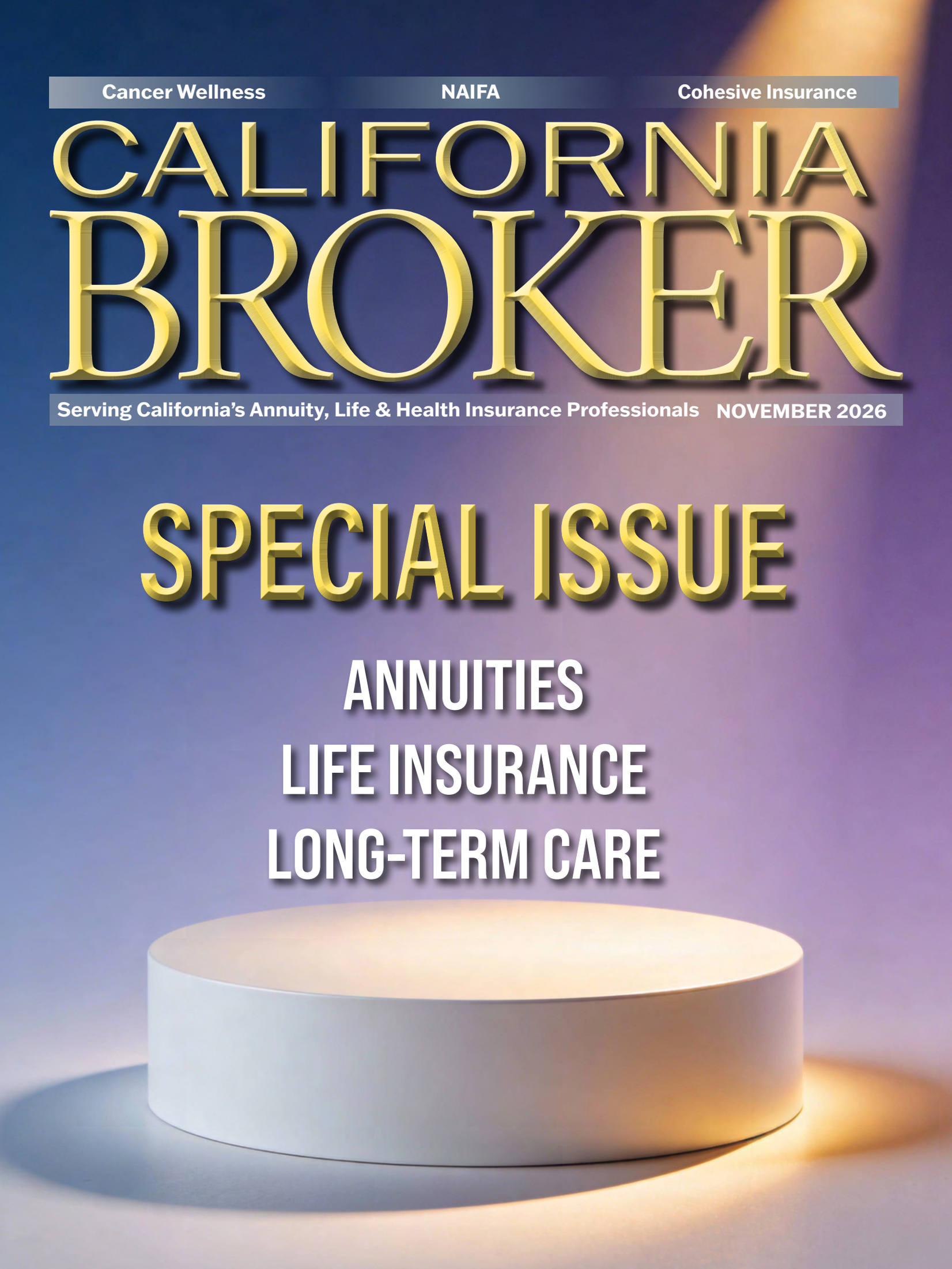
Cancer Wellness | NAIFA | Cohesive Insurance

CALIFORNIA BROKER

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

SPECIAL ISSUE

ANNUITIES
LIFE INSURANCE
LONG-TERM CARE





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

Pinnacle
HEALTH SOLUTIONS

CRC BENEFITS

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.



Looking for 2027 business development ideas?

With the many changes in our industry this past year—and for what we anticipate going forward—a theme has surfaced: **Survivors Thrive and Sideliners Fade Away.**

Are you a Sideliner or Survivor? Cal Broker's purpose is to help life and health insurance professionals succeed in our industry. We look forward to your feedback. Please let us know how we are doing: publisher@calbrokermag.com

The articles and advertiser offers we provide are focused on educating life and health insurance professionals and giving them resources they can use to help their clients. Some of our advertising partners have valuable services and products designed to build business and provide efficiencies so deliver services to clients.

In our efforts to help, we hope you benefit from the information and connections we provide. One way to show us ways we can best help you is through your feedback.

The challenge is to be one of the Survivors. Survivors collaborate with others who can help them to be the best advisor possible. Survivors look for tools and programs to help their Employer clients. Two companies to investigate are Engage PEO and Premier HCM. Both of these companies are broker-friendly and give group benefit brokers friendly, non-competitive services to clients. ADP, Paychex and now Heartland/Auris all compete with group brokers as they push constantly to move payroll clients into their insurance department. Premier HCM is an alternative for brokers to bring payroll services to group clients. Premiere HCM owners are proven experts who vow not to compete with brokers but to support them.

As you work, your client's group health plan renewals consider connecting your clients with the Premier HCM team.

Engage PEO is another alternative for employers to find health benefits and more. As a broker-friendly company, Engage PEO offers group brokers the opportunity to help certain group clients with their benefits and payroll. Learn more about how Engage PEO works and discover which clients may fit for Engage PEO. When a fit is made your clients remain your clients and you get paid too.

Premiere HRM and Engage PEO are tools for you to use for clients. For 2027, consider bringing in a payroll company to your groups that is broker-friendly and will not compete with you for insurances.

HR California is another option for your California Employer Groups. Soon, we will announce a new partnership with HR California where our subscribers and their business clients will get a discount off HR California resources.

Our new relationship with Agent Review has launched and is growing. Agent Review provides subscribers with a discount on the verified professional designation program.

More discounts will come over the next few months as Cal Broker looks to bring more resources to subscribers to grow their businesses and move into the next phase of doing business successfully in the industry.

January to June is the planning season, so, in 2027, we will ramp up education on Commission Planning tips and techniques. You can attend our webinars in 2027 as we cover ways to Protect, Grow and eventually Sell your health commissions. From consulting support that is designed to help brokers execute a commission plan so they can stay active and confident they have a plan to protect their commissions in all life events, to build the plan to sell commissions in 2027, it is time to Survive. Contact us for information, answers and resources.

www.Commission.solutions

Click here to get the book



Phil Calhoun *is the owner and publisher of California Broker Magazine. Phil also is a leader in coaching health insurance professionals. He is an active member of several insurance associations including the California Association of Health Insurance Professionals (CAHIP) and local chapters in Orange County, Los Angeles, San Diego and Inland Empire Health Insurance Professionals. He attends many state and local California chapter meetings.* Phil's book, ***"The Health Broker's Guide: To Protect Grow and Sell Commissions"*** is available free at **www.healthbrokersguide.com**.

Phil offers complementary 15-minute coaching sessions to help brokers get answers to questions about how to protect, grow and sell their health commissions.

To schedule a FREE phone call ***"Click Here"***

phil@commission.solutions 714-664-0311



NOVEMBER

CALIFORNIA BROKER

2026

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
ANNUITY
The Retirement Planning Opportunity Hiding in Existing Policies
This article draws from a recorded conversation between Peter Buechler, CFP, CLU, ChFC, president of Cohesive Insurance, and Phil Calhoun, CEO of California Broker magazine. Their discussion explores how a consistent planning process, thorough policy reviews and informed product comparisons can strengthen client relationships and uncover opportunities without defaulting to replacement.
By Phil Calhoun in conversation with Peter Buechler

16
LIFE INSURANCE
Life Insurance Tax Issues Every Taxpayer Should Know
Most people think of life insurance as simple protection for their family. And it is. But life insurance can also create surprising tax issues when the policy builds cash value, is borrowed against, is surrendered, is sold or pays out early because the insured is terminally or chronically ill.
By Nienow & Tierney, LLP

18
LIFE INSURANCE
Beyond the Death Benefit: Whole Life as an Asset Class
I am particularly interested in whole life insurance as a potential asset class within a broader wealth-management strategy, although clients are often less likely to think of life insurance in this way. To enhance their understanding of the concept, I find it helpful to compare whole life insurance as an asset class to something they better comprehend: real estate.
By John W. Wheeler Jr.

19
LONG-TERM CARE
New Rule Lets Some Retirement Plans Help Pay Long-Term Care Insurance Premiums
A delayed SECURE 2.0 Tax Act provision gives certain workers and retirees a helpful way to use retirement savings: some defined contribution plans can allow distributions to be used to pay qualified long-term care insurance premiums without triggering the usual 10% early-withdrawal penalty. The rule applies to distributions made after Dec. 29, 2025.
By Nienow & Tierney, LLP

20
LONG-TERM CARE
Long-Term Care Insurance Policy Options
Your clients may think Medicare or private health coverage is all they need to cover their healthcare expenses for life. However, many policies don't cover long-term care. If your client develops a chronic illness that prevents them from functioning normally or if they have a disability, they may have to cover their own medical expenses.
By California Broker Magazine

22
LIFE INSURANCE
Can't Qualify for LTC? Life Settlements Can Be the Answer
Long term care insurance is important to protect a client's family and assets should they need care. But what if they wait too late, and they cannot qualify for long term care insurance coverage? What if they need assisted living, memory care or in-home care now or in the near future? How are they going to fund those needs? Life insurance settlements can be the answer for you and your client.
By Lisa Rehburg

24
LONG-TERM CARE
Solving the Group Long-Term Care Insurance Technology Problem
Ask a broker why they don't sell more group long-term care insurance (LTCi) and you rarely hear "my clients aren't interested." You hear about the process. Getting a group LTCi case quoted, compared, proposed and enrolled has historically meant spreadsheets emailed back and forth, census files in whatever format the employer happened to keep, carrier proposals that arrive in incompatible formats and enrollment windows run on paper and hope.
By Gretchen Barry

26
ARAG
25 Years After 9/11, Are Employers Meeting Veterans' Evolving Needs?
Today, many members of that post-9/11 generation are building civilian careers, raising families and navigating the long-term financial, health and legal realities that can accompany military service. As the nation continues to reflect on this milestone, employers have an opportunity to ask an important question: Has the workplace evolved enough to support the veterans that era created?

By Lisa Wolf

28
AGENT REVIEW
Part 2: Your Insurance Identity Can Be Stolen
A broker I've known for years called me recently, understandably rattled. A client had forwarded her an email, sent from an address that looked almost exactly like her own, with her real headshot, her real license number and a signature block copied nearly word for word from her actual email footer. The message asked the client to "confirm" bank details for a policy update. The client, thankfully, called her office directly first. Not every client will.

By Jonas Roeser

30
ENGAGE PEO
Growing Your Brokerage Through a PEO Partnership
This article draws from a recorded conversation between Ailene Dewar Costello, president-elect of CAHIP OC and vice president of sales, California, at Engage PEO, and California Broker CEO Phil Calhoun. Their discussion explores PEO partnerships, medical underwriting and strategies for protecting broker revenue while responding to challenging California group renewals.

By Phil Calhoun in conversation with Ailene Dewar

32
BROKER SPOTLIGHT
Jonathan Edewards Builds Broker Connections in LA
In this recorded conversation with California Broker magazine CEO Phil Calhoun, Jonathan Edewards, Media and Communications Chair of CAHIP LA, discusses his path into insurance, the evolving role of CAHIP LA and why local professional relationships remain essential to success in California's health benefits market. The conversation focuses on practical ways brokers can strengthen their credibility, access support and create more value for clients.

By Phil Calhoun in conversation with Jonathan Edewards

34
BOOK REVIEW
Still working at 65? Medicare doesn't make that easy.
If you're turning 65 and still covered by an employer plan—or spouse's plan—you're entering a Medicare gray zone. The rules are different. The timelines change. And one wrong move could leave you with lifetime penalties, tax problems, or coverage gaps that cost thousands. This must-have reference guide from longtime Medicare industry insider Matt Feret gives you the step-by-step framework you need to coordinate Medicare with employer insurance, avoid mistakes, and protect your health, income, and retirement plans.

By Melissa Nicolas Hernandez

36
SOCIAL SECURITY
2027 Social Security COLA Puts Retirement Income Plans Under Review
If you're turning 65 and still covered by an employer plan—or spouse's plan—you're entering a Medicare gray zone. The rules are different. The timelines change. And one wrong move could leave you with lifetime penalties, tax problems, or coverage gaps that cost thousands. This must-have reference guide from longtime Medicare industry insider Matt Feret gives you the step-by-step framework you need to coordinate Medicare with employer insurance, avoid mistakes, and protect your health, income, and retirement plans.

By Gregg Greenberg

38
PROFESSIONAL DEVELOPMENT
When a Client Says 'I Need Something Cheaper,' Listen for What They Are Really Asking
Sometimes the client truly needs a lower premium. Other times, price is simply the easiest way to describe a different concern. They may be frustrated by an increase, unsure whether the coverage still makes sense, nervous about what they would have to pay after a claim, or wondering whether they are being treated fairly. The words sound simple, but the decision behind them usually is not.

By Ethel Rio Cohen

40
HEALTH & WELLNESS
A Gut Feeling About the Holidays: Stress, Connection and Digestion
We tend to associate holiday digestive problems with what we eat: too much food, too many sweets, the rich sauces, the extra helpings. Some of this is true, but what if some of what we're feeling in our gut has less to do with the food on our plates and more to do with everything happening around them? Understanding the powerful connection between our minds and our guts may help you to tailor your approach to gut health this holiday season.

By Megan Wroe

42
CALIFORNIA POSITIVE
Best Fall Hikes in California
Feel a briskness in the air? As the sun slants closer to the horizon, autumn paints a warm-hued palette on California's forests. Dried leaves crunch underfoot. Tawny hillsides beckon. Diminishing daylight sends an urgent message: Get outside now.

By Visit California

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 47

Industry News

CURATED NEWS FROM THE INDUSTRY

Trump Accounts have auto-enrolled more than 60 million children, Treasury says

By Jessica Dickler and Kate Dore

More than 60 million American children under age 18 have been automatically enrolled in Trump Accounts, the U.S. Department of the Treasury said Thursday in an announcement exclusively provided to CNBC.

The Treasury proposed regulations on Tuesday to begin the auto-enrollment process for millions of children this week. By Thursday, the process had been completed, according to the agency.

READ FULL ARTICLE »

Life insurance applications rise 15.2% in September, MIB reports

By Staff Reports

Life insurance application activity rose 15.2% in September from a year earlier, marking the strongest growth ever recorded for the month, according to the MIB Life Index.

The September data extended a strong run for life insurance applications in 2026. Through the first nine months, activity was up 15.6% from the same period in 2025 and was 20.9% higher than in 2024 and 22% higher than in 2023.

READ FULL ARTICLE »

People who live to 100 have 3 drinks in common, longevity expert says

Blue zones expert Dan Buettner highlights three beverages tied to lower rates of diabetes and heart conditions

By Khloe Quill -Fox News

In the world's "blue zones" — regions such as Sardinia, Italy, and Okinawa, Japan, known for unusually high concentrations of long-lived residents — researchers have studied dietary and lifestyle habits for clues to healthy aging and longevity.

READ FULL ARTICLE »

Epic teams up with Amazon Pharmacy, LillyDirect and Mark Cuban to launch prescription drug pricing tool

By Heather Landi

Epic is partnering with Amazon Pharmacy, Mark Cuban Cost Plus Drugs, Costco and Eli Lilly's LillyDirect to develop a tool that lets clinicians and patients compare prescription drug prices.

Through the prescription marketplace, slated to launch next summer, clinicians and patients at health systems using Epic will compare medication costs at different pharmacies—patients' insurance prices and pharmacies' cash prices—before the prescription is sent.

READ FULL ARTICLE »

Uninsured rate climbs to 11.2% in 2026: Commonwealth Fund

By Paige Minemyer

The uninsured rate has climbed over the past two years as Medicaid work requirements—which are expected to drive their own coverage losses—loom at the beginning of 2027.

Researchers at the Commonwealth Fund found that the uninsured rate in 2026 was 11.2%, up from 8.9%. The findings come from the fund's biennial Health Insurance Survey, which polled a nationally representative sample of 9,360 adults, between May 7 and July 20.

READ FULL ARTICLE »

Five major companies pledge faster, electronic prior authorizations

Amazon, Google, Meta and other employers agreed to reform their prior authorization policies for their self-funded health plans, which provide coverage for millions of Americans.

By Jacqueline LaPointe

Prior authorizations have been in the spotlight recently as the healthcare industry tries to fix a seemingly broken process. The cost-controlling method used by insurers requires providers to get a preapproval for certain services and prescriptions before administering them to patients. Insurers say prior authorization is a necessary cost control, while providers say it delays needed care.

READ FULL ARTICLE »

NAIFA

Belong.NAIFA.org

Here is a quick Presidents message.

As we enter the final stretch of the year, our mission to Advocate, Educate, and Differentiate has never been more vital. We are facing a landscape where consumers need personalized guidance more than ever to protect their long-term retirement security.

I encourage each of you to check out our upcoming NAIFA-California Affiliate Events, stay engaged with IFAPAC, and invite a peer to join our ranks. Our strength lies in our numbers, and our community is what truly elevates us both personally and professionally. We need to protect our industry more than ever in these challenging times. We also have an important Insurance Commissioner vote coming up in a few weeks.

Thank you for your dedication, your volunteer spirit, and your unyielding commitment to the financial well-being of all Californians. Let's finish this year strong!

Appreciate all your support and efforts for this amazing association.

NAIFA Tips Free eBooks and resources

Nonverbal Communications Skills -- The 10 Skills You Need to Learn

70+ Excel Keyboard Shortcuts for Windows (Free Cheat Sheet)

Best Practices for Email Etiquette

11 Habits That Will Give You A Complete And Successful Life

Creating Positive Habits - The Ultimate Guide

TERC article 1

By Richard Coffin

What Is TERC? A Plain-Language Look at Business Growth and Employee Ownership

Business owners spend years building their companies, supporting employees, and planning for growth. Eventually, many face an important question: How can they prepare for retirement without losing sight of the business and people they helped develop?

TERC, short for Tax Exempt Retained Capital, describes a planning approach that connects those goals. The central idea is to fund an employee ownership benefit with company stock rather than cash, leaving more cash available within the business.

Although the name sounds technical, the basic concept is straightforward: change how a benefit is funded, then carefully manage the responsibilities that follow.

READ FULL ARTICLE »

MEDICARE

SCAN partners with Mosaic's CareMore on Medicare Advantage plan

By Elizabeth Casolo

SCAN Health Plan launched a Medicare Advantage HMO with CareMore Health, an integrated care delivery system and primary care provider under Mosaic Health, with coverage beginning Jan. 1.

READ FULL ARTICLE »

Many Medicare Patients Could Lose Access to Remote Monitoring Devices

Dianne Williams said she lost weight and lowered her blood pressure thanks to quarterly doctor appointments, monthly phone calls with a nurse, and a blood pressure cuff she uses at home that transmits data to her care team.

"It's good to have somebody talk to you and tell you what your progress is like. And she's a very nice person," Williams said of her nurse.

Williams, who lives in rural Georgia, said these services — referred to as remote patient monitoring — encourage her to take her medication and inspired her to revamp her diet and exercise.

READ FULL ARTICLE »

5 payers suing over 2027 Medicare Advantage star ratings

By Jakob Emerson

At least five health insurers have now sued CMS over their 2027 Medicare Advantage star ratings, claiming the agency used quality measures that were never formally adopted through the rulemaking process. Combined, the plans say the ratings will cost them more than $3 billion.

READ FULL ARTICLE »

4.3 million Medicare beneficiaries to lose plans going into 2027

By Elizabeth Casolo

About 4.3 million Medicare beneficiaries will see their Medicare Advantage or standalone prescription drug plans terminated on Dec. 31, according to an Oct. 27 KFF analysis.

Of those facing plan losses, 2.8 million, 300,000 and 1.2 million beneficiaries will see their individual MA prescription drug plans, special needs plans and standalone PDPs terminated, respectively.

READ FULL ARTICLE »

The best Medicare Advantage companies for 2027: US News

By Elizabeth Casolo

Kaiser Permanente led the 2027 U.S. News & World Report ratings for the "best overall" Medicare Advantage companies.

The ratings, published Oct. 14, are based on a five-point scale, assigning weights to more than 30 CMS quality measures. After calculating contract ratings, U.S. News determined enrollment-adjusted average ratings for carriers. U.S. News considered MA companies among the "best" if they had an overall rating of at least 3.8 once rounded and served at least 1,000 beneficiaries in December 2025 in each of 10 or more states or territories where they still offer 2027 coverage.

READ FULL ARTICLE »

CMS can now exclude providers from Medicare, Medicaid: 7 things to know

By Kristin Kuchno

CMS can now exclude individual providers and entities from participating in federal healthcare programs, including Medicare and Medicaid. HHS Secretary Robert F. Kennedy Jr. delegated the authority to the CMS administrator in a notice that took effect immediately.

Here are seven things to know:

READ FULL ARTICLE »



2026 NOVEMBER EVENTS

Nov 02 @ 2:30 - 4:30pm EPI: Speed Dating: Always Know Who to Call! - @ San Francisco, CA
Nov 03 @ 11am – 12:45pm CAHIP IE: BODs Meeting - @ Riverside, CA
Nov 03 @ 1 – 4pm NAIFA: Awaken. Activate. Align. Amplify. - @ La Jolla, CA
Nov 04 @ 8pm - 9am EPI: Merging Market Opportunities: Scaling Up With Smart Money - @ Solana Beach, CA
Nov 9-11 @ 8am– 5pm NAIFA: Protectors Conference - @ Las Vegas, Nevada
Nov 10 @ 6 - 9pm CAHIP OC: Art and All that Jazz Charity Fundraiser - @ Laguna Hills, CA
Nov 12 @ 8:30am - 1:30pm EPI: Inland Empire Annual Social! - @ Corona, CA
Nov 12 @ 11am - 12:30pm EPI: Personal Financial Readiness: Are You Financially Ready to Exit? - @ Westlake Village, CA
Nov 12 @ 2:30 - 4:30pm EPI: Merging Market Opportunities: Scaling Up With Smart Money - @ Costa Mesa, CA
Nov 23 @ 10 - 11am CAHIP NorCal: Turkey Drive Benefitting River Oak Center for Children - @ Sacramento, CA
Nov 30 @ 8am - 5pm CAHIP NorCal: Toy Drive Benefitting River Oak Center for Children - @ Sacramento, CA

VIRTUAL EVENTS

Nov 02 @ 1:30 – 2:15pm NABIP: Election Eve: What to Watch and What's at Stake - Webinar
Nov 02 @ 4 – 5pm NABIP: NABIP Board of Trustees Meeting - Webinar
Nov 03 @ 11am - 1pm NABIP: Healthcare Fiduciary Certification (Part 1) - Webinar
Nov 03 @ 11:30am - 12:30pm NAIFA: From Social Security to Retirement Income - Webinar
Nov 05 @ 1 – 2pm NABIP: Media & Communications Committee Monthly Call - Webinar
Nov 05 @ 3 - 5pm EPI: Creating a Exit Plan - What Should Be Done at Which Stage and by Whom - Webinar
Nov 10 @ 11am - 1pm NABIP: Healthcare Fiduciary Certification (Part 2) - Webinar
Nov 10 @ 2 – 3pm NABIP: Membership/Retention Chair Training - Webinar
Nov 17 @ 2 - 4pm NABIP: Healthcare Fiduciary Certification (Part 3) - Webinar
Nov 19 @ 11:30am - 12:30pm NAIFA: Using Storytelling As A Powerful Tool To Connect With Clients - Webinar
Nov 26 @ 12 - 1pm NABIP: New Member Orientation - Webinar

SAVE THE DATE

Jan 06 @ 10 - 11am CAHIP: Medicare Mastery Mastermind - Webinar
Jan 21 @ 10am - 12pm CAHIP: Golden Gate Legislative Update - @ Lafayette, CA
Feb 02-03 @ 3 - 6pm CAHIP: Innovation Expo 2027 - @ Riverside, CA

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! Spotify Vimeo

Click here to DOWNLOAD interactive eCalendar PDF

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



THE RETIREMENT PLANNING OPPORTUNITY HIDING IN EXISTING POLICIES

By Phil Calhoun in conversation with Peter Buechler

ARTICLE EXPERIENCE OPTIONS Listen Watch

Peter Buechler, CFP, CLU, ChFC, president of Cohesive Insurance, helps insurance professionals turn complex retirement questions into practical client solutions. With more than 30 years in financial services and insurance, he specializes in annuities, retirement income planning and advanced case design.

This article draws from a recorded conversation between Buechler and Phil Calhoun, CEO of California Broker magazine. Their discussion explores how a consistent planning process, thorough policy reviews and informed product comparisons can strengthen client relationships and uncover opportunities without defaulting to replacement.

BUILD A PROCESS BEFORE PRESENTING A PRODUCT

For brokers expanding retirement planning conversations, Buechler's starting point is not a product recommendation. It is a process they can execute consistently.

Successful producers recognize that a sale develops through a series of conversations and agreements. Discovery, information gathering, analysis, implementation and ongoing follow up each serve a purpose. Skipping ahead can leave important questions unanswered.

Before beginning a formal interview, Buechler suggests asking what prompted the appointment and which question the client most wants answered. Write it down and make sure the meeting addresses it.

"That really helps alleviate some of that anxiety from that client," he said.

From there, explore retirement timing, desired lifestyle and existing arrangements. Review annuities, life insurance, long term care coverage, retirement accounts, Social Security statements and other investments before proposing changes.

EXISTING CONTRACTS CAN REVEAL NEW OPPORTUNITIES

A case discussed during the interview illustrates why detailed reviews matter. A married couple had accumulated approximately nine annuity contracts over roughly 12 years. Their business circumstances and retirement timeline had changed, while their contracts served different purposes.

Some policies included income riders. Others were fixed annuities that had reached minimum contractual crediting rates. Assets included both qualified and nonqualified money.

The review also uncovered inconsistent beneficiary designations. Some contracts named a spouse, while others omitted family members the clients intended to include.

For brokers, the lesson extends beyond identifying a more attractive rate. A review should establish what each contract does, whether its original purpose remains relevant and whether its ownership and beneficiary arrangements reflect current intentions.

"Just paying attention to the details matters," said Buechler.

"JUST PAYING ATTENTION TO THE DETAILS MATTERS." -BUECHLER.

REPLACEMENT IS NOT THE DEFAULT RECOMMENDATION

Buechler is direct about the distinction between reviewing a contract and replacing it.

"We're not looking to replace an annuity just for the sake of replacing annuity," he said. "But sometimes assisting our clients means not doing anything."

In the couple's case, certain older income riders remained competitive. Buechler joined the clients and broker on calls with the carrier to verify contract provisions, future income guarantees and accumulation features.

That information created a basis for comparison. Could another contract improve guaranteed income? Would accumulation prospects differ? Did the existing policy contain valuable death benefits or long-term care features?

Even a liquid contract crediting 3% might warrant retention while broader planning decisions take shape. The appropriate recommendation depends on the contract's role, not simply whether another product advertises a higher rate.

MATCH INCOME SOURCES TO THE RETIREMENT PLAN

The couple's review also raised an important allocation question. Which assets should support retirement income, and which might serve legacy goals?

Buechler explains that qualified assets often become a starting point for income discussions because required minimum distributions enter the planning picture. Nonqualified assets may serve a different purpose when clients prioritize leaving money to heirs.

He emphasizes that this is not a universal formula. Client needs and contract features determine the approach.

For experienced brokers, the practical takeaway is to evaluate income riders within the entire retirement arrangement. A competitive benefit still needs an appropriate funding source, activation date and purpose.

Ongoing service matters here. If a plan calls for activating income in a future year, someone must revisit that decision and confirm whether the client's circumstances still support it.

Product comparisons require more than a payout spreadsheet. Buechler points to differences in income timing, single or joint life options and long-term care multipliers.

His message is to work with someone who understands those distinctions and can explain how they affect a particular case.

Carrier financial strength is a separate consideration. Ratings assess the insurer, not the quality or suitability of an individual annuity.

Buechler also cautions against treating guaranty association protections as a sales inducement. For California brokers, that warning reinforces the importance of keeping client conversations focused on contract provisions, carrier strength and the recommendation's rationale.

The interview does not identify specific California regulatory changes or announce named product launches. Its focus is the review and comparison discipline brokers can apply when evaluating available contracts.

Position guarantees within the broader portfolio

Although annuities are central to Cohesive's work, Buechler does not present them as an answer to every planning problem.

"An annuity can be a great planning tool in conjunction with a comprehensive financial plan," he said.

That means understanding insurance protection, long term care needs, risk tolerance and the relationship between guaranteed assets and market exposure.

For securities licensed professionals, guaranteed income can provide a backstop that helps clients remain comfortable with the rest of their investment strategy. The conversation becomes less about selecting an isolated product and more about identifying which expenses require dependable income.

CONNECT WITH PETER BUECHLER

Peter Buechler, CFP, CLU, ChFC, president of Cohesive Insurance, works with independent insurance professionals and financial advisors on policy reviews, retirement income strategies and case design.

Brokers can visit cohesiveinsurance.com or call (800)-371-0936 to discuss a current case or arrange a review of existing annuities. Buechler welcomes opportunities to identify potential improvements or simply help brokers and clients understand what they already own and how it fits their plans.

COHESIVE INSURANCE SERVICES



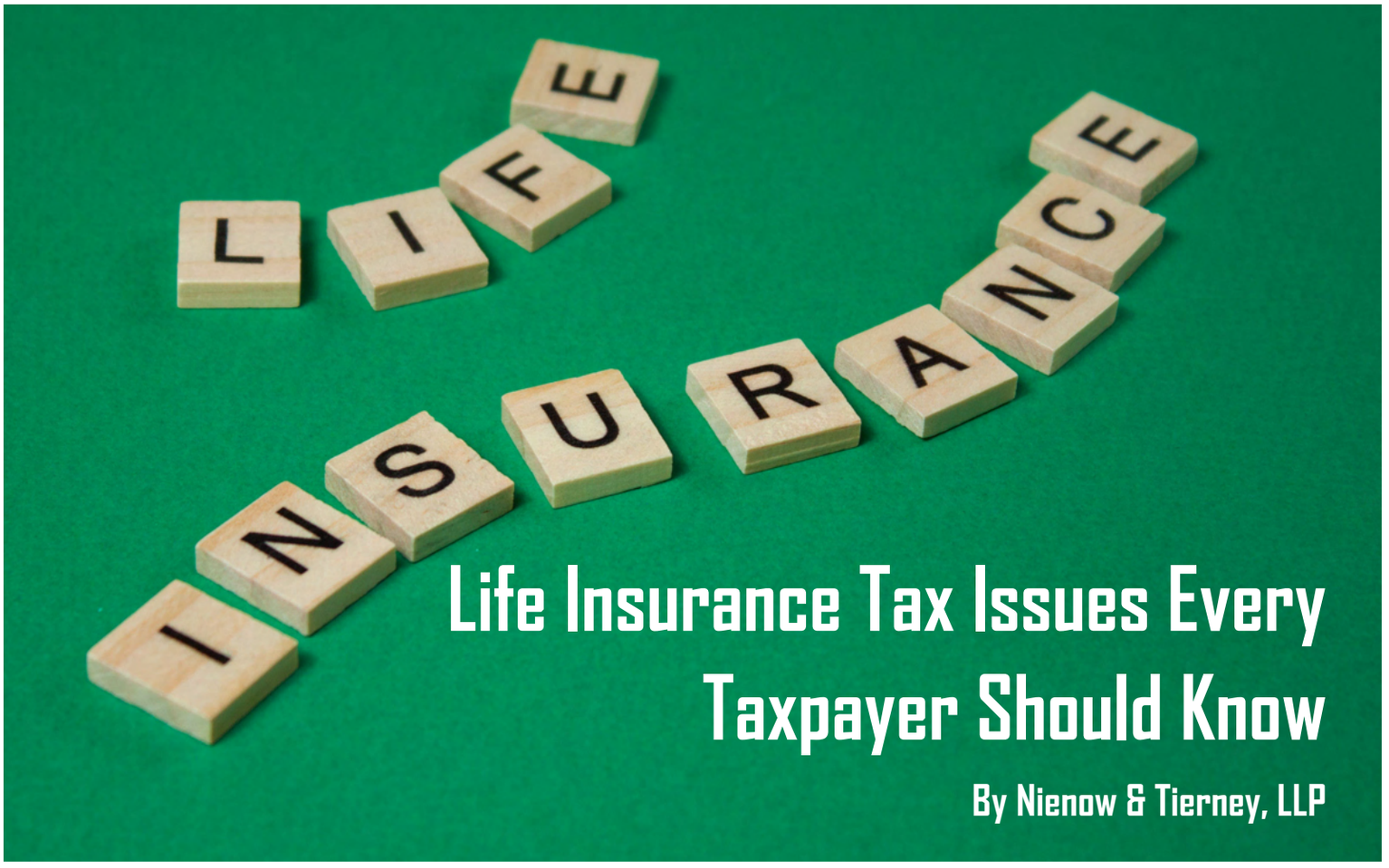
Peter J Buechler
CFP, CLU, ChFC, FLMI, AAPA
President

PeterB@CohesiveInsurance.com
www.CohesiveInsurance.com

With more than 20 years of experience, I help financial professionals and insurance advisors serve clients and grow their businesses. As President of Cohesive Insurance Services, I partner with independent agents, financial advisors, and brokerage firms on retirement income, wealth preservation, and protection strategies tailored to client goals. We provide case design, carrier and product research, point-of-sale support, and ongoing service—keeping clients at the center of every recommendation.

Areas of Focus:
- *Fixed and fixed indexed annuities*
- *Retirement income planning*
- *Life insurance and wealth transfer*
- *Long-term care and linked benefits*
- *Disability income protection*
- *Business and succession planning*
- *Advanced case design and advisor support*

Let's connect to help clients build financial security.



Life Insurance Tax Issues Every Taxpayer Should Know

By Nienow & Tierney, LLP

Most people think of life insurance as simple protection for their family. And it is. But life insurance can also create surprising tax issues when the policy builds cash value, is borrowed against, is surrendered, is sold or pays out early because the insured is terminally or chronically ill.

The good news is that life insurance is often tax-favored. In many cases, the growth inside the policy is not taxed each year, and death benefits are generally excluded from income. But the tax rules can change a lot depending on the type of policy and what happens to it during the insured's lifetime.

Basis: The term basis is used throughout this article. When related to life insurance, it is generally the total amount of money you have paid into the policy through premiums.

Two Big Categories – Non-MEC and MEC: One of the most important tax questions is whether the policy is a modified endowment contract (MEC) or a non-MEC. A MEC is a policy that fails the tax code's "7-pay" test because it was funded too quickly, usually with larger premiums than a typical life insurance policy would allow over the first seven years.

Why Does That Matter?

• A non-MEC is usually the more tax-friendly version during life

• A MEC still provides life insurance protection, but withdrawals and loans are taxed much less favorably

• In a MEC, taxable amounts are treated as income first, and policy loans are treated as distributions

• A 10% additional tax can apply to taxable distributions made before age 59½ in some situations

Why Non-MEC Policies Are Usually Preferred - A non-MEC policy generally allows the owner to access cash value more favorably. The policy's growth, often called inside buildup, is generally not taxed while the policy stays in force.

When money comes out of a non-MEC policy during the insured's life, the general rule is:

1. The owner recovers basis first
2. Only amounts above basis are taxable

In plain English, that means the premiums you paid usually come out first tax-free, and only later does taxable income begin.

Example - Non-MEC Withdrawal: Suppose you paid $60,000 in premiums over the years and later withdraw $40,000 from a non-MEC policy. If your basis is at least $40,000, that withdrawal is generally tax-free because you are simply getting back part of what you put in.

Why MECs Can Create Surprise Taxes - A MEC is still a valid life insurance contract, but the tax treatment is harsher. Once a policy becomes a MEC:

• Distributions are taxed income first,

• Loans are treated as distributions, and

• A 10% additional tax (aka penalty) may apply to taxable amounts before age 59½.

That means a policyowner who thinks they are "just borrowing against cash value" may actually be triggering taxable income.

Example - MEC loan: If a policyholder borrows from a MEC at age 50, the loan is generally treated as a taxable distribution rather than a tax-free loan, and will be subject to an "early distribution" penalty. That can create an unexpected tax bill.

Death Benefits Are Still Generally Tax-free: Even if a policy is a MEC, the death benefit is generally excluded from gross income when it is paid because of the insured's death.

So, the MEC rules mainly affect what happens during life, not the basic tax-free treatment of the death benefit itself.

Selling a Life Insurance Policy Can Create Taxes: Sometimes people sell a life insurance policy instead of surrendering it. This is often called a life settlement.

The tax result depends on whether the policy has cash value or not. For a policy with cash value, the seller may have both:

• Ordinary income, and

• Capital gain

The IRS treatment is based on the idea that part of the sale price replaces income the owner would have recognized if the policy had simply been surrendered.

Policy With Cash Value - If a policy has cash value and is sold, the gain is often split:

• The portion equal to cash surrender value minus premiums paid is ordinary income, and

• Any extra amount above that is long-term capital gain.

Example - Sale of a cash-value policy: If a taxpayer paid $64,000 in premiums and sells the policy for $80,000, part of the $16,000 gain may be ordinary income and the rest capital gain, depending on the surrender-value calculation.

What About a Term Policy? A term life policy usually has no cash value. If that kind of policy is sold, the gain or loss is generally capital in nature, and the seller's basis is generally the premiums paid.

Example - Sale of term policy: If someone paid $45,000 in premiums for a term policy and sells it for $20,000, the result may be a capital loss, although the loss may not always be deductible on the tax return.

Basis Is Usually Just the Premiums Paid: For tax purposes, the adjusted basis of a life insurance contract is generally the amount of premiums paid.

A major law change in 2009 clarified that basis is not reduced for mortality, expense, or other reasonable charges under the contract. That can make a real difference in determining gain or loss when a policy is sold or surrendered.

Accelerated Death Benefits: Some policies allow the insured to receive money before death if the person is terminally ill or chronically ill. These are called accelerated death benefits.

In general, these amounts can be excluded from income if the insured meets the rules for terminal illness or chronic illness.

Terminally Ill - A terminally ill person is generally someone certified by a physician as expected to die within 24 months.

Chronically Ill - A chronically ill person is generally someone certified by a licensed health care practitioner as needing help with certain daily living activities or supervision for severe cognitive impairment.

For chronically ill individuals, the exclusion can be limited depending on how the benefit is paid and what it is used for.

Viatical Settlements: A viatical settlement is the sale or assignment of a life insurance contract on the life of a terminally or chronically ill person.

If the transaction qualifies, the payment may be excluded from income. This is one of the most favorable tax rules in the life insurance area.

Practical Takeaways for Taxpayers: Main things to remember:

• Check Whether the Policy is a MEC - That affects how withdrawals and loans are taxed

• Track Your Premiums - Premiums are usually the basis in the policy

• Don't Assume Policy Loans are Always Tax-Free - That is usually true for non-MECs, but not for MECs

• Be Careful When Selling a Policy - A sale can create both ordinary income and capital gain

• Ask About Illness-Related Benefits - Accelerated death benefits and viatical settlements may be excluded if the insured qualifies

Bottom Line

Life insurance can be an excellent financial tool, but the tax result depends on what kind of policy you have and what you do with it. Non-MEC policies generally offer the most favorable lifetime tax treatment. MECs are still valid insurance, but they are taxed more harshly during life. Sales of policies can create a mix of ordinary income and capital gain. And if the insured is terminally or chronically ill, special exclusion rules may apply.

"Life insurance can be an excellent financial tool, but the tax result depends on what kind of policy you have and what you do with it."

Sources:

https://www.ntcpas.com/blog/life-insurance-tax-issues-every-tax-payer-should-know/46845



Beyond the Death Benefit:
Whole Life as an Asset Class

By John W. Wheeler Jr.

Understanding life insurance and how various life and annuity products fit the financial plans of all kinds of clients is imperative for any financial professional. Most of us are well versed in life insurance as a risk-protection product that provides income replacement, mortgage protection, estate liquidity and peace of mind to families. Life insurance also, of course, can figure into retirement, education funding, charitable giving, generational wealth and business continuity planning.

I am particularly interested in whole life insurance as a potential asset class within a broader wealth-management strategy, although clients are often less likely to think of life insurance in this way. To enhance their understanding of the concept, I find it helpful to compare whole life insurance as an asset class to something they better comprehend: real estate.

Comparing assets

People fundamentally understand the value of real estate. Many of them (and perhaps nearly all if we are dealing with more affluent clients) have experience obtaining and maintaining a mortgage and possessing real property. Life insurance may seem less tangible, making it more mysterious as an asset class than a home or land, but there are ways that we as advisors can take the mystery out of whole life.

What are some characteristics shared by whole life insurance and real estate?

» Both feature **contractual guarantees.**
» Both may be set up so the purchaser knows up front **how long they will be paying for the asset** (the term of a mortgage and a premium payment schedule for life insurance).
» Both may **accrue value**, although in the case of whole life it's guaranteed (property equity and whole life cash value).
» Neither is likely to **cost less in the future than it does now.**

Real estate ownership offers control, potential appreciation, equity accumulation, potential rental income and certain tax advantages. However, ownership also carries continuing expenses, including property taxes, insurance and maintenance. Real estate investors also face potential risks, such as market fluctuations, interest-rate changes and liability issues. A mortgage borrower remains obligated to make payments even if the property declines in value or the owner dies or becomes disabled. Accessing accumulated equity can depend on creditworthiness, market conditions and lender approval.

With a properly designed whole life policy, the premiums and the payment period may be established at issue, guaranteed cash value increases over time and the policy can provide additional upside through dividends or other nonguaranteed values.

Once the scheduled premium period ends, no additional payments are required to maintain the policy. Policyowners may also have access to a substantial portion of cash value, potentially through tax-free loans or withdrawals regardless of credit rating or income. Cash value growth is generally tax-deferred, and death benefit payments are tax-free.

Crunching the numbers

Consider a hypothetical situation involving a client with a 30-year $500,000 mortgage at 6.125% interest. Total mortgage payments would be approximately $1.094 million, excluding ongoing property expenses, but the property's future value is uncertain. Meanwhile, a hypothetical 45-year-old Select Preferred Non-Tobacco male purchasing a 20-year-pay whole life policy at the same $3,038.05 monthly cash outlay would pay total premiums of $729,132 and receive a $1.082 million initial death benefit, $779,278 of guaranteed cash value after 30 years and $1.756 million of illustrative cash value. *(Note: These figures are presented as illustrations rather than guarantees and should be evaluated against the specific policy contract and carrier assumptions.)*

By comparing whole life insurance to real estate, advisors can demystify the product for clients and show how it can serve as a viable asset class. It can potentially serve multiple planning functions simultaneously: death-benefit protection, guaranteed cash-value accumulation, liquidity, tax-advantaged access to capital and supplemental financing. Suitability depends on the client's objectives, cash flow, insurability, time horizon, tax circumstances and ability to sustain premiums.

There is obviously a lot more to life insurance than covering final expenses. Financial professionals must keep abreast of the developments, innovations and trends shaping the future of income and financial security. I'll expand on the concept of using whole life insurance as an asset class at the Protectors, Powered by NAIFA conference in Las Vegas, Nov. 9-11. This will be a gathering of the producers, carriers, wholesalers and innovators shaping the future of the life and annuity industry. It's another opportunity for financial professionals to grow their knowledge and learn to better serve their clients.



John W. Wheeler Jr., *CFP, CLU, ChFC, CRPC, LUTCF, CLTC, LACP, CPFA, is president-elect of the National Association of Insurance and Financial Advisors. Contact him at john.wheeler@innfeedback.com.*



New Rule Lets Some Retirement Plans Help Pay Long-Term Care Insurance Premiums

By Nienow & Tierney, LLP

A delayed SECURE 2.0 Tax Act provision gives certain workers and retirees a helpful way to use retirement savings: some defined contribution plans can allow distributions to be used to pay qualified long-term care insurance premiums without triggering the usual 10% early-withdrawal penalty. The rule applies to distributions made after Dec. 29, 2025.

Defined contribution plans are those where the amount that can be contributed is limited by the tax code and include 401(k) plans, TSAs, retirement plans of self-employed people and government retirement plans.

What this means for you

If you're paying for qualified long-term care (LTC) insurance, this rule may let you use money from an existing retirement plan to help cover those premiums while avoiding the extra 10% tax that often applies to early (i.e., before age 59½) retirement withdrawals. That can make long-term care coverage more affordable, especially for older taxpayers who are trying to protect retirement savings and still keep needed coverage in place.

Who can use it?

This is not a general rule for all insurance premiums. It applies only when your retirement plan allows it and the money is used for premiums on a qualifying LTC insurance contract that meets the statute's "high-quality coverage" requirements. The distribution is also limited to certain defined contribution plans.

How much can be taken out?

The annual distribution is limited to the smallest of these three amounts:

- Your actual long-term care premiums,
- 10% of your vested account balance, or
- $2,500, indexed for inflation

For 2026, that indexed dollar limit is $2,600.

So even if your premiums are higher, or your retirement account is large, the amount you can use under this rule is capped.

Is it tax-free?

Not exactly. The main benefit is that the distribution is exempt from the 10% early-withdrawal penalty. But the amount is still generally included in your taxable income unless another rule applies. Also, this type of distribution is not treated like a rollover, so the usual rollover paperwork, direct rollover rules, notice rules, and mandatory withholding rules do not apply in the same way.

How this fits with the medical expense deduction

Long-term care premiums may also count as medical expenses, but only up to age-based annual limits. For 2026, the IRS inflation-adjusted limits are $500 for age 40 or under, $930 for ages 41 to 50, $1,860 for ages 51 to 60, $4,960 for ages 61 to 70, and $6,200 for age 71 or older.

That means older taxpayers may be able to include more of their premiums as medical expenses, but still only up to the annual cap.

When taxable retirement plan distributions are used to pay the LTC premiums, the premiums are deductible as a medical expense, as long as they otherwise qualify and are not limited by the annual cap.

Why this matters

This new rule may help you keep LTC insurance in force without having to pay the 10% penalty just to access retirement funds. That can be valuable if you are retired or near retirement and need a practical way to pay for coverage that protects you from future care costs.

Key takeaways for taxpayers

1. If you think this rule may help you, check these points:

2. Does your retirement plan allow qualified long-term care premium distributions

3. Does your LTC policy meet the qualifying long-term care requirements?

4. Is the amount within the annual limit?

5. Will the distribution be taxable, even though it avoids the penalty?

If you itemize, how much of the premium may still qualify as a medical expense deduction?

Bottom line

This is a narrow but useful planning tool. Starting with distributions made after Dec. 29, 2025, it may let eligible taxpayers use retirement savings to pay qualified long-term care insurance premiums without the 10% early-distribution penalty. For the right taxpayer, that can ease cashflow and make long-term care coverage more manageable.

If you have questions related to how this tax provision might benefit you, contact this office:

714-836-8300

www.ntcpas.com

Sources:

https://www.ntcpas.com/blog/new-rule-lets-some-retirement-plans-help-pay-long-term-care-insurance-premiums/46842

Long-Term Care Insurance Policy Options



By California Broker Magazine

Your clients may think Medicare or private health coverage is all they need to cover their healthcare expenses for life. However, many policies don't cover long-term care. If your client develops a chronic illness that prevents them from functioning normally or if they have a disability, they may have to cover their own medical expenses.

Long-term care insurance covers these services. If your client needs to relocate to a nursing home or if they need long-term home care, for example, insurance provides an important safety net for paying long-term care expenses.

How to pay long-term care expenses

Medicare doesn't cover long-term care services such as personal care assistance, home-delivered meals and adult day healthcare. Your clients may be able to pay for some of these services through Medicaid or pay out of pocket. Some states also offer subsidized senior housing and other elder care services through various agencies. Your best bet is to recommend long-term care insurance.

What is covered under long-term care insurance?

Depending on the policy, long-term care insurance covers a range of services that improve the quality of life for people with chronic illnesses or disabilities. You can recommend a comprehensive policy that lets your clients use their benefits for different services such as:

- In-home healthcare
- Hospice care
- Respite care
- Assisted living
- Nursing home
- Memory care

Home healthcare services covered by these policies include skilled nursing, occupational therapy, speech therapy, rehabilitation, and help with personal care.

Options for long-term care insurance

To cover their long-term care expenses, your clients have three primary options:

- **Standalone insurance:** This is a specific policy that only covers long-term care costs
- **Hybrid insurance:** Your clients can choose this option to bundle long-term care coverage with life insurance or an annuity
- **Life insurance with a rider:** Your clients may want to add this to their life insurance policy to cover long-term care costs with their death benefit

Long-term care requirements in California

California has enacted requirements designed to benefit residents. The state has a partnership that helps connect Californians to policies that meet specific standards. To be eligible for this partnership, an insurance company's policy must be tax qualified, include inflation protection and guarantee asset protection.

“Long-term care insurance is a must for millions of aging Americans.”

Tax-qualified policies

A tax-qualified policy allows your client to deduct a portion of their premium from their income taxes. They can claim it as a medical expense based on their age and their medical expenses. Most tax-qualified policies require your client to wait at least 90 days before they receive their benefit.

Asset protection

California offers a Medicaid Asset Protection Trust that keeps Medicaid and other insurance providers from counting a person’s assets when assessing them for eligibility. These trusts keep Medicaid and other insurance providers from tapping those assets to fund long-term care. Your clients can make sure they have enough to leave to their loved ones instead of risking their financial legacy on unexpected medical bills.

Limitations of long-term care insurance

It’s important to understand a long-term care insurance policy before recommending it to your clients. For many, long-term care insurance doesn’t cover everything they need, and they or their loved ones end up paying the difference out of pocket.

In the past, industry professionals have underestimated their clients’ life expectancy and their realistic needs for long-term care insurance. If your client is buying a policy when they’re in their 60s and in relatively good health, they may opt for one that covers less only to be surprised later in life. Explain the benefits of having coverage for in-home care services and other items your clients may not think they will need.

Not everyone is eligible for long-term care. If your clients are over 70 with a chronic condition or if they are already in long-term care, they may be denied coverage. It’s important to start these conversations with your clients earlier so they can get a policy before they develop a disease.



Average costs

Multiple factors influence your clients’ insurance premiums, including age, gender, location, and health. People in good health who keep up with preventive care are cheaper to insure, so their premiums are usually less. On average, a couple, both aged 55, can buy $800,000 worth of coverage for about $5,000 a year each.

Your clients can save money with a policy linked to their health insurance or life insurance or by adding a rider to their life insurance policy. Encouraging them to wait longer before the benefit kicks in will also help your clients save money on their premiums. If your clients are healthy, pick a policy with a 90-day benefit period.

Financial planning for long-term care

After leaving the workplace, many seniors find themselves living on a fixed income and needing to stretch their finances. Adding long-term care costs to the mix is stressful and can be avoided with a solid financial plan.

Meet with your clients before they retire and discuss options for long-term care insurance. Walk them through the average costs of nursing homes, assisted living, and other care services. Take time to explain each potential policy and how it will meet their needs, including what services are covered with each option.

If you’re recommending a hybrid policy for your clients, become familiar with the terms and conditions so they understand how their beneficiaries are impacted if they do use some of the death benefit to cover long-term care costs.

Long-term care insurance is a must for millions of aging Americans. As a trusted client advocate, you can outline the benefits of adding long-term care coverage to an existing insurance policy. By doing so, you can keep your clients from shelling out all their retirement savings on long-term care and help them protect their assets for their loved ones.

Sources:

California Health Advocates
Heritage Law Office
American Association for Long-Term Care Insurance

Can't Qualify for LTC?
Life Settlements Can Be the Answer

By Lisa Rehburg



Long term care insurance is important to protect a client's family and assets should they need care. But what if they wait too late, and they cannot qualify for long term care insurance coverage? What if they need assisted living, memory care or in-home care now or in the near future? How are they going to fund those needs? Life insurance settlements can be the answer for you and your client.

Briefly, a life insurance settlement is the sale of a life insurance policy for a lump sum of cash. Similar to selling a car, the seller will receive a lump sum of cash and sign the ownership of the life insurance policy to the buyer. The buyer will pay the premiums and receive the death benefit when the client passes away. For the buyer, it is an investment.

All types of life insurance policies can be sold, including term policies. Here are some recent clients who sold their policies to fund long term care needs:

Client #1 – $150,000 annual renewable term policy. The policy is no longer convertible to a permanent policy. The premiums are $750 each month - $9,000 per year and are going to continue to go up each year. The client is in assisted living, and lives only on social security. The policy was sold for $20,000, which gave the client the liquidity needed to be more comfortable. In addition, the client saves $750 per month, giving him additional cash flow for care expenses. $3500 commission was paid to the insurance agent.

Client #2 - $450,000 universal life policy with no cash in it. The premiums are $24,000 per year to continue the policy. The client is in assisted living. The family could no longer afford the premiums. They thought their only option was to let the policy lapse, walking away with zero. The opening offer for the policy was $10,000. By marketing the policy and leveraging the buyers, the final closing offer was $185,000, giving the client much needed funds for assisted living, plus an additional $24,000 in cash flow from no more premium payments. The advisor received $17,500 commission.

Client 3 - $750,000 universal life policy with little cash in the policy. The client needed home care, and the premiums were getting expensive - $60,000 per year to continue the policy. The opening offer was $150,000, and by the time the policy was fully marketed, the closing offer was $370,000. This money allowed the client to pay off the balance of her home loan, which was very important to her, and have enough to receive the home care support that she and her family needed. In addition, they receive $60,000 per year in premium savings. The agent received $25,000 commission.

In each of these instances, the clients received much more money than lapsing or surrendering their policies, and gave them the resources they need to make life more comfortable.

Life insurance settlements can be the **answer for you** and your **client.**

Besides helping their client, the agents and advisor received another revenue source in the commission paid on the sale. Win for the client – win for the agent/advisor.

These scenarios are not unique, in that life insurance settlements are here to give clients more money than lapsing or surrendering their policies. The money clients receive can be used for anything. In these examples, it was used for health care needs. In reality, the money clients have received have been used for things to help keep them comfortable and improve quality of life, such as paying down debt, saving more for retirement, travelling, funding a grandchild's college education, or purchasing an annuity.

Selling a life insurance policy does take awhile, on average 3 – 5 months, so planning ahead is essential. Life insurance settlements are not a short term solution for long term care funding, rather a longer term solution. The process starts with an application (no application fee and no cost to find out how much a policy may be worth). It takes about 60 – 90 days to properly market a policy. Medical records need to be obtained, which can take a while, and the buyers need time for their review. Additional time is needed to leverage buyers to obtain the maximum amount for clients. If a client receives no offer for some reason, or the offer is too low, and the client is not interested – they simply walk away, so there is no downside to looking at how much a policy may bring a client. Once an offer is received, and the client wishes to move forward, it takes about one month before they have their money.

The life insurance settlement market has been legal since 1911 (in a Supreme Court decision for Grigsby v. Russell), and is highly regulated by the Departments of Insurance (DOI) across the country. Compliance is mandatory and stringent. The sale contracts contain mandated language by the DOI, and the contracts must be approved by the DOI before they can be used with clients. In addition, beneficiaries must sign a release that they know the policy is being sold and they will not be receiving the policy benefit. A letter must also be signed by a client's doctor that they are of sound mind to complete this transaction. If they do not have capacity, a client's Power of Attorney can conclude the transaction on the client's behalf. In other words, there are much compliance and many safeguards are in place to protect clients.

The policies we sell are only sold through DOI approved "Providers" in each state. These Providers are the legal entities that have undergone much scrutiny to be sure that they are financially sound and have HIPAA protections in place to protect clients.

Providers purchase policies on behalf of their clients, which are mostly institutional money: hedge funds, mutual funds, college endowment funds, pension funds, banks, etc. These investors take a slice of their billions of dollars in their portfolios and invest them in life insurance policies for the returns, but also for diversification. Life insurance policies are not tied to the stock market, the bond market, or any other asset class, so they are truly a non-correlated asset, giving these investors the diversification that they need.

The bottom line is that in the end, everybody wins. The client wins with receiving more money than they would have by letting the policy go. The investor wins with an additional investment in their portfolio. And, the agent or advisor wins with additional revenue – commission from the sale and the potential for additional product sales for their client or client's spouse. For example, perhaps the client can no longer qualify for long term care insurance, but the healthier spouse can, and now there is funding to pay for the policy.

In conclusion, life insurance settlements can be a good financial solution for clients any time they are going to lapse or surrender a policy but can be an especially important solution if they cannot qualify for long term care insurance and need funding to help with long term care expenses.

Rehburg Life Settlements

Lisa Rehburg, Broker

Life Insurance Settlements



For more than 30 years, **Lisa Rehburg** *has been working with insurance brokers, financial advisors, and clients across the country. She has held executive roles at carriers, general agencies, and third-party administrators (TPAs).*

Rehburg Life Insurance Settlements

www.rehburglifesettlements.com

714-349-7981

lisa@rehburglifesettlements.com



Solving the Group Long-Term Care Insurance Technology Problem

By Gretchen Barry

Ask a broker why they don't sell more group long-term care insurance (LTCi) and you rarely hear "my clients aren't interested." You hear about the process. Getting a group LTCi case quoted, compared, proposed and enrolled has historically meant spreadsheets emailed back and forth, census files in whatever format the employer happened to keep, carrier proposals that arrive in incompatible formats and enrollment windows run on paper and hope.

The friction is not demand, it's the technology gap and it has been the ceiling on the group LTCi market. The good news from this year's Buddy Study Group "State of the Union" on group LTCi technology and tools: the ceiling is lifting.

Where group LTCi technology stands today

1. Quoting is becoming self-serve. The workflow that used to start with a phone call to a wholesaler now starts with a quick quote. Brokers can model a group's cost in minutes, then move to a full census quote when the employer is ready. The technology is built around the carrier list, Product Selection, Quick Quote, Census Quote, Proposal Request, and Proposal Comparison.

It's now a more seamless and simplified process. Each step used to be a separate relationship and a separate week. Now it can be one session using a valuable tool like the Buddy System.

2. Proposal comparison is where cases are won or lost. Employers don't buy the first proposal; they buy the one they understand. When a broker can put competing carrier proposals side by side with benefit periods, inflation options and participation assumptions, the conversation shifts from price confusion to plan design. That comparison step, done well, is the single biggest conversion lever in a group case.

3. Enrollment technology decides participation. A group LTCi plan lives or dies on participation, and participation lives or dies on how easy enrollment is for employees. Spouse buy-ups, guaranteed-issue windows, and unfinished applications are where cases quietly bleed out. The brokers doing well in this market treat enrollment as a managed funnel. It's tracked, nudged, and closed out against the window deadline. It is not just a link sent in an email.

4. Employee education must scale. Long-term care is the benefit employees least understand and most need. Decision-support tools that let an employee explore real plan options, in the Buddy System, employees can review dozens of plan designs, can turn a confusing voluntary benefit into an informed purchase, and they take the education burden off the broker and the HR team.

5. Training is finally on demand. Group LTCi has a knowledge problem: too few brokers have ever run a case, so most never start. Recorded study groups and a system that supports the education process with case libraries and marketing support, backed up by a community network of specialists, mean a broker can get competent on group LTCi in weeks, not years.

What this means for California brokers

November is Long-Term Care Awareness month, and California employers are asking about long-term care more, not less. Caregiving is now a visible workforce issue — employees are missing work to care for parents, and HR leaders know it. Brokers who can walk in with a clean, technology-driven process — quote in minutes, compare proposals side by side, enroll online, educate at scale — will own that conversation.

Brokers who cannot lean on the technology and who still run group LTCi on spreadsheets and PDFs will lose it to the ones who can.

The product has been ready for years. The tools finally are too.

"November is **Long-Term Care Awareness** month, and California **employers** are **asking** about **long-term care** more, not less."

BuddyIns

California brokers can now register through BuddyINS for access to group quotes and enrollment support. To get started, click here visit the BuddyINS Life Insurance Partner landing page where agents can request onboarding, schedule a consultation, or run proposal comparisons for small to large employer clients.

www.partner.buddyins.com/calbrokerltcigroup



Gretchen Barry *(Marketing Executive): A Chief Marketing Officer for BuddyIns Insurance Services. With over 20 years of marketing leadership experience, Gretchen has built an extensive marketing portfolio. As Chief Marketing Officer for BuddyIns, Gretchen works closely with the BuddyIns team and partners to identify ways to advance the company's brand, partnerships, and mission. With first-hand experience as a caregiver, Gretchen understands the inherent challenges and unlimited opportunities facing the company and the LTCi industry.*



25 Years After 9/11, Are Employers Meeting Veterans' Evolving Needs?

By Lisa Wolf

Twenty-five years ago this fall, the September 11 attacks changed the course of a generation. Thousands of Americans answered the call to serve, beginning military careers that would take them to Iraq, Afghanistan and other assignments around the world.

Today, many members of that post-9/11 generation are building civilian careers, raising families and navigating the long-term financial, health and legal realities that can accompany military service.

As the nation continues to reflect on this milestone, employers have an opportunity to ask an important question: Has the workplace evolved enough to support the veterans that era created?

The question is especially relevant given the size and impact of today's veteran workforce. In 2025, there were 17.26 million veterans in the civilian population, including 8.34 million participating in the labor force. While veterans continue to bring valuable skills to employers, many still face challenges translating military experience into civilian career advancement and navigating the complexities of life after service.

For employers, supporting veterans is more than honoring service. It recognizes a talented population whose experiences, strengths and needs can differ from those of other employees, then creates a workplace and benefits strategy that helps them thrive.

Veteran hiring is not the finish line

Many organizations have invested in recruiting veterans, and with good reason. Veterans often bring proven leadership experience, resilience under pressure, mission-focused thinking and the ability to perform in complex environments.

Yet hiring is only the beginning.

The transition from military service to civilian employment can involve significant adjustments. Veterans may be rebuilding professional networks, learning a new workplace culture, understanding unfamiliar benefit options or determining how to apply skills developed in the military to a different environment.

The challenge for employers is ensuring hiring practices, benefits and workplace resources translate that appreciation for their service into meaningful support.

Employers that succeed tend to view veteran inclusion as a workforce strategy rather than a recruiting initiative. They invest in onboarding, mentorship, career development and benefits that help veterans navigate major life transitions with confidence.

Turning appreciation into action

One of the most effective ways employers can support veterans is by creating a workplace where they feel connected and equipped to succeed.

Employee resource groups focused on veterans and military families can provide a sense of community and belonging. Managers can benefit from training that helps them better understand military experience and recognize transferable skills. Employee assistance programs can offer an additional layer of support as veterans navigate challenges related to mental health, caregiving responsibilities or life transitions.

Employers should also consider another, often overlooked area of support: helping veterans address the financial and legal issues that can arise during and after the transition to civilian life—issues that affect employee well-being, productivity and long-term financial stability.

Four legal pressure points employers should understand

Veterans face many legal challenges that are common across the population, but they may also encounter situations connected specifically to military service, government benefits or major life transitions.

Understanding these pressure points can help employers better appreciate the value of providing employees with access to legal resources and guidance.

1. Accessing veterans' benefits

Veterans may qualify for a wide range of benefits, including health care, disability compensation, education assistance and housing programs. However, determining eligibility, completing documentation and appealing decisions can be a lengthy and frustrating process.

Even small administrative issues can delay access to important benefits that veterans have earned through their service. Legal guidance can help employees better understand their options and navigate disputes when challenges arise.

2. Housing and financial stability

For many veterans, one of the most significant transitions after military service involves building long-term financial stability.

Veterans may be evaluating homeownership opportunities through VA-backed loans, refinancing existing mortgages or responding to financial hardships that threaten housing security. Others may be managing debt, addressing credit issues or recovering from financial setbacks.

Financial and legal guidance can help veterans understand their obligations, evaluate available protections and make more informed decisions during stressful periods.

3. Family law matters

Major life events do not pause after military service.

Like many employees, veterans may face divorce, child custody and child support matters. However, military service can add layers of complexity, particularly when military retirement benefits, federal regulations or service-related health conditions intersect with family law proceedings.

The emotional and financial impact of these situations can be significant. Professional counsel can help employees navigate difficult decisions while protecting their long-term interests.

4. Planning for the future

Estate planning is important for every family, but veterans may have unique considerations involving military benefits, survivor benefits, insurance coverage and end-of-life wishes.

Preparing wills, powers of attorney and health care directives can help ensure loved ones are protected and informed. These conversations can be uncomfortable but addressing them proactively often reduces stress and uncertainty later.

Supporting military families

Employers should also remember that service impacts more than the veteran alone.

Spouses, caregivers and family members often share the challenges associated with military life, frequent moves, benefit transitions, health concerns and future planning. A workplace that supports military families can strengthen employee engagement and create a more inclusive culture for everyone impacted by service.

This broader perspective reflects an important reality: when financial, family or legal issues create stress at home, the effects frequently follow employees into the workplace.

A meaningful way to say thank you

Twenty-five years after 9/11, honoring veterans requires more than looking back. It requires employers to look closely at the experience veterans have in today's workplace and the resources available when life becomes complicated.

Veterans bring adaptability, leadership and a deeply rooted commitment to mission. Employers can reciprocate by providing meaningful career opportunities, benefits that reflect veterans' circumstances and access to guidance when legal questions threaten their financial stability or peace of mind.

Gratitude matters. But support veterans can actually use may be one of the most powerful ways to say thank you for your service.

> "*One of the* **most effective** *ways* **employers** *can* **support veterans** *is by* **creating a workplace** *where they feel* **connected** *and* **equipped** *to* **succeed.**"



Lisa Wolf is Director of People & Culture at ARAG Legal Insurance. With 20+ years of HR experience, Lisa oversees talent acquisition, organizational design and effectiveness, performance management, employee relations, compensation and benefits, succession management and team member learning and development. Lisa is fiercely dedicated to creating and protecting cultures where team members and organizations thrive.



PART 2:
Your Insurance Identity Can Be Stolen

By Jonas Roeser

Why verification and fraud prevention are becoming professional priorities

A broker I've known for years called me recently, understandably rattled. A client had forwarded her an email, sent from an address that looked almost exactly like her own, with her real headshot, her real license number and a signature block copied nearly word for word from her actual email footer. The message asked the client to "confirm" bank details for a policy update. The client, thankfully, called her office directly first. Not every client will.

That broker didn't do anything wrong. The professional identity she spent two decades building was simply lifted, wholesale, and repurposed by someone she'll probably never identify. And what struck me most wasn't the sophistication of the scam. It was how little friction there was in pulling it off. Everything the fraudster needed was already public: her name, photo, license number, writing style and real clients' names pulled from public reviews. All of it sitting out there, freely available, precisely because she'd done the work of building a visible, credible professional presence.

That's the uncomfortable paradox at the center of this issue. The same visibility that builds trust with real clients is exactly what fraudsters harvest to impersonate you.

This isn't a hypothetical risk anymore

Insurance fraud has always existed, but it used to require a fraudster to build something from scratch. A fake company, a fake license, a convincing enough cover story. Generative AI has removed most of that friction. A convincing fake website, a cloned voice for a phone call, an email that mimics your tone because it's been trained on your actual public writing. These are no longer specialized skills. They're a weekend project.

State insurance regulators across the country, including here in California, have been sounding increasingly specific warnings about impersonation schemes that use real agents' names, license numbers and NPN identifiers to lend credibility to fraudulent solicitations. The victims aren't the only consumers who get scammed. The broker whose identity was borrowed suffers real professional and reputational damage. Client trust erodes, complaints can land on their license record even when they did nothing wrong, and untangling the mess can take months.

And the exposure isn't limited to obvious phishing schemes. Fake reviews attributed to real clients. Cloned websites that mirror a broker's real site closely enough to fool a rushed searcher. AI-generated "advice" content published under a broker's name without their knowledge, designed to funnel leads to a fraudulent operation. Each of these erodes the very thing a broker's business depends on. Being unmistakably, verifiably themselves.

Why verification is becoming a professional discipline, not just an IT task

For most of this industry's history, "identity" was something you established once. Get licensed, get appointed, get your NPN, and you were, professionally speaking, done. Verification was a background process handled by regulators and carriers, invisible to the day-to-day of running a book of business.

That's no longer sufficient. Identity now needs to be actively maintained and defended, the same way a business protects its physical premises or its client data. That means treating a handful of practices not as optional hygiene, but as a core part of running a trustworthy practice:

Monitor your own name and likeness. Set up alerts for your name, your firm's name, and key phrases from your marketing copy. If a fraudulent site or listing appears, the sooner you know, the sooner you can act. And the sooner you can warn your actual clients.

Make your real channels unmistakable. Consistent, verified contact information across every platform where you appear, your website, your carrier directories, your association listings, makes it easier for a suspicious client to confirm they're really talking to you, and easier for a fraud investigator to see the pattern of an impersonation when it appears.

Educate your clients proactively, before there's a problem. A short, standing reminder, "I will never ask you to confirm banking details by email, and if you ever get a message that seems off, call our office directly at this number," costs you almost nothing and can stop a scam before it starts. The brokers I respect most have made this a normal part of onboarding, not an afterthought after something goes wrong.

Document your credentials in verifiable places. This does double duty. It's the same work that builds AI-era trust signals, and it gives clients and carriers a clean, independent way to confirm you're who you say you are. Which makes it that much harder for an impersonator to hold up under scrutiny.

What regulators and carriers are starting to expect

I encourage every broker reading this to pay close attention to how carriers and regulators are beginning to respond to identity-related fraud, because the direction of travel is toward more responsibility landing on the individual professional, not less. Multi-factor verification for policy changes. Carrier-side monitoring for impersonation attempts using appointed agents' names. Increased scrutiny on unusual patterns in a broker's book of business that might indicate their identity has been compromised and used without their knowledge.

None of this is designed to punish honest brokers. It's designed to close the gap that fraud has been exploiting. But it does mean that brokers who treat identity protection as someone else's job, the carrier's, the regulator's, the association's, are going to find themselves reacting to problems that better-prepared colleagues saw coming and got ahead of.

I'd also note that this shift creates a genuine opportunity for brokers who lean into it rather than merely comply with it. A broker who can point to a clear, documented verification process, who can tell a hesitant client exactly how their identity and credentials can be independently confirmed, and exactly what steps they take to protect against impersonation, is offering something increasingly rare in a noisy, AI-saturated marketplace: a concrete, demonstrable reason to trust them over a competitor who's never had to think about the question at all. In an environment where fraud is becoming easier to commit, the ability to prove you're not part of the problem is quietly becoming a competitive advantage in its own right.

A practical starting point

If you take one thing from this piece, let it be this: spend 30 minutes this month searching your own name, your firm's name, and your license number the way a stranger would. Look at what comes up. Check whether your listings across designations, your state directory, carrier sites, and your own website are consistent and current. Note anything that looks off, outdated, or unfamiliar. That single audit will tell you more about your actual exposure than any generic warning I could give you.

The uncomfortable truth is that the more successful and visible you become as a broker, the more attractive a target you are for this kind of impersonation. That's not a reason to become invisible. Visibility is still how you earn trust and business in this environment. It's a reason to treat your professional identity the way you'd treat any other valuable asset: actively managed, actively defended, and never assumed to be safe just because nothing has gone wrong yet.

What to do if it happens to you

Despite every precaution, some brokers reading this will eventually find themselves in the position my colleague did, discovering someone has impersonated them. If it happens, speed matters more than perfection. Document everything immediately: screenshots of the fraudulent message, website, or listing, with timestamps, before it can be taken down or altered. Notify your carriers and your errors-and-omissions carrier promptly, even if you're not certain of the scope. They've often seen this pattern before and can advise on next steps you wouldn't think to take on your own. Report it to the California Department of Insurance, which tracks impersonation and fraud patterns across the state and can flag repeat offenders operating against multiple agents. Notify your clients directly, in plain language, rather than hoping the problem resolves itself quietly. Clients generally respond well to a broker who tells them proactively, "here's what happened, here's how to verify you're really talking to me, and here's what to do if you're contacted by the fraudulent version." Transparency often strengthens trust rather than damaging it.

Building a culture of verification, not suspicion

I want to be careful about the tone of this piece, because the goal isn't to make brokers or their clients paranoid. It's to make verification a normal, low-friction part of how the relationship works. The same way we don't think twice about a bank asking for a second form of identification, or a doctor's office confirming a birthdate before discussing test results. Insurance has been slower than some other trusted-advisor industries to build that kind of light-touch verification culture, largely because the relationship has traditionally been personal enough that it wasn't necessary. AI-enabled impersonation is changing that calculus, whether we're ready for it or not.

The brokers who get ahead of this, who normalize a quick verification step, who communicate clearly and consistently about how they will and won't contact clients, who keep their real professional footprint clean and current, won't just protect themselves. They'll be offering their clients something increasingly rare and valuable: the confidence that when they hear from you, it's actually you.

"The same visibility that builds trust with real clients is exactly what fraudsters harvest to impersonate you."

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 https://www.agentreview.net/cbm to claim your discount.



Jonas Roeser *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.*



Prepare Your Clients for Leadership Changes

By Phil Calhoun in conversation with Ailene Dewar

For insurance brokers, a difficult renewal can open a broader conversation about what a client needs. Benefits costs may be the immediate concern, but payroll demands, employee issues and limited HR resources can also put pressure on a business. A professional employer organization (PEO) partnership gives brokers another way to address those needs and build revenue from the relationship.

Ailene Dewar Costello, president-elect of CAHIP OC and vice president of sales, California, at Engage PEO, brings experience spanning recruitment advertising, human resources and workers' compensation managed care. Her focus is helping brokers address employers' needs while remaining their trusted advisor.

This article draws from a recorded conversation between Costello and California Broker CEO Phil Calhoun. Their discussion explores PEO partnerships, medical underwriting and strategies for protecting broker revenue while responding to challenging California group renewals.

A partnership rather than a handoff

For brokers who have lost accounts to a professional employer organization, skepticism is understandable. Engage PEO's broker-referral model addresses that concern with specific protections for the broker's relationship and compensation.

"Broker partnerships are central to how Engage does business. We help brokers bring more solutions to their clients while protecting the relationships they've built," said Costello.

Engage pays referral commissions for as long as referred clients remain with the company, subject to the broker agreement. According to Costello, compensation can also apply when a client keeps broker-placed medical coverage outside Engage's master plan.

Engage does not accept broker-of-record changes after the sale or offer competing products without the broker's consent. Those commitments help brokers evaluate a PEO referral while protecting their client relationships and ongoing commissions.

"You can trust that your business is safe with us."

Expanding the broker's role

Engage provides HR consulting, payroll and tax administration, employee benefits, workers' compensation, risk management and HR technology. Its service team includes experienced HR, payroll, benefits and risk professionals, with licensed employment attorneys serving as HR Consultants.

That gives brokers a reason to engage clients between renewals. An employer expanding into another state, struggling with employee leave or outgrowing its payroll processes may need support beyond insurance placement. Introducing that support can deepen the broker's advisory role and create an additional source of revenue.

Keeping options open at renewal

Costello's central message is flexibility. Engage allows medical and workers' compensation carve-outs, giving clients options to retain existing coverage. An employer may keep a workers' compensation policy or captive arrangement while using Engage for payroll, benefits or other services.

Medical coverage can also move between Engage's master plan and the brokered market as client needs change.

"We can do that back and forth year over year, depending upon what is the best fit for the client," said Costello.

That flexibility gives brokers more options at renewal. If medical pricing becomes unfavorable, an employer may be able to change coverage while keeping its payroll, time and attendance technology, workers' compensation and retirement plan arrangements in place.

Costello includes broker partners in annual renewals, so they remain involved in evaluating coverage and advising the employer.

Qualify the opportunity early

Not every employer will qualify for Engage's medical offering. Costello identifies a minimum of seven participants and 10 eligible full-time employees for medical underwriting consideration.

An employer that does not qualify for Engage's medical plan may still be a candidate for other HR service arrangements.

For businesses with common ownership, Costello says qualifying entities may be considered together. Engage should review the ownership structure and applicable requirements before a broker assumes the entities can be combined.

Separate entities may be able to maintain distinct payroll accounts while accessing information through a shared technology platform.

For brokers serving related companies, the practical starting point is documenting ownership, employee counts and payroll structure before discussing pricing.

Looking beyond the initial premium

Costello describes challenging California renewals and carrier changes as reasons to benchmark alternatives. She cautions against assuming that a PEO automatically produces a lower premium.

"Every group is individually underwritten," she said.

That does not eliminate renewal uncertainty. Changes in health and utilization can still affect pricing.

For brokers, the implication is straightforward. Present underwriting as an evaluation, not a promise of savings. Compare the total cost and scope of the arrangement, including administrative fees, coverage, service responsibilities and the support the employer needs beyond its first year.

Matching benefits to client expectations

In California, Costello says Engage offers Aetna and Kaiser coverage, with approximately 50 plan designs. Options discussed include HMOs, EPOs, PPOs and high-deductible health plans, along with FSA and HSA services and a 401(k) retirement plan.

A master plan has boundaries. When an employer needs coverage beyond the available offering, the broker can explore a separate policy to address the gap, subject to the policy's terms.

"The broker is able to write that policy separately and partner with me to get the best solution for the client," she said.

That approach keeps the broker involved in identifying coverage needs and evaluating how separate policies can work with the PEO arrangement.

Preparing a productive submission

Costello recommends gathering key business and workforce information upfront to support a meaningful comparison of PEO options. This includes business ownership and entity details, employee counts, workers' compensation classifications and annual wages by classification.

A submission also requires an employee census, covered dependent information, plan summaries and the current invoice.

Costello says referral compensation is based on employees on payroll, rather than medical enrollment alone. Brokers should review the agreement's payment schedule, employee classifications and commission terms with Engage.

Advocacy and the next conversation

Costello's involvement with CAHIP OC has strengthened her understanding of benefits, professional education and advocacy. She describes participating in meetings in Washington and Sacramento to communicate positions on legislation affecting brokers and their clients.

"It's been a very empowering experience," she said.

To explore services with Costello, use the special California Broker link accompanying this article. Bring a client's renewal concerns, census and current coverage information to discuss medical eligibility, available carve outs and broker partnership terms.

Her objective extends beyond solving one benefits problem. As she puts it, the goal is to "give them new resources and new tools so that they're more successful."

"Broker partnerships are central to how Engage does business."
- Costello

For additional information click here



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



Jonathan Edewards Builds Broker Connections in LA

By Phil Calhoun in conversation with Jonathan Edewards

ARTICLE EXPERIENCE OPTIONS Listen Watch

Jonathan Edewards is the Media and Communications Chair of CAHIP LA and a California-based insurance professional whose work spans health insurance, Medicare, employee benefits and commercial property and casualty coverage. A California native living in Los Angeles, he brings a relationship centered perspective to broker development, professional branding and association engagement.

Broker spotlight

In this recorded conversation with California Broker magazine CEO Phil Calhoun, Jonathan Edewards discusses his path into insurance, the evolving role of CAHIP LA and why local professional relationships remain essential to success in California's health benefits market. The conversation focuses on practical ways brokers can strengthen their credibility, access support and create more value for clients.

From answering phones to advising clients

Like many accomplished professionals in the insurance industry, Jonathan Edewards did not begin with a carefully mapped plan to become a health and benefits broker. His entry started after college, at a job answering phones at his uncle's commercial property and casualty agency in Tustin.

"Insurance requires a lot of attention to detail, which is one of my strengths," said Edewards. "So I realized that insurance was a good fit for me, and within a year I was a producer."

For Edewards, the rollout of the Affordable Care Act and Covered California in 2013 became an important turning point, to add health insurance to his portfolio.

While the ACA and the new marketplace created significant disruption, it also created an opening for brokers prepared to learn a new system and guide consumers through it.

Mentorship made the difference

Edewards credits his uncle as an early and influential mentor. Riding along on sales calls gave him a firsthand view of how an experienced agent handles business conversations, builds trust and translates coverage issues into meaningful advice for clients.

Yet some of the most formative mentorship he received came through professional association involvement. As brokers navigated the early Covered California environment in 2014, Edewards discovered and attended the annual "LAAHU" (now CAHIP-Los Angeles) sales conference. Peter Lee, then the Executive Director of Covered California, was the keynote speaker.

"We had just gone through hell trying to help consumers navigate the Covered California website and figure out this whole new way of doing things," he said. "It was absolutely life changing, just so incredibly encouraging to be at that conference and to feel the camaraderie of other brokers going through the same experience."

Making local engagement visible

As CAHIP LA's Media and Communications Chair, Edewards is focused on making the chapter's work more recognizable and easier for members and prospective members to follow. His responsibilities include shaping email communications and social media while helping the local organization build a clearer identity.

One key objective has been branding. Members often receive communications from national, state and local organizations, each serving a different purpose. Edewards wants recipients to immediately understand when a message is coming from the Los Angeles chapter and why it matters.

"The national is where we're making our biggest impact on legislation and on the industry as a nationwide organization," he said. "The state's kind of doing the same thing on the state level. But the local chapter, that's really where we're providing the value of networking and personal relationships."

The distinction has practical implications. National and state organizations offer high level policy engagement, industry education and larger conferences. Local chapters create more frequent opportunities to meet colleagues, general agencies, carriers, vendors and potential mentors in person.

In an industry increasingly dependent on digital communication, Edewards sees a continuing need to make relationships visible. CAHIP LA has expanded the use of professional photography at events, a seemingly simple step that supports stronger member communications and helps illustrate the community brokers build when they attend.

"We have a visual communication of those personal relationships," said Edewards. "A professional photographer has the job of capturing those personal relationships that we're building."

Photos, event recaps, LinkedIn activity and consistent newsletters can make an association more accessible to brokers who have not yet attended. They also reinforce a basic message for the broader market. Brokers are not operating alone. They are part of an ecosystem of advisors, carrier representatives, general agencies and subject matter experts who can help solve problems.

Professionalism starts with the basics

Edewards advises newer brokers to establish professionalism early. That includes having a dedicated business website and domain-based email address rather than relying on a personal Gmail, Yahoo, Hotmail or AOL account.

"We're all in the business of sales," Edewards said. "Ultimately, we're selling ourselves. So, branding and professionalism in terms of the very, very basics would be there."

The message is not simply cosmetic. In health insurance and employee benefits, brokers routinely ask clients to share sensitive information, rely on their interpretations of coverage and follow their recommendations through consequential decisions. A professional presentation supports confidence before the first formal proposal is ever delivered.

Edewards also encourages producers to avoid trying to master every issue in isolation. New agents need a reliable upline, field marketing organization, general agency or experienced colleague who can help answer difficult questions and provide training support. For small group business, he views using a general agency as an obvious resource.

"Remember who your partners are," said Edewards. "We're all supporting one another. We do business with one another, and that helps strengthen the industry as a whole."

Connect with Jonathan Edewards

Insurance professionals interested in CAHIP LA can click here to sign up for chapter communications, review the event calendar and register for available programs. Edewards also recommends following CAHIP LA on LinkedIn and Facebook for event invitations, chapter updates and information about educational opportunities.

The chapter's larger in person programs are generally concentrated in the spring and summer, with smaller educational sessions, Medicare focused calls and seasonal networking opportunities offered throughout the year. For brokers in Los Angeles County, attending a CAHIP LA event is a direct way to meet peers, identify practical resources and begin building the relationships that support a more durable insurance practice.

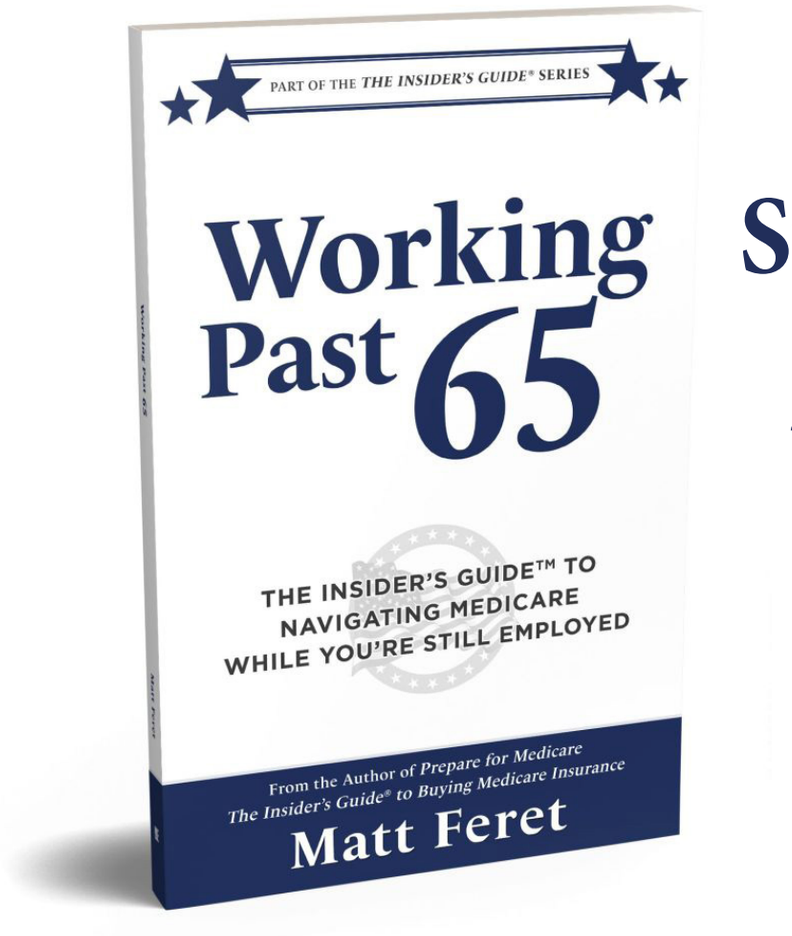
"Photos, event recaps, LinkedIn activity and consistent newsletters can make an association more accessible to brokers who have not yet attended."

California Agents and Health Insurance Professionals
CAHIP
NABIP - California



Jonathan Edewards, President, *Citrust Insurance Agency*, *serves on the CAHIP-LA Board of Directors as Media and Communications Chair, supporting the chapter's communications, media presence, and outreach. He is also President of Citrust Insurance Agency, where he helps individuals, families, and small businesses navigate their insurance needs. As a second-generation insurance professional, Jonathan brings more than 14 years of industry experience, specializing in health insurance, Medicare, and small business coverage.*

626- 765-4495
jonathan@edewards.com
www.citrust-insurance.com



Still working at 65? *Medicare doesn't make that easy.*

By Melissa Nicolas Hernandez

If you're turning 65 and still covered by an employer plan—or spouse's plan—you're entering a Medicare gray zone. The rules are different. The timelines change. And one wrong move could leave you with lifetime penalties, tax problems, or coverage gaps that cost thousands.

This must-have reference guide from longtime Medicare industry insider Matt Feret gives you the step-by-step framework you need to coordinate Medicare with employer insurance, avoid mistakes, and protect your health, income, and retirement plans. With over 20 years of experience building Medicare plans, training agents, and guiding thousands of people through enrollment, Feret reveals the insider playbook you won't find in HR handouts or on government websites.

Inside, you'll discover:

• **The 3 Medicare decision paths** for people still working past 65 - and how to choose the right one

• **How the 20-employee rule really works** - and why HR often gives incomplete or incorrect guidance

• **When to delay Medicare safely** - and when it could cost you thousands

• **How to avoid lifetime late-enrollment penalties** for Part B and Part D

• **What happens to your HSA when you enroll in Medicare** - and how to avoid retroactive IRS penalties

• **Options for spousal coverage** when you leave employer insurance (COBRA, ACA marketplace, retiree coverage)

• **How to compare employer coverage vs. Medicare** so you can make an informed, cost-effective decision

• **IRMAA explained** - what high-income earners need to know about Medicare surcharges and how to appeal

• **The key forms, deadlines and action steps** for a smooth transition without coverage gaps

Who should read this book:

• **Employees working past 65** who want to keep their employer health insurance but avoid Medicare mistakes

• **Spouses, caregivers and family members** helping someone navigate Medicare while still working

• **High-income earners** who need to understand IRMAA surcharges and appeals

• **HR and benefits professionals** supporting employees turning 65

• **Anyone planning for Medicare** who wants an **insider's perspective** without sales pressure

Unlike generic retirement books or one-page HR fliers, this **comprehensive, desk-friendly guide** is designed for people who need clarity - fast. Use it as a **ready reference** you can highlight, tab, and revisit as you prepare for this critical life transition.

Medicare and employer coverage don't automatically work together—you need to know the rules.

Whether you're planning for yourself or helping a spouse, parent or employee, this guide gives you the knowledge, confidence, and tools to coordinate Medicare with employer coverage - without stress, confusion, or costly mistakes.

You don't have to become a Medicare expert. You just need to understand how the system really works when you're still working at 65.

Take control of your Medicare decisions today—and make smarter choices for your health, finances, and future.

Reviews

"I enjoyed reading Working Past 65 by Matt Feret and found it to be both informative and practical. The book does an excellent job of explaining the complexities that individuals face when working beyond age 65, particularly when navigating Medicare and employer-sponsored benefits. My biggest takeaway was the importance of understanding how Medicare coordinates with group health plans and the potential pitfalls of making the wrong coverage decisions. I would highly recommend this book to Medicare agents, group benefits brokers, HR professionals, and anyone approaching Medicare eligibility while still employed. It provides clear, actionable guidance that can help readers make more informed healthcare and retirement decisions."
– Joseph Park

"I found Matt Feret's 'Working Past 65' to be a quick, practical read and an excellent reference guide. As an insurance agent, I frequently work with individuals who are still employed when they become eligible for Medicare. With the overwhelming amount of Medicare-related emails, advertisements, mail, phone calls and warnings about potential penalties, it's no surprise they have many questions.

One of the most common concerns is whether to stay on an employer-sponsored health plan or enroll in Medicare. As Feret explains, the answer depends on each person's unique circumstances. The thoughtful questions outlined in the book help readers evaluate their options and make informed decisions based on their individual needs.

Feret's guide does an excellent job of helping readers navigate these often-complex decisions. I especially appreciated his disclaimer: 'Use your best judgment, ask good questions, and don't be afraid to get help.' Picking up this book is a great first step toward asking those important questions and making confident healthcare decisions."
-Kelsey Calhoun

From the back cover

If you're working past 65, Medicare isn't as simple as just enrolling. Whether you stay on your employer's plan, delay Medicare, or switch to a new option, every decision impacts your healthcare costs, coverage, and retirement goals.

"If you're working past 65, Medicare isn't as simple as just enrolling."

In this clear, straightforward guide, Medicare insider **Matt Feret** walks you through the complexities of working past 65 and how it intersects with Medicare. **You'll learn**:

• Why working past 65 changes your Medicare timeline and how to avoid costly mistakes

• How your employer plan interacts with Medicare (and why many HR departments get it wrong)

• What the 20-employee rule and delaying Part B really mean for your coverage

• How Medicare enrollment affects your Health Savings Account (HSA)

• Why choosing the right path now could save you thousands later

• BONUS: Learn how to make the smartest decisions with your employer plan and Medicare using Step 2 of the Prepare for Medicare Insider Method ™.

Whether you're planning to work past 65, helping a spouse or parent, or advising others, this book gives you the insights and strategies you need to make informed, confident decisions.

You don't have to guess. You just need a roadmap. This book is that roadmap.

About the author (From the back cover)



Matt Feret *is a nationally recognized Medicare and retirement strategist, speaker, and author of* ***Prepare for Medicare – The Insider's Guide®.***

A former Medicare insurance executive with over two decades inside the industry, Feret now helps individuals, families, and professionals make smarter healthcare and retirement decisions – through his books, courses, and ***PrepareforMedicare.com****.*

He's also the host of ***The Matt Feret Show****, where he interviews experts on aging, retirement, healthcare, and living well in the second half of life.*

When he's not demystifying Medicare, Feret enjoys backpacking, heavy metal concerts, and hanging out in Chicagoland with his wife and three kids.

2027 Social Security COLA Puts Retirement Income Plans Under Review

By Gregg Greenberg



Financial advisors say the real test is whether after-tax income and portfolio withdrawals can keep pace with clients' rising costs

Financial advisors are using the run-up to the 2027 Social Security cost-of-living adjustment to push clients on a harder question than the size of next year's raise. They want to know whether the rest of a client's retirement income is built to keep up.

The Social Security Administration announced the 2027 COLA on Oct. 14, 2026. It will use inflation data from the third quarter of 2026, measured by the Consumer Price Index for Urban Wage Earners and Clerical Workers, or CPI-W, and the increase will show up in payments starting in January 2027.

Forecasts point to a larger increase than last year's. As of recent reporting, The Senior Citizens League estimated a 3.6% COLA for 2027, independent analyst Mary Johnson projected 3.4%, and AARP put the figure at 3.5%. The SSA announced a 2.8% increase for 2026 on Oct. 24, 2025, and that adjustment reached 75 million people. A 3.6% COLA would add roughly $75 to the $2,086 average monthly benefit as of July 2026.

For advisors, the announcement is less a finish line than a reason to schedule a review. Rising prices are not only a Social Security story: New York Fed research recently found that tariffs added 2.9 percentage points to goods inflation, pressure that lands on every source of a retiree's income.

Why the COLA is a retirement income checkpoint

Jason Frain, head of retirement solutions at Transamerica, said knowing what Social Security will pay matters, but so does knowing where that benefit sits in a client's overall strategy. He sees the annual COLA announcement as a natural prompt for advisors and clients to confirm that their plans still match their long-term goals.

"Advisors can use this time to review expected spending needs, cash reserves and the mix of income sources supporting retirement. With 401(k)'s and other retirement accounts serving as the second-largest source of retirement income for many retirees, advisors can also help clients evaluate withdrawal strategies and understand the potential tax implications associated with those decisions," said Frain.

He noted that retirement can stretch across 20, 30 years or longer. That makes a plan that accounts for inflation, health care costs and market volatility essential.

"Regular reviews can help clients understand how Social Security, 401(k) accounts and other sources of retirement income work together to support long-term financial security. The earlier people begin planning, the more flexibility they have to make adjustments over time," said Frain.

“The earlier people begin planning, the more flexibility they have to make adjustments over time”

What does the COLA actually deliver after costs?

Jonathan Codispoti, president and founder of Legacy Wealth Strategies, plans to tell clients that the percentage matters less than what actually reaches their bank account. The question he wants answered is whether that increase keeps up with the expenses rising fastest in their own household.

“Looking at COLA in isolation is not a good idea without looking at taxes, Medicare premiums, healthcare expenses and lifestyle expenses. A retiree can have an increase in social security benefits but the expenses that matter most to them could be rising faster,” said Codispoti.

Medicare is the clearest example. The standard monthly Part B premium rose from $185.00 to $202.90 for 2026, and that premium is usually deducted directly from Social Security checks. The 2027 premium has not yet been set. It is typically announced in mid-November, and the standard Part B premium often rises by a higher percentage than the COLA. So, clients may not know their true net raise for several weeks after Oct. 14.

Which income sources are built to grow?

Codispoti sorts a client’s retirement income into three groups: guaranteed income, income that is fairly predictable and income that depends on markets. That framework lets him ask which pieces are actually designed to rise over time.

“If Social Security is one of the only income sources receiving an inflation adjustment, the client’s purchasing power may gradually become more dependent on portfolio withdrawals. That’s something advisors need to identify well before it becomes a problem,” said Codispoti.

That dependence matters because withdrawal capacity is limited. Morningstar’s latest research on retirement income indicates retirees can withdraw as much as 3.9% in 2026, though they may be able to withdraw more depending on their strategies.

Beyond Social Security, Codispoti said he would reexamine the client’s full income structure, from liquidity to bond holdings.

“Cash reserves are important in retirement. They allow flexibility. Fixed income deserves another look as well. Advisors should review yields, duration, maturity schedules and whether the bond allocation is still accomplishing what it was intended to accomplish. The fixed-income environment can change considerably over the course of a retirement,” he said.

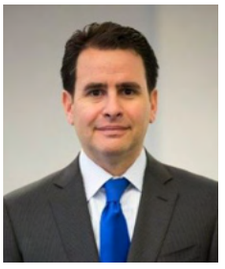
He warned against treating a client’s income need as fixed.

“I think one of the biggest mistakes in retirement planning is treating retirement income as a static number. A client might say, ‘I need $10,000 a month,’ but the real planning question is: What does $10,000 a month need to become 10, 15 or 20 years from now for this client to maintain the same lifestyle?” Codispoti said.

Taxes finish the picture. Advisors refining how intelligent allocation can create better tax outcomes are working on the same problem from another angle.

“Advisors should also revisit the client’s tax strategy because it’s ultimately after-tax income – not gross income – that funds retirement,” Codispoti said.

For many practices, that makes the COLA meeting a broader planning session, and a reminder that the complexity isn’t in the portfolio but in the client’s life.



Gregg Greenberg, Senior Writer, Anchor

Greg is the multimedia anchor and retirement and planning editor at InvestmentNews, where he covers financial advisor practice management, retirement strategies, equities, and personal finance across video, audio, and editorial formats. He brings more than two decades of financial journalism experience to the role, including 13-plus years as lead anchor and personal finance writer at TheStreet, where he interviewed CEOs, fund managers, and institutional investors, and hosted The Real Story podcast. Prior to joining InvestmentNews, he served as General Manager of Media at the C-Suite Network. Earlier in his career, he worked in sales at Lehman Brothers and Fleet Bank — experience that informs his practitioner-level understanding of financial markets and client-facing wealth management. Gregg holds an MBA from Cornell University’s Johnson Graduate School of Management and an undergraduate degree in history from Amherst College.

ggreenberg@investmentnews.com

Follow Greg on LinkedIn

When a Client Says 'I Need Something Cheaper,' Listen for What They Are Really Asking

By Ethel Rio Cohen



"I need something cheaper" is one of the most familiar openings in insurance, but price is not always the whole problem.

Sometimes the client truly needs a lower premium. Other times, price is simply the easiest way to describe a different concern. They may be frustrated by an increase, unsure whether the coverage still makes sense, nervous about what they would have to pay after a claim, or wondering whether they are being treated fairly.

The words sound simple, but the decision behind them usually is not.

That distinction matters because the fastest way to turn insurance into a commodity is to respond to every price concern with another price. If every conversation becomes a search for the lowest number, much of the value of the agent disappears before the real discussion even begins.

A client may say the premium is too high, but after a few minutes it becomes clear that the increase itself is what upset them. Another may ask for a cheaper option and then reject it as soon as they see the higher deductible. Someone else may want to shop only because they have no idea whether their current price is still competitive.

In each case, the client begins with price, but they are not necessarily asking for the same thing.

The more useful question is not simply, "How low do you need the premium to be?" It is understanding what decision the client is actually trying to make.

A client dealing with a true budget problem needs help finding a payment they can live with. That may mean changing deductibles, limits, benefits, carriers or plan structure. The important part is making those tradeoffs clear enough that the client understands what they are gaining and what they are giving up.

A client reacting to a large renewal increase needs something different. They may not need a dramatically cheaper policy at all.

They may need to understand what changed, whether the increase is happening across the market, and whether moving to another option would actually improve the situation.

That can prevent a policy from being replaced simply because the renewal created an emotional reaction.

Then there are clients who are really questioning value. They are paying more and no longer understand what they are paying for. In that situation, comparing coverage may matter more than comparing premiums.

A lower number means very little if the deductible doubled, the limits changed, or something the client thought they had is no longer there.

Cost still matters. The point is not to talk the client out of caring about price. It is to make sure they understand what changed around the price before making a decision.

That becomes even more important when the real concern is risk rather than the monthly bill. Some clients can afford the premium but would struggle badly with the deductible or other out-of-pocket costs if something happened. Moving them into a lower-premium option with more financial exposure may solve the immediate price complaint while creating a larger problem later.

At that point, the conversation is no longer just about comparing policies. It is about deciding how much risk the client can realistically carry.

There is also another type of conversation that comes up often: the client who wants confirmation more than change.

They may say, "I just want to make sure I'm not paying too much."

That client may be testing the market, but they may also be testing whether their current coverage still makes sense. If the existing policy and pricing are still reasonable, saying so can be more valuable than finding a reason to move them. If another option truly improves the situation, the recommendation becomes easier to trust because the client knows the goal was not simply to create a transaction.

Sometimes the best answer is, "I looked at it. What you have still makes sense."

That answer can strengthen the relationship more than a small premium reduction ever could.

The broader point is that price language is useful information, but it should not automatically decide the direction of the conversation. It tells you where the client is feeling pressure. The next step is figuring out whether that pressure comes from affordability, surprise, uncertainty, risk or lack of trust.

Once that is clear, the right response usually becomes easier to see.

Sometimes the answer is to shop aggressively. Sometimes it is to restructure the coverage. Sometimes it is to explain the renewal.
Sometimes it is to show the client that the current policy is still competitive. And sometimes the best thing to do is leave a good policy alone.

That judgment is difficult to replace because it depends on understanding both the market and the person making the decision.

Insurance shopping will always involve price, and for many households and businesses even a small change matters. But a client asking for something cheaper is not always asking for a cheaper policy.

Sometimes they are asking whether what they have still makes sense.

Understanding that difference is where the real conversation begins.

"Insurance shopping will always involve price, and for many households and businesses even a small change matters."



Ethel Rio Cohen *is the founder and CEO of Ensurance Incorporated, a U.S. insurance-shopping company that helps people shop for better insurance prices and coverage options through one protected request.*

She previously helped build an insurance agency, which she later sold.

She is also the author of The Room I Built, a book about ambition, leadership, identity, and the choices that shape what we build.

Ensurance.com

theroomibuilt.com



A Gut Feeling About the Holidays:
Stress, Connection and Digestion

By Megan Wroe MS, RD, CNE, CLEC

The holidays are coming, and your gut may already know it. You're looking forward to seeing family, planning menus, coordinating travel, figuring out who's bringing what and wondering how you're going to fit everything into an already busy schedule. There's excitement, anticipation, maybe a little anxiety and possibly some family dynamics that require their own special kind of preparation, which may be giving you anticipatory tummy angst, and you haven't even eaten yet!

We tend to associate holiday digestive problems with what we eat: too much food, too many sweets, the rich sauces, the extra helpings. Some of this is true, but what if some of what we're feeling in our gut has less to do with the food on our plates and more to do with everything happening around them? Understanding the powerful connection between our minds and our guts may help you to tailor your approach to gut health this holiday season.

Your gut has a mind of its own

Have you ever experienced butterflies before giving a presentation? Lost your appetite when you're worried? Or suddenly needed to find a bathroom before an important event? We tend to think stress happens in our heads, but our guts would beg to differ. The digestive tract contains an extensive network of nerve cells called the enteric nervous system, sometimes referred to as our "second brain." This incredible system helps regulate digestion, from the movement of food through our gastrointestinal tract, to the absorption (or perhaps elimination) of nutrients.

Our second brain also communicates with our central nervous system through what's known as the gut-brain axis. Think of this axis as a two-way communication highway made up of hormones, immune signals and microbe-produced neurotransmitters. These communicators influence digestion, hunger and fullness sensations and general feelings, from discomfort and anxiety to joy and elation.

Your gut doesn't know if it's a happy holiday

We often think of stress as something negative, but stress also comes alongside experiences we're genuinely excited about, such as holiday planning. Researchers sometimes distinguish between eustress (aka positive stress) and distress (aka negative stress). Although these experiences can feel very different emotionally in our minds, both types of stress involve physiological arousal. Depending on the intensity, duration, and individual response, that arousal can influence digestion and for many people, this means changes in appetite, intestinal movement or food sensitivity.

What this all means is that your holiday planning, and the emotions it brings along with it, may cause your digestive system respond to Thanksgiving dinner before it ever gets a chance to actually eat!

Recognizing this connection provides an opportunity to approach holiday well-being proactively. Instead of trying to eliminate every stressful moment, we can create small opportunities for stress (and gut!) resiliency. Here are some of my favorite habits to help cushion the added stress of the holiday season:

- Leave breathing room between commitments. If there are non-negotiable events I have to attend on the same day, I make sure I have at least 30 minutes in between to be alone in quiet, even if that means sitting in my car. This helps regulate the nervous system.
- Give thanks before a meal. Whether it's homemade, at a party or at a drive thru, I pause before a meal to consider what that meal is doing for my body and give thanks for it. This works extra well when that meal is not nourishing because it helps you make proactive health decisions for your body.
- Protect sleep. Sleep gets priority during the holidays, meaning sometimes less TV than usual or saying no to late night commitments so that bedtime is a must.
- Find the joy. Whether it's written in a journal, typed into the notes app on a phone or told verbally to a friend, recognize the joy that came into your day each day. This is especially useful at the end of the day to alleviate any negative stress that accrued.

Digestion begins before the first bite

If you've ever attended one of my classes, you've probably heard about one of my favorite digestion factoids: cephalic digestion. Cephalic digestion is the first phase of digestion and it starts before anything reaches your stomach. The sight, smell, taste and anticipation of food initiates digestive processes that help us better digest and absorb the food we are about to eat. Try this: close your eyes and imagine biting into a lemon. Did your mouth just purse together and create saliva? Without any lemon in sight!? That's some powerful gut-brain connectivity don't you think? Now compare that experience with the way many of us eat on an ordinary day: breakfast in the car, lunch we did not see or smell being prepared while answering emails, dinner plucked from the freezer and into the microwave while scrolling through our phones. That disconnect removes an entire phase of digestion which can end up in symptoms such as bloating or continued hunger pangs.

While I would love if all my readers see this and immediately start cooking all their meals, that isn't realistic. But there is a trick you can use.

Here's the hack: Slow Down and Notice Your Food. Look at it before you take a bite, visualize how it got there and what it smelled like while cooking, sniff it, visualize that first bite. I guarantee this will kickstart your cephalic digestive phase and help your digestion work more effectively. Take your time during the entire meal, chewing slowly and noticing your bites.

"If you ever want to track something for your health, start with fiber intake"

Feed your gut, not your guilt

While stress resilience is a huge component of gut health, of course what we eat matters. Our gut is home to trillions of microorganisms that you may know as probiotics—certain fibers in plant foods that are fermented by gut microbes. They produce compounds called short-chain fatty acids (aka postbiotics), which support intestinal health and participate in immune and metabolic signaling. What this means is that to create a healthy microbial environment, we need to eat lots of fiber. Thirty grams per day or more to be exact, which is approximately five cups daily of plant foods. If you ever want to track something for your health, start with fiber intake.

Traditional holiday meals already contain plenty of plant foods that support gut health. Think sweet potatoes, cranberries, pumpkin, Brussels sprouts, green beans, apples, pecans, wild rice, herbs, garlic and onion! Rather than focusing on which holiday foods to eliminate, consider how many different plants you can include. You could even make a game of it: How many plant foods can your family identify on the Thanksgiving table? Don't forget that herbs, spices, nuts and seeds count. Call it Holiday Plant Bingo. I know most of you are rolling your eyes at this crazy dietitian, but now at least you'll be playing the game in your head!

Holidays are for celebrating, and with that comes special food. So please don't skip grandma's famous stuffing or feel guilty about a big slice of pumpkin pie. One holiday meal doesn't define your gut health any more than one salad does.

Your tummy toolbox

We have a habit in our society of dividing wellness into separate categories. Nutrition is about food, stress management is about meditation, gut health is about probiotics, strength is about going to the gym. Our bodies don't recognize those departmental boundaries, however. Our gut, brain, nervous system, immune system, emotions and daily behaviors are constantly interacting and are doing so whether or not it's a holiday season.

Supporting digestive health means considering your whole person. This means your digestive needs may change in different seasons or on different days, and is the reason having a toolbox of tummy tools to choose from (that are not all food-based) is the most effective strategy. Try new tummy tools regularly, rotate through them when one doesn't seem to be working, and recognize that in certain seasons you may need to use multiple tools at once to feel gut relief.

Tummy Toolbox:

Aim to eat five cups of plant foods daily

If you can't eat five daily cups of plant foods consistently, consider a psyllium or acacia fiber supplement

Take a moment before you eat to recognize as many sensations about the food as you can. Visualize how it will taste before eating it if you were not a part of the cooking process

Move after you eat for 10-15 minutes

Allow for space and time in between commitments

Recognize the joy in your day every day without fail

Practice stress relieving activities as often as you can

Prioritize sleep

Notice how food and celebrations make your body and mind feel

Happy holiday season my friends!

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: Our signature brain gym circuit course focused on utilizing dual-tasking exercises for enhancing neuroplasticity and reducing risk of cognitive decline. This course is for active, independent agers who are not currently managing cognitive conditions. Brain Fit is a twice weekly, 6- week series offered consistently throughout the year for $185.

Parkinson's Empowerment Program: An early intervention program for those with recent PD diagnoses and their care partners. This 4-week program combines education from an integrative team of health and wellness experts along with caregiver support and PD exercise. Participants receive personalized recommendations for next best fitness program. Cohorts are free of charge and offered every 1-2 months. Support groups also now available for PD and caregivers.

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 for you.

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.

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

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

Strength in Motion Series: starts in October, $165

Sound Bath: $25 per session, offered 2-3 times per month

Lifestyle Health Webinars & Virtual Cooking Classes: free every month
Nov. 5: *A Healthy Gut for the Holidays,* **Nov. 13:** *Gut Focused Food & Flow,* **Nov. 20:** *Gratitude Yoga Flow,* **Dec. 2:** *Virtual Cooking Class,* **Dec. 15:** *Sleep Well Webinar*



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



Best Fall Hikes in California

By Visit California

Kick up some leaves on these autumn hikes around the Golden State

Feel a briskness in the air? As the sun slants closer to the horizon, autumn paints a warm-hued palette on California's forests. Dried leaves crunch underfoot. Tawny hillsides beckon. Diminishing daylight sends an urgent message: Get outside now.

Savor leafy splendor on these best fall hikes in California and prepare to "fall" in love with the Golden State's season of gold.

Southern California Fall Hikes

1. Lower Doane Valley & French Valley Loop, Palomar Mountain State Park

Where: near Valley Center, 60 miles northeast of San Diego
Details: 4-mile round trip; easy

At this conifer-studded park at 5,000 feet in elevation, autumn arrives in a color-changing tableau of thimbleberry, serviceberry, and bracken ferns, their gold and crimson leaves in flagrant contrast to the evergreens. Start leaf-peeping at Doane Pond, a popular fall photography spot. Follow Doane Valley Nature Trail alongside Doane Creek, which trickles past showy dogwoods, white alders, black oaks, and box elders. Loop back on French Valley Trail, where golden meadows give way to oak-dotted hills.

2. Main Loop, Oak Glen Preserve

Where: Yucaipa, 80 miles east of Los Angeles
Details: 2-mile round trip; easy

The nonprofit Wildlands Conservancy manages this family-friendly preserve with easy walking trails, a botanic garden, and 115-year-old Los Rios Rancho, Southern California's largest apple ranch. Just west of the barn, hike the preserve's Main Loop to see Oak Glen's namesake oaks glowing buttery gold and squirrels and woodpeckers squabbling over the best acorns. Box elders and sycamores add extra color pops to the festivities. After a hike, nab a slice of apple pie at Los Rios Rancho.

3. Pine Knot Trail, San Bernardino National Forest

Where: Big Bear Lake, 100 miles east of Los Angeles
Details: 7-mile round trip; moderate

Big Bear Lake is home to majestic conifers, but in autumn broadleaf trees steal the spotlight. At Aspen Glen Picnic Area, admire the golden shimmer of oaks as you start this trek to a knock-your-socks-off vista. Pine Knot Trail offers plenty of shade and switchbacks, making its 1,100-foot climb surprisingly manageable. At Grandview Point, elevation 7,784 feet, you're rewarded with spectacular views of Mount San Gorgonio, Southern California's highest mountain.

4. Big Morongo Canyon Preserve, Sand to Snow National Monument

Where: Morongo Valley, 17 miles north of Greater Palm Springs
Details: 1.5-mile round trip; easy

Leaf-peeping in the Mojave Desert? It might seem unlikely, but Fremont cottonwoods are the signature tree of desert canyons and washes, and in late autumn the trees turn brilliant shades of yellow. Wander amid an enchanting golden forest on wheelchair-accessible Marsh Trail, then extend your trip by looping around Desert Willow Trail. Don't forget to bring binoculars: The year-round water that supports cottonwoods and willows also attracts an astounding array of birds. Big Morongo Canyon is an internationally recognized birding site.

5. Tyee Lakes Trail, Inyo National Forest

Where: 20 miles west of Bishop
Details: 4.4-mile round trip; challenging
The chromatic canyons of the Eastern Sierra are revered leaf-peeping spots—especially if quaking aspens are your fall-color jam. You'll see a riot of iridescent aspens just by driving Highway 168 into Bishop's mountain canyons, but this trail offers a deeper dive. From the trailhead at 9,000 feet in elevation, the path zigzags uphill through glowing yellow-gold groves to the first Tyee Lake at 2.2 miles. If you're feeling ambitious, even more lakes await higher up.

Northern California Fall Hikes

6. Whiskeytown Falls, Whiskeytown National Recreation Area

Where: Whiskeytown Lake, 20 miles west of Redding
Details: 3.4-mile round trip; moderate

Most California waterfalls look their best in spring, but Whiskeytown Falls is glorious in fall too. Autumn rains rev up Crystal Creek's flow, and dogwoods, bigleaf maples, and Indian rhubarb put on a dazzling color show. James K. Carr Trail makes a steep-but-quick ascent to the base of this triple-tiered waterfall, which splashes down 220 feet of moss-covered granite. At the falls' pool, ascend the stairsteps to two viewing platforms—aptly named Photographer's Ledge and Artist's Ledge—to see its middle cascade.

7. Saratoga Gap & Ridge Trail Loop, Castle Rock State Park

Where: Los Gatos, 60 miles south of San Francisco
Details: 5.2-mile round trip; moderate

Castle Rock State Park sits on one of the Santa Cruz Mountains' highest ridges, offering unsurpassed views of timber-covered slopes descending all the way to Monterey Bay. Hiking here is rewarding year-round, but in autumn, the black oaks don their golden coats. Follow Saratoga Gap Trail past showy oaks, red-barked madrones, and geologic marvels—massive sandstone outcrops that were sculpted and chiseled by wind and water. Loop back on Ridge Trail, enjoying more golden oaks plus broad vistas of the mountain slopes cascading to the sea.

8. Cascade Canal Trail, Bear Yuba Land Trust

Where: Nevada City, 60 miles northeast of Sacramento
Details: 1- to 5-mile round trip; easy

Elevate your autumnal vibe in this beautifully preserved Gold Rush town dotted with broadleaf trees dressed in shimmering fall hues. Pick up a maple-cinnamon latte in town, then meander along this level path that hugs a gently flowing canal. Beneath towering Douglas firs, groves of dogwoods and big-leaf maples show off bronze, crimson, and gold leaves. Stay on this trail for up to 4.5 miles one-way, or for more variety, turn onto Orene Wetherall Trail, which travels downhill to a woodpecker wildlife preserve.

9. Sagehen Creek Trail, Tahoe National Forest

Where: 8 miles north of Truckee
Details: 1- to 4.8-mile round trip; easy

Fall foliage is most dramatic when you're enveloped in it, so survey Lake Tahoe's vibrant colors from this narrow, aspen- and willow-lined path beside Sagehen Creek. The trail sticks close to the stream most of the way, meandering in and out of aspen stands, tunneling through pine groves, and skirting bucolic meadows. You'll share this trail with plenty of happy dogs and their owners. In 2.4 miles, the path ends at Stampede Reservoir, but you don't have to go that far to see the best aspen groves.

10. Tuolumne Grove, Yosemite National Park

Where: 30 miles east of Groveland
Details: 2.5-mile round trip; easy

Yosemite shines in every season, but starting October 1 you don't need a day-use reservation to enter the park. That date coincides perfectly with autumn's low-angle light, crisp air, and colorful leaves. Near Crane Flat, an easy hike on an old paved road delivers you to Tuolumne Grove's majestic trees. Each giant sequoia is a remarkable sight, but this grove delivers on fall foliage, too: Beneath the conifer canopy, dogwoods turn stunning shades of gold, burgundy, and plummy pink.

"Savor leafy splendor on these best fall hikes in California and prepare to "fall" in love with the Golden State's season of gold."

POWERED BY Agent Review

VERIFIED AGENT

CALIFORNIA BROKER READERS SAVE 10%

AI CAN'T TRUST A NAME ALONE.

Prove you are real before AI has to guess.

LIVE VIDEO IDENTITY

Liveness and anti-spoofing
Face match to government ID
Insurance credential checks

Prove who you are.
Build trust faster.



VIDEO VERIFIED AGENT

AgentReview.net/cbm

CLAIM YOUR 10% DISCOUNT

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.



CalCPA Health = More Flexibility for Your Clients

Works Alongside Kaiser
Low participation requirements.

Owner-Only Firms
Owner + W2 spouse may qualify.

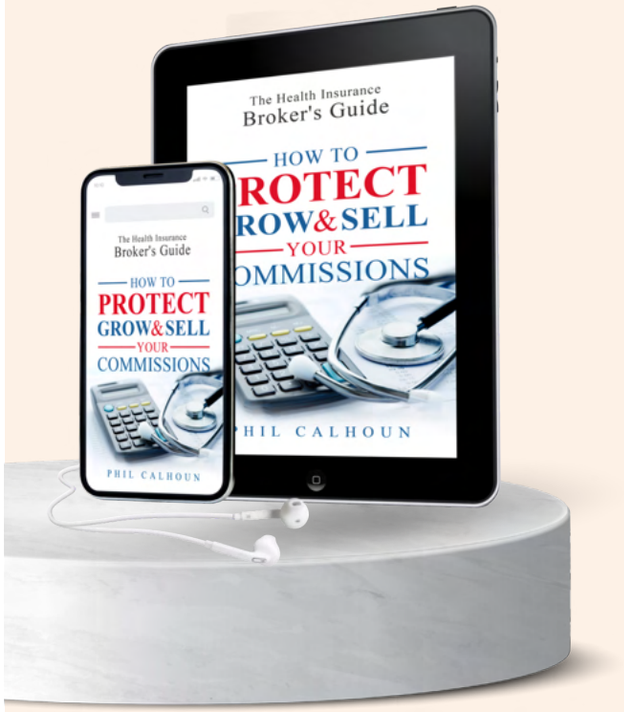
Spousal Medicare Extension
Added flexibility for eligible spouses.

50+ Medical Plans • Competitive Rates

CPA + Financial Services Firms

Get a Quote
CalCPAHealth.com/Brokers
650.977.2422

CalCPA Health
Medical • Dental • Vision • Life • LTD



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

PROTECT. GROW. SELL
Commission Solutions

Confidence starts with trusted guidance

OneAmerica® Financial

One less thing to worry about.

Conversations about long-term care are not always easy. With OneAmerica Financial you have solutions and support designed to help your clients plan with clarity and confidence. Together, we can help them feel more prepared for what the future may bring.

OneAmerica.com/LessWorry

Life Insurance Retirement Employee Benefits Long-Term Care

© 2026 OneAmerica Financial Partners, Inc. All rights reserved. OneAmerica Financial® is a registered service mark and the OneAmerica Financial logo and flag pictorial mark are service marks of OneAmerica Financial Partners, Inc.

05/13/26

ad index

2
Pinnacle Claims Management Inc.
pinnacletpa.com/excellence

3
CRC Group
crcbenefits.com/get-started/

44
AgentReview
AgentReview.net/cbm

45
Inland Empire Health Plan
Quality Agent Certification Program
1-844-264-4347
brokerservices@iehp.org
brokers.iehp.org/

45
CalCPA Health
CalCPAHealth.com/CalBroker
877-902-5369

46
Commission Solutions
The Health Insurance Broker's Guide
How to Protect, Grow, and Sell commissions
healthbrokersguide.com/

47
OneAmerica Financial
OneAmerica.com/LessWorry

48
Covered California Small Business
www.coveredca.com/forsmallbusiness

COVERED CALIFORNIA | 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.

blue california

KAISER PERMANENTE®

SHARP HEALTH PLAN

Follow us on LinkedIn
/covered-california-for-small-business