

March 2023

**CAHIP-Desert Cities
Annual Sponsors**

(available)

E-Mail [Chris Stockton at
-Info@DCAHU.org](mailto:Chris.Stockton@DCAHU.org)



Happenings

Check out our Calendar of Upcoming Events for CAHIP-Desert Cities

[**Click Here !**](#)

Membership Benefits

Want to check out the many Membership Benefits from being a CAHIP-Desert Cities Member?

[**Click Here !**](#)

Board Roster

[**Click Here !**](#)

Contact Us

Office: 760-610-7400

Email: info@dcahu.org



President's Message

By Sandra Barr

CAHIP - Desert Cities President

Hello Everyone!

We have some very exciting news to share with you all! You have probably noticed in your emails from CAHU and NAHU, their names have been changed to:

CAHIP (California Association of Health Insurance Professionals)

NABIP (National Association of Benefits and Insurance Professionals)

Which also means: DCAHU must comply with State and National. Please see the article below for an explanation...

Thank you for your understanding and patience while we get through this process.

Always, Sandra Barr – CAHIP-Desert Cities

DCAHU is now, CAHIP – Desert Cities

Say what?

You read correctly, we have changed our name from DCAHU (Desert Cities Association of Health Underwriters) to California Agents & Health Insurance Professionals – Desert Cities.....**CAHIP – Desert Cities.**



A recent survey found that 70% of CAHIP's members were in favor of a new name and brand. They also shared that the word "underwriter" was an antiquated term often associated with denial of coverage and didn't fully represent the variety of services provided to clients.

The name change comes after a lot of conversations around the relevance of our name, what we actually do, and how we are portrayed to our legislative partners and prospective members. You will hear more about our name change as well as NAHU's recent decision to adopt a name change in the coming months to NABIP (National Association of Benefits and Insurance Professionals), so stay tuned to the Desert Waves!



DCAHU Board Members 2022—2023



Sandra Barr
President
Sandy Barr Insurance
Services



Jean Chairiton
Immediate Past-President
Chariton Insurance
Services



William Youngblood
President-Elect
& Treasurer
William Youngblood
Insurance Svcs



Paula Abels
Secretary &
Hospitality Chair
Abels Insurance Svcs



Ruby Chavez
Awards Chair
Palm Canyon
Insurance Services



Bill Robinson
Communications Chair
(Semi-Retired)



Marv Law
Legislative Chair
Healthbridge
Insurance Solutions



Ryan Bradley
Membership Chair
Aetna Small Group



Leah Ponsford
Membership Retention
Chair
Warner Pacific



Randy Donsky
Professional
Development Chair
New Generation Insurance
Marketing, Inc.

All DCAHU Board Members may be contacted at -
Phone & Fax: (760) 610-7400 info@DCAHU.org

Monthly Membership Luncheon !

DATE: Thursday, March 16, 2023

TIME: 11:30 am to 1:30 pm

Registration Opens at 11:00 am

Villa Portofino Clubhouse

4001 Via Portofino, Palm Desert, CA 92260

(off Country Club Dr., between Monterey & Portola)

“Compliance Spotlight—2023”

Presented by: Paul Roberts
Senior Director & Market Development
Word & Brown General Agency



1 Hour of CE Credit - CE Course #388583

Course Description:

This course highlights trending 2023 compliance items related to group health plans. It reviews the new Consolidated Appropriations Act (CAA) Pharmacy Data Reporting requirements, health plan considerations for the end of the COVID-19 “national emergency,” Affordable Care Act (ACA) preventive/wellness service requirements, ACA Transparency in Coverage provisions, ongoing legal and regulatory items, and more.

Broker participants will become more informed about health plan compliance changes on the horizon – and how those changes could impact their clients’ businesses. The insights gained through course participation will enable attendees to become better client advocates and aid them in understanding compliance changes.

Paul Roberts is responsible for leading Word & Brown’s educational initiatives and for providing oversight of the WBCompliance team in California and Nevada. He is a health insurance industry veteran, with diverse experience and an education in business management. Paul is passionate about education, diversity, and helping others. He regularly delivers broker and employer training by hosting Department of Insurance, Society of Human Resource Management (SHRM), and HR Certification Institute (HRCI) courses.

A highly active member of the National Association of Benefits and Insurance Professionals (NABIP, formerly NAHU) and California Agents and Health Insurance Professionals (CAHIP – Formerly CAHU), Paul is a frequent speaker to local association chapters across the country and has served in various association executive leadership roles. He was recognized by NAHU in 2021 for outstanding achievement in national public speaking and for promoting health insurance educational activities.

Event Fees: All registrations will require concurrent payment.

\$38 - Members

DEADLINE is 2/13/23

\$55 - Non-Members

**Anyone not registering by 2/13/23 will
be asked to pay \$90 at the door**

[REGISTER HERE !](#)

To All CAHIP - Desert Cities Members & Friends - SAVE THE DATE !

We're Back! Better Than Ever !

The CAHIP—Desert Cities Health Care Summit

May 16, 2023

Palm Valley Country Club, Palm Desert

Exhibitor & Sponsorship Opportunities Available Now !

Special Early Bird Pricing Now Thru March 31st

For more info & an Exhibitor Packet, please contact-

Paula Abels—paula@abelsinsuranceservices.com

Sandra Barr—Sandra@sandrabarrinsurance.com

Attendee Registration Open Very Soon!

CAHIP Podcast Series



CAHIP's Podcast Series is back at:

<http://anchor.fm/cahu> and <https://www.cahu.org/podcasts> or on

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

Latest Podcasts:

- Medicare Updates for 2023
- How Close Did We Come to Single Payer Healthcare in California?
- CAHIP Medicare Updates - Part 1
- CAHIP Medicare Updates - Part 2
- CAA's No Surprises Act



**Subscribe to NABIP's
Healthcare Happy Hour**

[Go to NABIP Podcasts](#)

Latest Podcasts:

- Capitol Conference 2023 - How to Meet with Your Legislators
- Medicare Mergers and Acquisitions - the Realities of Selling Your Business
- NABIP Lobbyist Discuss Important Committee Assignments
- What Was in the End-of-Year Omnibus Bill?
- Federal Agencies Release Several Proposed and Final Regulations Before Year's End
- Employee Benefit Trends with Special Guest Carla Adams

NABIP Professional Development - Membership Has Its “Awards”

One of the benefits of being a NABIP Member is the opportunity to enhance your knowledge and obtain awards and designations through various programs. Below are two prestigious awards and NABIP’s REBC program. Visit the [Professional Development](#) section of the NABIP Website for more details on all Professional Development resources.

LPRT

The **Leading Producers Round Table** was formed by NABIP in 1942 to recognize the successful underwriters of Accident & Health Insurance. Today, the LPRT committee is committed to making LPRT the premier program for top Health, Disability, Long Term Care and Worksite Marketing Insurance producers, carrier reps, carrier management and general agency/agency managers.

As the saying goes, “membership has its rewards” and as a member of the Leading Producer’s Round Table (LRPT), you will have the recognition of your peers for being one of the top performers in our business. LRPT members also receive discounts on many NABIP services and meetings. There are exclusive LPRT-only events held as well.

The qualification categories are:

- **Personal Production:** Business written by a single producer.
- **Carrier Representatives:** An employee of an insurance carrier working with producers.
- **Agency:** Management of a general agency or agency.
- **Carrier Management:** Carrier/home office sales managers, directors of sales and vice president sales

Visit [Membership Resources](#) on the NABIP website for more information on how you can qualify.

TRIPLE CROWN AWARD

Another **AWARD** through NABIP is the **President’s Triple Crown Programs**. The program was created to recognize those members whose individual contributions to NABIP help advance the association’s mission. Like any Triple Crown, it recognizes accomplishment in three key areas. To qualify for the Triple Crown, within a calendar year a member must cover the following areas:

- **HUPAC:** Participate in the \$10 x 12 draft program or contribute \$150 total. This is a separate from your CAHIP PAC contribution.
- **Membership:** Recruit at least two new members.
- **Advocacy:** Use Operation Shout to send at least three messages.

That’s it.... t’s as simple as 1, 2, 3! To find out more about the President’s Triple Crown Program, visit [Contribution Levels & Benefits](#) on the NABIP Website.

REBC

Earning the **Registered Employee Benefits Consultant® (REBC®)** designation elevates your credibility as a professional. The field of employee benefits continues to evolve rapidly. To best serve their clients, professionals need to have a current understanding of the requirements, benefits, and restrictions associated with each type of benefit or program as a method for meeting economic security. The designation program analyzes group benefits with respect to the ACA environment, contract provisions, marketing, underwriting, rate making, plan design, cost containment, and alternative funding methods. The largest portion of this course is devoted to group medical expense plans that are a major concern to employers, as well as to employees. The remainder of course requirements include electives on topics serving various markets based on a broker’s client needs

To find out more visit [Registered Employee Benefits Consultant \(REBC\) Designation](#) on the NABIP website.

New Compliance Requirement for California Insurance Agents' Email Communications

By: Paul Roberts -

*Senior Director of Education
and Market Development,
Word & Brown General Agency*



Under new California law ([SB 1242](#)) effective January 1, 2023, California insurance agents are required to list their insurance license numbers on all email communications. Existing California law from the mid-1990s requires insurance agents to print their license numbers on business cards, quotes, and print advertisements. SB 1242 applies these same requirements to agents' electronic mail correspondence involving any activity for which a license is required beginning in 2023. This allows consumers to confirm that the person and/or agency is actively licensed with the California Department of Insurance.

While the law applies to California insurance agents with accident and health or sickness licenses, it also applies to other California insurance licensees such as property and casualty, life, disability, annuity, personal, auto, etc.

In late December 2022, the California Department of Insurance [clarified some of its new requirements](#) in a new FAQ document:

- The law applies to every email that involves an activity for which a person/agency must be licensed – regardless of where the emails are sent from or to. The law does not apply to electronic correspondence regarding clerical activities that do not require a California insurance license.
- The license number must appear adjacent to, or on the line below, the individual's name or title.
- The license number must be in a font size that is no smaller than the largest font of any street address, email address, or telephone number of the licensee included in the e-correspondence. For example, if an email includes a 10-point street address, an 11-point email address, and a 12-point telephone number then the license number must be at least 12-point.
- The agent must list the California Department of Insurance license number. An agent cannot list a [National Producer Number \(NPN\)](#) in lieu of a California license number. Furthermore, California DOI clarifies that an agent cannot list a hyperlink under the agent's name that links to a website listing the license numbers for every state where the licensee is licensed (which would include California).

- If an individual licensee sends an email while working for a licensed agency, and both the individual's and the agency's names appear on the email, then both license numbers are to be included in the email.
- If an individual licensee sends an email while working for two or more licensed agencies, that agent's email must include the individual's license number and the license number of every agency whose name appears on the email.

While not included in the CA Department of Insurance's bulletin, following are examples of emails that generally involve an activity for which a person must hold a license in California.

- Explanations or interpretations of, and offering of opinions or recommendations on, insurance coverages, exposures, limits, premiums, rates, deductibles, payment plans, or any other insurance contract, or potential insurance contract or terms
- Recommending, advising, or urging applicants for insurance coverage, potential applicants for insurance coverage, or policyholders to buy particular insurance policies or to insure with particular companies or insurers
- Binding of insurance coverages
- Solicitation
- Negotiations preliminary to execution
- Execution of a contract of insurance
- Transaction of matters after the execution of a contract and arising out of it

Title X, Section 2193.1 of the California Code of Regulations, lists "clerical activities" that do not require licensure include, but are not limited to:

- Distribution of brochures, business cards, or general information advertising insurance agencies, insurers, insurance products, insurance services, etc., provided that unlicensed persons do not analyze, give advice, or make recommendations concerning insurance contracts or potential insurance contract terms to applicants, potential applicants, or policyholders.
- Preparation of applications for insurance coverage without any contact with applicants
- Obtaining underwriting information from third parties
- Preparation of binders, certificates, endorsements, ID cards, policies, and similar evidences of insurance, under the supervision of licensees and for the review and signature of licensees, provided that the unlicensed persons are not signing such documents, either in their names or in the names of the licensees.

The California Department of Insurance welcomes questions to the Producer Licensing Bureau Live Chat on its website, via email at cdilicensing@insurance.ca.gov, or by telephone at 800.967.9331.

Heard on the Net- December 2022*Compiled by Bill Robinson**CAHIP-DC Communications Chair*

Note: All headlines contain embedded URL links to the full article - just Click on each headline

ALSO - You can download a PDF document of this column from our website. Just go to -

<https://dcahu.org/legislative--7863.htm>

Era of 'Free' Vaccines, Test Kits, and Treatments Is Ending. Who Will Pay the Tab Now?

- "If half of adults -- about the same percentage as those who opt for an annual flu shot -- get COVID boosters at the new, higher prices, a recent KFF report estimated, insurers, employers, and other payors would shell out \$12.4 billion to \$14.8 billion. That's up to nearly twice as much as what it would have cost for every adult in the U.S. to get a bivalent booster at the average price paid by the federal government."

Rising Costs Blamed For Kaiser Permanente's \$4.47 Billion Net Loss

- Kaiser Permanente, an Oakland-based integrated nonprofit, on Friday reported a \$4.47 billion net loss in 2022, compared with an \$8.08 billion gain in 2021. Expenses rose 4.5% to \$96.68 billion, driven by increased care volume due to previously deferred procedures, higher costs of goods, and increased spending on labor.

Hospital Lobby: Emergency Funds Needed To Keep Doors Open

- The California Hospital Association says treating people with covid, combined with long-term financial issues, has put medical institutions on the edge of insolvency around the state — and they need an immediate lifeline of \$1.5 billion from California to prevent more from having to close.

CMS Halts IDR Process After Texas District Court Ruling-

"On February 10, 2023, [CMS instructed] Independent Dispute Resolution (IDR) entities to hold all payment determinations in out-of-network disputes until CMS issues further guidance. IDR entities were further instructed to recall any payment determinations issued after February 6, 2023. This surprise instruction comes on the heels of a February 6 win by the Texas Medical Association (TMA) against a Final Rule promulgated under the No Surprises Act (NSA) that

gave preference to health plans' Qualifying Payment Amount (QPA)."

No More Surprise Medical Bills: Texas Court Again Vacates Arbitration Provisions of Surprise Billing Rule

- "The Departments issued a Final Rule in August 2022, which replaced the interim provisions vacated in TMA I. Under the new Final Rule, IDREs are directed to consider the QPA first, but may consider the non-QPA factors.... As with the first case, the Plaintiffs alleged that the revised arbitration provisions still improperly restricted IDREs' authority to consider the non-QPA factors. The court agreed again at the summary judgment stage and ruled that the Final Rule had once again exceeded the Departments' rulemaking authority."

Certified IDR Entities to Resume Payment Determinations for Services Furnished Before October 25, 2022

- "Effective February 27, 2023, Certified IDR Entities will resume issuing payment determinations for disputes related to services and items furnished prior to October 25, 2022.... The **announcement** comes just two weeks after the Departments directed Certified IDR Entities to hold all pending payment determinations ... IDR payment determinations for services and items furnished on or after October 25, 2022 are still on hold, pending additional guidance from the Departments."

Eli Lilly Slashed Insulin Prices. This Starts a Race to the Bottom

- Eli Lilly's news that it plans to cut insulin costs for patients will help, not hinder, the recent efforts in California and by entrepreneurs such as Mark Cuban to offer lower-cost alternatives, drug pricing experts said.

Health Industry Could Be Playing Defense On Medicare

- After years of trying to squash the expansion of government-funded health care and preserve business from private payers, the health care industry is suddenly facing new threats to the revenue it receives from the Medicare.

Medicare Politics Are On A Crash Course With Reality

- There's an inconvenient truth underneath the politics of Medicare — its finances are simply unsustainable. Medicare is one of the largest line items in the U.S. budget, and as the population ages, it's expected to only get more expensive.

(Cont'd on Page 8) —>

Heard On the Net (cont'd from Page 7)**The Hill: Social Security Set to Run Short Of Funds One Year Earlier Than Expected**

- Social Security funds are set to start running a shortfall in 2032, one year earlier than previously expected, the director of the Congressional Budget Office (CBO) said on Tuesday. "The Social Security solvency date — the exhaustion date for the trust fund — is now within the budget window," CBO Director Phillip Swagel said, referring to the 10-year period covered by the agency's annual report.

What Amazon's Subscription Drug Service Means for the Pharma Affordability Crisis-

"Amazon's launch of RxPass is part of a sustained healthcare push by the company and represents an effort to increase the accessibility of pharmaceuticals in the United States. While the tech giant certainly has enough resources and capital to make a difference in this critical area, ... the current version of RxPass does not cover the specialty medicines that are causing the lion's share of financial hardship for Americans and their employers."

Insurers Balk at Proposed Changes to MA Marketing Rules

- Medicare Advantage and Medicare drug plans told the Centers for Medicaid and Medicare Services that too much regulation at once could drive up costs and result in increased premiums or fewer benefits. Public comment closed this week on a proposal to crack down on Medicare Advantage marketing practices, impose other standards on Medicare drug plans and create requirements to increase access to behavioral health and culturally competent care.

Important Reminders for 2022 ACA Reporting -

"[1] Check the correct box in column (a) in part III of the Form 1094-C ... [2] Make sure the Forms 1095-C are accurate ... [3] State reporting requirement ... [4] Tips on [how to handle IRS ACA penalty letters](#)."

What Are the ACA Requirements for Out-of-Pocket Maximums?

- "The maximum annual limits on cost sharing that a group health plan can impose for 2023 is \$9,100 for self-only coverage and \$18,200 for family coverage (\$9,450 and \$18,900, respectively, for 2024)... Plans are not required to include premiums, balance billing amounts for non-network providers or spending for non-covered

services. While the OOPM limit only applies to EHBs, many employers apply the OOPM limit to all in-network benefits to ease plan administration."

COBRA Deadlines and the Upcoming Expiration of the COVID-19 National Emergency

- "As of July 11, 2023, generally applicable deadlines to make COBRA elections; make initial or monthly COBRA premium payments; provide notification of Social Security disability determinations, HIPAA special enrollment or COBRA qualifying events; and file claims, appeals, and for external review will resume.... Current guidance does not impose specific notice requirements (e.g., furnishing a dedicated notice to plan participants advising of adjustments to plan deadlines)."

Employer-Sponsored Health Plan Changes for End of COVID-19 National Emergency

- "As a result of the end of the National Emergency, the tolling of health plan deadlines based on the Outbreak Period extension will end on July 10, 2023. For example, if an employee's 60-day COBRA election period began on Sept. 1, 2022, the election period will no longer be tolled as of July 10, 2023, and COBRA coverage must be elected within 60 days of July 10. However, if an employee's COBRA election period began on July 5, 2022, tolling will end on July 5, 2023 due to the maximum one-year tolling period, and the 60-day election period will begin on that date."

How Plan Sponsors Can Prepare for End of COVID Emergency Declarations-

"[1] Review group health plan terms for COVID-19-related coverage, including testing, vaccines and treatment.... [2] Review benefit terms or offerings made under temporary COVID-19 relief laws and guidance.... [3] Review grandfathered health plans to determine whether to revoke (without losing grandfathered status) any benefits added during the PHE.... [4] Confirm the proper winding down of extended deadlines for claims and appeals, HIPAA special enrollment elections, and COBRA elections and payments with insurers and third-party administrators."

Despite Choices, Enrollees Not Spending Time on Health Plan Decisions (PDF)

- "Most enrollees spent less than an hour on their health plan during open enrollment....About 6 in 10 individuals reported that they have a choice of health plan.... Most people

(Cont'd on Page 9) —>

Heard On the Net (cont'd from Page 8)**Moving to an ICHRA Does Not Have Significant Impact on Overall Plan Participation**

- "Changing from traditional group insurance to an ICHRA model had little impact on overall participation; however, older employees are more likely to enroll in an ICHRA than younger employees despite generally having to pay more.... Enrollees are generally electing more prevalent HMO/EPO plans on the individual market and are often buying down from their current coverage.... When individual plans are less expensive, employers contribute lower monthly subsidies and reduce their benefits budget."

Compliance Considerations When Offering COBRA Subsidies

- "Employers who are contemplating whether to provide COBRA subsidies should determine the eligibility for, the amount and duration of, and method by which to provide the subsidies and ensure they obtain approval from their carrier (if fully insured) or their stop-loss provider (if self-insured), as needed. To minimize potential conflict or liability, employers should explicitly outline these details in any severance agreement and communications to terminated employees."

IRS Effectively Eliminates Paper Filing for Forms 1095-C

- "In the final rule, the IRS dropped the threshold for electronic filing to 10 informational returns and now requires employers to aggregate certain informational returns when determining whether the employer has satisfied the 10-informational return threshold (while there are forms in addition to the Forms W-2 and 1095-C that must be aggregated for this purpose, these appear to be two of the more common informational returns that are subject to this aggregation requirement)."

ACA Coding Error Penalties Are Coming Soon

- "One common error is a failure to check 'Yes' in column (a) of Part III of the Form 1094-C to confirm that the employer offered coverage to at least 95% of full-time employees and their dependents. Another common error is the employer failing to enter the appropriate code on Line 16 of the Form 1095-C."

2022 RxDC Reporting: What All Plans Should Know

- "Even though employers and group health plans just finalized filing 2020 and 2021 RxDC

**New Member**

Susan Baker
United Concordia

Pamela Larson
Larson Insurance Services

Julie Sarmiento
Bilhartz Desert Insurance Agency

Past-Due Renewals**February**

Lionel Baptista

Veronica Zaragoza

Upcoming Renewals**March**

Ruby Chavez

Joseph Garcia

Leah Ponsford

April

Annette Kraus Todd

(Associate Members in Italics)

reports with CMS (reports were due by January 31, 2023), they must quickly shift their attention to the 2022 RxDC reporting. For the 2020 and 2021 calendar reporting years, CMS made several concessions ... However, based on statements made by CMS representatives in recent webcasts and events around RxDC reporting, there will be no concessions granted for the 2022 reporting year."

The Value of Your Membership
What do you get as a CAHIP-Desert Cities 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

CAHIP-DC provides a rich forum for sharing ideas, asking questions and learning new technologies.

And it doesn't stop there!

- National Association of Benefits Insurance Professionals (NABIP) 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.
- NABIP'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.

DON'T FORGET THESE NAHU MEMBER PROGRAMS!

Member Benefits

- Technology Solutions
- Professional Development Benefits
- Business & Professional Services
- Client Management Assistance

LPRT — Renew Now!

- LTC Portal**
- Medicare Portal**
- Compliance Corner**
- Career Center**

And Much More! Visit nahu.org today!



Are you contributing to CAHU-PAC?

Have a voice in legislation!
 Consider contributing so your voice can be heard at our state's capitol.
 CAHU-PAC is working for your best interest and those of your clients.

To start contributing, just click on this link-
<https://www.cahupac.org/>

Thanks for your participation!

NABIP | pac

OUR VOICE, OUR INDUSTRY, OUR FUTURE

NABIP PAC MISSION

The mission of NABIP PAC is to raise funds from NABIP members for the purpose of supporting the political campaigns of candidates who believe in private sector solutions for the health and financial security of all Americans.

NABIP PAC ALLOWS US TO...

Engage

NABIP PAC engages with lawmakers from both parties to make sure NABIP members' voices are heard.

Educate

NABIP PAC educates legislators about how to provide Americans with superior health care.

Support

NABIP PAC supports lawmakers who prioritize high-quality, low-cost health care.

Contribute Securely at- NABIPPAC.org

"B2B" - NABIP's "Broker to Broker" Blog !

B2B - One of NABIP's Most Valuable & Exclusive Membership Benefits !

Are YOU Using It ?

Don't Miss Out – Register & Start Using It Today!

B2B is an unlimited resource of health care industry information and government regulation guidance to help you better serve your clients, and doing so in much less time than it would take to do your own research on industry and government websites.

There are 6 B2B Discussion Groups available. There is a wealth of credible knowledge among the NABIP Members who regularly participate on B2B and who willingly share their knowledge with other B2B participants. You just need to post your question on the appropriate Discussion Group.

We invite you to "jump in" and join B2B. See how it works and what a great educational resource it will be for you and your clients.

We think you'll really like it.

You can get to B2B from the NABIP Website for Members-Only.

- Go to: <https://community.nabip.org/home> (you will then have to use your NABIP Login info)

- OR.....First Log In to the NABIP website, and then open the drop-down MENUS by clicking on the 3 short horizontal lines atop left of your screen.....then under "Membership Resources" scroll down and click on "Broker to Broker" at the bottom of the list. On the B2B Opening Page on the NABIP website, scroll down and click on - "Visit B2B Communities"

Now you are on the B2B Home Page.

Before you click on "Sign-In", please open the "B2B Sign-Up Guide" (upper right corner) and read it completely. Also, please read "Code of Conduct". And if you have questions....please read the "FAQs" (also at top right of screen)

ENJOY & Benefit !

***And here is a LINK to a NABIP Video Guide on Using the
New and Improved "Broker to Broker" - B2B Blog !***

<https://www.youtube.com/watch?v=MGOnZ8p29bl&feature=youtu.be>

WHAT YOU NEED TO KNOW ABOUT MEDICARE

Generally, **Medicare is available for people 65 or older**. It has four parts: Part A, Part B, Part C and Part D.



ORIGINAL MEDICARE
Includes **Part A** and **Part B**.

MEDICARE ADVANTAGE
Also known as **Part C**.

Part A is hospital insurance. It has a deductible and copay. It may have a premium.

Part B covers medically necessary services and supplies. It has a deductible, premium and coinsurance.

+
Medigap
Medicare Supplement insurance can cover copayments, coinsurance and deductibles that are not covered by Part A or Part B.

Part D is prescription drug coverage.

Part C plans cover all of the services included in Original Medicare, have a cap on the annual out-of-pocket costs and include Part D at no additional cost. Medicare Advantage plans are administered by **private insurers**. They feature co-pays, low or no monthly premiums plus additional benefits.



NABIP
Shaping the future of health care

Ready to Enroll?
Talk with a certified health insurance agent who is a member of NABIP. NABIP members can help you make an informed decision. Visit www.nabip.org to find a certified agent in your area.



Firstname Lastname • email@email.com • (555) 555-5555

INSERT
LOGO
HERE