

WOMEN & LTC

CANCER DIET

WHY AGENTREVIEW

CALIFORNIA BROKER

Serving California's Annuity, Life & Health Insurance Professionals

OCTOBER 2026



THE AEP BROKER PLAYBOOK

Alignment Health Plan Expands as
Rivals Pull Back

*By David Milligan, Senior Vice President
of Sales Alignment Healthcare*

Page 20



BREAST CANCER AWARENESS MONTH

The Cancer Nourishment Diet:
It's Personal

By Megan Wroe, MS, RD, CNE, CLEC

Page 16



For
Small
Business

A BETTER small group experience

Not all small group solutions are built the same.

Covered California for Small Business (CCSB) gives you a centralized way to manage small group coverage, with the tools, access, and support needed to deliver a better client experience.

With CCSB, you can:

- Access multiple trusted California carriers in one place
- Manage quoting, enrollment, and accounts through the MyCCSB Portal
- Help eligible clients take advantage of valuable tax credits
- Get reliable, responsive support when it matters most

**Everything you need to compete,
all in one place.**

YOUR BROKER SUPPORT SYSTEM STARTS HERE.

Visit CoveredCA.com/forSmallBusiness or call 844-332-8384 to get started.



 Follow us on LinkedIn
[/covered-california-for-small-business](https://www.linkedin.com/company/covered-california-for-small-business)





Knowledge That **Keeps You Ahead.**

The brokers winning business right now are not the ones with the most information. They are the ones who act on it first. CRC Benefits connects advisors with the resources and market intelligence to move on compliance changes and funding shifts before competitors do.

**SCAN THE QR CODE TO DISCOVER
WHAT A GENERAL AGENCY SHOULD
BE DOING FOR YOU.**

crcbenefits.com



©2026 Centerstone Insurance and Financial
Services, LLC d/b/a CRC Benefits.
California License No. 0639679.





By Phil Calhoun

With AEP coming this month and fourth quarter employer group open enrollment ramping up, I want to share a couple comments about this time of year.

For groups in California, if you have Health Net in place now is the time to decide how to manage the Health Net decision to exit the market. Most General Agencies are looking to retain these groups and should have already called to assist the broker of record to find another plan. CRC is a partner and they have outlined options and welcome new and current brokers to contact them for solutions. Offers include quoting and enrollment assistance. For a broker-friendly PEO, consider Engage PEO. As a Cal Broker partner they have several options for your groups with 10 or more eligible employees and seven enrolled. Engage PEO can be a competitive fit for both the medical plan coverage and premiums. Looking at available options for your group benefit clients is always good practice. In our agency, we have found that our clients appreciate how we cover the marketplace to bring solid options to them during the open enrollment process. Remember ADP, Paychex and now Heartland, which is now owned by Acrisure, are all PEO based companies and all are after their payroll clients to bring in health insurance HR and payroll, especially those with Health Net but also small groups with 20% rate increases. Lead your open enrollment planning with a broker friendly PEO partner in Engage PEO.

Tips to help manage the workload and your staff during this intense period are outlined below.

Fourth quarter is uniquely difficult for health insurance professionals because **Medicare AEP, individual/family open enrollment, employer renewals, carrier changes and year-end client questions all collide.** The goal is not simply to work faster—it is to build a renewal process where very few clients depend on you remembering the next step.

A practical Q4 workload system

- 1. Divide clients into three groups: Priority Review, Standard Renewal and Likely No-Change.** Priority clients include major premium increases, discontinued plans, prescription/provider changes, people turning 65, subsidy changes, employer transitions and clients who specifically request a review. Spend your personal time where it has the greatest value.
- 2. Start with exceptions, not every client equally.** Run renewal reports as early as carriers make them available. Look first for terminated plans, large rate increases, network changes, benefit reductions and clients whose circumstances changed. An exception-based workflow can dramatically reduce unnecessary reviews.

3. Create one master renewal dashboard. Every client should have a visible status such as: **Renewal received → Review needed → Client contacted → Appointment scheduled → Decision made → Application submitted → Carrier confirmed → Completed.**

Include the effective date, deadline, responsible staff member and next action. Most importantly, don't consider a case finished merely because an application was submitted.

4. Use a “touch every client” philosophy without requiring an appointment with everyone. A standardized email, letter, text or phone campaign can tell clients their renewal is approaching and give them a simple choice: “I want a review,” “My situation has changed,” or “I’m comfortable renewing if my plan remains appropriate.” This lets clients self-identify who need attention.

5. Batch similar work. Instead of constantly switching between Medicare, individual plans, groups, emails, applications and phone calls, establish blocks, for example, renewal analysis in the morning, client appointments midday, applications in the afternoon and carrier/problem cases during a dedicated block.

6. Protect appointment capacity. A 15–20-minute renewal appointment is often enough for straightforward cases. Reserve longer appointments for complex Medicare drug/provider reviews, major plan changes, new clients, and complicated family situations. Leave some unscheduled capacity each day for emergencies.

7. Standardize the renewal conversation. Have staff or an online questionnaire collect the basics before you become involved: doctors, prescriptions, pharmacy, expected healthcare use, address, household/income changes where relevant, preferred hospitals, travel needs and what the client likes or dislikes about the current plan.

8. Use a two-person check on critical transactions when possible. One person handles the enrollment; another verifies effective date, plan, member information, required documentation and carrier confirmation. For a small agency, this can simply mean setting aside a daily verification period.

9. Create a “stuck cases” list. Carrier problems can consume an enormous amount of Q4 time. Don't let one difficult case derail the entire day. Move unresolved issues to a separate escalation queue with the carrier, issue, reference number, last contact, next action and deadline.

10. Finish every day with a renewal-control check. Spend 15 minutes reviewing three things: clients approaching deadlines, applications awaiting confirmation, and cases with no next action. Your objective should be to see **zero clients sitting in the system without an owner and next step.**

In Summary: For your health insurance agency, make the key Q4 metric **“renewals confirmed,” not “applications submitted.”** A useful dashboard might track **total clients due for renewal | contacted | reviewed | decisions received | submitted | carrier-confirmed | unresolved | % complete.**

Here's to your success in this extremely busy time for health insurance professionals.



CALIFORNIA BROKER

TABLE of CONTENTS

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.

4

PUBLISHER'S NOTE

By Phil Calhoun

14

TRANSITIONS

Vision Benefits Have Become a Preventive Health Strategy

Eye exams can provide insights into overall health, help identify signs of chronic disease and support employee well-being. As organizations look for effective ways to manage rising healthcare costs and support their workforce, vision benefits are becoming an increasingly important part of a comprehensive health strategy. For brokers, that creates an opportunity to position vision benefits as more than an ancillary offering, but as a tool for prevention, workforce wellness and employee engagement.

By Natasha D'sa

18

HEALTH & WELLNESS

The Cancer Nourishment Diet: It's Personal

A cancer diagnosis can quickly turn food into a rabbit hole of questions. Add treatment side effects that may last well past the end of actual treatment, changes in appetite and weight, and plenty of well-meaning advice from friends, family, social media and the internet, and it's easy to understand why nutrition can become another source of stress during the journey of survivorship.

By Megan Wroe

20

ALIGNMENT HEALTH PLAN

Alignment Health Plan Expands as Rivals Pull Back

This article is adapted from a recorded conversation between David Milligan, senior vice president of sales for Alignment Health Plan, and Phil Calhoun, CEO of California Broker Magazine. The discussion centers on Alignment Health Plan's product innovation, its 2027 California expansion and practical strategies brokers can apply heading into the Annual Election Period.

By Phil Calhoun in conversation with David Milligan

22

CAHIP

The Healthcare Cost Collision

At first glance, the 2026-2027 renewal cycle can look like another painful year of medical inflation. But the more carefully one looks, the more it appears that multiple pressure systems are colliding at once. The collision is especially visible in California, where the Office of Health Care Affordability (OHCA) has begun putting a public benchmark around what used to happen mostly behind closed doors: how fast healthcare spending should be allowed to grow.

By Anne Kelly

24

AGENT REVIEW (PART 1)

Google Indexed Websites. AI Indexes Trust

For 25 years, the rule for building a professional reputation online was simple: get found on Google. Build a website, claim your listings, collect reviews and give search engines enough information to understand your business. Brokers who followed that rule received more calls. Brokers who ignored it were easier to overlook.

By Jonas Roeser

26

ENGAGE PEO

Succession Planning: Prepare Your Clients for Leadership Changes

Leadership transitions are inevitable. Retirements, career changes, relocations and unexpected events can impact any organization. Without a plan, these changes can disrupt operations, culture, employee engagement and client relationships. For insurance brokers acting as trusted advisors to their clients, succession planning creates an opportunity to have broader workforce and business continuity conversations with clients.

By Ailene Dewar Costello

28

LONG-TERM CARE

Long-Term Care Is a Woman's Issue. Still. And Always.

Walk into almost any assisted-living community in this country and look around. About seven in 10 of the residents you will see are women. Eighty-four percent are over 75. Hold that picture for a moment, because I want to tell you what is not on the brochure.

By Wendy Boglioli

30

PREMIER HCM

How One Eligibility Issue Changed the Conversation

Sometimes the first sign that a client has a payroll or HR problem doesn't come from payroll at all. For one California-based healthcare organization with approximately 150 employees across multiple locations, it showed up in the benefits enrollment process. Esmat Hafez, partner and employee benefits advisor at Ziadie Insurance Services in Mission Viejo, had been working with the client for roughly two years. As the organization grew, he began noticing something that didn't look right.

By Esmat Hafez and Michele Holmes

32

CA POSITIVE

California Museums to Visit this Fall

Autumn is one of the most exciting times to visit museums, as new exhibitions typically open in the fall just ahead of the holiday season when visitors are looking for fun activities to do with family and friends. While California is home to hundreds of incredible museums and art galleries, here are just a couple we suggest visiting this fall.

By California Broker Magazine

CALIFORNIA BROKER

PUBLISHER

PHIL CALHOUN
HEALTH BROKER PUBLISHING, LLC
publisher@calbrokermag.com

PRODUCTION DIRECTOR

ZULMA MAZARIEGOS
Zulma@calbrokermag.com

ASSISTANT TO PRODUCTION DIRECTOR

GABRIELA PEREZ
Gabriela@calbrokermag.com

DIGITAL DIRECTOR

CARMEN PONCE
Carmen@calbrokermag.com

GRAPHIC DESIGN

SARAH SHON
Sarah@calbrokermag.com

CIRCULATION

Zulma@calbrokermag.com
220,000 subscribers
30,000 monthly website visits

ADVERTISING

HEALTH BROKER PUBLISHING
14771 Plaza Drive Suite C
Tustin, CA 92780
714-664-0311
publisher@calbrokermag.com

Print Issue: U.S.: \$30/issue
Send change of address notification at least
20 days prior to effective date; include old/
new address to:

HEALTH BROKER PUBLISHING
14771 Plaza Drive Suite C • Tustin, CA
92780
714-664-0311

©2026 by Health Broker Publishing.
All rights reserved.
No part of this publication should be
reproduced without consent of the
publisher.

IN EVERY ISSUE

Industry News 8

Ad Index 37

TOP BREAST CANCER CENTERS

OCT  BER

1. Stanford Health Care – Breast Cancer Program

Located in Palo Alto, Stanford offers advanced diagnosis and treatment for all breast cancer types, from early-stage to metastatic disease. The program emphasizes a **team-based approach**, combining surgical, medical, and radiation oncology with genetic counseling and supportive care. Stanford is an **NCI-designated Comprehensive Cancer Center**, providing access to innovative clinical trials, genomic tumor profiling, and intraoperative radiation therapy (IORT) for personalized treatment.

2. UCLA Health – Jonsson Comprehensive Cancer Center

UCLA Health provides individualized breast cancer care through its multidisciplinary clinics in Santa Monica, Beverly Hills, and Santa Clarita. Services include **advanced imaging, minimally invasive biopsies, medical oncology, radiation therapy, reconstructive surgery, and genetic counseling**. Patients benefit from participation in clinical trials and long-term survivorship programs, ensuring comprehensive support throughout treatment.

3. Cedars-Sinai – Saul and Joyce Brandman Breast Center

Cedars-Sinai in Los Angeles offers **multidisciplinary breast cancer care**, including ductal carcinoma in situ (DCIS), invasive breast cancers, inflammatory breast cancer, and male breast cancer. The center provides **nurse navigator support, fertility preservation, reconstructive surgery, and access to clinical trials**, with a focus on personalized, precision care.

4. City of Hope Comprehensive Cancer Center

Located in Duarte and serving the Los Angeles area, City of Hope is nationally recognized for **minimally invasive breast surgery, breast-conserving procedures, and advanced imaging**. The center integrates research and clinical care, offering over 100 ongoing clinical trials in chemotherapy, targeted therapies, hormone therapies, and immunotherapies. City of Hope is a founding member of the **National Comprehensive Cancer Network**.

5. UC San Diego Health – Moores Cancer Center

Moores Cancer Center in La Jolla is the region's only **NCI-designated Comprehensive Cancer Center**, providing personalized medicine, genomic sequencing, and precision immunotherapies. The center offers a multidisciplinary team of specialists in medical, surgical, and radiation oncology, along with access to over 300 interventional treatment trials.

KEY FEATURES ACROSS THESE CENTERS

- **Multidisciplinary care:** Coordination among surgeons, oncologists, radiologists, pathologists, and genetic counselors.
- **Advanced diagnostics:** 3D mammography, MRI, genomic tumor profiling, and biomarker testing.
- **Innovative treatments:** Minimally invasive surgery, breast reconstruction, targeted therapies, immunotherapy, and intraoperative radiation.
- **Clinical trials:** Early access to cutting-edge therapies and research studies.
- **Support services:** Nurse navigators, psychosocial counseling, survivorship programs, and fertility preservation.

These facilities are consistently ranked among the best in the nation for cancer care, providing patients in California with access to the latest treatments, research, and comprehensive support throughout their breast cancer journey.

California is home to some of the nation's leading cancer hospitals, including City of Hope, UCSF Medical Center, and Stanford Health Care, offering advanced treatments, clinical trials, and personalized care.

LEADING CANCER HOSPITALS IN CALIFORNIA

1. City of Hope Comprehensive Cancer Center – Duarte, CA

Highlights: Ranked among the top five cancer hospitals nationwide and the only California hospital in this group, City of Hope is renowned for bone marrow transplantation, CAR-T cell therapy, and innovative clinical trials. The facility offers multidisciplinary care for hematologic malignancies, solid tumors, and pediatric cancers.

Rating: Exceptional by the National Cancer Institute (NCI)

Address: 1500 East Duarte Road, Duarte, CA 91010

Phone: 1-800-826-4673

Website: www.cityofhope.org

2. UCLA Jonsson Comprehensive Cancer Center – Los Angeles, CA

Highlights: Consistently ranked as the #1 cancer center in California and #4 nationally, UCLA JCCC offers research-driven care across breast, prostate, lung, and colorectal cancers. It has over 500 physicians and scientists conducting advanced research and numerous clinical trials.

Address: 10833 Le Conte Ave, Los Angeles, CA 90024

Phone: 310-825-5268

Website: www.uclahealth.org/cancer

3. Cedars-Sinai Medical Center – Los Angeles, CA

Highlights: Home to the Samuel Oschin Comprehensive Cancer Institute, Cedars-Sinai offers personalized cancer care, including chemotherapy, radiation therapy, immunotherapy, and surgery. The hospital is known for multidisciplinary treatment teams and participation in cutting-edge clinical trials.

Address: 8700 Beverly Boulevard, Los Angeles, CA 90048-1865

Phone: 310-423-3277

Website: www.cedars-sinai.org

4. UCSF Health – UCSF Medical Center, San Francisco, CA

Highlights: Houses the Helen Diller Family Comprehensive Cancer Center, offering advanced diagnostic and treatment options, including personalized medicine and emerging therapies. UCSF is a national leader in clinical trials, research, and precision oncology.

Address: 505 Parnassus Ave, San Francisco, CA 94143

Phone: 415-476-1000

Website: www.ucsfhealth.org

5. Stanford Health Care – Stanford, CA

Highlights: The Stanford Cancer Institute provides cutting-edge therapies and access to clinical trials across Palo Alto and surrounding centers. The hospital emphasizes precision medicine and multidisciplinary cancer care, including immunotherapy and molecular imaging.

Address: 500 Pasteur Drive, Stanford, CA 94305

Phone: 650-723-5462

Website: www.stanfordhealthcare.org

6. OTHER NOTABLE CANCER CENTERS

UC San Diego Health – Moores Cancer Center, La Jolla, CA:

NCI-designated, pioneering immunotherapy and precision medicine treatments.

USC Norris Cancer Hospital & Keck Medical Center of USC, Los Angeles, CA:

Provides personalized oncology care with advanced surgical and medical interventions.

UC Davis Medical Center, Sacramento, CA:

Offers multidisciplinary treatment and over 150 clinical trials.

UCI Medical Center, Orange, CA:

Orange County's only NCI-designated center, specializing in personalized cancer care.

BREAST CANCER RESOURCES FOR CALIFORNIA BROKERS

[Breast Care | Providence](#)

[Breast Care | Providence](#)

[Breast Cancer Care | Providence](#)

[Breast Cancer Program | Stanford Health Care](#)

[Stanford Medicine Cancer Center](#)

[Breast Cancer Care Center | UCLA Health Jonsson Comprehensive Cancer Center](#)

[UCLA YouTube](#)

[Hoag Hospital Breast Cancer Screening, Diagnosis & Treatment in Orange County](#)

New study shows the limitations of HDHPs; employers seek innovative alternatives

High deductibles and health spending accounts, meant to give consumers skin in the game, did not give consumers insight into the cost and value of what they were buying.

A new study by researchers at UPenn of more than 324,000 insured adults found that high-deductible health plans don't slow long-term healthcare spending growth.

This has created an opportunity for more transparent, technology-enabled health plans that creates a relationship between the member's out-of-pocket cost for care and the overall value of the care the member chooses.

Surest, for example, helps people shop for health care the same way they shop in other aspects of their lives like retail, banking and travel. Surest members pay a lower copay when they choose providers with track records of effective, cost-efficient care.

New data demonstrates the value of this approach, finding measurable savings when members shopped for certain services:

- General surgeries cost an average of \$2,631 less when members shopped, representing 14% savings. This included an average of \$2,367 in plan savings and \$264 in member out-of-pocket savings.
- Complex imaging services such as MRIs and CT scans cost an average of \$298 less when members shopped, representing 19% savings. This included \$187 in plan savings and \$110 in member out-of-pocket savings.

Charlotte West, national vice president of Surest, is available to discuss how clear, upfront information can help consumers navigate health care with greater confidence and how technology-forward plan designs can support better access, a simpler member experience and lower costs for employees and employers.

When people share in the savings from more informed decision-making, health spending goes down and coverage becomes more sustainable over time. By making costs and options easier to understand, Surest helps people select care that meets their health and financial needs.

As employers evaluate benefit designs in response to rising health care costs, Surest provides an approach designed to help control costs without reducing benefits, narrowing networks or shifting additional costs to employees.

Please let me know if you are interested in speaking with Charlotte, and I would be happy to coordinate an interview.

Thank you,

Ariane Stein | Account Coordinator | SweeneyVesty | Strategic Communications

79 Madison Avenue, New York, NY 10016

www.sweeneyvesty.com | ariane.stein@sweeneyvesty.com

Why Clinical Judgment Matters More in the Age of AI

Jared Dashevsky, MD

Clinical Judgment Is Becoming More Valuable, Not Less

As generative AI tools like Doximity, OpenEvidence, and UpToDate's Expert AI make medical information faster and easier to access, recalling isolated facts will become less differentiating. In medical school, I lived on Anki flashcards, trying to cram as much as possible for boards and shelf exams. Now, many factual questions can be answered by AI in seconds, often with links to primary sources.

[READ FULL ARTICLE »](#)

NAIFA Calls for Agent Notification of In-Force Policy Changes

By NAIFA

NAIFA has adopted a new policy position to address an important gap in how consumers are informed of changes to their insurance policies. The position holds that when a company is permitted under law or regulation to raise a premium or any expense charge on an in-force policy, that increase should only take effect after timely and clear notice is given to the policyowner, and only when a copy of that same notice is sent at the same time to the policy's writing and/or servicing agent.

[READ FULL ARTICLE »](#)

Alzheimer's patient in Broward sees brain plaques cleared due to new treatment

By Lauren Pastrana CBS News Miami

Scott Milinsky is living with Alzheimer's, the same disease that claimed his father's life and memories. When he received his diagnosis, his thoughts immediately turned to his father. "Suddenly all of that came back. I'm gonna be like my father," Milinsky recalled. "What a mess. It's terrifying to die that way, not knowing who you are."

[**READ FULL ARTICLE »**](#)

CMS to cancel ACA coverage for 760K, crack down on brokers in latest anti-fraud push

By Paige Minemyer

The Trump administration plans to cancel enrollment in Affordable Care Act plans for more than 760,000 people as part of its crackdown on fraud, waste and abuse.

[**READ FULL ARTICLE »**](#)

Blue Shield of California to expand Virtual Blue program in 2027

By Cailey Gleeson

Blue Shield of California announced Thursday that it plans to expand its Virtual Blue program, doubling program enrollment for members.

[**READ FULL ARTICLE »**](#)

CVS Aetna streamlines cancer prior authorizations

The insurer is bundling preapprovals for all types of cancer care into one upfront request in a bid to cut back on paperwork for doctors.

By Rebecca Pifer Parduhn Senior Reporter

Insurers are cutting back on prior authorizations, which require doctors to get an insurer's approval before providing care to their members, as they work to bolster waning consumer trust and mitigate criticisms of their industry.

[**READ FULL ARTICLE »**](#)

Medicare Advantage clawbacks targeted in new federal bill

By Lola Offenback

Medicare Advantage plans could be sharply limited when trying to clawback payments under new bipartisan legislation introduced Tuesday that addresses retroactive reimbursement changes.

[**READ FULL ARTICLE »**](#)

CMS under Trump: 20 key actions

By Madeline Scheetz

CMS has advanced a range of coverage, payment and program integrity changes under President Donald Trump's administration, including several major policies that have taken shape throughout 2026.

The agency's actions span Medicare and Medicaid payment reforms, ACA marketplace oversight, prior authorization, fraud enforcement and new value-based care models.

[**READ FULL ARTICLE »**](#)

My three biggest concerns for this AEP

By Amanda Brewton, founder of Medicare Answers Now

1. The continued instability in Medicare Advantage. This is the third consecutive year of major plan turnover, and estimates suggest close to 3 million beneficiaries could lose their current plans. Humana alone is affecting approximately 600,000 members. WellCare is leaving three states, affecting roughly 340,000 people. Molina is exiting traditional Medicare Advantage, Providence is closing its health plan, and UnitedHealthcare and Aetna continue to reduce their footprints. Historically, plan terminations affected about 1% of Medicare Advantage enrollees annually. We are now seeing disruption closer to 10%. “Medicare beneficiaries are being asked to absorb the consequences of an unstable market. Millions could lose their current plans, the plans that remain may cost more and cover less, and access to professional help is shrinking, all while many of the parent companies making these decisions continue to report billions of dollars in profits.”

Carriers will point to higher healthcare utilization, rising medical costs, payment changes and pressure on Medicare Advantage margins. Some of that is true. But these are still strategic business decisions by profitable corporations to protect margins. Seniors are the ones losing plans, doctors, benefits and stability.

2. Consumers will pay more for less coverage. We are seeing higher premiums and copays, narrower provider networks and formularies, larger maximum out-of-pocket exposure, and reductions in dental, over-the-counter and other supplemental benefits. Stand-alone Part D options have fallen from an average of approximately 30 plans five years ago to 11 in 2026. For 2027, the standard Part D deductible increases from \$615 to \$700, the out-of-pocket cap rises from \$2,100 to \$2,400, and CMS is ending the temporary premium stabilization program.

Having another plan available does not mean it is a meaningful replacement. It may not cover the beneficiary's physicians, hospital, prescriptions or preferred pharmacy.

3. Consumers need more help, but access to that help is shrinking. More plans are becoming non-commissionable or unavailable through the quoting and electronic enrollment systems agents use. Agents may also face errors and omissions coverage limitations when advising on plans they are not contracted to sell. Beneficiaries are being asked to evaluate networks, formularies, pharmacies, prior authorization rules and total costs largely on their own during one of the most disruptive enrollment periods we have seen. “When a plan is no longer profitable enough, the carrier can leave the county. The beneficiary cannot leave their cancer treatment, cardiologist or prescriptions behind nearly as easily.” Based on Telos Actuarial's information for 2026, 4.3 million MA enrollees and 1.8 PDP enrollees were impacted by the 805 non-commissionable plans across every state in the nation for new sales (meaning new to medicare or plan changes). Another 1 million were effected by modified commissions on new sales (this is mainly new to medicare).



Amanda Brewton is the founder of Medicare Answers Now, a national insurance agency supporting agents in more than 40 states, and Founding Chair of the Trusted Healthcare Alliance. With more than 20 years of experience in Medicare and health insurance, her background spans carrier operations, product development, compliance, distribution, agent training, and advocacy. Amanda is a nationally recognized speaker and educator and has worked with policymakers, regulators, carriers, and industry organizations on issues affecting Medicare beneficiaries and the agents who

serve them. She is known for translating complex Medicare policy and market changes into their real-world impact on consumers and the professionals helping them navigate their healthcare choices. Amanda also serves on NABIP's Medicare Advisory Group and has been the Creative Director of the Agent Symposium at Medicarians for the past three years.

www.MedicareAnswersNow.com



2026 OCTOBER EVENTS

[Oct 02 @ 8:30am - 1pm NAIFA: Sacramento Area Wealth & Legacy Forum - @ Folsom, CA](#)
[Oct 06 @ 11am - 12:45pm CAHIP IE: BODs Meeting - @ Riverside, CA](#)
[Oct 08 @ 2:30pm - 4:30pm EPI: Speed Dating: Always Know Who to Call! - @ Costa Mesa, CA](#)
[Oct 11 @ 10am - 12pm NABIP: Trail Talks - @ San Francisco, CA](#)
[Oct 13 @ 11am - 1pm CAHIP OC: Annual Legislative Review - @ Tustin, CA](#)
[Oct 15 @ 11:30am - 2pm CAHIP IE: Monthly Chapter Meeting - @ Riverside, CA](#)
[Oct 20 @ 9:30am - 5pm CAHIP LA: Get Into the Race for Q4 - Carrier Update & Broker Meeting - @ Carson, CA](#)
[Oct 21 @ 11am - 1pm EPI: Succession Planning: Structuring Liquidity While Preserving Legacy - @ Westlake Village, CA](#)
[Oct 22 @ 11:30am - 1:30pm EPI: Ready, Set, Sell: Strategic Planning Vs. Last-Minute Deals - @ Norco, CA](#)
[Oct 22 @ 1 - 4pm NAIFA: San Diego Affiliate Event - MORE DETAILS COMING SOON](#)

VIRTUAL EVENTS

[Oct 01 @ 11am - 12pm NABIP: Open Enrollment Media Readiness: Telling the Broker Story \(Leadership Training\) - Webinar](#)
[Oct 01 @ 1 - 2pm NABIP: Media & Communications Committee Monthly Call \(Leadership Training\) - Webinar](#)
[Oct 01 @ 3 - 5pm EPI: Buy-Sell Agreement Planning: Insights and Implications Post-Connelly Decision - Webinar](#)
[Oct 05 @ 2:30 - 3:30pm EPI: Market Opportunities: Scaling Up With Smart Money - Webinar](#)
[Oct 05 @ 4 - 5pm NABIP: Board of Trustees Meeting - Webinar](#)
[Oct 06 @ 8 - 8:30am EPI: Entrepreneurs Reveals: An Intimate Conversation With an Owner - Webinar](#)
[Oct 08 @ 11am - 12pm NABIP: Membership/Retention Chair Training - Webinar](#)
[Oct 08 @ 11:30am - 12:30pm NABIP: Golden Gate-October 2026 Meeting - Webinar](#)
[Oct 08 @ 11:30am - 12:30pm NAIFA: Building Better Business Succession Plans Through Multi-Disciplinary Teamwork - Webinar](#)
[Oct 14 @ 8 - 8:30am EPI: Entrepreneurs Reveals: An Intimate Conversation With an Owner - @ Solana Beach, CA](#)
[Oct 22 @ 9 - 10am NABIP: New Member Orientation - Webinar](#)
[Oct 23 @ 1 - 2pm NABIP: National Leadership & Orientation Training - Webinar](#)

SAVE THE DATE

[Nov 03 @ 11am - 1pm NABIP: Healthcare Fiduciary Certification \(Part 1\) - Webinar](#)
[Nov 10 @ 11am - 1pm NABIP: Healthcare Fiduciary Certification \(Part 2\) - Webinar](#)
[Nov 10 @ 6 - 9pm CAHIP OC: Art and All that Jazz Charity Fundraiser - @ Tustin, CA](#)
[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 \(Final Part 3\) - Webinar](#)

BROKER RESOURCES

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

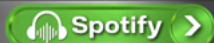
[Alignment Health](#)
[AgencyBloc](#)
[CalCPA Health](#)
[CrankWheel for California Brokers](#)
[Commission Solutions: 2026 Webinars](#)
[CRC Benefits Resources](#)
[Covered California: Important Tax Information: How to get a Small Business Credit](#)
[Engage PEO](#)
[IEHP: Broker Resource Center](#)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

READ, LISTEN, WATCH: Industry News to Grow Your Business

Stay connected with the voices shaping California's insurance industry.

Listen to expert interviews on Spotify and watch full conversations on Vimeo.

CLICK TO ACCESS OUR LATEST EPISODES!



[Click here to DOWNLOAD interactive eCalendar PDF](#)

Health Broker Publishing/California Broker Magazine 14771 Plaza Dr., Suite C, Tustin, CA 92780



Vision Benefits Have Become a Preventive Health Strategy

By Natasha D'sa

When employers think about preventive healthcare, vision care is often left out of the conversation.

That is a missed opportunity. Eye exams can provide insights into overall health, help identify signs of chronic disease and support employee well-being. As organizations look for effective ways to manage rising healthcare costs and support their workforce, vision benefits are becoming an increasingly important part of a comprehensive health strategy.

For brokers, that creates an opportunity to position vision benefits as more than an ancillary offering, but as a tool for prevention, workforce wellness and employee engagement.

Looking beyond vision correction

One of the most compelling aspects of vision care is its connection to overall health.

Unlike other healthcare appointments, a comprehensive eye exam gives eye care professionals a direct view of blood vessels, nerves and connective tissue. As a result, routine eye exams can help identify early signs of serious health conditions, including diabetes, high blood pressure and high cholesterol.

That preventive value becomes even more important when considering current healthcare trends. According to research highlighted in EyeMed's recent Focused on Overall Health white paper, 90% of Americans have delayed important health screenings or checkups, and one in five does not have a regular primary care provider. For many individuals, an annual eye exam may be their most consistent healthcare touchpoint.

Employees also recognize this value. According to the **2025 Transitions Workplace Wellness Survey**, 67% of employees cite early identification of eye diseases as a reason to get an annual eye exam, while 42% understand that eye exams can help identify broader health concerns such as high blood pressure, diabetes or even brain tumors.

The challenge is that many employees still are not prioritizing eye care. In fact, 60% say they are more likely to take time off work for a dental appointment than to visit an eye doctor.

Vision health is affecting workplace performance

Employees are facing growing vision-related challenges in today's digital work environment. More than half of employees spend over six hours each workday looking at screens.

The effects are widespread. Ninety-two percent of employees report experiencing symptoms such as light sensitivity, tired or dry eyes, headaches or blurry vision by the end of the workday.

These issues persist when employees push through them. The 2025 Transitions Workplace Wellness Survey also found that 71% of employees say eye fatigue or light sensitivity prevents them from performing their best at work. Nearly half report struggling to focus, while 42% say vision-related issues make them feel less productive.

The business impact extends beyond day-to-day productivity. U.S. employers pay an estimated \$226 billion annually in absenteeism costs, driven by chronic health conditions that may be mitigated through preventive care. By treating vision care as part of a broader preventive health strategy, employers can help identify potential health concerns earlier while supporting employees' long-term well-being.

Vision benefits can also help employees address common workplace challenges related to light sensitivity. For example, premium options such as **Transitions® GEN S™** lenses, available through EyeMed vision benefits 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).*

Perhaps most concerning, 70% of employees say they simply tell themselves that light sensitivity and eye fatigue are “part of the job.”

That mindset creates an opportunity for employers to help normalize proactive vision care and make eye health a more visible part of workplace wellness efforts.

Employees want more support than they are receiving

Despite the prevalence of vision-related concerns, eye health remains a relatively overlooked topic in many organizations.

Only 34% of employees report that eye health is discussed regularly in their workplace. Yet employees are asking for more support.

More than half say they would value educational resources about digital eye strain and prevention, while an equal percentage would appreciate reminders to step away from screens throughout the day.

(2025 Transitions Workplace Wellness Survey)

These findings suggest employees want more than coverage. They want education, awareness and support in navigating their eye health.

An opportunity for brokers to lead

For brokers, the implications are clear. As employers continue to invest in preventive health and employee well-being, vision benefits can serve as a powerful but often underutilized resource. Beyond evaluating plan design, brokers can help clients drive greater value from their vision benefits by promoting regular eye exams, improving employee education and integrating eye health into broader wellness initiatives.

Doing so can help employers address a range of priorities, from early detection of chronic disease to workforce productivity and engagement.

The conversation about vision care is evolving. It is no longer just about seeing better. It is about helping employees stay healthier, identifying potential health issues earlier and supporting better performance both inside and outside the workplace.

For brokers looking to bring additional value to their clients, that makes vision care an opportunity worth keeping in focus.

**“For many individuals,
an annual eye
exam may be their
most consistent
healthcare touchpoint.”**

Transitions



Natasha D'sa is a VP Commercial Sales for EyeMed Vision Care

CA Lic.# 0M4572.

Reach out to her at

nds@eyemed.com

www.eyemed.com/en-us/broker/

Transitions®

MOVE FREELY

IN ANY LIGHT



ULTRA DYNAMIC LIGHT INTELLIGENT LENSES

Discover the advantages of offering *Transitions®* lenses.
Visit Trade.Transitions.com/ManagedVisionCare



Transitions and the Transitions logo are registered trademarks of Transitions Optical, Inc. used under license by Transitions Optical Limited. ©2026 Transitions Optical Limited. Photochromic performance may vary across colors and lens material and is influenced by temperature and UV exposure. Lens colors simulated for demonstration purposes. Frames by Vogue Eyewear® — Lenses Transitions® Ruby. Selected frames may not be available for purchase.

Quality IN ACTION

ANNOUNCING THE NEW

IEHP Covered Quality Certification Program

Introducing an exclusive opportunity available only to IEHP Agent Partners. The new IEHP Covered Quality Certification program offers agents a strategic overview of the IEHP Quality program and highlights the vital role our partners play in ensuring members receive a true 5-star experience. Graduates will gain access to upcoming marketing resources, customized incentive programs, and more.

To learn more about this program and IEHP Covered, please contact our IEHP Broker Services team at **1-844-264-4347** or email **brokerservices@iehp.org**.



Be The Hero!

Give your clients more options.

Works Alongside Kaiser
Low participation requirements.

Owner-Only Firms
Owner + W2 spouse may qualify.

Spousal Medicare Extension
Added flexibility for eligible spouses.

50+ Medical Plans • Competitive Rates

CPA + Financial Service Firms

Get a Quote

CalCPAHealth.com/Brokers
650.977.2422

Medical – Dental – Vision – Life – LTD

The Cancer Nourishment Diet: It's Personal

By Megan Wroe MS, RD, CNE, CLEC



A cancer diagnosis can quickly turn food into a rabbit hole of questions. Is sugar feeding my cancer? Should I stop eating meat? Should I go vegan? Keto? Start fasting? Take supplements? Eat only organic food?

Add treatment side effects that may last well past the end of actual treatment, changes in appetite and weight, and plenty of well-meaning advice from friends, family, social media and the internet, and it's easy to understand why nutrition can become another source of stress during the journey of survivorship.

The 2026 cancer awareness theme 'United by Unique' highlights the fact that every person's experience with cancer is different, and this goes for nutrition needs as well. There are evidence-based principles that can guide healthy eating during and after cancer, but there isn't one "cancer diet" that is right for every person, or right during vs. after treatment. Instead, I'd like to introduce the idea of a personalized Cancer Nourishment Diet, one that feeds and nourished body and soul of each individual experiencing cancer. In order to build this nourished meal plan, we need to address some of the primary food directives often seen in the media around eating for cancer prevention and survivorship.

Plant-based doesn't necessarily mean plant-only

"Eat a plant-based diet" is common advice heard in the cancer world, but the phrase is frequently misunderstood. Repeat after me: Plant-based does not necessarily mean plants only. The American Cancer Society recommends a dietary pattern that includes a variety of vegetables, fruits, whole grains and legumes and favors healthy protein sources such as fish, poultry and beans while minimizing red and processed meats, sugar-sweetened beverages, highly processed foods and refined grains. The World Cancer Research Fund similarly recommends making whole grains, vegetables, fruits, beans and other pulses a primary part of the daily diet. The general recommendation is five cups minimum of plant foods every day. This intake will meet the guidelines for essential micronutrients as well as 25g+ daily fiber needs.

Notice what those recommendations do not say, "everyone diagnosed with cancer must eliminate all animal foods." In fact, there isn't any evidence that a vegan diet is superior to a well-balanced diet containing both plant AND animal foods for people undergoing cancer treatment. A thoughtfully planned vegan or vegetarian diet can absolutely be nutritionally adequate, but so can an omnivorous diet rich in plants.

The high in plants part of the dietary guidelines is where we want to focus. Plants provide fiber and phytonutrients that are key to immune health. So rather than starting with, "What do I need to eliminate?" consider asking, "What can I add to my meals?"

For instance, if you're making a stew, can you add a can of beans as well? Can berries, flaxseed and walnuts be added to that oatmeal bowl? How about spinach or sprouts on that turkey sandwich? Or a side of broccoli topped with sesame seeds alongside that salmon and rice dish? No matter what stage of cancer survival you are in, I encourage you to look for ways to add plants for nourishment, rather than eliminating food items for restriction.

Don't let "healthy eating" crowd protein off the plate

Imagine a beautiful plate filled with colorful vegetables, whole grains and fruit. It certainly looks healthy, but it might be missing something important to your health and recovery: adequate protein. Cancer and its treatment can contribute to loss of skeletal muscle and lean mass. Protein provides the amino acids needed to maintain and rebuild tissue, making adequate protein especially important when someone is recovering from treatment, losing weight, rebuilding strength or trying to maintain functional independence.

Those undergoing intense cancer treatment can actually need up to 1.5x as much protein as they would otherwise need simply based on their body's incredibly high demands for recovery. This can be hard to do for anyone, but especially those who might be experiencing loss of appetite or alterations in their taste preferences. If these side effects are also partnered with an inaccurate idea of needing to eat "clean" as meaning only plants, many cancer survivors end up missing their protein targets. This can result in excessive weakness, fatigue and slower recovery overall.

Protein can come from a wide variety of sources. An omnivorous pattern might include fish, poultry, eggs, Greek yogurt, cottage cheese, beans and lentils. A vegetarian pattern might emphasize dairy, eggs, soy foods, beans, peas, lentils, nuts and seeds. Someone following a vegan diet can meet protein needs through foods such as tofu, tempeh, edamame, legumes, seitan, nuts, seeds and appropriate fortified foods. The key to adequate protein is having a protein source about the size of one of your palms at every meal. Some may need more or less but that is a great baseline alongside those five cups of daily plant foods.

Sometimes nourishment means losing weight. Sometimes it means gaining it.

We have been conditioned to see weight loss as almost universally positive, but weight loss during cancer treatment often challenges that assumption. While it's absolutely true that excess weight and visceral fat are risk factors for cancer recurrence, excessive weight loss coming from primarily lean mass is just as unhealthy and can create risk of malnourishment, sarcopenia and a sustained weakened immune system.

“While no cancer survivor will share an exact meal plan, where we can all find common ground is in finding our way toward personal nourishment.”

Whether the goal is weight gain or weight loss and whether it is during or after cancer, we want to prioritize a healthy body composition and function rather than focusing on the number on the scale. This means preserving and rebuilding muscle while providing enough energy and nutrients for recovery. I encourage survivors to find a body composition scale rather than a standard scale showing only weight, so that they can track trends in skeletal muscle mass, lean mass, percent body fat and visceral fat. This helps catch unhealthy trends early for easier interventions. What’s really cool about body composition scales like an Inbody is that they also show bodily inflammation, which can be a signal to get checked for lymphedema if too high. Since all cancer patients should be assessed for lymphedema risk for at least six years after completion of treatment, consider this a bonus benefit of monitoring body composition rather than weight alone.

The “right” diet can be wrong for this chapter

Perhaps one of the most important things to understand about cancer nutrition is that the goalposts may need to move. Imagine someone undergoing treatment who has nausea, mouth sores, taste changes, early fullness and very little appetite. A raw kale salad may fit beautifully into a cancer-prevention dietary pattern, but if that person can barely finish six bites of food and it burns their mouth, it’s not nourishing for them individually. A smoothie made with yogurt or soy milk, fruit, flaxseed and nut butter may provide far more useful nourishment at that moment in time.

Or consider a fiber-rich dietary pattern containing whole grains, legumes, fruits and vegetables. This is the recommendation for cancer prevention and survivorship, but certain surgeries or treatments may cause gastrointestinal symptoms that make fiber hard to digest. In this case, a temporary reduction in fiber or modified food textures may be the most realistic and appropriate way to ensure nourishment.

Yet, another example may be a new survivor reconditioning their body after treatment and may need high calories and protein to restore strength and muscle. Years later, this same person’s focus may shift toward higher fiber intake, more plant diversity, healthy body composition and long-term cardiometabolic health.

None of these approaches necessarily contradict one another. Rather, they all nourish the individual in various points in their journey. It’s okay (and expected) for nutrition plans to change in response to the need.

Trading food rules for a nourishment diet

Perhaps we need fewer rigid food rules and a better guide for finding nourishment instead. And in fact, this is true for everyone reading this article, independent of their personal experience with cancer. When evaluating whether a dietary strategy meets your nourishment needs, consider four key questions:

1. Is it adequately nourishing me?
2. Am I getting enough protein and energy to maintain or rebuild muscle?
3. Does it include a variety of plant foods that I can actually tolerate and enjoy?
4. Does it support what my body needs in this particular stage of life?

Your answers should help guide you in the right direction of whether you need more plants, more proteins, higher or lower fiber foods, higher or lower calorie foods, etc. If any answer is unclear, this is a perfect opportunity for a registered dietitian to become a member of your care team.

Cancer journeys are unique, so our nutrition journeys should be expected to be unique, too. There is no perfect cancer diet (or diabetes diet, or weight loss diet, or bone building diet). While no cancer survivor will share an exact meal plan, where we can all find common ground is in finding our way toward personal nourishment.

Upcoming programs at St. Jude Wellness Center

[See schedule & book online](#)

Cancer Wellness Program: A 4-month program for new cancer survivors designed to re-condition the body through movement, strength, education and connection. This philanthropy-funded program is free to participants referred from their physician. Contact St. Jude Wellness Center for more information.

Brain Fit: This course is for active, independent agers who are not currently managing cognitive conditions. Brain Fit is a twice weekly, 6-week series offered consistently throughout the year for \$165.

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

- Oct 12: Plant Based Eating Webinar

- Oct 21: Plant-Powered Fall Foods Virtual Cooking Class



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.

Providence St. Jude Medical Center
megan.wroe@stjoe.org
www.stjudewellnesscenter.org



Alignment Health Plan Expands as Rivals Pull Back

By Phil Calhoun in conversation with David Milligan

CLICK TO ACCESS OUR LATEST EPISODES!

 Spotify

 Vimeo

David Milligan is senior vice president of sales for Alignment Health Plan, a California-based Medicare Advantage carrier focused exclusively on seniors. With more than two decades in the Medicare space, he leads a broker sales team stretching from San Diego to Sacramento and has spent his entire career helping agents navigate the Annual Election Period.

This article is adapted from a recorded conversation between David Milligan and Phil Calhoun, CEO of California Broker Magazine. The discussion centers on Alignment Health Plan's product innovation, its 2027 California expansion and practical strategies brokers can apply heading into the Annual Election Period.

A career built on the broker channel

Milligan grew up in Bellflower and earned a business degree from California State University, Long Beach. He was working at Toyota Motor Sales in Torrance when a friend pointed him toward Pacific Care's Secure Horizons division. "I didn't know what a Medicare HMO was," he recalls, but the rapid growth and the chance to work with seniors drew him in. He spent about 12 years at Pacific Care, moved through smaller organizations, and eventually reconnected with Dawn Maroney, president of Alignment Health and CEO of Alignment Health Plan, to join Alignment just over three years ago. "The first thing that drew me to Alignment was jealousy," he says, referring to the carrier's product innovation.

Why Alignment resonates with brokers

Alignment is a California-based, senior-focused Medicare Advantage carrier that does not sell med supps or standalone Part D plans. Milligan points to the concierge card, a pre-paid debit card and Alignment's proprietary AVA Medicare Advantage platform as core differentiators. The company has grown about 30% year over year, and "brokers are the biggest channel for Alignment in terms of our growth," he says. His own broker manager team has roughly doubled in three years and now spans San Diego to Sacramento.

The product mix includes chronic special needs plans, standard HMO products, part B rebate plans and plans for veterans. Alignment also holds a PQA award for outstanding formulary, which Milligan notes is rare. It is "one of the few plans in the country that gets this," he says, and the company has earned it several years in a row. Members also gain access to Care Anywhere, a program that meets seniors in their home or remotely, a caregiver reimbursement benefit, transportation on select plans and 24/7 concierge service that Milligan says Alignment was first to offer.

Technology that drives better care

The AVA platform sits at the center of Alignment's clinical approach. It pulls data on every member's healthcare interactions, updates every 15 minutes and scores members to flag who needs additional clinical attention.

“Service first. If you’re servicing that client and doing the right thing for that client, the sale will come.”

“The sole purpose is to deliver medical care and know which members need some additional clinical care,” Milligan explains. When clinicians noticed a member repeatedly landing in the emergency room because he was taking medication without food, the team built a meal benefit around the gap. “We are expanding and we expect the broader market will move in opposite direction,” he says. Nearly one in four Alignment employees is a clinician.

The 2027 California outlook

For 2027, Alignment is expanding into Kern, Kings and Tulare counties, completing coverage across the Central Valley from Bakersfield to Sacramento alongside its Bay Area and Southern California footprint. “We are expanding into Kern, Kings and Tulare counties,” Milligan confirms. He expects the broader market to move in the opposite direction. “I think the big carriers are going to be pulling back on service areas and product design benefits,” he says, citing less robust federal funding. Plans like Alignment, he believes, will be winners because of marketplace stability.

Star ratings reinforce the story. In the Medicare Plan Finder, Milligan notes, Alignment products tend to rank near the top, which helps brokers in sales conversations. Broad product, benefit and expansion communication begins on or after Oct 1, keeping publication timing aligned with AEP timing.

The broker playbook for AEP

Certification is the first step. Milligan recommends completing AHIP, then the Alignment carrier certification, which runs about 30 minutes plus a CMS required test. “Get it done well before the start of AEP,” he advises, though brokers can still certify with Alignment in October or even November.

His core message to agents is simple. “Service first. If you’re servicing that client and doing the right thing for that client, the sale will come.” That service may even mean advising a senior to stay on a current employer plan. Referrals, he says, follow trust.

The first 90 days after enrollment are critical for retention. “Check in with your clients,” Milligan urges. Confirm they have their ID card before the first of the month, verify prescriptions are being filled, ask whether they have seen their primary care doctor, and make sure they tap into benefits like the meal

program, caregiver reimbursement and transportation. If a member must change doctors to join Alignment, Milligan suggests brokers help schedule that first primary care appointment and lean on Alignment’s 24/7 concierge line.

He also encourages brokers, especially newer ones, to find mentors and peer groups. “If you’ve got a small group of other brokers that you’re meeting or start one yourself,” everyone learns from shared marketplace experience. Industry events, including CAHIP chapter meetings and the Southern California Senior Summit, are where brokers stay current on an industry that is always changing.

Engaging with David Milligan and Alignment Health Care

Brokers can connect with Milligan and the Alignment broker manager team through the Alignment broker portal, where agents complete certification, upload credentials and access sales materials. Alignment’s broker managers cover California from San Diego to Sacramento and support agents with education, enrollment, and client service. To begin, complete AHIP and the roughly 30-minute Alignment certification, then reach out through the broker portal or connect at industry events such as the CAHIP Senior Summit. Alignment’s 24/7 concierge service and member service teams are also available to support enrolled members.



Questions? Contact our partner experience team

www.alignmenthealth.com/partners/brokers



David Milligan, Senior Vice President of Sales Alignment Health Plan

David brings 25 years’ experience to the Medicare Advantage industry with a career spanning member retention, sales compliance, marketing and most notably sales leadership. Throughout his career, he has driven significant growth at leading organizations such as PacifiCare/Secure Horizons, Bravo Health and SCAN Health Plan. Currently, David serves as the Senior Vice President of Sales for California at Alignment Health Plan where he continues to lead with a results-driven approach and a commitment to innovation in healthcare. He holds both Bachelors and Master’s degrees in Business.

The Healthcare Cost Collision

Why California carriers, hospitals, employers & employees are all feeling the squeeze

By Anne Kelly



Thesis: California is trying to slow healthcare spending growth to 3.5% in 2025-2026 and 3.2% in 2027, while hospitals seek higher commercial reimbursement, carriers absorb pharmacy and utilization trend, federal coverage subsidies are shifting, and employers are receiving renewals that feel disconnected from the state affordability target.

At first glance, the 2026-2027 renewal cycle can look like another painful year of medical inflation. But the more carefully one looks, the more it appears that multiple pressure systems are colliding at once. The collision is especially visible in California, where the Office of Health Care Affordability (OHCA) has begun putting a public benchmark around what used to happen mostly behind closed doors: how fast healthcare spending should be allowed to grow.

This article argues that the current market friction is not simply a carrier-pricing story or a hospital-pricing story. It is a deeper affordability crisis in which provider reimbursement, pharmacy inflation, chronic disease, public-payer pressures, Covered California subsidy changes, Medi-Cal eligibility changes, and employer risk-pool dynamics are converging. The result is a market in which hospitals and carriers are increasingly “at each other’s throats” when contracts come up for renewal, while employers continue to receive Q4 2026 and Q1 2027 renewal increases that often exceed the state’s cost-growth target by a wide margin.

1. The OHCA benchmark: a new public yardstick

OHCA’s statewide spending target begins at 3.5% for performance years 2025 and 2026, drops to 3.2% for 2027 and 2028, and reaches 3.0% in 2029. The target is not a premium cap. It is a per-capita health spending growth target intended to signal that healthcare spending should not continue to grow faster than California household income.

That distinction matters. Employers buy premiums, not abstract medical trend. A carrier renewal can be driven by more than provider reimbursement: pharmacy costs, utilization, risk adjustment, population morbidity, reserves, administrative costs, benefit mix and product-specific experience all play a role. Still, the OHCA target changes the conversation. It creates a public affordability benchmark against which carriers, hospitals and large physician organizations can increasingly be judged.

Performance year	OHCA statewide target	Why it matters
2025	3.5%	First target year; public reporting begins.
2026	3.5%	Target remains at 3.5%; enforcement begins with 2026 performance.
2027	3.2%	Target tightens just as 2027 renewals and federal coverage changes hit the market.
2029	3.0%	Long-term affordability <u>endpoint</u> .

“The larger point is that cost containment may increasingly depend not only on negotiated discounts, but on care model design.”

2. The baseline: carriers were already above the target

OHCA’s Baseline Report: Health Care Spending Trends in California, 2022-2023 established the pre-target landscape. Among major commercial carriers, medical expense growth was already generally above the later 2025 target. In simplified terms, the market was operating around 4% to 6.5% commercial total medical expense growth before the 3.5% target took effect.

This does not mean those carriers “failed” OHCA in 2023. The target had not yet taken effect. It does mean California is asking the market to slow a trend that was already running meaningfully above the target before the measurement era began.

Carrier / plan	2022-2023 commercial TME PMPY growth	Gap vs. 3.5% target	Interpretation
Kaiser Permanente	4.3%	+0.8 pts	Closest among major carriers; vertically integrated model may matter.
Anthem Blue Cross	5.5%	+2.0 pts	Material gap before OHCA target period.
Blue Shield of CA	5.2%	+1.7 pts	Above target; active provider negotiations followed.
Health Net / Centene	3.9%	+0.4 pts	Closest traditional carrier in this comparison.
UnitedHealthcare	6.5%	+3.0 pts	Largest gap among the major carriers discussed.
Aetna	5.1%	+1.6 pts	Above target

3. Why hospitals and carriers are fighting harder

The hospital-carrier conflict is driven by a simple arithmetic problem. Hospitals argue that labor, nurses, physicians, drugs, supplies, technology, capital costs, seismic and regulatory compliance, and public-payer reimbursement pressure are all rising. Carriers argue that they cannot accept provider price demands that would push employer premiums and consumer costs even higher, particularly while the state is measuring the system against a 3.5% or 3.2% target.

The contract table is where those pressures collide. If a hospital system seeks a large commercial reimbursement increase, a carrier has only a few options: accept the increase and eventually reflect it in premiums; reject the increase and risk network disruption; or accept part of it and try to recover savings elsewhere through utilization management, narrow or high-performance networks, prior authorization, site-of-care management, pharmacy management or value-based contracting.

[CLICK TO READ FULL ARTICLE »](#)



Anne T. Kelly is President of Kelly & Kelly Insurance Services/Patrick & Patrick Insurance Services. Her formal education as a Cost Accountant gives her a distinctive framework for interpreting the financial and compliance implications of employee benefits, including the Affordable Care Act’s Employer Shared Responsibility rules. She has more than 25 years of experience in the sales and administration of employee benefit programs, with particular expertise in eligibility, employer reporting and ACA compliance. Anne is a frequent speaker and educator for CAHIP and ADOMA, presenting on topics including Healthcare Affordability and the forces driving medical premiums; the Affordable Care Act and employer reporting requirements; tax write-offs and the tax treatment of benefits through payroll versus individual tax returns; and California Pay Transparency requirements. She is also an approved California Department of Insurance instructor on Disability Insurance and Section 125 plans, as well as Healthcare Cost crisis and has spoken to insurance-industry and employer groups throughout California.

Google Indexed Websites. AI Indexes Trust

By Jonas Roeser

THE TRUST ECONOMY

A SIX-PART SERIES FOR CALIFORNIA BROKER MAGAZINE

Article one of six. This opening article explains how AI evaluates professional trust. Coming next are Identity protection, reviews, digital trust signals, referral readiness and a shared industry standard.

How AI evaluates professionals and how brokers become credible sources

For 25 years, the rule for building a professional reputation online was simple: get found on Google. Build a website, claim your listings, collect reviews and give search engines enough information to understand your business. Brokers who followed that rule received more calls. Brokers who ignored it were easier to overlook.

That rule still matters, but consumers are changing how they search. Instead of reviewing pages of links, they increasingly ask ChatGPT, Gemini, Copilot or Perplexity for a direct answer. They may also ask who can help them. When someone asks who understands long-term care insurance in Sacramento or Medicare in San Diego, will the system recognize you as a credible professional?

From search ranking to recommendation

Search engine optimization rewards relevance and authority through signals such as useful content, backlinks and accurate local listings. AI assisted discovery draws from a wider set of evidence.

It considers whether your name, business, licensing, credentials and contact information appear consistently across reliable sources. It can also consider reviews, professional affiliations, published articles and other independent references.

A polished website can tell consumers what you claim. A consistent public record helps consumers and AI systems confirm it. Google indexed websites. AI indexes trust.

Search optimization still matters. Your website still needs clear service pages, accurate location information and useful answers. The change is that your website now sits inside a larger evidence network. If independent sources confirm the same professional story, your claims become easier to trust. If they conflict, even excellent website copy cannot resolve every doubt.

What being indexed for trust means

Your identity should be unambiguous. Your professional name, agency, photograph and contact information should match across your website, directories and public profiles. Old affiliations and duplicate listings can create confusion.

Your credentials should be verifiable. A license number that resolves through the state, a designation confirmed by its issuing organization and an association membership documented outside your own website carry more weight than unsupported claims. Agent Review uses direct data connections with NABIP, Insurance Education Advisors and the Certified Health Care Advisor program so eligible membership and graduate achievements can appear as visual profile badges and structured trust tags. That turns a credential from something a broker simply claims into something consumers and discovery systems can recognize and verify.

Your independent signals should explain your work. Specific reviews, interviews, articles and professional mentions help establish what you do and how you serve clients. Public education matters too. An article or video that answers a real client question demonstrates expertise more effectively than a general statement about years of experience.

Think of this as entity clarity. A consumer may understand that two slightly different versions of your name refer to the same person. A machine may not. Small differences in agency names, addresses, telephone numbers or specialties can divide your professional history across several records. Consistency helps those records resolve to one credible professional.

Why brokers should act now

Insurance is purchased through trust, and that first impression is often formed before a consumer speaks with an agent. California has a large and competitive broker population across Medicare, health, life, annuities, long term care, employee benefits and property and casualty. A broker with a clear specialty and documented credibility can stand out. A broker with thin or conflicting information can disappear into the crowd.

Start by searching your name, agency and license number as a prospective client would. Ask an AI assistant what it can find about you. Correct outdated listings. Confirm that licensing and designations are visible through independent sources. Request detailed reviews after meaningful client experiences. Publish useful answers to the questions clients ask most often.

California's size makes specialty especially important. A general claim that you sell insurance will rarely distinguish you. A documented focus on Medicare, employee benefits, long term care, life insurance or another field gives consumers and discovery systems a clearer reason to connect your name with a specific need.

Trust signals accumulate over time. A corrected listing, a new review and one useful article may seem small, but together they build a stronger professional footprint.

Review the record quarterly. New credentials, employer changes and old directory pages can alter what consumers find long after the initial cleanup.

Build your Agent Review profile

Agent Review brings a broker's consumer facing profile, identity verification, licensing information, credentials and reviews on one platform built specifically for insurance. Create your profile and make sure consumers and AI systems can find a consistent, credible record of who you are.

“Insurance is purchased through trust, and that first impression is often formed before a consumer speaks with an agent.”

Agent Review provides consumers with unbiased insurance education and the confidence that they are working with real, qualified professionals. AI video identity verification and independent third-party monthly monitoring confirm each professional's identity, licensing, credentials, and good-standing status.

Alongside LinkedIn, Agent Review helps California Broker subscribers build trust, strengthen their visibility in traditional and AI search, and win new business.



California Broker readers receive an exclusive Agent Review discount.

Visit www.agentreview.net/cbm to claim your discount.



Jonas Roeser, an entrepreneur with over two decades of experience in insurance marketing and fractional CMO roles, built Agent Review to solve the disconnect between how consumers search for insurance online and the lack of transparent agent evaluation tools. The platform has evolved into an AI-driven reputation ecosystem, recently launching Agency Review to allow agencies to aggregate agent reviews and manage their brand presence.

Succession Planning: Prepare Your Clients for Leadership Changes

By Ailene Dewar Costello



The Engage PEO Human Resources Consultant Team

Leadership transitions are inevitable. Retirements, career changes, relocations and unexpected events can impact any organization. Without a plan, these changes can disrupt operations, culture, employee engagement and client relationships.

For insurance brokers acting as trusted advisors to their clients, succession planning creates an opportunity to have broader workforce and business continuity conversations with clients. While many employers focus on benefits, risk management and compliance, leadership continuity is another critical component of organizational stability.

What is succession planning?

Succession planning answers one critical question:
If a key leader left tomorrow, what would we do?

A strong succession planning process includes:

- Identifying critical roles
- Defining required skills and experience
- Assessing internal talent
- Developing employees through training and growth opportunities so that tomorrow's leaders are getting the skills they need now
- This extends across the organization, from frontline staff to senior executives.

Why it matters for clients

Workforce turnover remains a reality for organizations of every size. Without a succession plan, employers may face:

- Operational gaps
- Client service challenges
- Loss of institutional knowledge
- Compliance risks
- Increased recruiting and onboarding costs

A well-designed succession strategy helps organizations:

- Maintain business continuity during leadership transitions
- Create clear career pathways for employees
- Support fair and objective promotion decisions
- Develop internal talent pipelines
- Strengthen employee retention and engagement
- Build confidence among clients, customers and stakeholders

Succession planning works best when it's shared across the organization. It should never sit with HR alone. Executives set direction, managers at every level provide insight into skills and potential, and HR helps coordinate the process. Many small and mid-sized companies also rely on a PEO or HR outsourcing partner to support the work and keep everything compliant.

Six steps to start succession planning

To start or enhance a succession plan, insurance brokers can encourage clients to consider these foundational steps:

- **Organizational mapping** – Review organizational charts and identify anticipated retirements or potential leadership gaps
- **Identify critical positions** – Focus on roles that impact operations, compliance, revenue and/or client relationships
- **Clarify role requirements** – Update job descriptions with skills, certifications and leadership expectations
- **Evaluate internal talent** – Assess employee performance, leadership potential and readiness for future opportunities
- **Create development plans** – Offer projects, mentoring, and leadership development opportunities
- **Revisit annually** – Update roles, skills and plans as your business evolves

Where PEO partners can help

Many small and mid-sized employers lack the internal HR resources needed to build formal succession planning programs. This is where a professional employer organization (PEO) can provide valuable support.

PEO partners can provide:

- Templates for job descriptions and development plans
- Performance management tools
- Guidance on fair promotion and employee evaluation criteria
- Turnover and risk analytics
- Training and leadership development resources

While employers maintain ownership of their culture and leadership decisions, PEO partners can provide the structure, tools and expertise needed to support a sustainable succession planning strategy.

The broker opportunity

Succession planning may not traditionally be viewed as a benefits conversation, but it is closely tied to workforce stability, employee development and organizational risk management. By raising the topic with clients, brokers can position themselves as strategic advisors who help organizations address both today's workforce challenges and tomorrow's leadership needs.

For those with clients that may need help navigating succession planning, Engage PEO is here to help. Engage provides direct access to HR Consultants who are licensed employment attorneys with deep and varied employment law experience, helping address these types of complex workforce issues.

Reach out today to explore how a trusted PEO partnership with Engage can safeguard your relationships, enhance client satisfaction and create lasting value.

[CLICK HERE TO WATCH](#) to learn more and watch short video about the referral partnership program with Engage PEO.

**This article does not constitute legal advice.*

"Succession planning answers one critical question: If a key leader left tomorrow, what would we do?"



ENGAGE
P E O
E X P E C T M O R E



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.

adewar@engagepeo.com

714-393-2297



Long-Term Care Is a Woman's Issue. Still. And Always.

By Wendy Boglioli

Walk into almost any assisted-living community in this country and look around. About seven in 10 of the residents you will see are women. Eighty-four percent are over 75. Hold that picture for a moment, because I want to tell you what is not on the brochure.

Assisted living is the good version.

Medicaid does not pay for assisted living. It pays for a nursing home. So, when the money runs out — and for most families, it runs out — she does not stay where she is. She moves. To a room that is not her room, shared with a woman she has never met. They share the bathroom too. There is a curtain between the two beds, and that curtain is the only privacy she has left. Her things do not fit; most of them never came. And she sits there — a woman who ran a household, raised children and held an entire family together for 50 years. She built something. And it ends in half a room, beside a stranger.

Here is the part that should stop every broker reading this: somewhere along the line, that woman was financially stable. She and her husband did most things right. Then one long care event quietly spent down everything they had built over a lifetime, until there was nothing left and the state took over. That is what qualifying for Medicaid means. You spend it. All of it.

I have spent 30 years in long-term care — as an agent, a specialist, a wholesaler and a national spokesperson for this industry — and if I could leave brokers with a single sentence, it would be this one: long-term care is a woman's issue. It always has been, and it still is.

Why? Two words. Caregiving and longevity.

We give the care. Women are the primary family caregivers in this country, and that has not changed no matter what else has. And we live long enough to need the care ourselves — usually after caring for everyone else first. A married woman often spends years caring for her husband, spends the family's savings doing it, and then faces her own care needs alone, with a smaller nest egg and no one left to care for her. The women in those assisted-living hallways are not statistics. They are the last chapter of a story that began with love and ended without a plan.

And the caregiving itself carries a price tag nobody puts on a slide. For only the third time in American history, women make up the majority of the workforce — and we did not hand off the caregiving when we took the jobs. When a parent or a spouse needs months or years of care, it most often lands on her, on top of the career she is already holding. Women leave jobs to provide care. They cut hours.

They come in late and leave early, sometimes managing care for someone hundreds of miles away. And they come out the other side with less in Social Security and less in retirement savings. The caregiving ends. The financial hit does not. That is just as true, by the way, for the men who step into the caregiving role — the penalty belongs to the caregiver, and the caregiver is usually her.

Now put today's numbers against that picture. In this year's CareScout Cost of Care Survey — Genworth's survey, the benchmark this industry has relied on for more than 20 years — the median private room in a nursing home runs about \$130,000 a year. The shared room, the one with the curtain, is about \$115,000. Assisted living is roughly \$6,200 a month, and bringing a caregiver into the home, which is what nearly every client says they want, runs about \$35 an hour — around \$300,000 a year for care around the clock. Every one of those numbers went up again this year. And before anyone files this under "retirement planning," consider one more figure: Georgetown University tells its own faculty and staff, in its long-term care benefit materials, that 44% of individuals receiving long-term care are under age 65. A stroke, an accident, an early diagnosis. It comes when it comes.

So, what do we do with all of this — those of us who sit across the table from families for a living?

I learned the answer in my first months in this business. I would sit with a husband and wife, and almost every time, the husband did all the talking. I would ask a question about long-term care; he would answer it. Every question. And she sat there, quietly listening. One day it hit me: I was talking to the wrong person.

So, I started talking to the woman — and everything in my business changed. Because she was the one who was concerned, and she was the one who was going to make the decision. I would ask her one question, and she would tell me about her mother. Or her sister. Or her grandmother. What she watched. What it cost that family. And then she would tell me the real thing: that she did not want it to happen to her. That is where this conversation actually lives. Not in a brochure. Right there.

I built my entire long-term care business on women, and my advice to brokers and advisors has not changed in 30 years. Talk to the woman. Ask her the questions. Watch her, not just him. You are not selling anything when you do this — you are helping a family protect itself, and that is the right thing to do whether it ever becomes a policy or not.

There is a business reason too, and it is not a small one. When a woman trusts you, she tells people. She tells her sister, her friends, the women she works with. One woman who feels heard will hand you three more clients — and this conversation has a way of opening up the whole family, the generation you already serve and the one coming up behind it.

November is Long-Term Care Awareness Month, and there will be no shortage of statistics in your inbox. Let me save you the trouble of memorizing them. Remember one picture instead: the room with the curtain, and the woman who built something sitting beside a stranger. Then look at your book of business and find the women most likely to end up in that bed — because they are the ones with the most to lose, and the most to gain from one honest conversation.

She is waiting for somebody to ask. Be the one who asks.

**When a woman
trusts you, she tells
people. She tells her
sister, her friends,
the women she
works with.**



Wendy Boglioli is a featured speaker, long term care expert, healthy aging advocate, and Olympic gold medalist. Boglioli brings professional versatility and captivating insight to audiences across the country. Her positive message and riveting personal story encourages everyone to take a holistic approach to their physical and financial outlook. As a BuddyIns partner, Boglioli focuses on educating financial advisors, agents, and consumers about the power of a long-term care plan.



- U.S. Olympic Gold, Bronze U.S.
- Olympic Hall of Fame
- International Swimming Hall of Fame

Click for more information:

BuddyIns Group Program: buddyins.com/program/calbroker/group

Schedule a Meeting: calendly.com/wendy-buddyins

How One Eligibility Issue Changed the Conversation

PAYROLL

By Esmat Hafez and Michele Holmes

Sometimes the first sign that a client has a payroll or HR problem doesn't come from payroll at all.

For one California-based healthcare organization with approximately 150 employees across multiple locations, it showed up in the benefits enrollment process.

Esmat Hafez, partner and employee benefits advisor at Ziadie Insurance Services in Mission Viejo, had been working with the client for roughly two years. As the organization grew, he began noticing something that didn't look right.

Employee waiting periods and eligibility dates weren't always lining up the way he expected.

For some brokers, that may have looked like a benefits administration issue to work around. Hafez knew there could be something bigger happening underneath it.

Hafez brings experience from both sides of the conversation, having worked in employee benefits as well as selling HCM technology for major providers. That background led him to start asking questions.

Something didn't add up

As employees moved between different schedules and levels of hours, Hafez wanted to understand exactly how the client was determining when someone became eligible for benefits.

Those conversations uncovered a larger problem. The information coming from the client's large national payroll provider wasn't producing the eligibility information they needed, and the process Hafez wanted to put in place couldn't be supported by the existing system in the way the client needed.

That became increasingly important as the fast-growing organization moved beyond 50 full-time-equivalent employees, making ACA compliance a much larger consideration.

Hafez began evaluating other options.

For him, the decision wasn't simply about finding another company that could process payroll. He wanted a technology partner that understood how payroll, benefits administration, eligibility and ACA compliance worked together.

"The more complex it gets, the more room there is for things to fall through the cracks," said Hafez. "Being able to get into the weeds and understand how a workflow needs to happen and why a specific workflow is important is really key."

That search eventually led him to Michele Holmes, co-founder of Premier HCM.

Looking beyond the original problem

ACA compliance and benefits eligibility may have started the conversation, but once Holmes became involved, other opportunities to improve the client's processes became apparent.

Although payroll and timekeeping were presented by the current provider as integrated, they functioned more like separate components. Electronic onboarding also wasn't part of the client's package, despite the volume of new hires they were bringing on. Workflows were limited, and several administrative processes still required more manual effort than necessary.

For a growing healthcare employer, where hiring and turnover can create a significant administrative burden, those gaps mattered.

“Not every client needs to replace its payroll or HCM provider.”

“The ACA compliance was definitely the most important piece that we wanted to address immediately,” said Holmes. “From there, it was really about increasing their efficiency.”

The new environment gave the client the ability to electronically onboard new hires, move employees into timekeeping and payroll from the beginning, support ACA compliance, and create workflows around benefits information and certifications such as RN licenses.

The goal was to make payroll, benefits, timekeeping and onboarding work together, which required close collaboration with the broker.

Because the client would be using isolved’s integrated benefits administration system through Premier, our ben admin specialist worked directly with Hafez throughout the process. That allowed him, our team and the client to work through plan setup, eligibility rules and workflows together instead of expecting the employer to translate information between vendors.

“You want your HCM partner to at least, on some level, speak benefits,” said Hafez. “The more complex it gets, whether you’re dealing with changing eligibilities, ACA compliance or multiple classes, the more important that becomes.”

A transition built around the client

With a company of this size and complexity, the transition was handled in stages rather than turning everything on at once.

Payroll and scheduling came first. Training was broken into multiple sessions so the client could become comfortable with the platform, with other components added as the organization was ready for them.

“Instead of flipping the switch and turning everything on at once and overwhelming the client, we really assessed what needed to go live first,” said Holmes.

That flexibility became especially important when the client needed to move a portion of its workforce earlier than originally planned. The team was able to accommodate those employees first and stage the remainder of the transition around other priorities, including open enrollment.

From the broker’s perspective, that made a complicated transition feel much less complicated to the client.

“It makes a really complicated thing seem relatively seamless,” said Hafez. “That inspires confidence. It gives the client a sense that they can trust that things are happening in the background.”

More importantly, solving the problem strengthened his relationship with the client.

“If that experience is good, it increases your credibility to recommend other things in the process,” said Hafez. “It increases their stickiness with you as a client because you’ve resolved a major issue for them.”

The lesson for benefits brokers

Not every client needs to replace its payroll or HCM provider.

The larger takeaway is that brokers don’t have to wait until a payroll relationship is falling apart before asking questions about it.

“The client doesn’t have to be in shambles for the broker to check in on that relationship,” said Holmes. “Even if the client says they’re okay with their payroll situation, there may still be room for improvement.”

That improvement may have nothing to do with payroll processing itself. It could be something as simple as inaccurate PTO accruals, a clunky onboarding process or time tracking that creates unnecessary work for the client.

For Hafez, the lesson is that benefits brokers have to be willing to look beyond the traditional renewal conversation.

“You need to, as a broker, avoid getting tunnel vision,” he said. “Technology is a bigger part of the business now. Payroll and benefits are increasingly integrated, and you have to be asking those questions.”

That doesn’t mean every benefits broker has to become an HCM technology expert. It does mean understanding enough about the systems surrounding benefits to recognize when something doesn’t look right, ask the next question and have partners who can help.

In this case, it started with a few eligibility dates that didn’t make sense.

Following that thread ultimately helped the client improve much more than benefits eligibility, while giving Hafez another opportunity to demonstrate his value to the client’s business beyond renewal.

To me, this is a perfect example of how a benefits broker and HCM provider should work together. Hafez recognized that something wasn’t working, brought in a partner he trusted and stayed involved throughout the process. On our side, Holmes and our team understood that our role was to support and reinforce the broker-client relationship, not compete with it.

When a broker and HCM provider are aligned around what is best for the client, everyone is in a better position to do their job well. More importantly, the client gets a better outcome.



Click here for additional information
premierhcm.com/ca-broker-magazine



Esmat Hafez is a Partner, Employee Benefits Advisor and Director of HR Technology at Ziadie Insurance Group. With more than 15 years of experience, he advises employers on employee benefits, healthcare costs, compliance, and HR technology. His background includes hands-on experience with HCM technology, giving him a unique perspective on how benefits and HR systems work together.



Michele Holmes is co-founder of Premier HCM and has more than 20 years of experience in payroll and human capital management. She works with small and mid-sized businesses to identify and implement payroll and HR technology solutions designed to improve efficiency, simplify administration, and support their growth.



California Museums to Visit this Fall

By California Broker Magazine

Autumn is one of the most exciting times to visit museums, as new exhibitions typically open in the fall just ahead of the holiday season when visitors are looking for fun activities to do with family and friends.

California is overflowing with museums of all kinds—from contemporary art to classical antiquity. Los Angeles boasts more museums than New York City and has one of the most active gallery scenes in the country.

Why visit museums?

There are many reasons to visit a museum, whether you are looking to be inspired creatively, learn something new, or simply enjoy the aesthetics of art. But museums are also critical to society. They offer insights into humankind's history, allowing us to reflect on the past so we can understand where we came from and where we are going. Museums provide the space for us to feel and practice empathy towards our fellow neighbors, as art collections and exhibitions often spotlight the trials and tribulations of different cultural groups throughout history.

Health benefits of visiting a museum

Not only is visiting a museum fun and educational, but it can also improve one's health. Scientists found that just 30 minutes spent in an art gallery can reduce cortisol in the brain, can stimulate dopamine release, and can combat anxiety. To take it a step further—creating art also has significant benefits in reducing stress. Girja Kaimal from Drexel University found that making art for as little as 45 minutes reduced the stress hormone cortisol, no matter the person's skill level. So, after your next museum visit—consider grabbing some paints!

California is home to hundreds of incredible museums and art galleries. Here are just a couple we suggest visiting this fall:

Getty Museum

The J. Paul Getty Museum offers two museums in Los Angeles – the Getty Villa in the Pacific Palisades houses art from ancient Greece, Rome and Etruria, while the Getty Center in Brentwood holds European paintings, drawings, sculpture, illuminated manuscripts, decorative arts and photographs. Both sites are known for their exquisite gardens and iconic views of Los Angeles. This fall, the Getty Center is displaying several new exhibitions, including:

- *“The Holy Family at Home”*
(through Jan. 10, 2027)
- *“Instante/revelación: Moments in Mexican Photography”*
(through Jan. 3, 2027)
- *“The Making of a Medieval Manuscript”*
(through March 14, 2027)
- *“A Light in the Dark: Joseph Wright of Derby”*
(Nov. 24, 2026 - March 14, 2027)

The Getty Center will close temporarily for around a year to conduct major renovations starting on March 15, 2027. So, now is your chance to visit this beloved Los Angeles institution before you can't see it for some time.

Los Angeles County Museum of Art (LACMA)

One of L.A.'s most popular destinations, LACMA houses over 150,000 objects spanning 6,000 years of human creation from ancient times to present. Plus, the museum just opened its new David Geffen Galleries, a massive \$724 million renovation that offers 27 inner galleries illuminated by natural light and floor-to-ceiling windows. In addition to exploring this new permanent space, several exhibitions are on view this fall:

- ***“Textile Alchemy: The Art of Reiko Sudō & NUNO”***
(through March 7, 2027)
- ***“Home of the Future, 1925-1985: Designing Domestic Utopias”***
(through March 14, 2027)
- ***“Paul R. Williams: Architect for Living”***
(Nov. 15, 2026 - May 31, 2027)

Plus, whether it’s your first visit or not, a photo with the permanent outdoor installation “Urban Light” is a must. And don’t miss a stroll underneath the “Levitated Mass.”

Academy Museum of Motion Pictures

Located in the same plaza as LACMA is the Academy Museum of Motion Pictures, a must for movie lovers. The largest museum in the U.S. dedicated to the arts, history, science and artists of moviemaking, it offers many new exhibitions throughout the year. This fall, there will be plenty to see, including:

- ***“Zombies!”***
(open through July 25, 2027)
- ***“Marilyn Monroe: Hollywood Icon”***
(through Feb. 28, 2027)
- ***“Studio Ghibli’s PONYO”***
(through March 21, 2027)
- ***“The Godfather Photo Experience”***
(through April 4, 2027)

Norton Simon Museum

Located in Pasadena, the Norton Simon Museum has a diverse collection that includes South and Southeast Asian art, European art (with many iconic works by Van Gogh, Degas, and more) and modern and contemporary art. Plus, their sculpture garden was recently renovated and features beautiful sculptures by Henri Moore, Aristide Maillol, Jacques Lipchitz and more. On view this fall are the following exhibitions:

- ***“Making History: Manet’s ‘Execution of Maximilian’ from the National Gallery, London”***
(Nov. 13, 2026 - March 1, 2027)
- ***“The Art of Kandy: Sri Lanka’s Last Kingdom”***
(through Feb. 8, 2027)

Bowers Museum

This Mission Revival-style cultural center in Orange County’s Santa Ana holds over 100,000 objects including pre-Columbian Mesoamerica, Native American art, African, Asian and Oceanic traditions, along with Californian plein-air paintings.

In addition to their iconic permanent collection, the museum has several exhibitions on view and coming soon, including:

- ***“California Watercolor: A Changing Scene, 1930–1980”***
(ongoing)
- ***“Picasso Ceramics from the Rosenbaum Collection”***
(Oct. 24, 2026 - Feb. 28, 2027)
- ***“Art of Mexico and Central America”***
(opening Nov. 21, 2026)

If you visit on the first Saturday of the month, you can stop by the Downtown Santa Ana Art Walk afterwards and check out the work of local artisans and enjoy the area’s delightful food and drink options.

Not only is visiting a museum fun and educational, but it can also improve one’s health

de Young

Located in San Francisco’s Golden Gate Park, de Young showcases American art from the 17th century through today, textile arts and costumes, contemporary art, African art, Oceanic art and arts of the Americas. In addition to their marvelous permanent collection, the museum has 10 exhibitions on view this fall, including:

- ***“Rooted in Place: California Native Art”***
(through Dec. 6, 2026)
- ***“Contemporary Painting in Papua New Guinea: Mathias Kauage and His Family”***
(through Dec. 6, 2026)
- ***“Treasures of the Pharaohs”***
(through Jan. 31, 2027)
- ***“Art of Indigenous America”***
(through Aug. 31, 2028)

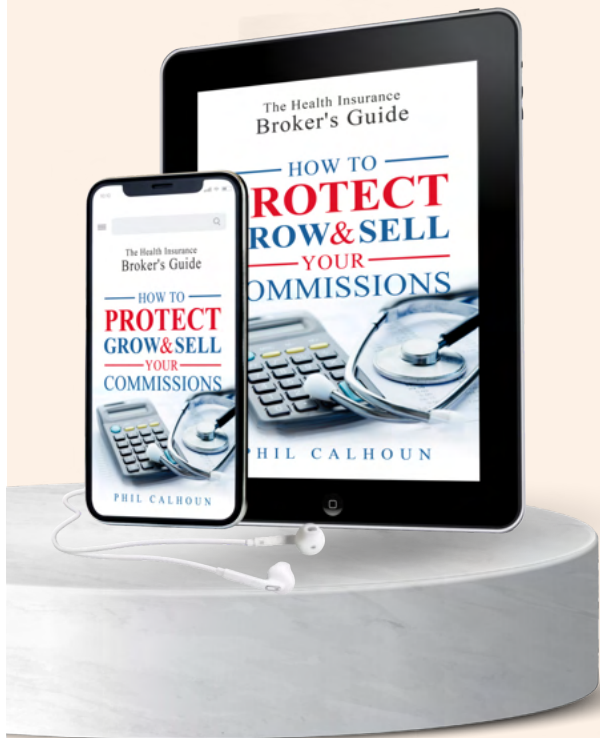
Just across the street in Golden Gate Park is the California Academy of Sciences, a massive science museum with an aquarium, planetarium, four-story rainforest and natural history museum. Also worth a visit is the Japanese Tea Garden, for a calming break in between art gazing.

The San Diego Museum of Art

The oldest, largest and most-visited museum in San Diego, The San Diego Museum of Art (SDMA) holds over 35,000 works spanning 3,000 BC to the present. SDMA has several exhibitions on view this fall, including:

- ***“Icons of Imperial Russia”***
(through Aug. 15, 2027)
- ***“Early American Painting”***
(through May 31, 2027)
- ***“Dutch Painting: Special Loans from the Museum of Fine Arts, Boston”***
(through March 21, 2027)

SDMA is situated in Balboa Park, which features 17 world-class museums from art and natural history to science, aviation, and anthropology.



FREE BOOK

The Health Broker's Guide
How to Protect, Grow & Sell Commissions

↓ [CLICK HERE TO DOWNLOAD YOUR COPY](#) ↓

Hardbound edition available on [Amazon](#).

Our goal is education. In the past year alone, we've provided more than **1,500 free books** to brokers nationwide—professionals just like you who understand the importance of protecting the business they've built.

Take action now to protect your commission.

Any health broker without a formal, compliant protection strategy is at **100% risk of losing their commissions** if they become unable to stay certified or licensed.

Critical Facts Every Broker Should Know:

- ✓ **Carriers will not assist your survivors or loved ones** in accessing your commissions if you pass away or become unable to remain active.
- ✓ **Only brokers with a carrier-driven, compliant succession plan** can ensure their commissions are protected and transferable, guaranteeing their loved ones continue to be paid.

Our **Commission Protection Plan** is the industry's leading solution for active brokers, FMOs, General Agencies, and solo practitioners. Whether for yourself, your partners, or subagents, commission planning is essential for long-term security.

www.commission.solutions



NOT SURE WHERE TO START YOUR PLANNING?



DO KNOW WHAT HAPPENS TO YOUR COMMISSIONS IF YOU HAVE A LIFE EVENT?

-  HAVE YOU REACHED THE POINT TO CONSIDER YOUR PLANS FOR THE FUTURE?
-  DO YOU KNOW WHAT YOUR BOOK IS WORTH TO A BUYER?
-  IDENTIFY THE RISKS OF NOT HAVING A PLAN TO PROTECT COMMISSIONS.
-  WANT TO STAY ACTIVE, FIND OUT HOW TO PROTECT YOUR COMMISSIONS.

www.commission.solutions

Let's Have A Conversation

CLICK HERE TO VISIT MY CALENDLY AND SCHEDULE A PHONE CALL WITH ME



Contact: Phil Calhoun

714-664-0311

phil@commission.solutions



CALIFORNIA BROKER READERS SAVE 10%

AI IS FORMING AN OPINION ABOUT YOU.

Make sure it finds the truth.

Identity. Credentials. Reviews. One verified profile.

Your reputation is no longer
just what you say.

Clients confirm it.

AI repeats it.

● REAL IDENTITY

● ACTIVE LICENSE

● CLIENT REVIEWS



AgentReview.net/cbm

CLAIM YOUR
10% DISCOUNT

2

Covered California Small Business

www.coveredca.com/forsmallbusiness

3

CRC Group

crcbenefits.com/get-started/

16

Transitions

trade.transitions.com/managedvisioncare

17

Inland Empire Health Plan

Quality Agent Certification Program

1-844-264-4347

brokerservices@iehp.org

brokers.iehp.org/

17

CalCPA Health

CalCPAHealth.com/CalBroker

877-902-5369

34

Commission Solutions

www.commission.solutions

714-664-0311

35

Commission Solutions

The Health Insurance Broker's Guide

How to Protect, Grow, and Sell commissions

healthbrokersguide.com/

36

AgentReview

AgentReview.net/cbm

37

California Broker Publishing

Write for Us

www.calbrokermag.com/write-for-us/

38

Pinnacle Claims Management Inc.

pinnacletpa.com/excellence

THE CALIFORNIA BROKER MEDIA MARKETING ADVANTAGE



CALIFORNIA BROKER WEBSITE

Average Monthly Visitors: 30,000



WEEKLY eNEWSLETTER

Reach more than 220,000 licensed California Brokers



DIGITAL eMAGAZINE

California Broker Magazine is the only publication focused exclusively on California's Life and Health insurance professionals. We deliver the California-specific news, regulatory updates, market trends, and business insights that help insurance professionals stay informed, competitive, and successful.

For advertisers, that means direct access to a highly targeted audience actively engaged in the California insurance market.



WRITE FOR US



We're looking for people with knowledge and opinions. Be a thought leader in your world and ours.

CLICK HERE

To learn more



➤ Forward.
Upward.
Onward.

Pinnacle Claims Management, inc. is now **Pinnacle Health Solutions.**

For more than 30 years, we've partnered with self-funded employers to simplify health benefits through responsive service, expert claims administration, and personalized health management.

Today, we're bringing everything together under one name: **Pinnacle Health Solutions.** Our new brand reflects the breadth of solutions we deliver and the integrated experience we've built for brokers, employers, and members.

Same trusted team. Same exceptional service. One unified identity.

pinnacle-health.com

