

CALIFORNIA BROKER

Serving California's Annuity, Life & Health Insurance Professionals

JULY 2026

★

MEDICARE *SPECIAL ISSUE*

★

BROKER SPOTLIGHT ★ PAGE 22



Dawn McFarland

★

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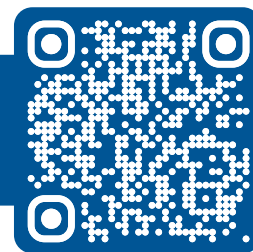
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PUBLISHER'S NOTE

By Phil Calhoun

Summer has always been a season of renewal. Longer days, warmer weather, and time spent with family and friends remind us to slow down, appreciate our blessings, and look ahead with purpose. While many associate summer with vacations and recreation, it also offers an opportunity to reflect on the values that guide us professionally and personally. For those of us who serve clients, summer is a meaningful reminder of our responsibility to be steadfast advocates and to prepare thoughtfully for the busy months that lie ahead.

While we seek to find a work life balance, summer is the time to celebrate the freedoms that define our nation.

At the heart of our work is advocacy. Every client has a unique story, a set of personal needs, and often challenges that require thoughtful guidance and unwavering support to find the insurance that addresses their needs. During moments of pause, summer provides a natural time to reflect on whether we are listening carefully, communicating effectively, and delivering the level of service our clients deserve.

Advocacy is more than solving problems—it is anticipating needs, building trust, and standing beside clients during important decisions. As we reflect on the first half of the year, we can celebrate the relationships we've strengthened and identify new ways to serve with integrity, compassion, and professionalism.

Summer also brings one of our nation's most cherished holidays—Independence Day. The Fourth of July reminds us of the courage, sacrifice, and vision of those who fought to establish a nation founded on liberty and opportunity.

It is a time to celebrate the freedoms we often take for granted and to honor the men and women who have defended those freedoms throughout our history.

Patriotism is not only expressed through fireworks, parades, and flags; it is demonstrated by contributing positively to our communities, treating others with respect, and conducting our work with honesty and accountability. Insurance professionals have the privilege of helping individuals, families, and businesses pursue their own versions of the American dream.

While summer invites reflection and celebration, it also signals the importance of preparation for many as they look to retain and renew clients during the final months of the year. The year-end renewals for group benefits and AEP for Medicare along with IFP open enrollment requires managing deadlines, planning initiatives, and increased workloads.

The goal is to finish the year strong. Summer is also the ideal time to review progress toward annual goals, streamline processes, and identify opportunities for improvement. Planning reduces stress, improves efficiency, and allows us to provide exceptional service.

Our team at Cal Broker also looks to take advantage of this season to recharge while remaining focused on our mission, to provide resources and education to our subscribers so they can be the best client advocates possible.

Please do enjoy your time with family and friends, celebrate the freedoms that unite us as Americans, recommit to advocating for those we serve, and prepare for the opportunities and challenges ahead.

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SERVING CALIFORNIA'S ANNUITY, LIFE AND HEALTH INSURANCE PROFESSIONALS

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

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CRC BENEFITS

CMS 2027 Final Rule: What Brokers Need to Know Ahead of AEP

The CMS 2027 Medicare Advantage and Part D Final Rule signals a notable shift in regulatory direction: fewer operational barriers for brokers paired with continued emphasis on consumer protection, transparency and documentation. While the rule does not fundamentally alter the compliance framework governing Medicare sales, it does modernize several longstanding requirements that many agencies viewed as unnecessarily restrictive. For brokers preparing for AEP 2027, the focus should be on adapting workflows efficiently while maintaining disciplined compliance practices.

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Medicare Supplements: Changing Landscapes

The Medicare Supplement sales landscape is undergoing changes with a number of carriers here in California. With substantial rate increases, changes in guarantee issue guidelines and withdrawals of some carriers from the marketplace, today's agent must do their due diligence when presenting and submitting Medigap plans.

By Maggie Stedt and David Ethington

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MEDICARE

What 64-Year-Old Employees Should Know About Medicare and Working Full-Time

If you have clients who are nearing retirement age, they probably have many questions about Medicare. Are they supposed to switch to Medicare exactly at age 65? If they keep working, should they stay on the group plan their employer offers? As a licensed health insurance professional, you are in a key position to give your clients an objective Medicare comparison to group medical insurance.

By California Broker Magazine

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BROKER SPOTLIGHT

Dawn McFarland on How Brokers Can Protect Their Role

Dawn McFarland, founder and president of M&M Benefit Solutions Insurance Services, brings a rare mix of regulatory discipline, field experience and association leadership to the California benefits market. Her career path has taken her from banking to insurance, from voluntary benefits to Medicare and from local chapter involvement to state leadership.

By Phil Calhoun in conversation with Dawn McFarland

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PROFESSIONAL DEVELOPMENT

Field Notes from the Threshold

Distribution is the part of our business that nobody applauds and everybody leans on. When it works, it disappears into the background. When it begins to fail, everything built on top of it starts to wobble. I am writing this first column from what I have come to picture as a threshold, a doorway between the insurance distribution we have known and the one arriving to replace it.

By Joshua Schneeloch

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Medicare Telehealth Compliance Updates for 2026

Telemedicine didn't disappear when the public health emergency ended—it matured. And now, with the passage of the Consolidated Appropriations Act of 2026, Congress has extended key Medicare telehealth flexibilities through Dec. 31, 2027.

By California Broker Magazine

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HEALTH & WELLNESS

Can Joy Improve Health Outcomes?

The conversation around lifespan and healthspan is loud these days. Longevity experts promote blue zones, supplements, fasting protocols, HIIT training and all the latest breakthroughs in aging and biohacking research. Meanwhile, Americans spend billions of dollars annually pursuing longer, healthier lives. Yet one of the strongest predictors of healthy aging receives surprisingly little attention and costs almost nothing to pursue.

By Megan Wroe

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The Expanding Role of the Benefits Broker

As we move deeper into 2026, one trend is becoming harder to ignore: employers are asking brokers for more than traditional benefits advice. That's not necessarily new. Good brokers have always been a resource for their clients beyond just plan design and renewal meetings. What does seem different is how quickly the scope of those conversations is expanding.

By Steve Evans

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BOOK REVIEW

Book Review: "Leaving in Style" by Janise Graham

Janise Graham wrote "Leaving in Style" for business professionals and business owners alike. Since the thought of business succession can be overwhelming, Graham wanted to create a story that illustrated an easy-to-follow process. As a professional, this book can be shared with prospects and like so they better understand the succession process and how you can help them.

By California Broker Magazine

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COMMISSION PLANNING

Planning Ahead to Avoid Retirement Shortfalls

Daniel J. Wexler is a California attorney with decades of experience in estate planning, business succession planning and tax mitigation. In this conversation, he explains how insurance professionals can add value by helping clients think earlier, plan deeper and build the right team around retirement and business transition decisions.

By Daniel J. Wexler in conversation with Phil Calhoun

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ENGAGE PEO

Workplace Gossip and Bullying: Hidden Risks for Clients

A healthy workplace culture is built on trust, respect and professionalism. When gossip and bullying become part of the work environment, that foundation begins to break down. For insurance brokers, understanding the impact of workplace gossip and bullying can help support conversations with your clients around workforce well-being, risk management and organizational performance. By helping your clients recognize warning signs early on, they can prevent damaged morale, increased turnover, disrupted operations, legal risk, and more.

By The Engage HR Consultant Team

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INDEPENDENCE DAY

Independence Day in the United States

Independence Day is nostalgic, patriotic and a day that many look forward to when it comes to summertime fun. However, this holiday weekend is also linked to some safety hazards, such as injuries related to car crashes, mishandling fireworks and noise-related stress for pets. Knowing about these potential safety issues can ensure that your clients have a fun and safe holiday weekend.

By California Broker Magazine

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CALIFORNIA POSITIVE

Celebrate Summer at the County Fair

The very first Orange County Fair was held in 1890 and, after over a century providing family fun, it has transformed into a month-long affair with thrilling rides and carnival games, iconic food and drink offerings, two concert venues, an action sports arena, a three-acre working farm, handmade crafts, museum and more. This year's OC Fair is open July 17 through August 16—grab your tickets now and make your summer one for the books!

By California Broker Magazine

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The latest Social Security COLA estimates for 2027 are in – next year’s raise is tracking to be the 4th largest in 36 years

By Sean Williams

Key Points

Arguably, no announcement is more anticipated by retired-worker beneficiaries than Social Security’s annual cost-of-living adjustment (COLA) reveal.

In 2026, Trump’s tariff and trade policy lifted Social Security payouts. Next year, the Iran war may have an even more pronounced impact on payouts.

However, one outsize COLA isn’t going to offset more than a decade of purchasing power declines for seniors.

The \$23,760 Social Security bonus most retirees completely overlook >

Last year was a history-maker in several respects for America’s leading retirement program, Social Security. We witnessed the average monthly retired-worker benefit surpass \$2,000 for the first time, celebrated the 90th anniversary of the Social Security Act being signed into law, and saw Social Security’s cost-of-living adjustment (COLA) meet or exceed 2.5% for a fifth consecutive year (that last happened three decades ago).

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NAIFA Members Provide Financial Security

Protecting What Matters Most: Thomas Petersen’s Journey and Legacy in Disability Insurance

By Michele Borsuk

Thomas Petersen did not set out to build a career in insurance. In fact, for much of his early life, he ran in the opposite direction.

Growing up in a family deeply rooted in the business, insurance was a constant presence at the dinner table. His father, who entered the disability insurance field in the late 1940s after witnessing firsthand how the lack of coverage cost his own family their farm, viewed the profession as a calling. To him, disability insurance was not a product. It was a way to protect livelihoods and preserve dignity in moments that could otherwise be devastating.

Tom, however, had other plans. He pursued marine biology, built a successful scuba and dive business, and spent his days doing what he loved most, in, on, or under the water. It was more than a career. It was an identity. Then, in his mid twenties, everything changed in an instant. :

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Is Pet Insurance Worth It? What Most Owners Get Wrong

By California Broker Magazine

News item from Modesto Bee and Money Magazine

What it actually covers — and how rising vet costs are changing the decision

These days, it can feel like everywhere you turn there’s another subscription, another monthly bill — another “must-have” expense someone is trying to sell you.

Pet insurance often lands in that category, especially if your pet is healthy and you’re used to paying for care out of pocket.

And for a long time, that approach worked for many owners. But the math has been changing. Veterinary costs have risen roughly 43% since 2021, and when something serious happens — a surgery, emergency visit, or chronic illness — the bill can quickly reach into the thousands.

That’s why more pet owners are taking a second look — not because routine care has changed, but because the cost of unexpected events has. Pet insurance can help in those situations. But it doesn’t work the way many people expect — and understanding that is key to deciding whether it makes sense for you.

Pet care is getting more expensive

For many households, pet care is already a meaningful part of the monthly budget. Survey data from more than 1,500 U.S. dog and cat owners shows:

About 29% spend at least \$100 per month on veterinary care

Another share reports similar spending on medications and supplements

(Rising Cost of Pet Care Over Time Index: 2021 = 100 (approx. 43% increase through 2026) Source: APPA / Money.com survey

At the same time, insurance is changing how some owners manage those costs. Among those with coverage:

3 in 4 say it has significantly reduced their out-of-pocket expenses

87% say it provides peace of mind

84% would recommend it to other pet owners

As costs continue to rise, that combination — predictability and protection — is leading more people to consider insurance as part of their overall financial plan.

Where many pet owners get it wrong

The biggest misunderstandings around pet insurance come down to how people think about cost — not the coverage itself.

Assuming you can just pay out of pocket

Many owners expect vet bills to stay manageable. But costs have been rising steadily, and emergency care or advanced treatment can quickly reach into the thousands — often with little warning.

Thinking unused coverage is wasted money

Insurance isn’t designed to “pay for itself” every year. Its value shows up when something serious happens — not during routine care.

Planning to save instead

Setting aside money can work — but it takes time and discipline. And if a major issue comes up early, those savings may not be enough.

Waiting until something happens

By the time a condition appears, it’s often considered pre-existing — and no longer eligible for coverage.

These are common assumptions — and they make sense on the surface. But they can lead to tough decisions when a pet needs care quickly.

Coverage is evolving

Pet insurance used to focus narrowly on accidents and illness. Today, many newer plans bundle in wellness benefits that owners traditionally paid for out of pocket.

Commonwealth Fund: 21% of adults experienced a coverage denial in the past year

By Paige Minemyer

One in five adults with private insurance coverage said that they or a family member had a medical service denied in the past year, even though it was recommended by their physician.

The Commonwealth Fund released its 2025 Affordability Survey and the results of focus groups on the subject, which found that 8% of coverage denials were due to denied claims, while 13% were due to prior authorization denials. One percent of the denied services fell into both categories, per the report.

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With ACA subsidies gone, employees need guidance

By Lee Hafner

Following the expiration of enhanced Affordable Care Act subsidies that made its plan premiums more affordable, many employee participants switched to its lower-premium, higher-deductible bronze option — and traded one financial challenge for another.

When ACA subsidies ended at the beginning of this year, Americans who kept their plan from 2025 were expected to see an average 114% increase, or more than \$1,000, in their annual premiums, according to KFF analysis of U.S. healthcare data.

[READ FULL ARTICLE »](#)

Trump administration warns over 500 hospitals to provide more price information or face fines

By Josh Boak

The Trump administration has warned more than 500 hospitals that they are failing to provide the public with basic pricing information — arguing that the lack of disclosure is keeping healthcare costs higher than they should be.

The Associated Press obtained exclusively the list of hospitals that since April have either received letters of warning or, in more severe cases, requests to submit plans to provide transparent pricing. Failing to comply with the warnings comes with penalties as high as \$2 million annually for each recipient that doesn't create a plan to post clear pricing data.

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Changes to Telehealth Services for Medicare

By California Broker Magazine

Medicare telehealth flexibilities have been extended through Dec. 31, 2027, allowing home-based care, audio-only services and expanded provider eligibility, while compliance requirements for secure platforms and accurate billing remain critical.

Key extensions and flexibilities

In 2026, the Consolidated Appropriations Act of 2026 extended many Medicare telehealth flexibilities through Dec. 31, 2027, preventing a rollback to pre-pandemic restrictions.

These include:

- Home-based telehealth: Patients can receive telehealth services in their homes without geographic restrictions.
- Behavioral and mental health services: The previous requirement for an in-person visit within six months of an initial telehealth session, and annually thereafter, is waived through 2027.
- Audio-only services: Medicare allows telehealth visits using audio-only platforms for both behavioral and non-behavioral care.
- Expanded provider eligibility: Occupational therapists, physical therapists, speech-language pathologists, audiologists and other eligible clinicians can provide telehealth services.
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs): These can serve as distant-site telehealth providers for Medicare patients.

Compliance and delivery requirements

While flexibilities are extended, compliance is increasingly important:

- Telehealth visits must use HIPAA-compliant, secure platforms; consumer apps like FaceTime or non-healthcare Zoom licenses are not acceptable.
- Accurate Place of Service (POS) coding is required, with home-based telehealth reimbursed at the non-facility rate.
- Documentation and billing practices must meet CMS standards to avoid audits or denials.
- Considerations for rural and mental health access

Some changes, particularly in Australia, highlight that requiring in-person GP visits before telehealth mental health care can limit access for rural patients. In the U.S., the 2026 extensions aim to reduce geographic and in-person barriers, improving access for patients in remote areas.

Looking ahead

These 2026 extensions are temporary, and unless Congress acts again, many flexibilities may change starting Jan. 1, 2028. Practices and patients should plan for potential regulatory shifts while taking advantage of current telehealth provisions.

In summary, Medicare telehealth in 2026 offers expanded access, home-based care, audio-only options and broader provider eligibility, but providers must ensure secure platforms, accurate billing and proper documentation to remain compliant.

US health spending set to reach \$9T by 2034: CMS report

By Paige Minemyer

U.S. healthcare spending is set to climb to \$9 trillion by 2034, representing 20.6% of the economy, according to new federal data.

The Centers for Medicare & Medicaid Services Office of the Actuary released on Wednesday its annual projections around national health spending. The actuaries said that total health spending in 2024 was \$5.3 trillion, or about 18% of the U.S. economy.

Factors driving spending growth include elevated utilization for medical services and goods, which the analysts expect to continue through 2026 before beginning to taper off. In addition, major legislative changes—including the broad overhaul of Medicaid—will play a key role through 2028.

Beyond that point, the actuaries expect a continued shift toward enrollment in public coverage programs, namely Medicare, to contribute to increased spending over the next decade.

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New laws going into effect in July 2026 across California

California will ring in the new month with a wave of wage hikes

By Helen Jeong

Starting on July 1, new laws will go into effect, impacting Californians in various ways, including higher minimum wages and how food and beverage goods are labeled for consumers.

Minimum wage

Local jurisdictions, such as Los Angeles County, will update their minimum wage ordinance, with their hourly pay rates exceeding that of the state's requirement. Currently, Californian's minimum wage is \$16.90 per hour for most economic sectors.

Hotel and hospitality workers as well as those in the health care industry in some cities will see their hourly pay rates go up, starting on July 1.

Here's are the new minimum hourly rates for general workers:

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MEDICARE

OIG: Feds may have overpaid MA plans by millions due to unsupported stroke diagnoses

By Paige Minemyer

A new federal report suggests that Medicare Advantage plans may have earned millions in overpayments tied to unsupported stroke diagnoses.

The Department of Health and Human Services Office of Inspector General examined (PDF) 240,401 Medicare Advantage enrollees who were at high risk for an inaccurate diagnoses code for acute stroke, pulling out a sample of 97 members. The analysts found that across all 97 of those individuals, high-risk acute stroke diagnoses were not supported by the patients' medical records.

[READ FULL ARTICLE »](#)

Essence Healthcare, Oura expand partnership to sleep apnea detection

By Paige Minemyer

Medicare Advantage insurer Essence Healthcare is continuing to build out its partnership with Oura and has unveiled a new clinical program that aims to identify potential sleep apnea risk.

Essence is rolling out a new clinical workflow that will arm physicians with insights into patients' nighttime breathing habits to identify those who may be at risk for obstructive sleep apnea. The insurer offers the ring as a covered benefit through some of its plans and has been working with Oura's team to identify more clinical applications for its data.

[READ FULL ARTICLE »](#)

Medicare Advantage plans for 2027 will continue to provide Part A and Part B coverage with enhanced benefits, updated Star Ratings, and streamlined enrollment processes.

By Russell Noga

Overview of Medicare Advantage Plans

Medicare Advantage (MA) plans, offered by private insurers approved by Medicare, provide all Part A (hospital) and Part B (medical) benefits while often including additional services such as dental, vision, hearing, and wellness programs. These plans allow seniors to manage their healthcare under a single policy, often with lower out-of-pocket costs compared to Original Medicare combined with separate supplemental coverage. Plans may include home-based care, virtual visits, nurse support lines, and chronic condition monitoring, enhancing convenience and access to care.

Key Updates for 2027

- CMS has proposed several changes for the 2027 contract year to improve quality, reduce administrative burden, and enhance patient outcomes:
- **Star Ratings Adjustments:** CMS plans to remove 12 measures focused on administrative processes and add a new Depression Screening and Follow-Up measure to address behavioral health gaps. This refocuses the program on clinical care, outcomes, and patient experience.
- **Enrollment Improvements:** A new special enrollment period (SEP) for provider terminations and codification of long-standing SEP policies aim to simplify the enrollment experience.
- **Part D Redesign:** Changes from the Inflation Reduction Act of 2022 will be codified, including updates to deductibles, coverage gaps, annual out-of-pocket thresholds, and alternative prescription drug coverage options. For example, the annual out-of-pocket threshold is projected to adjust for inflation, reaching \$2,100 in 2026 and likely higher in 2027.
- **Quality and Well-Being Focus:** CMS is emphasizing preventive care, nutrition, and overall well-being, encouraging plans to implement programs that support healthy lifestyles and chronic condition management.

Benefits and Coverage

- **Preventive Services:** Many screenings and annual checkups will remain low or no cost, supporting early detection and long-term health.
- **Prescription Drugs:** MA plans continue to include tiered formularies, preferred pharmacy savings, and medication therapy management, with potential updates to improve access to generics and commonly used medications.
- **Supplemental Benefits:** Plans may offer additional services beyond Original Medicare, such as dental, vision, hearing, and wellness programs, which can vary by insurer and plan type.

Choosing a Plan

When you provide choices for clients to select a 2027 Medicare Advantage plan, consider:

Provider Networks: Ensure their preferred doctors and hospitals are included.

Cost-Sharing: Compare premiums, deductibles, and copayments.

Additional Benefits: Evaluate supplemental services like dental, vision, and wellness programs.

Star Ratings: Use CMS Star Ratings to assess plan quality and performance, especially with the new focus on clinical outcomes and patient experience.

Medicare Advantage plans for 2027 aim to balance comprehensive coverage, affordability, and quality care, while incorporating regulatory updates to improve patient outcomes and simplify plan management. Health insurance professionals need to be local independent advocates and educators for clients and those turning 65.

MEDICARE

CMS: No plans to eliminate Medicare brokers

By Susan Rupe

The Centers for Medicare and Medicaid Services does not plan to eliminate Medicare brokers or limit their ability to assist people in obtaining coverage.

A letter from Alexander Aramanda, principal deputy director at CMS, said that the agency does not use artificial intelligence bots to automatically enroll beneficiaries into Medicare Advantage or Part D prescription drug plans and has no plans to do in the future.

[READ FULL ARTICLE »](#)

CMS creates office dedicated to health technology

The Office of Health Technology and Products is the latest technology development from the CMS as it doubles down on digital tools.

By Emily Olsen

The new office was established as part of broader move by the CMS to centralize and streamline the agency's technology functions and support the Health Tech Ecosystem, which aims to boost data sharing and digital health adoption, the CMS spokesperson said. The office was officially established Tuesday, and the organizational changes will take place at the end of June.

The office will include eight groups operating underneath the main office, including segments dedicated to overseeing public-facing online services and coordinating interoperability standards and policy.

[READ FULL ARTICLE »](#)

With Medicare's GLP-1 'bridge' coming soon, Walmart expands weight management supports for consumers

By Paige Minemyer

With Medicare's GLP-1 Bridge program going into effect next week, Walmart is rolling out new supports aimed at helping beneficiaries understand their weight management options.

Through its new initiative, Walmart and Sam's Club pharmacies will offer educational materials on weight management, including details on prescription coverage pathways and resources that may be available to them. This includes one-on-one consultations with pharmacists who can discuss next steps.

Walmart customers can secure assistance in navigating government options as well as other resources, the company said in an announcement, which will become especially crucial as the Bridge model comes online.

[READ FULL ARTICLE »](#)

CMS Proposed Rule Locks in Lower Prices and Fosters Innovation for the Medicare Drug Price Negotiation Program

By the U.S. Centers for Medicare & Medicaid Services

A new proposal from the Centers for Medicare & Medicaid Services (CMS) would establish a permanent framework for the Medicare Drug Price Negotiation Program ("Negotiation Program"), creating a more transparent and sustainable process for lowering drug costs for millions of Medicare beneficiaries. The proposed rule would also create greater long-term certainty for drug manufacturers that participate in negotiations. It includes policies for negotiating and renegotiating high-cost, single-source drugs beginning with initial price applicability year 2029, while continuing to support innovation and strengthen the program.

"This proposed rule lowers drug prices for seniors and ensures continued savings," said CMS Administrator Dr. Mehmet Oz. "We are moving from annual updates to a permanent, predictable framework. This approach puts patients first, strengthens Medicare, and protects the innovation pipeline that delivers future cures."

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2026 JULY EVENTS

July 08 @ 8am - 9:30am EPI: OUTCOME-FOCUSED PLANNING - Solana Beach, CA

July 09 @ 2:30pm - 4:30pm EPI: OUTCOME-FOCUSED PLANNING - Costa Mesa, CA

July 15 @ 11am - 1pm EPI: THE PERFECT STORM: LEGAL, TAX & INSURANCE COORDINATION IN COMPLEX EXITS - Westlake Village, CA

July 16 @ 10am-2pm CAHIP LA: Topgolf Drive Your Summer Production - El Segundo, CA

July 23 @ 11:30am - 1:30pm EPI: MAXIMIZE BUSINESS OWNER OUTCOMES - Norco, CA

July 26 @ 10am-12pm CAHIP: Golden Gate - Trail Talks April 2026 - Berkeley, CA

July 31 @ 3pm - 4pm Naifa: Orange County Coffee Study Group - Newport Beach, CA

VIRTUAL EVENTS

July 06 @ 2:30pm - 3:30pm EPI: OUTCOME-FOCUSED PLANNING - Webinar

July 09 @ 3pm - 5pm EPI: FROM BUSINESS EXIT TO PERSONAL WEALTH: A FINANCIAL PLANNING PERSPECTIVE - Webinar

July 23 @ 11:30am - 1pm NAIFA: AB 1798 Genetic Testing & Insurance - Webinar

July 23 @ 12-1pm NABIP: New Member Orientation - Webinar

July 28 @ 2pm - 3pm NAIFA: Cybersecurity Guidance For The Insurance Professional - Webinar

SAVE THE DATE

Aug 16 @ 8am - 5pm NABIP: Region 8 Innovation & Leadership Lab - San Francisco, CA

Aug 26 @ 8am-4pm CAHIP Norcal: 2026 Business Expo - Citrus Heights, CA

Aug 26 @ 12:30pm - 6pm CAHIP San Diego: Day at the Races - Del Mar, CA

Aug 27 @ 8am-6pm CAHIP LA: - Back to the Future 2026 Medicare Summit - Burbank, CA

Aug 28 @ 8:30am - 6pm CAHIP: Golden Gate 2026 Medicare Mastery Conference - Fairfield, CA

Aug 30-Sept 1 @ 8am - 5pm NAIFA: Transform Your Financial Career at e3 collaborate - Newport Beach, CA

Sept 1-3 @ 8am - 5pm CAHIP Inland Empire: Annual Senior Summit -Riverside, CA

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Helping our brokers stay ahead of the curve with the latest news, events, trainings, and insights.

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CMS 2027 Final Rule: What Brokers Need to Know Ahead of AEP

By Roni Jernigan

A shift toward practical compliance

The CMS 2027 Medicare Advantage and Part D Final Rule signals a notable shift in regulatory direction: fewer operational barriers for brokers paired with continued emphasis on consumer protection, transparency and documentation.

While the rule does not fundamentally alter the compliance framework governing Medicare sales, it does modernize several longstanding requirements that many agencies viewed as unnecessarily restrictive. For brokers preparing for AEP 2027, the focus should be on adapting workflows efficiently while maintaining disciplined compliance practices.

Faster engagement — with documentation still front and center

Among the most impactful changes is the elimination of the 48-hour waiting period following completion of a Scope of Appointment (SOA). Beginning with the 2027 plan year, brokers may collect the SOA and discuss plan options during the same interaction. CMS framed the change to reduce enrollment friction while allowing beneficiaries to receive information when they are actively engaged in the decision-making process.

At the same time, CMS expanded where SOAs are required. The requirement now extends more explicitly across inbound and outbound calls, online interactions, walk-ins, healthcare setting visits and small-group discussions. The message from CMS is clear: faster engagement is acceptable, but documentation standards remain high.

New flexibility around events and conversations

Another operational change involves educational and marketing events. CMS removed the prior 12-hour separation requirement, allowing educational sessions to transition into marketing events on the same day and at the same location, provided beneficiaries are clearly informed when the marketing portion begins and are given the opportunity to leave.

The rule also adjusts TPMO disclaimer requirements. Brokers are no longer required to reference State Health Insurance Assistance Programs (SHIPs) in the TPMO disclaimer, and the prior “within 60 seconds” timing rule has been eliminated. The disclaimer must still be delivered before discussing benefits but agencies now have greater flexibility to establish rapport before transitioning to the required compliance language.

Part D: changes simplify beneficiary conversations

On the Part D side, CMS formally codified the Inflation Reduction Act redesign changes, including the annual prescription drug out-of-pocket cap and revised catastrophic coverage structure.

For brokers, this simplifies conversations around drug costs and reduces reliance on explaining the legacy “donut hole” framework that often confused beneficiaries. The result is a more predictable and consumer-friendly explanation of prescription coverage.

Reduced administrative burden — not reduced oversight

The Final Rule also eases certain administrative burdens. Marketing and sales call recordings will now require six years of retention rather than 10, although enrollment documentation must still be maintained for 10 years.

CMS additionally relaxed restrictions around superlative marketing language, allowing terms such as “best” or “top-rated” when appropriately substantiated. However, compliance expectations around truthful advertising and documentation remain firmly in place.

Some core compliance requirements, however, are not changing. Brokers still need an SOA before discussing specific plans, misleading marketing is still prohibited, TCPA rules still apply, and beneficiaries can pause or end the conversation at any time.

What brokers should prioritize before AEP 2027

The overall direction from CMS is toward a more practical compliance model — one that gives brokers more flexibility in how they engage beneficiaries while still emphasizing transparency and consumer trust.

Brokers and agencies preparing for AEP 2027 should focus on the following:

Key rule changes — and required broker actions

- **Elimination of 48-hour SOA wait**
Update appointment workflows and broker training to allow same-day plan discussions.
- **Expanded SOA applicability**
Ensure documentation procedures cover calls, online interactions, walk-ins, and small-group discussions.
- **Educational/marketing event flexibility**
Revise event protocols to clearly distinguish educational versus marketing segments.
- **Updated TPMO disclaimer timing**
Adjust scripts and call flows to reflect the new timing requirements.
- **Part D redesign implementation**
Prepare to explain annual drug cost caps and simplified catastrophic coverage.
- **Reduced call-record retention requirements**
Review retention policies while maintaining required enrollment documentation standards.
- **Marketing language flexibility**
Verify substantiation procedures for any superlative or performance-based advertising claims.

The firms best positioned for AEP 2027 will be those that adapt quickly, stay disciplined on compliance, and continue earning beneficiary trust through clear, transparent communication.

Among the most *impactful changes* is the *elimination* of the *48-hour waiting period* following completion of a *Scope of Appointment (SOA)*.



About CRC Benefits

CRC Benefits is a wholesale benefits distributor focused on helping brokers deliver more value to their clients through specialized expertise, innovative solutions, and strong carrier and partner relationships.

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CRC Insurance Group, LLC, through its licensed operating entities, is a leading independent wholesale specialty insurance distributor, delivering the broadest range of insurance solutions available in the marketplace today. With over 6,000 teammates in offices across the United States, Canada, and the UK, CRC Group places more than \$32B in annual premium across property and casualty, and employee benefits. Learn more at www.crcgroup.com.



Roni Jernigan is the Senior Director of CRC Benefits' Individual + Senior Division, based in Fort Worth, Texas. With over 35 years in the insurance industry, he leads the daily sales and service operations for products that help individuals and seniors get the coverage they need. This includes individual and family health plans, Medicare Advantage, Medicare Supplement (Medigap), and ancillary products like dental, vision, and life insurance. Roni is known for his strong work ethic, attention to detail, and commitment to treating others with respect. He holds a business degree from Texas Christian University. Outside of work, Roni enjoys woodworking, welding, and spending time with his wife, three daughters, five grandchildren, and their many pets.



Medicare Supplements: Changing Landscapes

By Maggie Stedt and David Ethington

The Medicare Supplement sales landscape is undergoing changes with a number of carriers here in California. With substantial rate increases, changes in guarantee issue guidelines and withdrawals of some carriers from the marketplace, today's agent must do their due diligence when presenting and submitting Medigap plans.

A few carriers such as Aetna and Anthem Blue Cross require underwriting for individuals who are voluntarily leaving their group plans if they are not new to Medicare Part B coverage. It is important that the application be truthful for this situation as checking the box as involuntary when voluntary can be considered misleading and a misrepresentation and could place the coverage at risk if discovered down the road.

(How's your E and O Coverage?)

Carriers are becoming more diligent in reviewing the applications for eligibility under a Guaranteed Issue situation. For example, UHC AARP is now requiring the submission of a copy of the recent billing in addition to a copy of the current Medicare Supplement ID card for the Birthday Rule GI. Agents should always submit a copy of the current ID card with application and the Replacement form.

While the basic coverage is the same under all the Medicare Supplement plans there are variations in underwriting rules, the actual rates, when rates change, additional benefits such as vision and hearing, gym membership and when you may submit applications under the birthday rule. In addition, a number of carriers are offering New to Medicare discounts for specific plans (usually Plan G) and some offer household discounts (that vary from carrier to carrier). Most offer discounts for automatic payment options (usually checking account or savings accounts).

Commission payments have also changed for many plans. Many plans are greatly reducing the payable commissions for applications submitted under the Birthday Rule GI. A couple of the plans are only paying a one-time commission at a low rate. While we as agents place our clients with the plans that best fit their needs, we need to be aware of the impact on our business and ability to continue to service our clients

When proposing a Medicare Supplement plan, make sure to determine the eligibility of the individual. Review the Guarantee Issue Guidelines specific to each company that you are presenting. Never assume. If there are no published GI Guidelines, then the plan follows the CA Medicare Supplement plan regulations.

Once you have reviewed the coverages and additional benefits offered by each plan with your client, you should review when rates can change i.e., at their attained age and when the base rate changes are typically scheduled. This is a financial decision by the client to determine what fits their budget along with the actual coverage.

Many clients today are grappling with the rather substantial increases in their Medicare Supplement premiums. I believe it is a good time for our aging clients to consider moving from a Plan F to a Plan G. There can be a substantial savings in monthly premiums. The only difference being that Plan G does not cover the annual Part B deductible. When comparing the F to the G plans with clients, I always show the Part B deductible cost on a monthly basis, so it is a true apple to apples comparison. In 2026, you divide \$283 by 12, which gives you an amount of \$23.58. Add \$23.58 to the Plan G premium to give you the apples to apples comparison when reviewing the Plan G premium vs the Plan F premium. Of course, you will mention that the Part B premium is typically increased every year. Medicare (CMS) typically releases the new amounts in early November..

An example of a savings for a 75-year-old client of mine was a move from a Plan F at \$442 a month premium currently to a Plan G with a premium of \$301.44. That resulted in a savings of \$1404 a year including the cost of the Part B deductible (not counting household discounts). In today's inflationary times, this savings amount is welcomed by many.

A number of clients are considering Plan N and the higher deductible plans of F and G. The advantage of the N is lower premiums. However, with the \$20 office copay and the \$50 emergency room copays, greater usage could actually mitigate the plan premium savings. In addition, Plan N does not cover the excess charges that providers could charge under Part B. Agents need to be mindful of where the client lives and travels as they could be exposed to excess charges. The most I have seen in my years of experience was in Dallas, Texas, where the excess reached \$10,000. While most providers don't apply it, I am finding there are a number of anesthesiologists have figured out that they can, and they do. I also see it more commonly charged in Northern California.

The Higher Plan Deductible Plan F and G plans are becoming more popular with their lower premiums and the inclusion of a maximum out of pocket. This year, the maximum is \$2,950. The covered individual is subject to the Part A deductibles and copays. In addition, once the Medicare Part B deductible is met, then Medicare will generally pay up to 80% for Part B expenses leaving the covered individual to pay the 20% up to the maximum out of pocket amount. The added feature with the High Deductible F and G plans is that they cover the excess charges once the maximum out of pocket is met.

Note: Medicare say "generally" as Medicare will cover a limited number of lab tests at 78% instead of the 80%, so the covered person is liable for the additional 2% as the Medicare Supplement plans will not cover the 2%.

Who typically is attracted to the High Deductible Plans? I find that many new Medicare Beneficiaries who are coming off of high-deductible individual and group plans are attracted to these plans. Many have Health Savings accounts that have the funds to cover the maximum out of pocket. And, looking at individuals, I find my engineers, accountants and car salesperson are attracted to these plans. In this past AEP, a number of my PPO MAPD clients found the high-deductible plans were a great option as they continue to have access to their various providers and have the safety of the maximum out of pocket.

When presenting these High Deductible Plans, make sure that the client understands that later down the road to go to a Plan G or N or another higher-level plan, they will be subject to underwriting.

We are fortunate as agents selling Medicare Supplements in CA that we still have many companies that have a great rating with Standard and Poor's, offer sellable rates, provide outstanding claims service and service to us as brokers and have a strong Birthday Rule GI plus some GI's that other states don't offer.

A great resource for understanding coverages and underwriting requirements is your local plan's Account Executive who can offer help and support. Most of the Broker Customer service folks are also great to work with. Conduct your due diligence when presenting the Medigap plans. The rates may be good but pay attention to the GI rules, the underwriting rules and eligibility requirements. A solid sale will result in a long relationship with your clients! **Good Selling!**

Carriers are becoming more diligent in reviewing the applications for eligibility under a Guaranteed Issue situation.



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. 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.



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

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What 64-Year-Old Employees Should Know About Medicare and Working Full-Time

By California Broker Magazine

If you have clients who are nearing retirement age, they probably have many questions about Medicare. Are they supposed to switch to Medicare exactly at age 65? If they keep working, should they stay on the group plan their employer offers?

As a licensed health insurance professional, you are in a key position to give your clients an objective Medicare comparison to group medical insurance. Learn more about your clients' potential questions and prepare to address their specific concerns about Medicare and employment.

Important terms for your clients to know

Your 64-year-old clients may be struggling with the difference between Parts A, B and C, understanding prescription drug coverage through Medicare, and knowing how Medicare Advantage fits into everything else. Here are terms you'll want to familiarize them with before they make decisions:

- Medicare Parts A and B: This is the "original Medicare" from the 1965 law. Part A is hospital insurance, hospice and nursing home coverage, while Part B covers appointments, tests and other services you may expect from medical insurance.
- Part C (Medicare Advantage): These specific private insurance plans act as an alternative to Parts A and B.
- Part D: This part of the Medicare law covers prescriptions.

Typically, 65-year-olds who receive Social Security Benefits are automatically enrolled in Part A.

If they choose to keep working, they can choose between Medicare and a Medicare Advantage plan, which comes with its own network of doctors and different monthly premiums. Alternatively, they might opt to stay on their employer's health insurance plan.

The advantages of Medicare over group health insurance

Medicare can be significantly less expensive than group health insurance while providing more comprehensive coverage. Most doctors accept Medicare, which gives patients more choices when it comes to treating both simple and complex health conditions.

In addition, individuals can usually self-refer to doctors and other specialists with a Medicare plan. Employer HMO plans may require specialist referrals from a primary care provider, which can add unnecessary time and frustration to a medical appointment.

Here are a few specific details to remember when comparing Medicare to group medical insurance.

Typical cost when using group medical insurance

According to the Bureau of Labor Statistics, in 2024, employer-sponsored health insurance cost individuals around \$121.80 per month and small business employers around \$352.33 per month. Family coverage may total around \$528.84 per month, while the employer contributes \$1232.59.

Medicare can be significantly **less expensive** than **group** health **insurance** while **providing** more comprehensive **coverage**.

There's a wide range of deductibles, as well as monthly premiums, with employer plans. It's important to consider the coinsurance or copay cost when your client is evaluating whether to keep employer-based insurance or switch to Medicare.

Typical costs when using Medicare and an MAPD

The original Medicare (Parts A and B) costs around \$202.90 per month. This number usually reflects only the cost of Part B. Part A is \$0 if the individual has paid Medicare taxes for at least 10 years. If they haven't, there's a cost associated with Part A, which is up to \$518 per month. Medicare Advantage plans vary in what they offer, but the typical cost in 2026 is \$17 per month. A Medicare Advantage prescription drug (MAPD) plan often costs around \$38 per month in 2026.

Other Medicare FAQs your clients may ask

Medicare enrollment has been high for the past decade as the baby boomer population has reached retirement age. However, many older adults continue to work past their 65th birthday. If your client doesn't yet have plans to retire, answering these common questions could be an entry point to a conversation about future insurance plans.

How do I enroll in Medicare?

If your client is 65+ and receives Social Security benefits, they will automatically be enrolled in Medicare Part A (hospital coverage). They are eligible to sign up for Part B if they meet these criteria as well.

If your client is employed, they can have dual coverage, where they hold both their employer's group insurance and Medicare at the same time.

What's the right age to switch to Medicare?

Usually, it's a good idea for people to sign up when they first become eligible. However, this is a highly individual decision that the client may want to discuss with their spouse, their health insurance professional, and perhaps their employer.

Do I have to switch to Medicare even if I'm working?

Some clients worry that they will be forced to choose Medicare upon their 65th birthday, regardless of their wishes to stick with their group insurance plan from their employer. It's important to clarify that nobody forces this switch to Medicare. For people with employer-based health insurance, there's no penalty for joining Medicare late.

However, it's a good idea to discuss your client's goals and current health status to determine whether Medicare, their employer's group insurance, or a dual enrollment plan would benefit them most. Some clients have the wrong impression of what Medicare does and does not cover for them.

What if my dependent spouse is not working?

This is an important question to consider before switching to Medicare while employed. Non-working spouses cannot sign up for the same Medicare plan as their spouses, because Medicare is an individual plan. The non-working spouse could sign up for Medicare if they are eligible.

Sometimes, the employer will insist that the non-working spouse choose Medicare rather than remain a covered dependent on the group insurance plan. It's a good idea to learn more about this plan, and for the client to speak with their employer, to determine how the employer usually handles the situation.

Have informed conversations with your 64-Year-Old clients

The transition to Medicare, especially when an older adult wishes to continue working past retirement age, can be a time of questions and concerns. While your clients may turn to the internet for answers, you, as a health insurance professional, are in a better position to guide them. Be prepared with the answers and give your clients sound, informed advice customized to their current stage in life.

For more information on Medicare [click here](#) for the handbook

Sources:
Healthline: "Is It Mandatory to Sign Up for Medicare?"
Medicare.gov: "How Medicare works with other insurance."
Social Security Administration: "Parts of Medicare."
U.S. Bureau of Labor Statistics: "Family coverage medical care premiums cost employers in small firms \$1,232.59 in March 2024."

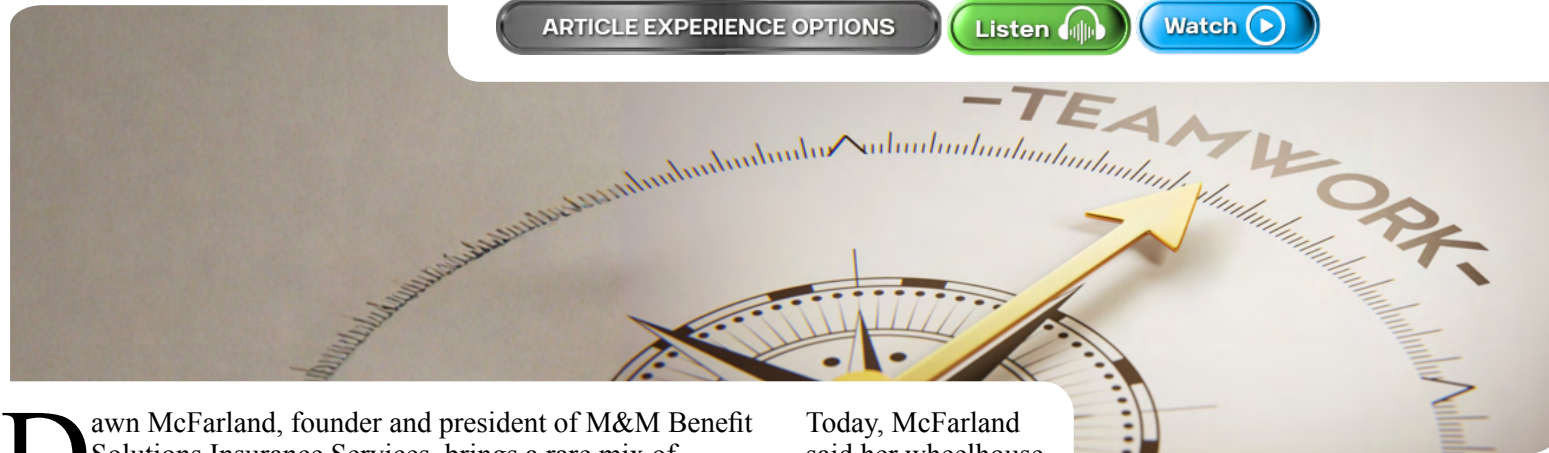
Dawn McFarland on How Brokers Can Protect Their Role

By Phil Calhoun in conversation with Dawn McFarland

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Dawn McFarland, founder and president of M&M Benefit Solutions Insurance Services, brings a rare mix of regulatory discipline, field experience and association leadership to the California benefits market. Her career path has taken her from banking to insurance, from voluntary benefits to Medicare and from local chapter involvement to state leadership.

This conversation is drawn from a recording between Dawn McFarland and California Broker Magazine CEO Phil Calhoun, with a focus on career development, association advocacy, Medicare and group market shifts and the impact of California legislation and AI on the broker community.

From Banking to Benefits

Dawn McFarland did not start her career in insurance, but that may be part of what made the transition so effective. After years in banking, where audits, regulation and operational precision were part of daily life, she entered the insurance world in her mid-30s just as Covered California was launching. That timing mattered. “I know that change is really a playground for opportunity,” she said, describing how she saw the new market landscape as a place to build a business and find a niche.

Her first step was into voluntary benefits, but she quickly learned that the model had limits for the kind of business she wanted to build. She also knew she did not want to manage a large staff the way she had in prior roles. “I learned one thing I knew I didn’t want to do when I transferred careers. I didn’t want to manage people like I’d managed people for way too long,” she said. With strong retention and a growing book, the business demanded a team structure she did not want to build. That realization pushed her toward Medicare, where she found a better fit for her strengths and a more direct client relationship.

Finding The Right Niche

She described that shift as both practical and personal. “I really like working one on one with people,” McFarland said. “I thrive personally better in the experience of working with the underserved.” For brokers listening, that insight is familiar but important. Long-term success is often less about chasing every product and more about aligning the business with the markets and service model that fit the producer.

Today, McFarland said her wheelhouse remains Medicare and individual coverage. She also noted that as the industry changes, diversification becomes necessary, including long-term care and life insurance. Her comments reflect a broader truth for brokers in California, where carrier shifts, consumer needs and regulatory pressure often force agencies to rethink their mix of business.

Association Leadership and Mentorship

Her association path followed a similar logic. McFarland entered chapter leadership after realizing that working through brokers was the right channel for her business. But what kept her involved was bigger than business development. A conversation with association leader Sima Reed reframed the purpose of membership around advocacy, consumer access and protecting the role of the agent. “What we do is important,” McFarland recalled being told. The mission resonated. “I’m one of the activist kind of people. I think our voice matters.”

That sense of purpose carried her from local service to the state board and national involvement, and eventually to her current role as California state president. She said mentorship helped along the way, naming leaders such as Alan Katz, Bruce Benton and Pat Griffey as influential voices. The recurring theme in her comments was not just guidance, but access to people who understood volunteer leadership, government relations and the realities of running a business while serving an association.

Watching The Group Market

For California brokers, McFarland’s view of the market may be the most immediate takeaway. She believes the pendulum is swinging back toward the group market after years of intense Medicare focus.

That shift is not only commercial, she said, but regulatory. In her view, California SB 1244 is an example of how lawmakers are raising questions about compensation and transparency without fully understanding the differences between fully insured and self-funded arrangements. “There’s some real misunderstanding,” she said. “The same rules and the same things don’t apply when you go into the self-funded market.”

“Membership & participation matter, especially if you make a living in the industry.”



She stressed that the issue is not simply what the law requires, but the narrative behind it. Her concern is that broker roles are being described in ways that do not reflect how the industry actually works. At the same time, she sees transparency as a positive force if it is handled with precision. “The more we know and the more that is out on the table, the more likely we’re going to get closer to solving the cost of healthcare,” McFarland said. That is a useful framing for agency owners who are trying to stay ahead of legislative changes without losing credibility with employer clients.

AI and The Human Role

AI is another area where McFarland is watching the details closely. She is not dismissive of the technology, but she is wary of how quickly it is evolving and how little guardrail exists around it. “AI is so far ahead of any of us that we’re just trying to catch up to what it can and what it will do,” she said. For now, she sees the real work as educating herself on AI uses in sales, claims processing, cybersecurity and data protections.

She compared the current moment to Y2K, when people feared the unknown and had to prepare for a major technological transition. “We are still the human beings in charge,” she said, underscoring that insurance still depends on judgment, accountability, and relationship management. Her point will resonate with brokers who see AI as a tool, not a replacement, for the expertise clients still expect from trusted advisers.

Why Engagement Matters

Her advice to brokers and benefit professionals is direct. Membership and participation matter, especially if you make a living in the industry. “If you earn a living in this industry, that you become a member of the association,” she said. She also urged brokers to engage beyond passive membership by joining chapter leadership, attending Sacramento and Washington, D.C. advocacy trips and seeing what volunteer leadership looks like through CAHIP’s farm team meetings.

In her view, the profession needs more voices telling lawmakers what brokers actually do and why that work matters. That message is especially relevant in California, where policy decisions can have a fast and lasting impact on compensation, access and client service. McFarland made clear that presence and participation are not optional if the industry wants to be heard.

McFarland closed with a practical and realistic message about the market itself. The industry has always been volatile, she said, and the anxiety level shifts with every new disruption. But brokers should not mistake volatility for decline. “There is still opportunity,” she said. “Our profession and our expertise will be necessary however this unfolds.”

For California brokers navigating compliance, market shifts, and technology change, that is a strong reminder that the fundamentals still matter.

Engage with Dawn McFarland

Dawn McFarland is the founder and president of M & M Benefit Solutions Insurance Services. Brokers and industry professionals can connect with her through her company, and those interested in association involvement can also engage through CAHIP chapter leadership, farm team meetings, and advocacy events in Sacramento and Washington, D.C.



Dawn McFarland is the Founder and President of M & M Benefit Solutions Insurance Services. She has found a passion as an agent who helps individuals, especially Medicare eligible, navigate choosing how they receive their health care. Dawn volunteers as a community educator for the Alzheimer’s Association and was recently elected President Elect for the State of CA Agents and Health Insurance Professionals. She has been recognized by the National Association of Benefits Insurance Professionals (NABIP) with both the Distinguished Service Award and the coveted State Legislative Achievement Award. She also served (4) years on the Medicare Advisory Council for NABIP, was president of the LA Chapter of CAHIP, and is a member of the founding group of the NABIP Bill of Rights.

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Field Notes from the Threshold

By Joshua Schneeloch

California's benefits brokers are standing in a doorway between the distribution they have known and the one coming to replace it. This is the first in a series on who will carry insurance the last mile.

I have spent 35 years studying how products reach the people who need them. The first 20 of those years happened in Europe, inside broadcast media technology, where I learned that distribution is the quiet engine underneath every industry that lasts. The next 15 happened here in the United States, inside insurance, where the same lesson repeated itself in a new language. Distribution is the part of our business that nobody applauds and everybody leans on. When it works, it disappears into the background. When it begins to fail, everything built on top of it starts to wobble.

I am writing this first column from what I have come to picture as a threshold, a doorway between the insurance distribution we have known and the one arriving to replace it. California's brokers are standing in that doorway right now, and many of them have not yet felt the draft.

Here is the shape of it. The average U.S. insurance agent is roughly 59 years old. Around 1.37 million insurance professionals are now 55 or older, close to one in four people in the field, while only about 214,000 sit between the ages of 20 and 24. That works out to six people walking toward the exit for every one walking through the front door. The Bureau of Labor Statistics has projected that over a 15-year horizon, half of the current insurance workforce will retire, leaving more than 400,000 positions unfilled. I will give that number a full column in August.

Sit with that arithmetic. A field this size cannot replace itself by accident. Someone has to choose it, train for it, and stay long enough to grow good, and the choosing is where we are bleeding. The problem comes in two halves that feed one another. The first half is the people leaving, a wave we have watched building for a decade. The second half runs deeper, because it is the people who never arrive. Too many young professionals look at insurance and see gray cubicles, cold calls and a career that sounds like a waiting room.

California feels this with particular force, because our market runs on brokers in a way few others do. The small employer making sense of level funding, the family weighing a plan on Covered California, the business owner comparing CalChoice options, every one of them reaches the system through a licensed human being who can turn complexity into a decision. As the broker force grays and thins, that connective tissue stretches. Service slows, books of business go unserved and clients who once had a trusted advisor find themselves navigating a call center menu.

I read this moment differently, because I have watched a workforce turn over once before. In the early 2000s I sat inside European broadcast technology during the great digital switchover. Analog television gave way to digital standards, the glass tube sets in every living room became flat screens, and the landline on the wall surrendered first to the digital handset and then to the iPhone. The whole stack we had built our careers on flipped within a few years. The older engineers who had mastered the analog world watched a generation of digital natives come up behind them, fluent in the new language, and the work found new hands.

Carriers can **design** brilliant **products** and **technologists** can **build** elegant **platforms**, and **none** of them **reach** a single **family** until a **trusted human** being **carries** it the **last** mile.

That transition was demanding, and it was still the gentle version of what insurance now faces. Media let a young person learn the new systems in months and start adding value almost at once, because the barriers to entry were low and the rules were light. Our business asks for far more before a newcomer earns a single dollar. There is licensing to pass, compliance and law to absorb, products and regulation that change every year, and a long apprenticeship across real kitchen tables before the instincts take hold. A new producer can spend a year or more learning the trade before the income arrives, and that lean runway is exactly when most of them walk away.

Now layer the timing on top. In broadcast, the older generation aged out gradually while the young filled in behind them. In insurance, a wave that has been building for twenty years is cresting all at once, with almost the entire experienced workforce reaching for the exit inside the same narrow window. And there is one more force. Automation was already creeping into our work two decades ago, quietly, at the edges. Today it has grown into a massive movement, with artificial intelligence reshaping how every part of the business gets done.

This is where the threshold turns into an opening. It is lifting the grinding administrative weight off the producer's desk and freeing the human to do the human work, reading a room, anticipating a need, and earning trust across a table. Identity has become a language this generation speaks fluently, and selling from identity, from who you are and what you stand for, is the most durable form of selling there is.

Over the coming months, Schneeloch on Distribution will map this threshold one panel at a time, from where the next producers will come, to the image problem that keeps young talent away, the changing shape of the work, and the pipeline California must build to last.

I am calling these field notes because that is what they are. For years, I have researched this question and gathered knowledge and hard-won experience across two continents, and I keep landing on the same conclusion, which is that distribution is destiny. Carriers can design brilliant products and technologists can build elegant platforms, and none of them reach a single family until a trusted human being carries it the last mile.

This is the work I am now taking on directly. I am stepping into the Professional Development board seat at CAHIP-LA, the largest NABIP chapter in the nation, to build a mentorship initiative that pairs our most knowledgeable professionals with the young people entering the field. The aim is to carry decades of experience forward to the next generation before our veterans walk out the door, and to begin early and on purpose, solving the problem holistically and at the root where surface fixes never reach.

We are standing at the threshold. The draft is real. If you want a hand in shaping what we build on the other side of the door, reach out to CAHIP-LA at info@cahip-la.org, or join the movement at nabip.org/professional-development

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INSURANCE SOLUTIONS



Joshua Schneeloch is a sales strategist and founder with thirty-five years of experience across two continents and two industries. He spent twenty years in broadcast media technology in Europe before building a fifteen-year career in United States insurance and broker development, including four-time recognition in Aflac's President's Club and Colonial Life's Benefits Counselor of the Year award, along with a producer development role at Dickerson Insurance Services.

He holds a master's degree in strategic marketing and sales from the University of Hamburg and is natively bilingual in German and English. He is the founder of White Wing Insurance Solutions and AgentEase, a keynote speaker on identity-based selling, and a member of CAHIP-LA. He lives in the South Bay of Los Angeles.

For a direct conversation about alignment, services, and book protection strategies with Joshua Schneeloch

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MEDICARE TELEHEALTH COMPLIANCE UPDATES FOR 2026

By NCDS Medical Billing and Practice Management

What independent practices need to know about virtual care regulations in the year ahead

Telemedicine didn't disappear when the public health emergency ended—it matured. And now, with the passage of the Consolidated Appropriations Act of 2026, Congress has extended key Medicare telehealth flexibilities through Dec. 31, 2027.

Health insurance professionals can advise clients of the current telehealth rules and regulations.

That means no January 2026 rollback. No short-term lapse. No sudden return to restrictive pre-pandemic rules.

But make no mistake: telemedicine compliance is still evolving.

In 2026, telemedicine compliance will be less about whether you offer virtual care—and more about how you deliver it, where it's delivered from, what platform you use, how you bill it, and how well you document it.

This article breaks down the confirmed regulatory landscape shaping telemedicine compliance in 2026—and what your practice should be doing now to avoid audits, denials, and revenue disruption.

Compliance Isn't Static—Telemedicine Rules Are Structured (But Temporary)

The Consolidated Appropriations Act of 2026 extends many Medicare telehealth flexibilities through Dec. 31, 2027, including:

- Home as an eligible originating site
- Removal of geographic restrictions (rural and urban allowed)
- Expanded practitioner eligibility
- Continued coverage for audio-only services in certain situations
- Delayed in-person visit requirements for mental health services
- FQHC and RHC distant site billing
- Extension of Hospital-at-Home waiver (through Sept. 30, 2030)
- Temporary telehealth prescribing flexibility for controlled substances (through Dec. 31, 2026)

This provides stability—but not permanence. Practices must prepare now for a regulatory shift that could occur in 2028.

1. Telehealth flexibilities are extended—but not forever

The biggest compliance misconception in 2026 is assuming telehealth rules are now permanent.

They are not.

Unless Congress acts again, many flexibilities are scheduled to change beginning Jan. 1, 2028, including:

- Potential return of geographic restrictions
- Facility-based originating site requirements (except behavioral health)
- Removal of certain practitioner types from telehealth eligibility
- In-person requirements for mental health telehealth initiation

What this means:

You have stability through 2027—but planning for 2028 should begin now.

2. Approved telemedicine platforms are non-negotiable

Pandemic enforcement discretion is over.

Telemedicine visits must be conducted using HIPAA-compliant, secure platforms that:

- Encrypt data in transit
- Provide access controls
- Offer audit trails
- Include Business Associate Agreements (BAAs)

Consumer platforms like FaceTime or non-healthcare Zoom licenses expose practices to:

- HIPAA violations
- Compliance findings
- Payer scrutiny during audits

Secure technology is now a baseline expectation—not a recommendation.

3. Place of Service (POS) accuracy is critical

CMS continues to enforce accurate POS coding for telehealth services.

Current guidance:

- POS 10 – Telehealth Provided in Patient's Home
- POS 02 – Telehealth Provided Other than in Patient's Home

Since Jan. 1, 2024, telehealth services provided to patients in their homes are paid at the non-facility rate.

Common compliance triggers:

- Using POS 11 (office) incorrectly
- Failing to distinguish between POS 02 and POS 10
- Missing documentation of patient location

These errors affect both reimbursement and audit risk.

4. Audio-only services continue—with conditions

Through Dec. 31, 2027, Medicare beneficiaries may receive audio-only telehealth services in their homes.

Beginning Jan. 1, 2028:

- Audio-only will be limited primarily to behavioral health
- The practitioner must be capable of audio-video technology
- The patient must be unable or unwilling to use video

Documentation must clearly identify:

- Modality used
- Patient consent
- Clinical appropriateness

5. Behavioral health telehealth: expanded but structured

Behavioral health continues to receive strong telehealth support.

Geographic restrictions for behavioral health are permanently removed.

However, beginning after Dec. 31, 2027:

- An in-person visit within six months prior to the first telehealth service may be required
- Ongoing in-person visits every 12 months may apply
- Patients who began telehealth behavioral health services prior to 2028 may be treated as established patients.

Tracking this requirement will be essential to protect reimbursement.

6. Virtual supervision and teaching physician flexibilities

Beginning Jan. 1, 2026: CMS allows virtual presence (audio/video only, not audio-only) for:

- Direct supervision services without a 010 or 090 global surgery indicator
- Most incident-to services
- Many diagnostic tests
- Cardiac and pulmonary rehab
- Certain outpatient services

Teaching physicians may also maintain a virtual presence during key portions of Medicare telehealth services. Supervision rules are no longer temporary—but they are highly specific.

7. Remote Patient Monitoring (RPM) remains under scrutiny

While not directly altered by the new legislation, RPM continues to be closely audited.

Common risk areas:

- Time tracking accuracy
- Proof of device usage
- Clinical review documentation
- Medical necessity documentation

Telehealth extensions do not relax RPM compliance standards.

8. State licensure compliance is back to normal enforcement

Temporary interstate licensure waivers are largely expired.

Providers must be licensed in the state where the patient is physically located at the time of service.

This remains a high-risk area for:

- Behavioral health
- Multistate virtual practices
- Growing telehealth groups
- Common documentation mistakes that trigger audits

Across telemedicine services, compliance gaps most often include:

- Missing telehealth consent
- No documentation of modality (audio-only vs. audio-video)
- Incorrect POS coding
- Incomplete supervision documentation
- Failure to track mental health in-person visit requirements
- Weak RPM documentation

These are operational gaps—not rare mistakes.

How to prepare now for 2026 and beyond

The extension provides breathing room—but not immunity.

Independent practices should:

- Confirm all telehealth platforms are HIPAA-compliant
- Train billing teams on POS 02 vs POS 10
- Update EHR templates to capture modality and consent
- Implement tracking for future mental health in-person requirements
- Review licensure coverage
- Monitor regulatory updates tied to 2028

How NCDS helps practices stay compliant

Telemedicine compliance is layered. Billing, documentation, supervision, technology, licensure—they all intersect.

At NCDS, we help practices:

- Validate telehealth coding before claims submission
- Monitor CMS updates in real time
- Identify risk areas before audits occur
- Align workflows with payer expectations
- Prepare for 2028 changes proactively

Compliance isn't reactive. It's structured.

Telemedicine compliance is stable—but not permanent

The Consolidated Appropriations Act of 2026 provides welcome stability through 2027.

But the message for practices in 2026 is clear:

Secure platforms. Accurate documentation. Correct coding. Verified licensure.

And a forward-looking plan for 2028.

Telemedicine isn't temporary anymore. But the flexibility still is.

“HEALTH INSURANCE PROFESSIONALS CAN ADVISE CLIENTS OF THE CURRENT TELEHEALTH RULES AND REGULATIONS.”

Can Joy Improve Health Outcomes?

By Megan Wroe



The concept of joyspan is not about being happy all the time. Life comes alongside stress, loss, illness and disappointment and we cannot avoid these things. Rather, when we intentionally accumulate joy through activities we love, moments of gratitude or awe and meaningful connection, we build resilience for the inevitable challenges. I like to tell my clients to think of joyspan as their savings account. If we strategically add to it whenever we can, it's there for us when the need arises. In many ways, joy-building is true preventive medicine. It encourages movement, strengthens relationships, reduces stress, stimulates the brain and increases resilience all without a prescription.

The Joy Formula

One of the most exciting aspects of cultivating joy is that it can align closely with the pillars of lifestyle medicine. Joy-building activities often check multiple boxes at once, simultaneously supporting physical health, cognitive health, emotional wellbeing and social connection. In order to multi-task our way into joy, I propose following the Joy Formula. Simply aim to do at least two of the following activities every day, and if you do more than two it means even more deposits into your joy account!

- 1. Move together.** Exercise is one of the most powerful interventions for healthy aging, and participation rates improve when the movement is social AND fun. Fitness classes at community centers are amazing ways to connect while being active, but socially stimulating fitness does not need to require a membership somewhere. Walking with friends, hiking with a local nature center group, joining a recreational sports team like pickleball or simply jumping into the community pool all combine physical activity with meaningful connection.
- 2. Eat together.** Shared meals have long been associated with stronger relationships and healthier dietary habits. Summer provides an ideal opportunity to enjoy fresh seasonal produce in social gatherings like farmers markets, city park concert gatherings or backyard potlucks.
- 3. Learn something.** Lifelong learning supports cognitive health, fosters curiosity, creates a sense of accomplishment and often opens the doors to new social connection. Take a class in person or online, join a local library book club or try out a new hobby! Community centers, city colleges and craft stores are great resources to start with.
- 4. Volunteer.** Purpose is a critical component of healthy aging, and generous acts of helping others provides meaning, community connection and sometimes even increased physical activity. Volunteering can look however you want it to and can be as much time and effort as you are able to give.

The conversation around lifespan and healthspan is loud these days. Longevity experts promote blue zones, supplements, fasting protocols, HIIT training and all the latest breakthroughs in aging and biohacking research. Meanwhile, Americans spend billions of dollars annually pursuing longer, healthier lives. Yet one of the strongest predictors of healthy aging receives surprisingly little attention and costs almost nothing to pursue.

Joy has a lot of definitions but I look at it as the culmination of purpose, meaningful social connection, community engagement and positive experiences that make life worth living.

While these factors can be difficult to measure, their absence is strongly associated with poorer physical, emotional and cognitive health outcomes. I love how Dr. Kerry Burnight turned this concept of joy into an actual health strategy in her latest book and encourages readers to aim for enhanced 'joyspan.' Because why would we aim only for a long life or healthy life if we are consistently miserable within it?

- 5. Play and laugh.** Adults frequently underestimate the value of play. Whether gardening, dancing, traveling, or trying a new activity, play reduces stress and creates positive emotional experiences that contribute to overall well-being. Watch a child play for five minutes and you'll quickly realize they don't need a reason to find joy. As adults, we often wait for permission to play. Give yourself permission.

“
For health insurance brokers, thinking of joy as a health strategy allows you to better support the whole-body health of your clients.
”

Ten Simple Ways to Build Joy this Summer

Remember that every small deposit of joy accumulates over time, so it's more about small, consistent actions than trying to plan out entire days of non-stop glee (although that does sound nice!) Try these 10 joy builders in the summer season:

1. Take a daily walk with a friend or family member.
2. Join a community fitness class or walking group. The Wellness Center's Brain Fit series combines fitness with cognition and has a new cohort starting this summer!
3. Host a healthy summer potluck featuring seasonal fruits and vegetables.
4. Start a walking book club that combines movement and learning.
5. Volunteer one hour per week for a local organization.
6. Eat one meal outdoors each day when possible.
7. Learn a new skill, hobby, or language. Consider joining in on a free learning webinar or virtual cooking class at the Wellness Center.
8. Attend a Senior Social Group at the Wellness Center or find a fun group in your local area.
9. Schedule a weekly "connection appointment" with someone important in your life. This can be a phone call or a coffee or lunch date!
10. Practice one intentional act of kindness each day. Bonus points if you don't even tell anyone about it.

None of these interventions require a prescription, yet each supports multiple dimensions of health simultaneously.

Why This Matters to Brokers

For health insurance brokers, thinking of joy as a health strategy allows you to better support the whole-body health of your clients. Research continues to show that loneliness, social isolation and lack of purpose are associated with increased healthcare utilization and poorer health outcomes. Joy, then, is not just a quality of life issue but a definite health issue.

Your clients want to remain active, independent, connected, and engaged as they age, and they may be tired of hearing that they just need to move more and eat healthier. Discussing social wellness, purpose, and community engagement will feel like a breath of fresh air to clients who are burned out on typical healthcare conversations and will prompt innovative ideas to keep improving their health outcomes long term. Perhaps instead of asking clients only what they are doing for their health, we should also ask what they are doing to add joy to their day. Their answers may reveal a lot about what resources they need and where you fit into their health and wellbeing plan. After all, our goal as health advocates is not simply about helping other to extend life, but it's about helping them build a life worth extending.

Upcoming programs at St. Jude Wellness Center

[See schedule & book online](#)

Brain fit: Our signature brain gym circuit course focused on utilizing dual-tasking exercises for enhancing neuroplasticity and reducing risk of cognitive decline. This course is for active, independent agers who are not currently managing cognitive conditions. Brain Fit is a twice weekly, six-week series offered consistently throughout the year for \$165.

Parkinson's empowerment program: An early intervention program for those with recent PD diagnoses and their care partners. This four-week program combines education from an integrative team of health and wellness experts along with caregiver support and PD exercise. Participants receive personalized recommendations for next best fitness program. Cohorts are free of charge and offered every 1-2 months.

Wellness center tours: For those new to our center, we offer bimonthly tours free of charge to give you the behind the scenes scoop of what we offer.

Joy & laughter yoga workshop: July 7 at 5pm for \$25

Strength in motion series for seniors: Aug. 11-Sept. 17 at 1pm & 2pm for \$165

Yoga for back health series: August 12-26 at 5:30pm for \$65

Webinar: lifespan, healthspan & joyspan: Aug. 13 at 12pm for free



Megan Wroe, MS, RD, is a registered dietitian and Manager of St. Jude Wellness Center, an integrated program of Providence St. Jude Medical Center. She leads a multidisciplinary team providing nutrition, fitness, mind-body therapies, and preventive wellness services that support the hospital's mission of whole-person care. Megan partners with community organizations and insurance professionals to advance preventive health strategies that help reduce chronic disease risk, promote healthy aging, and improve quality of life for Medicare and senior populations. From single offering services and packages, to virtual comprehensive programs for larger employee populations, the wellness center team will create a wellness package based on the health needs and interests of your clients and groups. Learn more about the wellness center and their upcoming programs at their website.

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“Compliance continues to be one of the biggest reasons these conversations are expanding.”

In California, this gets even more complicated. A benefits question can easily turn into a payroll or HR compliance issue. A leave situation may involve paid sick leave, state disability, paid family leave, FMLA, CFRA, benefits continuation, payroll coding and manager communication. A simple onboarding issue may involve I-9s, wage notices, handbook acknowledgments, enrolling in benefits and policy signoffs.

That’s a lot for a small business to manage, especially if they don’t have a full HR department. It’s also a lot for a broker to take on without the right support.

This is where the broker’s role as a connector becomes so important. Clients need guidance, and they also need the right people involved. Sometimes that means bringing in an HR consultant, employment attorney, payroll provider, benefits administration partner or another specialist.

The broker doesn’t lose value by making that introduction. In most cases, they strengthen the relationship by helping the client avoid a mistake.

Technology is part of the answer, not the whole answer

Another trend brokers are hearing more about is technology. Employers want systems that talk to each other. They want easier onboarding, cleaner payroll deductions, better employee self-service, benefits administration, reporting, compliance reminders and fewer manual processes.

That’s reasonable. The challenge is that technology alone doesn’t fix a broken process. A payroll platform, benefits administration system, HRIS, or AI tool can help tremendously, but only if the employer understands how it fits into their workflow. If the setup is poor, the ownership is unclear, or nobody is reviewing the information, the software will only go so far.

This is especially true with AI. AI is going to continue showing up in HR, payroll, benefits and compliance conversations. It can help with research, summaries, reminders, reporting, communication and identifying trends. Used correctly, it can make teams more efficient.

AI doesn’t replace judgment. It doesn’t understand every nuance of a client’s business. It doesn’t replace a trusted advisor who knows when something needs to be escalated. It doesn’t replace the value of a broker, HR professional, payroll expert, or attorney who understands the real-world impact of a decision.

The opportunity for brokers isn’t to become AI experts overnight. The opportunity is to understand where technology may help, where it may create risk and which partners can help clients use it responsibly.

Brokers don’t need to become everything to everyone

There’s a lot of talk about advisors expanding their services. Some of that makes sense. Clients want fewer disconnected conversations. They want their advisors to understand the bigger picture. They want help navigating decisions that overlap across benefits, HR, payroll, compliance and finance.

There’s still a difference between expanding the conversation and trying to provide every service directly. In my opinion, the best brokers aren’t the ones trying to become payroll companies, HR consultants, compliance departments, attorneys and technology vendors all at once.

The best brokers are the ones who understand their lane, know where their clients need help, and have strong relationships with the right partners. That approach protects the client. It also protects the broker.

When trusted advisors collaborate well, the client gets better answers. The broker stays involved. The specialist brings the right expertise. And the client doesn’t feel like they’re being passed around or oversold.

That’s the balance. Brokers should absolutely be aware of the trends impacting their clients. Compliance pressure, AI, HR technology, employee experience, data privacy, healthcare costs and workforce expectations are all part of the conversation now. Awareness doesn’t mean every broker has to build a new department for every emerging need.

Sometimes the most valuable thing a broker can do is identify the issue, stay engaged and bring the right partner into the room.

The opportunity ahead

As 2026 continues, I think brokers will continue to be pulled into broader employer conversations. That’s not going away.

Clients are going to keep asking about compliance. They’re going to keep asking about technology, AI, and how these tools fit into their business. They’re going to keep asking how payroll, HR, benefits and employee communication can work better together.

That creates opportunity for brokers who are prepared. Not because they have every answer, but because they know how to ask the right questions, recognize where the risks are, and help clients build the right support system around them.

The broker’s role is expanding, but that doesn’t mean the broker has to do it all. It means the broker’s network, judgment and ability to guide the client are becoming more important than ever.

[Click here](#) for a direct conversation about alignment, services, and book protection strategies.



Steve Evans is the Co-founder of Premier HCM with over 25 years of payroll sales and leadership experience, and he launched the company to elevate service in an industry that too often forgets what real support looks like. He partners with small to mid-sized businesses that want more than just software, delivering proactive guidance, clear answers, and a deep understanding of client needs through an integrated platform for payroll, HR, time, onboarding, and benefits backed by hands-on service from seasoned professionals. Evans believes strong relationships and practical solutions matter as much as technology and is passionate about helping organizations simplify payroll, improve compliance, and build lasting partnerships.

The Expanding Role of the Benefits Broker

By Steve Evans

As we move deeper into 2026, one trend is becoming harder to ignore: employers are asking brokers for more than traditional benefits advice.

That’s not necessarily new. Good brokers have always been a resource for their clients beyond just plan design and renewal meetings. What does seem different is how quickly the scope of those conversations is expanding.

A recent broker trends report from iSolved found that 93% of brokers say clients are now asking for support beyond traditional services. The same report found that demand for compliance support is rising, and more brokers are either offering or looking to offer HCM technology services.

That probably doesn’t surprise many people in the industry. For a lot of employers, the lines between benefits, payroll, HR, compliance and technology have gotten blurry. A question that starts with benefits often turns into a conversation about onboarding, employee communication, leave management, payroll deductions, ACA reporting, COBRA, handbook or whether their current systems are actually working together.

That puts brokers in an interesting position. On one hand, it creates a real opportunity to add value. On the other hand, it can also create pressure to be involved in areas that may sit outside their core expertise. The question

isn’t whether brokers should be part of these conversations. They absolutely should be. The better question is how brokers can stay involved without having to become an expert in everything related to human capital management.

The client conversation is expanding

Most business owners and HR teams aren’t thinking in separate service categories the way vendors do. They’re not always separating benefits from payroll, HR from compliance or technology from employee experience. They’re usually just trying to solve a problem.

A new hire needs to be onboarded. Someone’s insurance deduction was missed. A leave situation is getting complicated. Employees are asking questions about their benefits. A manager needs help with documentation. The employee handbook is outdated. The payroll system doesn’t match the benefits enrollment. Someone heard about a new law and wants to know if it applies to them.

From the employer’s perspective, these are all connected. In many cases, the broker is one of the first people they call because they are already a trusted advisor. That trust is valuable. It’s also something brokers need to protect.

When a client starts asking questions outside of traditional benefits, the broker doesn’t need to have every answer. They need to recognize what the client is really asking, and know when to guide them to the right resource.

Compliance is driving a lot of the pressure

Compliance continues to be one of the biggest reasons these conversations are expanding. For brokers, the obvious examples are ERISA, COBRA, ACA and benefits-related compliance.

Your clients are also dealing with wage and hour rules, leave laws, sick pay requirements, final pay rules, employee classification issues, handbook updates and documentation concerns.

Book Review: “Leaving in Style” by Janise Graham

By California Broker Magazine



Her mission is to help business owners create plans that give them a realistic perspective and peace of mind. Her results-focused process is designed to help owners recognize and reach milestones that lead to successful outcomes. She has advised, coached and counseled over 500 business owners and entrepreneurs in all phases of their business. As a member of the Exit Planning Institute and NAIFA's incoming President for California she is a true leader.

In our work with health insurance professionals, my colleagues and I see the value when a planning process is in place. Graham is a friend and collaborative professional with experience in all phases of business planning, including exit planning. We share membership in NAIFA and look forward to her leadership as she becomes the NAIFA CA president later this year. We also share involvement in the Exit Planning Institute in Orange County where we attend monthly meetings and access online resources to help clients. Graham offers all subscribers of Cal Broker to join her program to be active in your business planning. Please get the book, review the easy-to-read chapters and take action.

“Leaving in Style” is the story of Grace discussing the many aspects of succession planning with Business Strategist, Janise Graham. Together, they draft a plan that ensures her business will thrive through any unexpected transition with the goal to both bring her peace of mind and build a solid plan to protect, grow and possibly sell her business at some point in the future.

Combining her business savvy with her love of fashion, Graham’s framework for succession planning made it easy for Grace and the path outlined should also fit for subscribers and their clients, to:

- Differentiate between pre-planning and crisis planning
- Increase stability with your team
- Build equity in the business
- Identify essential employees and their commitment level
- Recruit the right professional team players
- Facilitate effective annual meetings
- Prepare to exit your business with style

If you have a successful business that relies heavily on your presence to survive and thrive, this book is for you.

Janise Graham wrote “Leaving in Style” for business professionals and business owners alike. Since the thought of business succession can be overwhelming, Graham wanted to create a story that illustrated an easy-to-follow process. As a professional, this book can be shared with prospects and like so they better understand the succession process and how you can help them.

Graham is an insurance professional who works with business owners to help them with the steps to include in their roadmaps. As the owner of Entrepreneur’s Insurance Services and President of Small Business Style, Inc. she dedicates her professional career to the planning needs of small business owners.

I love her chapter titles:

- Leading and Leaving Gracefully
- Design Your Plan and Create Peace of Mind
- Clarify Your WHY
- Identify Your Personal Style of Business Leadership
- Tailor Your Systems for Growth
- Create Confidence with Composure
- Step In Style Trough the Transition
- Accessorize with a Dynamic Team of Experts
- Reflect and Refine with Annual Reviews
- Ready to Leave in Style
- About Janise Graham
- Special Invitation
- Supporting Women in Business

”Janise Graham has presented a very concise step-by-step plan for anyone to follow and accomplish. This is a must-read for everyone in business as well as CPAs, Attorneys, Bankers, and entrepreneurs thinking of starting one.”

—CC Vest, *Former Co-owner and President of Midpoint Bearing.*

“Janise Graham’s comprehensive and easy-to-understand guide to take them through the process of ‘leaving in style.’ Janise has skillfully created the essential exit strategy tutorial for anyone operating their own business.”

—Ernie Silvers, *MBA, Professor of Business and Entrepreneurship, Jack H. Brown College, School of Entrepreneurship*

“If you have said, ‘I am going to get around to it, ‘ and you look at the calendar like I did, and it is 15 years later, this book will make you gasp and then propel you into action.”

—Hilda Kennedy, *Founder President, Ampac Business Capital*

“‘Leaving In Style’ is full of wisdom, insight, and useful tips to help all business owners put good business practices in place just in case they don’t make it back to work.”

—Janet Steiner, *Former President and CEO of Thoro Packaging, President of MakeDust, Founder of TradeWorksUSA*

“‘Leaving In Style’ is thought-provoking and will cause you to rethink everything you thought about your retirement or business exit plan. This book could not be more timely.”

—Patricia Summers, *Owner of California Smog & Automotive Institute*

“Janise’s ability to make the complicated simple makes ‘Leaving in Style’ a must-read book for every business owner. Creating an exit strategy allows you to have peace of mind; and strategy, Janise shows you exactly how to do that.”

—Ursula Mentjes, *5x Bestselling Author and CEO of Ursula, Inc.*

“This is a must-read for everyone in business as well as CPAs, Attorneys, Bankers, and entrepreneurs thinking of starting one.”

— CC Vest, *Former Co-owner & President of Midpoint Bearing.*



Janise Graham, Owner of Entrepreneur’s Insurance Services and President of Small Business Style, Inc., Janise Graham is dedicated to small business owners and their planning needs. As a business strategist, author, coach, speaker, and trainer, Janise has made it her mission to help business owners create plans that give them a realistic perspective and peace of mind. Her results-focused process helps them recognize and reach milestones that

lead to successful outcomes. She has advised, coached, and counseled more than 500 business owners and entrepreneurs in various phases of their business. More than twenty years ago, after working for two of the nation’s largest insurance companies, Janise became a business owner to serve other business owners. After seeing what can happen to a very successful enterprise when there is no business succession plan, Janise was compelled to redirect her abilities to make the complexities of planning more palatable for the small business owner. Janise holds a Bachelor of Arts degree in Business Administration from California Baptist University, a Fashion Merchandising Business Degree from Brooks College, and a Certification in Executive Women in Leadership from Cornell University. She is a Leadership In Life Institute graduate, certified in Long Term Care (CLTC), and is a Life and Annuity Certified Professional (LACP).



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Planning Ahead to Avoid Retirement Shortfalls

By Danniell J. Wexler in conversation with Phil Calhoun

ARTICLE EXPERIENCE OPTIONS

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Danniell J. Wexler is a California attorney with decades of experience in estate planning, business succession planning and tax mitigation. In this conversation, he explains how insurance professionals can add value by helping clients think earlier, plan deeper and build the right team around retirement and business transition decisions.

This article comes from a recording between Wexler and Phil Calhoun, CEO of California Broker Magazine. Their discussion focuses on how not to run out of money in retirement and what brokers can do to better guide business owner clients through that process.

Retirement Is Not A Product Decision

For Wexler, the retirement conversation is never just about investments or one financial product. It is about the client's entire financial picture, especially the business they built, the income it creates and the people who depend on it. "The most important thing I can do is be of service," he said, a mindset that shapes the way he approaches succession, tax planning and retirement cash flow.

His message is especially relevant for California Broker readers because many health and life professionals serve closely held businesses every day. Those clients may come in asking about life or health coverage, but the real planning need is often much broader. In Wexler's view, retirement security starts with asking questions long before retirement is near.

A Business Without A Transition Plan Is Still Just A Job

Wexler puts the issue plainly. "If you fail to plan, you have a plan to fail." That line gets to the heart of the problem for many business owners, including insurance professionals who have built agencies with valuable renewal income but no clear roadmap for stepping back. Owners may have spent years working seven days a week, starting from a garage or dining room table, building something meaningful.

But eventually the focus must shift from production to continuity. Who is next, how ownership transfers, and how the business can continue to generate retirement cash flow are the real questions.

Why Brokers Are In The Best Position To Start The Conversation

Wexler points out how health brokers often have more regular client contact than attorneys or other advisors. They are there every renewal cycle, every benefits discussion, and every time a business owner has a new operational concern. That puts brokers in a unique position to identify planning gaps early.

Wexler said those conversations can start with simple but important questions. Has the estate plan been reviewed. Has the client talked with professionals about succession. Is there a plan for business continuity if the owner slows down, becomes disabled, or wants to retire. For experienced brokers, those questions can deepen trust and reinforce their role as a strategic advisor rather than just a product resource.

Time Creates Options

A major theme in the interview was timing. Wexler said, "time is your friend when you have it and your enemy when you don't." He urges clients to begin planning in their 50s, and ideally earlier, because more time creates more flexibility in how income, ownership and tax strategies are structured.

Planning in advance matters for retirement income design as much as it does for succession planning. Wexler talks about building short-term, midterm and long-term buckets rather than relying on one future event to solve everything.



For brokers working with California business owners, that means helping clients understand that waiting until age 65 to begin serious planning can sharply limit some of the better planning tools due to the issues of age, affordability and time needed to grow your nest egg.

Cash Flow Matters More Than Just Income

Wexler makes a useful distinction between income and cash flow. "Income is taxable. Cash flow is not taxable," he said, underscoring a concept that many clients do not fully appreciate. That distinction can shape how advisors think about deferred compensation, business transition payouts and life insurance strategies.

He also points to permanent life insurance as one possible tool when used correctly. In his words, "you're not taking income, you're taking cash flow effectively." For brokers who are licensed in health but not active in life sales, this is also a reminder that teaming with the right specialist can create better outcomes for clients while expanding the broker's own value proposition.

One Size Does Not Fit Anyone

Wexler is careful not to present one universal answer. "One size does not fit anyone," he said. Every plan should be customized around the client's goals, fears, family structure, timeline and business reality. That is an important takeaway for California professionals who work in a market where many clients have layered financial needs. A business owner may need to think simultaneously about benefits, estate documents, asset protection, residual commissions, entity structure and future business sale terms. The planning only works when those pieces are coordinated.

"In Wexler's view, retirement security starts with asking questions long before retirement is near."

Trusts, Reviews, And Unfinished Planning

Another recurring concern is how often business owners neglect or forget estate planning. Wexler notes that many clients either do not have a trust or have not reviewed their trust in years. His advice is straightforward. Review planning at least annually, even if no formal meeting is needed every time.

"When laws change or your circumstances change, this causes the need for planning updates," he said. For brokers, that creates another opportunity to add value. During regular client contact, a simple question about whether a trust, will or succession plan has been reviewed can uncover major gaps before they become costly problems. Wexler also reminds listeners that in California, failing to plan does not mean there is no plan. It means the state has one for you, and it may not work well for you, your family or your business.

Building Relationships That Strengthen Client Service



Wexler also offers practical advice for brokers who want to build a stronger referral network. He recommends focusing less on transactional expectations and more on finding professionals who protect the client relationship and elevate service. "You don't need a lot of relationships. You just need some very good key relationships," he said.

That advice is especially valuable for newer brokers building their book and for established professionals who want to expand beyond benefits into broader planning conversations. Trusted relationships with attorneys, CPAs, financial advisors, business exit planning professionals and life specialists, can help brokers bring more complete solutions to their clients while taking the role of quarterback for the planning work.

Protecting Commissions And Planning The Exit

For agency owners and producers, the interview lands especially close to home when it turns to commissions and business sale planning. Wexler warns that carriers are often fine when brokers fail to plan because the insured stays on the books while commissions may disappear. His advice is to dot the I's and cross the T's around ownership, continuity and residual income rights.

He also highlights the tax difference between taking a buyout with one or two large payments compared to a longer payout period. Spreading payouts may create more planning flexibility than a lump sum that lands as taxable income in a single year. For brokers planning their own future exit, that is not a technical footnote. It is a business strategy issue that deserves attention well before any sale discussion begins.

For more information on how to work with experts like Danniell J. Wexler, readers should connect with our team using the link below. Our experts provide estate state planning, succession planning, tax mitigation, annuities, life and long term care insurance planning and related advisory support. Wexler and all of our subject matter experts work collaboratively with life and health brokers.



Danniell J. "Danny" Wexler is an accomplished attorney and counselor at law admitted to the California State Bar, with admissions before the California Supreme Court and the U.S. District Court for the Southern District of California. A graduate of USC Gould School of Law, he has built a distinguished career spanning law, wealth strategy, and financial advisory roles, specializing in estate planning, succession planning, asset protection, and tax strategy. He is the co-author of *Love, Money, Control: Reinventing Estate Planning and For California Doctors: A Guide to Asset Protection, Tax and Estate Planning*, and is a sought-after educator for financial professionals nationwide.



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Workplace Gossip and Bullying: Hidden Risks for Clients

By The Engage HR Consultant Team

A healthy workplace culture is built on trust, respect and professionalism. When gossip and bullying become part of the work environment, that foundation begins to break down. For insurance brokers, understanding the impact of workplace gossip and bullying can help support conversations with your clients around workforce well-being, risk management and organizational performance. By helping your clients recognize warning signs early on, they can prevent damaged morale, increased turnover, disrupted operations, legal risk, and more.

Understanding gossip and bullying in the workplace

Workplace gossip is more than casual conversation. It often involves rumors, speculation or negative information about someone who is not present to respond. Over time, gossip creates an environment where employees feel judged, excluded or unsafe.

Bullying can be even more damaging and may include:

- Verbal intimidation or ridicule
- Exclusion from conversations or decisions
- Dismissive communication
- Repeated criticism meant to undermine confidence
- Social isolation or targeting by coworkers or supervisors

Importantly, bullying is not always obvious. Subtle behaviors repeated over time can gradually erode an employee's confidence and sense of belonging.

When gossip and bullying go unchecked, employees learn that disrespect is tolerated, and a toxic work culture is created. These toxic cultures often develop gradually through unaddressed incivility, inconsistent leadership, chronic stress, poor communication or lack of accountability. Eventually, employees may stop speaking up because they fear retaliation or believe concerns will be ignored.

Early warning signs of a toxic workplace include:

- Rising conflict or tension
- Increased absenteeism or turnover
- Silence during meetings
- Cliques or exclusionary behavior
- Declining morale
- Lack of trust in leadership

Recognizing these signs early allows employers to intervene before the culture deteriorates further.

Employer and employee responsibilities

Preventing toxic workplace behavior requires commitment from leadership, supervisors, and employees alike.

Establishing clear policies

One of the most effective tools your clients can implement is a clear anti-bullying and anti-harassment policy. Policies can define unacceptable behavior, explain reporting procedures and reinforce expectations for professionalism and accountability.

Strong policies:

- Establish clear behavioral expectations
- Provide employees with reporting pathways
- Reinforce organizational values
- Reduce legal and compliance risks
- Demonstrate commitment to employee well-being

Without clear guidance, employees may struggle to recognize when conduct has crossed the line from unprofessional to harmful.

Encouraging early reporting

Through their own conduct, employees can play an equally important role in shaping workplace culture. Respectful communication, empathy, professionalism and accountability all contribute to healthier team dynamics.

Employees who experience or witness bullying should feel safe in reporting their concerns. Prompt reporting allows organizations to address issues before they escalate into larger cultural or legal problems.

Employees should be encouraged to:

- Report concerns to supervisors or HR
- Speak up when inappropriate behavior occurs
- Support coworkers who feel isolated
- Avoid gossip or exclusionary conversations

The role of managers

Managers are often the first line of defense against toxic workplace behavior. Their actions directly influence whether employees feel supported and psychologically safe.

Effective leaders:

- Model respectful communication
- Address concerns consistently and promptly
- Monitor morale and team dynamics
- Document incidents objectively
- Reinforce workplace expectations
- Partner with HR early when concerns arise

When leaders ignore bullying or dismiss concerns as “drama,” employees may lose trust in leadership altogether.

Early intervention is critical. Most workplace culture problems begin with small behaviors that go unchecked. Prompt action, strong training and proactive conversations with HR can strengthen morale, improve retention and reduces organizational risk.

Managers should also understand how to document concerns appropriately. Objective documentation should focus on observable facts, timelines, participants involved and workplace impact, not assumptions or personal opinions.

Organizational and legal consequences

The consequences of workplace bullying and gossip extend far beyond interpersonal conflict. Toxic cultures directly affect employee mental health, retention, productivity, morale, legal exposure and more.

Erosion of trust and morale

Gossip creates uncertainty and causes employees to question one another's motives. Teams become guarded instead of collaborative, while rumors and assumptions often escalate conflict.

Communication gaps caused by a guarded team can also damage leadership credibility. When employees rely on rumors instead of leadership communication, trust in management weakens.

Negative impact on employee well-being

Employees who are subjected to or exposed to workplace bullying and gossip often experience increased stress, anxiety, depression, reduced self-esteem and emotional exhaustion. Over time, chronic stress can contribute to sleep disturbances, burnout and decreased job satisfaction.

And the impact is not limited to mental health. Prolonged exposure to a hostile work environment can lead to physical health problems such as headaches, high blood pressure, gastrointestinal issues, weakened immune function and an increased risk of cardiovascular disease. Stress-related health concerns may also exacerbate existing medical conditions, resulting in more frequent doctor visits, medical treatments and prescription medication use.

Turnover and reduced performance

Employees who feel unsupported or unsafe are far more likely to disengage, call off work, request transfers or resign altogether.

High turnover creates operational strain, including:

- Increased recruiting and training costs
- Reduced team consistency
- Higher workloads for remaining employees
- Lower morale across departments

Toxic workplaces also reduce productivity and collaboration. When employees are distracted by conflict, mistrust, or fear of mistreatment, work quality and teamwork suffer.

Increased insurance costs

The rising costs don't stop at hiring and training. The aforementioned health consequences can drive up healthcare costs for both employees and employers.

Increased utilization of medical and mental health services, higher prescription drug costs, greater absenteeism, disability claims and employee turnover can all contribute to rising healthcare expenditures. As claims increase, your clients may face higher health insurance premiums and benefit costs.

Legal and compliance risks

In some cases, gossip and bullying can evolve into unlawful conduct. If behavior targets protected characteristics such as race, gender, religion, disability, age, pregnancy, or sexual orientation, employers may face harassment or discrimination claims.

Toxic workplace behavior may also contribute to:

- Hostile work environment claims
- Retaliation allegations
- Emotional distress claims
- Employment Practices Liability Insurance (EPLI) exposure

One of the greatest risks for employers is failing to act once concerns become known. Courts and regulatory agencies often examine whether leadership responded appropriately, investigated concerns and enforced policies consistently.

Building a respectful workplace culture

Employees want to work in environments where they feel respected, supported and valued. Organizations that prioritize professionalism, accountability and early intervention are more likely to retain strong employees, maintain positive morale and foster long-term success.

Insurance brokers can support these efforts by helping clients understand the workforce, compliance and benefits-related risks associated with toxic workplace cultures.

Preventing gossip and bullying is not simply about avoiding complaints or legal claims. It is about creating a workplace where employees can do their best work without fear of exclusion, humiliation or mistreatment.

A resource for your clients

If your clients are struggling with toxic workplace cultures, or other HR issues, our team can provide guidance.

Engage is here to support you and your clients every step of the way. Reach out today to explore how a trusted PEO partner can safeguard your relationships, enhance client satisfaction and create lasting value.

This article does not constitute legal advice and does not address state or local law.

“Without clear guidance, employees may struggle to recognize when conduct has crossed the line from unprofessional to harmful.”



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In her role at Engage PEO, Ailene partners with business owners, executives, and startup founders to optimize workforce management, streamline HR and compliance processes, and control administrative costs. Her focus is helping organizations attract and retain top talent, strengthen operational efficiency, and enable leadership teams to concentrate on growing their core business.

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Independence Day in the United States

By California Broker Magazine

The Fourth of July is one of the biggest summertime celebrations in the United States and this year is a major anniversary, marking the nation's 250th birthday. It's a day when friends and family gather around to grill, watch fireworks and enjoy each other's company out in the fresh air.

Independence Day is nostalgic, patriotic and a day that many look forward to when it comes to summertime fun. However, this holiday weekend is also linked to some safety hazards, such as injuries related to car crashes, mishandling fireworks and noise-related stress for pets. Knowing about these potential safety issues can ensure that your clients have a fun and safe holiday weekend.

The historical significance of July 4th

Americans celebrate the Fourth of July to commemorate the day that the United States officially became a nation independent of England. The first permanent English settlement in the New World was established at Jamestown in 1607. Over the following decades, 13 colonies were established on the east coast of this new land.

However, by the mid-1760s, colonists grew tired of English policies, like taxation without representation, until 1775, when the American Revolution kicked off with the Battles of Lexington and Concord. In 1776, an official committee drafted the Declaration of Independence, a document that effectively broke ties with the Crown of England. It was officially adopted on July 4th, marking our country's independence and formation as a new nation.

One year later, in 1777, the first Fourth of July celebration took place to commemorate one year of independence. The celebration was in Philadelphia, but it expanded to other states and cities over time. Even so, July 4th didn't become an official holiday until 1870. The government declared it a paid holiday for federal workers in 1941.

Independence Day traditions

In the early days, Americans celebrated Independence Day by gathering around bonfires with family, friends and neighbors. This tradition evolved into the great fireworks displays that this holiday is so known for. Some keep it simple with sparklers and bottle rockets, while others enjoy elaborate pyrotechnic shows held by local organizations.

You'll see red, white and blue everywhere you look during 4th of July weekend. Displaying the colors of the American flag is a fun and easy way to show patriotism on Independence Day. People wear festive clothing, fly flags and even make festive food and drinks that follow the theme.

As with any holiday, gathering together is an important Fourth of July tradition. Families enjoy watching parades together, an activity that's especially exciting for little ones. After the parades, it's time to fire up the grill for a barbecue or cool off at the beach or the pool. As the sun starts to set, families and friends grab blankets and lawn chairs to get ready for colorful fireworks to light up the sky.

Celebrations around California

While nearly every neighborhood across the state of California will be celebrating in some fashion, below are some of the major 4th of July fireworks celebrations taking place around California:

• Big Bear Lake, CA

Reflective water and moody mountain peaks provide the setting for a stunning fireworks display that goes off over Big Bear Lake. For an extra special way to view it, take the gondola to the top of Snow Summit for the Above the Boom party with live music.

• Dana Point, CA

Throughout the year, Dana Point's Doheny State Beach is a great spot for whale watching, but it's also the prime spot for watching fireworks on July 4. Other good vantage points include Dana Point Harbor or the cliffs of Lantern Bay Park. For a different view, book a cruise with Dana Wharf Sportfishing & Whale Watching or Captain Dave's Dolphin & Whale Watching Safari to see the show from the water.

• Huntington Beach, CA

The iconic Huntington Beach will host its 122nd Independence Day event, including the Surf City 5K Run, the Huntington Beach 4th of July Parade and Fireworks Over The Ocean. Fireworks will commence at 9:00 p.m. and all beach viewing is open to the public, with limited paid tickets for reserved seating on the pier.

• Los Angeles, CA

The 4th of July at Dodger Stadium features a spectacular postgame fireworks show following the Dodgers versus San Diego Padres matchup. Fans are treated to exclusive holiday festivities, including live pregame entertainment in the Centerfield Plaza and special holiday-themed on-field uniforms.

• Pismo Beach, CA

Pismo Beach celebrates the holiday with local food vendors, live music, craft exhibitors and fireworks over the pier. A great perch for enjoying it: Vespera Resort, which has mostly ocean-view rooms and hosts its own party for guests. San Luis Obispo County will also hold celebrations in Atascadero and Avila Beach.

• San Diego, CA

Every 4th of July, San Diego becomes the ultimate destination for fireworks enthusiasts at the Big Bay Boom. The event features one of the largest fireworks displays in the country, set against the stunning backdrop of the bay. With an anticipated attendance of over 400,000 spectators, visitors can enjoy the bursts of color and light synchronized to music while taking advantage of the city's amenities and attractions.

• San Francisco, CA

San Francisco celebrates America's 250th birthday on July 4, 2026, with a historic fireworks display launched directly from the towers of the Golden Gate Bridge. The free, public show begins at approximately 9:30 p.m. This marks only the third time in history that fireworks will be set off from the iconic span.

“Displaying the colors of the American flag is a fun and easy way to show patriotism on Independence Day.”

Modern interpretations of patriotism

While the U.S. has always been a melting pot of cultures and values, the idea of patriotism and the American Dream can have some differences between generations. Today, many adults and young adults still feel pride in their country and to be an American, but they might not display their patriotism as loudly and proudly as their parents.

Many Americans are proud of the nation's tradition of freedom, the right of individuals to do what they choose in life. This means getting an education, following their dreams into a vocation of their choosing, and making goals and decisions in their personal lives. As this is not always the case in every country, most Americans hold this ideal as precious.

The idea of the American Dream seems to shift a bit across generations, but for the most part, it means being able to have a meaningful job that allows you to pursue the things in life you want, like a comfortable home, a family and a happy life.

Getting ready for a patriotic summertime celebration

The Fourth of July is one of the highlights of summer for most Americans. It's a time to relax with friends and family, partake in fun traditions, and display patriotism in the best way that you see fit. However, it is important to remember safety, especially when handling fireworks or consuming alcohol, as incidents of injury spike during the Fourth of July weekend. With this in mind, there's no reason your clients can't enjoy an exciting and memorable holiday weekend.

Sources:

www.sandiego.org/events-festivals/big-bay-boom/b0ede0664ef111f1a7f2
www.visitcalifornia.com/now/where-spend-fourth-july-california/

Celebrate *Summer* at the *County Fair*

By California Broker Magazine



The very first Orange County Fair was held in 1890 and, after over a century providing family fun, it has transformed into a month-long affair with thrilling rides and carnival games, iconic food and drink offerings, two concert venues, an action sports arena, a three-acre working farm, handmade crafts, museum and more. This year's OC Fair is open July 17 through August 16—grab your tickets now and make your summer one for the books!

If you want a fun gift for clients look at the fair calendar below and consider purchasing tickets for your clients to attend. For a special thank you gift, you can find out if a concert performer is of interest and gift tickets to your client. For special clients, have them join you and enjoy the event together.

In 1890, the first OC Fair was held in Santa Ana and consisted of some smaller exhibits and a horse race. The fair has been held in many cities over the years, including Anaheim in 1911 which led to it being renamed the “Anaheim Carnival.” It was later held in Huntington Beach in 1916 and 1917. From 1932 to 1939, it was held in Pomona as part of a combined Orange, Los Angeles and Riverside County fair. Finally, in 1953 it found its permanent home in Costa Mesa where it has occurred since.

Last year, the OC Fair was ranked the ninth top fair in the nation by Carnival Warehouse and was ranked the top fair in California. For those who have attended, it is no surprise.

The OC Fair has been an institution in Southern California and has created countless joyful moments for families over the past few decades.

So, what exactly does the OC Fair offer and what can you enjoy this year? We've put together a shortlist of some of the must-see offerings below.

Carnival rides

The OC Fair boasts over 60 carnival rides across the main midway and Kids' Zone, ranging from high-adrenaline coasters to more gentle kiddie rides, alongside midway games. The Royal Wheel is a massive, towering Ferris wheel offering sweeping views of the fairgrounds—a must for you and your date.

More thrilling rides include the high-speed Joker 360 & Raptor, bungee experience dubbed the “Sling Shot,” fast-spinning Soundstorm & Aviator and more. Calmer rides include the Grand Carousel, Super Slide, Frog Hopper and Tilt-A-Whirl & Scrambler.

For your nostalgic fair fix, try your luck at dozens of classic carnival games like balloon pop, ring toss, basketball hoops, water gun races, milk bottle knockdowns and more.

Last year, the *OC Fair* was *ranked* the *ninth top fair* in the nation by *Carnival Warehouse* and was *ranked* the *top fair* in *California*.

Live music and entertainment

• Pacific Amphitheatre

The Pacific Amphitheatre hosts amazing acts each year, with a stellar lineup for this summer. Artists on the lineup include Willie Nelson on July 12, Kolohe Kai and Hirie on July 24, Sugar Ray and Smash Mouth on July 26, Nelly on Aug. 2, Patti Labelle on Aug. 6 and Rebelution on Aug. 7, 8, 9.

• The Hangar

Its second live music venue, The Hangar has an exciting slate of cover bands on the lineup this summer, including Coldplay on July 18, Sublime and Depeche Mode on July 19, Pink Floyd on July 25, Journey on July 30, Michael Jackson on Aug. 2, Queen on Aug. 5 and 6, The Beach Boys on Aug. 9 and many more.

• Action Sports Arena

The Action Sports Arena hosts a myriad of dynamic recurring events, including the Demolition Derby and the Monster Truck Show. For adults, Southern California's most legendary craft beer round-up the OC Brew Hee Haw festival will take place July 17 and 18 featuring over 100 craft beers on tap, live music and a dancefloor

Trot over to Centennial Farm

Created to educate youth about agriculture and its importance to daily life, the three-acre Centennial Farm is home to fruit and vegetable gardens, livestock and the Millennium Barn. Two youth educational tour programs are offered here, including Discovery Days and Junior Farmer Tours as well as year-round daily hours so the public can visit the farm.

Animals on the farm include chickens, goats, sheep, cattle, peacocks, rabbits and a beehive maintained by the OC Beekeepers Association. The OC Fair website even has a live Pig Cam so anyone can enjoy these adorable creatures and see what they get up to throughout the day.

Competitions and contests

There are numerous categories for competitions and contests at the OC Fair, including Culinary Arts, Horticulture, Table Settings, Visual Arts, Woodworking and more. Daily stage activities and demonstrations take place on the OC Promenade Stage, featuring live food-related contests and cooking challenges you can watch and cheer on the contestants. Exhibit halls also feature displays with winning entries in a variety of blue ribbon contests. If you are interested in signing up for a competition on the OC Fair website, some of the categories are still accepting entries, including Cakes & Cupcakes and Pies & Cheesecakes.

Explore the Heroes Hall Museum

Heroes Hall is a free, permanent, year-round museum and education center with exhibitions, performances and educational programs that celebrate the legacy of Orange County veterans and others who have served our nation. The two-story exhibition space rotates themes semi-annually, each focusing on an aspect of the personal stories and experiences of veterans.

Housed in a renovated 1942 Santa Ana Army Air Base barracks building, Heroes Hall consists of 3,600 square feet of exhibition space as well as the Medal of Honor Courtyard and Walk of Honor which feature 5,000 square feet of space conducive for events and larger gatherings and Serenity Walk. The museum grounds also include Serenity Walk, honoring veterans and offering a place for reflection.

The current exhibit, “Echoes of Conflict: Remembering Vietnam,” is open through Sept. 17 and offers a powerful and immersive journey through one of modern history's most complex and divisive conflicts. Through a rich collection of artifacts, personal stories, historical facts and poignant memorabilia, visitors can gain a deeper understanding of the war's profound impact on the soldiers who fought and the broader global context. The exhibit features items such as uniforms, weaponry, photographs and letters detailing firsthand accounts that highlight the cost of war and its lasting effects on individuals and society. This comprehensive display seeks to honor the experiences of those involved while providing historical insights into the war's political, social and cultural repercussions.

Admission for the OC Fair, shows and concerts is available online at Etix.com or at the Pacific Amphitheatre Box Office on the OC Fairgrounds. The box office is open limited days and hours and is located at 100 Fair Drive, Costa Mesa, CA 92626.

Interested in other fairs around California?

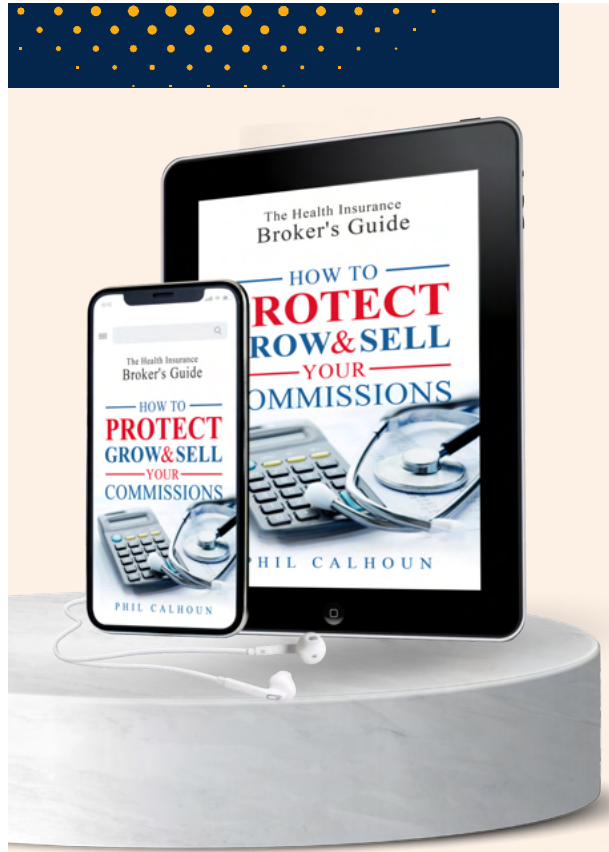
Beyond the OC Fair, there are many other iconic fairs across the state of California to explore. For those who cannot travel to Orange County or simply want to attend additional fairs this summer, below are additional fairs that are sure to delight folks of all ages.

- *California Mid-State Fair*, Paso Robles, CA — July 15-26
- *California State Fair*, Sacramento, CA — July 17-Aug. 2
- *Ventura County Fair*, Ventura, CA — July 29-Aug. 9
- *Sonoma County Fair*, Santa Rosa, CA — Aug. 7-16

Sources:

<https://ocfair.com/about-us/our-story/timeline/>

<https://ocfair.com/oc-fair-ranked-no-9-in-north-america-top-in-state/>



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