

AI & AUTOMATION / MENTAL HEALTH / VOLUNTARY BENEFITS

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



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IN
LEADERSHIP**

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*Among the 67% of UnitedHealthcare Level Funded plan sponsors in California who received a refund in 2021, the average refund was \$13,390. UnitedHealthcare internal analysis, Jan. 1, 2021 through Dec. 31, 2021. Please consult a tax and/or legal advisor to determine if, by receiving this refund, there are any restrictions or obligations. Surplus refund available only where allowed by law.

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SHARP Health Plan

Insurance companies vary by region.

TABLE of CONTENTS

SERVING CALIFORNIA'S ANNUITY, LIFE AND HEALTH INSURANCE PROFESSIONALS

14**Life After AEP – What Comes Next?**What worked, what didn't
BY AUSTIN FELCH

Congratulations agents, you've survived another busy Medicare Annual Enrollment Period (AEP). Now that the marathon has come to an end, it's a great time to reflect on what worked and what didn't during this year's AEP.

15**How did the CMS call recording requirement affect your business?**

Results of California Broker Magazine CMS Call Recording Requirement Survey

16**MENTAL HEALTH****Mental Health Is Top Resolution For Many In 2023**Forbes Health Survey Findings Revealed
BY SARAH DAVIS

The start of a new year often motivates people to set new health and wellness goals and priorities. But, this year, rather than focusing on traditional resolutions like dieting or frequent exercise, more people are prioritizing the state of their mental health, according to a new survey from Forbes

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

18**PLANNING****If You Have No Plan, Then Your Plan Is to Fail**Create Your 2023 Strategic Plan NOW!
BY PAUL WIRTH

2023 has begun, and if you haven't set your strategic plan, now is the time!

20**INSURTECH****The Future of AI and Automation Technology**Innovation is key to insurance industry growth and profitability
BY JOSHUA SCHNEELOCH

Money 2.0 Innovation Award Winner conducts a panel of industry leaders to discuss the advent of artificial intelligence and automation in the insurance industry and what that means for your successful future in insurance.

26**VOLUNTARY BENEFITS****It's a New Year – Keep Your Benefits House in Order**Communication doesn't stop when AEP ends – it's just the beginning!
BY TIM WEBER

2023 is here! It's a good time to take an objective look at how the annual enrollment period went this year.

28**RETIREMENT****Rules of Retirement****Encourage clients to continue retirement savings during volatile times****BY MIKE WEINTRAUB**

Volatile markets are nothing new to most experienced advisors. But the goal of advising is to help clients think long-term: rather than wondering how they'll make it through a rough patch, they should be thinking ahead to retiring in their desired timeframe with a sizable retirement fund.

30**3 TIPS FOR TALKING TO CLIENTS ABOUT RISK****Insurance is all about managing risk — not avoiding it**
BY BOB RUFF

Taking educated risks, such as assuming new responsibilities at work or moving to a new city, can be necessary to forge ahead in both our personal and professional lives.

32

COMPLIANCE

California's New Requirement for Insurance Agents' Email Communications

Here's what you need to know to comply
BY PAUL ROBERTS

Since Jan. 1, 2023, a new California law (SB 1242) requires California insurance agents to list their insurance license numbers on all of their email communications.

34

WHICH STATES HAVE THE HIGHEST HEALTH CARE COSTS?

Surprisingly, California ranks 20th among the most affordable states for health care.

BY LES MASTERSON

Healthcare costs are forcing millions of Americans into medical debt. Which states fare the best?

38

LIFE SETTLEMENTS

What is Going On With Life Insurance Settlements and Why Should You Care?

There's more opportunities in 2023 than you would think!

BY LISA REHBURG

You have a great opportunity to help your clients in a unique way, and in the process, help your agency as well.

Page 40

EVENTS

Don't Miss the Ellevate Foundation Women's Leadership Summit!

BY CERRINA JENSEN

Join a fun, friendly, informed group of women insurance leaders gathering to uplift, educate and empower each other at the 3rd Annual Women's Leadership Summit.

42

SALES

5+ Ways to Increase Your Insurance Sales in 2023

Selling to existing customers is the golden key

BY ALEX STRAUTMAN

Sales. It's what you do. Are you interested in ways that can help you increase your sales in 2023?

44

Publisher's Pick: 5 Star Book Review

ShiftPoints by Dean Del Sesto provides unconventional, practical ways to re-engineer our thought-life and behaviors.

BY PHIL CALHOUN

IN EVERY ISSUE

Industry News	7
Ad Index	46

ON THE COVER

The Women of Ellevate Foundation:

Pictured: (L to R) Ellevate Foundation 2022 Cohosts Corey Ashton (director, SunFire) and Cerrina Jensen (consultant, Solv) with 2022 special guest special guest speaker Lori R. Taylor (center) CEO & founder, REV Media Marketing.



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Phil Calhoun



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INDUSTRY/NEWS

CURATED NEWS FROM THE INDUSTRY

February is National Heart Health Month



HOW TO EAT BETTER

✓ CREATE A HEALTHY EATING PATTERN

Make smart choices and swaps to build an overall healthy eating style. Watch calories and eat smaller portions.

ENJOY

vegetables, fruits, whole grains, beans, legumes, nuts, plant-based proteins, lean animal proteins, skinless poultry, fish and seafood.



LIMIT

sweetened drinks, alcohol, sodium, red and processed meats, refined carbohydrates like added sugars and processed grain foods, full-fat dairy products, highly processed foods, tropical oils like coconut and palm.



AVOID

trans fat and partially hydrogenated oils (found in some commercial baked goods and fried foods).

✓ READ NUTRITION LABELS

Nutrition Facts	
Serving size 2/3 cup (55g)	
Amount per serving	
Calories	230
% Daily Value*	
Total Fat	10g
Saturated Fat	5g
Trans Fat	0g

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When you have more than one choice, compare nutrition facts. Choose products with lower amounts of sodium, saturated fat and added sugars.

Learn more at heart.org/lifes8

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TIPS FOR SUCCESS

WATCH CALORIES

Eat only as many calories as you use up through physical activity. Understand serving sizes and keep portions reasonable.

COOK AT HOME

Take control over the nutritional content of your food by learning healthy preparation methods.

LOOK FOR THE HEART-CHECK

The Heart-Check mark helps you find foods that can be part of a healthy eating plan.

IN NEED OF INSPIRATION?

The American Heart Association has hundreds of heart-healthy recipes to choose from.



Interest in CPR resources soar in wake of Monday Night Football dramatic save

Did you know the American Heart Association (AHA) Educational resources can help move bystanders to become active responders, with or without formal training? Witnessing Buffalo Bills player Damar Hamlin's cardiac arrest during the Buffalo Bills - Cincinnati Bengals Monday Night Football game on Jan. 2, inspired many around the country and the world to seek out CPR (cardio-pulmonary resuscitation) education and related resources. For instance: AHA witnessed a 620% increase in pageviews to Hands-Only CPR content pages, which includes video and resources

Why CPR?

When a person has a cardiac arrest, survival depends on immediately receiving CPR and defibrillation from someone nearby. According to AHA, about 90% of people who suffer cardiac arrests outside of a hospital die. CPR, especially if performed immediately, can double or triple a cardiac arrest victim's chance of survival. Yet, bystanders only perform CPR 46% of the time.

Help your community by learning the two simple steps of Hands-Only CPR:

- 1. Call 911. Ask for an automated external defibrillator (AED)**
- 2. Press hard and fast in the center of the chest.**

Use a familiar song to help keep up a pace of 100-120 beats per minute. Stayin' Alive by the Bee Gees (1-2-3-4-Staying Alive!) or Crazy in Love by Beyonce can be found on the AHA's "Don't Drop the Beat" playlist.



Michael del Junco, MD
entrustmd.com
 Orange, CA

Doctor of Internal Medicine **Michael del Junco, MD**, offers this perspective on heart health: "A healthy cardiovascular system helps to reduce the risk of heart disease, stroke and other serious health problems such as hypertension and diabetes. **Regular physical activity, a healthy diet, and not smoking** are some of the ways to maintain a good cardiovascular health. Treating and managing disease can be difficult. This is why so much attention is dedicated toward disease prevention. Preventing disease allows people to live longer, healthier lives and enjoy a better quality of life. Regular checkups can help detect health problems early, when they are most treatable. This can also help prevent the development of serious health conditions."

INDUSTRY/NEWS

CURATED NEWS FROM THE INDUSTRY

What's the difference between cardiac arrest, a heart attack and a stroke?

And what can be done in an emergency? ALWAYS CALL 911 and don't hesitate to do CPR

A heart attack is when one of the coronary arteries becomes blocked. The heart muscle is robbed of its vital blood supply and, if left untreated, will begin to die because it is not getting enough oxygen.

For heart attack, give the person one 325 milligram aspirin (preferably uncoated) to chew and swallow. (A regular strength aspirin is 325 mg, or a low dose is usually 81 mg – so use 4.) An aspirin can help break up the blood clot that is causing the heart attack. (Don't give the person aspirin if you think they may be having a stroke.) Or, if you know the person has been prescribed nitroglycerin in the past for heart disease and has the medication with them, you can give a dose. (Don't give the person someone else's nitro, however).

You won't need to do cardiac pulmonary resuscitation (CPR) unless the heart attack victim goes into cardiac arrest, which means they are unconscious and have stopped breathing.

A cardiac arrest is when a person's heart stops pumping blood around their body from an electrical issue,

and they stop breathing normally. Immediate CPR can keep them alive until help arrives. Administering an automated external defibrillator (AED) can help.

A stroke, sometimes called a brain attack, occurs when something blocks blood supply to part of the brain or when a blood vessel in the brain bursts. If you think someone may be having a stroke, act F.A.S.T. and do the following test:

F—Face: Ask the person to smile. Does one side of the face droop?

A—Arms: Ask the person to raise both arms. Does one arm drift downward?

S—Speech: Ask the person to repeat a simple phrase. Is the speech slurred or strange?

T—Time: If you see any of these signs, call 9-1-1 right away.

Note the time when any symptoms first appear. This information helps health care providers determine the best treatment for each person.

Less likely to receive bystander CPR



Women are often less likely to receive bystander CPR because rescuers often fear accusations of inappropriate touching, sexual assault or injuring the victim.

Many people believe that women are less likely to have heart problems and overdramatize incidents. It's these fears and myths that lead to women being less likely to receive the lifesaving CPR help they need.

According to the World Health Organization (WHO), cardiovascular disease is the world's number one cause of death, killing over 17 million people every year. This month is a very important period during the year. Creating awareness about the various heart conditions goes a long way to help reduce the rate at which heart-related diseases are taking the lives of people. We need to use Heart Awareness month to take extra care of our heart health and help those who already suffer from heart diseases.

- 1 Improve your health habits
- 2 Spread information about heart health
- 3 Help people quit unhealthy habits

Record-Breaking ACA Enrollment Continues in 2023

CMS has issued its second ACA Exchange data update for the 2023 plan year, with enrollment up 18% on the federal and state-based Marketplace combined. With 5.5 million sign-ups so far, this year's numbers are already outpacing 2022. Read the story

California's population shrinks for third straight year as high costs stress households

How will this impact your book of business?

Births outnumber deaths in California, and yet the U.S. Census Bureau says the population shrank again as more than 300,000 people moved out of the Golden State. The federal agency released these new numbers showing a third consecutive year of decline. In 2020, California's population contracted for the first time in state history, a drop that contributed to the state losing a seat in the House of Representatives.

Read more at the *Sacramento Bee*

BAD MEDICINE: INFLATION HITTING HEALTH CARE

Higher costs for medical care and health insurance may be the next burdensome inflation shoes to drop on the U.S. economy. Health care increases could also extend beyond the present-day inflation wave with higher insurance premiums, drug costs and prolonged labor challenges.

Full article: [/insurancenewsnet.com/oarticle/bad-medicine-inflation-hitting-health-care-2](https://www.insurancenewsnet.com/oarticle/bad-medicine-inflation-hitting-health-care-2)

14 PREDICTIONS ON WHAT THE FUTURE OF HEALTHCARE WILL LOOK LIKE

Patient-centric, seamless, connected and personalized — say Cigna execs

Healthcare is going through a massive transformation. Everything from the explosion of digital adoption to the plethora of data now available to the ever-changing expectations from patients and other healthcare constituents means there's no shortage of drivers of this evolution.

The future of healthcare will be digital-first, personalized for the individual, seamless and connected, and most importantly, patient-centric, say executives from Cigna Corporation (the parent company of Cigna Healthcare and health services organization Evernorth). More of their predictions on what the future of healthcare will look like are below. Link to 14 Cigna executive opinions at <https://newsroom.cigna.com/predictions-on-the-future-of-health-care-2023>.

EVENTS

2023 INDUSTRY CALENDAR

WEBINARS

Feb. 9, 8:00 am PST - in person

OCAHU Annual Sales Symposium, Fullerton.

Keynote address: Andy Hill, motivational speaker, former president of CBS Productions, and author of

"Be Quick - But Don't Hurry:

Finding Success in the Teachings of a Lifetime."

More info: [ocahu.wildapricot.org/event-4050020](https://www.ocahu.wildapricot.org/event-4050020)

Feb. 23, 11:30-1:30 pm PST by zoom,

70th Annual Will G. Farrell Award & Leadership

Recognition Event, sponsored by NAIFA-LA and FSP.

Info: janet@wifs-losangeles.org

March 4, 9:00-1:30 pm PST, by zoom:

WIFS-LA Women's Forum "Embrace Empowerment."

Info: janet@wifs-losangeles.org

CONFERENCES

March 13-15,

Ellevate Women's Leadership 2023 Summit

JW Marriott just outside Las Vegas.

In Person.

Register: <https://bit.ly/3ZEW7n4>



Celebrating Martin Luther King Jr's Birthday is not just lip service in our industry

*Did you know? Here's some top diversity Initiatives in
Financial Services and Health Insurance*

- **JP Morgan Chase:** "Advancing Black Pathways" focuses on increasing economic mobility for Black communities through access to credit, capital and financial education.
- **Wells Fargo:** "Diverse Community Capital" provides funding and technical assistance to organizations that support small business ownership in underserved communities.
- **Kaiser Permanente:** Diversity and Inclusion program focuses on recruiting and retaining a diverse workforce, as well as providing cultural competency training for employees and delivering culturally responsive care to patients.
- **Blue Shield of California:** "Blue Shield of California Foundation" focuses on improving health and well-being of underserved communities through grants and investments in community-based organizations.
- **The California Health Care Foundation:** "Diversity and Inclusion in Health Care" focuses on increasing diversity and cultural competency in the health care workforce and improving health outcomes for diverse communities.

If you know of other sources you'd like to share, please contact linda@calbrokermag.com

FREE 2023 COMPLIANCE CALENDARS FROM BENEFITMALL

BenefitMall has published a **free 2023 Compliance Calendar for Group Health Plans**. The calendar highlights key dates throughout the year and includes links to the relevant government forms. Brokers can add their logos to the calendar before sharing with clients.

Additionally, BenefitMall is offering **free Large Group and Small Group compliance guides**, covering updates to the Affordable Care Act, as well as various disclosure, notice, and reporting requirements. As with the compliance calendar, the guides can be customized with broker logos.

BenefitMall's white-labeled educational materials and client-ready collateral make it easy for brokers to serve as trusted advisors to clients, moving from periodic transactions to year-round relationships.

Questions? Contact **compliance@benefitmall.com** about any of the issues covered by the guides.

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INDUSTRY/NEWS

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18.2 million

Medicaid/CHIP enrollment has grown since the onset of the pandemic in February 2020.

5 to 14 million

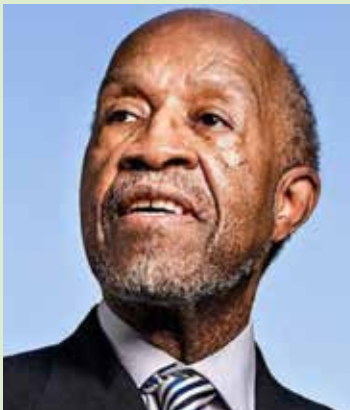
people will lose Medicaid coverage once the PHE ends.

Three Healthcare Predictions for 2023: New Realities and Priorities for Health Plans

The Health system will enter a new reality with the public health emergency lifted

After several renewals, most expect the COVID-19 public health emergency (PHE) to be lifted in 2023, which has huge implications for health plans and members. Medicaid/CHIP enrollment has grown by 18.2 million since the onset of the pandemic in February 2020. As part of the PHE, states suspended the need to revalidate members' eligibility for Medicaid. Kaiser Family Foundation estimates between 5 million and 14 million people will lose Medicaid coverage once the PHE ends.

Full story: medcitynews.com/2022/12/3-healthcare-predictions-for-2023-new-realities-and-priorities-for-health-plans/



CFP Board Scholarship Program Honors First Black CFP

The LeCount R. Davis Certified Financial Professionals (CFP) Scholarship program launched in Aug. 2022 was developed to support the next generation of diverse CFP professionals. This will assist qualified Black/African American students and professionals who are committed to attaining CFP certification and to the practice of financial planning.

Davis was an advisor for over 50 years and became the first Black person to earn

the CFP certification in 1978. Before that, he started his own consulting firm in 1970, specializing in tax planning, small business management, financial planning, financial management and investment consulting.

In 2001, Davis founded the Association of African American Financial Advisors with a mission to expand the community of successful Black financial professionals. Davis wrote an autobiography, "One Step Back-Two Steps Forward: The Dance of My Ultimate Plan," in 2020 to further inspire and prepare the next generation of financial planners.

- **Details on LeCount R. Davis CFP Scholarship available at** <https://bit.ly/3ZQ4mNw>.
- **Watch LeCount Davis video on the scholarship at** https://youtu.be/_Bcmd1GAv6I

Jeffrey Gundlach's 9 Market and Economic Predictions for Investors, Advisors

By Dinah Wisenberg Brin, Think Advisor

The Federal Reserve likely won't raise its benchmark interest rate this year as much as central bank officials have suggested and may even lower rates, based on bond market signals, DoubleLine Capital founder and CEO Jeffrey Gundlach said Tuesday in a webcast touching on his 2023 views. "I think the Fed will help out in 2023 more than they realize," he said.

Among other topics, Gundlach suggested that investors tilt their portfolios toward bonds this year, and noted that several key U.S. economic indicators — although not all — point to an imminent recession.

"I'm very excited about 2023," Gundlach said, adding that 2021 was "hopeless" and "turned into a dumpster fire" for financial markets. Fixed income looks "exciting," a term he hasn't used for those assets in 10 years, he said. Link for nine recommendations from the billionaire investor: <https://bit.ly/3iC1Z01>

5

Lessons

Learned from Medicare 2023 AEP

Each year, Medicare makes changes to its health and drug plans that can alter the cost, benefits, coverage and network of providers. When this happens, beneficiaries often have a lot of questions. They want to know if their current plan is still the best one for them. Find the full article at Forbes.com



WHAT MAKES A GOOD LIFE? LESSONS LEARNED FROM THE LONGEST STUDY ON HAPPINESS

We forget some of life's key lessons in the vast number of memories we might have acquired throughout the years. To combat this, Harvard University ran the longest study of adult life that's ever been done. The Harvard Study of Adult Development tracked the lives of 724 men for more than 75 years, asking about their work, their home lives, and their health. Here's what they found out about what really keeps people happy and healthy.

1. Social connections are good for us, and loneliness kills. It turns out people who are more socially connected to family, to friends, to the community are happier, they're physically healthier, and they live longer than people who are less connected.

2. Keeping your close relationships, closer. It's not the number of close friends you have, or whether or not you're in a committed relationship, but the quality of your close relationships that matter.

3. Good relationships don't just affect our bodies, they protect our brains.

Go deeper here: www.mindful.org/what-makes-a-good-life-lessons-from-the-longest-study-on-happiness/

62 Studies Don't Lie:

Little Differentiation Between Medicare and MA

With few exceptions, highlights from KFF's review reveal much parity between the programs.

In a review of 62 studies comparing original Medicare and Medicare Advantage (MA), Kaiser Family Foundation (KFF) found "few big differences...on a variety of measures." These measures included beneficiary experience, affordability, service utilization, and quality. Find the full story at healthleadersmedia.com.



NAHU is now NABIP

We're a few weeks into the new year and we're so excited to officially be National Association of Benefits and Insurance Professionals (NABIP)!

Here are a few reminders and resources to help with the name change:

- Please go to www.nabip.org and bookmark the sections you frequently use (e.g., Find An Agent and Chapter Resources).
- Our physical address and staff phone numbers will remain the same, but our email addresses will change to this format: firstinitiallastname@nabip.org.

How Awe Brings Us Together

Feeling awe changes your brain. In our first episode in a series about the science of awe, we explore how awe can make you a better friend, partner, and community member.

Science of Happiness podcast: greatergood.berkeley.edu/podcasts



Life After AEP – What Comes Next?

What worked, what didn't

BY AUSTIN FELCH

Congratulations agents, you've survived another busy Medicare Annual Enrollment Period (AEP). Now that the marathon has come to an end, it's a great time to reflect on what worked and what didn't during this year's AEP.

First and foremost, let's celebrate your accomplishments. Take note of things that worked in your favor. Here are some items to consider:

Enrollments

Review the number of enrollments you completed this AEP. Take note of what worked well with getting those enrollments. Was there a specific channel you used to communicate your services? Did you use a different presentation? Drill down to the specifics on how you achieved the enrollments you received.

Quality Leads

Did you receive quality leads this AEP? What marketing channel did they come from? Did your cost per lead decrease or increase? Quality leads, a fruitful marketing channel, and a low cost per lead are all great accomplishments to strive for. Take note of these and why they worked well for you.

Referrals

Referrals are hard to come by, so even if you received just one referral during this AEP, that is a great accomplishment! Where did the referral come from? Was there a reason the referral chose to solicit your services? These are great questions to consider as you build out your referral plan for the future.

Identify areas of improvement

Even if you scored some major accomplishments during this AEP, there is always room for improvement. Let's take a look at some common areas where brokers and agencies tend to struggle during AEP.

Lead improvement

While leads can be an accomplishment for some, they can also be a source of improvement for many. If you didn't receive enough leads this AEP, take a moment to consider why. What channels were you expecting leads from that didn't produce? Why do you think it didn't work out? Was cost a factor? Content? Taking a moment to sit down and think through the

hurdles can help you devise a plan for the next go around.

Time management

Did you struggle with managing your time during this AEP? If so, identify areas that are eating up a lot of your time. Once you identify areas of improvement you can look for ways to help streamline your sales process. AGA agents have access to a ton of resources and support that many find useful in streamlining their business process.

Carrier options

Did you feel limited by the number of carriers you represented? Did it make it difficult to close a deal with limited options? Unfortunately, this is a common area of improvement for many agents. Having more options to shop on behalf of a client is a win-win. Make sure you're representing a full range of carriers giving yourself the ability to shop numerous options on behalf of your clients.

Regroup between Medicare enrollment efforts

Take some time to regroup and strategize before the next enrollment period. There's a lull in the storm between the Medicare Annual Enrollment Period (AEP) and the Medicare Advantage Open Enrollment Period (OEP), which runs from Jan. 1 – March 31.

- Take this opportunity to improve upon your weaknesses.
- Start following up with clients.
- Create a marketing strategy.
- Brush up on the Medicare Advantage OEP compliance rules.
- Most importantly, celebrate your wins, big and small.



AUSTIN FELCH, chief operations officer joined AGA in 2019 with years of Medicare industry experience and running a national compliance program. His career has been focused on working with agents and agencies to develop compliant marketing campaigns that have the best ROI possible.

Contact: afelch@appliedga.com

<https://appliedga.com/>

California Broker Magazine asks: How did the CMS call recording requirement affect your business?

Here's the results of our CMS Call Recording Requirement Survey

The team at California Broker is committed to listening to our subscriber's thoughts on trends and issues — and sharing these in our print and digital media. Surveys are the best tool to accomplish this goal.

From November 2022 to Jan. 15, 2023, we conducted a survey on the CMS Call Recording Requirement. We invited Cal Broker subscribers on both our print and digital media to tell us about their experience with the CMS requirement for Medicare Call Recording.

Thank you to those of you who took the time to respond.

Let's start with a review of WHY this requirement happened.

CMS acted based on the Federal Registry in 2022 which reported 39,617 “complaints to Medicare” out of 29 million MAPD and PDP enrollments. Note the complaints represent a VERY small amount of the total beneficiary population — 0.0013661%.

Medicare beneficiary complaints about post enrollment access to providers and coverage (mostly for prescription drugs) surfaced and centered on “misleading enrollment practices.”

The main cause of these complaints seemed to be attached to the organizations connected with misleading TV commercials, since the increase in commercials and the increase in beneficiary complaints are related.

In response to these complaints, CMS created the new call recording regulations to protect Medicare beneficiaries. CMS further passed management of the compliance of health insurance professionals to MAPD and PDP carriers.

The WHAT is the requirement itself.

There are two key factors in the ruling that Medicare agents had to comply with:

1. Agents must record all “marketing” calls.

2. Agents must store all recordings of the calls.

CMS desired outcome of recording requirement

This new requirement was designed to improve the chances that a Medicare enrollment professional would do what is best for consumers and work to ensure their client finds a suitable health and drug plan.

The issue targeted by the requirement was the practice of “no enrollment — no commission.” When someone calls into an 800 line, the enroller is highly incentivized to take shortcuts to enroll first with no incentive to improve the caller's coverage or access to care.

An unexpected outcome was that many Medicare enrollers moved away from the MAPD and PDP market to enroll the underserved Medicare beneficiaries. These enrollments could be done face-to-face and avoid the recording requirement.

A point of perspective

We all realize when requirements come down from “above,” as insurance professionals we have the decision to comply or rebel. We also know that time-consuming requirements added to our businesses work flow are most often unwelcome — mostly because we feel it is the other guy or agency that created the problems which led to the new requirement.

Survey responses:

1. On a scale from 1 (poor) to 5 (very good) how did you find the call recording process? **100% of respondents rated from a 1 to a 3 and 60% of respondents rated under 3. Clearly this new requirement was not highly appreciated!**

2. What percent of clients choose not to be recorded? **87.5% of respondents**

answered 0-25%. Clients seemed to be okay with the recording.

3. Do you now consider call recording a best practice that benefits both you and your clients? **75% answered “1” and 30% answered “3” showing that not many are fans of the recording process.**

4. Did your FMO help you get the recording setup? If not, how did you get ready? **62.5% responded that their FMO helped. 37.5% indicated they used either Zoom or some other recording system, or their employer handled it.**

Look to your state and local professional associations for plans to lobby CMS for adjustments to this practice.

HEADS UP: As we said, CMS delegated compliance for recording calls to the health plan carriers. Carriers offering MAPD and PDP plans can require a contracted and certified producer to provide compliance proof, including call recordings. We have heard recently from a few Medicare insurance professionals that several health plans are exercising their option to request not only Scope of Appointment proof but recordings of enrollments in their plans.

PLEASE keep Cal Broker informed of what you hear and experience with your insurance business. We are happy to share your perspective with our 25,000 readers and 8,000 email subscribers.

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Mental Health Is Top Resolution For Many In 2023

Forbes Health Survey Findings

BY SARAH DAVIS

The start of a new year often motivates people to set new health and wellness goals and priorities. But, this year, rather than focusing on traditional resolutions like dieting or frequent exercise, more people are prioritizing the state of their mental health, according to a new survey from Forbes Health/OnePoll of 1,005 U.S. adults.

The study finds 45% of respondents cite improved mental health as a top resolution for 2023 — the most of any resolution on the survey. That's in comparison to 39% who cite improved fitness as their resolution, 37% who selected weight loss and 33% who chose improving their diet.

A New Era of Health Care

The Forbes Health/OnePoll survey also shows, notably, that younger generations are more likely to cite mental health as a high priority for the new year — a staggering 50% of participants ages 18 to 25 stated improved mental health as a top resolution for 2023, followed by 49% of those ages 26 to 41 and 39% of 42 to 57-year-olds (that percentage drops to 18% for those 58 to 76). Mental health is undoubtedly important in its own right, but it can also impact physical health, too — for example, depression can increase the risk of heart disease, stroke and diabetes.

The findings come on the heels of a particularly tumultuous few years, with a global pandemic impacting nearly every aspect of daily life, resulting in increased levels of anxiety and depression, particularly among young people. Meanwhile, amplified exposure, a rapid increase in accessible care and reduced stigma are all contributing factors to increased resources for the mental health industry, according to Forbes Health Advisory Board members who weighed in on the survey's findings.

The Forbes Health/OnePoll findings may also be particularly noteworthy for health care and insurance providers, given that Gen Z is just beginning to turn 26, signaling a time in which many will be navigating the health insurance market likely

for the first time as they age out of eligibility for their parents' health insurance coverage. The focus on mental health could give providers a view into what younger generations may be looking for when it comes to coverage and benefits.

The Mental Health Parity and Addiction Equity Act of 2008 requires insurance coverage for mental health conditions (including substance use disorders) be no more restrictive than the coverage that is provided for other conditions, notes the American Psychiatric Association.

Whether that care is available, however, may be another roadblock in the new year. Mental health providers are seeing an overwhelming spike in clients due to the increased demand — in fact, as of November 2022, the demand for anxiety and depression treatment remained high for the third consecutive year, with six in 10 practitioners reporting not having any availability for new clients, according to the American Psychological Association.

The COVID-19 pandemic and its profound impact on anxiety and depression highlighted the importance of mental health—and the Forbes Health survey findings suggest that theme is here to stay.



SARAH DAVIS, managing editor, *Forbes Health* is an experienced writer and editor enthusiastic about helping readers live their healthiest and happiest lives. Before joining *Forbes Health*, Sarah worked as a writer for various digital publications including *LendingTree*, *theSkimm*, *CNBC* and

Bankrate. When she isn't writing or editing, you can find Sarah with her nose in a book or enjoying the outdoors with her French bulldog, Honey.

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If You Have No Plan, Then Your Plan is to Fail

Create your 2023 Strategic Plan NOW!

BY PAUL WIRTH

2023 has begun, and if you haven't created a strategic plan, now is the time! Don't waste

another second — your competition may already be planning your demise. I write this “tongue in cheek,” but there is a lot of truth to the fact that your competition is devising ways to gain market share and crush 2023. Shouldn't you?

As a business advisor, I work with a number of clients in the insurance space on strategic planning. I help get the right people

catapult their organizations to next levels.

I know that this can sound like a lot of work for a broker focused on lead development and keeping their current customers happy. But, if you adopt a proven planning system that guides you through the steps to develop your company's unique strategic plan, it won't have to be all that time consuming or difficult.

The good news is there are a number of quality systems in the market with highly skilled implementers who can help you on your journey. Some may be simple enough for you to do the work on your own.

However, my experience with self-implementers is they often and easily lose focus when the whirlwind of their business hits them in the face when they enter their offices on Monday mornings. So, while you can certainly buy the books and follow the plans outlined in them, it is often less time consuming and ultimately much more financially rewarding to hire a professional advisor with a track record of helping companies like yours to achieve desired goals.

Here's my recommendation: **the Blueprint Organizer.sm** This is an example of a planning system I use for clients that can help you start this journey on your own.

Let's explore its use, and how it can help you structure your business going forward.

First, there is no rocket science involved in the organizer. All of the 9-key questions that guide users appear straight-forward. The key is to develop a unique strategic plan that will attract and motivate you and your team. I'd like for you to also view the process of developing your plan from the

objective eyes of a board of director looking into your business — or better yet as a potential buyer of your practice, interested in knowing they can run with your plan the day you hand your keys over.

That said, if you choose to go through this exercise, it's important to complete it away from your office or home. Go somewhere quiet, but inspiring. Maybe even travel somewhere conducive to clear your mind and really contemplate what you

in the right seats, develop quarterly and annual objectives with key results, and work with business owners to plan for their eventual exit. Whether they decide to sell their practice or pass their practice to the next generation, I have found that those brokers who take the time to work **on** their business as opposed to **in** their business consistently outpace their competition. Specifically, they wisely streamline their sales and operations so that they have more time to focus on the big initiatives that



want out of your business. To create a quality strategic plan, remove yourself from your day-to-day and put some really deep thought into the exercise.

Here are the nine The Blueprint OrganizersSM questions to structure the process.

1. What are your core values? To make your values have real meaning they should percolate up from your team based on the favorable characteristics you witness them doing on their own. Avoid using what Pat Lencioni calls, in his article in the Harvard Business Review titled “Make Your Values Mean Something” such as:

- **permission-to-play values** simply reflect the minimum behavioral and social standards required of any employee. They tend not to vary much across companies, particularly those working in the same region or industry, which means that, by definition, they never really help distinguish a company from its competitors.

- **accidental values** which arise spontaneously without being cultivated by leadership and take hold over time. They usually reflect the common interests or personalities of the organization’s employees. Accidental values can be good for a company, such as when they create an atmosphere of inclusivity. But they can also be negative forces, foreclosing new opportunities. Managers always need to distinguish core values from merely accidental ones, as confusion here can be disastrous.

- **aspirational values** are those that your company needs to succeed but currently lack. A company may need to develop a new value to support a new strategy, for example, or to meet the requirements of a changing market or industry. The CEO who claimed his company’s core value was a sense of urgency, for instance, was substituting an aspirational value for a core value.

2. What is your core purpose? This gets to your why – why did you go into business in the first place? What gets you and your team that infectious enthusiasm for the work you do?

3. What is your core target? Or as Jim Collins calls it your BHAG – Big Hairy Audacious Goal. I like to refer to your core target as your North Star. You point to your North Star when motivating yourself and your team as to where you are heading.

4. What is your target market? Identify your ideal client. What is their demographic, geographic, psychographic and firmographic profile? This isn’t all of your clients — just the ones you would love to do more business with.

5. What is your 3-year plan? Be as clear and specific as possible. Map out what your revenue will be three short years from now. How many employees will you have? What is the one-key measurable you can gauge success on? Also, make this a visual exercise for yourself and your team by writing down what your company will look like down the road. The more you can all see what the future looks like, the more likely you are to achieve it.

6. What is your 1-year plan? Much like your 3-year plan, your 1-year plan will show your revenue, profits, employee count, and measurable. But added to this would be three to five key priorities or goals.

7. What are your quarterly objectives and key results (OKRs)? Similar to your 1-year plan, your quarterly OKRs continue to bring down to the ground what you want to accomplish in the next 90-days.

8. What are your long-term issues and opportunities? List out what challenges you face in the coming year that require your attention — just not immediate attention. The same applies for opportunities. Maybe you want to offer a new product or service, but do not currently have the resources to do so.

9. Lastly, what are your milestones? As you would map out your vacation with stops along the way, you should do the same for your business. How else will you know if you are on the right track to accomplishing your long-term goals?

These are the nine foundational questions used to build an entrepreneurial version of a strategic plan — one every team member can embrace. It will help you all be on the same page with where you are going and how you plan to get there.

Reach out to me if you would like a copy of The Blueprint Organizer.SM



PAUL WIRTH’S 35 years of experience took him from executive national leadership roles in finance, banking and homebuilding start-ups and Fortune 500 companies, to three different companies of his own. During his corporate journey, Paul was responsible for budgets up to \$25 billion, overseeing sales and operations with hundreds of employees in 18 markets across the nation. As an

entrepreneur, Paul took that experience to grow three successful businesses of his own.

Paul is a lifelong student who completed various training and certifications as a Vistage Chair, Exit Planning Advisor (CEPA), Talent Optimization Advisor, and EOS® Implementer. He served on a number of boards for the Builders Industry Association, Council on Aging, and the Exit Planning Institute. Paul combines decades of corporate and entrepreneurial experience in his practice at Blueprint for Entrepreneurial Growth to assist family-owned and private businesses to grow and exit through intergenerational transfers and sale. Paul works with leadership teams to establish solid foundations for growth and then directly with business owners to help them increase the value of their companies for a successful transition.

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The Future of AI and *Innovation is key to insurance*

By Joshua Schneeloch

While attending the Money 2.0 Conference in Las Vegas a week before Christmas last year, I had the distinct honor to both receive an award and moderate a panel of industry leaders to discuss the advent of artificial intelligence and automation in the insurance industry. In this article, I share some key strategic points we discussed and what that means for your successful future in insurance.



Automation Technology

industry growth and profitability

The insurance industry has traditionally relied on manual processes for handling claims and other customer interactions. But this is changing with the introduction of new technologies like AI and Chatbox. These new tools allow companies to streamline their operations while providing better services to customers at a lower cost.



Joshua wins the Money 2.0 Award for Innovation.

First of all, this was my first, but certainly not my last trip to the **Money 2.0 Conference**, which spotlights visionary work in the fields of law, education, marketing and financial services. I was deeply honored to be recognized by my peers for the innovative agent-to-broker performance platform my team has developed to accelerate the success of independent agents across the country, but especially here in California where White Wing was born.

The **Money 2.0 Award for Outstanding Leadership and Innovation** recognizes visionary leaders and exemplary individuals who strategically leverage technology and personal insight to help agents grow faster, smarter and bigger. I was equally honored to lead a strategic discussion on the future of technology in the \$1.2 trillion insurance industry and how innovation will be key to growth and profitability.

How advances in artificial intelligence, data analytics, and cognitive computing help transform the customer journey

The title of the panel discussion was “The Future Of Insurance Is Here — How Automation Is Transforming The Customer Journey.” In this fast-paced era, consumers are constantly inundated with policy-purchasing services that offer ease and convenience. This panel discusses how advances in artificial intelligence, data analytics, and cognitive computing are helping transform the customer journey and simplifying everything for insurance professionals, from policy-making, and compliance to claims processing. The insurance industry has traditionally relied on manual processes for handling claims and other customer interactions. But this is changing with the introduction of new technologies like AI and Chatbox. These new tools allow companies to streamline their operations while providing better services to customers at a lower cost. This panel explores how this trend is changing the way customers interact with insurance companies and what this means for the future of insurance.

I was joined by a world-class panel of top industry luminaries. Here are their perspectives about the amazing



opportunities created by the strategic use of emerging technology, coupled with executive excellence:



Paul Seegert, managing partner, PCS Advisers; president, PCS Sales Development Group
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Driven by outcomes, Paul Seegert has played an integral role in changing the way businesses

manage their second largest expense. Unwilling to accept the unsustainable renewal increases for employee healthcare, Paul set out to find a better way.

After carefully auditing each component of a typical employee benefits package, it became overwhelmingly obvious

that most insurance plans lack efficiency of costs and quality of care which underserves both the employees who participate and employers who pay the premiums.

With that in mind, Paul’s mission became to architect a healthcare solution that would generate return on investment (ROI) for the employer while better serving the workforce. The outcomes were so drastic that Paul has become nationally recognized as a leader in the healthcare space, speaking on panels to share strategies and insights with advisers and executives looking for a better way.

“The insurance industry has conditioned us to think that their over-inflated products are the only option — and it’s simply not the case.”

Paul Seegert, managing partner, PCS Advisers; president, PCS Sales Development Group

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Says Seegert, "I've seen it stunt the growth of businesses that should've been flourishing — so much missed opportunity. The shame of it is, most employers don't know they can manage their healthcare like any other supply-chain in their business. The insurance industry has conditioned us to think that their over-inflated products are the only option — and it's simply not the case."



Bob Nienaber, owner of Lion Street and CEO of BenefitRFP, Inc.
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“AI is your best friend if you want to be a top producer in the financial sector. If you want to reach a larger audience it can eliminate all the targets that aren't truly interested prospects. AI allows you to drastically change your results.”

Bob Nienaber, owner of Lion Street and CEO of BenefitRFP, Inc.

solutions. They offer corporations a one-stop-shop for corporate executive benefit solutions. These solutions, combined with benefitRFP's custom technology, the benefitMATRIX, LiSPT, benefitDIAGNOSTIC and the planBUILDER, help enable companies to attract, recruit, retain and reward their top talent.

The company's mission is to empower business owners by

giving them the objective financial insight needed to make the best decisions tailored to their needs, all while simplifying the process to give back our most valuable asset — time.

Decades ago, Nienaber predicted the potential of automation when he started out in the insurance industry, a time when the average agent met eight to 10 prospects a week. He immediately saw the potential to use emerging technology and social media networks to see hundreds of thousands of targeted prospects searching for solutions. That insight led to the creation of several companies including most recently, benefitRFP.

“Lots of people are afraid of AI because they don't understand it,” Nienaber notes. “AI is your best friend if you want to be a top producer in the financial sector. If you want to reach a larger audience it can eliminate all the targets that aren't truly interested prospects. AI allows you to drastically change your results.”



Uma Ganapathy, director, HealthCare Analytics, CareFirst, BlueCross/BlueShield
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With over two decades in IT, Uma Ganapathy is a global influencer and healthcare IT leader. She is currently the director of Data Analytics of CareFirst Community Health Plan, Washington, D.C. Ganapathy is known for

innovative models and strategies to improve access, quality, and equity of care for the Medicaid line of business.

As an international leader, Ganapathy has consulted in India, Ireland, the United Kingdom, and the United States. Her global experience inspires her to nurture a culture of diversity within her team and organizations.

As to the future of AI in healthcare, Ganapathy can already see that AI is changing the industry that represents

over nearly one-fifth of America's gross domestic product. “The current trends, as well as the future projections for the impact of this technology on patient care, healthcare professionals, and medical processes, are truly inspiring,” she comments. “Currently, AI is already helping

“The current trends, as well as the future projections for the impact of this technology on patient care, healthcare professionals, and medical processes, are truly inspiring.”

Uma Ganapathy, director, HealthCare Analytics, CareFirst, BlueCross/BlueShield.

medical professionals spend less time on processes and more time on patient care. It is estimated that by 2026, AI will save Americans approximately \$150 billion a year in healthcare-related bills. As is evident, the applications of this technology are truly limitless, and now is the ideal time for those looking to create the future of healthcare to gain expertise in this arena.”



Mayuresh Kulkarni AI/ML Technical Program Management Lead, Adobe
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Mayuresh Kulkarni manages Adobe’s AI/ML programs for the Applied Science and Machine Learning team. A world-class data engineer, Kulkarni previously spent a

decade with KPMG Management Consulting. His focus was on delivering emerging technologies, defining product strategy, and streamlining operations for multiple Fortune 500 firms to successfully execute several large consulting engagements. He has consulted in a range of industries: hi-tech, fin-tech, banking, insurance and hospitality among them.

Kulkarni explains that, “as the insurance industry welcomes digitalization with a red carpet for innovation and efficiency, Artificial Intelligence and Machine Learning (AI-

“According to a recent study, more than 80% of insurers emphasized that AI was already a part of their business model or would be within the next three years.”

Mayuresh Kulkarni AI/ML Technical Program Management lead, Adobe

ML) occupy a mission critical role in successful disruption through technology. This is the reason insurers have increasingly started to rely upon the essence of AI-ML. According to a recent study, more than 80% of insurers emphasized that AI was already a part of their business model or would be within the next three years.”

Furthermore, Kulkarni points out that according to his research, “up to a fifth of chief technology officers chose AI and ML as their business priority for 2023 and beyond. Insurance AI and ML continue a demand boom by all the competing insurers.”



JOSHUA SCHNEELOCH is the founder and CEO of White Wing Insurance Solutions and White Wing Wealth and the author of the upcoming memoir, “The Favored Son, How a Black Orphan Conquered Europe on His Way to America.”

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It's a New Year

Keep Your Benefits House in Order

Communication doesn't stop when AEP ends – it's just the beginning!

BY TIM WEBER

2023 is here! As the new year begins, it's a great time to get ready for the busy months ahead. For many of us that means finally getting to organize our burgeoning inbox, taking care of loose ends from last year and cleaning up that workspace. But most importantly, it's a good time to take an objective look at how the annual enrollment period went this year. Did you anticipate your clients' benefit plan needs this year? Are you — and they prepared to adapt next year? Are you supporting how well your clients' employees use their benefits to stay well and get appropriate care with ongoing benefits communications?

As you think about each client's unique voluntary benefit needs, consider this:

- More employers are making benefit decisions on a much tighter turnaround. Is there anything you can work on now that will help you respond proactively during the busy mid-year and end of year open enrollment seasons?
- Are you suggesting ways to make sure employees know how to best use the benefits they signed up for with communication campaigns? This can help contain costs by keeping people cared for before more dramatic issues develop.
- As inflation pushes costs higher and puts added pressure on employers, can you anticipate creative and less painful ways to adjust voluntary benefit budgets to help balance this out?
- And with an eye toward stretching employers' and employees' benefits dollars, do you have the resources to provide alternatives to existing benefits or new ways to meet employees' needs?

Here are three ways to help you address those potential issues and be better prepared for what may lie ahead in the new year.

1. Develop a communication plan — or ramp up the existing one.

It's never too early to help your employers develop or refine an employee communication plan for mid-year and end-of-year open enrollment. I recommend taking time now to map out a communication plan that you can use to show the value of each benefit option to your decision makers. Highlight any important updates and changes for the coming year to show how each benefit selection might affect the employees. Also explore which mediums or channels resonate best with employees. Maybe it's company intranet articles or webinars. Take the time to get a sense of employee communication needs

now, so your message can be delivered effectively and with the most impact. Find a few key differentiators that you can present to the employer to make it easier for them to better communicate that value to their employees. Contacting each benefit provider to evaluate or brainstorm the best ways to help them demonstrate how they stand out from others is a great place to start. Having the ability to communicate the advantages of comprehensive coverage to employers is a must.

Make sure employees are well informed about the choices they made, and how to use their benefits. Are they getting the most out of their wellness visit benefits, dental and vision care, employee assistance programs? Are they making sure to use benefits as the last quarter of the year approaches? Are employers gauging what use patterns reveal popularity and effectiveness in keeping workers healthy and in good mental shape? Showing care throughout the year goes a long way in building loyalty as well as helping workers avoid more costly conditions that could have been dealt with earlier.

2. Create a plan for combating inflation.

Begin to think through how you can help employers address rising inflation and increased costs of core benefits, primarily medical coverage, that may affect the amount of money employers can spend on voluntary benefits. Even though inflation has cooled off a little, employees are still bearing the brunt of high prices, from gas to groceries, credit cards to new car purchases. You may have to work with your employers on exploring new plans to keep benefits cost-effective. It may also be useful to look at the participation rates of some voluntary benefits to see if there are ways to make the benefits less costly to each employer.

While carefully reviewing benefit selections to help combat inflation, consider suggesting that employers look for the ‘benefits within the benefit.’ For example, maybe a health insurance plan offers virtual telehealth options. Employees could use this service versus taking valuable time off from work, or more importantly, having to undergo a

costly emergency room visit. Maybe a retirement savings plan offers an annual financial planning meeting or other online investment strategy tools that can help employees feel comfortable in an uncertain economic climate.

Keeping an eye on your employers’ press releases and public financial information may help you gauge how much inflation is impacting their industry. For those more impacted by inflation, having a proactive broker that helps create a plan to combat inflation is a big asset.

3. Find ways to stretch benefit dollars.

This leads us into our final point. It’s the perfect time to start exploring options that will help stretch your employers’ and employees’ benefits dollars while still addressing their most-pressing issues. As I mentioned, it’s going to be important to understand how inflation is impacting your clients and their employees. There may be benefits that employers can offer to help employees cope with the stress of financial insecurity. A financial wellness package or courses on financial planning can be great options. Offering these tools to your employers can show them that you are attuned to employees’ changing needs.

Additionally, anticipating your clients’ needs and recommending creative and cost-effective solutions can go a long way to solidifying your relationship. Are there specific coverages, like pet insurance or caregiver support, that can make your clients a more attractive employer? Family planning related benefits are seeing growing demand. Are you able to provide coverages for things like adoption, IVF or other infertility treatments? For employers that pride themselves on being leaders in diversity equity and inclusion (DEI), benefit offerings, like family planning benefits or legal insurance, can help to meet the needs of people no matter where they are in life. Legal insurance is a versatile voluntary benefit to offer, as it can be

used by anyone, regardless of their age, gender or marital status.

Another way to stretch your benefits dollars is to look at voluntary benefits that are complementary. For example, by pairing legal insurance with financial wellness packages, employers can help staff feel better equipped to handle whatever financial challenges they might be facing. As we noted earlier, employee communications around these

complementary benefits can not only inform employees but showcase a more holistic approach to meeting their individual needs.

Even though I suspect economic challenges will continue, I’m optimistic that 2023 is going to be an exciting year. Taking the time in the first few months to get organized, anticipate what may lie ahead for your clients, and set the foundation for open communication throughout the year can lead to some great results. Maintaining that ‘new year discipline’ throughout 2023 will help solidify your role as a trusted advisor.

Recommending creative and cost-effective solutions can go a long way to solidifying your relationship.



TIM WEBER is a member of the ARAG executive team. He has extensive experience in the insurance industry and oversees ARAG’s core sales business – group sales, sales operations, client

management, product development and client support services. Tim has strong leadership talents, a proven track record of delivering voluntary benefits growth and has worked as both a benefit provider and a broker.

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Rules of Retirement

Encourage clients to continue retirement savings during volatile times

BY MIKE WEINTRAUB

Volatile markets are nothing new to most experienced advisors. But the goal of advising is to help clients think long-term: rather than wondering how they'll make it through a rough patch, they should be thinking ahead to retiring in their desired timeframe with a sizable retirement fund. With experts predicting 2023 will be at least as difficult as last year, you may need to reassure clients who struggle to fathom the purpose behind extensive retirement savings during times of volatility. Encourage clients to stick to their goals with a look into how their

retirement funds will increase over time. While your approach may differ based on client needs, providing the context of how their retirement plans will grow will assert the necessity of retirement savings in any economy.

Rule of 72

Many consumers are unaware of the purpose behind starting their retirement funds early in their careers — after all, they have decades ahead of them to save. I like to counter this short-term thinking with the Rule of 72: Imagine that a local bank has decided to run an advertisement to entice people to open a new savings

account. The offer shows that with a new account and a minimum deposit of \$5,000 the bank will give the customer the latest iPad. This account comes with 3% interest. This may seem like a good deal, but how will the money grow for someone who is age 25 who has decades before retirement? Using the Rule of 72, you can calculate approximately how long it will take for the money to double. This equation is simple: take 72 and divide it by the annual interest rate. In this case, it would be $72/3$. At 3%, it will take 24 years for the money to double, and the iPad will be an expensive paperweight.

It might be better to invest in stocks

Age	Amount
25	\$500
49	10,000
83	20,000

and bonds, which over time tend to have better results than bank savings accounts. Over long terms, equities may average returns over 10%.

(Note: If you invested \$5,000 in the S&P 500 at the beginning of 1973, you would have about \$631,718. at the end of 2022, assuming you reinvested all dividends. This is a return on investment of 12,534.36%, or 10.20% per year.)

So, in this example, we'll use a more conservative interest rate of 9%. $72/9=8$ years for the money to double.

Helping clients get better returns over time will help them meet their retirement goals.

Understanding this process will help your clients see the pros and cons behind certain savings plans. This can lead your client to investigate the investments in their retirement plan and provide a smooth transition into planning discussions.

Retirement for employees

For many of your clients who are employees, their place of work provides retirement plans they can contribute to easily and their employer will match. However, not everyone contributes enough to meet the minimum for employer matching contributions. This minimum amount is necessary to capitalize on the opportunity. Pairing the employer contributions with a good investment will lead to a better nest egg as time goes on.

With respect to employee contributions, encourage your clients to think bigger. Younger clients have the most time to allow their funds to grow and compound, which makes saving earlier in their career ideal. The more invested at the beginning, the more opportunities for the sum to grow as time goes on. If you explain the Rule of 72, you can also bring up their interest rate, overall return, and how that will impact

Age	Amount
25	\$5000
33	10,000
41	20,000
49	40,000
57	80,000
65	160,000
73	320,000

their overall retirement savings.

With this information you can help clients to determine if they need to establish additional savings to retire in the way they desire. The goal for most is to retire with enough savings that their monthly distribution matches the income from work to avoid drastically altering their lifestyle.

Retirement for employers

When working with employers, the goal is to recommend a vendor or plan that can provide the best services for the desired price range. An important element to look for are the education programs the vendor can provide. Providing an opportunity to speak with a representative and have their questions answered, whether in a group or one-on-one setting, is important. The goal is to provide access and information so employees comprehend how to get the most out of a retirement plan.

Encourage clients to provide a program that has automatic contributions to their employees' retirement fund. Automatically enrolling employees (unless they "opt out") helps them reach the minimum contribution for employer matching. Then, encourage the clients to provide options for annual increase options, which then caps at 10% of the employee's pay. This will provide ample opportunity to save for retirement and get employees the most out of a retirement plan.

As your clients seek guidance in volatile markets, remind them about the purpose of their financial planning. You are aiding them in reaching the goals they set for their retirement. Educating

your client on these basic concepts of retirement planning will encourage them and their employees to continue their contributions no matter the economic headwinds. As clients continue to plan their retirement, they will turn to you with an understanding of how to reach their goals and position you as their trusted advisor.



MICHAEL WEINTRAUB, CLU, is a principal at Next Step Retirement in Walnut Creek, Calif. Mike has been a Million Dollar Round Table (MDRT) member for 47 years. He

is a Top of the Table member and former Chair of the Top of the Table. Mike is currently treasurer of Life Happens and on its executive committee.

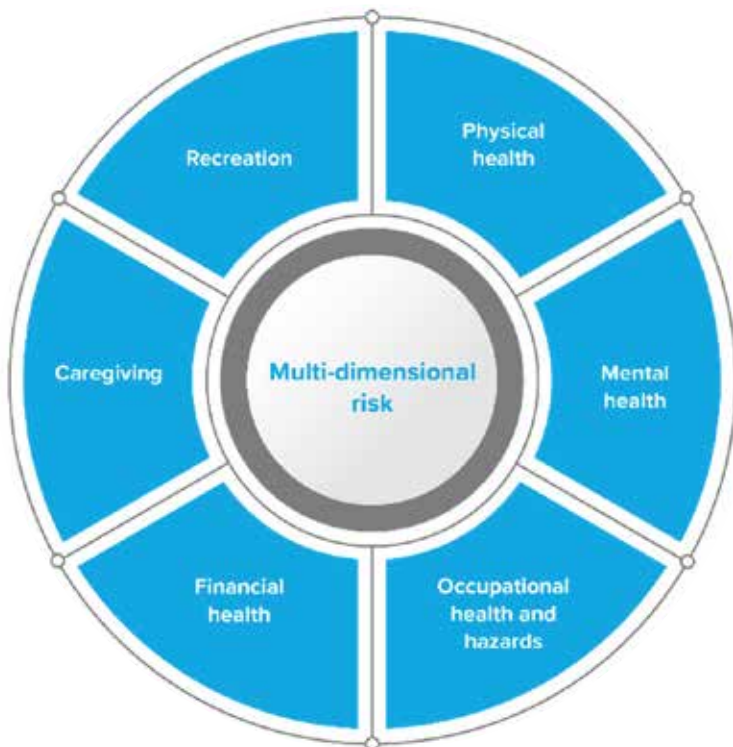
Mike founded Contemporary Pensions, Inc. (CPI) in 1973, a third-party administration (TPA) firm. In 2009, CPI was acquired by Portal Insurance Agency and after a short time Portal was acquired by Ascension Insurance Solutions. Mike's position was president of the retirement plans division. Ascension was rebranded as Relation Insurance Solutions in 2018 and his role continued as president of the retirement plans division with responsibilities for managing the TPA as well as the marketing and sales operations of the division. Relation had approximately 450 employees.

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3 Tips for Talking to

Insurance is all about managing risk

BY BOB RUFF



American aviator Charles Lindbergh once said, “Life without risks is not worth living.” Taking educated risks, such as assuming new responsibilities at work or moving to a new city, can be necessary to forge ahead in both our personal and professional lives. Being a risk-taker doesn’t mean being reckless, however — in fact, a survey conducted by my organization, Aflac, found that people who self-identify as risk-takers are more likely to actively take steps to mitigate risks, such as having health insurance or having more than one income stream. These findings indicate that even those of us most inclined to take risks are reliant on checks, balances and safety nets.

Insurance is all about managing risk — not avoiding it — and that’s why it is so important for brokers and benefits consultants to be able to talk to their clients about risk management strategies for their workforce, so they can help their employees take risks that make life worth living.

So, what are the best practices for ensuring these checks and balances are in place, allowing employees’ risks to result in reward?

Zoom out to assess multidimensional risk

After a major pandemic, economic challenges, social injustice anxieties and political unrest, it’s important to zoom out on the risk landscape to help clients identify where their workforces are most vulnerable. For instance, one factor to consider that is more prominent today than it was even two years ago is managing risk to mental health. In fact, our survey found

Clients About Risk

— *not avoiding it*

- **nearly 90% of Americans list proactively managing risks to mental health as a priority, compared to 80% who are concerned about the state of the U.S. economy**
- **61% who are concerned about the effects of politics on their households**
- **54% who are concerned about the impact of COVID-19**

Helping clients to see that risk is multidimensional is the first step to uncovering where there are vulnerabilities that could use an additional product offering, added-value tool or other risk management tool.

One way to visualize this concept is through a “wheel of risk.” Showing risk as an interconnected wheel can help clients take inventory of the potential physical, mental, occupational, financial, family/caregiving and recreational activities. Every client will have unique employee populations, which can help focus on their distinctive needs. Brokers can then tailor various aspects of their benefits portfolio recommendations to help identify where the employer may need to bolster their benefits offerings.

Understand that risk tolerance is not one-size-fits-all

One person’s acceptable risk is another person’s “not a chance.” That is equally true of going skydiving as it is investing in volatile assets. That’s why it’s important for employers to offer a range of benefits, such as health, disability and life insurance, that employees can opt into based on their age, family situation, medical history and lifestyle. By working with clients to understand the demographics of their employees, brokers can help develop a suite of benefits that workers can customize to fit their needs.

Learn from the risk-takers

Risks are an inherent part of life, but whether those risks include a safety net is up to us. Just as there are some risks that do not discriminate based on age, race or income, there are some

benefits that everyone, no matter their risk tolerance, should have available to them. Those include tools and resources to proactively protect mental health and insurance to help safeguard income in the event of an accident or illness.

It’s critical to help clients understand how they can address the many risks their employees face that could have an effect on their health, well-being and, ultimately, ability and desire to engage at work. Although every employee will not be an absolute risk-taker, talking to them about the risks they face in life can help clients build a better benefits strategy, so they can help protect their workforce no matter what life brings their way.



BOB RUFF has more than fifteen years of leadership experience in the employee benefits industry and deep expertise in market analysis and sales. Bob is passionate about advancing innovation to further the reach and impact of insurance products. As SVP, Group Voluntary Benefits at Aflac, Bob is responsible for overseeing all strategic, operational, and financial aspects of the company’s largest and most profitable division. An approachable and empathetic leader, Bob empowers his team to drive organizational growth by anticipating customer demand and identifying emerging trends.

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California's New Requirement for Insurance Agents' Email Communications

Here's what you need to know to comply

BY PAUL ROBERTS

Since Jan. 1, 2023, a new California law (SB 1242) requires California insurance agents to list their insurance license numbers on all of their email communications.

Existing California law from the 1990s requires insurance agents to print their license numbers on business cards, quotes, and print advertisements. SB 1242 applies these same requirements to agents' electronic mail correspondence involving any activity requiring a license in 2023. This allows consumers to confirm that the person and/or agency is actively licensed with the California Department of Insurance.

While the law applies to California insurance agents with accident and health or sickness licenses, it also extends to other California insurance licensees such as property and casualty, life, disability, annuity, personal, auto, etc.

In late December 2022, the California Department of Insurance clarified some of its new requirements in a new FAQ document:

The law applies to every email that involves an activity for which a person/agency must be licensed – regardless of where the emails are sent from or to. The law does not apply to electronic correspondence regarding clerical activities that do not require a California insurance license.

- The license number must appear adjacent to, or on the line below, the individual’s name or title.
- The license number must be in a font size that is no smaller than the largest font of any street address, email address, or telephone number of the licensee included in the e-correspondence. For example, if an email includes a 10-point street address, an 11-point email address, and a 12-point telephone number then the license number must be at least 12-point.
- The agent must list the California Department of Insurance license number. An agent cannot list a National Producer Number (NPN) in lieu of a California license number. Furthermore, California DOI clarifies that an agent cannot list a hyperlink under the agent’s name that links to a website listing the license numbers for every state where the licensee is licensed (which would include California).
- If an individual licensee sends an email while working for a licensed agency, and both the individual’s and the agency’s names appear on the email, then both license numbers are to be included in the email.
- If an individual licensee sends an email while working for two or more licensed agencies, that agent’s email must include the individual’s license number and the license number of every agency whose name appears on the email.

While not included in the CA Department of Insurance’s bulletin, here are examples of emails involving an activity for which a person must hold a license in California.

- Explanations or interpretations of, and offering of opinions or recommendations on, insurance coverages, exposures, limits, premiums, rates, deductibles, payment plans, or any other insurance contract, or potential insurance contract, terms
- Recommending, advising, or urging applicants for insurance coverage, potential applicants for insurance coverage, or policyholders to buy policies or to insure with particular companies or insurers
- Binding of insurance coverages
- Solicitation
- Negotiations preliminary to execution
- Execution of a contract of insurance
- Transaction of matters after the execution of a contract and arising out of it

Title X, Section 2193.1 of the California Code of Regulations, lists “clerical activities” that do not require licensure include, but are not limited to:

- Distribution of brochures, business cards, or general information advertising insurance agencies, insurers, insurance products, insurance services, etc., provided that unlicensed persons do not analyze, give advice, or make recommendations concerning insurance contracts or potential insurance contract terms to applicants, potential applicants, or policyholders.
- Preparation of applications for insurance coverage without any contact with applicants
- Obtaining underwriting information from third parties
- Preparation of binders, certificates, endorsements, ID cards, policies, and similar evidences of insurance, under the supervision of licensees and for the review and signature of licensees, provided that the unlicensed persons are not signing such documents, either in their names or in the names of the licensees.

The California Department of Insurance says it welcomes questions to the Producer Licensing Bureau Live Chat on its website, via email at cdilicensing@insurance.ca.gov, or by telephone at 800.967.9331.

Note: This law only applies to California licenses — both resident and non-resident. It does not apply in other states, though other states may follow California’s direction in future law(s).



PAUL ROBERTS is senior director of Education and Market Development at the Word & Brown General Agency. Established in 1985 and headquartered in Orange, Calif., Word & Brown is one the state’s largest independently owned general agents.

For additional information, visit wordandbrown.com.

Which States Have The Highest Healthcare Costs?

Surprisingly, California ranks 20th on list of most affordable states for healthcare

BY LES MASTERSON

H **healthcare costs** are forcing millions of Americans into medical debt, but it's especially problematic in states like South Dakota, Louisiana and West Virginia, a new Forbes Advisor study found. Despite having a high cost of living, California actually ranked 20th in the list of least expensive states for healthcare.

Forbes Advisor used 11 metrics from Kaiser Family Foundation to find the most expensive and least expensive states for healthcare. Rather than solely focus on per capita healthcare costs, the study used additional information to better understand the situation in each state.

Those metrics include

- average healthcare cost increase over five years
- percent of residents who delayed care for themselves or a child over the past year because of costs
- the average health insurance premiums for employer-provided health plans and Silver tier health plans on the Affordable Care Act marketplace.

As part of the project, Forbes Advisor also conducted a survey of 2,000 Americans to ask about how medical debt is affecting them. The survey found that 44% believe a medical bill less than \$1,000 is unaffordable, including 26% who said a medical bill of \$500 or less is unaffordable.

That means pretty much any unexpected healthcare bill can put many Americans into a medical debt spiral. Even with the best health insurance, a consumer's share of costs can quickly become unaffordable.

California Ranks No. 20 Among the States With the Lowest Healthcare Costs

California has one of the highest costs of living in the U.S. but things aren't quite as bad when it comes to healthcare costs.

Forbes Advisor's research found that California ranks 20th for the least expensive states for healthcare. Those results are largely driven by the fact that:

- California employees pay the eighth-lowest average annual premiums for single coverage (\$1,394.67 a year) at work and
- have the seventh-lowest average annual deductible for single coverage (\$1,697 a year)
- Employees in California with family coverage also pay a lower-than-average annual deductible (\$3,464).

Californians are not having as much trouble paying for healthcare than other states. Only 6% of California parents said they struggled to pay for their child's medical bills, which tied for fourth-lowest percentage.

But things aren't all rosy. Slightly more than 2 million California adults reported an unmet need for mental health treatment because of cost. That's one-third of respondents, which puts the state at No. 14 for the lowest percentage, but still shows that millions are delaying needed care.

Most Expensive States for Healthcare

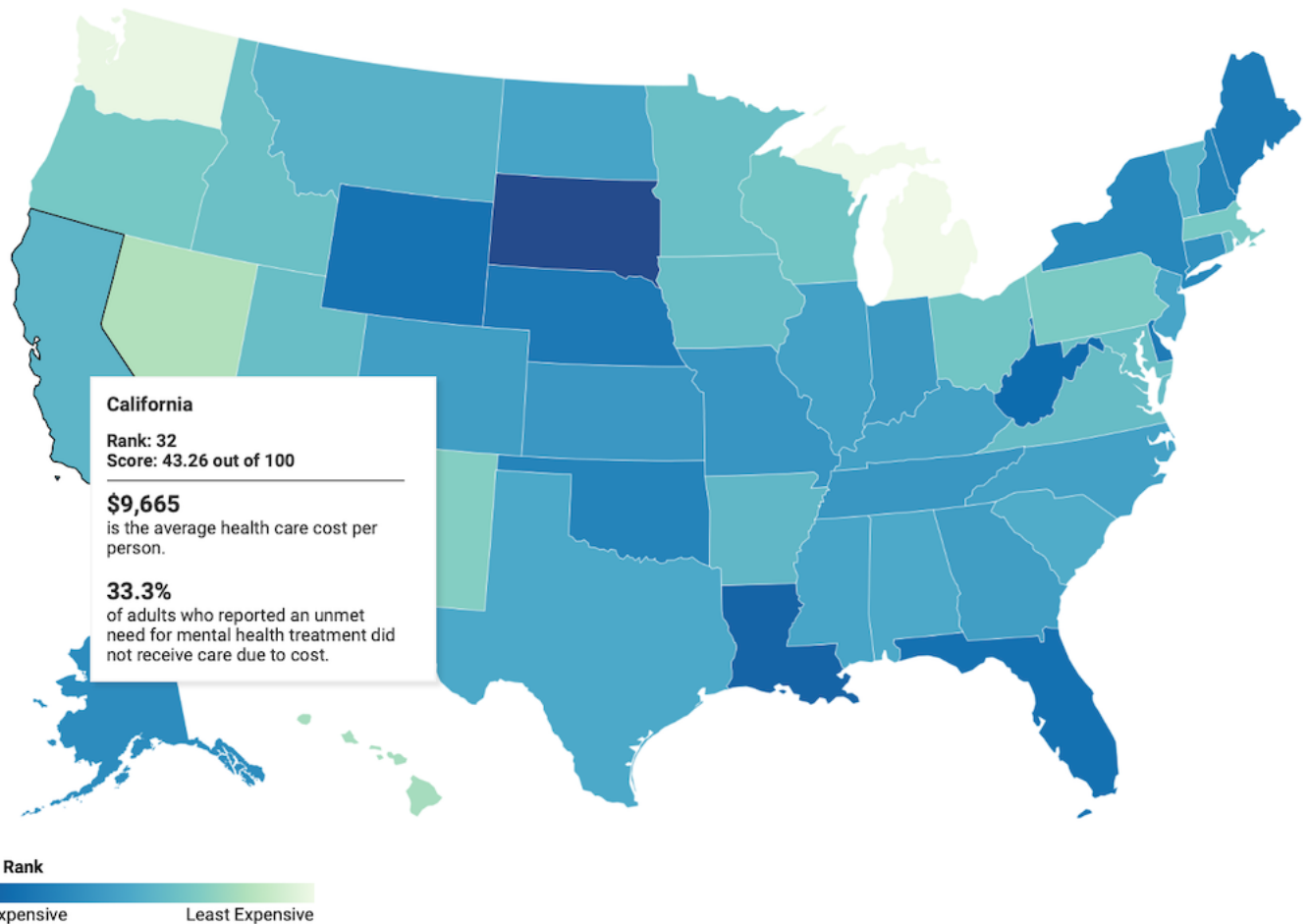
South Dakotans have the highest overall healthcare costs when considering 11 cost-related metrics.

The state ranked ninth highest for healthcare costs per person and had the third highest increase in overall healthcare spending per person over a five-year period. The state was the fourth worst for families struggling to pay their child's medical bills. Forbes Advisor found that 12% of families struggle to pay their



States Where Health Care Is the Most (and Least) Expensive

A Forbes Advisor analysis found that health care is most expensive in South Dakota. To see each state's overall ranking and two of the metrics considered, hover over each state.



Note: The District of Columbia was included in our analysis, and ranked 46th among the most expensive states for health care.

Source: Forbes Advisor • [Get the data](#) • [Embed](#) • Created with [Datawrapper](#)

children's medical bills in the state.

Louisiana finished second for worst state for healthcare costs. The state saw the fifth highest healthcare cost spike per person and residents with employer-sponsored health insurance pay some of the highest average costs in the nation.

West Virginia rounds out the list for the third worst states for healthcare costs. West Virginians pay the fourth highest health insurance premiums in the ACA marketplace, seventh-highest overall healthcare spending per person and eighth-highest per capita increase in health spending over a five-year period.

Least Expensive States for Healthcare

Healthcare can be expensive regardless of where you live, but residents in some states are faring better than others. Michigan is the least expensive state for healthcare costs.

The Great Lake State had the sixth lowest healthcare spending per person increase over a five-year period and Michiganders pay some of the lowest average health insurance costs for employer-provided plans and ACA marketplace plans.

Next up is Washington, which finished with the second lowest healthcare costs. Washington had the fourth-best ranking for the percentage of children whose families had trouble paying medical bills over the past 12 months. The state additionally had the 10th lowest increase in healthcare spending per person over a five-year period.

Nevada is third best when it comes to affordable healthcare costs. The state had the third lowest healthcare spending increase over a five-year period and ranked fourth for lowest healthcare expenditures per capita. But it wasn't all great news for Nevada. Forbes Advisor found that Nevada has the 11th highest percentage of adults who delayed care over the past year because of costs.

Medical Debt Results in Delayed Care

Healthcare costs force Americans to delay necessary care, including medical procedures and prescription drugs.

A Forbes Advisor survey of 2,000 adults found that 27% of Americans put off doctor visits over the past year because of

costs. Nearly 20% delayed a medical procedure, 19% didn't fill a needed prescription, 18% pushed back a physical exam and 15% put off mental health treatment.

Nearly one-in-four (23%) said they are paying off medical debt. The debt forced many respondents to live on a tighter budget, postpone travel plans, delay home improvement projects and delay saving for retirement.

Most respondents facing a medical bill of at least \$500 put that debt on a credit card or debit card. We found that 40% used a credit card, 30% put it on a debit card, 26% signed up for an installment plan with a hospital or other provider, 16% tapped into emergency savings and 12% borrowed money from a friend or family member.

Many respondents said they expect the medical debt will be with them for a while. Nearly 40% believe they will continue to pay off debt for at least three years.

Health insurance, inflation affect job choices

An employer's health insurance is a deciding factor for Americans and can be a retention and recruitment tool for employers.

Nearly one-third (31%) of Americans with employer-sponsored health insurance said they stayed at a job they disliked because of the company's health coverage. Another 8% said they left their job because they wanted better health insurance coverage.

Open enrollment is the time to sign up for or make changes to health insurance. Inflation is affecting health insurance decisions this year. Forbes Advisor found that 23% expect to select a plan with a lower premium because of inflation and 11% plan to choose a health plan with a lower deductible because of inflation.

Healthcare Costs Study Methodology

To measure the most and least expensive states for healthcare, Forbes Advisor examined data from the Kaiser Family Foundation for all 50 states and the District of Columbia and compared it across 11 metrics:

- Healthcare expenditures per capita: 20% of score. This metric includes out-of-pocket spending on all privately and publicly funded personal healthcare services and products such as hospital care, physician services, nursing home care and prescription drugs. We took a three-year average using data from 2018 to 2020.
- Percent of state residents who did not see a doctor in the past 12 months due to cost: 15% of score. For this metric, we took a three-year average using data from 2018 to 2020.
- Average individual health insurance premium for a Silver tier health plan: 10% of score. For this metric, we took a three-year average using data from 2020 to 2022.
- Average annual single premium per enrolled employee for employer-provided health insurance: 5% of score. For this metric, we took a three-year average using data from 2019 to 2021.

- Average annual plus one premium per enrolled employee for employer-sponsored health insurance: 5% of score. For this metric, we took a three-year average using data from 2019 to 2021.

- Average annual family premium per enrolled employee for employer-provided health insurance: 10% of score. For this metric, we took a three-year average using data from 2019 to 2021.

- Average annual deductible per enrolled employee for family coverage: 5% of score. For this metric, we took a three-year average, using data from 2019 to 2021.

- Average annual deductible per enrolled employee for single coverage: 5% of score. For this metric, we took a three-year average, using data from 2019 to 2021.

- Percent increase in out-of-pocket healthcare expenditure by state over a five year period: 15% of score. For this metric we calculated the five-year percent increase in healthcare spending from 2016 to 2020.

- Percent of adults reporting unmet need for mental health treatment in the past year who did not receive care because of cost: 5% of score. Data for this metric is from 2019 to 2020.

- Percent of children whose families struggled to pay for their child's medical bills in the past 12 months: 5% of score. Data for this metric is from 2020.

Survey methodology

To see how Americans are being impacted by the high cost of healthcare, the Forbes Advisor team commissioned an online survey of 2,000 American adults, which was conducted by market research company OnePoll, in accordance with the Market Research Society's code of conduct. Surveys were conducted from Oct. 28 to Nov. 1, 2022. The margin of error is +/- 2.2 points with 95% confidence. The OnePoll research team, a member of the MRS and has a corporate membership with the American Association for Public Opinion Research (AAPOR), oversaw the survey.



LES MASTERSON is a deputy editor and insurance analyst at Forbes Advisor. He has been a journalist, reporter, editor and content creator for more than 25 years. He has covered insurance for a decade, including auto, home, life and health insurance.

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What is Going On With Life Insurance Settlements and Why Should You Care?

There's more opportunities in 2023 than you would think!

BY LISA REHBURG

On the surface, you may think, “What? Lisa, don’t you know this is a magazine that focuses on benefits? What are you doing talking about life insurance and life insurance settlements?” This topic is more relevant to your clients and your agency, than you may think. Whether you wrote the policies or not, your clients have life insurance. And, I venture to assume that some of your clients are seniors, and your clients that are not seniors have parents and grandparents that are seniors. The point? You have a great opportunity to help them in a unique way, and in the process, help your agency as well.

Briefly, a life insurance policy (yes, any type of policy, including term) is an asset that your client owns. A Supreme Court decision called *Grigsby v. Russell* in 1911, made this so. As with any asset, it can be sold for cash. The process of doing so is called a life insurance settlement.

What is going on with life settlements?

The answer, and the good news, is – a lot! More money is flowing into the market from buyers to diversify their investment portfolios, which is great news for clients. More money inflow translates to increased and better offers for clients. According to the Life Insurance Settlements Association (LISA) in 2021, approximately 3,000 life insurance policies were sold through life settlements. That’s all. That small number is because many people (and their advisors) do not know that life insurance settlements exist. These same clients realized \$750 million in sale proceeds, \$660 million above lapsing or surrendering their policies. On average, clients received 7.8 times the cash surrender value for their policies.

Gone are the days when only clients who had significant illnesses could sell their policies. Yes, they still can, but the market has expanded considerably. In fact, younger clients for our market that are relatively healthy are able to sell their

Letting your referral network, such as other agents, elder law attorneys, CPAs, financial advisors and other professionals, know about life settlements can generate new clients as well.

policies. With an expanded market, this translates into more opportunity for your clients, and more opportunity for you as well.

According to the American Council of Life Insurers fact book of 2021, 9.18 million life insurance policies lapsed in 2020, representing \$645.2 billion in face value. I estimate that seniors leave approximately \$100 billion of face value behind annually. In addition, as our senior population expands, this solution will be even more important moving in the future. Estimates show our senior population expanding from 42 million in 2012, to 70 million by 2030. And, even better, you do not need to be the writing agent on a client's life insurance policy, or even write life insurance, to help your client...and yourself too.

Any type of life insurance policy has the potential to be sold, including group policies. Interestingly, our business reflects an almost even split between universal life and term policies, in terms of the number of policies being sold. Whole life is a distant third, typically because premiums and cash values are higher, but sales are still possible. The average face value of sold policies continues to decline, allowing more access for clients to this market. Currently, the minimum face value for consideration is around \$100,000.

Now that you know the market is excellent...

Why should you care?

The obvious answer is — this is another, unique way to help clients. Routinely, we speak with insurance agents who have clients who no longer want, no longer need or can no longer afford their policies. Typical scenarios include clients whose:

- Term policies are coming to an end
- Term policies are convertible, and they are converting part, but letting the balance of the policy go
- Universal life policies have “imploded”, meaning more money is needed to continue the policy and clients either don't want to, or can't, continue to fund the increased premiums
- Business or key asset (like a rental property) has been sold and they no longer need the key-person policy
- Spouse has passed away, and they no longer need coverage
- Policy premiums no longer fit into a retirement budget

These clients could be your small group business owners, your large group retirees, your Medicare clients, the parents or grandparents of your individual clients – even your auto, Workers Comp or homeowners' insurance clients. These potential clients could be your next door neighbor, or a family member. Remember, you do not need to be a life insurance

expert to be of service to your clients.

Identifying potential clients is as easy as getting the word out. Sending a letter or email to your client base is a good start. Letting your referral network, such as other agents, elder law attorneys, CPAs, financial advisors and other professionals, know about life settlements can generate new clients as well. Good opportunities also abound as you speak with clients. Ask them if they have a life insurance policy they no longer want or need, or listen for cues such as they cannot afford the premiums, or their life circumstances have changed such as retirement, divorce or a death in the family.

Life insurance settlements produce another revenue source for your agency through commission paid on the sale, and the opportunity for additional product sales, once your client has received the money from the sale. After all alternatives have been considered and the conclusion is that it is time to lapse or surrender a policy, a life insurance settlement can offer significantly greater value to your clients....and to you too!



LISA REHBURG is president of *Rehburg Life Insurance Settlements*, a life insurance settlements broker. *Rehburg is energized by helping brokers and their clients benefit from unwanted or unneeded life insurance policies. By having access to many investor groups, Rehburg Life Insurance Settlements can place more policies and realize a better return for clients. Rehburg has been working with brokers in the health and life insurance industries for over 30 years.*

**Contact: (714) 349-7981, lrehburg@aol.com
www.rehburglifeselements.com.**

EVENTS



ELLEVATE SUMMIT

Join 200+ informed women leaders
to jump start 2023

BY CERRINA JENSEN

Who is Ellevate Foundation?

Ellevate Foundation is a new educational non-profit founded by leaders within the California Association of Insurance Professionals (CAHIP formerly CAHU) for the purpose of elevating women by providing tools and resources to grow personally and professionally. Our revenues are used specifically for the foundation's mission to provide financial support for women new to our field with grants to attend industry events and advance their professional development.

What is the Women's Leadership Summit?

We believe in and support female leadership. We welcome and encourage like-minded innovators in our industry to partner with us for this important summit. It's a unique conference that attracts a diverse group of women who work with insurance carriers, general agencies, administrators, technologists and various products and programs that encourage female success.

When is the Summit?

The 2023 Women's Leadership Summit (WLS) will begin on the afternoon of Monday, March 13, and concludes around noon on Wednesday, March 15, 2023.

Where is it taking place?

We are returning to where it all began, at the JW Marriott Resort & Spa just outside Las Vegas. Our plan is that the entire summit, including the infamous Ladies Night Out, will take place onsite in 2023.

Why should you attend?

Current and aspiring female leaders both within and outside the insurance industry find this a valuable program that fosters personal growth, leadership and self-awareness. Our participants get a deeper sense of self, and tools to unleash their own unique magic once they return home equipped, empowered, engaged and ELLEVATED.

How will WLS accomplish our goals?

By nurturing, elevating, training and uplifting female leaders, Ellevate Foundation will contribute to the critical need for more upward mobility for women in our industry through personal and professional development and strategic networking.

Join us to be ELLEVATED at
<http://ellevatefoundation.org>



Jennifer Berman
CEO
MZQ Consulting



Erica Brown
Owner
Dylan Star Clothing B...



Karyn Buxman
CEO, Founder
HighPerformanceHu...



Susan Combs
President
Combs & Company, LLC



Sandra Gebhardt
Online Marketing Stra...
Sandra Gebhardt Mar...



Kelly Gorman
VP of Business Develo...
WellNet



Lisa Hutcherson
National Account Dire...
SUMMUS



Cori Moyes
Owner
StarHawk Consulting



Becky Patel
CEO
AmWINS CONNECT



Naama Pozniak
Founder/CEO
A+ Insurance Services



Irma Romero
Director
Quick Learning School



Heather Siems
Employee Benefits Sp...
Morrison Insurance Se...



Breanne Swenson
Owner
Soul Element Retreats



Cora Tellez
CEO
Sterling Administration



Jessica Word
CEO
Word & Brown Gener...

AGENDA

Sunday 3/12

- Come early and get in some YOU time
- 20% Discount on Spa Appointments
- Informal networking & small groups

Monday 3/13

- Registration Kicks off at 2pm
- Opening Keynote
- Marketplace Open
- Wellevate Session #1

Tuesday 3/14

- Special Guest Keynote
- 3 Words of Wisdom Short Talks
- 3 Interactive Workshops
- Two Wellevate Sessions

- Marketplace Open
- Fireside Chat CEO Interview
- The Infamous WLS Brunch & Bubbles
- Ladies Night Party

Wednesday 3/15

- Closing Keynote
- 2 Words of Wisdom Short Talks
- Mars Squad Tribute
- Preview of WLS 2024!
- Summit Concludes at noon

For more information and partnership opportunities, contact Ellevate Foundation which hosts the Women's Leadership Summit.

Contact: hello@ellevatefoundation.org



DON'T MISS THE ELLEVATE FOUNDATION WOMEN'S LEADERSHIP SUMMIT!

March 13 – 15, 2023, JW Marriot Resort & Spa, Las Vegas
Join a fun, friendly, informed group of women insurance leaders gathering to uplift, educate and empower each other at the 3rd Annual Women's Leadership Summit.

5+ Ways to Increase Your Insurance Sales in 2023

SELLING TO EXISTING CUSTOMERS IS THE GOLDEN KEY

Sales.

**BY
ALEX STRAUTMAN**

It's what you do. Are you interested in ways that can help you increase your sales in 2023? Here are strategies you might consider.

Work Your Book

You know that attracting a new client costs you five times (or more) what it costs to keep a current client. Selling more to your existing customers is an easier way to increase your sales.

One way to start is to **find out what's missing in your client's current group health plan.** Research and offer them an alternative that delivers more. Or consider moving them to a multi-carrier exchange, which gives their employees more ways to tailor coverage to their individual needs and circumstances.

Another option is a Bonus Quote. If your client asks for a quote on Major Medical, include an added quote for Dental, Vision, or another product. Ancillary can be offered on an employer-sponsored or voluntary basis.

A third way to work your book is to **offer your current clients a referral reward.** Whether it comes directly from the client, or because of a conversation your client has with someone else, it's important to reward any referrals.

Use your Customer Relationship Management (CRM) program to help you nurture your client connections, conduct surveys to find out what else clients are looking for,

Position yourself as an advisor and educator – not just an insurance salesperson. Health insurance is a big deal. However, according to a 2021 survey on behalf of Bend Financial, **a majority of Americans are confused by it. More than half (56%) admitted to feeling “completely lost when it comes to understanding health insurance.”**

Among key topics, deductibles, covered procedures, networks, and FSAs and HSAs were the most confusing. By helping your clients better understand these terms, you can create a bond that is sure to nurture a long-term relationship and help you earn referrals.

Build Your Network

There are many ways for you to build your network – in and outside of the insurance industry.

Chambers of Commerce are an obvious choice to connect with business owners and leaders. But there are many other groups you might consider. Think outside the box. Rotary International, Kiwanis, Odd Fellows and Shriners

are all worthwhile organizations that offer you an opportunity to network and get involved in some worthy causes at the same time. Toastmasters can help you improve your communications, public speaking and leadership skills, while also meeting others in a broad range of roles and organizations. Giving back to your community through charity events, local government, or school or non-profit board membership is an option as well.

Your networking could lead to a future partnership and lead-sharing. That could include other insurance brokers who are focused on a different market niche (like IFP or property and casualty). Or, it could include accounting, banking, real estate, mortgage, or other professionals.

Don't overlook friends, family, your significant other's network, and your current customers to help you make new connections, too. You never know where a lead might come from.

Prospect Daily

In addition to working your book (as described above), it's important you use your website and CRM tools to help you with your prospecting. It is crucial to prospect daily, if possible, or at least to make it a regular part of your week's activities. Contrary to what you might have read, cold calling is not dead. According to a post in 2021 by Indeed.com, a significant portion of entry-level insurance agents and brokers cold call regularly.

Blogging

Developing a blog for your agency website – or a post for LinkedIn or elsewhere – can help you attract new leads and boost your profile. Whether it's a guest commentary or a regular column for a community-based publication or local business journal, it can help spread the word about your expertise and position you as someone who knows health insurance and employee benefits.



Follow Up

No matter where your lead comes from (through your website, blog, client referral, etc.), it is crucial you follow up. You need to respond to each lead as soon as reasonably possible. Develop a library of messages that can be used to speed up the process and track your regular contact in your CRM platform. Word & Brown has written about CRM in prior columns you might want to read, including *5 Signs You Might Need a CRM System*.

Seek professional help

Ours is a relationship business, and your ongoing success depends on your ability to build and nurture positive relations with your customers and prospects.

Talk with professionals like Word & Brown or

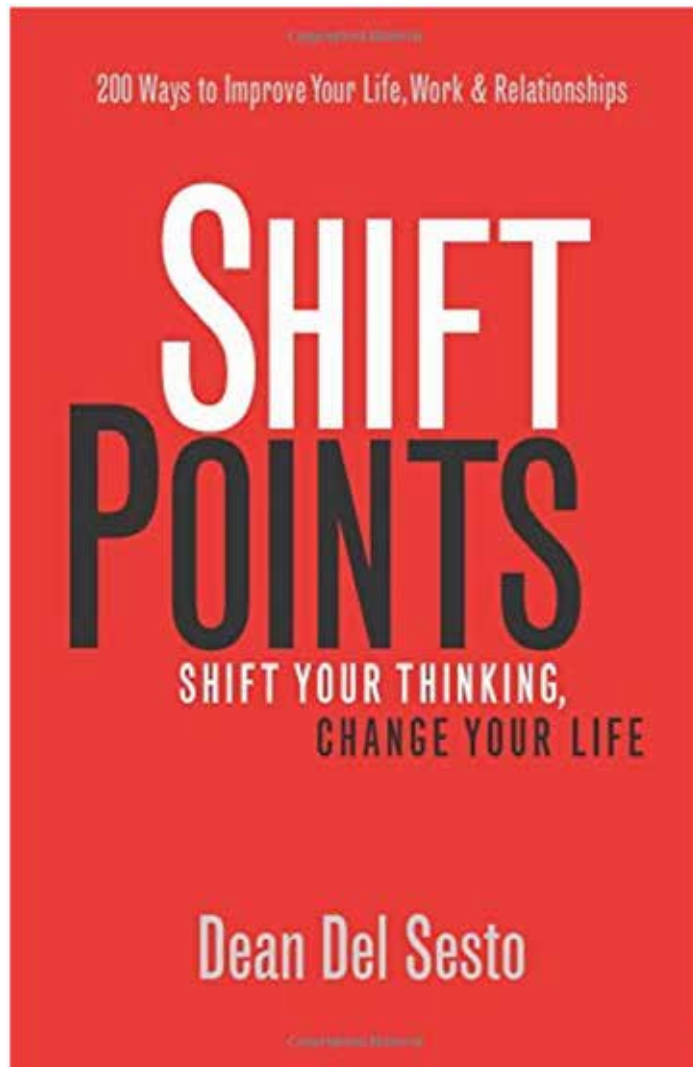
other general agencies about the tools and resources that can help you.



ALEX STRAUTMAN is a senior copywriter at The Word & Brown Companies. He has decades of experience writing for the insurance industry. He has been with Word & Brown since 2011.

Contact: www.wordandbrown.com

BOOK REVIEW



Get “Unstuck” in 2023

BY PHIL CALHOUN
CALBROKER PUBLISHER

“ShiftPoints” provides unconventional, practical ways to re-engineer our thought-life and behaviors. Book offers guidance to attain the things we say are important.

PUBLISHER 5 STAR REVIEW

I rarely give any book a 5-star rating but with Dean’s book I must say this is earned. I was not alone as most EVERYONE else gave it five stars. The two hundred vignettes of helpful, realistic nuggets of wisdom are designed to help shape how we look at things. Dean’s thoughts outlined in these concise and practical summaries will lead readers to enjoy the

ease of application and frankly fun ways to think outside the box about situations and circumstances.

If you enjoy this book, Dean Del Sesto has published more recent books on rich topics and always adds his keen insight and ability to summarize in understandable ways what can be complexities which trap us in repeating cycles of stuckness.

In the battleground of the mind, many of us are ill-equipped. We say we want to grow, improve, and succeed, but so often we silently and effectively kill our own dreams by the things we tell ourselves. ShiftPoints provides truly unconventional, yet highly practical ways to re-engineer our thought-life and behaviors so we can attain the things we say are important to us.

Dean Del Sesto shows busy readers how to make small shifts in their thinking that can have big impacts. These to-the-point readings will provoke, inspire, and move readers to improve all areas of life, work, and relationships through simple, yet critical shifts in the way we govern our thinking. Del Sesto introduces readers to provocative ideas like:

- If we were a brand would we buy ourselves, or keep shopping?
- During tough times in life, it's easy to medicate ourselves with distraction.
- When we begin to think less of what people think of us, it is then we are able to think.
- If we gossiped about ourselves for a week, we might never gossip about another again.
- Don't confuse being a visionary with the ability to actually bring forth a vision.
- Wisdom is saying enough to prove our point, not our existence.

Each principle can be applied instantly to readers' lives, making ShiftPoints a useful, valuable source of inspiration and motivation in a rapidly changing world.

From the Back Cover

All it takes to change your life are small shifts in the way you think.

We all say we want to grow, improve, and succeed, but so often we silently and effectively kill our own dreams by the things we tell ourselves. Dean Del Sesto shows you how to make small shifts in your thinking that can have big impacts. Perfect for daily revelation, these to-the-point readings will move you to improve all areas of your life, work, and relationships.

“Don't confuse being a visionary with the ability to actually bring forth a vision.”

“Dean says more in a paragraph than most could in a page. Do yourself — and everyone who relates to you — the favor of making *ShiftPoints* a part of your daily regimen.”

Bob Shank, CEO of The Master's Program and Priority Living; author of Life Mastery

“A thoughtful and entertaining journey into the mind and heart that is rarely experienced in this busy world.”

Milan Yerkovich, founder, Relationship 180; author; radio and TV co host of New Life Live

“As a uniquely cogent and original transformational work, ShiftPoints delivers epic shifts in the way we think and feel about ourselves, our jobs, and our relationships.”

Daniel L. Tocchini, author of Us and In the Twinkle of an “I”

“From relationships, to business affairs, to pursuing one's own peace and identity, *ShiftPoints* offers jewels of wisdom that engage and inspire us to shift our thinking and step into lives of greater significance and satisfaction.”

Helen Steinkamp, cofounder of Marketplace Women



DEAN DEL SESTO runs an award-winning branding, interactive, and communications agency called Venphio and is also a partner in Veracity Colab, a B2B and consumer based digital agency (www.veracitycolab.com).

With over 25 years in the field, Dean has been directly involved in the brand development of over 800 companies. He finds great joy in coaching, advising, and collaborating with others in the areas of marriage, relationships, business, and life. He and his wife live in California.

Del Sesto has been in the marketing, branding, and corporate development business his whole life. He has had the pleasure to be directly involved in the local to enterprise-wide brand development of over 800 companies, from small business to Fortune 500. He has been retained by companies such as IBM, Ricoh, Toyota, Watson Laboratories, Apria Healthcare, American West, US Borax, and many others.

Del Sesto finds great joy in counseling, advising, and collaborating with others in the areas of marriage, relationships, business, and addiction. He and his wife have been married almost 25 years and live in California.

2

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10

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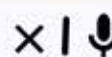
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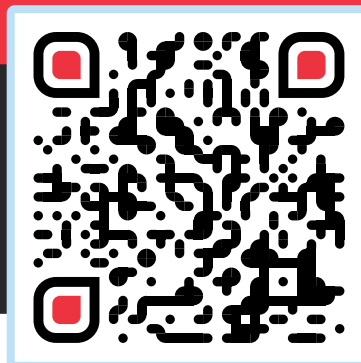


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