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CALIFORNIA BROKER

Serving California's Annuity, Life & Health Insurance Professionals | SEPTEMBER 2026

September

GROUP BENEFITS SPECIAL ISSUE

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Founder & CEO
CrankWheel

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Alignment Health™

By Phil Calhoun

Protect and Serve Your Clients

With the ongoing challenges local independent health insurance professionals face every year during ***Annual Election Period***, we need to rally on some key points.

#1 Solve more client issues through collaboration

Summer is ending and, like most subscribers, we all have plans to close the year out strongly. Our industry colleagues specializing in either life insurance, annuities, or both, often take time in the coming months to perform client reviews to help them confirm their funds are in the best place and discover if there may be a stronger return or safer place for retirement savings to move to. Many health insurance professionals can also relate to the process to help clients find stronger coverage, lower premiums or enhanced value added benefits this time of year. These two sides of our industry have the potential to collaborate in a positive way to help one another's clients. We encourage all members of our industry to look for partnership opportunities to join to provide comprehensive solutions for clients. Consider that many near retirement as well as those already retired all look to find the ideal balance for their savings between risk and reward while also looking for advice to solve their health insurance challenges now and in the future.

Our subscribers share these needs, so let's keep an open mind to collaborate with subject matter experts for the benefit of joint clients.

Like many in our industry, my clients enjoy working with my colleagues who have the life and annuity expertise and they enjoy referring clients to our team for health insurance solutions. Some examples include a review of life policies which is a great practice and can turn up situations where no change is necessary when a great fit with competitive premiums is verified. Even when no change is necessary, reaching out to clients for a free review helps them see options should they no longer need the life policy and see the market value of the policy and know they can decide to keep or cash out the policy and use the funds to cover other expenses. In another case, a review of a client's annuity led to comparing current carrier interest rates, investment options and to plan to manage required mandatory distribution rules at age 73. When a client learns how to move from the accumulation and growth phase to a detailed plan for a solid retirement income strategy, they appreciate the advice of the expert you connect them to and see how they can move funds to a position better suited for them with confidence.

#2 Retain and grow—take action, educate clients and prospects of your value

Because the carrier and commission dilemma is in full swing, build a retention plan for all clients and remind them of the work you do not only during renewal but year-round. The service you provide is to present your client with solutions regardless of the commissions.

Trends will continue as a few Medicare Advantage carriers are moving into new geo markets in CA, some are adding non-commissionable plans, while others are exiting markets or changing provider networks. In this marketplace, your clients will look to you for advice. We know that the people who enrolled directly with a carrier or through an 800 Centre will need assistance they will not get without working with someone like you.

Bottom line is that as professionals it is our job to educate and remind clients and prospects of the role we play as their advocate. We provide access to options without bias and with the goal of solving our clients' issues. From coverage, cost of care, access to desired providers and personal medical services, we are ready to do this work for our clients. Calling an 800 number, carrier or enroller, is not the ideal solution and often results in frustration.

Our focus is to help clients manage the difficult challenges they face. Our ability to do this vital work is made more difficult when carriers make non-commissionable plans available and encourage members and others to join the plans directly.

Clients need help from independent professionals with a focus on solving client problems. When the solution is to move to a new plan or carrier, working with a carrier falls short of this goal.

Look at Ryan Dorigan's article in this issue. His outline of this position helps us know we all need to stand together to keep leading with education for our clients and prospects which will show the value we provide. Stay focused that the value an independent broker provides to carriers is something clients cannot match going directly to a carrier.

More industry experts comment

Maggie Stedt shared some thoughts about the trends in our industry reinforcing the fact that Medicare is Complex. "Carriers receive 60% of their total enrollment from licensed and certified local health insurance professionals."

She continues "While the push carriers are trying to push is to make Medicare more understandable, doing more business outside brokers and directly to the carrier, is not addressing the many needs consumers have and potentially adding to the problem CMS is trying to solve which is professional unbiased advice and assistance to understand Medicare and shop the marketplace for the best options available." Maggie concludes, "Most brokers find it odd that carriers doing business direct is perceived as a solution.

Fact is a carrier's employee enroller will only enroll someone in their employer's plans. This limited approach compared to the many independent experts in the industry who are more than capable of unbiased work needed to educate and provide options to people on Medicare is less desirable."

Summary

Invest in our industry. Join your professional association and work with your clients to help them understand you are part of a professional association dedicated to advocating for clients and doing the work to assist them to navigate the Medicare and health care maze

Let's keep our efforts focused on client retention and also the vital work needed with CMS to create fewer rather than more problems for people looking to understand their health insurance options.

Join CAHIP

SEPTEMBER

CALIFORNIA BROKER

2026

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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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IN EVERY ISSUE

Industry News

CURATED NEWS FROM THE INDUSTRY

As Healthcare Costs Spiral, a Supermajority of Americans Want Major Reform

For the past year, The Century Foundation has documented how American families are falling further and further behind financially—from skipped meals and drained savings accounts, to mounting balances on utility bills, student loans, credit cards, and auto loans. Our new polling confirms why for many, healthcare has become the leading edge of the cost-of-living crisis, the clearest issue where voters' patience with the status quo has run out.

To understand how people are experiencing the healthcare system today, TCF commissioned Morning Consult to survey 2,002 registered voters nationwide May 21–24, 2026.1 The findings point to three conclusions.

READ FULL ARTICLE »

Centene CFO to step down at year-end

Chris Neczypor, former executive vice president and CFO at financial services firm Lincoln Financial, will replace current CFO Drew Asher on Jan. 1.

By Jill Hughes

Dive Insight:

Neczypor joins Centene from the finance and insurance sectors, and has served in a variety of roles at Lincoln Financial, a provider of retirement services, life insurance and group protection benefits, since 2018. Prior to that, Neczypor spent a decade in various financial services roles, including as an equity research analyst at Goldman Sachs.

"Our organization will benefit from his expertise, energy and perspective as we deliver on Centene's next phase of transformation and growth," CEO Sarah London said in a release.

READ FULL ARTICLE »

Doctors argue their role in the age of AI

By Caitlin Owens

The American Medical Association is out with a new framework for physicians' role in the age of AI, provided first to Axios, that insists doctors remain central to patient care.

Why it matters: The debate over whether AI will supplant doctors in clinical care is heating up, but the AMA has remained adamant that humans not only must remain in the loop but can't be replaced.

Driving the news: The framework, released in partnership with the Digital Medicine Society, argues that as technologies evolve, "the practice of medicine must evolve alongside them."

"Individual tasks will evolve as technology advances, but the physician's enduring responsibilities remain remarkably stable," the intro adds.

Those include human connection, clinical judgment and serving as stewards for the responsible use of technology.

READ FULL ARTICLE »

Newsom Promotes Affordable Insulin, but California's Generic Label Off to a Slow Start

By Angela Hart

At a Walgreens in this city's bustling Japantown neighborhood, pharmacist Margaret On stocks two boxes of long-acting insulin pens from California's new prescription drug label, CalRx, emblazoned with the state's iconic grizzly bear.

Although she hasn't dispensed any, On plans to keep them on hand. "It's good to have if a patient comes in and doesn't have health insurance," she said. "Or just in case of emergencies."

READ FULL ARTICLE »

As AI 'therapists' dish out advice, California lawmakers try to set some limits

By Ana B. Ibarra

In the matter of a few clicks and keystrokes, anyone can find themselves deep in conversation with "Psychologist," a chatbot character that describes itself as an expert in "empathy" and "active listening."

It responds to messages of anxiety and sadness with reassurance. It asks questions and offers advice; it even responds with italicized nonverbal cues: "The psychologist's expression softens with compassion." In smaller font, a disclaimer reads: "This is A.I. and not a real person. Treat everything it says as fiction."

READ FULL ARTICLE »

The AI jobs health insurers are looking to fill right now

By Elizabeth Casolo

AI, machine learning and data science roles accounted for 49,200 job postings in 2025, up 163% from the previous year, according to professional recruiting firm Robert Half's recent "Demand for Skilled Talent" report.

Like other industries, health insurance has been leaning into AI capabilities, such as by enhancing customer service, forecasting member health risks, verifying claims and simplifying prior authorization workflows. At the same time, some health plan executives have struggled to show whether steep investments are worthwhile.

READ FULL ARTICLE »

Insurers denied between 12% to 18% of prior authorization requests in 2025: KFF

By Cailey Gleeson

Insurers denied between 12% and 18% of standard prior authorization requests across market segments in 2025, a new analysis from KFF found.

Researchers analyzed Medicare Advantage, Medicaid managed care and Affordable Care Act (ACA) federally facilitated Marketplace (FFM) websites from insurers that had at least 2.5% market share of enrollment in respective segments. Data was collected from 14 unique insurers, representing approximately 71 million enrollees.

READ FULL ARTICLE »

Claims data transparency empowers employers to act on affordability: survey

By Paige Minemyer

Employers that have access to key data on their healthcare spending and costs are more likely to take steps to address affordability and pharmacy benefit transparency, a new survey shows.

The National Alliance of Healthcare Purchaser Coalitions polled 408 employers, ranging from small companies to jumbo firms, for its annual Pulse of the Purchaser survey. It found that these firms cited three top sources of affordability barriers: drug prices (77%), high-cost claims (75%) and hospital prices (68%).

READ FULL ARTICLE »

Save Yourself

With few traditional plan levers left to pull, employers and their brokers are forging individual paths to reduce healthcare costs.

By Tammy Worth

Unsurprisingly, healthcare costs are expected to rise again in 2026.

Surveyed by Mercer, more than 1,700 U.S. employers projected a 6.5% average increase in the total health benefit cost of every employee this year. That would be the highest since 2010 and the fourth straight year of significant increases, including 4.5% in 2024 and 6% in 2025. Between 2013 and the COVID-19 pandemic, healthcare expenses rose between 2% and 4% annually, according to Mercer data.

READ FULL ARTICLE »

MEDICARE

Aetna to cut Medicare Advantage broker commissions

By Jakob Emerson

Aetna will stop paying broker commissions on certain Medicare Advantage plans beginning Sept. 15, the company confirmed to Becker's.

"Aetna routinely reviews and updates our distribution strategy, including the commissionable status of our plan offerings," an Aetna spokesperson said. "As a result, we have made a business decision to change certain plans to non-commissionable starting on September 15, 2026, and certain other plans starting on January 1, 2027, and we have notified brokers accordingly."

The insurer's standalone prescription drug plan has been non-commissionable since 2025.

READ FULL ARTICLE »

CMS mulls tougher Medicare enrollment rules to combat fraud as part of 2027 home health payment rule

By Heather Landi

The Centers for Medicare and Medicaid Services released on Wednesday afternoon its 2027 proposed payment rule for home health agencies.

The rule includes an aggregate payment increase of $420 million, or 2.4%, based on a proposed 2.1% payment update and an estimated 0.3% increase related to the fixed dollar loss ratio. That 2.1% payment update represents $370 million, according to a CMS fact sheet.

READ FULL ARTICLE »

Costco wants to 'reimagine' healthcare for older adults. What to know

By Iman Palm

Costco has teamed up with California-based nonprofit insurer SCAN Group to introduce Costco-branded Medicare plans.

SCAN and Costco plan to launch a suite of senior-focused insurance products in the coming years aimed at providing more value and a better experience for older adults navigating the health insurance system.

Pending regulatory review and approval, the new Medicare Advantage plans could include a redesigned pharmacy experience, MedFlex over-the-counter benefits, vision coverage, audiology services and more, according to a news release.

READ FULL ARTICLE »

MEDICARE

An important update about your Providence health coverage

Providence has announced that Providence Health Plan will transition out of most of its health insurance lines of business beginning in 2027. This includes Individual and Family and Employer Group/Commercial plans.

Providence is also evaluating options for the 2027 Medicaid program with Health Share of Oregon. Medicaid members will continue to be covered by Health Share of Oregon CCO.

It's important to know that nothing changes for members, customers, or our provider partners right now. Coverage and service will continue without interruption for all current members and customers throughout 2026 and we will honor all contractual, regulatory, and legal obligations through the duration of this transition.

We are committed to communicating openly and often as decisions are confirmed. Members, customers, employers, and broker partners will receive direct communications in the coming months to help them understand their options and plan ahead for 2027.

LEARN MORE »

Medicare's Paying Less for Cataract Surgery. Eye Doctors Are Turning to Lucrative Lasers.

By Phil Galewitz

Tammy Chalala, a retired dietitian in New York, was thrilled with the results of her cataract surgeries, which left her with close to 20/20 vision.

She said she paid nearly $4,000 out-of-pocket for her two surgeries last year because she opted to have her doctor use a laser to assist with the procedure.

Chalala, 69, chose that method over the traditional scalpel after doing research online and consulting with her doctors, believing it would give her the best outcome. "It seemed like the better option," she said.

Cataract surgery — one of the most common operations paid for by Medicare — typically leaves enrollees owing a few hundred dollars. Some patients pay more to have their vision corrected during the procedure.

READ FULL ARTICLE »

Lowest-rated Medicare Advantage plans for member satisfaction in 2026: JD Power

By Jakob Emerson

Humana's New York product is the lowest-ranked Medicare Advantage plan for member satisfaction this year in JD Power's 12th annual MA study.

The consumer insight firm published its rankings of the top MA plans in 12 markets on Aug. 18. The study surveyed more than 14,500 enrollees and evaluated plans on eight factors, including level of trust, ability to get health services when and how members want, helping save time or money, product and coverage offerings, ease of doing business, customer service representatives, problem resolution and digital channels.

The average member satisfaction rating for MA plans in 2026 was 611 on a 1,000-point scale, down 12 points from 2025 and down 41 points from 2024. The highest rated plans for 2026 are here.

READ FULL ARTICLE »

2026 SEPTEMBER EVENTS

Sept 1-3 @ 8am - 5pm CAHIP Inland Empire: Annual Senior Summit - @ Riverside, CA
Sept 08 @ 11am - 12:25pm CAHIP-IE: September BODs Meeting - @ Riverside, CA
Sept 09 @ 8am - 9:30am EPI: Surviving to Thriving: Which AI Tools Are Essential for Your Practice? - @ Solana Beach, CA
Sept 10 @ 2:30pm - 4:30pm EPI: Surviving to Thriving: Which AI Tools Are Essential for Your Practice? - @ Costa Mesa, CA
Sept 15 @ 10:30am - 1:30pm CAHIP-OC: Healthcare Cost Crisis-Managing Chronic Care - @ Tustin, CA
Sept 16 @ 11am - 1pm EPI: Speed Troika: Networking Event - @ Westlake Village, CA
Sept 16-18 @ 9am - 3pm WIFS: WIFS National Conference 2026 - @ Portland, Oregon
Sept 24 @ 11:30am - 1:30pm EPI: Beyond the Exit: Advanced Wealth Strategies for Post-Liquidity Planning - @ Norco, CA
Sept 24 @ 5pm - 7pm WIFS: Case Study Night-A WIFS LA Favorite - @ Sherman Oaks, CA
Sept 29 @ 11:30am - 1:30pm CAHIP-SD: Level-Funding: A Panel Discussion - @ San Diego, CA

VIRTUAL EVENTS

Sept 03 @ 3pm - 5pm EPI: Understanding the Complexities of Business Transactions-Panel Discussion - Webinar
Sept 08 @ 11am - 1pm NABIP: Spanish Language Benefits Education (SLBE) Certification (Part 1) - Webinar
Sept 10 @ 11am - 1pm NABIP: PART 2: Engaging Spanish Speakers in Their Benefits: Best (and Worst) Practices - Webinar
Sept 10 @ 11:30am - 1pm NAIFA: 1st of 3 LIAM Series: When Premium Finance Fails: What Litigation Reveals About Broker Risk - Webinar
Sept 15 @ 11:30am - 12:30pm NAIFA: Best Practices – How To Use Life Happens Content - Webinar
Sept 17 @ 10am–11am NABIP: How Brokers Evaluate Fit, Set Expectations, and Shorten the Transition Curve - Webinar
Sept 23 @ 12:30pm–1:30pm NABIP: Social Hour Come As Your Are - Webinar
Sept 24 @ 11:30am– 1pm NAIFA: LIAM Webinar 3–Business and Executive Benefit Planning - Webinar
Sept 30 @ 10am - 11am CAHIP-Ventura County: Group Benefit Compliance Update - Webinar

SAVE THE DATE

Oct 01 @ 10am - 11am NABIP: Open Enrollment Media Readiness: Telling the Broker Story (Craig Gussin) - Webinar
Oct 02 @ 8:30am - 1pm NAIFA: Sacramento Area Wealth & Legacy Forum - @ Sacramento, CA
Nov 03 @ 11am - 1pm NABIP: Healthcare Fiduciary Certification - Webinar
Nov 10 @ 11am - 1pm NABIP: Healthcare Fiduciary Certification - Webinar
Nov 9-11 @ 8am– 5pm NAIFA: Protectors Conference - @ Las Vegas, Nevada
Nov 17 @ 11am - 1pm NABIP: Healthcare Fiduciary Certification - Webinar

BROKER RESOURCES

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

Alignment Health
AgencyBloc
CalCPA Health
CrankWheel for California Brokers
Commission Solutions: 2026 Webinars
CRC Benefits Resources
Covered California: Important Tax Information: How to get a Small Business Credit
Engage PEO
IEHP: Broker Resource Center
OneAmerica Financial
Pinnacle: Announcing Healthview, Refreshed: Simply A Better Experience
Premier HCM
Providence Producer Support
Sutter Health Plan: Prioritizing Mental Wellness
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CRC BENEFITS

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CRC Benefits
Sees Opportunity Beyond the GA Model

By Phil Calhoun in conversation with Andrew Frend

ARTICLE EXPERIENCE OPTIONS Listen Watch

Andrew Frend does not sound like a leader who wants to stand still. He describes himself as someone who has been energized by breadth, not narrow specialization, and that outlook shows up in the way he talks about his path through the industry. Born in a small coastal town in Maine, Frend says half the town were lobster fishermen and the other half worked in some way for UNUM, which gave him an early connection to the insurance world.

From there, his career moved through sales, operations, leadership and technology. He studied physics and history at the University of North Carolina at Chapel Hill, then entered ADP in a sales training program before moving into insurance roles with Mutual of Omaha and ING. He later helped lead the transition from ING to Voya Financial and then gained deeper exposure to the HR technology side as CEO of Benefitfocus.

That mix matters to him. “I really love being a generalist, not a specialist,” Frend said, explaining that the variety of his past work helps him think about strategy and execution in a more integrated way. He also pointed to mentors who shaped him, including Voya’s former CFO Mike Smith and Rob Grupka, who led Voya’s benefits and retirement businesses.

Why CRC Benefits

Frend said the appeal of CRC Benefits was not just the job title. It was the chance to have a broader impact in a market where brokers and consultants influence what employers offer and how employees experience care and coverage.

“I wanted to have an impact,” he said, adding that CRC’s platform gives him the opportunity to support brokers with “the right things, services, insights and analytics, AI solutions.” In his view, the company sits in a unique position because it can help advisors bring stronger benefit design options to employer clients while also supporting carrier partners.

He returned often to the idea that CRC should be a practical partner, not just a transactional shop. “How do we enable brokers and consultants to bring the best solutions to their clients in partnership with our carrier partners?” he asked. For Frend, that is the core of the role and the standard he wants the business to meet.

AI and the fundamentals

AI is already reshaping the conversation in benefits, but Frend was careful not to overstate what it can do. He said he does not hear clients asking to replace people with machines. Instead, he sees the technology as a way to make teams more efficient, reduce repetitive work and improve how service gets delivered.

“Our focus on AI is really emphasizing the execution on the fundamentals of what we do,” he said. That means using technology to automate routine tasks and free up staff for higher value work. Frend also described a shift toward more agentic experiences, where users can ask for what they need rather than clicking through layer after layer of data entry and menus.

Still, he was emphatic that innovation has to be earned. “Operational excellence creates degrees of strategic freedom,” he said, reflecting the idea that strong basics make it easier to innovate later. In his view, CRC must first prove it can execute consistently before it expects clients to trust new tools or larger ideas.

What brokers still win on

For California brokers, Frend’s message was straightforward. Technology may have leveled parts of the playing field, but this remains a trust business. The real differentiator is still the ability to build long-term relationships with employers, HR leaders, CFOs and individual clients.

“This business is a trust in people business,” he said. “If you can’t build a trusting relationship with someone, then all that other stuff doesn’t really matter.” He noted that the best professionals in the space are the ones who consistently do what they say they will do and keep those relationships intact year after year.

That point should resonate with California advisors working in a highly competitive market where employers are asking for stronger cost control, better service, and more flexibility in plan design. Frend’s message suggests that even as tools evolve, the broker who can connect product, service and trust will still have the edge.

Broader value for the market

Frend also sketched out where CRC wants to go beyond its historical role as a general agency. He said the company intends to remain strong in that core lane, but he sees real opportunity to expand the value it delivers through analytics, benefits administration and HR technology.

“We intend to be the best general agency,” he said, but success in five years will mean being seen as much more than a traditional GA. That includes helping brokers design better plans, supporting carrier partners across a more complex funding environment and growing with the market as medical, voluntary and specialty products continue to evolve.

He referenced the changing carrier landscape as well, including fully insured, level funded, self funded, stop loss, ICHRA, captives and PEO arrangements. His point was not that CRC will replace the broker’s role, but that it can help advisors and carriers navigate a more complicated world with better tools and broader support.

What he wants brokers to know

If there was one message Frend wanted California brokers to remember, it was simple: ***CRC wants to listen, learn and help brokers win.***

“We are here to listen and learn how we can best help,” he said. He stressed that the company’s success depends on helping brokers grow their businesses by providing “best in class solutions to their employer group.” He also emphasized service excellence and service recovery, saying CRC will not get everything right all the time, but must respond well when something goes wrong.

That focus on fundamentals came through repeatedly. Frend is clearly thinking about scale, innovation and future growth, but his immediate priorities remain operational discipline, customer trust and a tighter alignment between what brokers need and what CRC delivers.

Working with Andrew Frend

Brokers and industry partners who want to connect with Andrew Frend through CRC Benefits can engage through CRC’s broker and agency platforms, including the agency workspace and quoting tools he referenced in the interview. Frend also said he welcomes feedback and collaboration, especially from brokers who can help shape surveys, service priorities, and future product direction.

His message to the California market is that CRC wants to be useful, responsive, and focused on helping brokers grow. For experienced insurance professionals, that combination of practical support and strategic ambition may be exactly what the market is looking for.

Technology may have ***leveled parts*** of the ***playing field***, but this remains a ***trust business.***

Andrew Frend *serves as* **Chief Executive Officer of CRC Benefits, the employee benefits division of CRC Group**. *In this role, he leads the division’s strategy, sales, and operations while guiding its mission to expand a nationally recognized wholesale benefits platform. Andrew focuses on strengthening relationships with employee benefit brokers and consultants, deepening partnerships with carriers, enhancing service delivery, and driving innovation across CRC Benefits’ portfolio to support clients in a rapidly evolving benefits environment. Andrew brings over two decades of executive experience in the employee benefits sector. Before joining CRC Group, he served as President of Voya’s Employee Benefits business, as well as CEO of Benefitfocus. His career also includes leadership roles at at ADP and Mutual of Omaha. Andrew holds a bachelor’s degree in history and a minor in Physics from the University of North Carolina. He is known for his ability to lead from strategy to execution, employeeand customer-focused leadership style, and ability to guide organizations through growth and transformation*

Covered California for Small Business Brings New Options to California Brokers

By Phil Calhoun in conversation with Dan Tyler

ARTICLE EXPERIENCE OPTIONS Listen Watch

Executive Spotlight

This article is adapted from a California Broker Magazine Executive Spotlight recording featuring Phil Calhoun, CEO of California Broker Magazine, in conversation with Dan Tyler, Vice President of Sales at Covered California for Small Business.

A California native and University of California, Santa Barbara graduate, Tyler brings more than two decades of carrier and small group market experience to CCSB, including 20 years with Health Net before joining CCSB in 2019.

A small group career built on speed and service

Tyler's journey through the health insurance industry has spanned nearly every major sales segment. He launched his career in small group sales, moved into large group sales, stepped into small group leadership and later led both large group and individual and family plan teams. After experiencing the full spectrum, he ultimately returned to the segment that feels most like home—small group leadership.

"I've always gravitated back to small group," Tyler said. "I love working with brokers and GAs, and the faster sales cycle really suits the way I like to work."

While large-group negotiations can stretch six to nine months, small-group cases often move from initial conversation to submission within days. That pace makes service and administration essential. Tyler now leads CCSB's 24-person statewide team, including eight outside sales representatives supported by a dedicated inside sales unit. "We're here to support you," Tyler said. "You have designated sales support as a broker, and our account managers partner with you on renewals and any issues that come up."

A marketplace model for employer choice

Covered California for Small Business (CCSB) helps small employers manage benefit costs while offering employees a broad choice of carriers, plan designs, and metallic tiers. Tyler noted that CCSB now serves nearly 10,000 employers and approximately 82,000 members.

"It's a tough job for employers to figure out their benefits package every year," Tyler said. "They're constantly balancing cost pressures with employee needs."

CCSB simplifies administration by consolidating coverage into a single bill with no billing or administrative fees. Its online portal supports real-time enrollment, billing and renewal updates, and the organization is exploring expanded API connectivity to reduce paperwork and minimize data-entry errors. "We're reviewing new technologies and opportunities to make sure we stay ahead of the market," he said.

New carrier options for 2027

CCSB currently offers Kaiser Permanente, Blue Shield of California and Sharp Health Plan. Beginning January 2027, Western Health Advantage will also be available in the greater Sacramento and North Bay regions, giving brokers in those markets an additional carrier to consider in their small group recommendations.

High-deductible health plan options are available through Kaiser Permanente and Blue Shield of California, and Tyler noted that Western Health Advantage's plan designs will become clearer once rates and benefits are released.

For 2027, Tyler sees healthcare cost pressure, inflation and rate increases as the issues most likely to dominate employer conversations.

He encouraged brokers to stay mindful of regional market differences and provider access. Currently, an employer's location determines which products employees can enroll in. For example, an employer based in Los Angeles with employees in San Diego cannot currently offer Sharp Health Plan to those San Diego employees through CCSB.

Tyler noted that the Department of Managed Health Care has developed new live-work rules that change how carriers and exchanges handle employees working outside a group's primary location. CCSB will be updating their rules next year and those rules will influence how products are assigned across regions. "More to come as the market sees how other insurers deal with the new rules," said Tyler.

A more consultative renewal conversation

For 2027, Tyler sees healthcare cost pressure, inflation and rate increases as the issues most likely to dominate employer conversations. He urged brokers to meet the moment not merely by identifying the lowest premium, but by becoming more rigorous advisors. "Brokers need to be well informed, to be able to have honest discussions as far as the reasons for healthcare inflation and provide a lot of information and solutions to their clients," said Tyler. "They need to be consultative and not just benefit slingers."

That approach requires examining the client's actual utilization patterns, provider preferences, network needs, contribution strategy and out of state employee population. A group paying for a broad network may be able to lower costs if its employees are already using providers in a performance network.

Tyler encouraged brokers to match network options to client utilization, citing Sharp Health Plan's Premier and Performance networks and Blue Shield's Access+ and Trio networks. For groups with employees outside California, Blue Shield's BlueCard network is an excellent solution.

He also urged brokers to highlight often overlooked carrier discounts, including savings on gyms, chiropractic care, massage therapy and identity protection. "If you can save an employee $30 a month from a gym membership or $40 from a chiropractic appointment, that is meaningful to them," said Tyler.

A tax credit prospecting opportunity

One of CCSB's key broker differentiators is the Federal Small Business tax credit, which Tyler described as both a client savings opportunity and a powerful prospecting tool. CCSB is California's only option for eligible groups seeking the credit. Employers must have fewer than 25 full-time equivalent (FTE) employees and average annual employee wages below $67,000; owner and partner compensation is excluded, making some professional offices strong candidates.

The sliding-scale credit can cover up to 50 percent of the employer's health-insurance contribution for two years. Tyler advised brokers to share CCSB's materials and let the employer's tax professional determine eligibility and credit amounts. "Let the accountant run the numbers," Tyler said.

Timing is also important. Because the credit is based on calendar-year contributions, Tyler noted that employers may benefit from ensuring they receive the credit for a full January-through-December cycle. Doing so allows them to maximize the credit over two complete calendar years rather than starting mid-year and losing part of the eligible contribution window.

How to engage CCSB

Brokers can work with CCSB's statewide sales and account-management teams for exchange education, quoting, case placement, client presentations and renewal guidance. They may use a preferred general agent or work directly with CCSB. "If cases are placed through a GA or direct, it is absolutely the same to us," said Tyler. "We support the GA channel 100 percent."

For fourth-quarter enrollment support, client meetings or Spanish-language resources, Tyler encouraged brokers to contact their CCSB representative early. "The role of the broker has never been more important," he said. "They're the ones helping employers navigate cost, quality, access to care and the overall employee experience."

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Dan Tyler *has over 20 years of healthcare industry experience in sales, strategic planning, team-building and distribution channel management. Dan has been immersed in Small Business Group (SBG) sales throughout his career and has a notable history of having impressive sales numbers and exceeding target goals. His previous roles include Senior Account Executive, Business Manager, and Regional Vice President for the Individual Family Plans (IFP), Small Group, and Large Group business segments for a major California insurer. In his current role as Vice President of Sales for Covered California for Small Business (CCSB), Dan provides leadership and manages the entire sales process from start to finish, focusing on executing sales, service and retention goals to ensure that the CCSB program reaches soaring growth levels. In addition to managing the sales and retention teams, Dan works with our carrier partners, brokers and General Agencies to make certain that CCSB plans are providing the value that California clients have grown to expect. Most importantly, he has a passion for our customers and aims to broaden CCSB's continuous mission to offer custom healthcare choices for California small businesses.*

Wayne Guzman on IEHP Growth and Broker Value

By Phil Calhoun in conversation with Wayne Guzman

ARTICLE EXPERIENCE OPTIONS Listen Watch

Wayne Guzman, SHRM-SCP, is director of sales and outreach at Inland Empire Health Plan (IEHP), where he leads efforts to expand broker relationships and support the plan's growth in the Inland Empire. A licensed insurance professional since 1989, he brings nearly four decades of experience spanning brokerage, benefits, carrier representation and health plan strategy.

This article is based on a recorded California Broker Magazine Professionals Spotlight conversation between Wayne Guzman and Phil Calhoun. The discussion focuses on IEHP's broker strategy, Covered California presence, future Medicare ambitions and the practical role agents can play in helping members use coverage effectively.

IEHP builds its next broker partnership chapter

For brokers serving Riverside and San Bernardino counties, Inland Empire Health Plan is becoming more than a familiar Medi-Cal name. IEHP is building commercial infrastructure, strengthening its broker channel and laying the groundwork for an eventual Medicare Advantage Prescription Drug offering.

That approach is informed by the perspective of someone who has spent most of his professional life in the business. Guzman entered insurance shortly after graduating from Cal State Long Beach with a degree in business administration and finance. He became licensed in 1989, built a brokerage practice and later transitioned deeply into health insurance, benefits and carrier representation.

"I became the first broker ever affiliated with IEHP," Guzman said. "We had no broker channel and I thought that was really cool. We were going to get to build a broker channel here."

A mission-driven health plan

Guzman said IEHP's mission, vision and values drew him to the organization. The plan serves Riverside and San Bernardino counties, an area he describes as a large and rapidly evolving region with roughly 4.8 million residents.

IEHP's central purpose is to "heal and inspire the human spirit," Guzman said, while working to deliver optimal care and create healthier communities across the Inland Empire. That mission resonated with his background in community service and nonprofit involvement, as well as his experience helping clients navigate coverage decisions.

The plan began as a public entity health plan created by Riverside and San Bernardino counties to serve Medi-Cal beneficiaries. Today, Guzman said IEHP's current focus is built around three offerings for Inland Empire residents. Those are Medi-Cal, a Dual Eligible Special Needs Plan and the commercial IEHP Covered product.

For brokers, the public entity orientation matters. Guzman emphasized that IEHP is focused on long term community investment and sustainable growth, not simply chasing enrollment volume.

"We never started IEHP Covered for the purpose of growing IEHP Covered," he said. "It was born more of protecting and conserving and providing a pathway" for members who could lose Medi-Cal eligibility during redetermination.

Commercial coverage began with continuity

IEHP Covered emerged as the plan anticipated that a significant number of Medi-Cal members could face eligibility changes after pandemic era protections ended. Guzman said the organization was preparing for approximately 250,000 to 300,000 members to go through redetermination.

The strategic question was straightforward. How could members who no longer qualified for Medi-Cal remain connected to IEHP and preserve access to a plan and provider network they already knew?

That continuity objective drove the commercial launch. In Guzman's view, it also positioned IEHP well for a changing California coverage market. He said the plan now has commercial infrastructure in place rather than having to build it reactively as market and legislative conditions shift.

Currently, almost all IEHP Covered business is written on exchange, Guzman said. Still, IEHP is evaluating the role its off-exchange offering could play for consumers who do not qualify for subsidies or for employer-based arrangements. He also identified potential future opportunities around ICHRA, small employer coverage and Covered California SHOP.

That does not mean IEHP intends to rush into every adjacent market. Guzman's recurring theme was controlled expansion that protects the member experience and supports brokers with dependable operational capabilities.

Network scale meets local investment

IEHP operates through a dual network model that includes direct physician contracts, IPA relationships, hospitals and specialty providers. Guzman said the plan has nearly 10,000 provider partners, with more individual physician contracts than large IPA arrangements.

The broad network footprint is essential in a region extending from the low desert to the high desert, from Temecula through Riverside and San Bernardino County, and toward the Arizona and Nevada borders. The geographic scale creates a continuing need to expand access and strengthen provider capacity.

"We continue to invest into the Inland Empire and work together with our schools, our universities, those who help to bring new doctors and nurses," Guzman said.

For brokers, that local investment story can be meaningful in conversations with clients who value provider access, community ties and plan stability. It also reflects the operational realities of selling coverage in a region with significant growth, varied communities and persistent provider access pressures.

Medicare growth requires patience

IEHP currently offers a D-SNP program, but brokers cannot yet sell it. Guzman was direct that the program remains closed because IEHP is building the systems, infrastructure and operational support needed for a future broader Medicare offering.

The organization's priority is to establish the foundation for an MAPD program, with an initial controlled launch envisioned for 2028 if development remains on track. Guzman described the desired rollout as "a controlled burn, not a wildfire."

The distinction is important. IEHP Covered experienced rapid growth, including nearly 60,000 members in its first two and a half years, according to Guzman. While that growth validated market demand, it reinforced the importance of ensuring that operational infrastructure, provider support and service capabilities scale ahead of volume.

"I want to make sure that we are at that high aspirational goal to come out at a four-star rating when we launch," Guzman said. "I never want them to ever have to apologize to one of their clients and wonder why did I put them in IEHP."

That mindset should resonate with seasoned brokers who have seen rushed launches, network disruptions and underfunded market entries weaken client trust. Guzman's point is that the broker channel must be part of a durable model, not merely a distribution mechanism.

The broker's value beyond enrollment

For brokers seeking to contract with IEHP Covered, the process begins with Covered California certification and IEHP training. Guzman said the plan's broker resource portal is available through the IEHP Covered section of iehp.org. The plan has invested in a Microsoft Dynamics based broker resource center and contracting platform, reducing contracting turnaround from roughly 30 days at launch to approximately three to five days.

The larger opportunity is not just appointment. It is differentiation.

Guzman encouraged brokers to move beyond the traditional enrollment transaction and become more active guides through the healthcare system. IEHP is developing a quality certification program for agents, expected to take fuller form in the first quarter of 2027.
The program is intended to help agents understand quality measures and support members in using benefits effectively.

"We want them not only to be enrolled in the gym," Guzman said. "We want them to go to the gym."

Applied to health coverage, that means helping clients establish care, understand benefits, schedule primary care visits and take action early in the plan year. Guzman specifically encouraged brokers to educate members on the value of seeing a primary care provider within the first 90 days of coverage.

"Guzman underscored that a broker's long-term value rests on integrity."

For brokers facing more self-service enrollment, this is a critical distinction. Consumers can increasingly complete an application online. They cannot as easily replace an experienced advisor who understands plan positioning, provider needs, subsidy changes, renewal strategy and the practical steps that turn coverage into care.

Integrity supports retention

Guzman underscored that a broker's long-term value rests on integrity. Fraud, waste and abuse do not affect only the parties directly involved. They can trigger policy changes, undermine confidence in the distribution channel and create additional friction for compliant professionals.

"Remember that we all owe it to one another to be individuals of integrity and to be part of the solution, not part of the problem," he said.

He also urged agents to keep clients at the center of every recommendation, even when that means placing business with another carrier. A client seeking a PPO, for example, may not be a fit for IEHP. The broker's responsibility is to recommend the solution that meets the client's needs, then build lasting relationships through proactive service and appropriate cross line opportunities.

Engage with IEHP

Brokers interested in IEHP Covered can visit iehp.org, select the IEHP Covered section and access the broker resource portal for contracting information, resources and training. Agents should first maintain Covered California certification, then complete IEHP's annual training to understand how to position the plan and support members effectively.

Guzman and the IEHP sales and outreach team welcome engagement from brokers serving the Inland Empire. The opportunity is especially relevant for advisors looking to build a California individual market practice around member retention, health plan engagement, client education and a developing broker partnership model.

IEHP
Inland Empire Health Plan

Learn More: www.brokers.iehp.org

Wayne Guzman, SHRM-SCP, *has built a multi-decade executive career dedicated to strengthening the health insurance, employee benefits, and nonprofit sectors. Known for his work in new plan startups, organizational turnarounds, strategic planning, and change management, Wayne has helped organizations achieve meaningful growth through collaboration and mission-driven leadership.As the inaugural Director of Sales & Outreach at IEHP, Wayne leads the IEHP Covered team and its expanding broker network, advancing outreach efforts that support and empower the communities IEHP serves. He is also deeply committed to service, currently serving as Immediate Past President and Board Member of Cedar House Life Change Center, and actively contributing to CAHIP. His past leadership includes roles such as IEAHU President, CAHU Vice President of Community Outreach, NAHU Diversity, Equity & Inclusion Committee Chair, and service on the NABIP National Legislative Council – Individual Market Working Group.*

Ellen Sexton on Affordability *and the Future of Blue Shield*

By Phil Calhoun in conversation with Ellen Sexton

ARTICLE EXPERIENCE OPTIONS Listen Watch

Leading through affordability

For Sexton, affordability is still the defining issue in health care. "Our employer groups cannot continue to be able to afford this rising cost curve," she said, adding that the only way forward is to make care more accessible, work with vital providers, and look closely at where waste can be removed from the system.

That framing should resonate with California brokers who are under constant pressure to preserve value for employer clients while still meeting benefit expectations. Sexton's point is that affordability cannot be treated as a standalone pricing challenge. It has to be connected to delivery, network performance and how members actually use care.

She also made it clear that Blue Shield sees affordability as inseparable from quality. "You really can't have good affordability if you don't have access to good quality care," she said. For brokers, that is a reminder that the lowest premium is not always the best solution if it comes with weak access or poor experience.

Member experience matters

Sexton returned several times to the importance of the member journey. She said Blue Shield is pushing to improve the experience with tools that create more real time access, reduce friction and help members act faster when they need care.

Among the examples she pointed to were Zocdoc, which gives members access to online scheduling, and Price Check My Rx, which helps members evaluate prescription alternatives while they are still in the doctor's office.

"By making things more real time, that's going to be definitely part of it," she said.

For California brokers, the takeaway is straightforward. Members increasingly expect the kind of digital convenience they already get in banking, retail and travel. Plans that can shorten wait times, simplify decision making, and reduce administrative friction will have a stronger story to tell in both group and individual markets.

Technology with guardrails

Sexton was notably pragmatic about AI. She said the first question is not what the technology can do, but what problem it solves. "When you think about AI, it really is first thinking about not the technology, but thinking about what problem it's going to solve," she said.

That approach is especially relevant in health insurance, where AI is moving quickly but trust still matters. Sexton said Blue Shield is using AI to reduce administrative burden and help members select higher quality providers based on cost, proximity and other factors. She said one product in development, Signature Blue, is designed to help members choose the provider that best fits their needs.

At the same time, she stressed that technology should not replace the human side of health care. "Healthcare is very personal," she said. "How you build trust" matters just as much as the tools themselves. For brokers, that suggests a balanced message is still the strongest one. Innovation sells, but only when it feels credible and member centered.

The broker relationship

Sexton sees brokers as essential partners in both product development and market feedback. She said brokers help Blue Shield understand what competitors are doing, what the market is missing and where new solutions can be improved before they scale.

“Feedback is the breakfast of champions,” she said, explaining that the company values broker input as part of its product and service strategy. That idea should land well with experienced brokers who want carrier partners that actually listen, not just distribute marketing materials.

She also emphasized consistency across California. Blue Shield’s local presence, in her view, is a strategic advantage because it allows the company to stay committed to the market long term. She contrasted that with national carriers that may enter or exit markets more selectively. “We’re here to serve that market through a longer duration,” she said.

Products and growth

Looking ahead, Sexton said Blue Shield is focused on expanding its product portfolio in ways that respond to what brokers are hearing in the field. She specifically pointed to opportunities around dental, vision, long term disability and other ancillary offerings that can sit alongside medical coverage and strengthen the overall relationship with groups and broker partners.

That product expansion also ties back to her broader growth strategy. She said the company wants to stay aligned with California’s diverse markets while maintaining a consistent service model. For brokers, that means continued attention to how Blue Shield products fit differently across employer groups, Medicare, individual and Covered California segments.

Sexton also said the company is paying close attention to chronic conditions, which she described as a major affordability issue going forward. “People are getting younger and younger and having more pervasive chronic conditions,” she said, adding that Blue Shield wants to do more to move members into preventive care and partner with providers that help manage those conditions well.

What comes next

Sexton’s long term view is built around three priorities. First is affordability. Second is a more personalized consumer experience. Third is innovative partnerships that improve access and interoperability across digital tools and care delivery.

For California Broker Magazine readers, that combination points to where the market is headed. Plans will need to deliver measurable value, not just competitive pricing. Brokers will need to translate network, technology and service differences into clear client recommendations. And carriers will need to keep proving that innovation can coexist with the human touch.

Working with Ellen

Ellen Sexton serves as Executive Vice President and Chief Growth Officer at Blue Shield of California, with responsibilities across commercial and government markets. For brokers and partners looking to engage with her work, the best starting points are Blue Shield’s local sales and broker support channels, as well as the plan’s product education, demos and digital resources.

To explore Blue Shield’s offerings, connect through Blue Shield of California’s broker resources and regional representative network. For business development and partnership discussions, engage through the company’s official broker and employer group pathways so the conversation can be routed to the appropriate market team.

Ellen Sexton *is the Executive Vice President and Chief Growth Officer at Blue Shield of California, where she oversees commercial and government markets serving members across employer group, individual and family, Covered California, Medicare, and Medi Cal lines. Her portfolio also includes marketing, brand, product strategy, digital and member experience.*

Financial Stress Is Reshaping Benefit Priorities. Are Employers Keeping Up?

By Jennifer Beck

Financial insecurity remains one of the most persistent challenges employees face as rising costs, economic uncertainty and debt continue to pressure U.S. households. Increasingly, employers are recognizing that its impact extends far beyond employees' personal finances.

According to the **ARAG 2026 Employee Financial Stability Study**, nearly six in 10 employees (58%) experience moderate to extreme financial stress, and more than half (55%) say that stress affects them at work. Employees report feeling distracted, struggling to concentrate and, in some cases, considering higher-paying opportunities elsewhere.

For benefits brokers and advisors, the findings reinforce a broader shift: financial wellness is now an essential component of total rewards and employee well-being strategies. A recent Bank of America study found that 54% of large employers and 32% of smaller employers now offer financial wellness programs, while more than eight in 10 employers say those resources help support job satisfaction, productivity and talent acquisition.

The challenge for employers is determining what support employees need and how fine-tuning a benefits portfolio can help address those needs.

Financial stress looks different across the workforce

One of the most revealing findings from the research is how financial stress evolves over time.

Employees face a range of challenges depending on where they are in their financial lives. Some are focused on recovering from financial setbacks. Others are working toward long-term goals and building financial resilience. Still, others need help understanding key financial concepts for better-informed decision-making.

ARAG's research broadly categorizes these needs into three financial wellness states: financial recovery, financial preparedness and financial literacy. That distinction matters because it highlights why one-dimensional financial wellness programs can fall short.

An employee trying to recover from medical debt or a costly divorce has very different needs than an employee preparing for retirement or helping aging parents navigate estate-planning decisions.

Understanding those distinctions can help employers build more relevant benefits strategies and ensure a range of resources are available when employees need them most.

Financial recovery requires more than budgeting assistance

Employees in recovery mode are often carrying significant financial burdens. Those burdens may stem from credit card debt, student loans, caregiving expenses, medical costs or major life events with lasting financial consequences.

The study found that 72% of employees experienced at least one major life event during the previous two years; many of those events carried significant legal or financial implications. Among those individuals, more than half reported financial setbacks of $5,000 or more, and most (78%) had not yet recovered financially.

For employers, support often starts with financial counseling and debt-management resources. But employees navigating complex situations may also benefit from legal guidance, employee assistance programs and access to professionals who can help them create a workable plan to address those financial setbacks.

This is where brokers have an opportunity to help employers think beyond traditional financial wellness tools and consider how complementary benefits can support broader financial issues.

Preparedness is key to stress reduction

For many employees, the focus is on achieving longer term goals and that often includes building financial resilience before a major disruption occurs. Think: saving for retirement, preparing for children's education expenses, purchasing a home or creating an emergency fund.

While not in crisis, many workers still feel financially vulnerable. ARAG's study found only 30% of respondents could cover an unexpected $1,000 expense without borrowing or delaying other bills. Financial anxiety is also causing many employees to postpone important decisions. Nearly half (46%) report delaying or avoiding a financially significant task because of potential cost concerns.

For this population, benefits such as retirement planning resources, savings incentives programs, estate-planning assistance and access to one-on-one counsel can help employees feel better equipped to manage their financial futures and reach their long-term goals.

The takeaway for advisors: preparedness benefits are often valued not because employees are facing a financial crunch today, but because they help reduce uncertainty about tomorrow.

Confidence matters

Financial wellness isn't just about income, debt or savings. It's also about confidence.

Only 45% of employees say they are very or extremely confident in their understanding of personal finance concepts. Budgeting, savings strategies, debt management and retirement planning remain areas where many employees feel uncertain.

Educational resources, financial coaching, digital tools and decision-support services can play a vital role in helping employees make informed choices.

Even the best resources deliver little value if employees lack the confidence to use them.

The missing ingredient: communication

Despite growing demand for financial wellness support, utilization rates reveal an important disconnect. Nearly half of employees (48%) believe employers should offer benefits and resources that support their personal finances.

Yet 57% of employees with access to employer-sponsored financial services have yet to use them.

Why? Many employees don't fully understand what resources are available or how those resources apply to their situation. Others hesitate because of privacy concerns.

This underscores the growing importance of pairing benefit recommendations with communication strategies that build awareness, relevance and trust. Employees need to understand not only the available options, but also how a suite of financial wellness resources can work together to help them navigate financial decisions throughout their lives.

Helping employers build a financial wellness ecosystem

The ARAG findings suggest that financial wellness programs work best when employers view it as an ecosystem rather than a standalone benefit.

Employees may need financial coaching today, estate-planning guidance tomorrow or legal support when faced with an unexpected life event. The most effective strategies recognize these interconnected needs and provide resources that work in tandem to support employees throughout their financial journeys

Employers increasingly understand the impact that financial stress has on productivity, engagement and retention. What many need now is a roadmap. Advisors can help employers align financial wellness resources, debt management, legal benefits, employee education and communication strategies into a cohesive offering.

The organizations that get it right won't simply offer more benefit options. They'll help build a more financially resilient and less stressed workforce.

The ***ARAG findings suggest*** that ***financial wellness programs work best*** when ***employers*** view it as an ***ecosystem rather*** than a ***standalone benefit.***

Jennifer Beck *is Vice President of Customer Experience & Insights at ARAG Legal Insurance. She is responsible for the overall experience of ARAG's members through the research, analysis and evaluation of current processes and future trends of both consumer expectations and industry innovations.*

Common Sense: Why Every Medicare Advantage Plan Should Pay Fair Market Value

By Ryan Dorigan

"A long habit of not thinking a thing wrong gives it a superficial appearance of being right."
—Thomas Paine, Common Sense, 1776

For years, Medicare Advantage organizations have been allowed to decide that certain plans will simply not pay commissions to independent agents.

We have become accustomed to it. Agents understand that some plans are commissionable and others are not. We check commission schedules, identify which plans will compensate us and accept that this is simply part of doing business in Medicare.

But the issue has become increasingly difficult to ignore.

Sometimes a carrier makes a plan non-commissionable after independent agents have already been writing and servicing that plan—and its members—for years. The plan remains in the market. The beneficiaries remain our clients. Our responsibility to help them evaluate their coverage does not change.

The compensation does

And as we look ahead to 2027, this issue may become even more pronounced. In early agent rollout discussions, we are already seeing examples of carriers preparing to introduce new non-commissionable plans alongside commissionable plans in the same market.

Think about what that means for an independent agent.

The same carrier. The same market. The same beneficiary. Two Medicare Advantage plans that the agent may need to evaluate side by side.

One recommendation results in Fair Market Value compensation.

The other results in zero

If the purpose of CMS's compensation rules is to prevent financial incentives from influencing which plan an agent recommends, it is difficult to imagine a clearer example of the problem.

Just because we have grown accustomed to something does not mean it makes sense

CMS has repeatedly expressed concern that financial incentives can influence the recommendations agents and brokers make to Medicare beneficiaries. CMS has specifically said that many

Medicare beneficiaries rely on agents and brokers to navigate complex choices and that compensation arrangements can result in beneficiaries being steered based on an agent or broker's financial interests rather than the beneficiary's healthcare needs.[1]

I agree with CMS.

A Medicare beneficiary should be able to sit across the table from an independent Medicare agent and trust that the recommendation they receive is based on their doctors, prescriptions, hospitals, financial circumstances and healthcare needs—not on which insurance company happens to pay the agent the most.

That's common sense

But if we truly believe that principle, then we need to take a long look at the way non-commissionable Medicare Advantage plans are treated today.

CMS is concerned that an agent might be influenced because one Medicare Advantage plan pays more than another.

Yet a Medicare Advantage organization can offer one plan that compensates an independent agent while offering another plan in the very same market that pays that agent nothing.

If a difference in compensation creates the potential for an improper financial incentive, how can the difference between Fair Market Value compensation and zero compensation possibly be acceptable?

This is ultimately about the beneficiary

It would be easy to characterize this as an argument about broker commissions. It isn't. It is an argument about preserving meaningful access to independent Medicare advice.

Independent agents can compare competing insurance companies precisely because they are not employees of any one carrier. That independence has value to Medicare beneficiaries. But independence must also be economically sustainable.

If carriers can selectively determine which recommendations result in compensation and which result in no compensation, then the carrier's financial priorities have been inserted into a process that Congress and CMS have said should remain focused on the beneficiary's healthcare needs.

The broker's responsibility doesn't disappear

CMS itself recognizes the important role agents and brokers play in the Medicare marketplace.

CMS states that "many individuals with Medicare rely on agents and brokers to help navigate complex Medicare choices as they comparison shop for coverage options."

That acknowledgment matters.

Medicare is complicated.

A responsible independent Medicare agent must evaluate provider networks, prescription drug formularies, premiums, copayments, coinsurance, maximum out-of-pocket exposure, hospital networks, pharmacy networks, prior authorization requirements and supplemental benefits.

CMS requires agents and brokers to be licensed in the states where they do business, complete annual Medicare training and testing, follow Medicare marketing rules, and operate under plan oversight.

Those responsibilities do not disappear because a carrier declares a particular plan non-commissionable.

Imagine a beneficiary walks into an independent agent's office. She takes several prescription medications. She wants to keep her primary care physician and cardiologist. She has a preferred hospital. She is concerned about her maximum out-of-pocket exposure and wants to understand the additional benefits available to her. Her agent evaluates the Medicare Advantage plans available to her. After reviewing her doctors, prescriptions and healthcare needs, the agent determines that Plan C is the best fit.

There is only one problem. Plan A compensates the agent. Plan B compensates the agent. Plan C does not. What is the agent supposed to do? Ignore Plan C? Of course not. The agent should recommend the plan that best meets the beneficiary's needs.

The carrier's decision not to compensate independent agents did not make Plan C disappear from the market.

It did not make the beneficiary's doctors less important. It did not eliminate the need to research the formulary. It did not eliminate the professional work required to evaluate the plan. And it certainly did not eliminate the agent's responsibility to put the beneficiary's healthcare needs at the center of the recommendation.

It eliminated only one thing:

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Just because we have grown accustomed to something does not mean it makes sense

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Ryan Dorigan *is President and Chief Executive Officer of Mosaic Health and Life Insurance Services, where he leads strategic growth, agent development, and key partnerships across the healthcare and Medicare insurance sectors. With more than 20 years of experience, Ryan is dedicated to helping beneficiaries better understand their Medicare options while supporting independent agents in building successful, sustainable businesses. Before acquiring Mosaic in 2024, Ryan spent more than 15 years with Applied General Agency, working closely with independent agents throughout California. He is known for a leadership style rooted in integrity, service, and meaningful industry relationships, and previously served as President of the Orange County chapter of the National Association of Health Underwriters, now NABIP.*

Sources:

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CrankWheel Turns Broker Phone Calls into *Visual Sales Sessions*

By Phil Calhoun in conversation with Jói Sigurdsson

ARTICLE EXPERIENCE OPTIONS Listen Watch

Jói Sigurdsson is the founder and CEO of CrankWheel, a screen sharing platform built specifically for insurance brokers and sales professionals. He spent nearly a decade as a software engineer at Google, where he helped develop the real time video and audio capabilities now embedded in the Chrome browser.

This article is adapted from a recorded conversation between Jói Sigurdsson and Phil Calhoun, CEO of California Broker Magazine. The discussion explores how brokers can use CrankWheel to modernize client meetings, streamline open enrollment and prepare for AI driven sales tools.

From Google to the broker's phone

Before founding CrankWheel over 11 years ago, Sigurdsson spent nearly 10 years at Google. His last project there involved the Chrome browser, specifically the technology that enables real-time video and audio communication. That work planted the seed for what became CrankWheel.

The idea emerged from a conversation with his co-founder Gilsi, a veteran of telephone sales in industries including insurance. Sigurdsson asked him what tool he used to show documents to a client during a phone call.

"He's like, no, we don't do that. It's too complicated," said Sigurdsson. That single exchange revealed a gap that brokers still face today, and it became the foundation of the company.

Turning phone calls into visual meetings

The core of CrankWheel is real-time screen sharing that transforms an ordinary phone call into a guided visual session. A broker calls the client, sends a text message, and the client taps a link to instantly view the broker's screen on a phone or computer. "You just need them to be able to open a text message on their phone, click a link, and as soon as they do that, they're seeing your screen share," said Sigurdsson.

The broker controls everything from that point forward, while the client simply watches. Brokers can share plan documents, licenses, presentations, ROI calculators or retirement planning tools, anything they would show sitting side by side with the client.

For older or less tech savvy clients, this matters enormously. "You don't need them to understand how to use a web conferencing tool," said Sigurdsson. Brokers can also gauge engagement by seeing when clients zoom in, tap the screen or move their cursor over the shared view.

Built for compliance and e-signatures

CrankWheel has added tools that speak directly to regulatory demands brokers face in California and nationally. The platform supports built-in e-signature on forms brokers use daily, including CMS ACA attestation forms and the Medicare Scope of Appointment form.

The process also adds a layer of verification. Because the client receives the link by text at a specific number, their phone number is effectively verified before signing. "So that's a form of verifying an e-signature," said Sigurdsson.

Meetings can be recorded for compliance, and recordings are stored automatically in the CrankWheel cloud. For insurance professionals, the company retains recordings for at least 10 years at no additional cost. That retention aligns with the compliance periods brokers must satisfy when documenting scope of appointment and other regulated interactions.

Meeting brokers where they are

Sigurdsson is quick to acknowledge that brokers vary widely in technical comfort. The client side has almost no learning curve, but the broker must learn the tool. "We try to design it to be simpler than Zoom or Teams," he said, "but it does depend on the person."

To bridge that gap, CrankWheel offers free one-on-one onboarding with no obligation to buy. Team members roleplay as the client while the broker practices sending a text, switching sharing modes and showing the webcam. "We take people through it to whatever level of detail is necessary so that they do become comfortable," said Sigurdsson.

The user base spans every age and experience level. Sigurdsson has spoken with brokers nearing the end of careers spanning 30 years, while younger agents tend to self-serve through YouTube training videos and website chat support.

Open enrollment and recorded video

For brokers managing renewals during open enrollment, CrankWheel's video feature has become a practical timesaver. A broker can record a short, personalized video reviewing a client's policy and send it by email or text. "Maybe it's a follow up, maybe it's 'oh, hey Mrs. Jameson, I reviewed your policy,'" said Sigurdsson.

The timing is critical. Carriers typically release plan changes around Oct. 1, and open enrollment begins Oct. 15. That compressed window leaves little time for individual appointments. A recorded video lets brokers reach more clients faster, reserving live meetings for cases involving major carrier cancellations or significant benefit changes.

What AI brings next

Looking ahead, Sigurdsson sees artificial intelligence as the next major shift for brokers. CrankWheel is launching meeting transcription with AI generated summaries and drafted follow up emails that capture decisions, action items and open questions.

> **"CrankWheel has added tools that speak directly to regulatory demands brokers face in California and nationally."**

He is also exploring AI tools that help brokers produce videos at scale, such as recording a custom 30-second intro for each client paired with a shared two-minute segment explaining a specific plan. "All the video editing is sort of done for you," he said.

For agency owners focused on cross-selling, Sigurdsson envisions an AI agent that reviews transcripts and recommends opportunities. "Based on the last meeting with Mrs. Merrill, maybe you should suggest to her to have another meeting about this other product," he offered as an example.

Sigurdsson is firm that the human element must remain central. "It is something that a person should help a person with," he said of the guidance brokers provide on health, retirement and final expense planning.

Engage with Jói Sigurdsson and CrankWheel

Brokers can explore CrankWheel at crankwheel.com by clicking the sign up button to start a free trial. No credit card is required, and the platform is free indefinitely for users who run 15 or fewer meetings per month. New users can also request a free one-on-one onboarding session with a team member. Sigurdsson and his team welcome feedback from brokers on the challenges they face and the tools they need next.

crank® wheel

Learn more: crankwheel.com

Jói Sigurdsson *is the CEO of CrankWheel, a company dedicated to making screen sharing simple enough to use on any sales call, with any prospect. Boost your close rates with effortless screen sharing. Try the product with an extended free trial exclusively for Cal Broker Magazine readers and discover how CrankWheel's effortless screen sharing helps agents close more deals faster, with less friction.*

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

Back-to-School Season Offers a Timely Opportunity to Reevaluate Vision Benefits

By Jonathan Ormsby

Today's screen-heavy world is part of daily life for both students and employees. Teens spend more than seven hours a day on screens, while over half of workers spend more than six hours a day looking at digital devices. With so much time spent looking at screens, vision health is an important consideration in both school and workplace settings.

As students settle into a new school year, employers have a timely opportunity to revisit vision benefits. While parents focus on preparing children for classroom success, vision health is often overlooked despite its strong connection to both academic and workplace performance.

From classroom success to workplace success

The connection between vision and performance does not begin in the workplace. It starts in the classroom.

Research shows 80% of classroom learning is visual, making healthy vision an important factor in a child's ability to learn and engage at school. With the school year now underway, it is an ideal time for employees to schedule annual eye exams for themselves and their children. Yet many adults continue to place vision care lower on their list of healthcare priorities.

In fact, according to the **Transitions Optical 2025 Workplace Wellness Survey**, 60% of respondents are more likely to take time off work for a dental appointment than to visit an eye doctor.

Brokers are well positioned to help employers address this gap by emphasizing preventive vision care and helping clients better communicate the value of their vision benefits to employees. Annual eye exams, typically included in a vision benefits plan, can do more than determine whether a prescription has changed. Survey respondents recognize that eye exams can help identify eye diseases early and may even detect indicators of broader health concerns such as high blood pressure, diabetes and brain tumors.

A family-focused benefit that stands out

As employers continue looking for ways to attract and retain talent, benefits that support employees' families can make a meaningful difference.

For working parents, comprehensive vision plans that deliver value for every member of the family can help ensure their children have access to vision solutions designed to support their everyday activities. Children move between classrooms, playgrounds, sports fields and outdoor environments throughout the day.

Premium options like Transitions® GEN S™ lenses, which are available through many major vision care plans, automatically adapt to changing light, darkening when outdoors and returning to clear when indoors, offering ultimate light protection by blocking 100% UVA and UVB rays and filtering blue-violet light indoors and outdoors. (Block 100% UVA & UVB rays, darken outdoors & filters up to 32% of blue-violet light indoors & up to 85% outdoors. Blue-violet light is measured between 400nm and 455 nm (ISOTR20772:2018) across colors on polycarbonate & CR39 lenses.)

For employers, family-oriented benefits such as these can enhance the overall value of a benefits package while helping employees feel supported both at work and at home.

Helping a client enroll is just the beginning. Being a true advisor means staying present all year long.

Employees are looking for solutions

The 2025 **Transitions Workplace Wellness Survey** findings suggest employees are increasingly aware of vision-related challenges and actively looking for ways to address them. In fact, 71% of employees say eye fatigue or light sensitivity prevents them from doing their best at work, and 42% report it negatively affects their productivity. These findings reinforce that vision benefits can play an important role in supporting employee well-being, engagement and performance.

Nearly two-thirds of respondents say they get annual eye exams so their eye doctor can recommend solutions for issues such as dry eye, strain and light sensitivity. Additionally, 68% say bright or constantly changing light conditions interfere with their ability to excel at work.

Employees also recognize the value of adaptive lens technology. Survey respondents identified UV rays and changing light conditions as situations where lenses that transition from clear to dark—like Transitions® lenses—may help protect their eyes.

An opportunity for brokers to lead

The survey also revealed an opportunity for brokers to help employers strengthen both their vision benefits strategy and benefits communication.

Only 34% of employees say eye health is regularly discussed in their workplace, yet employees express interest in receiving more support.

More than half would value educational materials about digital eye strain and reminders to step away from screens, while nearly half would appreciate an annual overview of their vision benefits.

This creates an opportunity for brokers to take a more strategic approach. In addition to supporting open enrollment conversations, wellness campaigns and year-round employee communications, brokers can review their clients' existing vision plans, benchmark them against benefits offered by similar employers and identify opportunities to enhance competitiveness. Ensuring employees have access to comprehensive vision benefits, including innovative lens options that support today's digital lifestyles, can help employers differentiate their benefits packages while better meeting workforce needs.

During back-to-school season, employers have a natural opportunity to reinforce the importance of preventive eye care, encourage annual eye exams and showcase benefits that support employees and their families.

The lesson is simple: clear vision supports success at every stage of life. From helping children thrive in the classroom to helping employees stay productive and engaged at work, vision benefits are becoming an increasingly important part of a modern benefits strategy. For brokers looking to deliver meaningful value to clients, that makes vision care a conversation worth having this season.

Transitions

Learn More: www.transitions.com

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Sources:
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The *Ghost Network* Problem Hiding in *Self-Funded Dental* Plans

By Allan Berkin and Brian Callery

Funding strategy and plan design dominate the renewal conversation. That makes sense, they're what moves the number on a proposal. Dental usually just gets a GeoAccess report and a nod: enough providers within a reasonable radius, treated as good enough.

While GeoAccess measures distance, it doesn't check whether the specific dentist a family has trusted for years is contracted with the new carrier. That gap survives even the cleanest of reports.

WHY A CLEAN NETWORK MATCH CAN STILL CAUSE A MESS ON DAY ONE

Some dental carriers own their network outright. Others lease it. That means the plan a client just bought might really be running on someone else's network, wearing a new name and nothing about that shows up in the proposal. Even dentists may not be aware that they have become part of one of these leased networks. The American Dental Association has documented cases where a dentist found out only when a claim paid at a discounted rate no one had agreed to, and the Academy of General Dentistry has traced situations where one signed contract pulls a dentist into several other networks they never actually joined. The split matters enough that an independent actuarial firm runs a national study on it every year. If a dentist's own office doesn't always know which networks it's in, the person answering the phone doesn't either.

Here's what that looks like. A group switches from a big, familiar carrier name to a smaller one dental offices don't see as often. The dentist is often still in network. It's just a lease, and nobody told the front desk. The claim still processes fine once it's filed. None of that matters when a receptionist tells a patient the practice doesn't take that plan. Now there's a confused employee, an HR call, and a broker stuck explaining that the plan everyone approved is fine.

This hits hardest on larger groups. A handful of confused employees in the first few weeks of a new plan year can generate way more HR noise than the actual problem deserves. There's a name for this now. Benefits attorneys call it a "ghost network" problem: a directory or brand name that's accurate on paper and useless at the front desk.

That name matters more once you look at who's holding these plans. A meaningful and growing share of dental coverage, especially among larger employers, is self-funded rather than fully insured.

More than 30% of groups with 500 or more employees now run their dental plan this way. Self-funded plans run under federal ERISA rules instead of state insurance law, so the network adequacy reviews states require of fully insured plans generally don't apply. A few recent ERISA cases have already asked whether a self-funded plan can be held responsible for a directory that turns out to be wrong.

A handful of *confused employees* in the *first few weeks* of a *new plan year* can *generate* way more *HR noise* than the actual *problem* deserves.

Separately, appellate courts have reminded plan sponsors that monitoring their vendors is an ongoing job, not a one-time decision made at renewal. On a fully insured plan, a ghost network is a service problem. On a self-funded plan, and that share is only growing, it's closer to a compliance question.

WHERE ELSE DISRUPTION HIDES IN THE SAME SWITCH

The same switch creates smaller problems too, problems nobody flags until later. Carriers don't all treat composite fillings the same way. Some pay white fillings at the full rate on molars. Others downgrade them to the silver-filling rate, so an employee gets the same treatment from the same dentist and still owes more. It gets worse. Rollover credit toward next year's annual maximum doesn't travel to a new carrier, so a cushion someone built up by using less care just disappears. A mid-year switch cuts both ways: it wipes out any deductible progress someone already made, but it also delivers a brand-new annual maximum, a real win for anyone who'd already used up most of this year's benefit, and a wash for anyone who hadn't. None of it shows up on a comparison grid, and none of it is the client's fault for not asking about something nobody put in front of them.

WHAT A REAL RENEWAL SEASON CHECK LOOKS LIKE

A GeoAccess report is a starting point. It's not a disruption analysis. The real check, especially heading into Q4 effective dates, means pulling the actual Tax ID numbers for a client's most-used dental practices and checking each one against the new carrier's provider file directly, not trusting a distance-based map that can't tell a leased network from an owned one. That matters for every group. It matters most for self-funded clients, since no state regulator is catching a stale directory for them if a broker doesn't. That level of check takes real effort on a large group. It's also the difference between running a rate comparison this renewal season and protecting the switch.

BOTTOM LINE

Employees rarely notice when a dental plan gets cheaper. They will notice immediately when their dentist stops feeling like their dentist. Renewal season is when that risk gets locked in for the next twelve months, and catching it first is also how a broker turns a routine renewal into the reason a client stays, not just the reason they didn't leave. CRC Benefits connects advisors with dental, vision and ancillary solutions across every market, with the plan design support and carrier relationships to help a broker bring more than a rate sheet to the table. We'd welcome the chance to talk through what a real disruption check looks like for your book before this year's renewals lock in.

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Learn More: www.crcbenefits.com

CONTRIBUTORS

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Allan Berkin serves as a Benefits Sales Executive, Ancillary Solutions for CRC Benefits, *partnering with brokers throughout the Mid-Atlantic region. With more than three decades of employee benefits experience, he specializes in ancillary product strategies, large-group benefits solutions, and building lasting broker relationships. Allan is known for delivering thoughtful guidance and market insight that help brokers meet the evolving needs of their clients. A graduate of Rutgers University, Allan has spent over 34 years supporting the employee benefits industry. His career has been defined by a strong commitment to service, deep product knowledge, and a consistent record of sales success. Recognized throughout his career as a top-performing professional, he brings a consultative approach and proven expertise to every broker partnership.*

Brian Callery is a Benefits Sales Executive, Ancillary Solutions with CRC Benefits, *serving brokers and partners across New York, New Jersey, and Connecticut. He works closely with clients to identify and develop ancillary benefit opportunities, providing strategic solutions that support growth and strengthen employee benefits programs. His collaborative style and responsiveness have made him a trusted resource throughout the region. Brian brings 28 years of industry experience, having built his career on the carrier side of the business supporting brokers and general agents throughout Manhattan, Long Island, and Westchester County. His extensive understanding of the ancillary marketplace, combined with longstanding industry relationships and a proven ability to help brokers expand their business, enables him to deliver meaningful value to clients and partners alike.*

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Four Investments
to Protect Independence as We Age

By Megan Wroe

For **"Healthy Aging Month"** this September, I am focusing on how to preserve independence through each decade that passes. Independence is one of the top priorities on surveys of senior health concerns and research continues to show that as independence wanes, so does cognition, physical abilities and overall quality of life.

The concept of investment is familiar, so let's use that as our well-being analogy. Most of us spend decades preparing financially for retirement, contributing to retirement accounts and diversifying investments with the assumption that small, consistent deposits over time will pay dividends in the future. Now consider how much time and effort most of us spend investing in the body and mind we will be retiring with. Imagine yourself at 85 years old. What do you hope you'll still be able to do? Perhaps it's traveling with your spouse, playing with your grandchildren, gardening, volunteering, golfing, hiking, driving to lunch with friends or simply living independently in your own home. These future goals of independence are also things we can make small, consistent contributions toward for health payouts later. In fact, research continues to show that many of the greatest threats to independence as we age can be minimized through lifestyle choices (aka investment) made decades prior. To really dig into our investment analogy, let's focus on four primary investments that will make up the success of your Independence Portfolio.

Investment #1: Your Brain

While cognition does decline slightly as a natural process of aging, lifestyle investments can significantly slow this process as well as push back onset of any more significant decline with health conditions that may be in some genetic profiles. Our brains are incredibly resilient and respond beautifully when taken care of on a regular basis.

One lifestyle strategy to preserve cognition is to give the brain consistent opportunities to create more synaptic connections. The brain thrives on challenge.

Learning a new language, taking a painting class, playing a musical instrument, joining a book club, trying a new hobby or simply walking in different paths with variation in terrain encourages the brain to build and strengthen neural connections. You can think of curiosity as exercise for the brain!

Physical activity is equally important for cognitive strength. Regular aerobic exercise increases blood flow to the brain and has been associated with improved memory, executive function and a reduced risk of cognitive decline. Strength training two to three days per week releases growth factors that increase brain volume, structure and connections. Dual tasking exercises such as sports and dance are also considered gold standard fitness for brain health. Other smaller yet equally important long-term strategies for cognitive health are managing blood pressure, getting adequate sleep, treating hearing loss when present and maintaining strong social connections.

Investment #2: Your Muscles

If I had to identify one body part that deserves far more attention in healthy aging, it would be muscle. Muscle is often thought of as something that helps us look fit or lift heavy objects, but its role extends far beyond appearance. Healthy muscle improves blood sugar regulation, supports bone health, protects joints, enhances balance, reduces fall risk and helps us recover from illness or surgery. Plus, we already discussed the importance of resistance training and muscle contraction on brain health! Perhaps most importantly, muscle allows us to continue doing the activities that define independence, such as getting out of a chair, climbing stairs, carrying groceries, lifting grandchildren or getting up from the floor.

Similar to cognition, we do lose a little muscle mass naturally as we age. However, the amount of loss does not have to be significant enough to impede independence. Strength training two to three days per week to challenge your muscles, along with adequate protein intake all contribute to healthy muscles that will support your body at any age. Combine adequate muscle mass with daily mobility and you're Independence Portfolio is unstoppable.

Investment #3: Your Stability

Stability is the combination of strong muscles, healthy bones, flexible joints, good vision, body awareness and the ability to react quickly when life throws you off balance. Falls remain one of the leading causes of injury and hospitalization among older adults, yet many of the factors that contribute to falls are highly trainable, especially when training occurs consistently over time. Practicing balance exercises, maintaining leg strength, improving posture, wearing appropriate footwear, addressing vision and hearing changes, and participating in regular physical activity all contribute to greater stability.

One of my favorite balance exercises can be done while brushing your teeth! Stand on one foot for 20 to 30 seconds while brushing, then switch sides. Hold onto the counter if needed and see if you can let go for a second or two. Not only are you practicing balance and improving your oral health, but this also happens to be a dual task challenge, so the brain wins too! Such a smart investment!

Investment #4: Your Community

Studies show over and over again that strong social relationships are associated with better physical health, improved cognitive function, lower rates of depression, greater resilience and even longer life. Longevity experts all agree that the key to long, healthy, independent life is a strong sense of community. Community gives us purpose. It gives us accountability. It encourages us to keep moving, learning, laughing and investing in both ourselves and each other. Community doesn't have to mean a large social circle either. It might be a weekly walking group, a church community, volunteering at a local organization, taking a fitness class, attending a senior center program or scheduling regular coffee with a friend.

Small Investments, Big Returns

One of my favorite things about these categories of self-investments is how often they overlap.

Join a walking club and you've invested in your muscles, your brain, your stability and your community. Take a dance class and you've improved strength, balance, coordination, learning and social connection in a single activity. Volunteer at a community garden and you've combined movement, purpose, fresh produce and meaningful relationships. Every time you make a small personal health investment, your entire independence portfolio (aka your whole body health) improves in multitudes and your independent retirement just keeps looking better.

"Join a walking club and you've invested in your muscles, your brain, your stability and your community."

Upcoming programs at St. Jude Wellness Center

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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 one to two 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.

Senior Social Groups: A free monthly group intended to bring people together and encourage socialization. Volunteers lead these sessions with topics ranging from arts & crafts to games to engaging discussions. Strength in motion series for seniors: Aug. 11-Sept. 17 at 1pm & 2pm for $165

Guided Meditation, Breath Work and Yoga Workshops: $25 each

Yoga for Back Health Series: start in October, $65

Strength in Motion Series: starts in October, $165

Sound Bath: $25 per session, offered two to three times per month

Lifestyle Health Webinars & Virtual Cooking Classes: free every month

Megan Wroe, MS, RD, CNE, CLEC, *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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Two careers. Two continents.
Field notes from the threshold (Part 2)

By Joshua Schneeloch

Click Here to Read Part 1

400,000 Open Seats

I went to Atlantic City looking for the future of our business. The number that followed me home was 400,000.

In late June, I walked the floor of the NABIP Annual Convention in Atlantic City. The theme this year was Racing Ahead, printed in bold across the banners, over a room full of energy, sharp minds and decades of hard-won experience. I loved being there. I also could not shake one question as I moved through the crowd. If we are racing ahead, who is going to be driving in 10 years?

I looked around that room for the next generation. I found some, and I was grateful for every one of them. What I mostly found was my own generation and the one ahead of it. The people who built this industry were everywhere. The people who will inherit it were harder to spot. That gap in the room is the same gap the whole field is facing.

Last month in this column I laid out the shape of that shortage, the six-to-one imbalance between the producers heading for the exit and the young people arriving to take their place, and the 400,000 seats the Bureau of Labor Statistics expects to open over the next 15 years. That is the headline. This month I want to go underneath it, because the empty seat count hides two truths that make the picture harder than a simple shortage.

The first is that the few young people who do join us tend to leave. LIMRA has found that only about 15% of new financial professionals are still with their hiring company after four years. Many agencies lose half or more of their new recruits inside the first 12 months. We are recruiting into a bucket with a hole in the bottom, and then we wonder why the water level keeps dropping. Filling 400,000 seats means very little if most of the people we seat get up and walk out. Recruitment without retention is an expensive revolving door, and right now the door is spinning.

The second is that the inflow has been flat for years. The ranks of independent agents barely moved across the last decade of available data, rising only from about 190,000 to 197,000, while the retirement clock kept ticking. And the churn we do have is expensive. By common estimates it costs six to nine months of a producer's pay to recruit, onboard, and train a replacement, and the real figure runs higher for a licensed producer who needs product knowledge and years to build trust. An agency with heavy turnover is quietly rebuilding its sales force every few years and paying full price each time. This shows up on the balance sheet as surely as it shows up on the org chart.

And it is personal for everyone reading this. If you own a book of business, the pipeline is your problem too, because the value of what you have built rests on there being someone qualified to service it, buy it, or carry it forward when you step back. A thin pipeline quietly discounts every agency in the state.

So why do they leave? Most of the time it comes down to one missing ingredient, which is guidance. Too many firms hand a new producer a phone, a list and a quota and call that onboarding. Young people will pour years into a career that shows them a path and puts an experienced person beside them, and when a newcomer finds neither, the door becomes the easiest thing in the room to find.

The fixes are not a mystery. LIMRA's own research points to a short list of what keeps new people in, including a fast start, a strong selection process, joint field work, real skills training and mentoring. Every item on that list is one human being investing in another. This is a relationship problem with a relationship solution, and it sits well within our power to build.

That thin turnout of young faces in Atlantic City is the same story in miniature. If the future of this field is supposed to be in that room, we have to ask why so little of it showed up. A convention is a mirror. Ours is telling us something, and we can either listen or keep printing bigger banners.

Last month, I said I was stepping into the Professional Development and Award board seat at CAHIP-LA to build a mentorship initiative. Let me go a step further and say what I think it should be. Pair every willing veteran with one new entrant for a defined stretch. Put them in the field together on real cases. Give the newcomer a fast start, a reason to stay through the lean months and a name to call when the work gets hard. Then, measure who is still standing after one year and two years and publish what we learn so any chapter can replicate it. California is the right place to prove it—one of the largest benefits markets in the country, sitting on one of the youngest and most diverse talent pools anywhere, much of it already in our community colleges waiting for an invitation. Carriers and general agencies can help fund it, community colleges can feed it and the chapters can run it. The pieces already exist. Our job is to connect them.

I am writing this as an open invitation. If you have built something that brings young people in and keeps them, I want to learn from it. If you know a college student, a career changer or a young professional who belongs in this business, I want to help you bring them through the door. Reach out to me on LinkedIn or through CAHIP-LA at info@cahip-la.org, and bring your ideas. The best answers to this will come from the people living it.

The seats are open. Four hundred thousand of them, and counting. The real question is what we do while they sit empty. We can watch the retirements roll in, or we can start building the on-ramp that carries the next generation into these careers. I know which work I want to be doing. Meet me at the next convention, and bring someone young with you.

"*We are* recruiting *into a* bucket *with a* hole *in the* bottom, *and then we* wonder *why the* water level *keeps* dropping."

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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.*

How Small Businesses Select Advisors

By California Broker Magazine

CA brokers help small businesses navigate taxes, finances and insurance policies effectively. Learn how advisors can make all the difference when it comes to establishing and maintaining small business clients. Understanding the selection process enables health insurance professionals and other advisors to strengthen their skills and market effectively to the businesses they can help the most. Learn about the seven most important selection criteria businesses use to pick advisors to help you prioritize how you work with your clients and open doors to a win new business.

Types of small business advisors

Small business advisors are typically experts in their fields. They provide critical support and information that business owners may not have. For example, a small business owner may know how to file taxes for their enterprise, but they may not be aware of deductions and liabilities. A tax advisor has the knowledge and experience necessary to help the business file taxes correctly with maximum savings. Did you know CCSB has the only tax credit program that fits small businesses? Learrn more: www.coveredca.com/forsmallbusiness/

Expert advisors for small businesses may include:

- Financial advisors
- Employee health benefits advisors
- Tax advisors
- Risk management advisors
- Management advisors
- Life insurance and LTCi advisors

Of course, every business has different needs, so building your collaborative partnerships will help you be a go-to solution provider for your clients. Find trusted colleagues in finance, accounting and HR as these areas are common for recurring problems and businesses experts in these areas to function.

Seven most important selection criteria used to pick advisors

The selection criteria for a business advisor can vary greatly depending on the type of business. Small business owners may consider the following criteria when selecting an advisor for their enterprise.

1. Experience managing a small business

A small business owner may want to look for an advisor with experience specifically in small businesses. Advisors who have firsthand experience managing or owning a small business are better equipped to understand an entrepreneur's unique challenges. Whether they are helping with employee benefits, risk mitigation or financial management, an experienced advisor will know how to identify and address the business' greatest challenges.

2. Industry specialization

Small business entrepreneurs often look for an advisor who has a deep understanding of their specific business niche. This advisor is more likely to understand the relevant jargon, business requirements and special challenges. They may also have access to resources and connections that can help the business thrive.

"Choosing the right advisor for a small business requires a personalized approach"

For example, a coffee shop will face different challenges than a jeweler or clothing boutique. Each business has distinct supply chain dynamics, employee requirements, operating needs and financial obligations. Not all business advisors are suitable for all types of businesses. In fact, a one-size-fits-all approach can harm the business rather than help it. Small businesses benefit from having an advisor with insight into the unique aspects of their industry.

3. Certifications, licensing, and other credentials

Depending on the type of advisor they need, a small business may look for certifications, degrees or licensing. Examples of credentials a business owner may seek include:

- Certified Public Accountant (CPA) license
- Certified Management Accountant (CMA) certification
- Bachelor's degree in business
- Master of Business Administration (MBA) degree
- Certified Professional Coach (CPC) certification
- Certified Management Consultant (CMC) certification
- Professional license in their area of specialization

Consultants interested in helping small businesses may benefit from obtaining additional education and training in their niche. Credentials help validate an expert's knowledge, specialization and commitment to providing quality consulting services.

4. Affiliations with advisory and regulatory organizations

An advisor registered or accredited by organizations like the Better Business Bureau (BBB), SCORE Foundation or a local Small Business Development Center can be valuable for a small business owner. Business advisors may benefit from partnering with organizations in their field of specialization, such as:

- Financial Planning Association (FPA)
- National Association of Insurance and Financial Advisors (NAIFA)
- Association for Financial Professionals (AFP)
- National Association of Tax Professionals (NATP)
- Private Risk Management Association (PRMA)
- Association for Supply Chain Management (ASCM)

National, state and local professional organizations can provide support to advisors so they can better assist their clients. Small businesses can then benefit from the shared knowledge, resources and network that these advisors bring to the table.

5. Recommendations and reviews from previous clients

Reputation can be a strong deciding factor for small business owners looking for an advisor. The BBB, Yelp and other review sites can provide important insight into a business advisor's capabilities. Reviews can provide a snapshot of client satisfaction and additional information that may not be readily available on the advisor's website or marketing materials.

6. Communication style and methods

When choosing the right advisor for their small business, an owner will likely prefer someone they can connect with. The advisor's methods and style of communication can greatly influence a business owner's decision. For instance, a business owner who prefers open communication and regular updates may not appreciate an advisor who communicates rarely or only through periodic reports. Similarly, a small business entrepreneur with a casual communication style may be alienated or put off by a business advisor whose communication style is very formal.

While there is no one "right way" to communicate, advisors can appeal to potential small business clients with an adaptable communication style. Advisors may benefit from asking about the client's preferred communication methods and frequency from the outset.

7. Preparation and attentiveness

During the selection process, a small business owner may consider the advisor's preparation and attentiveness to their specific needs and challenges. An entrepreneur can reasonably expect an inattentive or unprepared advisor to continue in the same vein. If the business owner is not confident that the advisor is looking out for their business interests, they may opt for a different expert.

A business advisor can avoid this pitfall by presenting themselves as an expert with the interests of their clients in mind. They should be able to demonstrate how their knowledge and expertise can help address the challenges faced by a business. Directly referencing industry challenges can instill confidence in their clients.

Choosing the right advisor for a small business requires a personalized approach

Selecting the right advisors can make or break a small business. These seven criteria can help your clients choose the best advisor for their business needs. They also provide health insurance professionals and other business advisors with insight into the unique factors that can influence a small business owner's decision to choose one advisor over another. Ultimately, expertise, communication and preparation are the key ingredients to craft a successful partnership between a business and its advisors.

CA brokers need to stay current with their chosen work with clients and continue to learn and grow in their personal skills and build a collaborative network including carrier reps/partners and colleagues. Many advise joining a local chapter of NAIFA or CAHIP to meet new colleagues and learn fresh ideas to bring to clients.

Sources:
1. U.S. Small Business Administration: "Small Business Development Centers."
2. SCORE: "Considerations for Selection of a CPA."
3. California SBDC: "About SBDC."

Unbundling a PEO: What Benefits Brokers Need to Know

By Steve Evans

Leaving a PEO doesn't mean joining one was a bad decision. For many employers, the PEO model works well and provides a convenient way to combine payroll, benefits, HR support, workers' compensation and other services under one relationship.

Businesses change though, and a structure that made sense at one point may no longer be the right fit. An employer may want more control over its benefits, better visibility into costs, different technology or the ability to choose each provider independently. Once the decision is made to leave, the bigger challenge is separating everything that has been bundled together and rebuilding it without creating problems for the employer or its employees.

With the new year being a common effective date for these transitions, this is the time for brokers to get all their ducks in a row and prepare to provide as smooth a transition as possible for clients moving away from a PEO. Here are a few steps I'd suggest brokers take to help manage the process and keep everything on track.

Bring the payroll partner in early

One of the first decisions the broker needs to make is who will handle payroll and HCM. So many of the pieces being separated from the PEO will need to be rebuilt within or connected to the new HCM platform, including things like benefits, timekeeping, PTO, the retirement plan, onboarding processes, employee data and state payroll tax accounts.

Benefits brokers are experts in benefits, but they typically aren't experts in every area of payroll and human capital management. An experienced payroll partner can ask the right questions, uncover those requirements, identify potential gaps and help build a more complete transition plan from the beginning.
This isn't the time to choose an inexperienced sales rep. You need someone who understands how all the pieces are going to connect, can project manage the implementation and work with the different providers to keep important decisions from getting lost during the handoff.

Trust matters just as much as technical experience. Many HCM providers have internal insurance, retirement, workers' compensation or HR divisions that will view this new client as an opportunity to sell additional services. If it uses the payroll relationship as a back door to sell competing services, what began as a helpful referral can quickly create problems for you and anyone else working with the client.

Understand what is being unbundled

Once the payroll partner is involved, the broker and the rest of the team can begin identifying everything the employer currently receives through the PEO and determining what needs to replace it. The PEO agreement should also be reviewed for termination requirements, renewal provisions, fees, plus any responsibilities that continue after the relationship ends.

The medical renewal will naturally receive much of the broker's attention, which can make it easier to overlook some of the operational details involved in the transition. Getting the required state payroll tax accounts in place, for example, falls outside the broker's normal scope, but it still needs a clear owner.

I personally like to use a written transition plan that identifies each workstream, who is responsible, what information is needed and how each piece connects to the effective date. It gives the entire team I'm working with one place to track progress and helps prevent important details from falling through the cracks.

Benefits and payroll can't be managed separately

For benefits brokers, building the new benefits strategy is naturally a major part of the project. Medical and ancillary plans need to be selected, while employer contributions, waiting periods, eligibility rules, employee elections and enrollment communication all need to be established.

Those decisions directly affect the payroll and HCM implementation. Employee deductions, eligibility rules, and carrier connections must be configured correctly. The same coordination applies to the retirement plan, workers' comp insurance, timekeeping, PTO, onboarding and other services previously handled through the PEO. Each provider may own a different area, but everyone needs to work from the same transition plan.

Validate the setup before going live

As the effective date approaches, employee and historical data need to be transferred into the new system. This includes the payroll, employee, benefit, tax and historical data the employer will need in the system going forward.

Before the first payroll is processed, the employer and its providers should carefully validate the setup. A payroll preview can be compared against prior payroll records to confirm pay rates, taxes, deductions, retirement contributions and employer costs. Timekeeping rules, PTO, benefit eligibility, carrier connections, workers' compensation codes and general ledger mappings should also be reviewed.

Employee communication is another important part of the transition. Employees may need to enroll in new benefits, create accounts in a new system and learn a new process for things like timekeeping and viewing pay stubs. Clear communication about what is changing, what isn't and what employees need to do can reduce confusion and make the transition feel much less disruptive.

The work shouldn't end once the first payroll is processed. A post-payroll review can identify incorrect deductions, tax issues, missing contributions or other problems that may not have been visible during implementation. It's much easier to correct those issues after one payroll than to discover them several months later.

The broker's role in the transition

The benefits broker doesn't need to personally manage every technical detail. Their value comes from recognizing the full scope of the transition, bringing the right partners together and making sure every important area has an owner.

Moving an employer away from a PEO is more than replacing a benefit plan or selecting a payroll company. It's the process of rebuilding the employer's HR and benefits infrastructure around a new group of providers. When the transition is managed well, the client sees their broker as a trusted advisor who understands the business beyond the insurance and can bring together the right people to support it.

If you have a client considering a move away from a PEO, my team and I are always happy to help you think through the payroll and HCM side of the transition and make sure the right pieces are accounted for.

"A post-payroll review can identify incorrect deductions, tax issues, missing contributions or other problems that may not have been visible during implementation."

Premier HCM

Connect with us at premierhcm.com/ca-broker-magazine if we can be a resource.

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.*

Sarah Knapp on Benefits Education and Broker Advocacy

By Phil Calhoun in conversation with Sarah Knapp

ARTICLE EXPERIENCE OPTIONS Listen Watch

This Broker Spotlight is drawn from a recorded conversation between Sarah Knapp, broker sales representative at Colonial Life and CAHIP OC president, and California Broker magazine CEO Phil Calhoun. Their discussion focuses on voluntary benefits, employee education, association advocacy, mentorship and the practical steps brokers can take to create greater value for employer clients.

Sarah Knapp brings a teacher's mindset to the employee benefits business. A Southern California native, Knapp entered the insurance industry in 2011 and has spent 16 years with Colonial Life, where she partners with brokers to deliver voluntary benefits, enrollment support, employee communication and technology solutions. She also serves in her second year as president of CAHIP OC, where membership growth and industry advocacy are central priorities.

Education creates better benefits decisions

For Knapp, voluntary benefits are not simply an add on to medical coverage. They are an opportunity to help employees address the financial exposure that can follow an accident, illness, hospitalization or disability event.

Colonial Life's supplemental offerings are designed to help employees manage both medical and nonmedical out of pocket costs. "Anytime that you have a major incident with your medical insurance, you're going to have out of pocket costs," Knapp said. "Knowing that they have these supplemental benefits that they can fall back on and that it's going to create a safety net for them really just gives peace of mind for so many people."

That message has clear relevance for California brokers working through another period of rate pressure and employer affordability concerns. As employers adjust contribution strategies, select lower cost medical plan options, or manage higher deductibles and out of pocket maximums, supplemental benefits can become a more meaningful element of the overall benefits strategy.

Knapp sees two ways voluntary benefits can help. An employee who chooses a more affordable medical plan may be able to use voluntary products to create additional financial protection. An employer also may choose to fund a benefit such as hospital confinement coverage as part of a broader benefits redesign.

"When we have these plans that can supplement those out-of-pocket costs, then it lessens the blow," said Knapp. "We can help that employee build in these plans at a lower cost to help with that risk of the high out of pocket costs without having to pay a high monthly premium."

This is not a substitute for thoughtful medical plan design. Rather, it is a reminder that brokers can bring a more complete risk management discussion to the table, especially when employers are forced to make difficult affordability decisions.

Enrollment is a client service strategy

Knapp emphasizes that Colonial Life is more than an insurance carrier. The company's value proposition, she said, includes enrollment capabilities, employee communication, benefits education and technology intended to simplify the experience for employers and employees.

The differentiator is the one-on-one conversation. Knapp noted that benefit counselors can meet individually with employees, explore their concerns and needs and help them understand the coverage available through their employer. This service is offered at no cost to the broker or employer, according to Knapp.

“You never know what will happen if you say yes and commit to helping with the association and just being involved.” - Sarah Knapp

For brokers, this support can reinforce the value of the benefits program at the point where employees experience it most directly. Enrollment may be the only time many employees focus closely on deductibles, out of pocket maximums, plan tradeoffs, or income protection needs. If that conversation is rushed or unclear, even a well designed benefits package can leave employees frustrated.

Knapp regularly hears a similar response after full enrollments. “This is the first time that I’ve ever actually understood what’s being offered,” employees tell her. She believes education helps employees become “better consumers” and better advocates for themselves when they use their medical insurance.

That is a service model brokers can apply beyond any single carrier relationship. A client’s satisfaction is shaped not only by plan selection and contribution levels, but also by whether employees understand what they elected, why it matters and how to use it.

Ask questions, then listen

Knapp’s advice to brokers working with business owners is straightforward. “Ask questions and then truly listen,” she said.

Every employer has different pain points, workforce demographics, budget constraints and priorities. A broker who begins with assumptions may miss the opportunity to solve the issue that matters most to the client. Listening first allows the broker to identify the employer’s goals and then develop benefits solutions that align with those goals.

Knapp also makes an important distinction about the broker’s role. Employers are experts in their own businesses, but they may not fully understand the health insurance marketplace or the operational implications of benefit decisions. “We are the experts,” Knapp said. “Once we understand what they want and what they need, then we are their guide.”

That guidance becomes particularly important when a client must balance employee expectations against rising costs. The strongest brokers can move the conversation beyond a renewal spreadsheet and toward a strategy that combines plan design, employee communication, enrollment support and voluntary protection.

Mentorship and a larger voice

Knapp credits mentors with shaping her career and her leadership path. John Evangelista introduced her to the industry and to Colonial Life, while also encouraging her to join CAHIP OC.
Pat Stifler later encouraged Knapp to volunteer with the association’s awards committee.

Those early “yes” decisions produced unexpected opportunities. “You never know what will happen if you say yes and commit to helping with the association and just being involved,” Knapp said.
Now, as CAHIP OC President, Knapp sees membership growth as essential to protecting the profession and the clients brokers serve. “Our collective voice is much louder the more people we have,” she said. “CAHIP isn’t just an association. It’s an investment in your business and your career, and it’s an investment in the future of our industry.”

Advocacy is a key part of that value. Knapp encourages members to engage with legislators, participate in the association’s annual trips to Washington, D.C. and Sacramento, and share firsthand marketplace perspectives. Brokers working daily with employers, employees, Medicare clients and individual health clients can provide lawmakers with practical insight into how policy decisions affect Californians.

Get involved with Sarah Knapp

Brokers interested in voluntary benefits enrollment solutions, employee education, communication support, and related technology can engage with Sarah Knapp through Colonial Life. Those seeking professional education, networking, mentorship and advocacy opportunities can participate with Knapp through CAHIP OC, including local events and legislative advocacy efforts.

Knapp’s message to both new and established professionals is simple. “Get involved now. Get involved soon. Sooner rather than later.”

Join the movement at www.cahip.com/join

California Agents and Health Insurance Professionals
CAHIP
NABIP - California

Sarah Knapp
With 16 years of experience at Colonial Life, Sarah is an accomplished Account Manager specializing in Voluntary Benefits, sales, and client service. She works closely with broker partners and clients to provide benefits education, enrollment solutions, and exceptional support. Sarah also serves as President of CAHIP Orange County, where she advocates for the insurance industry, promotes professional development, and creates opportunities for networking and collaboration. She is passionate about building strong relationships, supporting industry advocacy, and helping clients navigate the evolving benefits landscape.

Click here to Contact

Handling Difficult Conversations:

Helping Clients Balance Leadership, Communication and Compliance

By Ailene Dewar Costello

The Engage PEO Human Resources Consultant Team

Difficult conversations are an inevitable part of managing people. Whether the discussion involves performance concerns, workplace behavior, organizational changes or employee expectations, these conversations play an important role in maintaining accountability, productivity and workplace culture.

While these discussions take place between managers and employees, insurance brokers may be called upon as trusted advisors to help clients access the resources and guidance needed to navigate challenging workplace situations with confidence. These conversations can also reveal broader gaps in manager training, documentation, workplace policies or access to experienced HR support.

While no manager looks forward to a challenging conversation, avoiding issues rarely makes them disappear. In many cases, unresolved concerns can affect team dynamics, employee morale and business outcomes. They can also create added risk when expectations are unclear, conversations are handled inconsistently or managers act before gathering all relevant information.

Before exploring strategies for approaching these discussions, it's helpful to understand some of the common situations and responses managers may encounter.

New flexibility around events and conversations

Managers often encounter a wide range of employee responses when addressing workplace concerns. Some employees may be resistant to change, while others may struggle to accept feedback or accountability. Challenges can also arise when employees are disengaged, frequently negative, unwilling to collaborate or frustrated with workplace decisions.

Common situations that may require difficult conversations include:

- Performance concerns
- Behavioral or conduct issues
- Resistance to organizational goals or change
- Communication of new policies or expectations
- Attendance and reliability concerns

Because these discussions often involve emotions, expectations and workplace relationships, effective communication becomes essential.

The role of communication

The success of a difficult conversation is often influenced by how the message is delivered. Clear, respectful and thoughtful communication can help create an environment where concerns are addressed constructively rather than defensively.

"The *success* of a *difficult conversation* is often *influenced* by *how* the *message* is *delivered*."

Strong workplace communication is typically characterized by:

- Clarity and accuracy
- Respect and professionalism
- Specific, fact-based discussions
- Active listening
- Appropriate tone and body language

When communication remains focused on observable behaviors and business needs, conversations are often more productive and better received.

Creating a consistent, structured approach

Many organizations benefit from establishing a consistent approach to workplace conversations. A structured process can help ensure concerns are addressed fairly, expectations are communicated clearly and decisions are supported by objective information.

A structured discussion often includes four key elements:

- Clearly stating the issue
- Providing specific examples
- Explaining the impact of the behavior or performance concern
- Defining expectations and the desired outcome

Documentation also plays an important role. Accurate records of performance concerns, workplace issues and previous discussions can provide valuable context and help support consistency across the organization.

Consistency is particularly important because employees often evaluate workplace fairness based on how policies and expectations are applied. When similar situations are handled differently, trust and credibility can be impacted.

Navigating conversations in a changing workplace

As remote and hybrid work arrangements continue to evolve, difficult conversations may occur in a variety of settings. Virtual discussions can present additional challenges, including reduced visibility into nonverbal communication and increased potential for misunderstandings.

Organizations that prioritize clear communication and employee engagement, regardless of work location, are often better positioned to navigate these conversations successfully.

Compliance considerations

Beyond communication challenges, difficult conversations can also carry legal and compliance implications. Issues involving workplace conduct, harassment, discrimination, employee complaints and protected workplace communications require careful consideration.

Employers should also be aware of employee rights related to workplace discussions. For example, non-supervisory employees generally have protections under the National Labor Relations Act (NLRA) when discussing wages, benefits and other terms and conditions of employment.

Clear workplace policies can help establish expectations for professional conduct while supporting compliance with applicable employment laws.

Moving forward

While every situation is unique, thoughtful communication and a strong understanding of workplace obligations can help managers navigate difficult conversations with greater confidence and effectiveness.

For insurance brokers, these situations may surface during broader conversations about client risk, workplace challenges and business operations. A client that struggles with difficult employee conversations may also need stronger manager training, clearer policies,or more direct access to HR guidance.

Brokers do not need to step into employee matters. Their value comes from recognizing when a client may need additional support and helping connect that client with the right resources before an issue escalates.

For clients who may need help navigating difficult workplace conversations, Engage PEO can provide broader HR and workforce support. Engage provides direct access to HR Consultants who are licensed employment attorneys, along with dedicated professionals supporting payroll and tax administration, employee benefits, HR technology, workers' compensation and risk management.

Engage can also structure its services around a client's existing relationships, including the flexibility to carve out benefits or workers' compensation when appropriate.

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Ailene Dewar Costello, *President-Elect of CAHIP-OC and Vice President of Sales, California at Engage PEO, brings extensive expertise in healthcare, human resources, recruiting, and workers' compensation. She holds the Associate Professional in Human Resources (aPHR certification from HRCI, the Certified Business Performance Advisor (CBPA designation from the University of Houston's Bauer College of Business, and a California Life & Health Insurance License.*

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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Pickleball Injuries:

Common Risks, Prevention Tips and Safe Play Strategies

By Nicholas Redden

Pickleball has become one of the fastest-growing sports in America, drawing players of all ages to courts in community centers, retirement communities, parks, and back yards. For older adults especially, it offers a compelling combination of social connection, light-to-moderate aerobic exercise, and competitive fun.

But as pickleball's popularity has soared, so too have pickleball injuries. According to Cleveland Clinic physical therapist Nicholas Redden, PT, DPT, ATC, nearly seven in 10 pickleball players experience at least one injury annually, 40% of those injuries cause a halt in play, and 33% of those injured play through pain.

Why is pickleball so popular?

Pickleball has been around since the 1960s, but interest and participation in it has grown exponentially in recent years. In fact, according to the Sports & Fitness Industry Association (a trade group, pickleball participation in the United States increased from about 4.2 million "picklers" (as pickleball players are known in 2020 to more than 24 million in 2025.

In pickleball, players hit a plastic ball using paddles about 16 inches long by 8 inches wide. The game can be played as singles or doubles on a court similar in size to a badminton court but smaller than a tennis court.

As such, pickleball is an attractive alternative for individuals who no longer can cover the ground on the larger tennis court. It can be tailored for varying skill levels and physical capabilities, while still providing a good aerobic workout, improving overall fitness, balance, and coordination, and giving players an opportunity for social interaction. Plus, pickleball doesn't require a huge financial investment.

Who is most at risk for pickleball injuries?

Accompanying the growth of pickleball has been an uptick in pickleball injuries. For instance, a recent survey of 1,758 pickleball enthusiasts found that about one-third reported experiencing an upper-extremity injury (most commonly sprains and strains in the previous year (JOSPT Open, online April 15, 2026.

While pickleball attracts players of all ages, data clearly points to adults ages 60 to 69 at highest risk of injury. About 90% of emergency department visits for pickleball injuries involve players ages 50 and older. The combination of factors most predictive of injury are (1 being in that 60 to 69 age range, (2 having played for fewer than five years, and (3 playing more than three times per week.

In other words, the enthusiastic new retiree who has just discovered pickleball and is playing every day is precisely the person most at risk for injury. Men are more commonly injured overall, experiencing sprains and strains 3½ times more frequently than women. Women, however, tend to sustain more serious injuries when they do fall. Fractures occur 3½ times more often in female versus male players. This disparity is largely attributed to bone density loss after menopause, which increases fracture risk in older women.

The most common pickleball injuries

Pickleball overuse injuries top the list, accounting for approximately 38% of all injuries among picklers. Ligament and joint sprains and strains comprise about 22%, and muscle strains make up around 17%. Pickleball players also face risks of eye and head injuries.

Also called repetitive stress injuries, overuse injuries develop gradually when a joint or muscle group is used repeatedly without adequate rest. The most common example in pickleball is lateral epicondylitis, better known as tennis elbow (or, increasingly, "pickleball elbow". This condition affects the tendons on the outside of the elbow and is caused by the repetitive wrist-flicking motion involved in backhand shots.

"It's typically an inflammatory condition," Redden says. "The majority of those will resolve spontaneously with rest and modification of the activity, but physical therapy can be very beneficial for helping to build strength, improve flexibility, and expedite healing."

Achilles tendinitis is another common overuse injury, particularly in players who have ramped up their activity level quickly.

Sprains and strains from pickleball most often occur in the lower extremities. The ankle is the number one site of acute joint injury, and the anterior talofibular ligament is the most frequently sprained structure. Knee ligament injuries can also occur, although Redden notes they are less common than ankle injuries in older pickleball populations.

Fractures, while less frequent, are a concern particularly for older women. Lunges, when a player reaches outside their base of support to return a ball, are the most common cause of falls on the pickleball court and can result in wrist, hip or ankle fractures.

Causes and contributing factors

Understanding why pickleball injuries happen is the first step toward preventing them.

Overuse is, by definition, doing too much. But what counts as "too much" depends heavily on your baseline fitness level. A lifelong tennis player who transitions to pickleball in his or her 60s is far less likely to develop an overuse injury than someone who goes straight from the couch to playing pickleball five days a week. A useful guideline from Redden: If you finish playing and experience soreness that hasn't resolved before your next session, or if your pain progressively worsens during play and lingers after you stop, you're probably overdoing it.

Skipping the warmup is a major and preventable contributing factor in pickleball injuries. Cold muscles and stiff joints are more vulnerable to sprains and strains, yet many recreational players head straight from the parking lot to the court.

Improper equipment matters more than many players realize. Pickleball-specific shoes, which feature a higher lateral heel rise and court-appropriate grip, provide meaningful protection against ankle rolls, compared with running shoes or casual sneakers. Paddle grip size also makes a difference. When you wrap your hand around the grip, you should be able to fit no more than one finger between your fingertips and your palm. A grip that is too small or too large puts extra strain on your forearm musclesfreestar

Poor body mechanics, particularly among newer players, also contributes to injury. Running backward—a tempting strategy when a lob sails overhead—significantly increases fall risk. "You're just not seeing where you're going," Redden explains. A safer alternative is to play a little deeper on the court so you can come forward to retrieve balls rather than retreating.

Prevention: how to stay safe on the court

Many pickleball injuries can be avoided. Practice pickleball injury prevention by taking these important steps:

- Warm up before every session. A proper warmup doesn't need to be elaborate—even two to five minutes of moving every joint from head to foot can make a meaningful difference for recreational players. The goal is to move every major joint through its full range of motion and activate the muscles you'll be using.
- Stretch when you're done. Stretching after play helps the body recover more effectively.
- Wear the right shoes. Sport-specific pickleball shoes or court shoes designed for lateral movement are worth the investment.
- Master the ready position. Stand with your feet roughly shoulder-width apart, one foot slightly staggered in front of the other, and knees slightly bent.
- Limit play to three or four times per week. On off-days, engage in other activity you enjoy, like walking, cycling, or swimming.
- Hydrate consistently. Dehydration is both an injury risk and a serious health risk.
- Consider protective eyewear. Pickleball-specific eyewear is available and recommended, particularly for players who have had eye conditions or those who play at competitive levels, where balls travel at high speed.

> **"*Skipping* the *warmup* is a *major* and *preventable* contributing *factor* in *pickleball injuries*"**

What to do if you get injured

If you sustain an injury on the court, the first step is to stop the activity that caused it. For most sprains and overuse injuries, applying ice to the affected area helps control pain and swelling. Contrary to old advice, you generally do not want to completely immobilize the injured joint. Movement within a pain-free range of motion supports healing.

Under many insurance plans you can go directly to physical therapy without a referral. Or contact your primary care provider (PCP) for a referral to physical therapy. In most cases, Redden says, a PCP will readily approve a physical therapy referral for a sports-related injury.

Visit urgent care or an emergency department immediately if any of the following apply:

- You are unable to bear weight on an injured leg.
- You hear or feel a pop at the moment of injury.
- You can see bone or there is significant bleeding.
- You lose consciousness after a fall.

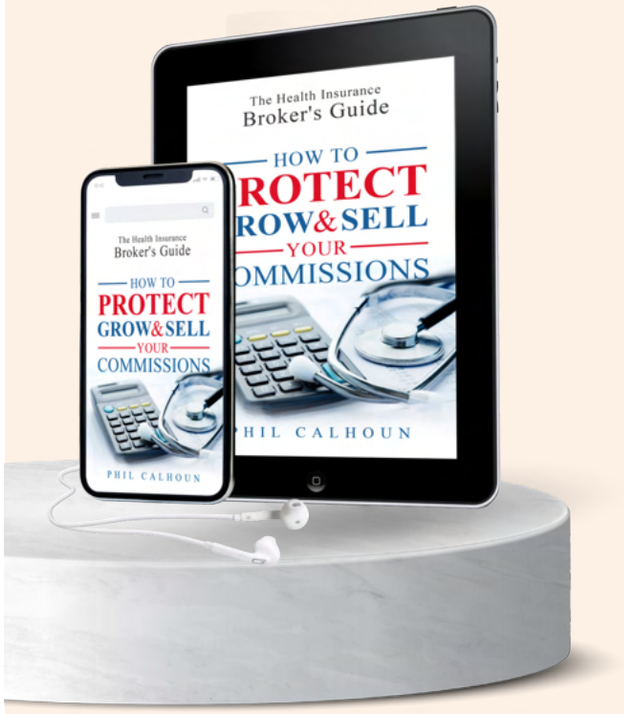
"The majority of pickleball injuries are not going to be those severe types," Redden reassures. "They're going to be sprains, strains, overuse—those types of things. Get in to see your physical therapist as soon as possible."

Comparing pickleball to other sports

Players who assume pickleball is inherently safer than tennis or racquetball may be surprised to learn that the types and severity of injuries are quite similar across racket sports. Pickleball is generally considered lower impact than tennis—the court is smaller, rallies are shorter, and the ball moves more slowly—and the overall prevalence of injury may be somewhat lower. But lateral movement, overhead reaches, and the risk of falls are present in all of these sports, and the injury patterns reflect that.

Pickleball is a wonderful sport for people of all ages and fitness levels, and its benefits, including improved cardiovascular health, coordination, and social engagement, are well worth pursuing. With the right preparation, equipment, and awareness of your body's limits, you can keep playing for years to come.

Nicholas Redden, PT, DPT, ATC, *is a senior physical therapist in the Department of Rehabilitation & Sports Therapy at Cleveland Clinic, Cleveland, Ohio.*



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