

VOLUNTARY BENEFITS/CLIENT RETENTION TIPS/HEART HEALTH

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# CALIFORNIA BROKER

## TABLE *of* CONTENTS

SERVING CALIFORNIA'S ANNUITY, LIFE AND HEALTH INSURANCE PROFESSIONALS

### 13 **VOLUNTARY BENEFITS**

#### **Leverage the Latest Voluntary Benefits Developments**

Win new business by staying up to date on the trends in the industry  
**By John Thorton**

### 16 **DENTAL PLAN INFORMATION**

#### **New CEO of Delta Dental has plans to make a significant impact**

Reprinted From: Laura Beerman of HealthLeaders.

### 18 **HOSPITAL REPORT**

#### **Top Five Children's Hospitals in California**

Let your clients know the pathway to access these hospitals  
**By Emma Peters**

### 20 **EDUCATION**

#### **ACA Annual Preventive Services: Requirements, Client Motivation, & More**

Information your clients should know and use

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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.

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### 22 **PROFESSIONAL DEVELOPMENT**

#### **Letters On Integrity: FINDING MEANING IN THE DEAL**

Are the values that bring joy to me and good to others at work in this Deal?  
**By Russ Williams**

### 24 **PROFESSIONAL DEVELOPMENT**

#### **The Four Industry Trends That Threaten Traditional Health Brokers – PART 2**

Working with the CEOs and CFOs requires an upgraded skillset. Success requires speaking the language of the C-Suite, having a strategic & financial conversation with the CEO & CFO, and closing business in the C-Suite, all skills that advisers can learn.  
**By Nelson Griswold**

### 26 **PROFESSIONAL DEVELOPMENT**

#### **Expectation Checks Are Critical to Your Success**

Consultative advisers in 2024 will move from working with HR to work with C-Suite executives on partial and fully self funded plans.  
**By Bill Cates**

### 28 **PROFESSIONAL DEVELOPMENT**

#### **How to UP Your Client Retention Game in 2024**

Perform a self assessment to find ways to improve in 2024  
**By Carmen Ponce**

### 30 **HEART HEALTH**

#### **California Doctor Shares Helpful Heart Health Tips**

A doctor's advice for heart health and how health brokers can encourage clients to take charge of their health with regular medical check-ups and proper self-care.  
**By Emma Peters and Dr. Michael Del Junco**



### 32 **COMMISSION PLANNING**

#### **Do You Have a Plan to Protect Your Commissions?**

Too many colleagues have passed away without a plan in place resulting in total loss of commissions at worst, and at best a reduced amount of commission left for their loved ones.

**By Phil Calhoun**

### 34 **LONG TERM CARE**

#### **Case Study: A Successful Large Group LTC + Life Insurance Enrollment**

How BuddyIns partnered with a health benefits broker to provide depth to the LTC educational and consultative experience for their client.

**By Marc Glickman**

### 36 **MEDICARE**

#### **It's Time to Consider Dental for Your Medicare Client**

Dental coverage offers clients the ability to manage dental expenses, support their overall health and can save lives through detection of tooth decay and most importantly, oral cancers.

**By Margaret Stedt**

## **IN EVERY ISSUE**

**Industry News 9**

**Ad Index 46**

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# Industry News

CURATED NEWS FROM THE INDUSTRY

American Heart Association

## The American Heart Association turns 100

A century of pioneers and passionate work leads to longer, healthier lives

## 100 YEARS OF LIFESAVING WORK AND COUNTING: HAPPY BIRTHDAY TO THE AMERICAN HEART ASSOCIATION

DALLAS, Jan. 8, 2024 – From humble beginnings as a small professional health society formed by six cardiologists in Chicago in 1924, the American Heart Association has emerged as the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke. Uniting more than 35 million volunteers and supporters and more than 2,900 employees, the Association today is a global force transforming the way the world understands, treats and prevents cardiovascular and cerebrovascular diseases. In 2024, with Bold Hearts™ - the American Heart Association's Centennial celebration – the organization celebrates 100 years of progress and a vision for a brighter future for all.

“One hundred years ago, heart disease was considered a death sentence. Little was known about what caused it and even less about how to care for people living with and dying from it. Dr. Paul Dudley White, one of the American Heart Association's founders, described those early years as a time of ‘almost unbelievable ignorance’ about heart disease,” said American Heart Association Chief Executive Officer Nancy Brown. “Through our relentless pursuit of lifesaving research, science and innovation, and our unwavering support of patients, families and caregivers, we are creating healthier communities everywhere and

**The American Heart Association is celebrating its Centennial in 2024 with “Bold Hearts” and a vision for advancing health and hope for everyone, everywhere**

transforming the way we all live, work and play, to empower longer, healthier lives.”

Before the advent of antibiotics, infectious diseases, such as pneumonia, tuberculosis and diphtheria, were the most common cause of death in the industrialized world. Arteriosclerotic cardiovascular disease (ASCVD), characterized by blood vessel plaques and thickening of artery walls, first emerged as a leading health threat in the mid-20th century and has remained the #1 killer of people worldwide, according to the U.S. Centers for Disease Control and Prevention.

“There is much to learn from this historic shift in the reduction of deaths from infectious diseases and the current prevalence in deaths from cardiovascular diseases,” said Joseph C. Wu, M.D., Ph.D., FAHA, the current volunteer president of the

American Heart Association, director of the Stanford Cardiovascular Institute and the Simon H. Stertzer Professor of Medicine and Radiology at Stanford School of Medicine. “Through scientific research, technological advances and public health policy, most of these infectious diseases have become controlled, and many have been or are nearly eradicated. As we apply these same clinical and epidemiological methods to the someday hopeful eradication of heart disease and stroke, the American Heart Association is making great progress. Although still too many people die each year, many are living longer, more productive lives while managing their cardiovascular disease and risk factors.”

The inspiration for the Association's formation came in 1911 from Mary Wadley, a nurse and social worker at Bellevue Hospital in New York City, who believed more could be done to help people who suffered from heart disease. At that time, heart disease was considered so dire that doctors were reluctant to even tell their patients they had it, according to renowned cardiologist and preeminent scientist Dr. Eugene Braunwald, often called the “father of special cardiology.” In the first of a series of special Centennial Collection papers, “Cardiology: A Century of Progress,” published in *Circulation*, the flagship journal of the American Heart Association, Braunwald

## **Each year at a series of scientific sessions and meetings, the Association convenes thousands of top experts from around the world including dedicated and passionate scientists, clinicians, health professionals, patients and others to discuss and debate the latest cardiovascular science and clinical information in the fight against heart disease and stroke.**

writes that it was “recommended that patients with serious heart disease not be informed of this, but that a friend or relative should be.” He also notes other treatments of the times:

- Recommended therapy for chronic heart disease was extremely limited and consisted of just a few of today’s recommendations – reductions of weight and blood pressure if elevated, and lower salt intake.
- There was no specific treatment if one survived a heart attack other than bed rest, a liquid diet and general supportive measures.
- While people with high blood pressure were advised to reduce their salt intake and body weight, they were also advised to bathe in tepid water and irrigate the colon once or twice weekly.

“Times have certainly changed over the last century. Bold moves, and dedicated researchers and volunteers, have resulted in significant medical advancements over 100 years, including the first artificial heart valve, implantable pacemakers, cholesterol-lowering medications, techniques for CPR and much more,” said Marsha E. Jones, current volunteer board chairperson for the American Heart Association and former executive vice president and chief diversity officer for The PNC Financial Services Group Inc. “Even with today’s knowledge, gaps remain, particularly in ensuring health care access and quality care for people in diverse and underrepresented populations. That is why the American Heart Association continues to be a champion for health equity with our ‘10 Commitments.’ Through research, advocacy, community work and more, these Commitments are designed to ensure we do all we can to remove barriers to health.”

Brown noted that advocacy has been mission-critical in the Association’s work for more than 40 years.

“Our grassroots network includes staff and volunteers in Washington, D.C., every state capital and in local communities across the country. We have long been a collaborator in convening powerful coalitions and have built an extensive record of bipartisan success informing and influencing the enactment of evidence-based public policies that lead to longer, healthier lives,” she said. “We were early leaders in the fight for successful tobacco-control

policies and have been strong advocates for increasing federal research funding at the National Institutes of Health. Our advocacy priorities also include improving access to quality, affordable health care; increasing access to healthy foods; creating opportunities for physical activity; improving air quality; strengthening the public health infrastructure and systems of care; elevating the importance of addressing racism and other social determinants of health through public policy; and continually ensuring state and local governments address the health concerns of their residents.”

Wu noted that rigorous, innovative research has always been at the core of the mission of the American Heart Association.

“The American Heart Association is recognized as a world leader in advancing groundbreaking research and science,” he said. “Our volunteer experts set the gold standard in patient care through the creation and socialization of research-driven cardiovascular care and CPR guidelines. The Association fosters continuous quality improvement through hospital and health care programs to ensure everyone gets the best possible care – the right care at the right time.”

Each year at a series of scientific sessions and meetings, the Association convenes thousands of top experts from around the world including dedicated and passionate scientists, clinicians, health professionals, patients and others to discuss and debate the latest cardiovascular science and clinical information in the fight against heart disease and stroke. Publication in any of the Association’s 14 peer-reviewed scientific journals is synonymous with quality, relevance and importance in improving the medical knowledge related to cardiovascular and cerebrovascular disease.

With more than \$5.7 billion invested in cardiovascular medical research since 1949, the American Heart Association is the nation’s largest nongovernment funder of heart and stroke research – second only to the U.S. government. The Association has funded more than 49,000 projects, leading to significant breakthroughs in cardiovascular and stroke discovery, translation and clinical application. In addition, 15 American Heart Association-funded investigators have won Nobel Prizes, confirming the Association is the focal point for excellence in cardiovascular and

cerebrovascular disease research.

“At the heart of everything we do is the powerful commitment of our global family of volunteers, donors, advocates and survivors. From the early days of the Heart Fund when people went door-to-door to collect donations from neighbors, to our record-breaking community Heart Walks, from the generosity of local and national corporate sponsors, to the heartfelt philanthropy of our major donors, the financial support given to the American Heart Association over the years has been game-changing,” Brown said. “Just as noteworthy has been the commitment of time, passion and dedication to our cause given by so many and marked in more ways than we could ever count. ‘Thank you’ seems inadequate and so I want to make a commitment to each person who has made any contribution of any kind to the American Heart Association. As we celebrate our 100th birthday we promise to never stop being a relentless force for a world of longer, healthier lives. As we move into the second century of our work, we are focused on advancing health and hope for everyone, everywhere. Our future is about improving yours.”

Visit [heart.org/centennial](https://heart.org/centennial) throughout 2024 to learn more about how the American Heart Association is harnessing 100 years of saving and improving lives to boldly build a second century of equitable health for all, and read stories about the bold hearts that have inspired, invented, imagined and informed heart health.

Additional Resources:

- Multimedia is available on the right column of release link <https://bit.ly/3Htwuhj>
- News release in Spanish | Chinese (Simplified) | Chinese (Traditional) | French | Arabic | Haitian Creole | Hindi | Russian | Korean | Tagalog
- After Jan. 8, view the Braunwald manuscript online.
- Connect with other survivors, caregivers and patients via the American Heart Association’s online Support Network.
- Follow AHA/ASA news on X (formerly known as Twitter) @HeartNews

# Broker/Agent Perspective

When Medi Share plans were launched in California, a cumulative shock was felt by many health insurance professionals in our industry. The objective person asked, "How could premiums be so much lower and what could be missing with these plans were questions many were struggling to answer?" With the faith emphasis so heavy, thinking moved to how could this plan be wrong. Then those objective thinkers started to wonder "Will people really pull money from savings to help pay the medical expenses of a stranger." Even with all that critical thinking going on, many health insurance professionals attended the fair sharing plan introduction meetings and webinars to learn more.

Some of the meetings positioned these plans to then use the savings to sell clients more insurance such as life insurance, annuities, and long-term care. When this push became the reason to offer these plans combined with how the

medical plans worked, the facts started to show a clearer picture. As always is the case, what seemed to be so good turned into a red flag of sorts, as the details of how "underwriting" works, how claims are processed within the pool of "members" and what the likelihood of getting help with medical bills from strangers really means. Rarely did I hear of anyone one who had a faith sharing plan. Maybe they did not want to declare this because they took the savings and never looked back. The one and only person I knew had a Medi Share type plan enjoyed the savings but did not like the process to get help with their bills. They aged into Medicare and were pleased with the coverage, costs, and premiums.

## DOI Perspective

Back in March of 2020 the CA DOI placed a need-to-know announcement on plans marketed as Health Care Sharing

Plans. Some operate under a faith-based position and many health insurance professionals peeked at these plans to see if they would help their clients save money only to learn about the limitations in coverage and likelihood that some claims would not be covered 100%. With a full understanding of the plans as stated in this DOI Press Release and again announced in the media links below, most CA health insurance professionals realized the limitations and moved on. Health insurance professionals who continue to offer these plans can take another look at the limits and decide if it is worth the E&O risk to offer plans that can have serious limitation on coverage and end up costing clients more than a fee for service policy.

## HOT TIP: ASK Your E&O carrier if share plans are covered.



## Women in Leadership

Why it's important to nurture women leaders

Amwin's demonstrates commitment as Diamond Sponsor of Ellevate Women's Leadership Summit

By Becky Patel

I discovered when you're sitting at the table, we are all the same height. As keynote speaker for Ellevate's 2023 Women's Leadership Summit, it was important for me to tell my own story.

Here's the gist of my message:

"Your power is in YOUR RESPONSE to the rooms you find yourself in, and the inevitable obstacles you face. You are writing your own story. So, you have to do 'the work.' That means to ask yourself: Who am I? What do I want from life? What do I value? What makes me happy? What am I doing here? Choose You first, and make sure you are enjoying the story."

For over three decades, Becky's leadership has been key to making

her organization what it is today and shaping the general agency market in California. Becky joined the company in 1985 as a receptionist, and within three months, was licensed and selling insurance. After becoming vice president in 1994, Becky was promoted to president in September of 2004 and then Chief Executive Officer in 2010.

"I made written promises to myself to make sure I was choosing ME in the right way, balancing my commitment to my health, exercise, family, personal and spiritual development, and career." Becky Patel, CEO, Amwins Connect  
Here's some of Becky's Rules of Engagement:

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

**Contact: [www.amwinsconnect.com/](http://www.amwinsconnect.com/)**

The purpose of the Women's Leadership Summit is to cultivate authentic connections that go far deeper and well beyond the summit floor. Join us in empowering, equipping and elevating existing and aspiring female leaders as a participant, a WLS partner or Mars Squad supporter.

The 2024 Ellevate Women's Leadership Summit is March 25-27 at the Las Vegas JW Marriott. Information: <https://bit.ly/48OGCgG>

# Early Signs of a Heart Attack

**Are your vague symptoms just fatigue or something serious? Learn the early warning signs that could signal a heart attack.**

Many of us have experienced that moment. Perhaps we're driving in traffic or working out at the gym when we feel a twinge in our chest, or an aggressive pulse. Or maybe we just don't feel right. We might pause at these moments and wonder if it's time to hightail it the doctor or if this is normal.

The reality is people can notice subtle heart attack symptoms months before an actual event occurs, says Sutter Zi-Jian Xu, M.D., a cardiologist in the Sutter Health network.

Dr. Xu frequently discusses heart attack symptoms and prevention with his patients. Here's what you need to know.

## How far in advance can people experience heart attack symptoms?

For some people, symptoms can occur months or even longer before a heart attack occurs, Dr. Xu says. For others, they might not experience anything before a heart attack happens.

## What do these early symptoms typically look like?

Dr. Xu says the majority of patients experience somewhat typical symptoms, such as radiating chest pain, heaviness or discomfort, heart palpitations, cold sweats, and shortness of breath. Others – women more so than men – will experience some atypical symptoms as well, which may include fatigue, a general sense of unease, vague discomfort, back or abdominal pain and declining stamina. Both types of symptoms can be experienced months before an actual heart attack occurs.

Is there anything that distinguishes these symptoms? How do you know when those subtle, atypical symptoms are concerning?

It's important to know your risk for heart disease in order to assess early symptoms. Dr. Xu says when he works with a patient, they discuss his or her family and personal history, blood pressure, cholesterol levels, age and disease history to determine a risk level for heart attacks.

Within this context of risk, they talk about symptoms. Are they typical or not? How are they experienced? At rest or during exertion? Are they associated with emotional stress or cold weather? Are they

happening in conjunction with other symptoms such as shortness of breath, rapid heartbeat or cold sweats? This is the starting point for a treatment plan.

Early symptoms don't really sound like the "Hollywood heart attack" experience. Is that typical?

There are two main ways that people present with heart attacks, Dr. Xu says:

- Sudden – A person may or may not have any symptoms previously, but all at once a plaque deposit ruptures, triggering a chain of events and a sudden heart attack.
- Gradual – The other presentation happens slowly as coronary disease progresses. In this situation, an artery is getting narrower over time. When the artery is narrowed down to more than 70 percent, a person will start to have warning symptoms ahead of time, especially with physical exertion.

## When should I see a doctor?

It's important not to ignore symptoms and wait until they become severe. If you have a concern, talk to your doctor. If heart disease is caught early, there are many lifestyle changes you can make to reduce your risk of further problems: eat a healthy diet with plenty of fruits and vegetables, get regular exercise (for most people, about 150 minutes per week), maintain a healthy weight, drink alcohol in moderation (if at all), and don't smoke.

## What if your doctor assures you it's just stress or fatigue?

If a young, healthy patient doesn't have other risk factors, the likelihood of having significant coronary artery disease is low. It may not be appropriate to jump into testing. But the important thing is to always keep coronary risks in mind. Anyone who is experiencing symptoms that don't go away or get worse should go back to a doctor for further evaluation.

### CONTRIBUTOR

Zi-Jian Xu, M.D., Ph.D., FACC

Sutter Roseville Medical Center • Sutter Medical Foundation

Sutter Medical Center, Sacramento

# Calendar

## 2024 NEW Calendar for Subscribers

We are enhancing our Calendar of events! How can you improve on 42 years of work? We enjoyed consistently offering our subscribers the opportunity to learn about events and how to join and learn, and grow as professionals since 1981. For 2024, we plan to use our digital media to bring you to local and national events that will include live and recorded meetings. Our goal is to help our subscribers learn and grow in 2024.

We are adding more events, and in 2024 we will begin to get these events to you in all Cal Broker media. Our monthly magazine and e-Newsletter, Insurance Insider, have been the methods by which we have shared events for 42 years. Now we can help you with links in our traditional media that lead to our website, [www.calbrokermag.com](http://www.calbrokermag.com), where the California Broker Event Calendar will be posted. We will also email the Event Calendar to ALL subscribers several times monthly as updates arrive so our subscribers will be current with the newer events posted and still see the events yet to conclude.

With our digital Event Calendar, we will include links to register for listed events. Now you can enjoy your favorite speaker's event, look for fresh content from companies who lead our industry, like BenefitMall, and also find sources of strategic information offered by a variety of providers, some of whom you know and some who are new to our industry. Topics ranging from planning and marketing, to professional development, to tech and AI, we will offer you a wide variety of topics and opportunities to learn, interact, and meet speakers who will provide the content you can use to up your client service efforts and cash in on your new business goals.

## February 2024

**Feb. 1, 10:00 am–11:00 am**

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**Feb. 13, 8:00 am–3:00 pm**

**CAHIP-OC** Annual Sales Symposium

Register: [ocahu.org](http://ocahu.org)

**Feb 25-29,**

2024 **NABIP** Capitol Conf., Washington DC

Register: [nabip.org](http://nabip.org)

**March 25-27,**

**Ellevate Women's Leadership Summit 2024**, JW Marriott Las Vegas, 221 N. Rampart Blvd, Las Vegas Register: <https://bit.ly/3Nvf6w8>

**May 6-8, CAHIP**

**CAPITAL SUMMIT**, Kimpton Sawyer Hotel, 500 J Street, Sacramento

Register: [www.cahip.com](http://www.cahip.com)

**June 23-26,**

**Society for Human Resources Management SHRM24 Annual Conference and Expo @ Chicago**

Register: <https://annual.shrm.org>

# Leverage the Latest Voluntary Benefit Developments

**By John Thornton**

Executive Vice President, Sales & Marketing, Amalgamated Life Insurance Company  
([www.amalgamatedbenefits.com](http://www.amalgamatedbenefits.com))

The sales of voluntary benefits have been steadily increasing over the last decade and brokers are benefiting. The Eastbridge Consulting Group's latest data showed that benefit brokers (i.e., those who primarily sell core or employer-funded products as well as voluntary benefits) increased their voluntary sales by 7% in 2022 with total sales of \$5.9 billion or two-thirds of the entire market. Classic brokers who focus on voluntary products saw their sales decline by 1% to \$850 million and 10% of the market, while worksite specialists (i.e., large marketing organizations that focus on voluntary sales) experienced a slight increase to \$788 million and 9% of the market. Voluntary sales are trending higher in larger employer groups and in certain states. Regardless of these distinctions, voluntary benefits represent a significant opportunity for all brokers. To capture higher voluntary benefit sales, it is important to understand the latest market developments.

## The Voluntary Benefits Market

Employees now expect competitive benefit packages and voluntary products are included in those expectations. To a large extent, many employers have responded by adding voluntary offerings to their benefit programs. They are especially inclined to include those products in the highest demand. According to research reported by Goldman Sachs Ayco, from 2020 through 2023, the fastest-growing voluntary insurance products were hospital indemnity (152%), critical illness (120%), and pet insurance (120%). Voluntary life insurance, long- and short-term disability, identity protection insurance, vision, dental and cancer insurance are also popular.

Within the larger employer category (i.e.,

employers with 1,000-2,400 employees), the Eastbridge Consulting Group's "Voluntary Benefits in the Large Case Market," released in 2023, found long-term care also to be in high demand. Of the non-insurance products, child and elder care assistance experienced a 177% growth rate. More recently, mental health support is being added to many programs either through an Employee Assistance Program (EAP) or via mental health resources.

In 2023, employers' healthcare costs were projected to increase by 5.4% (Source: HealthCareFinance.com, "Health benefit costs expected to rise 5.4% in 2023") Right behind those costs are the effects of inflation which will continue driving costs up in 2024. For both employers and employees, voluntary benefits offer a way to address higher healthcare costs, especially when paired with Health Savings Accounts, for example.

Rising costs are not the only factor driving voluntary product sales. The tight labor market demands robust benefit programs to both retain and attract employees. Employers are especially focused on hearing what employees want and are conducting surveys to determine what voluntary products should be added to their offerings.

In 2013, the Eastbridge Consulting Group reported that voluntary benefit sales were highest in Texas (1st) and Florida (2nd), followed by California (3rd), New York (4th) and Georgia (5th). In addition to these five states, based on the Eastbridge Sales Index (ESI), which reflects sales penetration by dividing the sales in a state by its employed population, the states with the highest ESI were Arkansas, Louisiana, Delaware, Tennessee, and Georgia. While they had the highest voluntary sales penetration, these states (except for Georgia which was in the top five by sales), potentially have lower future sales opportunities. This information,

which is from ten years ago and has not since been updated, does provide some indication of geographic factors in voluntary product sales.

## Employers' and Employees' Attitudes about Voluntary Benefits

Regarding their attitudes about voluntary benefits, employers and employees alike share several goals, including:

More cost-effective options to combat rising healthcare costs.

Greater personalization of benefits to support individual needs and life stages. Employees view this as essential to their financial security with 76% saying they are more likely to be attracted to a company that shows it cares about their financial well-being (Source: Voya Financial). Employers recognize the importance of personalization in supporting employee engagement and benefits utilization. They are also acutely aware of the Great Resignation which occurred following the pandemic.

Whereas employers are still focused on the persistent talent shortage, employees have made mental health benefits a new top priority, in part, because of the pandemic's effects of isolation and anxiety.

## Generational Differences

As to be expected, an employee's life stage factors into their use of voluntary products. Voya Financial October 2022 research found that:

Baby boomers have the lowest voluntary product utilization rate of all generations (22%),

Generation Z's interest in voluntary benefits decreased from 2021 with 4% now planning to purchase a voluntary product(s), and

Generation X and Millennials had an increase in their voluntary benefit interest with 50% of Generation X employees

planning to use these products; up from 40% in 2021, and 64% of Millennials saying they were likely to use voluntary benefits, up from less than 50% in 2021.

### **Enrollment Trends**

A key factor in increasing employee engagement with voluntary benefits is the enrollment process. What employers have learned is that having a product specialist on site during enrollment periods was valuable in helping employees understand each product's role and their best option(s). While 25% of employees felt one-on-one live interactions were important, it is not the most popular enrollment method with employees. The most popular method with employees for enrolling in voluntary benefits was electronic, largely due to the convenience of accessing information on a 24/7/365 basis from their computers and mobile devices. The electronic method was followed by in-person enrollments, then phone and last, paper enrollment methods. Many carriers provide multiple options to their large clients, and often large case enrollments are conducted online through a third-party platform used by the employer for its benefits administration.

### **Brokers' Thoughts on Voluntary Benefits**

Brokers are optimistic about voluntary benefits and the opportunities they provide and rely on research regarding increasing employer and employee interest in voluntary products. Seventy six percent (76%) of voluntary brokers and 65% of benefit brokers said employers are more enthusiastic about voluntary products now, and 90% of voluntary brokers and 71% of benefit brokers saw increased employee interest in voluntary benefits. A voluntary insurance trend report noted that 67% of surveyed brokers said at least 50% of their employer clients had increased the number of voluntary benefits they offered. On the flip side, some brokers recognize that there remains much to do to educate employers regarding the need to offer voluntary benefits. Some brokers cited the hurdles as being a lack of knowledge regarding voluntary benefits, a belief that employee-paid plans would present administrative or other challenges, and simply being content with their existing benefit programs.

To overcome the obstacles to selling voluntary benefits, brokers should use best practices in marketing and sales strategies.

These include presenting benefits that best cater to an employer's workforce demographics. For instance, for employers with Generation Z employees, brokers should share their knowledge that these individuals prioritize financial goals such as repaying student loans and financial education, health and fitness, health savings accounts (HSAs), mental health apps, and pet insurance. Millennials, while also interested in financial security and voluntary life insurance, have a greater focus on addressing family needs. Their interest lies in childcare, EAPs, and flexible spending accounts (FSAs) which allow employees to put aside money on a pre-tax basis to pay for voluntary benefits to meet healthcare and dependent care needs.

Baby Boomers are concerned about retirement planning, critical illness, and hospital indemnity plans. They too seek out support in terms of paid family leave, caregivers, and parental leave. In addition to health savings accounts and flexible spending accounts, there is growing interest in lifestyle spending accounts (LSAs) which are taxable accounts that provide employees stipends to spend on products/services that support their physical and mental health, and financial well-being. Brokers with a strong grasp on what each generation is most interested in can better tailor a voluntary benefit program to meet that workforce's needs.

### **Closing Remarks**

Brokers who understand the various voluntary benefits available and which best fit various life situations, and the importance of personalizing the voluntary benefits package offered, are in the best position to capture greater voluntary product sales. The Best Practice is when the health insurance professional is able to serve their employer clients in a consultative role, providing advice relating to how various financial accounts (e.g., HSAs, FSA, LSAs) can be used, and demonstrating how voluntary benefits can be aligned with an organization's human resources strategies. Designing benefits using these skills will lead to successful sales of voluntary products. Those who do not perform this essential due diligence, including product education for themselves, their clients, and employees, and who fail to proactively support a client's enrollment period, are not likely to secure a strong book of business in the voluntary category. It is also important that brokers sell competitively priced voluntary products backed by a high

quality, fiscally stable carrier (i.e., with an "A" or higher rating from A.M. Best), and do not overwhelm an employer with too many products at once.



**John A. Thornton**  
*serves as Executive Vice President of Sales and Marketing at the Amalgamated Family of Companies. In this role, he has broad responsibility*

*for the sales and marketing functions of Amalgamated Life Insurance and the other companies within the family. Additionally, as a member of the organization's senior executive team, he is actively involved in the operations, oversight and direction of the organization. John joined Amalgamated Life in 2008 in his current role. He came to the Company with over 20 years of experience in insurance sales and marketing. His career includes 16 years serving at CIGNA, where he transitioned from group insurance to health insurance as CIGNA's Vice President of Sales. He also served as National Sales Manager with Metropolitan Life, a role in which he oversaw the development, introduction and management of an investment-sensitive life insurance product.*

## **DENTAL PLAN INFORMATION**



# Sarah Chavarria

## **New CEO of Delta Dental Looks To Make An Impact**

Health Leaders caught up with Sarah Chavarria on her first day as CEO of Delta Dental. This is what she had to say.

“As I step into my role as CEO of Delta Dental, I’m energized about the bright future ahead. We are a purpose-driven organization focused on bringing together oral health with total well-being. The next several years are going to bring opportunities that will enable us to deliver on our purpose to provide access to quality care for our 45 million members. Together, we will ensure our customers, providers, and employees remain at the forefront of our business to improve health outcomes.”

When Chavarria says together, she means it. As a former chief people officer—her first role at Delta Dental six years ago—she has facilitated collaboration and built organizational designs as a part of the company’s transformation: “I can stand in a room and bring all the right conversations to bear to shape the right vision, the right roadmap, and my connection to employees.”

“One of the most critical things for leadership is the ability to listen, to discern, and then to lay out a vision. To learn each of my functions as CEO and really do that deep dive, I didn’t want to bring any biases or assumptions that I couldn’t validate. I have already moved some things around because I learned that some of our capabilities probably sit better together.”

Chavarria began learning those functions three months ago, while Mike Castro was still CEO of Delta Dental. He will continue as chairman of the board.

“I gave myself the first 100 days early in the process, while Mike was still here. It’s a really important thing that I would recommend no leader ever shortcut,” says Chavarria.

“Anytime you have a new CEO, there’s this period of bracing for

incredible change. Our board and senior leadership team really saw an opportunity to do this as a transition—to deliver on the strategic priorities that Mike has laid an incredible foundation for and to minimize disruption as much as possible.”

### **CHAVARRIA’S TOP THREE PRIORITIES AS CEO**

**Priority 1:** Provider partnerships. “First and foremost, I’m really excited that we have made the commitment to partner with our providers—to support them in the incredible work that they do and work with them in new ways. That doesn’t always happen between the payer and the provider community, but the providers are the individuals who deliver quality care for patients. What does quality look like? How do we create more access? That’s all really critical.”

**Priority 2:** Employee engagement. “I’d be remiss if I didn’t talk about all of the work we’ve done to engage our employees, to rally them around a sense of purpose to deliver access to quality care. That’s the business that we’re in as much as healthcare.”

**Priority 3:** Patient Focus “We have really put the patient at the center of how we think about our products, how we spend our time, and how we think about where we prioritize our technology investments.”

Again, Chavarria looks forward and back.

“We had an incredible leader in Mike, who did a fantastic job of strengthening the foundation. . . I am beyond excited to have those pieces connected. Now, I get to help the organization think about those things in a slightly different way,” she adds. “To bring some new conversations to the table that we haven’t had.”

One of those conversations is patient engagement, and in a significant but untapped area.

## TAKING MENOPAUSE FROM A WHISPER TO A SHOUT

A couple of years ago, Chavarria notes, Delta Dental was thinking about its strategic priorities and identified caring for aging Americans as one way to put the patient at the center.

But there was more.

“We also conducted a study on menopause and oral health and said, ‘Hey, there’s some interesting information here.’” That study included startling statistics:

- 84% of women are not aware that menopause can impact oral health
- Few have discussed their menopause concerns with their dentist (2%) or dental hygienist (1%)
- 77% plan to visit their dentist after learning of the link
- (Learn more by reading the study and HealthLeaders’ feature on it.)

Chavarria is open about her own experience with menopause and wants people to feel more comfortable talking about it and the related oral health symptoms (e.g., cavities, gum disease). Chavarria and her team have identified multiple opportunities to help deliver better health outcomes:

- Support women, providers, and the groups that convene them
- Use dental visits to first identify menopause symptoms
- Promote integrated care between dentists and primary care providers
- Create innovative products
- Build engagement between women and all of their healthcare providers

For Chavarria, opportunities in menopause and oral health link can lead to broader healthcare transformation.

## TRANSFORMATION BASED ON NUANCE AND PARTNERSHIP

The ways healthcare puts patients at the center has changed, notes Chavarria.

“The transformation of healthcare at large is in its 20th-plus year. With the Affordable Care Act, we started shifting toward a patient focus and electronic health records to help manage information.”

“It takes a long time,” she adds. “But now we’re nuancing that conversation to better define who the patient is and where are they in life.”

Partnership will be key.

“We’re now at this beautiful place as a payer, sitting on the other side of healthcare and creating the plans that help patients navigate and get access to the care they need. It’s such a great time to partner with other healthcare leaders.”

“That’s our future,” she asserts. “That’s our next five years.”

Laura Beerman is a contributing writer for HealthLeaders.



## Dental Survey

Americans Are Still Not Getting the Dental Care They Need

Two years into the COVID-19 pandemic, how are Americans faring in terms of oral health? In 2022, CareQuest Institute conducted the second annual State of Oral Health Equity in America survey — a nationally representative survey of nearly 6,000 adults to study knowledge, attitudes, experiences, and behaviors related to oral health. This report is the first in a series of upcoming reports that will summarize the findings.

Responses to the 2022 survey reveal that while some aspects of oral health have rebounded since the earlier stage of the pandemic, several inequities persist. Key findings include:

More than half of adults (55%) reported some type of oral health problem.

More than half of adults with an oral health problem did not seek care, and one-quarter of them did not seek care because they could not afford it.

In both 2021 and 2022, the most frequently cited dental problems were: toothache (23% in 2021 and 2022); cracked or broken teeth (20%; 18%); swollen or bleeding gums (18%; 17%); and frequent dry mouth (15%; 17%).

For those who had not seen an oral health provider in the last two years, 27% cited cost as a reason, 18% cited the COVID-19 pandemic, and 11% said they had no reason to go.

The report also recommends solutions to increase access to care, such as expanding Medicaid adult dental benefits, teledentistry, and expanding the reach of the oral health care workforce.

View Report:  
<https://bit.ly/3vHelo1>

Published 04/18/2022

# Top Five Children's Hospitals in California

By Emma Peters

When clients want to access the best doctors and hospitals it often comes down to word of mouth reviews or some well-known source to guide the individual's selection process and eventual provider decision. In this article we provide one source for ranking of Children's hospitals, U.S. News and World Report.

As one looks at the results of the Report and considers how to assist clients to select a health plan, it becomes important to know which plan access the top hospitals, we need to advise our clients on the options they have available. We all know the PPO and HMO plans offer unique decisions. We also know within medical plans there are often various network considerations which can become an issue given a change in one's medical care needs.

While it is not always simple to balance the access and premium cost, it is an issue to address before a decision is made based on inaccurate information.

The idea that a client can change their primary care doctor monthly should they need to access certain hospitals is not the answer in all situations. When your client is on a health plan that has a limited network, they may not have access to any of the hospitals in this report short of arriving at the ER. Another note is that your clients on Kaiser plans may not have access to these hospitals either unless in the case of an emergency and they are not transferred to a local Kaiser hospital once stable.

So, the best practice it seems is to educate



clients on the network options and make sure they understand the connection between accessing these top-rated hospitals and the specialists who are on staff, requires you as the trusted advisor to explain the pathways to access the providers they want given the medical plans they can select.

## Survey Results

Every year U.S. News and World Report ranks hospitals in 15 specialties and utilizes objective data (such as data from Medicare) in 12 specialties, including cancer, heart surgery, and obstetrics and gynecology to

develop the ranking results. U.S. News and World Report relies on expert opinion for three specialties: ophthalmology, psychiatry and rheumatology. The Best Hospitals rankings are broken into two subcomponents — specialty rankings, and procedure and condition ratings. We looked at the ratings for best children's hospitals from 2023, and from the Report compiled the top five hospitals in California for you to recommend to your clients based on their specific needs. We have also linked the insurance plans and medical groups accepted by each hospital. It must be noted that contracts between insurance and medical groups are subject to change, so your clients should check with the hospital and their provider before proceeding with a specific hospital.

## Children's Hospital Los Angeles:

Children's Hospital Los Angeles in Los Angeles, CA is ranked No. 7 on the Best

Children's Honor Roll. It is nationally ranked in 10 pediatric specialties. It is a children's general medical and surgical facility. It is also a teaching hospital.

Honor Roll: #7 in U.S. News Best Children's Hospitals Honor Roll

Regionally Ranked #1 in California and #1 in Pacific

Nationally ranked in 10 Children's Specialties

#6 in the nation for neonatology

#3 in the nation for pediatric cancer

#2 in the nation for pediatric orthopedics

**The best practice it seems is to educate clients on the network options and make sure they understand the connection between accessing these top-rated hospitals and the specialists who are on staff, requires you as the trusted advisor to explain the pathways to access the providers they want given the medical plans they can select.**

#6 in the nation for pediatric urology #5 in the nation for pediatric gastroenterology & GI surgery

[Click here for the list of health plans and medical groups accepted by this hospital.](#)

### **Rady Children's Hospital**

Rady Children's Hospital in San Diego, CA is ranked No. 9 on the Best Children's Honor Roll. It is nationally ranked in 10 pediatric specialties. It is a children's general medical and surgical facility.

Honor Roll: #9 in the U.S News Best Children's Hospitals Honor Roll

#2 in California and in Pacific for Regionally Ranked

Nationally Ranked in 10 Children's Specialties

#3 in the nation for pediatric cardiology & heart surgery

#6 in nation for pediatric orthopedics

#7 for neonatology

[Click here for the list of health plans and medical groups accepted by this hospital.](#)

### **Lucile Packard Children's Hospital Stanford**

Lucile Packard Children's Hospital Stanford in Palo Alto, CA is nationally ranked in 10 pediatric specialties and rated high performing in 1 adult procedure or condition. It is a children's general medical and surgical facility. Data from Valley Children's Hospital were included in evaluating this hospital in Pediatric Cardiology and Heart Surgery. Maternity care is provided at this hospital. Gynecological care is provided at Stanford Health Care-Stanford Hospital.

Nationally Ranked in 10 Children's Specialties

Regionally ranked #3 in California and in Pacific

High performing in one procedure/condition

#8 in the nation for neonatology

#7 in nation for pediatric nephrology

#10 in the nation for pediatric diabetes & endocrinology

### **UCSF Benioff Children's Hospitals, San Francisco and Oakland**

UCSF Benioff Children's Hospitals, San Francisco and Oakland in San Francisco, CA is nationally ranked in 10 pediatric specialties. It is a children's general facility. It is a teaching hospital. Data from UCSF Benioff Children's Hospital Oakland were used to evaluate this hospital in all pediatric specialties.

Nationally ranked in 10 Children's Specialties

Regionally ranked #3 in California and #3 in Pacific

#9 in neonatology

#12 in pediatric cancer

#12 in pediatric gastroenterology & GI surgery

[Click here for the list of health plans and medical groups accepted by this hospital.](#)

### **UCLA Mattel Children's Hospital**

Nationally ranked in 9 Children's specialties

Regionally ranked #5 in California, #6 in Pacific

UCLA Mattel Children's Hospital in Los Angeles, CA is nationally ranked in 9 pediatric specialties. It is a children's general facility. It is a teaching hospital.

#11 in nation for neonatology

#17 in nation for pediatric gastroenterology & GI Surgery

#19 in nation for pediatric nephrology

[Click here for the list of health plans and medical groups accepted by this hospital.](#)



#### **Emma Peters**

*is a media intern at California Broker Magazine. She recently graduated from Point Loma Nazarene University summa cum laude, with a Bachelor*

*of Arts in Literature and a minor in Humanities.*

# ACA Annual Preventive Services: Requirements, Client Motivation, & More

This article is a refresher for some and news to others. Bottom line is to encourage clients to seek basic preventive care as it will be FREE of copays and can be life saving too.

The Affordable Care Act (ACA) significantly reformed the healthcare services available to children and adults. However, not all medical plan members know about the preventive services and medical exams available to them in California.

As trusted client advocates, health insurance professionals must make sure their clients are aware of these free wellness checkups. Annual preventive services can benefit individuals in various ways, including:

- Following up on basic health markers
- Confirming general health and wellness
- Staying up to date on immunizations
- Encouraging more frequent appointments and exams
- Saving lives with early diagnosis

## What is required to be covered on Wellness/Preventive Services Visits?

Though specific policies and details may vary, most public and private healthcare plans cover annual preventive wellness exams at no extra cost. Kaiser of California, Anthem, and Blue Shield plans completely cover annual preventive services for individuals and select groups in California. [Editor's note: Kaiser link goes to Northern California's list of



preventive services, but we verified that it is exactly the same for the Southern California region.]

Specific requirements and coverage limitations vary by healthcare provider and each client's needs. Most plans only cover wellness exams annually, so medical plan members who need more frequent visits may encounter obstacles. Even with complete coverage, your clients may still face challenges when scheduling and preparing for their annual wellness visits — often depending on their primary care provider (PCP).

## Why Is the Cost \$0?

The Affordable Care Act passed in 2010 mandates that states' health insurance plans must cover recommended preventive services, including annual wellness visits. Specifically, the Act eliminated cost-sharing practices that left patients with unaffordable medical fees.

The ACA's measures make healthcare and long-term wellness more financially accessible

to everyone, including children, women, and impoverished communities. Now, families and individuals who previously couldn't afford these services can receive them for free.

The specific "recommended services" that are required to be covered for free vary. For example, the ACA specifies that comprehensive health risk assessments and five-to-ten-year prevention plans should be covered during annual visits. However, the ACA doesn't require Medicare to cover select services recommended by the Health Resources and Services Administration (HRSA) for women and children.

## How Is the Preventive Services Visit Different From an Annual Physical?

"Annual preventive services" is an umbrella term encompassing various types of ACA-covered services. They're different than annual physicals, which examine patients' current health and medical history to assess current issues and future risks.

Preventive wellness care often comprises many additional services. These free preventive services must be provided by a doctor within the patient's plan network in California. Preventive services include the following items:

### Screenings for:

- Depression and mental health
- Hepatitis, HIV, and other STIs
- Tobacco use
- Tuberculosis

- Obesity
- Colorectal cancer
- Cholesterol
- Alcohol misuse
- Abdominal aortic aneurysm
- Lung cancer

**Counseling for:**

- Diet
- Alcohol misuse
- Obesity
- STI prevention
- Fall prevention
- Family planning

**Medication for:**

- Cardiovascular disease and colorectal cancer prevention (aspirin)
- PrEP HIV prevention
- Cholesterol (statin)

**Immunizations, including:**

- Chickenpox
- Diphtheria
- Flu
- Hepatitis A
- Hepatitis B
- HPV
- Measles
- Meningococcal
- Mumps
- Whooping Cough
- Pneumococcal
- Rubella
- Shingles

**How To Motivate Clients to Schedule Appointments With Their PCP**

One of the best ways to motivate your clients to schedule preventive medical exams is by making them aware of what's available. As mentioned, many California medical plan members may not realize their preventive services cover more than just physical checkups. Discussing available services and their benefits may encourage clients to learn more about their personal health.

Also, encouraging your clients to seek preventive care shows you care. Imagine the good that is done when someone gets the lab work that leads to an early diagnosis when the cure is more available and has a higher success rate.

**How To Make Annual Preventive Services Appointments**

Annual preventive appointments should

be scheduled with clients' PCPs. This process often looks different for different providers, as some locations require appointments to be scheduled from their website or over the phone. Remind clients to differentiate between a wellness/preventative appointment and an annual physical. The two are not interchangeable. There may be charges associated with an annual physical, depending on the plan, but the ACA mandates that an annual preventive appointment should be free.

Clients searching for new PCPs may encounter additional challenges when scheduling their preventive services. Health insurance professionals in California can usually help this process by giving your clients multiple providers to contact or calling ahead themselves. When making the appointment, clients should be ready to share their names, birth dates, insurance information, and any relevant details for their exam.

**When Can You Schedule the Preventive Services Visit?**

Most preventive services covered by the ACA can only be scheduled once per year. However, specific coverage details may vary by the service, provider, and plan, such as when each year carries over.

**What Are The Differences Between Services For Men, Women, and Children**

Many recommended preventive services vary by the client's gender, sex, and age. For example, individuals assigned male at birth (AMAB) receive recommended coverage for genital and prostate exams. On the other hand, individuals assigned female at birth (AFAB) may receive coverage for breast exams and pregnancy benefits.

Preventive care benefits available for women and individuals AFAB include:

- Birth control
- Folic acid supplements
- Breastfeeding support and counseling
- Domestic and interpersonal violence counseling
- Maternal depression screenings
- Bone density screenings
- Gonorrhea screenings
- Urinary tract and infection screenings

The ACA also requires coverage for HRSA-recommended evidence-informed care and screening guidelines for children. This guarantees that infants and adolescents can receive the preventive services they need. However, services not recommended by the HRSA may not have full coverage. So, parents should be aware of their limitations

and available coverage when scheduling appointments.

Preventive services and benefits available for children include:

- Immunizations
- Fluoride varnish and supplements
- Behavioral assessments
- Autism screenings
- Hemoglobin and hematocrit screenings
- Regular weight, height, and body mass index (BMI) measurements

**Dental, Vision, and Additional Services for Children Under 18**

The ACA's healthcare reform mandated that dental and vision exams should be covered by specific healthcare plans. These include Medicare plans, individual market policies, and plans from employers with 50 or fewer employees.

These rules were implemented as many children in California did not have complete dental and vision coverage. Additionally, insurance providers with "grandfathered" policies aren't required to offer this full coverage. Fortunately, Medicaid and the Children's Health Insurance Program (CHIP) help many low-income families give their children the preventive services they need.

**Discussing Annual Preventive Services With California Clients**

Your clients know that life is busy and expensive. California medical plan members may not remember or recognize the fully covered services available to them — and they may not ask if they're worried about sharing costs. While you can, as their trusted advisor, educate your clients about the ACA's protected benefits and services, and encourage them to schedule appointments and get their health on track.

To learn more about the ACA and how your clients can access free and lower cost medical services, contact your carrier reps, General Agency reps, or attend a local professional association meeting and network and collaborate with the attendees. You can also decide to join CAHIP and access the resources members have access to help. Finally, check out the California Broker e-Directory for contacts who are friendly colleagues who can help.

**[www.ca-brokerdirectory.com](http://www.ca-brokerdirectory.com)**

# Letters On Integrity

Finding meaning in the deal

**By Russ Williams**

*“What man actually needs...is the striving and struggling for some goal worthy of him. What he needs is the call of a potential meaning waiting to be fulfilled by him.”*

Viktor Frankl

The Deal. It’s challenging, competitive and creative! There’s meaning entering the Deal...negotiating the Deal...closing the Deal and moving to the next Deal. As life and health insurance professionals travel their week, month, quarter in 2024, the question is how meaning in one’s professional and life journey can be achieved as the ultimate goal.

Meaning is far more than periodic, inspirational reflection. It’s Monday motivation, Wednesday grinding, and Friday wind-down. Meaning is the Can Be-Needs To Be energizer bunny of the Integrity Influencer.

A Meaning Question: Are my/our values being expressed in the Deal? My dad was a successful business leader in financial and estate planning. When he met with a new client, he would ask, “Do you know the story of Johnny Appleseed?” Always the answer was, Yes! Then, he would pose a second question that never had an answer: Why did Johnny cast those seeds? What was the meaning and motivation for doing so?

Dad would deliver the answer and a challenge to his client, posing two questions: Do you suppose Johnny cast those seeds to plant trees under the shade of which he would never sit? Are you here, today, so I can help you strategize your life planning to bring benefit to those you love and care about? Yes, my Dad purposefully found meaning in every Deal!

The values that cause us to live larger than the Deal are framed by the intention of contributing to the well-being of others. THIS IS the hubris of meaning fulfillment.

Professionals can take any situation and translate this message to health and life insurance professionals. Ask yourself in every deal---

“Are the values that bring joy to me and good to others at work in this Deal?”

When positive life values are present, we stay alert and connected to people and their needs.

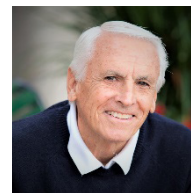
When life affirming values are missing or go dormant, the Deal becomes the End-All with the means-justifying-the-end guiding our actions. Often, the results are detrimental to yourself and others.

## **Mission Integrity Action**

Working with a proven objective process, guided by an experienced professional, provides many rewards. Collaborating to achieve your pragmatic goals which have both a financial reward and many personal benefits that can extend beyond financial gains only. Mission integrity helps one pursue meaning that creates psychic income that fuels one’s personal Calling. Coaching, Mentoring, and Advising are tools to help any professional take their performance to a higher level.

“Russ works with and understands the Journey Cal Broker subscribers travel. His focus in to inspire ethical excellence! His inspiration to help our subscribers comes from his father. Russ’ father was a highly successful licensed life and health insurance professional with many satisfied clients.” states David Ethington.

If you are looking for a fresh approach to improve your business and client relationships in 2024, reach out to learn more about how The Clarity Conversation can help you. Russ Williams has worked with hundreds of professionals to discover ways to find new solutions and move your dealings with people to mutually greater significance. If you are up to explore and refine your approach to people and tough career situations, Russ can help. He has numerous satisfied professionals who have experienced the benefit of The Clarity Conversation in their personal and professional life. Here’s the information you need—



## **Russ Williams**

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

*To set up your 2-month Clarity Conversation Consult Contact*

**Russ Williams at 949-254-5205  
centerjcce@aol.com**

# Finding Understanding ... Taking Action The Clarity Conversation Your Influence for Good Life Mission

*“Do not be conformed to this world but be transformed by the renewal of your mind.”*

Romans 12:2

You might desire to explore a 2-month Clarity Conversation with Russ Williams. Whether you're busily engaged in your personal-professional life or experiencing your retirement years, take 2 minutes to read about an opportunity that might interest you...to claim your quietly held desire to renew...YOU.

Have you noticed over a period of months, a year, or even longer, your self-conversations have been salt & peppered with a storyline...your hunger for life-renewal. Clearly, you know you shoulder a bundle of responsibilities. But, equally so, you know you are carrying a steady, silent self-narrative:

You desire to experience life-renewal to purposefully re-shape, re-define and re-energize...YOU!

Now...you are nudging yourself to act. For a moment, imagine...Now...finds you on a mountain trail. You come around a bend to capture the view of a trail leading to a Summit. The summit trail claims your attention. You ask yourself: Could I benefit from having a trusted Mentor-Guide to accompany me on the Summit Trail Journey leading me to personal and/or professional renewal? Is your answer YES?

An opportunity awaits you...Now!

The Clarity Conversation

## **YOUR INFLUENCE FOR GOOD LIFE MISSION**

At Home, At Work and in the Communities of Your Interests

A 2-month Self-Renewal Journey to claim personal and/or professional clarity

Russ Williams serves as your Clarity Conversation

**Mentor-Guide.** The Clarity Conversation Consult includes learning about your Life Chapters, providing insight about the bends in the trail of your ever-evolving life journey as an insurance professional.

Let's collaborate to achieve your pragmatic goals that have a bigger reward than your financial gain. Pursing meaning with your clients creates psychic income that can fuel your personal Calling to greater significance.

To learn more about the Journey to inspire ethical excellence, call or email.

**949-254-5205**

**centerjcce@aol.com**

**LOOKING FORWARD**

**PART TWO OF THREE**

**4**

**The Industry Trends  
That Threaten Traditional  
Health Brokers**

And how to address them

**By**

**Nelson Griswold**

In 2024, traditional health brokers face a threat to their very existence from four trends that were spawned or accelerated largely by the Affordable Care Act and the 2021 Consolidated Appropriations Act. These trends are transforming both the broker role and the sale and design of employer-sponsored health plans:

Transactional brokers are becoming consultative advisers;

These advisers are moving up from HR to work with executives in the C-Suite;

- Advisers are replacing fully insured plans with self-funded plans; and
- They are using cost-containment strategies to lower healthcare costs.

Brokers who lean into these trends and make the transition get a substantial competitive edge against traditional brokers...thus, the existential threat posed by these trends to brokers who hang on to the traditional role.

Part 1 of this article examined brokers who are making the move from their transactional broker role to a consultative adviser role, and how these consultative advisers are elevating from HR to working with the CEO and CFO in the company's C-Suite.

These consultative advisers who are selling in the C-Suite are leveraging the power of self-funding and the promise of healthcare cost-containment, the final two trends.

## **Moving to the C-Suite**

*The Catalyst: The 2021 Consolidated Appropriations Act*

The 2021 Consolidated Appropriations Act introduced several changes that impact the fiduciary responsibilities of employers in regard to their employer-sponsored healthcare plans. These fiduciary responsibilities fall on an organization's Chief Executive Officer (CEO) and Chief Financial Officer (CFO), who occupy the C-Suite, the executive offices. The CAA is demanding these executives exert higher-level oversight of their healthcare plan, from serious scrutiny of broker compensation to ensuring employee access to transparent cost and quality of care data to detailed reporting of prescription drug data.

Additionally, these and other CAA provisions have attracted the attention of class-action trial lawyers. ERISA litigation lawyer Jerry Schlichter, who pioneered the 401(k) lawsuits against employers, is using social media to recruit potential employee plaintiffs for a litigation targeting employers for breach of their health plan fiduciary duties.

Although almost all CEOs and CFOs have ignored healthcare in the past, the requirements of the CAA, the rising litigation threat, and the increasingly unsustainable health plan premium hikes are causing more and more executives to take a greater interest in their healthcare spend. Smart advisers are taking advantage of this new level of interest.

## **The Trend: Elevating the Benefits Conversation from HR to the C-Suite**

In one of the most consequential trends, top independent advisers are elevating their game to the C-Suite and having strategic, financial conversations with the CEO and CFO. Company owners and executives increasingly are getting involved with their healthcare spend (not the healthcare plan...that's HR's domain).

Employee benefits and the employer-sponsored health plan have long been the province of HR, to which the C-Suite has delegated responsibility for managing the health insurance renewal as well as the operational aspects, such as open enrollment. As a result, benefits brokers have become expert at selling and working with the HR director.

However, working with the CEOs and CFOs in the C-Suite requires an upgraded skillset. Success in the C-Suite requires speaking the language of the C-Suite, having a strategic and financial conversation with the CEO and CFO, and closing business in the C-Suite, all skills that advisers can learn.

## **Speaking the Language of the C-Suite**

While brokers know how to talk with HR, executives speak a completely different language than HR, and advisers must speak their language. For example, while HR has goals to meet, executives work to achieve their "business objectives."

Then there are C-Suite terms that have no equivalent in HR, such as:

- "ROI" (return on investment), the profit realized from an investment;
- "profit leak," bottom-line profit lost unnecessarily due to waste or mismanagement;
- "controllable cost," expenses that managers can control to increase or decrease; and
- "disintermediation," removal of an intermediary in a transaction or "eliminating the middleman."

## **Strategic & Financial Conversations**

Getting the attention and maintaining the interest of a CEO and CFO requires a strategic and financial conversation about their healthcare spend.

It's critical in the C-Suite to frame healthcare in terms of achieving the company's strategic and financial objectives.

HR plays an operational role in the company, which is why HR is an extremely valuable partner in health plan implementation. The C-Suite, by contrast, is concerned with strategy and finance. Thus, an adviser's conversations with CEOs and CFOs must be strategic and financial in nature.

For example, while HR is concerned with such issues as the plan deductible and open enrollment, the C-Suite has no interest in those operational matters. Executives care about how the health plan impacts the strategic issue of retention and recruitment, for instance, and how the cost of healthcare impacts their bottom line. It's critical in the C-Suite to frame healthcare in terms of achieving the company's strategic and financial objectives.

## **Proven, Relevant Messaging**

Closing the C-Suite requires messaging that is relevant to executives and proven to drive executives to act.

In the C-Suite, the executives' focus is always on outcomes, results. In terms of both strategy and finance, executives are concerned with – and accountable for – how well they meet their strategic and financial objectives. So, your messaging should always emphasize the result(s) you can produce for the prospect, the business objective(s) you can help them achieve, making your message highly relevant and alluring to them.

# Advisers must be at least competent if not expert with the strategies to implement self-funded health plans.

For example, a next-generation health plan with zero out-of-pocket costs means free healthcare for employees (“Pay your premium, and your healthcare is free.”), which is a huge differentiator that would increase employee retention and make the company highly competitive in the recruitment of top talent. Similarly, eliminating overspend in the health plan to save the company \$2,000 per employee in the first year of the plan increases company profits without the need for additional sales.

While HR remains a critical partner implementing the health plan, for consultative advisers the sale should take place in the C-Suite, where most executives are eager for a strategic, financial approach to the healthcare spend, their second largest operating expense.

## The Result

Across the U.S., consultative advisers are staking their claim to the C-Suite, engaging the CEO and CFO to gain a massive advantage over brokers still working in HR. These advisers are building strong relationships with executives, creating partnerships to tackle the companies’ spiraling healthcare costs.

## Case Study: Dan LaBroad, Ovation Life & Health

In Texas, consultative adviser Dan LaBroad, CEO of Ovation Life & Health in Dallas, has shifted his efforts entirely to the C-Suite. His work in the C-Suite has attracted national attention. BenefitsPRO magazine honored Dan as one of just five Broker of the Year Finalists. LaBroad recently was featured in Texas CEO magazine. Chief Executive magazine profiled LaBroad and one of his CEO clients, Azam Mirza of Akorbi Group, in a feature article on their success in reducing healthcare costs. Mirza calls his relationship with Dan a “true partnership.”

## \$300,000 of New Business in a Year

Success in the C-Suite has its rewards. Last year, LaBroad produced \$300,000 in new business, while winning several mid-market groups from national brokers. Traditional brokers, even producers at the national houses, who remain in HR can’t compete with consultative advisers who are having strategic and financial conversations in the C-Suite.

When consultative advisers like Dan LaBroad and Ed Ligonde are in the C-Suite, the executives express great frustration over their lack of control of their healthcare spend. As CEOs and CFOs learn that they can have no control as long as an insurance company manages their plan, more and more are making the move to self-fund their health plan.

## SELF-FUNDED HEALTH PLANS

*The Catalysts: Unsustainable Premium Increases and Executives’ Desire for Control*

Over the past 20 years, group health insurance premiums have tripled, according to the Kaiser Family Foundation (KFF), from an average of \$2,689 for single coverage in 2001 to \$7,911 in 2021. For decades, the relatively few brokers who have presented self-funding to employers sold it as a cost-saving move.

While self-funding can save the employer if it is overpaying the insurance company for a fully insured plan, the real reason to self-fund is control. Fully insured health plans from the commercial carriers provide the employers with no control, since plan design and the benefits are ACA mandated and access to usable claims data is difficult or impossible to obtain from the carrier.

The key to employer control of the health plan is disintermediation of the insurance company, removing the middleman from the plan entirely. Self-funded plans administered by an independent third-party administrator (TPA) offer the employer full control, over everything from plan design and benefits offered to variations in employee premium contributions (premium differentials) to total access to claims data.

## The Trend: Moving from Fully Insured to Self-funded Health Plans

Guided by consultative advisers, a rapidly growing number of companies are moving to a self-insured funding arrangement, due primarily to the pressure of rising premiums.

Since 2018, the number of groups with 200-999 lives self-insured has risen by 11 percent. In that same period, the percentage of self-insured companies with less than 200 lives have jumped by 26 percent.

Percentage of Covered Workers Enrolled in a Self-Funded Plan, by Firm Size, 2018 and 2023

### Percentage of Covered Workers Enrolled in a Self-Funded Plan, by Firm Size, 2018 & 2023

# Employees	2018	2023
200-999	50%	61%
2-199	19%	45%

SOURCE: KFF Employer Health Benefits Survey, 2018-2023

While California lags behind the rest of the country, the percentage of employees enrolled in self-funded plans jumped 17 percent between 2017 and 2022, according to the California Health Care Foundation.

Yet, while almost every employer wants relief from annual rate increases, CEOs and CFOs have a deep misunderstanding and, indeed, a fear of self-funding. Top advisers know the right language to explain and sell self-funding to executives and have the expertise to move employers to self-funded plans, ideally with independent TPAs.

Like consultative selling and selling the C-Suite, success with self-funded plans requires skills that brokers can learn:

- Educating and selling self-funding to the executives; and
- Competence with self-funding strategies to implement self-funded plans.

### **Educating the C-Suite**

While a critical partner in implantation of the health plan, HR usually does not have the authority to move a company from fully insured to self-funded. So, advisers must sell the top decision-makers, the CEO and CFO, on the benefits of self-funding. But, most business owners and executives don't understand – and many fear – self-funding.

Advisers first have to explain how self-funding presents no more financial risk than being fully insured. Next, they must show how self-funding gives the employer control over their healthcare spend and the power to manage the quality and cost of healthcare.

Then advisers have to educate the prospect on some of the details of self-funding, e.g., the role of stop-loss insurance; maximum liability; and the different types of deductibles (specific, aggregate, aggregating specific).

Almost every employer wants relief from annual rate increases, CEOs and CFOs have a deep misunderstanding and, indeed, a fear of self-funding.

Finally, advisers convince the company's decision-makers that they have the knowledge and expertise to implement successfully a self-funded health plan for their employees.

### **Implementing the Self-Funded Plan**

Advisers must be at least competent if not expert with the strategies to implement self-funded health plans.

Self-funding isn't complicated, but it is complex. Advisers have multiple self-funded arrangements – small-group self-funding, partial self-funding, group captives, a single-parent 831(b) captive – to choose from to meet the client's needs. It's also important to determine the client's risk tolerance in terms of setting the specific and aggregate deductibles.

The adviser must have sufficient knowledge of self-funding strategies and the necessary expertise to both select the right type of self-funded plan and effectively implement that plan.

The inability of most traditional brokers to educate on self-funding, their unfamiliarity with self-funded plans, and being stuck

in HR prevents them from meeting employers' need for self-funded plans.

### **The Result**

Self-funding skills are giving advisers and even many brokers a huge competitive edge in their market, as employers are increasingly open to new options to control their healthcare costs.

#### **Case Study: Randy Hansen, PSG Washington**

Over nearly 30 years as a top broker in Seattle, WA, Randy Hansen, President of PSG Washington, had written only fully insured plans, and not a single self-funded plan. Recognizing the opportunity with self-funding to help employers, he worked to learn the mechanics of self-funding and how to educate the C-Suite on the concept.

#### **\$280,000 from Seven New Self-Funded Accounts in One Year**

In his first year presenting self-funded plans, Hansen won seven new groups, moving them all from fully insured to self-funded. These seven accounts generated \$280,000 in new business revenue for his firm.

The incumbent brokers in the groups Hansen won simply couldn't compete with his expertise with self-funding. How can a broker who doesn't know self-funding protect his account when the employer agrees that a self-funded plan is the right strategy?

Since that breakthrough year, Hansen and every other adviser have discovered that the C-Suite isn't content with controlling just the plan design in their new self-funded plan; executives are increasingly motivated to control and manage the cost of the healthcare their employees are purchasing.

Part 3 of this article will examine the final trend of advisers' increasing use of cost-containment strategies in self-insured plans.



**Nelson Griswold** is the visionary leader of *NextGen Benefits*, the award-winning organization that is disrupting the industry by training brokers to become consultative advisers to company C-Suites and to take those companies self-funded to manage the quality and cost of healthcare.

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# Expectation Checks Are Critical to Your Success

Avoid #1 Killer of Business and Personal Relationships!

**BY BILL CATES, CSP, CPAE**

PRESIDENT, REFERRAL COACH INTERNATIONAL

# “Making expectation checks a part of how you interact with your clients will lead to higher client satisfaction and loyalty”

*Have you ever experienced the following situation at work or home?*

Someone had an expectation of how a process, meeting, event, or result might play out.

They did not communicate that expectation to you.

That expectation was not met.

Can you relate? Unexpressed and unmet expectations can damage your relationships in all corners of your life.

Here are a few examples of expectations that new clients have, but don't always communicate:

How often you will meet.

The performance of their portfolio.

How quickly you will return emails or phone calls.

How much you will be involved with them versus one of your other team members.

Who will take care of someone they might refer to you.

Establishing and checking in on expectations is one habit that will serve you and all your relationships well. If this is not yet a habit for you, it may take a dose of courage to get going.

Making expectation checks a part of how you interact with your clients will lead to higher client satisfaction and loyalty, as well as higher client engagement. And it is engaged clients who provide referrals and make introductions.

## Foreshadow Expectation Checks

One great way to get into the habit of checking in on expectations is to explain and foreshadow the fact that you are going to connect expectation checks and in other ways, make sure that your communication is as clear and forthcoming as possible.

### *For Quality Communication*

*It could sound something like this...*

YOU: George and Martha – Would you agree that given the nature of the work we'll be doing together, that it's important we maintain a high level of transparent and honest communication on a regular basis?

CLIENTS: Yes, of course.

YOU: Good. So, to that end, I am going to check in with you on your expectations on a regular basis. If we have fallen short of any expectation, we need to know that. So, we can fix it and/or prevent it in the future. And, we love to know when we are meeting or even exceeding your expectations, so we can keep doing those things for you and for everyone else.

CLIENTS: Sounds good. This is one reason we left our other advisor. He never really seemed to know or care to know what we expected and how we felt about working with him. He always assumed everything was perfect.

## For You Taking a Leadership Role with Them

It could sound something like this...

YOU: George and Martha – One of the things that I've observed in doing the work that I do is that many people – many very smart and successful people – often put off doing the right things for themselves and others impacted by their financial decisions. You and I have already discussed some of your natural procrastination in this area.

CLIENTS: We can certainly relate.

YOU: So, as we continue to work together, there may come a time when you are putting something off; something that you know is important to either you or those close to you. If this type of situation ever presents itself, do I have your permission to remind you of this and gently nudge you to do the right thing?

CLIENTS: Yes. Please do. We know the value of this sort of support and guidance.

The above examples are two of the many places you might apply this type of process. I highly recommend that you establish clear expectations with your clients around the type of communication, the performance of their portfolio, the frequency of contact, your leadership role, and any other areas that you deem important to a highly functional and rewarding relationship.

## Action Steps

With your staff or a colleague, think of all the areas of working with your clients where you want to make sure expectations are established, monitored, and occasionally adjusted.

Think through – even write some word tracks for how you would want to discuss these with your clients.

“Practice” on some of your current clients with whom you have a great relationship. Let them know you're practicing and appreciate their feedback.



**Bill Cates, CSP, CPAE**, is the author of *Get More Referrals Now*, *Beyond Referrals*, and *Radical Relevance*, and is a highly sought-after coach, consultant, international speaker, and virtual presenter. CalBroker Readers can get free (but value) tools here:

[www.ReferralCoach.com/resources](http://www.ReferralCoach.com/resources).

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# How to UP Your Client Retention Game in 2024?

Perform a self assessment and find areas for personal improvement

**By Carmen Ponce**

**H**ealth insurance professionals can find ways to separate themselves from the competition when looking at the Best Practices of trusted advisors.

Below are some of the components considered valuable for any health insurance professional looking to improve. Self assessment how we move from success to significance as professionals. If you want to use a scoring process, give yourself a score of 1 to 5, with five being the highest, when considering how you perform consistently to apply the traits covered in the area and responsibilities listed for each of the Eight areas below.

As you score yourself, use some objectivity in your personal evaluation. Mostly use the results to set your personal improvement goals for 2024. A total score below 40 for all Eight areas is a clear indicator of the need to find ways to improve. Cal Broker will continue to have articles with tips on becoming a better trusted advisor such that all subscribers find ways to Up Their Game.

If you dare, have your colleagues also evaluate you, or do a shared review with a colleague. If you work solo, find a colleague to collaborate with in a joint mentorship relationship.

The purpose of this review is to build a philosophy of continual personal and team improvement for the benefit of your clients which will improve client retention and lead to greater financial success. When you place more effort into self-improvement you will also see benefits in higher retention, more referrals, and your renewals will be more productive.

**Assessment of Needs:** Brokers evaluate the specific needs of individuals or businesses seeking health insurance. They analyze factors like budget, coverage requirements, existing health conditions, and preferences.

**Expert Guidance:** Utilizing their

knowledge of the healthcare industry and insurance policies, brokers provide expert guidance. They explain different insurance options, coverage details, and help clients understand complex terms and conditions.

**Recommendation and Comparison:** Brokers recommend suitable insurance plans based on their assessment. They compare multiple options from different providers, highlighting the pros and cons of each plan.

**Customized Solutions:** They tailor recommendations to fit the unique needs of their clients, ensuring that the chosen insurance plan aligns with their lifestyle, health needs, and financial capabilities.

**Advocacy and Support:** Brokers function as advocates for their clients when dealing with insurance companies. They assist in navigating the complexities of the healthcare system, resolving issues, and clarifying policy details.

**Updates and Renewals:** Brokers keep their clients informed about changes in policies, regulations, or new insurance options. They assist during policy renewals, ensuring that the coverage continues to meet the client's needs.

**Customer Service:** Offering ongoing support, brokers address inquiries, assist with claims, and provide guidance even after the insurance plan has been selected.

**Conflict Resolution:** In cases of disputes or claim denials, brokers can intervene to help resolve issues between clients and insurance companies and providers.

The number one job for health insurance brokers is to function as intermediaries between insurance providers and clients, leveraging their expertise to guide individuals or businesses in making informed decisions regarding their healthcare coverage. We all aim to establish trust by prioritizing the client's best interests and offering personalized, reliable advice. **Join me as we launch a monthly call to discuss**

**client success stories as examples, we can learn from to help our clients with the many issues they face when using their health insurance benefits.** From accessing care to dealing with billing issues, we will cover it all. The first Wednesday of each month at 10am we will begin each month's call.

Join us for a Teams Meeting on Wednesday 2/7/24 from 10 am to 11 am.  
<https://bit.ly/3vOY9XC>



**Carmen Ponce** has over 18 years of experience as a health insurance broker/advocate. Her passion is helping her clients navigate the tumultuous health insurance sector. Her professional focus is on

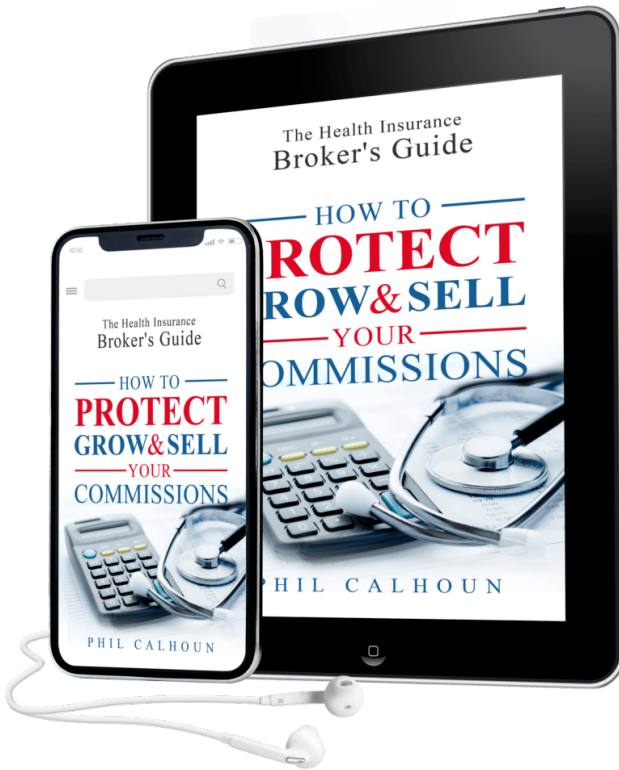
advocating for clients at every need, from wrestling with a health insurance carrier or educating a doctor's office staff about coverage or an Employer about compliance, her aim is targeted on her clients' needs which are always first and foremost.

*"My mother was diagnosed with breast cancer at 30 and because she was unable to purchase health insurance back then (pre-ACA), she got subpar care and passed away. So, I've made it my lifes mission to help people and make sure that they get the appropriate care that they need."*

*She believes the Best Practice is to treat each client as if they were family and give them the type of services and help that they need and would expect.*

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# ARE YOUR COMMISSIONS 100% PROTECTED?



*"The Health Insurance Broker's Guide  
How to Protect, Grow, and Sell Your Commissions,"*  
by **Phil Calhoun**, MBA, contains many insights and secrets  
gained over 30 years in the field.

Discover how a **Commission Protection Plan** can help you  
protect your hard-earned income.

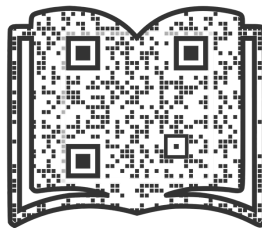
This book has three significant values:

**1. Protect:** The important message is to identify a Successor to  
achieve 100% commission protection and avoid losing all your  
hard-earned commissions.

**2. Grow:** *"The Health Insurance Broker's Guide"* outlines  
15 strategies for retaining clients, gaining recommendations  
from a variety of sources, becoming a Successor for other  
brokers, and earning commissions.

**3. Sell:** The time it takes to sell a book of business can range  
from one to five years, and when a broker takes the time to  
prepare, the average increase in value is 20% to 33%.

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# *A California Doctor Shares Helpful Heart Health Tips*

**By Emma Peters**

**C**ardiovascular disease claims 850,000 lives in the U.S. each year, and is the leading cause of death and disability worldwide. Nebraska Medicine analyzed studies which found that genetics play a role in a lot of heart health situations. In coronary artery disease (CAD), for example, studies suggest that 50% of one's risk for developing CAD is set at birth by your genetic makeup, with the other 50% determined by lifestyle. Despite these numbers, there are practical lifestyle changes which can dramatically lower risk for heart disease, for those who are both genetically predisposed and for those who are not. In this article, we will explore ways to maintain heart health backed by the advice of a licensed and board-certified doctor, Dr. Michael Del Junco.

It's no secret that maintaining a healthy lifestyle can decrease the risk of heart disease, yet many people are unaware of how great of an impact these changes can have on their heart health-to the extent of saving their lives. If you're looking for simple changes to make towards your heart health journey, the Mayo Clinic suggests these 7 ways to get started:

1. **Stop smoking.** Cigarette smoke can damage the heart and blood vessels by lowering the oxygen in the blood and raising blood pressure and heart rate.
2. **Increase nutrition and a heart healthy diet.** Eat more: vegetables/fruits, beans/legumes, lean meats/fish, whole grains, healthy fats. Eat less: salt or high-sodium meals, sugar/sweetened beverages, highly refined carbohydrates, alcohol, highly processed food, red meat, fast food.
3. **Increase physical activity.** Try to exercise at least 30-60

minutes per day. Make exercise more enjoyable! Activities such as gardening, housekeeping, taking the stairs and walking the dog could all count toward this total. It's simply important to be active.

4. **Get enough sleep.** A lack of sleep can contribute to increased stress and raise your blood pressure. Most adults need at least seven hours of sleep per night. Set a reasonable sleep schedule and try to stick to it.
5. **Manage diabetes.** Diabetes can cause many health complications and increase the risk of heart attack and cardiovascular disease. If diagnosed with Type 2 diabetes, make sure to monitor blood sugar often through at-home tests or with an HbA1C test. There is other non-invasive and invasive tests that one can take to monitor diabetes and prevent heart disease.
6. **Reduce stress.** Stress can lead to unhealthy habits, which increases the risk of heart disease. Stress has been linked with high cholesterol, high blood pressure, and even Type 2 diabetes. Find ways to reduce stress through physical activity, relaxation exercises, mindfulness, sleep, yoga, or meditation.
7. **Get regular health screening tests.** The National Heart, Lung and Blood Institute recommends that women ages 55 to 65 and men ages 45 to 65 get screened on cholesterol levels every 1 to 2 years. People over 65 should get their cholesterol tested once a year. Health screenings such as blood pressure levels, cholesterol, or Type 2 diabetes can allow you to monitor your heart health regularly and take preventative measures more efficiently.

# ASK THE DOCTOR

**EMMA:** *Out of the lifestyle changes listed in the previous page to prevent heart disease, what are the top three that you would suggest to patients?*

**DR DEL JUNCO:** All the factors that you mentioned do play a significant role in reducing cardiovascular risk. The top three to focus on to prevent heart disease would be: diet modification, physical activity and tobacco cessation. Adopting a heart healthy diet will significantly reduce the risk of heart disease. This would include limiting saturated fats, trans fats, cholesterol, sodium and increasing dietary intake of fruits, vegetables, whole grains, and lean proteins. Some typical examples are the Mediterranean diet or the dash diet. Regular physical exercise is crucial to maintaining cardiovascular health. Our goal is to aim for 150 minutes of moderate intensity, aerobic exercise or 75 minutes of vigorous intensity exercise per week. It's best to forgo a heart rate of 220 minus your age, which is 65%. Smoking is a major risk for cardiovascular disease. Tobacco cessation will have immediate and long-term benefits for your cardiovascular health. Tobacco use is so harmful it can be considered equivalent to heart disease.

## **What about those who are genetically predisposed?**

The AHA reported on a study that began in the 1970's and 1980's, which analyzed 40,000 children in an effort to understand the long-term effects of factors such as: BMI, systolic blood pressure, smoking and total cholesterol and triglyceride levels during youth. The children from this study have finally aged long enough to conclude these effects. Those with the highest level of childhood risk factors had the highest risk of later cardiovascular events. However, researchers found that even slightly elevated risk scores — at levels that would be considered average for children — were associated with a higher risk for cardiovascular events, compared with those who had the lowest risk factor levels in childhood. Therefore, the conclusion of this study proves that in the long-term, these unhealthy habits can have a greater impact than one would think.

Nebraska Medicine analyzed studies which found that genetics play a role in a lot of heart health situations. In coronary artery disease (CAD), for example, studies suggest that 50% of one's risk for developing CAD is set at birth by your genetic makeup, with the other 50% determined by lifestyle.

**EMMA:** *What do you recommend to patients who are genetically predisposed to heart disease?*

Dr. Del Junco: If a patient is genetically predisposed to heart disease, it is crucial to schedule regular checkups with your provider. You should focus on managing evaluated blood pressure, cholesterol, glucose, and EKG. There are advanced lipid panels currently out on the market.

These will provide a more comprehensive evaluation of cholesterol and imaging scans. These scans can include a coronary artery calcium score to better assist in evaluation of heart disease.

It's also important to have a comprehensive understanding of the genetic issues you may have. It's best to have accurate and clear information on your family history so that you are aware of the preventative steps to take next which may be different from the average person.

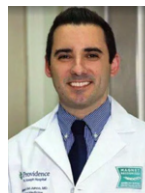
Heart disease may be daunting and overwhelming to approach, especially if you have a family history associated with this issue. A combination of intentional lifestyle changes, regular health screenings, a full understanding of your family history and clear communication with your primary health care physician can greatly decrease the risk of heart disease. Medications, when necessary, can be helpful to manage heart disease and working with a physician to monitor medications is a must.

## **Summary**

Health insurance professionals need to encourage clients to use their benefits from preventative services to find a good PCP who will help develop a plan that addresses personal issues and known facts about the risks of heart disease. Brokers can encourage and advise clients to take charge of their health and use their benefits to stay involved in their health care.



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



**Michael del Junco, M.D.** is a board-certified Internal Medicine physician with an office in Orange County. His medical practice is focused on adults from 18 to over 90. He has an open invitation to new patients looking for a primary care physician. He accepts same day appointments and spends at least 30 minutes every visit with each patient. Dr. del Junco can perform many services from annual physical exams to chronic care issue management.

**Contact:**  
**Dr. Michael del Junco**  
**714-919-8141**

# **Do You Have a Plan to Protect Your Commissions?**

**By Phil Calhoun**

**A**t Commission Solutions we provide health insurance professionals with current information and proven solutions to protect, grow and sell health insurance commissions. We know from experience how the process works as we are health insurance professionals too and we have helped hundreds of health brokers understand their commissions. We help our colleagues learn why commission protection is vitally important to understand. We then move to develop a personalized plan to address the risk of losing commissions and outline how commissions are to be paid in retirement and to whom should the health broker pass. Our plans provide 100% protection of commissions.

Our Mission continues to focus on commission education and building personalized plans to protect commissions. Far too many colleagues have passed without a plan in place resulting in total loss of commissions at worst and at best a small, depressing, amount of commission saved for loved ones. In all cases, when a significant life event occurs those involved move through a process of panic, anger, and frustration over the loss of their loved one and also the loss of income due to no advanced planning. When people should be grieving their loss, instead they must spend time and energy worrying about settling the financial estate, and with no protection plan in place, and with no help from the carriers, survivors have no joy or appreciation of the career success their deceased loved one accomplished.

We all know how planning can prevent, and at the very least help minimize the impact of many life's issues. The loss of commissions can be prevented with planning when using a strategic process to financially take care of loved ones in a life event. Commission planning is an important addition to a Will or Trust as the process addresses the ridged carrier transfer of commission requirements, many which are updated annually and require consistent ongoing annual reviews of one's commission protection plan.

As the AEP and Open Enrollment seasons have ended, it is time to focus on planning before time passes and another 4QTR season blocks the opportunity to plan. We understand how difficult it is to take the time to plan and how emotional it often can be when thinking about the life realities the future will bear. Beginning the planning process takes either a phone call to a subject matter expert like our team, or doing research followed by the work necessary to build a plan that addresses your personal needs and covers the legal and carrier specific that require planning to begin with.

Please put a place holder in your first quarter calendar to learn about the advantages of planning to protect your commissions.

We encourage health insurance professionals to build in ONE plan the details of a personalized commission protection plan while remaining active in the business, and also include a purchase agreement to cover the future sale of their commissions. This type of comprehensive plan positions brokers to control their future as they can work hard to grow revenues and control how they will exit with a defined plan and process. With a purchase agreement in place the details of a future sale of their commissions are in a legal document.

“With the amount of education out there on commission protection and even on selling someday, we hope you will make 2024 the year to implement a plan to protect your commissions in ALL life events. In our planning work, it is possible to have One plan to cover both your commission protection needs while you remain active and include a purchase agreement to cover the details of an eventual sale of your commissions.” states David Ethington, Commission Solutions

Find your way through the commission planning process with professional help. Get the value you deserve from professionals with a proven track record. And work with experts with a track record of success to ensure your wishes are followed.



**PHIL CALHOUN** is owner and publisher of California Broker Magazine. Phil also is a leader in coaching health insurance professionals. He is an active member of several insurance associations.

Phil's book, "The Health Broker's Guide: To Protect Grow and Sell Commissions" is available free at [www.healthbrokersguide.com](http://www.healthbrokersguide.com).

*He offers complementary 15-minute coaching sessions.*

*To schedule a phone call:*

**Contact:**  
**phil@commission.solutions**  
**714-664-0311**

# 2024

## Commission Education Schedule— You're Invited Learn

### How to Protect, Grow and Sell Health Insurance Commissions

#### February/March/April Webinars



#### Third Thursday Webinars

Protect, Grow and Sell Theme

Learn how you can grow your commissions, the value of your commissions, and how to protect your commissions.

Takeaways:

- How you can help a retiring broker sell their book to you.
- How to find the value of your commissions and then sell for more.
- What is the Best Practice to protect commissions.



#### First Tuesday Webinars

Learn From Real Case Examples

Learn from retired brokers:

- How they made the decision to retire,
- How the process worked for them and why, and
- What made them select the Buyer they chose to trust.

#### Protect, Grow and Sell Topics

- February 15th @10AM

Growing Through Acquisition  
of Commissions

- March 21st @10AM

What is the value of **MY**  
Commissions to a Buyer

- April 18th @10AM

Commission Protection 101

#### Learn From Real Case Examples

- February 6th @2PM

Mary

- March 5th @2PM

Richard

- April 2nd @2PM

Dave and Laurie

**ALL sessions will be recorded. Email to request the Webinar link to listen live or anytime.**



#### Schedule a 15 Minute Call

Get Time with a Subject Matter  
Expert in Commission Planning

- Discover How Personalized Planning Works
- Find New Ways To View How to Protect, Grow and Sell Health Commissions



Phil Calhoun

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- [Phil's Calendly](#)



David Ethington

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- [David's Calendly](#)



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## CASE STUDY

# A Successful Large Group LTC + Life Insurance Enrollment

By Marc Glickman, FSA, CLTC

The following is a large group case study from a market with many brokers and carriers vying for blue-chip clients. It presents an example of how BuddyIns, a leading LTC planning platform, helped a large employer offer a voluntary LTC + Life insurance solution to their employees.

The key ingredients of this enrollment campaign included a strong partner relationship, trust, white-glove service, a simple enrollment process, and compelling education. The result was surprising and I hope that as you read through this it will help you learn how to leverage expertise and technology to provide LTC planning solutions to clients.

There will continue to be a tremendous need for long term care planning especially for employers in California and this information will help to accelerate a Group Benefit Professional's understanding of the market and how our outreach can help address the potential California Employer changes.

We have partnered with California Broker subscribers as there is no better market equipped to spread the word on a mass scale than the group/worksites market.

This particular employer with over 20,000 employees operates in a white-collar industry with a competitive labor force. The employer has advocated and educated on LTC planning for many years and once provided a traditional LTCi solution as a voluntary benefit to their employees.

They were looking to update their benefit offering with a voluntary GI LTC + Life insurance solution. Employees were also offered an option to buy up coverage or give their spouse access to the solution on a simplified issue basis.

BuddyIns partnered with the broker to add more depth to the LTC educational and consultative experience for their clients. This partnership was the first key ingredient in this enrollment.

### Trust and White Glove Service

The employer promoted three campus-wide webinars featuring me and BuddyIns' resident Olympic Gold Medalist and US Olympic Hall of Famer, Wendy Bugliosi. It was a hit! Over 10% of all of the employees registered for the educational session and over 60% attended the events live. Stories were shared and hundreds of live questions were answered.

In addition to the broker's call center, a team of specially trained LTC specialist consultants offered 1:1 LTC planning meetings. The well-educated employees received a concierge planning experience and left the meeting with confidence to take the next step. We provided the LTC specialists with our in-depth product guides and a product-specific version of our Benefit Buddy software to show the employees the cost and value of the insurance solution customized to their personal needs.

We encouraged many of the employees who already owned legacy LTCi solutions to keep their valuable policies but add supplemental coverage as they became well aware of the high cost of care.

### Surprising Results

The white glove approach succeeded in enhancing the enrollment outcome with higher participation rates and a much higher average premium than any of us expected. The employees were engaged in the process and curious about the product, often diving into details that most people don't even think about. The result was a great experience and a highly successful outcome for all.

We work with all size Employer Groups and with individuals as well. We enjoy working with health insurance professionals and can provide a track to support those who want to enter the LTCi market and work through our industry leading training process to become a LTCi subject matter expert and access carriers and our ongoing training and sales support. We also help brokers who have clients with LTC questions and can benefit from working with a trusted source to collaborate with and work along side to find the LTCi solution for their client, and share in the success when a decision leads to a sale.



**Marc Glickman, FSA, CLTC**, is CEO and co-founder of BuddyIns, a leading long-term care and hybrid insurance technology company. Marc is also an actuary and has served as chief sales officer for a major LTC insurance company.

**Marc@buddyins.com**  
**818-264-5464**

Reach out to the Collaboration Center to explore what is available to help you with your client's long-term care insurance, or other planning issues. Email or call to speak with a subject matter expert (SME), to review your client's issues and collaborate to discover suggested next steps.

Make 2024 the year to connect with a SME to learn more and grow your income.

### Contact:

**The Collaboration Center**  
**Info@healthbrokercollaborators.com**  
**714-497-3312**  
**www.buddyins.com/calbroker**



# *It's Time to Consider Dental for Your Medicare Clients*

**By Margaret Stedt,  
C.S.A., LPRT**

February is designated Healthy Heart month! It is time to consider dental as one of those issues that affect our heart's health. One of the important factors is healthy teeth and gums. You as a Medicare focused broker can assist your clients in considering dental coverage that best fits their needs. Seniors have a number of choices that you can guide them through.

IFP DPPO								
Carrier	Cost:	Office Co-Pay:	Plan Deductible:	Plan Maximum:	Waiting Periods:	Cleaning Plan Pays:	Basic Plan Pays:	Major Plan Pays:
Standard Life	\$51.89	\$20 Co-pay per office visit	None	\$2,000 Per Person Per Calendar Year	Cleaning: None Basic: 6 Months Major: 12 Months	80%-100%	60%-80%	0%-50%
Blue Shield	\$53.80	N/A	\$50 per person per calendar year.	\$1,500 per person per calendar year	Cleaning: None Basic: 3 Months Major: 6 Months	100% In Network	60%-80%	0%-50%
Delta Dental Premier (Full Network)	\$53.80	N/A	\$50 per person per calendar year.	\$1,000 Per Person Per Calendar Year	Cleaning: None Basic: None Major: 12 Months	60%-100%	50%-80%	0%-50%
Delta Dental PPO Immediate Coverage (Limited Network)	\$56.44	N/A	\$50 per person per calendar year.	\$2,000 per person per calendar year	Cleaning: None Basic: None Major: None	80%-100%	50%-80%	50%
Nation Wide	\$59.42	N/A	\$50 per person per calendar year. \$150 Family per calendar year. *The deductible is waived in-network on preventative services	\$2,000 per person per calendar year	Cleaning: None Basic: 6 Months Major: 12 Months	100% / 70%	80% / 70%	60% / 50%

Dental insurance is designed to help people maintain their oral health and most commonly includes both preventive and restorative care. Dental coverage is important as it offers the client the ability to manage dental expenses, support their overall health and well-being, and it provides prevention and early detection of tooth decay and most importantly, oral cancers. (On a personal note, my husband is alive and well today as his dentist hygienist found early stage oral cancer and it was treated very quickly!)

Medicare does not include dental as a core benefit although it has been under discussion by CMS for sometime. This means that seniors covered under Medicare Supplement (MediGap) plans must seek out individual plans for coverage. There are carriers that offer dental plans specifically for their MediGap clients that are worth considering. Carriers offering Medicare Advantage HMO and PPO plans may include dental coverage as part of their plan benefits and/or they may offer separate dental plans at a premium. This past year a number of the carriers have started offering separate PPO plans in addition to the Dental HMO plans. There are some carriers offering debit cards with specific amounts for dental and/or other benefits. Many agents have found this dental funding approach (no provider network required) a very attractive selling feature this past AEP. And, you may even receive calls for help during OEP for opting into these plans!

Medicare clients can also consider stand-alone individual plans that are for all ages, not just those offered with or in their plans. Also, there is no limit to the number of dental plans an individual can have.

Dental plans are typically offered as Dental HMO or PPO plans. Dental HMO plans require the individual select an in network dentist. There are several advantages to these plans such as no maximum out of pocket for services, lower premium costs

and set copays for services. The disadvantages are the limited number of network of providers in some areas and the participating dentists. There are many good dentists under these plans but there are a number of those that try to upsell patients. I call these Mouth Miners looking for Gold!

The Dental PPO plans can be used in-network with participating dentists or those out of the plan network. The advantages of in-network includes set amounts for procedures and services and a greater choice of dentists to access for care. The disadvantage is if the dentist is out of network, the patient is subject to balance billing

**Medicare does not include dental as a core benefit although it has been under discussion by CMS for sometime. This means that seniors covered under Medicare Supplement (MediGap) plans must seek out individual plans for coverage.**

and there is no maximum out-of-pocket. Premiums tend to be higher. There are also deductibles, maximum annual benefit amounts, waiting periods for coverage for basic and major services, and the requirement of coverage for a specific period of time for graded in benefits (after one to three years) on some plans.

When you are presenting dental plans it is important that your client understands the coverages and how the dental plans work. Some plans do require a non-refundable enrollment fee.

For PPO plans, there typically is an annual deductible (covering a calendar year, Jan 1st through December 31st) and plans usually have a maximum of two deductibles per family. The typical annual maximum benefit amount is from \$500 to \$5,000. The coverages categories include diagnostic, preventive (e.g., regular cleanings), basic (fillings) and Major (e.g., crown/bridges). There may be separate limits and coverage requirements for endodontics (root canals), prosthodontics (complete dentures) and periodontics (root planning). Some plans offer orthodontic benefits and some do not. Implants continue to be a challenge as most plans will cover the crown but not the implant surgery and post. There are some plans

## IFP DHMO

Carrier	Cost:	Office Co-Pay:	Plan Deductible:	Plan Maximum:	Waiting Periods:	Basic Cleaning co-pay:	Endodontic services co-pay:	Oral surgery co-pay:
Blue Shield	\$25.90	N/A	N/A	No Maximum	None	\$0	\$155-\$290	\$15 per tooth-\$176 per arch
DeltaCare USA	\$8.92	\$5.00	N/A	No Maximum	None	\$5 (limited 2 per calendar year)	\$40-\$650	\$250-\$375
Anthem Blue Cross	\$16.06	\$10.00	N/A	No Maximum	None	\$0	\$45-\$235	\$90-\$235

that will waive the waiting periods for coverage if the client had prior dental coverage just before enrolling. (Submission of proof of coverage is required.)

The DHMO plans offer the same benefits as the PPO except many do not have an annual maximum benefit, do not require a waiting period for specific services, and require the in-network dentist to charge according to the plan's fee schedule (no balance billing). Always check the brochure for specific coverage limits and requirements. The applicant must select a Primary Dentist. Services must be in-network. (Advise clients to check with the plan to see how emergency services are handled.)

Many agents are very reluctant to offer dental coverage as they see it as too time consuming and they consider the commissions as lower. Yes, the premiums are lower and the commissions would be less than desired, but the payments can be better than the stand-alone prescription drug plans and many individual health plans on an annual basis. Some plans even offer special bonuses for dental signups with their MediGap plans. The two most important aspects to consider are how you are providing an important service for the health and well-being of your client and you are creating a greater "stickiness." This means the more plans and services you are able to offer your client, the more likely they are to stay with you. I also

find my clients don't change their dental plans that often.

Be honest with your client that it may be in their best interest to stay on an employer dental plan if they still have that option. Also, they may be seeing a dentist that does not participate in any networks so the cash discounts can often be attractive. They should also know if they cancel their current coverage, many of the dental carriers will not accept them back for coverage for a period of at least 12 months. When reviewing the options with your client, just like any other insurance coverage, it is a case-by-case consideration.

Many of the carriers offer you some great tools for selling their products. You can provide links to the client through email or on your website for your client to self-enroll. Most of the enrollments are offered on an electronic basis that makes it much easier for you and the client. Take some time to review the plan brochures. Make sure you understand the coverage requirements for specific services. You should also seek out dentists and develop a relationship with them. I have found this a great resource for new clients not just for dental but other health coverages.

So, take heart, dental coverage is a great way to help your client while providing you with an additional income stream!



**MAGGIE STEDT** C.S.A, LPRT, is an independent contractor/licensed agent and consultant. She is a certified senior advisor and lifetime member of NAHU's Leading Producers Roundtable at the Soaring Eagle Level. She has over 40 years of experience in essential areas of the insurance industry including sales and sales management, product development and product management. A dedicated leader, Maggie currently serves on the NAHU Medicare Advisory Committee. Founder of the annual Senior Medicare Summit, attendance grew from 200 in 2010 to close to 1,000 attendees in 2022. She served as past president of CAHIP; NAHU Region 8 Membership Chair 2014 – 2018 and past president of OCAHU, serving two terms.

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For some, retirement is near.  
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Beginning August 2023, our print piece, the **California Broker Magazine** professional journal, became a paid subscription. Priced at only \$24 a year, our loyal readers can continue to receive **California Broker Magazine** mailed to them in print each month. We also offer the option of receiving the magazine digitally for **FREE**.

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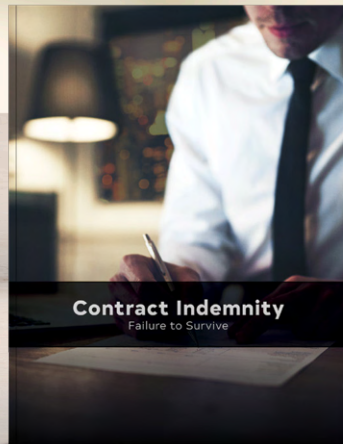
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# FAILURE TO SURVIVE



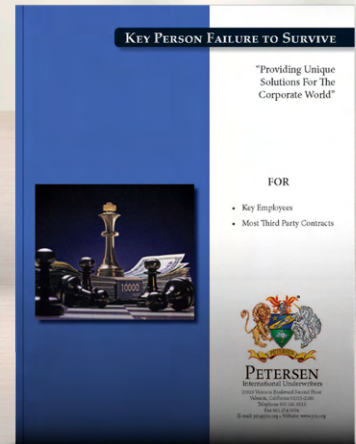
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