

Orange
County Association of
Health
Underwriters

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COUNTY OF ORANGE INSURANCE NEWS



OCAHU

Orange County Association
of Health Underwriters



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CE Day
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In Memoriam

Linda Mason

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Making a Difference in People's Lives. One Member at a Time.

Our association is a local chapter of the National Association of Health Underwriters (NAHU). The role of OCAHU is to promote and encourage the association of professionals in the health insurance field for the purpose of educating, promoting effective legislation, sharing information and advocating fair business practices among our members, the industry and the general public.

**Would you like to be more involved in our industry?
Contact a board member today!**

See page 14 for a list of members.



PRESIDENT'S MESSAGE

By: JoAnn Vernon

We kicked off our new year with our strategic meeting in July. Our goal as the new year begins is to continue to bring value, education and networking opportunities to our membership. Your leaders took this time to brainstorm and discuss what we do great, what we can improve upon and how to bring it all together for **YOU** our members.

Our first event to kick off the new year will be our Senior Summit at the end of August. In September, we will have our annual CE day. This year we are excited to announce that we will be holding our monthly events at the Tustin Ranch Golf Club. I'm personally excited to see everyone live and in person. We have a great line up of CE offerings for our CE day. Be sure to register and come join us on September 22nd! Keep an eye out for information on our first fun networking event coming soon. We all need a little fun before our 4th quarter kicks off. Although, I'm not sure Q4 ever ended from last year.

Please feel free to reach out to me if you have any questions, concerns or accolades that you might have as we move forward. Remember, we are here to serve you, our members.



Board Members at the Annual Strategy Meeting playing an ice breaker game.

Maggie Stedt, Sarah Knapp, Juan Lopez, Luis Valladares, Gail James Clarke, & Pat Stiffler





Feature Article:

One Final COBRA Subsidy Notice

By: Paul Roberts - Director of Education and Market Development,
Word & Brown General Agency

September 30, 2021, marks the conclusion of the COBRA Subsidy Period, which was introduced by the American Rescue Plan (ARP) Act in March 2021. As we approach the looming expiration date, employers (or health insurance carriers, if the employer is subject to Cal-COBRA) must send one final notice to Assistance Eligible Individuals (AEIs) announcing the conclusion of the subsidy period, along with additional information about alternate health coverage options in October and beyond.

The notice must be distributed 15-45 days before the expiration of the COBRA subsidy, which is September 30th for many. This means that employers (subject to federal COBRA law) must generally distribute the "Notice of Expiration of Period of Premium Assistance" to AEIs between August 16, 2021, and September 15, 2021, for all AEIs with a COBRA subsidy concluding on September 30, 2021. Carriers in the Cal-COBRA category must generally do the same.

Federal COBRA vs Cal-COBRA

Generally, employers with 20+ employees are subject to Federal COBRA if they sponsor a health plan. Employers in the federal COBRA category are responsible for 100% of COBRA administration, and commonly utilize COBRA Third Party Administrators (TPAs) to aid with compliance and administration. Employers in the Federal COBRA category are responsible for creating and distributing all COBRA notices, including notices related to COBRA subsidies.

Employers domiciled in California with fewer than 20 employees are generally subject to Cal-COBRA if they sponsor a health plan. Unlike Federal COBRA, Cal-COBRA is generally administered by the health insurance carrier. Thus, carriers are generally responsible for distributing COBRA notices and collecting payment under Cal-COBRA.

Many other states, including Nevada, do not have mini-COBRA continuation laws for employers with less than 20 employees.

A model form is available for employers to use to meet this requirement.

The Department of Labor (DOL) has released a [model notice](#) that employers may use to meet this important notification requirement. To use the model notice properly, the employer must fill in the blanks with appropriate plan information including the cost of COBRA premium(s) effective 10/1, which the AEI will be responsible for once the subsidy is no longer available . . . that is, if the AEI decides to continue coverage via COBRA beginning in October (if available).

The form must be distributed to any AEI receiving premium assistance, whenever the subsidy ends – unless an AEI is disqualified in the middle of the subsidy period because he/she/they become(s) eligible for another group health plan or Medicare.

A quick Google search for "Department of Labor Notice of Expiration of Period of Premium Assistance" will return the model notice from the DOL's official website.

What information does the notice contain?

The notice informs the recipient of the purpose of the document, how long COBRA coverage will last if the person decides to continue it beyond 9/30 (and how much that coverage will cost), and other options besides COBRA continuation. These items will vary from person to person, depending on when the person first became eligible for COBRA continuation and the cost of insurance premium(s).

The document explains that an AEI may be eligible for a "Special Enrollment Period" (SEP) on his/her/their state exchange (Covered California, Nevada Health Link, etc.) for individual coverage once the subsidy ends. If the SEP is available, the person will have 60 days to apply for individual coverage upon the exhaustion of the COBRA subsidy. The document also explains high-level basics of Medicaid (called "Medi-Cal" in California), which is a free health insurance programs for individuals who earn up to 138% of the Federal Poverty Level in (FPL) California and most other states. A handful of states cap Medicaid eligibility at 100% of the FPL.

The document also outlines some high-level FAQs, such as a person's inability to re-enroll in COBRA coverage once it's been dropped for an Individual Plan on the exchange, possibilities for enrollment in other group health plans, and enrollment in Medicare.

Lastly, the notice recommends that the recipient consider several factors when deciding the best health plan options for themselves and their families, including: premiums, provider networks, drug formularies, employer severance payments (if applicable), service areas, and cost-sharing (deductibles, coinsurance, etc.).

The form is relatively straightforward for the employer or carrier to complete; however, each person's form will be different according to the coverage maintained, costs, and COBRA availability moving forward. Each form must be customized, and must accurately represent the AEI's situation in order to comply with this notice requirement.

##



Employer Vaccine Mandates

By: Jennifer Holmberg, MAOM, CEBS - OCAHU VP Communications & Public Affairs

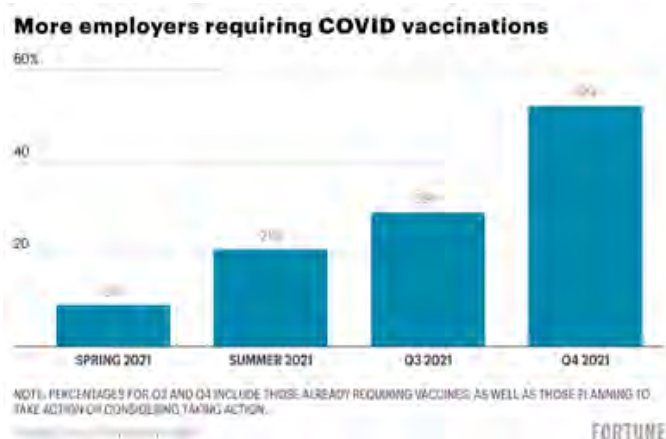
The following article was written by Megan Leonhardt: [Click Link to Article](#)

Now that the Federal Drug Administration approved Pfizer's COVID-19 vaccine, many employers have been ramping up their plans to vaccinate their workforce. By the end of the year, 52% of U.S. companies plan to have some type of vaccine mandate in place for their workplaces.

That's up significantly from the just 29% of employers who reported they already have a vaccine mandate or plan to put one in place by the end of September 2021, according to a new report by Willis Towers Watson. The company surveyed nearly 1,000 employers in August, including both public and private businesses, as well as nonprofits and government entities. Companies surveyed had 100 to over 25,000 employees and included those in manufacturing, health care, utilities, finance, IT, and general services.

The planned employee vaccine mandates range from requiring vaccines to access shared work areas such as cafeterias and conference rooms to requiring vaccines to return to work in-person, Willis Towers Watson reported.

About 29% of companies are either planning to require or considering requiring workers to show proof of vaccination to gain access to the workplace while about 21% are planning or considering making vaccination a condition of employment for all employees, Willis Towers Watson found.



"The Delta variant has made employers take new actions to keep their workers—and workplaces—safe and healthy. We expect even more employers to institute vaccine mandates in the wake of FDA approval of the Pfizer vaccine," said Jeff Levin-Scherz, M.D., population health leader for Willis Towers Watson.

In addition to requiring vaccines, 80% of companies surveyed are requiring employees wear masks while indoors at the office. Another 13% reported they are planning or considering

implementing a mask mandate.

Three out of four employers also have contact-tracing systems in place to alert employees to potential COVID exposure, and about 10% require testing for in-person employees. Another 23% are planning or considering requiring testing at work.

"This is not an easy situation for employers to navigate. For instance, new policies such as tracking workers' vaccinations can improve safety but also bring additional administrative requirements," Levin-Scherz said. And expect employers to keep making adjustments, especially as the current wave of COVID infections continues to play out, Levin-Scherz said.

"While some employers will institute more frequent testing, workplace restrictions on the unvaccinated, and vaccination mandates, all will have one common goal in mind," he added, "to keep their workforce healthy and productive by minimizing the risk of spreading COVID-19 in the workplace." ##



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Administration Invests over \$19 Million to Expand Telehealth Nationwide

By: David Benson - OCAHU VP Legislation

The following article was posted in the Washington Update on NAHU website: [Click Link to Article](#)

The Biden administration announced this week that it will be investing more than \$19 million to strengthen telehealth services in rural and underserved communities. These investments are being distributed to 36 award recipients through the Health Resources and Services Administration (HRSA) at HHS. The new funding will be distributed to recipients through the following programs:

- Telehealth Technology-Enabled Learning Program (TTELP) will allocate about \$4.28 million to help academic medical centers provide training and support to primary care providers in rural and other underserved areas.
- Telehealth Resource Centers (TRCs) will distribute \$4.55 million to twelve regional and two national locations that provide telehealth-related information, assistance and education to entities or persons who offer or want to offer telehealth.
- Evidence-Based Direct to Consumer Telehealth Network Program (EB TNP) will distribute about \$3.85 million to 11 groups to help health networks increase access to telehealth services and to gauge the effectiveness of telehealth care for patients, providers and payers.
- Telehealth Centers of Excellence (COE) will distribute \$6.5 million to two organizations to evaluate telehealth strategies and services to enhance health care in rural medically underserved areas with high chronic disease prevalence and high poverty rates.

HRSA acting Administrator Diana Espinosa explained that this new funding will help build clinical networks, educational opportunities and trusted resources to further advance telehealth. "Telehealth is crucial to providing convenient and sustained care for patients," said HHS Secretary Xavier Becerra, further stating that this funding "demonstrates the Biden-Harris administration's strong commitment to expanding access to quality healthcare for everyone, including in rural and underserved communities." During the COVID-19 public health emergency, CMS reimbursed telehealth services in flexibilities not previously allowed and some of these flexibilities are expected to continue past the public health emergency. In January, HHS awarded \$8 million to fund the Telehealth Broadband Pilot program to expand broadband capacity available to rural healthcare providers. Furthermore, The Senate-approved infrastructure bill includes \$65 billion for broadband. ##

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HIPAA Privacy & Security Enforcement Updates—

By: Dorothy M. Cociu, RHU, REBC, GBA, RPA, LPRT - CAHU VP Communications

Although there were no major HIPAA Civil Monetary Penalties (CMPs) or settlements since the last issue, there was another major data breach in the news.

T-Mobile Data Breach

T-Mobile reported that more than \$54 Million user records were exposed in the recent breach. According to T-Mobile, the hack accessed IMEI and IMSI data – serial numbers tied to phones, from its current customers, and that customers had their names, addresses, dates of birth, and phone numbers exposed, though their social security numbers or drivers licenses weren't included in the initial reports. The company continues to investigate the extent of the intrusion. Since the initial reports, however, several news outlets have reported that drivers license numbers and social security numbers were, in fact, included. Those affected included current, past and prospective customers who applied for credit with the company.

This breach is reported as a “highly sophisticated” attack against its network, and it was reported that records went up for sale in the cybercrime underground within 48 hours of the breach.

The breach details first came to light on social media, when a Twitter account, @und0xxed, started tweeting the details, and someone on a cyber crime forum began selling what they claimed were more than 100 million freshly hacked records from T-Mobile. The hackers claimed one of those databases held the name, DOB, SSN, drivers license, plaintext PIN, address and phone numbers of 36 million T-Mobile customers, dating back to the 1990s. Initially, T-Mobile only confirmed approximately 850,000 active prepaid customer names, phone numbers and account PINS were exposed.

T-Mobile has stated that it would pay for two-years of identity theft protection services for any affected customers, and that it was offering “an extra step to protect your mobile account with our Account Takeover Protection capabilities for postpaid customers, which makes it harder for customer accounts to be fraudulently ported out or stolen.” As someone with a bit of experience in this arena, I would not be satisfied if I were a customer of T-Mobile. In my opinion, they should have done more to prevent the breach in the first place!

It has been reported that the stolen data is actively being sold, but it's likely much of it will be posted online soon. Users can

expect, of course, phishing scams, account takeovers and other more harassment-like activities.

If you are a T-Mobile customer, you should sign up for their offered 2-years of identity theft protection, and you might want to freeze your credit immediately. You can always unfreeze it if/when you need to apply for credit in the future. That's the only way really to protect you from credit card fraud. Unfortunately, you will likely be looking over your shoulder for many years to see if your identity or credit has been compromised.

If you're interested in protecting your company's data, I suggest you read my Cybersecurity article, published in **The State-ment**, July-August, 2021, and also published in **California Broker Magazine**, August, 2021. The Cal Broker article can be found at: <https://www.calbrokermag.com/in-this-issue/cyber-attacks-hit-home-the-next-national-emergency/>.

New StopRansomware.gov Website Announced

On July 16, 2021, HHS and OCR announced the Cybersecurity and Infrastructure Security Agency (CISA), announced the new StopRansomware.gov website:

New StopRansomware.gov website – The U.S. Government's One-Stop Location to Stop Ransomware

The U.S. Government launched a new website to help public and private organizations defend against the rise in ransomware cases. StopRansomware.gov is a whole-of-government approach that gives one central location for ransomware resources and alerts. The agencies encourage organizations to use this new website to understand the threat of ransomware, mitigate risk, and in the event of an attack, know what steps to take next.

The StopRansomware.gov webpage is an interagency resource that provides government partners and stakeholders with ransomware protection, detection, and response guidance that they can use on a single website. This includes ransomware alerts, reports, and resources from CISA, the FBI, and other federal partners.

If you read my above-referenced Cybersecurity article, you will see that I was asking for the government to have a central agency to fight cybercrime. This is at least a first step in that direction.

Continued on page 9

Other HHS/OCR News

On July 26, 2021, HHS and DOJ Issued Guidance on “Long COVID” and Disability Rights Under the ADA, Section 504, and Section 1557. The guidance, according to the agencies, provides clarity on how disability nondiscrimination laws apply to certain people affected by COVID-19.

The guidance is on the HHS website at <https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/index.html> and on the DOJ website at https://www.ada.gov/long_covid_joint_guidance.pdf - PDF.

Some people continue to experience symptoms that can last weeks or months after first developing COVID-19. This can happen to anyone who has had COVID-19, even if the initial illness was mild. People with this condition are sometimes called “long-haulers”— and the condition they have is known as “long COVID.”

With the rise of long COVID as a persistent and significant health issue, the HHS Office for Civil Rights (OCR) and the DOJ Civil Rights Division have joined together to provide this new guidance. This guidance explains that long COVID can be a disability under the ADA, Section 504 of the Rehabilitation Act of 1973, and Section 1557 of the Affordable Care Act, and explains how these laws may apply. Each of these federal laws protects people with disabilities from discrimination. This guidance also provides resources for additional information and best practices.

“Some individuals recover quickly from COVID, but others experience debilitating long-term impairments that substantially limit major life activities,” said Robinsue Frohboese, Acting Director of OCR. “Today’s guidance makes clear that these individuals are entitled to equal opportunities and full participation in all aspects of life. We honor the 31st anniversary of the ADA, a law that established ‘a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities,’ and deepen our commitment to enforcing federal civil rights laws. OCR is committed to advancing the principles of non-discrimination and equity and will continue to provide guidance so that consumers understand their rights and providers fulfill their obligations.”

“The ADA is one of our most transformative civil rights laws, helping to ensure that our schools, courthouses, townhalls, businesses and workplaces are open to all people, regardless of their disability status,” said Assistant Attorney General Kristen Clarke of the Justice Department’s Civil Rights Division. “This anniversary, we recognize the ongoing challenges to full equality, including COVID-19’s devastating and disproportionate impact on people with disabilities. As many of our neighbors find themselves with long-lasting effects from COVID-19, we are

committed to making sure that people understand their rights under federal nondiscrimination laws. The Department of Justice will vigorously enforce the ADA and other federal civil rights laws to ensure that as the Nation responds to, and recovers from, COVID-19, and that those with disabilities are full and equal partners in that recovery.”

This guidance, along with a directory of resources available through programs funded by the Administration for Community Living (ACL), was shared this morning by the White House as part of a comprehensive package of resources for people with long COVID, which you can find here: <https://www.whitehouse.gov/briefing-room/statements-releases/2021/07/26/fact-sheet-biden-harris-administration-marks-anniversary-of-americans-with-disabilities-act-and-announces-resources-to-support-individuals-with-long-covid/>.

“It’s critical that we ensure people who have disabilities as a result of long COVID are aware of their rights under federal nondiscrimination laws,” said Alison Barkoff, Acting Administrator and Assistant Secretary for Aging at the Administration for Community Living at HHS. “It also is crucial that they know how to connect to services and supports available if they now need assistance to live in their own homes, go to school or work, or participate in their communities.”

The ACL directory of resources for those with long COVID may be found at: https://acl.gov/sites/default/files/COVID19/ACL_LongCOVID.pdf - PDF.

This guidance is one of many actions HHS has taken in recent months to address long COVID. In February HHS launched a new initiative to study long COVID. Led by NIH, the goal of the initiative is to learn more about how COVID-19 may lead to widespread and lasting symptoms, and to develop ways to treat or prevent these symptoms. In addition to the initiative, HHS, through the COVID-19 Health Equity Task Force and OCR, held listening sessions on long COVID with health advocates, and NIH held a workshop with experts to identify key gaps in knowledge about the condition.

Additional Resources

OCR has a webpage devoted to COVID-19 and civil rights issues: <https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/index.html>

I look forward to providing you with additional updates next issue!

##



Employee Mental Health Revolution

By: Jennifer Holmberg, MAOM, CEBS - OCAHU VP Communications & Public Affairs

The following contains an article written by Charlotta Winslow-Jenkins: [Click Link to Article](#)

As brokers, we must be on the forefront of benefit trends and educate our clients on these items so they can in-turn meet employee needs. The Pandemic has caused more awareness to Mental Health. There was an astounding statistic in the summer of 2020 that stated mental health prescriptions rose by 400% in the first part of the pandemic. Health plans contain mental health benefits, but many employees don't know how to use these benefits or where to start. Our role as consultants, can be instrumental in assisting employees with navigating the many resources they have in the area of mental health. The simple act of adding it in as an area of discussion during upcoming Open Enrolment meetings can open the door to questions from employees who really need the resources.

What's your plan for the employee mental health revolution?

The mental health revolution calls for a new approach to benefit strategy.

By Charlotta Winslow-Jenkins

To meet the market shift of the mental health revolution, advisors can work with employers' HR leaders to identify where employees are struggling and create the right benefit mix.

Signs of a growing mental health crisis are everywhere. Call it burnout, malaise or chronic stress—employees of all ages across roles and industries are feeling it. According to recent research by Gallup, mental health and emotional well-being have plunged to their lowest levels since 2001. Another study charted a 50% rise in depression and a 60% drop in focus among all ages in the workplace at the start of the year.

While it's tempting to see this crisis as connected to the pandemic, economic recession and other stressors of 2020, it isn't just that. In fact, mental health at work was called one of the most far-reaching workplace issues of 2019—well before COVID.

Something has to change. Employees want and need better mental health support, and employers can't afford to ignore it. Why? Research shows mental health is connected to collaboration, engagement, productivity and the bottom line.

Nearly 60% of employees struggling with mental health challenges indicated that their employer does not provide helpful or

effective mental health benefits. The growing demand for expanded, enhanced, and effective support for employee mental health and well-being is not a trend. It's a shift in the market, and it will affect everything from recovery to the front lines in a new war for talent.

The mental health revolution calls for a new approach to benefit strategy: offering expanded benefits keyed to emerging needs through a blend of coverage and support resources. In this market shift, employers will look to their benefit advisors to help navigate changes to the employee benefits landscape.

Here's how to prepare:

Effective support for mental health and well-being

Providing effective benefits is within employers' control—and because the right benefits can address employees' needs and stressors, there are direct connections like reduction in turnover and protection for the bottom line. Shrinking primary plans have created coverage voids, making traditional coverage insufficient for mental health care. Employee assistance plans (EAPs) may offer some resources, but often fall short in addressing or paying for present and future needs.

To meet the market shift of the mental health revolution, advisors can work with employers' HR leaders to identify where employees are struggling and create the right benefit mix to better support them.

Evaluate coverage

The first step is starting with the primary plan to understand what it covers and identify what poses barriers to care. These include high deductibles, high out-of-network costs for behavioral care and limits to coverage for provider visits and prescriptions. Clear evaluation can help advisers and employers focus on what expanded coverage can best address.

Gain insight

Keeping a finger on the pulse of employees' overall well-being is important. Survey tools and regular communication can help advisers and employers learn more about where employees are struggling. This not only provides information critical to benefit strategy but also contributes to greater openness on the importance of mental health in the workplace.

Build top-down support

Programs to support better mental health and well-being need the support and

Continued on page 13



Varying Employer Contributions and/or Employee Waiting Periods by Employee Class

By: Paul Roberts - Director of Education and Market Development,
Word & Brown General Agency

Employers frequently ask their health insurance brokers about establishing different waiting

periods and/or benefit-contribution amounts for varying classes of employees for their fully-insured group health plans. From a high level, this is generally permissible from a regulatory/legal perspective — however there are strict compliance rules which often deter employers from creating such arrangements. Furthermore, employers must also ensure compliance with insurance carriers' underwriting guidelines, which often prevent an employer from taking this route — even if it is otherwise permissible from a regulatory and legal perspective.

Regulatory and Legal Compliance

The Employee Retirement Income Security Act of 1974 — more commonly known as "ERISA" law — is the regulatory ocean of the health insurance industry. It contains many of the depths of what is, and what is not, permissible for health benefit plans (with some exceptions), among many other items. ERISA law's [nondiscrimination rules](#) give employers the ability to vary contributions or waiting periods for different classes of employees, however the classifications must exist for bona-fide business reasons. In other words, the classes of employees cannot exist for the sole purpose(s) of varying contributions and/or waiting periods for benefits plans.

ERISA law further requires plan-sponsoring employers to establish plan documents (sometimes called Summary Plan Descriptions [SPDs] or ERISA Wrap documents), which detail benefit eligibility, employer contributions, waiting periods, and more. Almost all employers that sponsor group benefits, with very few exceptions, must create these legal ERISA plan documents in accordance with federal law. Employers commonly utilize ERISA counsel or a contracted ERISA Third Party Administrator (TPA) to comply with Plan Document requirements. Carriers generally do not create ERISA plan documents for employers' fully-insured health plans; they are the responsibility of the employer ("plan administrator") under ERISA law.

The employer should verify its classes of employees are bona-fide and consistent with ERISA law before taking action. The employer should also verify it has a legally-compliant policy on the practice written in its plan documents that does not obfuscate or discriminate against any class(es) of employees.

ERISA nondiscrimination rules detail types of classes that may be considered "bona fide," and are listed as follows:

Full-Time (FT) vs. Part-Time (PT) status

- Different geographic locations
- Date of Hire (DOH)
- Length of service
- Current employee vs. Former employee status
- Different occupations
- Membership in a collective bargaining unit

Age is not an eligible class (ICHRA's are generally an exception). It is therefore generally impermissible for an employer to contribute a more-generous amount to employees' premiums solely due to one's age — even though the Affordable Care Act (ACA)'s age-banded rating structure sets premium rates according to a person's age in the Small-Group and Individual markets. ACA law applies a 3:1 ratio in its rating rule, which limits the premium that can be charged to a 64-year old to three-times the amount charged to a 21-year old. Note that it is generally permissible for an employer to contribute a percentage of employees' premiums — say 75% — which will ultimately vary in dollar amount per employee, according to the employee's premium associated with his/her/their age.

Carrier Underwriting Guidelines

Although ERISA law may permit such employment-classes (and benefit contribution and waiting period variances between them), health insurance carriers have their own underwriting guidelines and rules in addition to ERISA law. Many health insurance carriers limit or restrict employers' abilities to vary employer contributions or waiting periods by job classifications or any other aforementioned class. So, in addition to establishing compliance with ERISA law and its notification requirements, the employer must also check with the health insurance carrier to make sure the policy does not violate carrier guidelines or underwriting rules.

Legal guidance should be sought.

Due to the complexity of the law in this area, and concerns for potential discrimination claims by employees, any employer considering establishing groups of employees in order to vary waiting periods and/or benefit contributions should do so in consultation with ERISA counsel. This will help ensure full compliance with all applicable laws, according to the employer's own specific circumstances.

For more information on ERISA, refer to the Department of Labor's online overview: [The Employee Retirement Income Security Act of 1974 \(ERISA\)](#). ##

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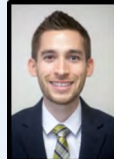
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Why Get Involved in OCAHU?

- Learn more about our industry
- Become a better consultant to help your clients
- Network with professionals in all areas
- Be a resource to your colleagues
- Make an impact with legislation



ORANGE COUNTY HEALTH UNDERWRITERS PRESENTS

18th Annual Celebration of **WOMEN IN BUSINESS** *Winter Wonderland* LUNCHEON & FASHION SHOW

DAY: **FRIDAY**

DATE: **DECEMBER 10, 2021**

LOCATION: **BALBOA BAY RESORT**

TIME: **9:30AM - 2:00PM**

QUESTIONS: ORANGECOUNTYAHU@YAHOO.COM

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ALL PROCEEDS GO TO SUPPORT
NEW HOPE GRIEF SUPPORT
COMMUNITY



Employee Mental Health Revolution, cont. from page 10

buy-in of management to be truly successful. Championing change can take many forms, from promoting open discussion that destigmatizes mental health challenges to modeling healthy behavior to communicating why the company is putting new benefits in place. Advisers and HR can work together on the right strategy for the situation.

Reduce barriers

The right support reduces barriers to care by ensuring easy access to a full spectrum of care resources for everyday and crisis needs. In addition, a solution that takes a holistic view of well-being can better meet emerging and evolving needs.

Look for easy access

Benefits with on-demand access, easy scheduling and other user-friendly features can boost usage, especially among younger, digitally savvy members of the workforce. In addition, benefits that incorporate human connection are especially valuable during and after this period of social isolation. This can include member services as well as counselors and other care providers.

Broaden the spectrum

Millions of employees are struggling with their mental health, but not everyone needs a therapist. Many will benefit from support for everyday needs, like difficulty sleeping, grief and loss or

stress related to caregiving. Enhanced benefits with flexibility can help employers meet evolving needs, now and in the future.

Promote well-being

Taking a strategic approach to well-being can benefit the full workforce. Benefits that combine coverage for wellness treatments like prescribed massage therapy and acupuncture with care resources for a full spectrum of support can help employees cope with stress in healthier ways. Ultimately, a preventive approach to well-being can boost engagement and productivity. In addition, these benefits may help companies position themselves as employers of choice.

Benefit advisers are uniquely positioned to help employers nurture healthy, productive and supported employees. Developing a strong approach now for the mental health revolution ensures that advisers and employers will be ready to respond in meaningful ways. ##

Follow OCAHU on Social Media!



<https://www.facebook.com/OCAHU/>



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In Memoriam

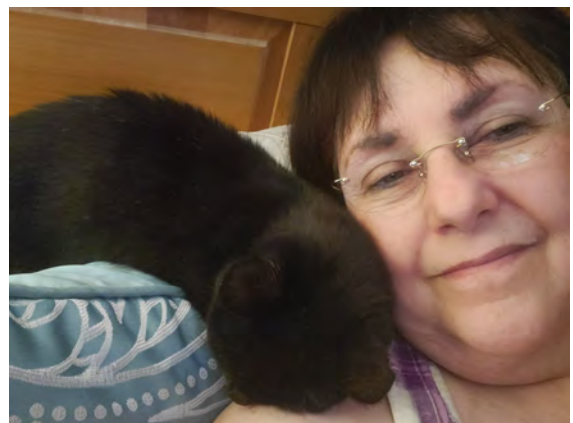
Linda Mason

Linda Mason was a lady with vast experience that touched many lives. She spent more than 20 years with the Transcendental Meditation Group and eventually found her calling in the Medicare World. For someone who resisted the business initially, her natural ability to help others is what led her to over exceed her goals! To many, it wasn't a surprise as she was one of the most caring and compassionate people we have ever known, especially to her clients!

Linda always put other's needs before her own. She remembered everyone's birthdays and did what she could to make us all feel special. She's been known to even buy a car for a dear musician friend just so he could get to his gigs to play his beautiful music which inspired others.

Linda was a loving sister, daughter, friend, and also a mother to her precious cats. We will remember her for her great generosity with her beautiful smile that came with an infectious laugh! We are grateful for the fun memories she left us. From her deep spiritual belief and connection, it gives us great comfort in knowing she will always be with us!

##



YOU AREN'T ALONE



YOU HAVE NAHU!

As a health insurance and benefits specialist, you face many challenges in your quest to survive and thrive in a changing marketplace:

- » Staying up to date on important issues that affect your clients and your business.
- » Staying compliant.
- » Furthering your professional development by staying educated and getting appropriate certifications.
- » Networking with your peers and learning best practices.
- » Fighting to be treated fairly for the services you provide.



The National Association of Health Underwriters (NAHU) is your solution to all of these challenges, and more.

With what's happening in the world today, more than ever you need to have a resource like NAHU! It's important for you to be a part of a professional association that influences legislation and regulations that will safeguard and enhance your career.

NAHU is the association that has your back and will continue to fight for you and your clients.

**Without NAHU,
what will you
do? Who will
help you survive
and thrive?**

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member today
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CAHU Podcast Series

Check out CAHU's new Podcast Series at:

<http://anchor.fm/cahu> and <https://www.cahu.org/our-issues> or on Spotify!

(search CAHU) or at cahu.org. Designed to allow CAHU members to share with their office staffs, employer clients and consumers!

Latest Podcasts:

- 2020 Year in Review Webinar Recording
- Cybersecurity Part 1



Ease Broker Blog

Did you know Ease has a blog with valuable information that can help you and your clients? This blog is not focused on their specific technology, but some of the important topics surrounding the broker community. Below are a few recent blogs.

- Digital Insurance Brokers Share Exclusive Open Enrollment Insights
- What Businesses Are Looking for in Their Broker
- The Agency's Guide to Better Servicing Employers in 2021

If you're interested in reading more please [visit **www.ease.com/blog/**](https://www.ease.com/blog/) and subscribe to get updates of new blog postings.

The
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CAHU's Magazine!

Check out CAHU's bi-monthly online magazine at <https://www.cahu.org/newsroom>.



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The Value of Your Membership

By: Gonzalo Verduzco - OCAHU VP Membership

What do you get for your investment as an Orange County Association of Health Underwriters member?

Legislative Updates and Alerts

Through communication and membership meetings, we keep your finger on the pulse when it comes to healthcare reform and upcoming changes.

Professional Development

We are committed to helping agents and brokers reach new heights in their careers through Continuing Education course, seminars, conferences and more.

Networking

OCAHU provides a rich forum for sharing ideas, asking questions and learning new technologies.

And it doesn't stop there!

- National Association of Health Underwriters (NAHU) will protect your right to serve your clients needs.
- You will obtain timely, informative news
- You will attend continuing education seminars on the hottest insurance topics, locally, statewide and nationally at a discount.
- You will share information with top producing insurance professionals.
- You can participate in grassroots efforts that respond to local, state, and federal legislative issues.
- You will benefit from a variety of member-only discount programs.
- NAHU's Code of Ethics demonstrates to your clients your commitment to professionalism.
- You will play an active role in the future of the health insurance industry.
- You will receive a subscription to America's Benefit Specialist, the National Association's monthly magazine, and bi-monthly OCAHU newsmagazines.

With NAHU following trends in Large and Small Group Managed Care Plans, Individual Health Plans, Long Term Care Insurance, Disability Insurance, and Medicare, you will benefit from membership no matter your specialty.

Visit: www.ocahu.org for more information

##

Membership News

We'd like to welcome the newest members of OCAHU!

Crystal Clark

Gabrielle Ruelas

Cynthia Lorenzini

Dale Lettece

Luis Martinez

Not a member? Join us today!

Contact:

Gonzalo Verduzco

☎ (714) 345-2558

✉ gverduzco@wordandbrown.com

Briana Hudson

☎ (714) 451-5772

✉ briana@dickerson-group.com

Annual CE Day

September 22, 2021

8:30 AM to 2:30 PM

Tustin Ranch Golf Club

OCAHU's Annual CE Day Can't be Missed!

You'll walk away with 4 CE's and
TONS of useful information to help
you in your business.

Sponsorship Opportunities Available!

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NAHU Professional Development



Are you new to the industry? Do you want to brush up on new concepts? Do you have employees who need training? Do you want to be an expert on industry topics so you can educate your clients?

Nahu can help....

NAHU has an Online Learning Institute and offers courses in a variety of areas that can help you be successful. NAHU members receive a discount on enrollment of up to 30%. Some of the course work and certificates are listed below, but there are many more options on the website. For more information on courses and enrollment, visit the NAHU website at <http://nahu.org/professional-development/courses>.

- Registered Employee Benefits Consultant (REBC) Designation
- Single-Payer Healthcare Certification
- Account-Based Health Plans Certification
- Benefit Account Manager Certification
- Diversity, Equity and Inclusion in the Modern Workplace
- Health Insurance 101
- Self-Funded Certification
- HIPAA Compliance Training

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California Association of Health Underwriters Political Action Committee
 2520 Venture Oaks Way, Ste 150
 Sacramento, CA 95833
 FPPC # 892177

CAHU PAC CONTRIBUTOR COMMITMENT FORM

LAST NAME FIRST NAME MIDDLE

OCCUPATION (Required for FPPC reporting purposes)

EMPLOYER (if self employed, name of business; Required for FPPC reporting purposes)

WORK ADDRESS (Please provide street address only, no P.O. Boxes) ☐ Check if address for Credit Card

CITY, STATE, ZIP PHONE FAX

HOME ADDRESS (Please provide street address only, no P.O. Boxes) ☐ Check if address for Credit Card

CITY, STATE, ZIP PHONE FAX

CONTACT EMAIL ADDRESS LOCAL CHAPTER

PRECIOUS GEM STONE CONTRIBUTION LEVELS

Levels	Annual	Monthly Minimum	Diamond Levels	Annual	Monthly Minimum
Ruby	\$250 - \$499	\$21/month	One Star	\$1,000 - \$1,999	\$85/month
Emerald	\$500 - \$719	\$42/month	Two Star	\$2,000 - \$2,999	\$170/month
Sapphire	\$720 - \$999	\$60/month	Three Star	\$3,000 - \$3,999	\$250/month
			Four Star	\$4,000 - \$4,999	\$340/month
			Five Star	\$5,000 - \$6,000	\$420/month

NOTE: POLITICAL CONTRIBUTIONS ARE REPORTED TO THE FPPC. YOUR NAME, AS A CONTRIBUTOR, WILL BE A MATTER OF PUBLIC RECORD.

PAYMENT METHOD: (attach check or select method below)

Payment Method	Card or Account #	Exp. Date	Security Code	Monthly Amount	One-Time Contribution
Check Enclosed					\$
Visa/MC/Amex				\$	\$
Auto-checking withdrawal	PLEASE ATTACH A VOIDED CHECK			\$	

Bank Draft / Credit Card Authorization: I (we) hereby authorize the CAHU PAC to initiate debt entries to my (our) checking account and or credit card. Monthly or one-time debits to be made as shown above. Monthly contributions will continue to be drawn until CAHU PAC is notified in writing to cease. I understand that if I should request changes to the amount withdrawn or a cancellation of these charges that it may be 30 days before these changes to become effective.

Signed: _____ Date: _____

Please return this PAC Commitment Form to:
 Mail: CAHU PAC 2520 Venture Oaks Way, Ste 150, Sacramento CA 95833
 FAX: (916) 924-7323 Questions: (800) 322-5934

Revised: 10/2019

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- THE C.O.I.N. -

Please join us at our events!

UPCOMING EVENTS:

September 22, 2021

CE Day, Tustin Ranch Golf Club

December 10, 2021

Women In Business, Balboa Bay Club

Rescheduled Events

Please stay tuned for more information on the events below. They are in the process of rescheduling for new dates.

CAHU Women's Leadership Summit, DATE and LOCATION: TBD



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