HSA plans as a recruitment and retention tool, offering employer contributions to HSAs outside of 401(k) plans and without running afoul of discrimination rules. This flexibility is highly valued by both owners and employees.

A Wide Range of HSA Plan Designs

CalCPA Health offers the largest selection of HSA-eligible plans in the state, starting at the federal minimum deductible and increasing in increments as high as \$6,500. This allows firms and employees to select plans that match their risk tolerance and financial goals. Many members start with lower deductibles as they build up their HSA balances, then move to higher deductible plans as their comfort with the HSA model grows and balances in the account total more than the plan deductible.

Fully Integrated HSA Administration

CalCPA Health's HSA plans are fully integrated with HealthEquity, streamlining administration for both employers and employees. Employees can pay providers directly from their HSA, reconcile debit card transactions, and manage their accounts online. Employers benefit from simplified processes for adding new hires, changing contribution amounts, or deleting HSA contributions, which reduce administrative burdens.

Other Plan Types: PPOs, EPOs, and HMOs

In addition to high-deductible PPO plans which are HSA eligible, CalCPA Health provides a full suite of traditional PPO plans, which offer flexibility to see any provider but with cost savings for using in-network doctors and hospitals. EPO plans are also available, providing in-network-only coverage without the requirement for primary care physician referrals, which is a popular choice for firms that want simplicity without the restrictions of an HMO.

For those who prefer the predictability and coordinated care of an HMO, CalCPA Health partners with Anthem Blue Cross to offer HMO and Select HMO plans. These plans require members to choose a primary care physician and obtain referrals for specialty care, but they offer no-claims paperwork for in-network services and comprehensive coverage, including mental health and substance abuse services.

Mix-and-Match Flexibility and Kaiser Integration

One of CalCPA Health's unique features is its willingness to allow firms to "mix and match" plan types. Employers can offer any combination of copay, HSA, and Anthem Blue Cross HMO plans, tailoring benefits to the needs of their workforce. Furthermore, CalCPA Health will write plans alongside Kaiser Permanente, accommodating employees who prefer to stay with Kaiser without imposing participation requirements, as long as adverse selection is avoided. This flexibility is rare among group health providers and demonstrates CalCPA Health's commitment to meeting member needs.

Network Strength and Member Experience

All CalCPA Health plans leverage the Anthem Blue Cross provider network—the largest in California—ensuring broad access to doctors, specialists, and hospitals. Members also benefit from value-added services like LiveHealth Online, which provides telemedicine and online mental health visits, and a single point of administration for medical, dental, vision, life, and disability plans.

Conclusion

CalCPA Health's approach to plan design is rooted in flexibility, member education, and a deep understanding of its professional audience. By offering a broad spectrum of PPO, EPO, HMO, and especially HSA-eligible plans, with fully integrated administration and unmatched customization, CalCPA Health empowers CPA and financial services firms to provide high-quality, cost-effective benefits that attract and retain top talent. In the final part of this series, we'll examine the value-added services, wellness programs, and future trends shaping CalCPA Health's ongoing evolution.

Part 3 Coming Next Month



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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Helping Clients with Work-Life Balance Strategies for 2025 and Beyond

By Jennifer Beck, VP, ARAG Customer Experience & Insights

In today's workplace, boundaries are essential. According to the American Psychological Association, 95 percent of U.S. workers say it's important to work for an organization that respects the line between work and personal time. And Randstad's Workmonitor report shows that balance now ranks higher than pay when evaluating job offers.

The 2025 ARAG Work-Life Balance Study adds new dimension to this picture. Among the 1,600 employees surveyed – spanning generations, industries, and roles—54 percent say they've resigned from a job in the past due to poor work-life balance. Balance has moved from “perk” to “priority.”

But what does work-life balance mean to employees? And what can employers do to help them achieve it? The research offers timely insights for brokers looking to guide clients in adapting their benefits strategies to meet the needs of a diverse, multigenerational workforce.

The Four Pillars of Work-Life Balance

While the concept of work-life balance may be universal, how employees define and experience it varies. Four key themes emerged from the study, each offering a lens through which brokers can help employers evaluate and enhance their approach to benefits.

1. Separation of Work and Personal Life

For most employees, balance begins with boundaries. The ability to disconnect from work mentally and physically at the end of the day is essential. Many respondents said they make a conscious effort to avoid work-related tasks after hours—preserving energy for family, friends, and personal passions. It is about recharging, not retreating.

And yet, 57 percent of employees admit they “occasionally” or “frequently” work beyond their scheduled hours. That's more than half the workforce carrying their job into their evenings and weekends. It is no wonder that burnout and disengagement are on the rise.

According to Amy Gonzales, Human Resources Analyst at Merced County, “[Mental fatigue and burnout] greatly impacts employees by making them less productive and disengaging even the best employees.

Employers that actively protect personal time—by discouraging after-hours communication or establishing “no meeting” windows—are seeing the payoff. Employees in these environments report higher satisfaction and lower turnover.



For brokers, this is a strategic entry point. Helping clients formalize boundaries—through quiet hours, email delay tools or manager training, for example—can be a low-cost, high-impact way to reinforce a culture of respect and renewal.

2. Flexibility and Scheduling

If there's one word that continued to come up in the study, it is "flexibility." For 34 percent of employees, the ability to adjust their schedule—whether for a doctor's appointment, school drop-off or an unexpected family need—is the very definition of balance.

And employers are beginning to respond. About 77 percent of surveyed employees say they're empowered to handle personal needs during work hours. However, nearly half of those must make up the time or use PTO—conditions that can dilute the benefit.

“For employers, addressing stress holistically is key”

Abby Gibbons, Director of People & Culture at Quicksilver Scientific, Inc. shared, “Employees have expressed appreciation for greater flexibility and our company has low turnover.” It is a reminder that autonomy, when offered with clarity and support, can be a powerful retention tool.

For brokers, the opportunity lies in helping employers expand their definition of flexibility. Staggered hours, compressed workweeks or just the freedom to manage personal obligations without penalty could be impactful. When employees have reasonable control over how and when they work, balance becomes sustainable.

3. Stress Management

Work-life balance goes beyond time. Many employees described balance as a way to manage stress, especially the kind that lingers after hours and impacts personal life. They want to leave work at work so they can be fully present with their families and friends.

Financial insecurity—and the stress that comes with it—remain a major issue for employees. Nearly half of those surveyed said access to financial counseling or debt management support helps them maintain balance. And 40 percent said legal consultation services, like help with family law or estate planning, would also make a difference.

For employers, addressing stress holistically is key. That could mean going beyond surface-level wellness perks to offer expanded mental health services, robust EAPs, financial education and counseling or legal insurance. Brokers play a pivotal role in shaping these strategies and ensuring that benefit portfolios reflect the emotional and financial realities employees face.

4. Quality Time with Family

Employees consistently emphasized the importance of having enough time and energy to enjoy life outside of work. For many, that means being present for their kids, caring for aging parents or simply spending meaningful time with loved ones.

This is especially critical for caregivers. The study found that 39 percent of employees find caring for immediate family “somewhat” to “extremely” stressful. That number jumps to 51 percent for those caring for parents or grandparents. When caregiving support is lacking, it often leads to missed work, distraction and even misuse of PTO policies.

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Jennifer Beck, VP, ARAG Customer Experience & Insights



As VP, Jennifer is responsible for the overall experience of ARAG's members through the research, analysis, and evaluation of current processes and future trends of both consumer expectations and industry innovations. ARAG Legal Insurance, the leading legal insurer worldwide, connects people with affordable and reliable legal counsel for everyday life needs. jennifer.beck@araglegal.com

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Emerging Trends in Group Health Insurance Coverage & How to Stay Competitive

By Allison Babberl, Content Marketing Manager of AgencyBloc



In the ever-evolving landscape of group health insurance, staying informed about emerging trends is not just advantageous; it's essential. As a benefits broker, your ability to navigate the complexities of the group benefits health insurance market can significantly impact your competitive edge. Every benefits agency must have a base-level understanding of the emerging coverage options and their benefits to ensure you're staying ahead of the curve. By integrating these cutting-edge plans into your portfolio, you not only meet the changing demands of your clients but also ensure your continued relevance.

Understanding the Changes in Group Benefits Insurance

In today's dynamic health insurance landscape, a notable shift is occurring with employers' health coverage — especially in the small- to mid-sized group market. Marked by increasing premiums, prescription drug prices, and out-of-pocket maximums, group benefits agents are being challenged more than ever to find reliable options that provide necessary and attractive coverage without breaking the bank.

Exploring the Emerging Alternative Group Health Coverage Options

With these challenges, more benefits brokers are considering alternative coverage options to traditional insurance models. Some of the most well-known competitive benefits options include level-funded group health insurance plans, ICHRA, QSEHRA, and reference-based pricing models.

Level-Funded Group Health Plans

Level-funded plans offer a hybrid approach, combining the predictability of fully-insured plans with the flexibility of self-funded. This option allows companies to pay a steady monthly fee to cover anticipated claims with the potential to receive refunds for lower-than-expected usage.

This financial predictability, coupled with the prospect of cost returns, positions level-funded plans as a compelling alternative for medium-sized businesses seeking to optimize their health coverage strategies. What sets these plans apart is their ability to provide employers with enhanced data transparency. Gathering insights into claims trends can inform future healthcare strategies and improve employee wellness programs. However, level-funded group health plans do require additional regulatory maintenance and compliance from employers, which need to be communicated and appropriately planned for.

ICHRA

Individual Coverage Health Reimbursement Arrangements (ICHRA) enable employers to offer a flexible, customizable approach to employee health benefits. With ICHRA, employers allocate a defined tax-free contribution that employees can use to purchase individual health insurance policies that suit their personal needs, aligning with today's trend towards personalization in healthcare. This model shifts the decision-making power to employees, allowing them to choose plans based on their preferences for carriers, networks, and benefits.

ICHRA also encourages competition among insurance carriers, which could potentially drive down costs without compromising on choice or quality of coverage. While ICHRA's growth trajectory has been strong across a variety of business sizes, these coverage options introduce administrative complexity and potential misalignment for employee expectations. Again, it's crucial to educate and prepare both employers and employees for the changes.

QSEHRA

The Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) offers a tailored solution for small businesses seeking to provide competitive health benefits without the financial burden of traditional group health plans. Similar to ICHRA, QSEHRA allows employers to reimburse employees for individual health insurance premiums and qualifying medical expenses tax-free. However, it's best suited for groups with 50 or fewer employees, which is a consideration for employer groups looking to grow.

The growth in QSEHRA adoption, especially among smaller employers, reflects its appeal in reducing the administrative load and costs typically associated with traditional group health insurance.

Reference-Based Pricing

Reference-Based Pricing (RBP) introduces a cost-containment strategy for group health insurance by tying reimbursements for medical services to a defined benchmark rather than relying on traditional carrier-negotiated networks. This approach brings greater transparency into healthcare costs by setting a clear and consistent payment standard, empowering employers to better manage their benefits spend.

Leveraging RBP can provide access to a broader set of providers since coverage is not restricted to narrow networks and has the potential to lower out-of-pocket expenses by curbing inflated hospital and facility charges. However, the model can create friction when providers bill above the benchmark, sometimes resulting in balance billing disputes or the need for negotiation support.

Regardless of which types of plans your agency sells, it's imperative to stay knowledgeable about these emerging trends in group health coverage options. When it comes down to it, if a broker shies away from presenting employers with effective options to provide optimal coverage without the financial burden, the impact could be detrimental. Employers will start to look to new agents for coverage, and your client retention will decline.

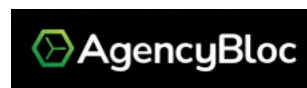
How to Stay Competitive in the Benefits Market

To stand out in the increasingly competitive benefits market, customizing employee benefits packages is crucial. Businesses need to offer a variety of plan options tailored to meet the diverse needs and budgets of their workforce.

Adopting innovative funding models like level-funded group health insurance plans, ICHRA, QSEHRA, and reference-based pricing can also set your agency apart. It's important to have an understanding of the pros and cons of each, what types of employer groups are the best fit, and how location factors into the equation. Not every group in every city will be the best fit for alternative group health insurance coverage. Factors like the overall group health, access to carriers and care, the employer's appetite for change, access to compliance and management providers, and pricing are crucial to consider during every benefits renewal period.

A comprehensive arsenal may include not only traditional health insurance options and the covered alternative, but also supplementary benefits such as mental health services, financial wellness resources, and telemedicine. Providing diverse offerings signals to employees that their well-being is valued, enhancing satisfaction and retention. Utilizing insights from current trends, your benefits agency can align your packages closely with employer and employee desires for more personalized and holistic health coverage.

Bottom line: Staying informed about emerging trends is a non-negotiable. By embracing these innovative options, you position yourself as a forward-thinking benefits professional. Failing to adapt means risking the loss of valuable clients to competitors who are ready to meet those demands. Equip yourself with the knowledge and tools necessary to maintain your competitive edge, ensuring that your portfolio remains robust and relevant in today's dynamic market.



Allison Babberl has been with AgencyBloc since 2016 and specializes in all things content. As Content Marketing Manager, she works closely with clients and internal AgencyBloc team members to create content that educates, inspires, and helps enact change. Outside of the office, Allison can be found practicing yoga, tending to her plants, reading a good book, or getting lost in the world.

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Beyond Open Enrollment: Your Growth & Client Nurturing Checklist

By Jói Sigurdsson , CEO of CrankWheel

Pro Tip: Send screen sharing links via both text message and email to maximize accessibility. Text messages often receive faster responses, while emails provide a paper trail for follow-up reference.

The immediate benefit becomes clear in your show-rates. Clients are more likely to engage when the process requires minimal effort. This approach is especially valuable when reaching busy clients on the go. A small business owner traveling between meetings can quickly review coverage options on their smartphone.

Step 2: Upsell During the Enrollment Window

Open enrollment presents your best opportunity to expand client relationships through strategic upselling. Clients are already focused on their insurance needs, making them receptive to comprehensive coverage discussions.

Checklist Item: Identify clients open to ancillary products like dental, vision, or supplemental coverage.

Visual comparisons prove far more effective than verbal descriptions when presenting upsell opportunities. Create side-by-side comparisons showing monthly premiums, coverage limits, and out-of-pocket maximums. Highlight specific scenarios where additional coverage provides substantial savings. For example, demonstrate how dental coverage pays for itself after two routine cleanings, or show how vision benefits reduce the cost of prescription eyewear.

Interactive Demo Strategy: Use your screen sharing session to walk through real-world examples. Show how a family with young children benefits from comprehensive vision coverage, or demonstrate how supplemental insurance protects against unexpected medical expenses.

Step 3: Post-Enrollment? Maximize Cross-Sell and Retention

The enrollment signature marks the beginning of your retention strategy. Post-enrollment follow-up calls create opportunities for additional sales, while strengthening your value as a trusted advisor.

Checklist Item: Schedule follow-up calls to walk through welcome kits, add-ons, or wellness programs.

New policyholders often feel overwhelmed by welcome packets filled with complex benefit information. During these sessions, naturally introduce complementary products that weren't discussed during initial enrollment. A client reviewing their new health plan might discover they need supplemental life insurance or disability coverage. The timing feels natural because you're already reviewing their complete insurance picture.



The phones won't stop ringing. Your calendar's a wall of back-to-back appointments. Every conversation feels like a race against the clock.

Welcome to open enrollment. The make-or-break season for insurance agents. But, here's the twist: the real money and long-term loyalty aren't built in these frantic weeks alone. They're earned in the moments after the dust settles. We have put together this practical checklist to help agents turn enrollment season into a year-round revenue engine. With tips that cover upsells, cross-sells, retention strategies, and relationship-building moves that keep clients close long after the deadline passes.

Step 1: Launch with Smooth Enrollment Experiences

Your enrollment process sets the tone for the entire client relationship. Technical friction during plan demonstrations can derail promising conversations and force unnecessary delays.

Checklist Item: Use one-click, no-download screen sharing to demo plan options instantly.

Browser-based screen sharing eliminates the common obstacles that plague traditional sales presentations. Your clients don't need to install software, create accounts, or navigate complex interfaces. They simply click a link you send via text or email, and they're viewing your screen within seconds.

Step 4: Deepen Relationships with Education and Value-Adds

Education builds trust and positions you as an indispensable resource. Many clients purchase insurance, but never fully utilize their benefits, leading to dissatisfaction and potential churn.

Checklist Item: Send short, screen-shared explainer videos on benefits like telehealth or preventive services.

Create a library of brief educational videos covering common benefit topics. Record screen sharing sessions that walk through telehealth app setup, explain how to find in-network providers, or demonstrate the claims submission process. These videos provide ongoing value while keeping your name visible between renewal periods.

Step 5: Automate and Scale Without Losing the Personal Touch

Growth requires systems that maintain relationship quality while expanding your client base. The most successful agents blend automation with personal attention to create scalable yet intimate client experiences.

Checklist Item: Create embedded "share your screen" widgets on your website or booking links for spontaneous client demos.

Implement booking systems that automatically trigger screen sharing invites for key client lifecycle moments. Renewal reminders can include one-click links to review current coverage and explore updates. Birthday messages might include offers to discuss changing insurance needs as clients enter new life stages.

“Education builds trust and positions you as an indispensable resource”

Step 6: Track Engagement, Optimize Outreach

Data-driven insights transform good agents into great ones. Understanding how clients interact with your presentations allows you to refine your approach and focus on the most effective techniques.

Checklist Item: Monitor who views recorded walkthroughs and for how long.

Engagement analytics reveal patterns that aren't obvious during live conversations. You might discover that certain plan explanations consistently lose viewer attention, indicating a need to restructure those presentations. Conversely, segments with high engagement can be expanded or replicated across other topics.

Follow-up Strategy: Pay special attention to clients who start watching recorded content but don't finish. These partial views often indicate genuine interest paired with timing constraints or unanswered questions. A simple follow-up call offering to continue the presentation live can convert these warm leads into sales.

Use viewing data to identify your most compelling content. Presentations with high completion rates and repeat views can be promoted more heavily or used as templates for new topics. This iterative improvement approach ensures your content library becomes increasingly effective over time.

Team Optimization: If you work with other agents, sharing high-performing content across the team multiplies everyone's effectiveness. Top-performing presentations can become training materials for new team members or templates for agents struggling with specific product explanations.

Building Year-Round Success Through Seamless Engagement

Open enrollment creates natural urgency, but your most valuable client relationships extend far beyond these annual deadlines. The agents who thrive understand that modern clients expect convenience and immediate value. They want their questions answered quickly, their options explained clearly, and their time respected. Browser-based screen sharing meets all these expectations, while positioning you as a forward-thinking professional who invests in client experience.

This season, don't just close plans, open doors. Use every enrollment interaction as the start of a relationship that lasts all year, one seamless screen share at a time.

Boost your close rates with effortless screen sharing. Join our exclusive webinar for Cal Broker Magazine readers and discover how CrankWheel's effortless screen sharing helps agents close more deals faster, with less friction.

[Click here to learn more](#)



Jói Sigurdsson is the CEO of CrankWheel, a company dedicated to making screen sharing simple enough to use on any sales call, with any prospect. Unlock higher close rates with seamless screensharing. Join our exclusive webinar for Cal Broker Magazine readers and discover how CrankWheel helps agents close more deals with a faster time to close.

Source:

1. <https://crankwheel.ewebinar.com/webinar/crankwheel-for-california-brokers-20556>
2. <https://crankwheel.com/calbrokermag>



From Gen Alpha To Baby Boomers: Health Benefits For Today's Diverse Workforce

By Ken Lautsch, Vice President and General Manager, Premier Accounts at Blue Shield of California

For the first time, there are currently six generations in the workforce - from Generation Alpha starting out in their first jobs all the way through the Silent Generation, with the four largest groups being those in between: Generation Z, Millennials, Generation X and Baby Boomers. More than ever before, employers and their benefits partners must innovate and adapt to ensure that their offerings meet the complex and varied needs of today's employees.

The Marsh McLennan Agency's "2025 Employee Health and Benefit Trends" report finds "2025 Employee Health and Benefit Trends" report that millennials want support with family planning, financial wellness and career development, while Gen Z employees prioritize mental health, work-life balance and self-care. At the other end of the spectrum, Baby Boomers are either getting ready to retire or returning to the workforce, and they want comprehensive health coverage.

What Does This Mean For Brokers & Health Plans?

Each generation brings its own unique needs and preferences, and it's important to recognize that there are many commonalities in what employees are looking for in their health benefits - regardless of age. Health plans like Blue Shield are always looking to partner with brokers and employers to build benefits packages that meet the needs of today's workers. A few areas of opportunity include:

User-Friendly Technology

While Gen Z and millennials are known for being digital natives, employees across age groups recognize the important and helpful role of technology. In fact, Marsch McLennan's [2024 trends report](#) found that eight in 10 employees said it is very important for their benefits provider to innovate by leading in digital technology. To make members' lives easier, Blue Shield recently announced a collaboration with Zocdoc to bring online appointment scheduling right into our online member portal, accessible through our member app and website. This allows members to know they're booking in-network care without having to pick up the phone.

Flexible Health Care

More options to deliver high-quality care in a convenient and accessible way means more patients getting the care they need. Innovative technology can play a big role here, too. For example, in 2023, Blue Shield launched Virtual Blue, a virtual-forward program with the option to be seen in person if needed or preferred. Virtual Blue offers quick and convenient access to high-quality primary, specialist, mental and behavioral health care, with low or no copays and 24-hour access to virtual care team support.

Results from the first year of Virtual Blue showed cost savings, reduced urgent care and emergency care utilization, greater engagement with primary care, and more - reinforcing the positive impact high-quality virtual care options can bring.

Whole-Person Care

Overall wellness and mental health care are important across generations, and it's critical to provide access to resources and support. Beyond things like therapy and Employee Assistance Programs, employers, brokers and health plans must work together to

curate the right mix of mental and behavioral health offerings. With so many wellness programs out in the market, health plans like Blue Shield can bring our expertise and offer holistic packages designed to meet a broad range of needs, from meditation to digital physical therapy to weight loss. Moreover, Blue Shield often customizes a program to create something more tailored specifically to the unique needs of our clients.

Cost-Saving Initiatives

Bringing down healthcare costs is on everyone's minds. It's imperative to make healthcare more affordable and accessible to all Californians - and drug costs are a significant part of that. Health plans offering pharmacy benefits have an opportunity to bring transparency to consumers, empowering them to make informed decisions. In that spirit, Blue Shield recently launched a tool that allows its members to compare drugs across hundreds of pharmacies to find the best option at the lowest price.

Benefits For Individual Needs

In a state as diverse as California, it's critical to provide offerings that meet the unique needs of employees coming from all backgrounds. To do this, it is helpful to work with a network of providers that bring specialized expertise, such as Folx Health for LGBTQIA+ support or Zócalo Health, a Latino-founded healthcare service designed to offer a culturally aligned health care experience.

Together, brokers, health plans and local and national employers can ensure employees have access to the programs, services and tools to stay on top of their health and well-being. To learn more about Blue Shield of California's Group Benefit offerings, visit our Employer Connection website.



Ken Lautsch is Vice President and General Manager of Premier Accounts at Blue Shield of California, where he oversees strategy, programs, products, sales, and account management for the rapidly growing 100-2,000 employee business segment. With more than 25 years of experience in health plans and insurance, he previously served as West Region Vice President of Sales at UnitedHealth Group and has also held leadership roles at Aetna, The Hartford, and Prudential Insurance.

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**CALIFORNIA
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Open Enrollment Basics

By CalBroker Magazine



As a trusted advisor, you must ensure every policyholder has the information necessary to use their coverage. Open enrollment is your opportunity to explain each option. Discussing these crucial details makes you a valuable resource for clients and employees.

In-Network & Out-of-Network Coverage

Provider network is among the most important factors when choosing an insurance policy. Employees can get so caught up in reducing their monthly premiums and copays that they forget to consider whether the providers they need are in their network. If something happens and they choose an out-of-network doctor without realizing it, they could face a startlingly high bill.

It's important to explain the potential costs and how consumers can protect themselves from high costs. They should understand whether they'll be working with a health maintenance organization (HMO), a preferred provider organization (PPO), or another type of insurance structure, and what that means for their provider selection.

PPO customers must check that a provider accepts this type of insurance before verifying network membership. HMO customers need to be aware of service area limits and know that out-of-network care is usually only possible for emergencies.

Policyholders also need to know their rights under the **No Surprises Act**. The legislation covers most emergency services and some non-emergency services, but certain exceptions exist, and state laws may differ. Explaining a policy shopper's rights in detail is an important way to earn their trust and protect everyone involved, from the consumer to your employer.

Referrals to Specialists

Consumers need to know whether their insurance plan requires a referral before seeing a specialist. This education is vital for historically healthy patients who might not have experience navigating specialist care. They may not understand that they can't simply pick up the phone and make an appointment, at least not without incurring extensive costs.

When anxious patients face high specialist bills they didn't expect, it can cause distrust in the healthcare system. Advisors should avoid assuming that referrals are common knowledge. Instead, they should explain what kind of policies require referrals and what patients should do if they need one.

Again, the first step is explaining the type of plan a consumer might choose. They should understand that an HMO requires a referral, but PPOs and exclusive provider organizations (EPOs) do not. Consumers may pay for that flexibility with a higher premium.

Deductibles and Copays

Out-of-pocket costs are the bottom line for many healthcare consumers. They want to know how much they'll pay when they walk into a doctor's office and whether that amount will change from visit to visit.

Not all consumers know the difference between a deductible and a copay, even if they've had health insurance for years. Many plans pay for select services, including annual checkups, before the patient meets their deductible. A patient who has only ever needed routine care, with the occasional follow-up, may never have received a deductible-eligible service—but that doesn't mean they won't in the future.

Copays may apply before, after, or instead of a deductible. A patient may pay nothing for a covered checkup, then owe a copay when they visit the doctor a month later with an illness complaint. That visit and any subsequent care for the illness may require a copay, a payment toward the deductible, or both, depending on the plan.

Insurance professionals should understand the copay and deductible requirements for each policy they offer. For each policy, know which procedure and visit types count toward the deductible and when the patient will owe a copay.

“
When anxious patients face high specialist bills they didn't expect, it can cause distrust in the healthcare system
”

Out-of-Pocket Maximum

The out-of-pocket maximum is another cost health insurance customers need to understand. Some subscribers may not know that a plan limits how much they pay for services in a given year. Others may hear the term "maximum" and think they won't pay anything on top of that, which is a potentially dangerous assumption.

Out-of-pocket maximums don't cover a policyholder's monthly premiums or anything they spend on uncovered services. That includes visits to out-of-network doctors or alternative care providers.

Consumers should know the out-of-pocket maximum for every policy they consider. Many will appreciate it if you help them do the math, including how much they'll pay, including premiums, and how that total compares to other policy options.



Money-Saving Tips for Policyholders

Everyone wants to get the best healthcare possible without overpaying. As an insurance professional, you can use your expertise to help subscribers save money and use their health plans to their best advantage. Remember these tips to offer extra value in your client meetings:

- **Use employee benefits:** Encourage employees to use any offered well-being benefits, such as gym memberships or nutrition services. Staying healthy may help them avoid costly illnesses.
- **Get preventive care:** Many insurance policies offer no-cost preventive care and screenings. These visits allow policyholders to get regular medical advice and know their risks so they can take action to keep themselves healthy.
- **Understand your needs:** Some consumers use healthcare services frequently and need a plan that minimizes point-of-care costs. Those patients may need encouragement to invest in a higher-deductible plan with lower out-of-pocket costs. Others rarely visit the doctor and may do better with a lower-deductible plan that charges more per visit.
- **Consider a high-deductible health plan (HDHP) and health savings account (HSA):** Cost-conscious employees may save money by subscribing to an HDHP and putting money into an associated HSA. HDHPs typically have lower premiums, and depending on the policyholder's budget, they may be able to put those savings into an HSA.
- **Know before you go:** Policyholders can look at their policy documents to learn whether they'll owe a copay or deductible payment for a particular visit. Find out who the policyholder should contact with questions and ensure they know the most effective communication methods. They'll appreciate not having to hunt for it themselves when worried or sick.

Health insurance can be confusing and intimidating, and consumers sometimes need more confidence to ask questions. As an industry professional, you can provide compassionate guidance that makes the open enrollment process easy and comfortable. It's one more thing that earns their trust.

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The 3 Main Types Of Small Group Medical Insurance



By **CalBroker Magazine**

There are three main types of Small Group Medical Insurance Fully Insured, Partially Self-Funded, and Fully Self-Funded. These terms often get tossed around in conversations about employer-sponsored health benefits, but they each represent very different ways of handling healthcare costs and risk.

Let's break them down clearly:

1. Fully Insured

This is the traditional, most common setup for small businesses.

How it works:

- The employer pays a fixed premium to an insurance carrier.
- The insurance carrier is responsible for:
 - Paying employee medical claims
 - Managing the health plan
 - Bearing the financial risk
- Employees typically pay part of the premium through payroll deductions and may have copays, deductibles, and coinsurance.

Advantages:

- Predictable monthly costs for the employer.
- The insurance company takes on all the risk.
- Simple to manage - the insurer handles claims, compliance, and plan design.

Disadvantages:

- Less flexibility in plan design.
- Premiums can increase annually based on group health trends, not necessarily your company's actual claims.
- Usually more expensive than self-funded options.

Compliance Risks:

- Minimal — the insurance carrier is responsible for:
 - Ensuring ACA essential health benefits are covered.
 - Filing with state insurance departments.
 - Handling premium rate reviews and network adequacy.
 - Generating required ACA reporting (though you may still have to file Form 1095-C if you have 50+ employees).

Administrative Risks:

- Low — the carrier manages claims, networks, customer service, and regulatory filings.
- The employer mainly handles payroll deductions and premium payments.

2. Partially Insured / Level-Funded

This is a hybrid between fully insured and self-funded – a growing option for small to midsize businesses looking for more control and potential savings.

How it works:

- The employer pays a fixed monthly payment (similar to a premium) that covers:
 1. Administrative costs
 2. Stop-loss insurance (limits the employer's financial risk)
 3. A claims fund (for paying actual employee healthcare claims)
- At the end of the year:
 1. If actual claims are lower than expected, the employer may get a refund or credit.
 2. If claims exceed expectations, stop-loss insurance kicks in to cover the overage.

Advantages:

- Potential for savings if employee claims are low.
- More flexibility in plan design and wellness programs.
- Fixed, predictable monthly costs with protection against catastrophic claims.

Disadvantages:

- Some financial risk if claims are higher than expected (though stop-loss limits this).
- More administrative involvement than fully insured plans.

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What Venus Williams' Health Insurance Comments Indicate About COBRA

By Kathryn Mayer



Her comments may have been somewhat playful, but they're also steeped in reality. The Consolidated Omnibus Budget Reconciliation Act (COBRA)—which allows employees and their families to stay on their former employer's sponsored health insurance plan for a certain amount of time, usually 18 months, although it can sometimes be extended to 36 months and can be pricey, given that coverage is not subsidized by the employer and involves administrative fees. It's also often confusing and overwhelming, given the complex set of rules, timelines, eligibility criteria, and payment schedules.

"While the right to elect continuation of health coverage is a helpful protection for employees, the reality is that COBRA is usually much more expensive than active employee coverage," said Sarah Raaii, a partner in the Chicago office of law firm McDermott Will & Schulte. *"Former employees and their families can end up paying many more times what they were paying for the same coverage as an active employee."*

When the COBRA period concludes, people have to find coverage themselves.

"Without employer-sponsored health coverage, many individuals realize that there isn't a perfect alternative," Raaii said.

Williams' viral comments about health insurance illustrate the frustration and confusion that many workers, including those who leave their employer, have about health insurance coverage and costs, experts said. It also signals a need for greater communication and education about COBRA information from employers, as well as information about benefits more generally.

"Williams' comments align with our data about workers' understanding of workplace benefits in general," said Kimberly Landry, associate research director at LIMRA, an insurance industry trade association based in Windsor, Conn. According to 2024 LIMRA data, just 25 percent of workers say they understand their medical benefits extremely well. *"But adding in understanding about how COBRA works and how to transition to medical benefits outside of the workplace likely widens the gaps of understanding,"* Landry added.

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After being sidelined from competitive tennis for 16 months due to health issues, seven-time Grand Slam champion Venus Williams made her comeback in July at the Mubadala Citi DC Open in Washington, D.C. But it wasn't just her love of the game that brought the 45-year-old superstar back. It was also the health care coverage.

"I had to come back for the insurance," Williams quipped about the Women's Tennis Association's health coverage after her first-round win in Washington. *"They informed me earlier this year I'm on COBRA. I was like, 'I got to get my benefits on.' Started training. I'm always at the doctor, so I need this insurance."*



Kathryn Mayer, Senior Specialist, B2C Content is responsible for SHRM's total rewards coverage and contributes to *HR Quarterly* and *All Things Work*. She has covered the health and benefits industry since 2011 and has served as senior benefits editor and chair of the Health & Benefits Leadership Conference at Human Resource Executive, editor-in-chief of *Employee Benefit News*, and executive managing editor at *BenefitsPro*. Her award-winning stories have been recognized by the *Jesse H. Neal Award*, the *American Society of Business Publication Editors*, and the *National Federation of Press Women*.

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CRC Benefits Steps Forward After BenefitMall Rebrand to Power Broker Support Across California

By Jamie Zelewicz, Senior Vice President, Growth and Strategic Partnerships at CRC Benefits

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CRC Benefits Prioritizes Broker Success After BenefitMall Merger

The California brokerage landscape stands at a crossroads, challenged by rapid regulatory change, evolving client needs, and intensifying market competition. Amid these shifts, CRC Benefits, formerly known as BenefitMall, has emerged as a central player committed to bolstering broker strategies, compliance capabilities, and client service models in California and nationwide.

“Bringing our benefits business under the CRC brand simplifies our structure, strengthens our message, and reinforces our commitment to being the go-to growth partner for agencies nationwide,” explained Neil Kessler, CEO of CRC Specialty + Benefits. For California brokers grappling with regulatory shifts and rising employer expectations, CRC Benefits aims to deliver value in the most streamlined, effective way possible.

Jamie Zelewicz: Charting a Broker-Centric Path

Jamie Zelewicz, Senior Vice President, Growth and Strategic Partnerships at CRC Benefits, joined in the wake of the rebrand with a clear mandate: drive revenue growth and build strategic partnerships across CRC’s diverse lines of business. Zelewicz’s background is steeped in real-world brokerage, including years spent in both agency management and as a specialist in small

group and association health plans. “I actually worked in the White House as an intern and thought I was going on a political career path,” Zelewicz recounted with a chuckle. But drawn by family ties and opportunity, his focus turned to insurance, where he quickly rose from producer to national leader before moving from retail brokerage into the wholesale space.

“I was developing a centralized small group center within the Wells Fargo world that really translated well when you came over to the wholesale side,” he shared. “Instead of doing it for one captive agency, we’re really doing that same model just for, you know, 20,000 brokers within the CRC Benefits family.” This experience, Zelewicz believes, is vital as brokers now face pressure to grow books while staying compliant amid tightening resources and increasing legislative demands.

Serving California Brokers: Specialization Over Commoditization

CRC Benefits now supports over 20,000 brokers nationwide, representing more than 200 carriers, and leverages a national platform to serve groups from a few employees through large enterprises averaging 700 employees or more. Yet Zelewicz is adamant that effective support in today’s market is about more than access. “If you look at CRC Benefits as an organization, we cover the wide gamut. We are a pure play wholesale solution platform. But what we’ve learned probably over

the last couple of years is that even though we can do all these different things, it can't be delivered by the same person.”

This ethos underpins CRC's approach in California, where regulatory complexity—from Paid Family Leave mandates to evolving employer health funding options—demands real expertise, not one-size-fits-all answers. Zelewicz emphasized, “There's a lot of niche and specialization within the services and solutions that we deliver to our clients, our broker partners. If you're looking for Medicare, we have Medicare specialists. If you're looking for analysis on disability plans... we have those specialists that just do those types of products.”

Adapting to Disruptors and Funding Models

For California agencies observing the rise of payroll-integrated disruptors and Professional Employer Organizations (PEOs), Zelewicz is clear-eyed about market realities. “A lot of the trends that we're seeing is PEO,” he noted, adding, “Our fastest growing PEO market is the state of California.” Instead of building their own PEO, CRC partners with 20 top PEOs nationally, “to help market a PEO. And sometimes be defensive and market against a PEO. Sometimes PEO is not the solution for everybody.”

Level-funded health plans are also gaining traction, now accounting for approximately 34 to 35 percent of CRC Benefits new business—illustrative of employers eager for alternative solutions as healthcare costs and regulatory burdens escalate. Zelewicz pointed out that “when considering alternative funding, employers are evaluating every option,” especially with major carriers launching innovative products to address California's specific needs.

Technology, Compliance, and the Broker's Enduring Role

Despite advances in automation and the proliferation of digital platforms, “for a long time this industry is going to be a people business,” Zelewicz reflected. The CRC model is designed to ride “shotgun or co-pilot” with their broker partners, delivering not just back-office support but also hands-on expertise, legislative compliance strategies, and competitive market intelligence. “When brokers reach out to us, they know that we're delivering solutions, technology efficiencies that are going to help them grow and help protect their reputation.”

The merger of CRC and BenefitMall isn't just a rebrand—it's a unification of resources, specialization, and scale structured expressly for the benefit of brokers.

“We don't compete with brokers. We provide all the tools, technology, resources, expertise, and people to help them win new business,” Zelewicz—a sentiment echoed by senior CRC leadership.

Takeaways for California's Experienced Brokers

- **Broker-Centric Model:** CRC Benefits maintains a stance of non-competition with brokers, instead focusing entirely on supporting their growth and compliance needs with a full portfolio of products and back-office resources.
- **Regulatory Focus:** With California's complex rules, CRC's specialized divisions (Medicare, stop-loss, PEOs) are positioned to advise on compliance, funding strategies, and benefit design innovations tailored to the state.
- **Adaptability:** By leveraging a nationwide wholesale platform while offering California-specific expertise, CRC Benefits positions its partners to compete—across state lines or within unique employer sectors.
- **Technology as an Advantage, Not a Replacement:** The combination of proprietary platforms and real-human consultation creates operational efficiencies while preserving the relationship-driven nature of the business.

In a period of major industry consolidation and rising client demands, CRC Benefits' approach reaffirms the essential role of the broker and the necessity for strategic, consultative support geared for California's unique market realities.

CRC BENEFITS



Jamie Zelewicz is the Senior Vice President of Growth and Strategic Partnerships for CRC Benefits. He is an accomplished executive with more than 20 years of experience leading growth, strategic partnerships, and employee benefits initiatives. He has advanced through senior leadership roles, where he led business and employee benefits divisions, directed national sales and account services, and managed implementation and innovation strategies. Known for driving business transformation and growth, Zelewicz specializes in strengthening client and partner relationships, expanding market presence, and delivering sustainable results.

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Owner or Key Person Leaving a Company? You Can Still Help Them!

By Lisa Rehbarg



When an owner, partner or key person leaves or retires from one of your insured employer groups, it can be a time of transition for the company. One thing that often gets lost in the transition is the life insurance policy that the company had on a key person or key people. This could be a buy-sell policy, a policy that partners had on each other, or a key person policy that the business owner or executive may have had.

Oftentimes, the company just lapses or surrenders the policy, once the person leaves. Or, if they give the key person the policy, that person may lapse or surrender the policy, because they don't need it. This is where your expertise comes in.

If you have any transitions occur in management at your employer groups, simply ask them if there is any key person life insurance in place, and what they wish to do with it. The reason is because that life insurance policy can be sold. As with any asset, life insurance policies can be sold through a life insurance settlement. The owner of the policy, whether that be the company or the key person, will receive the sale proceeds.

In addition to helping a client, you receive commission, so you receive additional revenue as well. Here are some recent examples of how life insurance settlements worked for employers and key people:



A healthy 80-year-old gentleman had a \$500,000 universal life insurance policy issued when he was a key person at a company. The company was the owner and beneficiary of the policy. When the company was sold 10 years ago, they changed ownership over to the client. There was

cash in the policy, so the client did not have to make premium payments for 10 years. However, the cash had dwindled to nothing and the client did not want to make the premium payments to keep it going. He was going to let the policy lapse. Fortunately, he spoke with his insurance agent who suggested selling the policy. After marketing the policy to many different buyers, the client received \$55,000 in “found money” for the policy, and the agent made \$7,500 in commission. In addition, the agent contacted the client about other products that the client may need—annuities, a different Medicare plan, etc.



A healthy 66-year-old gentleman was a partner in a company. The two partners had \$500,000 term policies written on each other. One of the term policies was coming up to the end of the term. The partners were going to let it go for zero. Fortunately, the policy was still convertible to a permanent policy, and it was able to be sold. The partner

received \$5,000 for the policy, which is better than zero, so they were happy. The insurance agent received a \$1,000 commission on the sale, along with \$5,000 in conversion commission.



A 61-year-old healthy man was the owner of a company and had a \$10,000,000 key person convertible term policy with his company as the owner and beneficiary. He sold the company, so he no longer needed the policy. After marketing the policy, the client received \$75,000 for the policy. The agent received \$15,000 commission on the sale and \$200,000 in conversion commission. Once again, the client was happy because he received money from a policy he was going to walk away from with zero, and the agent received additional revenue.



Life insurance settlements have been legal since 1911 & are highly regulated by Departments of Insurance across the country.



A law firm has four partners, and all partners have key person life insurance policies. One partner retired years ago. He is now 83 years old. The law firm is the owner and beneficiary of the \$1,000,000 universal life policy. The policy has no cash in it, and the law firm has decided that they don't need the policy and don't want to continue to pay the premium. This policy is currently being marketed, but should bring good money for the law firm, and the insurance agent.

Life insurance settlements have been legal since 1911 and are highly regulated by Departments of Insurance across the country. Life insurance settlements brokers have a fiduciary duty to you and your clients to market an unwanted or unneeded life insurance policy with many different buyers, to obtain the highest amount of money possible.

To recap, when there is an executive transition or business sale at one of your employer group clients, be sure to ask if there is a key person policy in place, and what they intend to do with it. Selling a policy can reap tens of thousands or hundreds of thousands of dollars for clients.

Besides commission from the sale, once the company or person has received the proceeds from the sale of the policy, they may need other products and services you offer, creating another revenue opportunity for you. From an asset that was going to be thrown away because your client did not know there was another option, clients receive "found money" and you are a hero.

Win – Win.



Rehburg Life Settlements

Lisa Rehburg, Broker
Life Insurance Settlements

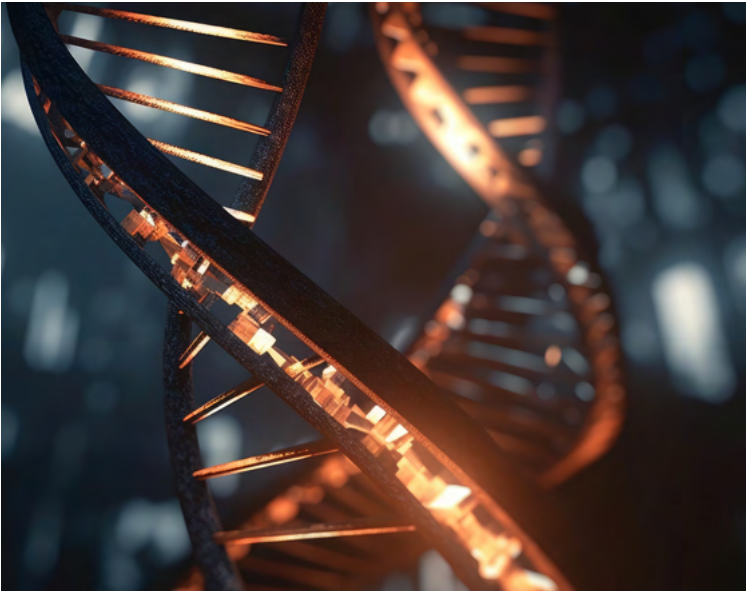


Lisa Rehburg is president of Rehburg Life Insurance Settlements, a life insurance settlements broker. Lisa is passionate about assisting financial, insurance, legal and non-profit professionals to help their clients benefit from their unwanted or unneeded life insurance policies. She has been in the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

www.rehburglifeselements.com 714-349-7981

Integrating Genetics and Personalized Cancer Care Drives Opportunity for California Brokers

By Sam J. Olmstead, Providence St. Joseph Health



chemotherapy and immunotherapy—as well as radiation oncology... We also have survivorship care here and outpatient palliative care.”

These integrated services are not isolated to a single campus. Brown clarified: “We provide the same types of care at multiple sites but leverage shared resources like Epic (electronic health records) to integrate applications and improve efficiency across Orange County and High Desert locations.”

For brokers, this distributed care approach signals an ongoing demand for products that cover both community-based and academic center treatment episodes and coordinate care transitions—a growing trend in California’s managed care environment.

Genetics and Genomics: Expanding Risk Assessment

One of the most dynamic areas, especially for group and individual coverage, is the expansion of genetic and genomic services. Brown highlighted Providence’s curated genetic panel that assesses cancer risk from moderate to very high. “We run a panel that is curated—designed by us—and it runs the list of risks from kind of moderate to very high,” she stated. “A lot of big, large panels,” she added, affirming the depth of personalization achievable today.

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Advancing Cancer Care in California: Brokers Face New Opportunities in Personalized Medicine

In a rapidly evolving landscape for oncology and genetic services, California’s health and life insurance brokers are poised at the intersection of clinical innovation and client demand. A recent panel hosted the Providence Clinical Institute of Oncology offered a revealing look into how the integration of advanced genomics, targeted oncology services and personalized survivorship care is transforming patient care and creating new coverage needs and challenges for benefit consultants.

Providence’s genetic panel screens over 90 genomic variations. “We really want to make the individual come to light... by identifying individuals at high risk and making sure they receive personalized recommendations for prevention and risk management,” emphasized Sandra Brown, Senior Manager of Clinical Genetics & Genomics for Providence St. Joseph Health, Southern California.

A Multi-Site Approach to Comprehensive Oncology Care

Stacey Ferrante, of The Center for Cancer Prevention and Treatment at St. Joseph in Orange underscored how all three of their Orange County institutions offer a broad suite of oncology services, including radiation oncology, chemotherapy, immunotherapy, outpatient palliative care, and survivorship programs. She explained, “We provide infusion therapies—



Sam J. Olmstead, Director of Growth – Orange County & High Desert Providence St. Joseph Health, Southern California



Sam has over 15 years of experience in health benefits strategy, Sam is dedicated to expanding access to high-quality, compassionate care across Southern California. He leads initiatives that bridge the gap between healthcare providers and communities, focusing on innovative solutions to meet the evolving needs of patients.

Sources:

1. <https://www.providence.org/locations/socal/cancer-orange-county>

Begin your journey to well-being



Providence St. Jude Wellness Center

Focused on preventive care and lifestyle condition management, our wellness center offers personalized support, including medical fitness training, nutritional guidance, stress management and chronic disease management.* We aim to empower individuals to achieve their optimal health through education, innovation and compassionate care, ensuring every member of our community has the resources they need to lead healthier, happier lives.

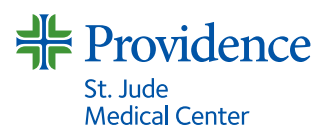
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stjudewellness@stjoe.org

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California Brokers Connect Clients with Access to St. Jude Wellness Center's Many Remote & Onsite Programs

By Megan Wroe, MS, RD, CNE, CLEC

ARTICLE EXPERIENCE OPTIONS:

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California Brokers Connect Clients with Access to St. Jude Wellness Center's Many Remote and Onsite Programs

How St. Jude Wellness Center Empowers Prevention and Management for Californians

For California's seasoned insurance brokers, staying ahead means connecting clients with innovative, results-driven wellness solutions that go beyond traditional care. Located in Brea, California, St. Jude Wellness Center, under the management of Megan Wroe, MS, RD, CNE, CLEC, is bridging that gap by providing comprehensive, integrative programs that align with the preventive health priorities of employers, benefit consultants, and individuals with onsite and remote services.

Meeting the Demand for Wellness

St. Jude Wellness Center has steadily expanded its reputation as a one-stop resource for nutrition, fitness, and restorative therapies. "What I tell people we do in a nutshell is we work with people on finding lifestyle strategies for either preventing a condition or helping to manage a condition you already have," explained Wroe.

Wroe's career as a registered dietitian began with the Orange County Head Start program, where she "taught programs at the preschools" and managed nutrition issues for children with special dietary needs. This foundation in public health and education shaped her holistic outlook, later brought her to her role at St. Jude's outpatient department, and ultimately, the St. Jude Wellness Center.

Integrative Services Aligned With Modern Client Needs

Unlike many facilities that silo clinical services and wellness, St. Jude Wellness Center offers a broad menu designed for flexibility. Brokers and benefits consultants will find a suite of services relevant for employer wellness campaigns, post-acute rehabilitation, and chronic condition management:

- Personal training and medical fitness sessions for disease-specific support (e.g., Parkinson's, cancer, osteoporosis)
- Registered dietitian-led nutrition programs and dietary accountability services
- Massage therapy, facials, and restorative yoga
- Virtual workshops, cooking classes, integrative education programs and digital intake analysis for remote or hybrid workforces
- Post-surgery recovery and mindfulness classes

"Our approach to well-being is to integrate research-backed self-care strategies with medical therapies so they complement one another," Wroe emphasized.

In Partnership Insurance Broker's Can Bring Many Personal Health Options to Consider

For California insurance professionals, the big question is always: Are these services accessible within plan designs and regulatory frameworks? The answer is nuanced. Integrative therapies—such as acupuncture, massage, and nutrition counseling—are sometimes covered if deeming "medical necessity" can be established. PPO plans and certain employer group contracts are more likely

to reimburse for medical fitness, physical therapy, and dietitian consults. However, coverage for wellness and mind-body interventions remains limited and frequently out-of-pocket, especially in California, where mandated coverage for naturopathic care is not as robust as in some other states.

For instance:

- Medicare and many commercial plans cover up to 12 acupuncture sessions for chronic pain.
- Chiropractic and physical therapy have high coverage rates (up to 98% and 89%, respectively).
- Employer-funded programs can sometimes leverage HSAs or FSAs for wellness service reimbursement.

Brokers should review a client's health plan documents for specific exclusions and then partner proactively with HR teams to structure employee health and wellness program access. Some options we have seen include voluntary benefits, wellness credits, or tiered incentive programs that direct employees to vetted providers like the St. Jude Wellness Center, which accepts HSA/FSA as payment and medical referrals.

Building Value for Clients and Growing Agencies

Wroe's leadership at St. Jude emphasizes partnership with both individuals and referring professionals. For insurance brokers, this means the Center isn't a competitor but a strategic collaborator. "We can help clients find the lifestyle strategies that keep them healthier, reduce claims, and provide measurable results employers care about," Wroe explained.

St. Jude's team offers group program discounts, senior and employee wellness memberships, and consultative services, creating business development opportunities for brokers who position themselves as total health partners and advocates for their clients' access to health services through their insurance and when they need wellness programs too.

Action Steps for California Brokers

- **Audit Client Plans:** Assess current group plan language regarding integrative wellness coverage and look for "medical necessity" designations.
- **Educate on Compliance:** Stay current with California Department of Insurance guidance on preventive care mandates and coverage for credentialed nutrition or therapy professionals.

- **Leverage Tax Advantaged Accounts:** Help clients set up HSA/FSA funds that can legally reimburse for dietitian consults, therapeutic massage, medical fitness, or virtual wellness subscriptions.
- **Co-Market Programs:** Work with St. Jude Wellness Center's outreach team to co-host Employer Group seminars, distribute wellness content, or structure referral agreements with the Center.

Broker-Client Takeaway

Megan Wroe and the multidisciplinary team at St. Jude Wellness Center offer a proactive and proven path for California brokers seeking to deliver value beyond the spreadsheet. "We're here to work with brokers. If your clients want true prevention, or compassionate management of an existing condition, we want to welcome them—and we're ready to make the process easy for everyone involved," says Wroe.

For brokers and agencies determined to meet the rising expectations of California employers and plan members, thoughtful partnerships with integrative wellness providers like St. Jude are a compelling path forward, backed by results, regulatory awareness, and a philosophy rooted in sustainable health.

We suggest signing up for the St. Jude Wellness Center newsletter to stay current with the onsite classes and remote services including recorded classes.

Work with Megan to learn how to build programs for open enrollment, refer clients who want to access the remote or on-site services, and how your Medicare clients can access programs.



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
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

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REINVENTING INSURANCE CAREERS: INDUSTRY VETERANS SHARE STRATEGIES FOR SUCCESS IN CALIFORNIA

By California Broker Magazine’s CEO Phil Calhoun in interview with Rich Coffin (Vice President of Membership, NAIFA-California) and his business partner and industry veteran Kelly R. Smith, Sr., CLU, ChFC, RFC

ARTICLE EXPERIENCE OPTIONS: [LISTEN ▶](#) [WATCH ▶](#)



California’s insurance landscape continues to evolve under an array of regulatory changes, competitive product offerings, and shifting consumer expectations. For experienced brokers, agency owners, and benefits consultants, charting a successful path forward requires a blend of time-tested principles and the agility to adapt. To shed light on keys to thriving, California Broker Magazine’s CEO Phil Calhoun recently sat down with Rich Coffin (Vice President of Membership, NAIFA-California) and his business partner and industry veteran Kelly R. Smith, Sr., CLU, ChFC, RFC. As a business succession and exit planning firm, their insights offer actionable strategies and inspiration for those invested in the ongoing growth of California’s life and health insurance sector.

From Technical Roots to Life Insurance: Early Career Foundations

The interview began with insights on how Smith’s career path led him into the insurance business—a story that resonates with many producers. Smith described an unconventional start: “I was actually selling synthetic oil, one of the first non-petroleum engine lubricants on the market. It made a lot of sense and opened a whole new marketplace. But after an interview and an aptitude test, someone came at me pretty hard to get into the insurance business.”

Smith’s decision was sparked by a deeper purpose, one that many in the profession share. He recounted attending a Million Dollar Round Table event in Denver and being profoundly

influenced by industry leader Joe Jordan. “As the book ‘Life Is Significance’ says, he had the same issues with family structure and the lack of life insurance—and the impact on the family. That stuck with me,” Smith recalled.

Reflecting on early career observations, Rich Coffin shared, “When I worked at a Prudential Life agency in Torrance, I looked at what [another agent] was doing and thought, if this guy can do it, I can do it.” That blend of ambition and empathy continues to underpin Rich’s career as well as many successful insurance careers and agency cultures today.

Mentorship, Partnerships, and Building Enduring Agency Value

Rich Coffin’s contributions to the NAIFA-California board and his partnership with Smith underscore the importance of collaborative networks and mentorship. Their agency, which combines a legacy of experience with an eye for emerging trends, exemplifies the classic principle that relationships drive results. Coffin notes, “Certain types of clients are sometimes a fit for specific products or solutions. The real skill is listening to what a client truly needs—then matching that with the right strategy and product mix.”

For seasoned brokers, fostering mentorship—both upwards and downwards in an organization—remains a strategic imperative. Calhoun observed that partnerships like that of Coffin and Smith offer built-in opportunities for sharing best practices, refining compliance protocols, and maintaining service excellence across generations of practitioners.

“IN OUR AGENCY, CONTINUOUS EDUCATION ISN’T JUST FOR THE NEW GUYS. WE MAKE IT A TEAM PRIORITY TO KNOW WHAT’S COMING”

Sales Strategy in a Dynamic Regulatory Environment

California continues to rank among the nation's most highly regulated insurance markets. The partners spoke of the necessity to stay informed about the latest legislative developments—from Department of Insurance bulletins to state and federal compliance updates. “You have to remain nimble,” Coffin emphasized. “In our agency, continuous education isn't just for the new guys. We make it a team priority to know what's coming—whether it's changes to the small group health market, new Medicare regulations, or evolving suitability requirements for annuities and indexed products.”

For brokers and owners, subscribing to compliance alerts, leveraging association resources, and sharing real-world scenarios with peers can help anticipate regulatory pain points. This proactive approach keeps agencies out of legal hot water and also positions producers as credible, consultative resources for clients.

Adapting to Product Innovation and the Modern Consumer

Business succession and exit planning strategies have evolved rapidly, driven by shifting market conditions, ownership goals, and emerging valuation methods. Smith commented, “Certain products make sense in certain industries or for certain types of business problems. Being able to have honest conversations with clients—about their actual risks and goals—means you sometimes revisit solutions you thought you'd moved on from.”

The pair underscored the importance of matching clients not only with technically appropriate products, but also with those built for flexibility as business or life circumstances change. For California brokers facing a crowded marketplace—where DTC and InsurTech competitors are increasingly visible—building expertise in specialty markets and leveraging the value of advisory relationships can help capture and retain clients wary of commoditized coverage.

Best Practices for Sales and Retention

Several recurring themes emerged in the discussion:

- **Build Trust Intentionally:** “Clients follow advisors, not agencies,” Smith observed. By offering transparent, ongoing education and proven problem-solving skills, brokers deepen relationships and minimize churn—especially during carrier or regulatory transitions.
- **Emphasize Process over Product:** Coffin added, “Our agency's success isn't about having access to one product or line. It's about the process—how we assess needs, uncover issues before they escalate, and deliver tailored solutions.”
- **Harness Technology Judiciously:** Digital tools for quoting, enrollment, and CRM are invaluable, but personal touch remains the differentiator. “Automation should free you up to spend more time understanding what keeps your top clients up at night,” Coffin said.

Looking Ahead: The Future of the California Broker

As the interview concluded, the partners reflected on what lies ahead. They encourage brokers at every career stage to stay curious, invest in learning, and cultivate the relationships that have long underpinned the industry's success. Whether navigating the complexities of the California market or pioneering new solutions, the agency heads stressed the enduring relevance of foundational skills.

“Ultimately, it comes down to how well you serve people—both clients and colleagues,” Smith concluded. In a business dogged by change, that people-first ethos is one constant California brokers can always count on.

Don't miss your chance to power up your network and career at the [NAIFA California e3 Collaborate Conference, September 28–30, 2025, at the Hyatt Regency Newport Beach \(1107 Jamboree Rd, Newport Beach, CA 92660\)](#). Connect with leading advisors and innovative thinkers, expand your toolkit, and enjoy unique networking opportunities in an inspiring coastal setting. Registration is now open, reserve your spot at the [e3 Collaborate](#) website or email info@naifacalifornia.org to claim team packages and the best available rates. Secure your seat today and experience the future of insurance and financial services firsthand.



Kelly R. Smith, Sr., CLU, ChFC, RFC has over 40 years of experience in the Insurance and Financial Services Industry and is a Chartered Financial Consultant (ChFC), Chartered Life Underwriter (CLU), and Registered Financial Consultant (RFC). A Life Member of the Million Dollar Round Table (MDRT) for 46 years, he has also consulted for organizations ranging from the NFL Players Association to closely held businesses, specializing in *Offset Strategies™*, Mergers & Acquisitions, and investment solutions. Today, as co-founder of CapitalSmith, he helps business owners and high-net-worth clients build tax efficient financial infrastructures designed for long-term growth.



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

Industry Insight

John Evangelista Discusses Product Trends & Broker Strategies for California's Evolving Market

By California Broker Magazine's Phil Calhoun in interview with John Evangelista, General Agent at Colonial Life

ARTICLE EXPERIENCE OPTIONS: [LISTEN ▶](#)



Industry professionals across California know that adaptation is essential, especially as healthcare regulations and product landscapes shift. California Broker Magazine's recent interview with John Evangelista, a General Agent at Colonial Life and recipient of the Media Relations Award on behalf of the California Association of Health Insurance Professionals - Orange County (CAHIP-OC), offers invaluable insight for health and life brokers navigating a period of evolution in client expectations, compliance, and business growth.

Phil Calhoun, CEO and Publisher of California Broker Media, sat down with Evangelista to discuss strategic growth, regulatory advocacy, and value creation for brokers and their clients. Their conversation, tailored to seasoned professionals, shines a light on product adaptation, professional development, and the critical role of industry organizations.

"I think we're well-positioned going into the future to support brokers in the viability and the necessary funding for them, to support the products and services we provide," Evangelista shared, emphasizing Colonial Life's focus on broker-centric solutions.

A Non-Traditional Path to Insurance Excellence

Evangelista is candid about his non-linear path to insurance. "I spent a couple of decades in a different industry... I was ready for a new professional challenge when the opportunity with Colonial Life presented itself,"



he recounts, underscoring the value of diverse experience in shaping client-centric sales philosophies.

His ability to "rise above and do more" for clients is rooted in a commitment to continuous improvement—a cornerstone for brokers thriving in California's complex ecosystem, marked by rapid regulatory changes and sophisticated client needs.

Margin Pressure and Broker Value in California's Regulatory Environment

California's insurance brokers contend with pronounced compliance expectations, price transparency demands, and an increasingly informed client base. Evangelista notes that the Colonial Life value proposition hinges on supplementing—not supplanting—traditional health plans.

"What they [Colonial Life plans] reimburse? It's not in relationship to specifically what the health insurance or medical plan covers or doesn't cover. Right?" he explains, highlighting the distinct role voluntary benefits play in employee populations looking to fill coverage gaps.

As the Department of Managed Health Care (DMHC) and California Department of Insurance (CDI) continue to roll out new compliance obligations, a working knowledge of how voluntary and supplemental products complement core offerings is crucial. “Brokers who can bridge gaps between group medical and voluntary solutions consistently create higher retention and stand out as strategic partners,” says Evangelista.

The Power of Professional Associations and Advocacy

Recognition from CAHIP-OC speaks to Evangelista’s leadership in industry collaboration and advocacy. With California facing proposed legislation around benefit design, single-payer initiatives, and commission disclosures, Evangelista stresses the necessity of collective action.

“One of the values [of association membership] is that your dues help support lobbying efforts for our industry. Making sure that some of the legislation that’s proposed is fully understood—the impact is fully understood,” he says. “As a professional, I feel duty-bound...to encourage that, to include asking others to join the organization.”

With Sacramento poised to revisit bills impacting broker compensation and client protections, participation in trade associations like CAHIP and the National Association of Benefits and Insurance Professionals (NABIP) is more than a professional courtesy—it’s business-critical. Experienced brokers should consider active engagement, not just to defend their own interests, but to remain on the front lines of regulatory changes that affect clients and agency operations.

Product Innovation and Sales Best Practices

Evangelista describes Colonial Life’s approach as responsive both to shifting market trends and emerging needs among employers and employees:

- **Flexible Supplemental Benefits:** From accident and critical illness to cancer and hospital indemnity, the portfolio is designed to respond to California’s diverse workforce and strict regulatory standards.
- **Client-Centered Enrollment:** Evangelista underscores collaborative education and one-to-one outreach. “It’s about networking and collaboration, so our clients can benefit”—a nod to the advantage of personalized consultancy and strategic alliances.

- **Broker Support Structures:** “We’re well positioned to support brokers...with the viability and the necessary funding,” Evangelista reiterates, alluding to field resources and backend technology, which help brokers comply while serving small and mid-sized employer groups.

Sales success comes down to deep listening and pairing the right products with client objectives under transparent, compliant processes—a sales philosophy shared by both Colonial Life and top-producing California brokers.

Looking Forward: Staying Informed and Building Community

Evangelista and Calhoun agree that staying current is not optional. Active learning through publications, association meetings, and networking is a hallmark of top brokers. As the pace of change accelerates, those who invest in professional development and advocacy not only protect their business but elevate client service across California’s insurance marketplace.

Key Takeaways for Brokers

- Prioritize understanding and positioning voluntary benefits as a solution, not a replacement, given California’s unique regulatory regime.
- Participate in professional associations to stay ahead of legislative changes and amplify the voice of the broker community.
- Focus on client education, compliance, and adapting to market trends through regular professional development.

For agency owners, benefit consultants, and brokers alike, the conversation with John Evangelista provides a blueprint for resilient business growth, regulatory savvy, and collaborative advantage in California’s challenging and opportunity-rich insurance environment.



John Evangelista is a General Agent at Colonial Life and a recipient of the CAHIP OC Media Relations Award, recognized for his leadership in broker collaboration and advocacy. Evangelista champions broker support, legislative awareness, and innovative voluntary benefits as essential tools for growth in California’s evolving insurance market.

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Turn Snowflakes Into Snowballs: The Compounding Nature Of Referrals

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



The power of referrals is akin to the magic of compound interest.

Just as a wisely invested dollar grows exponentially over time, a well-nurtured referral culture can transform a trickle of client introductions into a torrential avalanche of ideal prospects.

Studies have highlighted an intriguing phenomenon: a client who enters your practice through a referral is two and a half times more likely to refer someone else. This sets the stage for a compounding effect that, when leveraged correctly, can significantly amplify the growth and success of your financial advisory practice.

The Initial Investment: Cultivating Your First Referrals

Much like the first dollars saved, the initial referrals you receive, and nurture are crucial. They lay the foundation for a self-sustaining cycle of growth. In my podcast interview with Yohance Harrison, he discusses how he discovered that the flow of most of his A+ clients originated with three clients.

Building a Culture of Referrals

Here are a few proven strategies to help you build this culture: Deliver exceptional service: It all starts with creating an experience that people feel compelled to talk about. When your clients feel genuinely cared for and see the value you provide, many will naturally want to tell others.

Ask for introductions: When you use my V.I.P.S. Method you will never come across as needy or pushy or hurt a relationship.

Make the process easy: Make it as effortless as possible for your clients to introduce you to others: 1) provide them with a simple email template; 2) provide them with a checklist, article, video, podcast, or book for them to use as a tool to make the introduction comfortable and effective; 3) set up a simple three-way zoom call for the initial introduction.

The Snowball Effect: Momentum Gains

As more clients come through referrals, your advisory practice begins to experience the snowball effect:

Quality Attracts Quality: Ideal clients tend to refer others like themselves.

Reduced Marketing Spend: With a steady stream of referrals, your need for traditional marketing diminishes. This allows for more focus on providing top-notch service, which in turn fuels the referral engine. You'll increase revenue while reducing your marketing budget—building a more profitable business.

The Avalanche Effect: When Your Referrals Take on a Life of Their Own: Eventually, your referral strategy will reach a tipping point where it takes on a life of its own. This is the avalanche effect, where the momentum of incoming referrals is so strong that it propels your business growth forward with minimal additional input. At this stage, your focus shifts from generating referrals to managing and nurturing the wealth of opportunities flowing your way.

Conclusion: The Power of Compounded Referrals

Just as compound interest can turn modest savings into a fortune over time, a strategic approach to referrals can transform a small client base into a thriving community of ideal clients. By starting with a solid foundation of exceptional service and a genuine approach to asking for referrals, you can set the stage for a compounding effect that accelerates the growth of your financial advisory practice. Remember, the key to unleashing the full potential of referrals is not just in the asking but in creating an experience so remarkable that many of your clients become your most enthusiastic advocates.

Success Tip:

Referrals are the interest earned on the investment of trust and exceptional service. Cultivate them well and watch your practice grow exponentially.



Bill Cates, CSP, CPAE works with financial advisors to speed up their growth without increasing their marketing budget. Advisors tap into Bill's proven process to multiply their best clients through introductions from advocates and Centers of Influence, communicate their value proposition more effectively, and create a reputation in a profitable target market. Bill helps advisors move from push prospecting to magnetic marketing – to attract more Right-Fit Clients™.

Bill is the author of **Get More Referrals Now**, **Beyond Referrals**, **Radical Relevance**, and **The Language of Referrals**. Bill's newest book, **The Hidden Heist** will be released on September 16, 2025. Bill is a highly sought-after coach, consultant, international speaker, and virtual presenter.

BillCates@ReferralCoach.com

CalBroker readers can get valuable free tools here:
www.ReferralCoach.com/resources

Source:

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

LETTERS ON

I N T E G R I T Y

INSPIRING ETHICAL EXCELLENCE

By Russ Williams

MANAGING COMPLETIONS: THE CHARACTER CLOSER!

“You’re not obligated to win. You’re obligated to keep trying to do the best you can every day.” - Marian Wright Edelman

For many baseball fans he is considered the all-time best relief pitcher in baseball history. Give him the ball with a big game on the line in the ninth inning and he was at his best...like no other Closer in the game. What did Mariano Rivera say about himself when he failed to get the Win or Save? Rivera explained, “It doesn't matter what the results are in the game. You win or lose; you have to forget about it...right on the spot because you have to play tomorrow, and the game that you're going to play tomorrow is not going to be the same game that you just played.”

Rivera's mental toughness speaks volumes about why he was in The Bigs for 19 seasons. How do his words apply to the daily challenge of men and women getting back into their professional game of life when they have produced a day of ethical ground outs. The fact is: the ground outs are the occupational hazards of good individuals who are committed to doggedly pursue the Fail into Success Strategy that characterizes every person's journey of integrity. How so?

In his article, Integrity At Work, How Do You Stack Up? Peter Vajda Ph.D. asked: On a scale of 1 (low) to 10 (high), how would you rate yourself in the following workplace behaviors? (a) gossiping, (b) making excuses, (c) stealing workplace time for personal interests, (d) taking responsibility for your piece of the team's project, (e) respecting others, (f) taking workplace property, (g) being direct, open and honest in your communications.

If you score yourself high on those integrity litmus test questions, Dr. Vajda suggests you look at more probing ones: Who or what stops you from acting with integrity? When your personal integrity has regressed, what is the self-talk you have engaged in? Do your needs for control, recognition, and security stop you from acting with integrity?

These questions are not meant to tear down an individual pursuing a life as a Character Closer. Rather the questions confront our understanding of the daily challenges of ethically compromised decision making or inappropriate actions that may cause us to take a loss today as a Character Closer but not get us thrown out of tomorrow's game of integrity.



Mission Integrity Action

I choose to be the Character Closer. If I failed yesterday, I move forward today allowing the ethical failures of yesterday to pass away into today's new challenges.

Journeying with you...inspiring ethical excellence!



Russ Williams contributes articles on professional growth for readers of California Broker Magazine. He serves as a mentor advisor and offers one-on-one professional consultations based on The Clarity Conversation, a 9-Session Self Renewal Consultation focused on overcoming nagging personal-professional challenges to re-claim personal-professional clarity renewing your influence for good at home, at work, and in the community.

Medicare-Eligible Employees: Options and Challenges

By Jennifer Turner

As today's workforce trends shift, more employees are working past age 65. For organizations with Medicare-eligible employees enrolled in group health plans, both HR professionals and employees need to understand how Medicare coordinates with employer-provided coverage.

A well-structured Medicare education program can address these challenges while reducing confusion, ensuring compliance, and helping employees make informed decisions.

Key considerations for employers and employees include Medicare penalties and how they apply, primary versus secondary payer rules and whether Medicare or the employer plan pays first, and the impact on Health Savings Accounts (HSAs), including how Medicare enrollment affects contributions and tax implications.

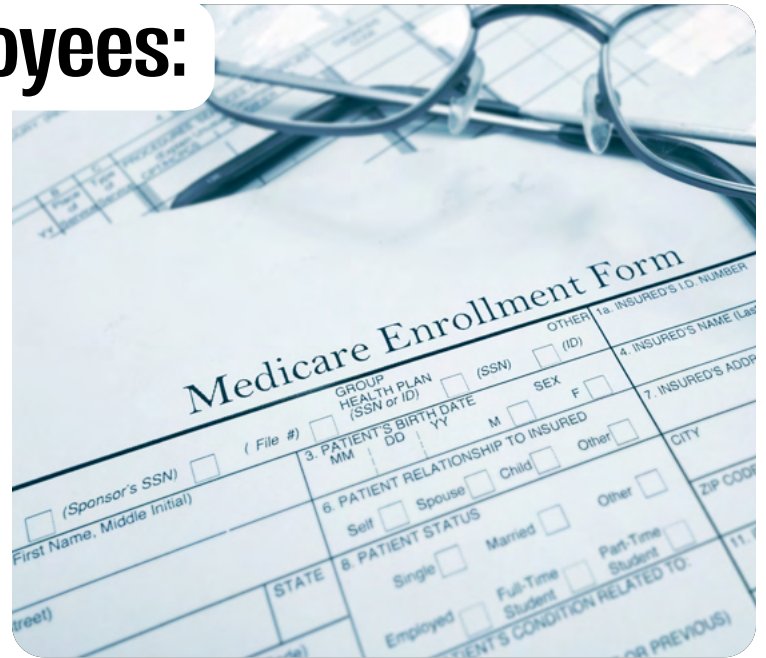
Employees can gain clarity on their options, prevent costly mistakes, and employers can provide valuable Medicare education

Experienced Medicare brokers can collaborate with HR and Group Benefits brokers to develop a plan that addresses the questions HR professionals face about Medicare.

By introducing a well-structured Medicare education program to HR benefits teams, brokers can partner with HR to deliver value by helping the company reduce health premium costs and ensuring employees receive clear, accurate information.

The program begins with a professional, compliant educational plan which is individualized with comparisons to help employees evaluate Medicare options alongside their employer's group medical plan. This approach ensures employees are well-informed and the employer will see potential cost savings for all.

Most employers find that comparing Medicare with group health benefits is complicated and filled with critical details that change each year. Medicare coverage, penalties, provider networks, and premiums are constantly evolving. The best solution is to work with an experienced Medicare professional who can provide a clear, easy-to-understand presentation that HR professionals and business owners can confidently endorse.



Employers often discover that Medicare education is not only helpful for employees but also a win for the company. Gaining reliable information minimizes risk of penalties and may create opportunities for the employer to save on health plan costs.

A joint presentation by the Group Benefits broker and the Medicare broker provides a two-pronged approach. Explaining Medicare's coverage basics, penalties, eligibility, and timelines and Clarifying Group Benefits. This review helps explain the company's health plan and how it coordinates with Medicare.

When Should An Employee Enroll In Medicare?

The answer depends on the size of the employer, whether the employee is still actively working, and how their group coverage compares with Medicare. Personalized education helps employees make the right choice for their situation.

When employees become eligible for Medicare, there is no one-size-fits-all answer. Some choose to enroll as soon as they are eligible, while others wait until they stop working and remain on their employer's group health plan. The decision is personal and depends on health needs, financial considerations, and whether a spouse's coverage is involved.

Start with a broad introduction to Medicare, including coverage basics, enrollment periods, and how Medicare interacts with group health plans. Then transition to individual meetings where employees can explore their personal needs, health history, medical needs, financial factors, and spousal coverage. With knowledge employees will make informed decisions about their healthcare options.

Employees who delay Medicare enrollment must keep proof that they had Employer-sponsored health coverage (their own or through a spouse), and Prescription drug coverage at least as good as Medicare Part D.

Without this proof, employees may face permanent late enrollment penalties in the form of higher Medicare premiums.

By guiding employees through these rules, Medicare experts help them avoid costly late enrollment penalties. The goal is to transition smoothly from employer coverage to Medicare.

When employees become eligible for Medicare, they want to know the costs. Understanding the different parts of Medicare, how they work with employer-sponsored health coverage is essential.

Is Medicare Primary Or Secondary?

Employees need to know which plan Medicare or their employer's pays first for medical services. This depends on the size of the employer.

- Employers with fewer than 20 employees, Medicare is primary, and employer plan pays secondary. Employees must enroll in Medicare to avoid gaps in coverage and late enrollment penalties.
- Employers with 20 or more employees, the employer's group plan is primary, and Medicare is secondary while the employee is actively working. Employees may choose to delay Medicare enrollment but must understand claims coordination.

Key Point for Employees: Claims should be submitted first to the employer's plan, then to Medicare (if enrolled). Employees should notify providers about which coverage is primary and secondary.

By offering Medicare education, employers help employees avoid costly mistakes, ensure compliance, and provide clarity on when and how Medicare coordinates with their group health plan.

How Can Cobra Trip Up Medicare Enrollment?

Employees older than age 65 who deferred Medicare enrollment over age 65 who defer enrolling in Medicare while still working generally qualify for a Special Enrollment Period (SEP). This SEP lasts for eight months, beginning the month after either; employment ends, or Employer group health coverage ends (whichever comes first).

Many employees mistakenly believe that enrolling in COBRA coverage allows them to delay Medicare without penalty. Unfortunately, COBRA does not extend the SEP. COBRA coverage may last up to 18 months, but Medicare does not consider COBRA alone as "creditable" coverage for delaying enrollment. If an employee waits longer than the 8-month SEP to enroll in Medicare, they risk Late Enrollment Penalties, permanently higher Medicare premiums, Coverage Gaps and delays in when Medicare coverage begins.

Providing The Right Guidance

Employers and HR professionals can protect employees from costly mistakes by connecting them with a Medicare expert who can explain general Medicare rules in simple terms. It is

important to clarify how COBRA interacts with Medicare and to offer one-on-one guidance tailored to each employee's situation.

Best Timing For Medicare Education

The most effective approach is to include Medicare education during retirement planning workshops or pre-retirement counseling sessions with employees and spouses.

How Does This Impact Employers?

The financial and wellness implications of Medicare decisions extends beyond employees; they also directly affect employers. According to Brown & Brown, the average employer saves \$18,000 per employee who transitions from group plan to Medicare.

Example:

A plumbing company wanted to explore all possible cost-saving strategies. A Medicare specialist was invited to provide side-by-side comparisons of the employer health plan versus Medicare options for employees turning 65 and still working.

The results are that the employees can select the most cost-effective coverage that matches their needs.

Why Employers Need A Medicare Education Program

The goal is to reduce healthcare costs for the company while improving both the financial and physical wellness of employees. A structured, compliant process will simplify Medicare decisions and enhance trust between HR, employees, and benefits advisors.

The goal is to provide clear information on plan coverage, costs, and access to doctors and hospitals, so employees can make informed choices—to stay on the company plan or enroll in Medicare.

Partner With A Local Medicare Expert

Contact Jennifer at (714)345-9097 or jennifer@integrity-advisors.com today so we can work together.



Jennifer Turner joined Integrity Advisors in 2020 — a natural move as she became a healthcare advocate after 23 years as a high school teacher with a master's degree in education. She applied her expertise to develop a training program for aspiring health brokers. The program covers Jill health industry terminology and introduces students to the industry and related insurance product lines including Group, IFP and Medicare. Trainees have had a 100% pass rate on both the Calif. State license and AHIP certification exams. Jennifer loves her work and values trustworthy relationships with all of her trainees.

So Many Ways to Plan, Just Do It

By Phil Calhoun & David Ethington



commissions in all life events. Next step is the commission transfer process. When selling commissions, transfers naturally happen immediately after a Purchase agreement is signed, whereas in a commission protection plan, transfers do not happen but are pre planned. The pre-planning for a commission transfer step is needed so that an active broker can work with their successor in the situation where an unexpected life event occurs and ideally in the future when the active broker is ready to retire. The final step is a retention plan designed to increase success with the important client relationship transfer to the new broker or eventually to the Successor Buyer. This step increases retention of commissions and client renewals and is based on communicating to clients a pre-planned gradual transition from the active broker to the new broker.

When doing commission planning, you can engage the process in four ways:

By now, many of you have read articles, spoken with carriers, and know what happens to commissions should a broker pass away without a plan. The fact is that an active broker who passes away without a plan to protect their health insurance commissions will lose most, if not all, their commissions. Carriers will only honor a plan to transfer commissions when using the carrier's approved transfer paperwork.

The problem is that nearly all carriers have a specific transfer form and process. The requirement every carrier has for the transfer of commissions from one active broker in a sale to another active broker who is taking over (most of the time buying the active broker's commissions) is the new broker must be licensed, appointed with each of the health insurance carriers involved, and for Medicare plans be certified per each of the carrier's requirements.

Managing all the carriers and current requirements for each carrier is not for beginners. Finding a professional with a process that addresses all the necessary commission steps needed in either a sale of commissions or when staying active with a commission protection plan, will make the process successful.

Consider three key steps in the process. First step is the Purchase agreement for a broker ready to exit. Or we use a commission protection plan when an active broker decides to keep working but needs a successor lined up to protect their

1. Hope your friend can handle the often-complex exit planning process. The process must involve successfully transferring commissions from you to them, define your payout per a written agreement that is legally binding. Also, you need to outline a client and commission retention plan designed to increase retention of clients and commissions.
2. Work with someone like our team who can answer your planning questions for free. In our case, we can help two brokers move through the process, either the sale of commissions or protection of commissions. When we are hired to manage the process, we bring in our agreement, commission transfer plan, and client and commission plan. We do have a fee for our expertise.
3. Finally, we work with individual brokers with health insurance clients of all types as consultants. We do not have a fee for the planning work, but we will help active brokers stay active with 100 percent of their commissions protected. When a broker is ready to sell, we can also help.
4. We directly acquire or protect health insurance commissions as well. No fees are due when we are the Successor Buyer, and all our planning steps are included. So, our agency is an option as we either acquire or protect commissions. We also have our approved successor/buyer brokers who are in a position to be a Successor Buyer.

Knowledge is Power: It helps to learn your options as you do the work to protect commissions for an active broker or purchase a book of business.

Some Examples:

Agency and subagents working together

In this situation, the agency owner learned about our two solutions, purchase or protection. They approached their brokers with these two solutions. Our team worked one-on-one with the agency owner and with one subagent at a time. Some agents decided to sell now, and some decided to stay active. In either case, the agency owner has a great start working with eight broker subagents. To cover our expertise and assistance, we worked for a fee. We guided the agency owner and their subagents through the specific agreement they desired, reached mutual satisfaction on the deal points, and they signed the agreement. Then, we worked on the transfer of commissions step with each carrier. Finally, we outlined the options for the gradual communication of the planning work with client retention in mind.

One independent broker working with another independent broker

Our role here is to educate the brokers on the process and offer to help them complete this planning process. We consult brokers who decide to move forward with either our Purchase Agreement or a Commission Protection plan.

FMO working with subagents

The past two years we expanded our planning work to help GAs, MGAs, and FMOs. In some cases, our agency was the Successor Buyer but in most cases the owner(s) of the agency filled this role for their subagents. Owners understand how this commission planning work helps their subagents as they not only protect commissions paid to the subagent, but they also are locked into the Successor Buyer role, which is like having a future accounts receivable. The plan eliminates the risk of total loss as commissions paid to the subagents would normally be lost should the subagent pass away. The solution we provide is to protect these commissions as the agency owner is the Successor Buyer and responsible for filling this role. Some subagents are encouraged to find another successor and then we work with them. Oftentimes, a relative or longtime colleague can be the successor, and we provide our process.

Our Direct Deals

In our health insurance agency, we have 12 years of experience working with our subagents, independent brokers, FMOs and their subagents, referrals from carrier representatives, and now with our trained and capable Successor Buyer brokers. In all cases, we use our Purchase agreement in a sale or our Commission Protection Plan for active brokers.

Mary was one example of an independent broker who narrowed down the options to select our agency to help her exit the business as we acquired her book.

Click Here To Watch: <https://vimeo.com/1072673502>

Rick was another success story as he sold his book of business to us. We completed his five-year payout, and Rick was pleased with the retention rate as his monthly payment remained high.

Click Here To Watch: <https://vimeo.com/1074813268>

Scott had a protection agreement for his commissions with us.

Click Here To Watch: <https://vimeo.com/661832564>

When he passed, his wife was the beneficiary of his commissions and the payout in our agreement with Scott was paid to her.

Click Here To Watch: <https://vimeo.com/1086546756>



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 714-664-0311



To learn more about commission planning options go to:
www.commission.solutions



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.

[CLICK HERE to arrange a no obligation 15-minute coach session](#)
David@commission.solutions.com 714-664-0605

THE PREFERRED SUCCESSOR- BUYER TEAM



MEET THE TEAM THAT CAN HELP YOU PROTECT YOUR COMMISSIONS:

These health insurance professionals completed our required training to earn the designation of a Preferred Successor - Buyer. They are now part of the team at Commission Solutions. Our team helps active health brokers get their planning questions answered. Active Brokers need to learn about Commission Planning, how to protect, grow, and eventually sell their health commissions, which is important to understand. These Preferred Successor - Buyers are part of our planning team, and they look for health brokers who need a plan to protect their commissions. The training we provide enables them to help educate brokers that they find in their networks.

The first step in the planning process is to set a FREE 15-minute phone call. During the call you will get your health commission questions answered by our team. David Ethington and Phil Calhoun lead the team, and they have ten years of experience educating brokers on commission planning and developing customized plans for Active Brokers. All Active Brokers need a plan to protect their commissions, and they need to work with a Successor Broker to implement their plan. Our Preferred Successor - Buyers are a great option. If you already have a partner, colleague, or family member who can be your Successor, then you still need our agreement and expertise to build out your personalized plan. If you need a trusted person who will commit to protecting your commissions while you remain active, you can select one of our Preferred Successor - Buyer brokers or call us to learn more about the planning process.

Phil Calhoun

phil@commission.solutions

714-612-0306

Reach out today.



Elliott Martin
Martin & Associates

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.

www.martinassociatesmedicare.com



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.

559-287-3407 cell

www.brokertransitionsolutions.com/protect
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Tim Proctor
Tim Proctor Insurance Agency

I began my career in health insurance in 2002 and currently operate under the Tim Proctor Insurance Agency, with a primary focus on the Individual and Family Plan (IFP) market. I have extensive expertise in Covered California health insurance and currently manage a portfolio of over 700 active policies. My agency serves clients throughout the entire state of California and is supported by a dedicated team of five employees.

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Some Key Rules:

1. Applies to new to Covered California for Small Business (CCSB) groups with initial effective dates of 07/1/25, 08/1/25, 09/1/25, 10/1/25, 11/1/25, 12/1/25 and 1/1/26
2. Agency must submit minimum of three groups to qualify for bonus program
3. Bonuses will be calculated on number of subscribers (employees) in effect for the first effective month of the policy as determined by CCSB.
4. No pro-ration of target values will take place.
5. Business written through partnering General Agencies qualifies.
6. Covered California will issue the second bonus (6+ groups) incentive payment forty-five (45) days following the conclusion of the incentive program so long as qualifying groups satisfy the ninety (90) day requirement outlined in Section (E)(2)(c) of Exhibit F of the Agency Agreement.

For a complete list of the program rules go to:

https://www.coveredca.com/forSmallBusiness/agents/Exhibit_F_Rev_5_2025.pdf

