National Association of Benefits and Insurance Professionals
Northern Nevada Chapter

Board of Directors Meeting Minutes
November 4th, 2025 11:04 AM - 12:53 PM
Via Zoom – Meeting ID = us02web.zoom.us/j/84698950624

Attendance Report: Virtual Meeting Only.

Virtual Attendance: Dave Sherrill, Ross Pendergraft, Julie Ann Evans, Aliana Rushing, Joy Gardner, Merre Gregory, Mary Lou Urrutia, Chanté Padilla, Doug Boulton, Mary Lou Urrutia, Georgana Cepeda, Breezé Yerves, Don Goldmann, Gina Espinal-Aguerre, Adrienne Saintil, Jay Eldridge

Absent: Molly Moreno

Guests: none

1. Meeting called to order by President Aliana Rushing at 11:04 AM.

2. Roll Call of attendees was taken by sight for those attending in person and on Zoom by Secretary, Chanté Padilla. Quorum confirmed. Connectivity confirmed.

3. Review of the October 2025 board minutes by Secretary, Chanté Padilla.

    a. A motion to approve the board minutes was made by Julie Ann and seconded by Joy Gardner. Unanimously approved.

4. **President's report by Aliana Rushing.** No report to submit, held brief discussion.

    a. Proposed second charity - Ashley's Closet.

    b. Dec. BOD meeting moved to Tuesday, Dec. 9th @ 11am. The May BOD meeting will be the 2nd Wednesday of the month @ 9:30 am. The September BOD meeting will be the 2nd Wednesday of the month @ 9:30 am.

5. **Secretary report by Chanté Padilla.**

    a. With the approval of the last board meeting minutes there was nothing else to report.

6. **VP of Finance's report by Joy Gardner.** Financial statements submitted and added into the addendum. BOD had brief discussions.

    a. Confirmed bank change name to Columbia Bank. Need to confirm signers for the acct. Will be Chante Aliana Georgana and Joy.

i. Don made a motion to approve the signers for the bank seconded by Julie Ann. Unanimously approved.

b. Aetna is sponsoring the Christmas Party. Reservation with Sierra Gold has been confirmed and Joy has appt. to select food on 11/11/2025.

c. Aliana will connect with Ashley regarding the revamping of the Partnership Program.

d. Confirmed Ambassador programs will be revamping also. Prices were already discussed.

e. Ashley's closet has been confirmed for the 17th. Joy is waiting to confirm the time frame.

f. Motion made by Julie Ann to approve the budget for 2026, seconded by Don.

7. Committee Reports

a. **Vice President's report by Georgana Capeda.** Written report submitted and entered into the addendum with brief discussion.

i. Reminder to send out Vendor Packets.

b. **Director of Program's report by Aliana Rushing.** No report to submit, held brief discussion.

i. Nevada Health Link Board members need to send Aliana questions for the board.

ii. Confirmed again that Ashley Toy Closet has been confirmed for the 17th of December.

c. **VP of Professional Development's report by Julie Ann Evans** - written report submitted and entered into these minutes with brief discussion.

i. NABIP NN - Professional Development Board Meeting Notes 11/04/2025

ii. The Region 8 PD meeting, scheduled for October 31st, was cancelled due to the busy AEP/OEP season.

iii. NABIP NV - Monthly Professional Development Meeting:

1. Typically, on the 4th Friday of each month there is a virtual meeting held for those who are involved with planning

luncheons, events, CE classes, etc. for both local chapters and the state chapter.

2. The next meeting will be held on November 21st at 2:00 PM, and all are welcome to attend the meeting.

iv. Brief discussion on the need for BOD members to provide questions for 3 panel meetings coming up. Julie Ann reminds BOD that the questions are for the panelist and will be put together towards the CE class.

d. **Vice President of Media and Communication's report by Donald Goldmann -** Written report submitted and entered into the addendum.

e. **Vice President of Membership's report by Gina Espinal-Aguerre.** Written report submitted and entered into the minutes with brief discussion.

i. We are 102 members.

ii. Gina Espinal-Aguerre will call member regarding the Christmas party and use this as a time to prompt past due account to get caught up

iii. Gina Espinal-Aguerre reminds BOD to work on the call list with the goal to remind members about the Christmas party.

f. **Vice President of Awards' report by Ross Pendergraft.** Brief discussion and written report submitted and entered into the addendum.

i. PACE Setter List of Active Committees Report needed to be updated and filled positions as shown below.

1. Public Service Chairperson will be Aliana Rushing and 2nd member will be Julie Ann Evans.

a. Julie Ann Evans motions to approve Aliana Rushing as Public Service and Seconded by Gina Espinal-Aguerre. Unanimously approved.

2. Gina Espinal-Aguerre will fill the 2nd for PAC Chair Position.

3. Don Goldmann will fill the 2nd for Awards position.

4. Julie Ann Evans will fill the Education Foundations Chair position and Breeze Yerves will serve as 2nd.

5. Aliana Rushing will fill the 2nd position for Communication.

6. Merre Gregory will fill the 2nd to Legislation position.

7. Jay Eldridge will fill the 2nd for DEI position.

8. Mary Lou Urrutia will fill the 2nd for LPRT position.

ii. Brief discussion reviewing the importance and need for the Legislative Chair to attend the Capitol Conference.

iii. Brief discussion reviewing the importance and need for the Vice President to attend the Leadership Training at the Capitol Conference.

iv. Newsletters need to continue to advertise new member orientations.

v. The New Member Orientation will continue every 4th Thursday at 9:00am PST on Zoom. Need to make sure we keep blasting this out in our newsletter each month

vi. Zoom meeting ID 826 3420 3381, Passcode "Membership"

vii. http://welcometonabip.org

g. **Vice President of Legislative Affairs' report by Mary Lou Urrutia.** Written report submitted and entered into the addendum.

i. Brief discussion held regarding the current state of Nevada Health Link.

1. NABIP has a letter they've put together that's going out to the national association of insurance commissions.

a. Brief Discussion regarding Idaho's cease and desist.

ii. Brief Discussion regarding Prominence commissions or lack thereof.

iii. Jason and Heidi have been talking to the Insurance commissioners with hopes of progress with the issue of lack of commissions.

iv. Brief Discussion regarding Ward & Brown's article for large and small groups.

h. **Employer Benefits Chair's report by Breeze Yerves.** Written report submitted and entered into the minutes with brief discussion.

i. **Panel Questions for Health Benefit CEOs**

1. **The State of Healthcare Costs & Affordability**

a. **Inflation and Premiums:** Healthcare costs continue to rise, with many employers and individuals citing affordability as their top concern. What is your organization's **most innovative strategy** to directly bend the long-term cost curve for your members, beyond shifting more costs to consumers?

b. **Specialty Drug Spending (e.g., GLP-1s):** The utilization and cost of specialty pharmaceuticals, particularly drugs like the GLP-1 agonists (Ozempic, Wegovy), are rapidly impacting budgets. How is your company approaching coverage, PBM management, and long-term cost-sharing for these high-cost, high-impact treatments?

c. **Price Transparency and Provider Relationships:** Despite federal mandates, true price transparency for consumers remains elusive. What is your plan to leverage data and network contracting to empower members with usable cost information and to address the wide variations in provider pricing?

ii. Breeze has sent the Nevada Health Link questions back for the panelist to Aliana Rushing:

1. Breeze suggests that it would be good to get more info on Kaiser and how they are expanding into the area.

iii. Brief discussion on Breeze's desire to get more prospects excited to join NABIP.

i. **Medicare Chair's and VP of Medicare Chair's report by Merre Gregory and Doug Boulton.** Written report submitted and entered into the addendum with brief discussion.

i. Folks are having a hard time connecting with Social Security.

ii. Urges that no agent tell their clients to call Medicare or use Medicare.gov to enroll but instead to enroll directly with the desired Rx plan to avoid the call delays or to send client URL so they can enroll online directly.

1. Merre Gregory mentions if clients are successful going through Medicare.gov it may not show agents as useful.

2. Jay mentions the importance of instructing the client to call the Insurance Company directly. Merre Gregory agrees- indicating

this is a good way for the Insurance Companies to get a feel of how many clients agents' service.

iii. NABIP has different survey options for clients to use.

1. Encouraged BOD to send survey links to clients after AEP while the experience is fresh in our client's heads.

j. **LPRT Chair's report by Joy Gardner.** No report.

k. **DEIB Chair's report by Adrienne Saintil.** No report.

i. Adrienne Saintil expresses desire to support the needs of brokers.

l. **NABIP Foundation chair's report by Julie Ann Evans.** No report.

m. **Director of NABIP PAC's report by Jay Eldridge.** Written report submitted and entered into the addendum.

i. Brief Discussion confirming Jay completed leadership training.

n. **Immediate Past President's report by Molly Moreno.** No report, absent.

i. Brief Discussion on the Past President position.

1. Dave mentions per Bi Laws members are usually removed as board members if membership is not renewed.

2. Don indicated members may term membership by discontinuing paying membership dues.

3. Brief discussion on who can fill in the Past President position and whether it would be helpful to fill the position for voting purposes.

4. Brief discussion on whether or not leaving this position vacant would help the board with PACE setter points or not.

5. Aliana prefers the position to be filled.

a. Julie Anne Evans motions to appoint Jay Eldridge as immediate past president position seconded by Joy Gardner. Unanimously approved.

8. **A motion was by Aliana Rushing and seconded by Julie Ann Evans to accept all reports in toto. Unanimously approved.**

9. Old Business - None

10. New Business:

a. **Brief Discussion: Confirming who wishes to attend Cap Con. As of now it is Don Goldmann, Joy Gardner, Mary Lou Urrutia, Georgana Cepeda, Aliana Rushing, Merre Gregory, Gina Espinal-Aguerre and Chanté Padilla.**

   i. **Aliana Rushing will do a group chat to review pricing and budget with hopes to vote at the December meeting.**

11. A motion to adjourn meeting by Aliana Rushing, seconded by Julie Ann Evans. Unanimously approved.

12. President Aliana Rushing adjourned the meeting at 12:53 pm.

13. Submitted by Chanté Padilla NABIP NN Secretary.

Next Monthly Board Meeting: Tuesday, December 9th, 2025, 11:00 AM - 12:30 PM.
https://us06web.zoom.us/j/85852438497?pwd=GhSaLjW8LD03ZBoa4fAgz12XNh7cGe.1

Meeting ID: 858 5243 8497
Passcode: 881981

Addendum

Treasurer's Report from VP of Finance - Joy Gardner
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NABIP-NORTHERN NEVADA Treasurer's Report
Month end 10/31/2025

Partnerships 2025: All Paid

Diamond-$8,500 Anthem
Gold-$4,000 Hometown Health, United Healthcare
Silver-$2,500 Aetna, Word & Brown
Bronze-

Columbia Bank Balance: 10/31/25

Checking $62,943.95
Savings $ 200.42
See attached bank statement

Budget vs Actual: Attached

GALA: 10/8/2025

Attendance: 33 (16 attendees, 11 Ambassadors, 4 Annual Sponsors, 2 Speakers)
No Shows: 8 (5 attendees, 3 Ambassadors)
Walk Ins: 3
Income: $779 + $490 (Ambassadors) + $525 (Sponsors) = $1,794
Cost: $1,431.37
Raffle Income: $205.00

Additional Information:

Aetna is sponsoring our Christmas party. Reservation with Sierra Gold has been confirmed and I have an appointment to pick out the food on November 11, 2025.

I am leaving what I wrote last month because I do not know what has been done about the Partnerships. We need to begin solicitation for our Annual Partners. The scope of carrier participation needs to broaden so we can have participation include more of the individual and Medicare carriers. A letter coming from our President Aliana would start the ball rolling. Then those board members who know specific carrier reps can work on getting the partnership sold and solidified. I know Aliana is working on a revised flyer to reflect what we are offering for each sponsorship level.

I need the minutes to reflect the signers for Columbia bank to be President-Aliana Rushing, Vice President-Georgana Cepeda, Secretary-Chante Padilla, and VP of Finance-Joy Gardner effective immediately.

Prominence Health Plans owe us $375 from 2020. I verified we have not received the funds and requested payment. I have not received it as of 10/31/2025. I need to follow up on this one this month.

Both the Checking and Savings accounts balance.

Respectfully submitted:

Joy K Gardner

COLUMBIA BANK

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Customer Service:
1-866-486-7782

NATIONAL ASSOCIATION OF BENEFITS &
INSURANCE PROFESSIONALS-NN
D B A NABIP NORTHERN NEVADA
PO BOX 20129
RENO NV 89515-0129

Last statement: September 30, 2025
This statement: October 31, 2025

COMMUNITY BUSINESS CHECKING

Account number	XXXXXX2837	Beginning balance	$66,280.69
Low balance	$62,913.65	Deposits/Additions	$834.25
Average balance	$63,980.94	Withdrawals/Subtractions	$4,170.99
Interest earned	$0.00	Ending balance	$62,943.95

Deposits/Additions

Date	Description	Additions
10-09	Deposit	90.00
10-09	Deposit	60.00
10-21	Deposit	51.25
Total Additions		**$201.25**

ACH and Electronic Payments/Subtractions

Date	Description	Subtractions
10-02	ACH Debit Authnet Gateway Billing 143491038 20251002	14.25
10-02	ACH Debit Kapsher Consulti Sale 20251002	1,100.00
10-03	ACH Debit Merchant Bankcd Discount 496206203887 20251003	131.17
10-14	ACH Debit Vertafore, Inc. Bill Paymt 20251014	111.25
10-14	ACH Debit Nabip Nevada Bill Paymt 20251014	1,150.00
10-14	ACH Debit Atlantis Casino Bill Paymt 20251014	1,431.37
Total ACH and Electronic Payments/Subtractions		**$3,938.04**

Columbia September 2025 Statement Pg 2 of 2

ACH and Electronic Deposits/Additions

Date	Description	Additions
10-01	ACH Credit Merchant Bankcd Deposit 496206203887 20251001	143.00
10-02	ACH Credit Merchant Bankcd Deposit 496206203887 20251002	35.00
10-03	ACH Credit Merchant Bankcd Deposit 496206203887 20251003	80.00
10-07	ACH Credit Merchant Bankcd Deposit 496206203887 20251007	106.00
10-08	ACH Credit National Ass5237 Aug Dues Nte*nahu Monthly D Ues Direct Deposit \	101.00
10-09	ACH Credit Merchant Bankcd Deposit 496206203887 20251009	168.00
Total ACH and Electronic Deposits/Additions		**$633.00**

Card Transactions/Withdrawals

Date	Description	Subtractions
10-02	POS Purchase Terminal 00001000 Starchapter 866-77532 Al Xxxxxxxxxxx2916	120.00
10-03	POS Purchase Terminal Vbase2 Intuit *Qbooks Onl Ine Cl.Intuit CA Xxxxxxxxxxx2916	92.00
Total Card Transactions/Withdrawals		**$212.00**

Other Withdrawals/Subtractions

Date	Description	Subtractions
10-21	Maintenance Fee Commercial Bill PA Y - Activity/Coi For 09/25	5.95
10-31	Direct Connect Servc	15.00
Total Other Withdrawals/Subtractions		**$20.95**

Daily Balances

Date	Amount
09-30	66,280.69
10-01	66,423.69
10-02	65,224.44
10-03	65,081.27

Date	Amount
10-07	65,187.27
10-08	65,288.27
10-09	65,606.27

Date	Amount
10-14	62,913.65
10-21	62,958.95
10-31	62,943.95

Overdraft Fee Summary

	Total For This Period	Total Year-to-Date
Total Overdraft Fees	$0.00	$0.00
Total Returned Item Fees	$0.00	$0.00

Checks

(* Skip in check sequence, R-Check has been returned, + Electronified check))

Total Checks paid: 0 for **-$0.00**

NABIP Northern Nevada

NABIP Northern Nevada CHECKING, Period Ending 10/31/2025

RECONCILIATION REPORT

Reconciled on: 11/03/2025

Reconciled by: Joy Gardner

Any changes made to transactions after this date aren't included in this report.

Summary

	USD
Statement beginning balance	66,280.69
Checks and payments cleared (10)	-4,170.99
Deposits and other credits cleared (10)	834.25
Statement ending balance	62,943.95
Register balance as of 10/31/2025	62,943.95

Details

Checks and payments cleared (10)

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
10/02/2025	Expense		Authnet Gateway Billing	-14.25
10/02/2025	Expense		Kapsher Consulting LLC	-1,100.00
10/02/2025	Expense		Star Chapter LLC	-120.00
10/03/2025	Expense			-131.17
10/03/2025	Expense		Intuit	-92.00
10/14/2025	Expense		Sircon	-111.25
10/14/2025	Expense		NV State Assoc. of Health Underwrit…	-1,150.00
10/14/2025	Expense		Atlantis Casino	-1,431.37
10/21/2025	Expense		Misc.	-5.95
10/31/2025	Expense		Misc.	-15.00
Total				-4,170.99

Deposits and other credits cleared (10)

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
10/01/2025	Deposit			143.00
10/02/2025	Deposit			35.00
10/03/2025	Deposit			80.00
10/07/2025	Deposit			106.00
10/08/2025	Deposit			101.00
10/09/2025	Deposit	282074333		90.00
10/09/2025	Receive Payment		NABIP Nevada	60.00
10/09/2025	Deposit			168.00
10/21/2025	Receive Payment		NABIP Southern Nevada	36.25
10/21/2025	Receive Payment		NABIP Southern Nevada	15.00
Total				834.25

NABIP Northern Nevada
Budget vs. Actuals: Budget_FY25_P&L_1 - FY25 P&L
January - December 2025

	Oct 2025				Total		
	Actual	Budget	over Budget	% of Budget	Actual	Budget	over Budget
Income							
4090 NABIP Membership Dues	101.00	200.00	-99.00	50.50%	2,094.31	2,400.00	-305.69
Ambassador Partners		300.00	-300.00	0.00%	6,400.00	3,600.00	2,800.00
EXPO Income		2,416.67	-2,416.67	0.00%	27,683.50	29,000.00	-1,316.50
Gala Income		416.67	-416.67	0.00%	4,575.00	5,000.00	-425.00
Holiday Party Income		41.67	-41.67	0.00%	0.00	500.00	-500.00
Luncheon Income	417.00	1,166.67	-749.67	35.74%	6,996.79	14,000.00	-7,003.21
Metallic Sponsors		2,208.33	-2,208.33	0.00%	21,500.00	26,500.00	-5,000.00
Raffle Income	205.00	166.67	38.33	123.00%	3,445.00	2,000.00	1,445.00
Services	111.25		111.25		855.25	0.00	855.25
Unapplied Cash Payment Income			0.00		0.00	0.00	0.00
Total Income	**$ 834.25**	**$ 6,916.68**	**-$ 6,082.43**	**12.06%**	**$ 73,549.85**	**$ 83,000.00**	**-$ 9,450.15**
Gross Profit	**$ 834.25**	**$ 6,916.68**	**-$ 6,082.43**	**12.06%**	**$ 73,549.85**	**$ 83,000.00**	**-$ 9,450.15**
Expenses							
6120 Bank Service Charges			0.00		17.85	0.00	17.85
6180 Insurance			0.00		0.00	0.00	0.00
6185 Liability Insurance		32.50	-32.50	0.00%	364.00	390.00	-26.00
D & O Coverage		50.00	-50.00	0.00%	575.00	600.00	-25.00
Total 6180 Insurance	**$ 0.00**	**$ 82.50**	**-$ 82.50**	**0.00%**	**$ 939.00**	**$ 990.00**	**-$ 51.00**
6270 Professional Fees			0.00		0.00	0.00	0.00
Lobbyest Fees	1,150.00	383.33	766.67	300.00%	4,600.00	4,600.00	0.00
Total 6270 Professional Fees	**$ 1,150.00**	**$ 383.33**	**$ 766.67**	**300.00%**	**$ 4,600.00**	**$ 4,600.00**	**$ 0.00**
6550 Office Expenses			0.00		0.00	0.00	0.00
6250 Postage and Delivery		33.33	-33.33	0.00%	400.00	400.00	0.00
Name Badges		16.67	-16.67	0.00%	191.15	200.00	-8.85

Office Supplies		8.33	-8.33	0.00%	23.81	100.00	-76.19
Total 6550 Office Expenses	**$ 0.00**	**$ 58.33**	**-$ 58.33**	**0.00%**	**$ 614.96**	**$ 700.00**	**-$ 85.04**
6670 Program Expense			0.00		0.00	0.00	0.00
CC Authorize.net Credit Card processing - Expenses	166.37	250.00	-83.63	66.55%	3,489.78	3,000.00	489.78
CE filing fee	111.25	66.67	44.58	166.87%	1,630.00	800.00	830.00
Speaker Fees		166.67	-166.67	0.00%	0.00	2,000.00	-2,000.00
Total 6670 Program Expense	**$ 277.62**	**$ 483.34**	**-$ 205.72**	**57.44%**	**$ 5,119.78**	**$ 5,800.00**	**-$ 680.22**
Administrative Expenses			0.00		0.00	0.00	0.00
Constant Contact		8.33	-8.33	0.00%	0.00	100.00	-100.00
Kapsher Consulting LLC	1,100.00	1,100.00	0.00	100.00%	11,000.00	13,200.00	-2,200.00
Quickbooks On Line Fees	92.00	79.17	12.83	116.21%	830.40	950.00	-119.60
Registered Agent, Inc		24.58	-24.58	0.00%	245.00	295.00	-50.00
Star Chapter LLC	120.00	120.00	0.00	100.00%	1,200.00	1,440.00	-240.00
Total Administrative Expenses	**$ 1,312.00**	**$ 1,332.08**	**-$ 20.08**	**98.49%**	**$ 13,275.40**	**$ 15,985.00**	**-$ 2,709.60**
Board Strategy Meeting		16.67	-16.67	0.00%	247.45	200.00	47.45
Charitable Donations			0.00		0.00	0.00	0.00
Local Charities		166.67	-166.67	0.00%	3,373.00	2,000.00	1,373.00
National Charities		41.67	-41.67	0.00%	500.00	500.00	0.00
Total Charitable Donations	**$ 0.00**	**$ 208.34**	**-$ 208.34**	**0.00%**	**$ 3,873.00**	**$ 2,500.00**	**$ 1,373.00**
Discretionary Spending			0.00		0.00	0.00	0.00
Capital Conference Expense		333.33	-333.33	0.00%	4,173.61	4,000.00	173.61
Medicarians Expenses			0.00		100.00	0.00	100.00
Miscellaneous Spending		20.83	-20.83	0.00%	107.44	250.00	-142.56
NABIP PAC Admin fund		41.67	-41.67	0.00%	500.00	500.00	0.00
National Conventions		333.33	-333.33	0.00%	3,802.12	4,000.00	-197.88
President's Discretionary Spending		20.83	-20.83	0.00%	0.00	250.00	-250.00
Total Discretionary Spending	**$ 0.00**	**$ 749.99**	**-$ 749.99**	**0.00%**	**$ 8,683.17**	**$ 9,000.00**	**-$ 316.83**
Event Expenses			0.00		0.00	0.00	0.00
Ambassador Expenses		270.00	-270.00	0.00%	0.00	3,240.00	-3,240.00
EXPO Expenses		1,333.33	-1,333.33	0.00%	16,197.32	16,000.00	197.32
Gala Expense		416.67	-416.67	0.00%	4,479.81	5,000.00	-520.19
Holiday Party Expense		0.00	0.00		0.00	1,500.00	-1,500.00
Luncheon Costs	1,431.37	1,250.00	181.37	114.51%	11,823.82	15,000.00	-3,176.18

NABIP NN Budget vs Actual January 2025- August 2025 Profit and Loss

Total Event Expenses	**$ 1,431.37**	**$ 3,270.00**	**-$ 1,838.63**	**43.77%**	**$ 32,500.95**	**$ 40,740.00**	**-$ 8,239.05**
Uncategorized Expenses			0.00		0.00	0.00	0.00
Awards		25.00	-25.00	0.00%	0.00	300.00	-300.00
Media Budget		79.17	-79.17	0.00%	159.90	950.00	-790.10
Total Uncategorized Expenses	**$ 0.00**	**$ 104.17**	**-$ 104.17**	**0.00%**	**$ 159.90**	**$ 1,250.00**	**-$ 1,090.10**
Total Expenses	**$ 4,170.99**	**$ 6,688.75**	**-$ 2,517.76**	**62.36%**	**$ 70,031.46**	**$ 81,765.00**	**-$ 11,733.54**
Net Operating Income	**-$ 3,336.74**	**$ 227.93**	**-$ 3,564.67**	**-1463.93%**	**$ 3,518.39**	**$ 1,235.00**	**$ 2,283.39**
Other Income							
Interest Earned			0.00		0.01	0.00	0.01
Total Other Income	**$ 0.00**	**$ 0.00**	**$ 0.00**		**$ 0.01**	**$ 0.00**	**$ 0.01**
Net Other Income	**$ 0.00**	**$ 0.00**	**$ 0.00**		**$ 0.01**	**$ 0.00**	**$ 0.01**
Net Income	**-$ 3,336.74**	**$ 227.93**	**-$ 3,564.67**	**-1463.93%**	**$ 3,518.40**	**$ 1,235.00**	**$ 2,283.40**

Statement of Activity by Month

NABIP Northern Nevada

January 1-October 31, 2025

DISTRIBUTION ACCOUNT	JANUARY 2025	FEBRUARY 2025	MARCH 2025	APRIL 2025	MAY 2025	JUNE 2025
Income						
4090 NABIP Membership Dues	113.49	86.41	85.37	497.88	137.46	667.62
Ambassador Partners	6,400.00					
EXPO Income		5,440.00	14,120.00	4,859.50	3,164.00	100.00
Gala Income					730.00	
Luncheon Income	1,646.79	857.00	1,267.00	709.50	150.00	491.50
Metallic Sponsors	8,500.00		6,500.00	4,000.00	2,500.00	
Raffle Income	305.00	318.00	295.00	240.00	1,472.00	160.00
Services		96.25		291.25	219.00	
Unapplied Cash Payment Income		0.00				
Total for Income	**16,965.28**	**6,797.66**	**22,267.37**	**10,598.13**	**8,372.46**	**1,419.12**
Cost of Goods Sold						
Gross Profit	**16,965.28**	**6,797.66**	**22,267.37**	**10,598.13**	**8,372.46**	**1,419.12**
Expenses						
6120 Bank Service Charges						5.95
6180 Insurance						
6185 Liability Insurance			364.00			
D & O Coverage				575.00		
Total for 6180 Insurance			**364.00**	**575.00**		
6270 Professional Fees						
Lobbyest Fees	1,150.00			1,150.00		
Total for 6270 Professional Fees	**1,150.00**			**1,150.00**		
6550 Office Expenses						
6250 Postage and Delivery	400.00					
Name Badges						
Office Supplies				23.81		
Total for 6550 Office Expenses	**400.00**			**23.81**		
6670 Program Expense						
CC Authorize.net Credit Card processing - Expenses	101.43	736.15	318.72	769.60	360.16	295.28
CE filing fee		40.00	237.50	523.75	131.25	367.50
Total for 6670 Program Expense	**101.43**	**776.15**	**556.22**	**1,293.35**	**491.41**	**662.78**
Administrative Expenses						
Kapsher Consulting LLC	1,100.00	1,100.00	1,100.00	1,100.00	1,100.00	1,100.00
Quickbooks On Line Fees	79.20	79.20	79.20	79.20	79.20	79.20
Registered Agent, Inc						
Star Chapter LLC	120.00	120.00	120.00	120.00	120.00	120.00
Total for Administrative Expenses	**1,299.20**	**1,299.20**	**1,299.20**	**1,299.20**	**1,299.20**	**1,299.20**
Board Strategy Meeting						

Statement of Activity by Month

NABIP Northern Nevada

January 1-October 31, 2025

DISTRIBUTION ACCOUNT	JANUARY 2025	FEBRUARY 2025	MARCH 2025	APRIL 2025	MAY 2025	JUNE 2025
Charitable Donations						
Local Charities						1,686.50
National Charities	500.00					
Total for Charitable Donations	**500.00**					**1,686.50**
Discretionary Spending						
Capital Conference Expense			2,840.27			
Medicarians Expenses			100.00			
Miscellaneous Spending			107.44			
NABIP PAC Admin fund		500.00				
National Conventions						
Total for Discretionary Spending		**500.00**	**3,047.71**			
Event Expenses						
EXPO Expenses		125.74	505.72	237.97	2,447.20	12,880.69
Gala Expense						
Luncheon Costs	2,248.06	1,188.95	1,828.33	1,491.00		1,188.95
Total for Event Expenses	**2,248.06**	**1,314.69**	**2,334.05**	**1,728.97**	**2,447.20**	**14,069.64**
Uncategorized Expenses						
Media Budget			159.90			
Total for Uncategorized Expenses			**159.90**			
Total for Expenses	**5,698.69**	**3,890.04**	**7,761.08**	**6,070.33**	**4,237.81**	**17,724.07**
Net Operating Income	**11,266.59**	**2,907.62**	**14,506.29**	**4,527.80**	**4,134.65**	**-16,304.95**
Other Income						
Interest Earned	0.01					
Total for Other Income	**0.01**					
Other Expenses						
Net Other Income	**0.01**					
Net Income	**11,266.60**	**2,907.62**	**14,506.29**	**4,527.80**	**4,134.65**	**-16,304.95**

Statement of Activity by Month

NABIP Northern Nevada

January 1-October 31, 2025

DISTRIBUTION ACCOUNT	JULY 2025	AUGUST 2025	SEPTEMBER 2025	OCTOBER 2025	TOTAL
Income					
4090 NABIP Membership Dues	103.08	151.00	151.00	101.00	2,094.31
Ambassador Partners					6,400.00
EXPO Income					27,683.50
Gala Income	1,200.00	1,445.00	1,200.00		4,575.00
Luncheon Income	692.00	396.00	370.00	417.00	6,996.79
Metallic Sponsors					21,500.00
Raffle Income	190.00	260.00		205.00	3,445.00
Services	137.50			111.25	855.25
Unapplied Cash Payment Income					0.00
Total for Income	**2,322.58**	**2,252.00**	**1,721.00**	**834.25**	**$73,549.85**
Cost of Goods Sold					
Gross Profit	**2,322.58**	**2,252.00**	**1,721.00**	**834.25**	**$73,549.85**
Expenses					
6120 Bank Service Charges	5.95	5.95			17.85
6180 Insurance					
6185 Liability Insurance					364.00
D & O Coverage					575.00
Total for 6180 Insurance					**$939.00**
6270 Professional Fees					
Lobbyest Fees	1,150.00			1,150.00	4,600.00
Total for 6270 Professional Fees	**1,150.00**			**1,150.00**	**$4,600.00**
6550 Office Expenses					
6250 Postage and Delivery					400.00
Name Badges		191.15			191.15
Office Supplies					23.81
Total for 6550 Office Expenses		**191.15**			**$614.96**
6670 Program Expense					
CC Authorize.net Credit Card processing - Expenses	134.08	154.34	453.65	166.37	3,489.78
CE filing fee	73.75	21.25	123.75	111.25	1,630.00
Total for 6670 Program Expense	**207.83**	**175.59**	**577.40**	**277.62**	**$5,119.78**
Administrative Expenses					
Kapsher Consulting LLC	1,100.00	1,100.00	1,100.00	1,100.00	11,000.00
Quickbooks On Line Fees	79.20	92.00	92.00	92.00	830.40
Registered Agent, Inc	245.00				245.00
Star Chapter LLC	120.00	120.00	120.00	120.00	1,200.00
Total for Administrative Expenses	**1,544.20**	**1,312.00**	**1,312.00**	**1,312.00**	**$13,275.40**
Board Strategy Meeting	247.45				247.45

Statement of Activity by Month

NABIP Northern Nevada

January 1-October 31, 2025

DISTRIBUTION ACCOUNT	JULY 2025	AUGUST 2025	SEPTEMBER 2025	OCTOBER 2025	TOTAL
Charitable Donations					
Local Charities		1,686.50			3,373.00
National Charities					500.00
Total for Charitable Donations		**1,686.50**			**$3,873.00**
Discretionary Spending					
Capital Conference Expense	1,333.34				4,173.61
Medicarians Expenses					100.00
Miscellaneous Spending					107.44
NABIP PAC Admin fund					500.00
National Conventions	3,802.12				3,802.12
Total for Discretionary Spending	**5,135.46**				**$8,683.17**
Event Expenses					
EXPO Expenses					16,197.32
Gala Expense		847.72	3,632.09		4,479.81
Luncheon Costs	1,188.95		1,258.21	1,431.37	11,823.82
Total for Event Expenses	**1,188.95**	**847.72**	**4,890.30**	**1,431.37**	**$32,500.95**
Uncategorized Expenses					
Media Budget					159.90
Total for Uncategorized Expenses					**$159.90**
Total for Expenses	**9,479.84**	**4,218.91**	**6,779.70**	**4,170.99**	**$70,031.46**
Net Operating Income	**-7,157.26**	**-1,966.91**	**-5,058.70**	**-3,336.74**	**$3,518.39**
Other Income					
Interest Earned					0.01
Total for Other Income					**$0.01**
Other Expenses					
Net Other Income					**$0.01**
Net Income	**-7,157.26**	**-1,966.91**	**-5,058.70**	**-3,336.74**	**$3,518.40**

National Association of Benefits and Insurance Professionals
Northern Nevada Chapter – Board of Directors Meeting

2026 EXPO REPORT

2026 EXPO REPORT NOVEMBER 2025

Expo Date: April 29, 2026
Theme: Country
Theme/Slogans:

- ***Saddlin Up for Success***

No updates as we have postponed meetings til after AEP……

I will be contacting committee one by one to tie any lose ends prior to our next meeting in January 2026

Follow-Up: Gravi and Kaiser Speakers.

Committee to **send vendor packets soon** to begin securing **2026 budget commitments**.

They emphasized the importance of including a **fillable form** in the vendor packet and outlined the **process for distributing packets to vendors**. A **pre-written outreach script** sent to ensure consistent vendor communication and engagement.

Speaker Updates:

It was noted the need to **update speaker information** and to **send out bios and topics early**.

The **vendor list** will also be reviewed and updated so everyone remains aligned on vendor communication.

Keynote Speaker:

- Merre Gregory Stalker shared an email regarding the proposed **keynote speaker**, who is willing to present for **$2,000**.
- The group discussed the need for an **invoice** and to ensure **payment timing aligns with the correct budget year**.
- They agreed to **schedule a meeting** with the keynote speaker to discuss her **motivational talk** and gather input on the **event theme**.

- Final details with the keynote speaker will be **revisited in January**, allowing the committee to stay focused and organized.

Kaiser Update:

- The group discussed the challenge of securing **Kaiser's commitment** for the **Hometown Merge session**.
- NABIP-NN shared updates from CJ, confirming that **Kaiser is not yet ready to commit** at this stage.

Media – November 2025

The November newsletter will go out as planned on November 12th.

Kapsher released a flyer for the chapter Christmas party and posted it on the website. Beautifully designed piece with all the details to promote the gift giving.

A request has gone out to all board members for lists of brokers who we could add to our LinkedIn distribution. Normally, this would cost the chapter money, but LinkedIn has offered the chapter 250 free promotions.

There is state activity surrounding a letter of formal complaint to go to the Department of Insurance objecting to carriers violating Nevada statutes concerning unfair trade practices related to the payment and non-payment of commissions on certain Medicare and Part D plans. The crafting of the letter is being led by Heidi Sterner, Jason Casey and Cindy Samuels. A motion will be made at the November state board meeting to have the letter be the official voice of the state chapter on the topic. I will do a letter to the editor for our local paper, once the state approves the communication.

As a repeat from last month, the chapter should have a short discussion about whether the annual budget can afford to purchase a broker's list to also send the newsletter to non-members as well as covering the cost of distribution.

NABIP-NN Awards Report for November 4, 2025

1. The updated 2026 NABIP Awards have been posted on the website.
2. Required for 2026 Pacesetter – List of Active Committees (II Chapter Mgmt., 2. Active Committees):

Required for 2026 Pacesetter – List of Active Committees (II Chapter Mmgt, 2. Active Committees):

COMMITTEE	CHAIRPERSON	2nd MEMBER
PAC	Jaudaun Eldridge	Gina T. Espinal-Aguerre
Communications	Don Goldmann	Aliana Rushing
Public Service	Aliana Rushing	Julie Ann Evans
Legislation	Mary Lou Urrutia	Merre Gregory
Membership	Gina T. Espinal-Aguerre	Breeze Yerves
Media Relations	Donald W. Goldmann	Ross Pendergraft
Programs/Professional Development	Julie Ann Evans	Kristina Hughes
Awards/Member Recognition	Ross Pendergraft	Don Goldmann
DEI&B	Adrienne Saintil	Jaudaun Eldridge
Education Foundation	Julie Ann Evans	Kristina Hughes
LPRT	Joy K. Gardner	Mary Lou Urrutia

3. Legislative Chair, Mary Lou Urrutia, attending Capitol Conference – 75 points
4. President-Elect represented at NABIP Leadership training Capitol Conference – 150 points
5. There are a few changes to the NABIP Pacesetter Award (See attached)
   a. Eliminated NABIP vision Chapter Leadership Training
   b. No longer to receive points for promoting DEI&B Training
   c. No longer to receive points for completing training for DEI&B
6. I would like to see the Reno Chapter make an effort to apply for the Distinguished Service Award (DSA) for at least one of our members.
7. Even though this has been eliminated from Pacesetter Awards, I still strongly recommend you complete the NABIP Leadership Training. This will help with your position. Be sure to sign-in before watching the video: https://videos.nabip.org/
8. The New Member Orientation will continue every 4th Thursday at 9:00am PST on Zoom. Need to make sure we keep blasting this out in our newsletter each month
   a. Zoom meeting ID 826 3420 3381, Passcode "Membership"
   b. http://welcometonabip.org

Respectfully submitted,

Ross Pendergraft

NABIP
2024 Platinum Certified

Individual

ACA - What can Isay? they will either extend the enhanced credits or they will end. It makes it difficult to explain to clients; we will get thru it.

Medicare

I have included the letter from NABIP sent to the National Association of Insurance Commissioners, the Law that Idaho past, and what Delaware is now doing. I cannot stress enough about the importance of asking clients to fill out surveys and for us to send them as well. I really believe that "Brokers can make a difference".
If you need a link for the surveys, email me and I will send them to you.

National Association of Benefits and Insurance Professionals
NABIP
Shaping the *future* of healthcare

October 21, 2025

National Association of Benefits and Insurance Professionals (NABIP)
999 E Street NW, Suite 400
Washington, DC 20004

National Association of Insurance Commissioners (NAIC)
1101 K St. N.W., Suite 650
Washington, DC 20005

RE: Protecting Consumer Access and Fair Competition: NABIP Recommendation on Medicare and ACA Carrier Commission Practices

Dear NAIC Leadership and State Insurance Commissioners:

On behalf of the National Association of Benefits and Insurance Professionals (NABIP), I am submitting this letter to urge coordinated state review of carrier practices in the Medicare Advantage, Part D Prescription Drug, Medicare Supplement, and ACA markets that mirror the unfair trade practices identified by the Idaho Department of Insurance in Bulletin No. 25-06 (October 15, 2025).

These practices have been reported in nearly every state across the country and include:

- Implementing "zero-commission" or substantially reduced commission structures on select Medicare and ACA products;
- Removing or restricting access to plan applications for appointed agents;
- Changing commission schedules without adequate advance notice; and
- Intentionally discouraging or disincentivizing the marketing of certain plans to drive sales towards products that carriers financially prefer.

Such actions undermine fair competition, manipulate the market, restrict consumer access, and erode the essential role that licensed independent producers play in helping Americans navigate increasingly complex Medicare and ACA Marketplace plan options.

The Idaho Department of Insurance has already established important regulatory clarity for the Medicare program by confirming that:

- Carriers must make applications readily accessible to both consumers and appointed producers across all print and digital mediums (as had been made available until recently);
- Mid-plan year commission changes are prohibited, similar to product changes post rate-filing; and
- If commissions are built into a filed product, they must be paid as filed.

National Association of Benefits and Insurance Professionals
NABIP
Shaping the *future* of healthcare

NABIP urges state insurance commissioners to:

1. Review and investigate carrier practices that implement "zero-commission" or restrictive compensation structures on Medicare or ACA-related products;
2. Evaluate consistency with existing state unfair trade practice statutes and producer compensation regulations;
3. Consider adopting guidance or bulletins similar to Idaho Bulletin No. 25-06 to preserve market fairness and protect consumer access; and
4. Coordinate enforcement and data collection to ensure consistent oversight of carrier behavior across state lines.

Independent agents are critical to consumer protection, particularly for older Americans and Americans with disabilities who depend on impartial, regulated professionals to make informed coverage decisions. When compensation manipulation or access restrictions occur, consumers lose transparency, choice, and support.

NABIP stands ready to assist the NAIC and its member regulators by providing documentation, examples, and testimony from licensed producers who have experienced these practices.

Thank you for your continued leadership in protecting consumers and ensuring fair market practices across the nation's Medicare and ACA insurance landscape.

Sincerely,

Michael Andel
Senior Vice President of Government Affairs
National Association of Benefits and Insurance Professionals

RAÚL R. LABRADOR
Attorney General

Matt K. Steen – I.S.B. No. 10285
Deputy Attorney General
Idaho Department of Insurance
700 W. State Street, 3rd Floor
PO Box 83720
Boise, Idaho 83720-0043
Telephone No. (208) 334-4204
Facsimile No. (208) 334-4298
matt.steen@doi.idaho.gov

Attorneys for Idaho Department of Insurance

BEFORE THE DIRECTOR OF THE IDAHO DEPARTMENT OF INSURANCE

In the Matter of: **UNITEDHEALTHCARE OF THE ROCKIES**, a Utah Company; NAIC CoCode No. 95685 and **CARE IMPROVEMENT PLUS SOUTH-CENTRAL INSURANCE COMPANY,** a Nebraska company; NAIC CoCode No. 12567 Respondents.	Docket No. 18-4775-25 **CEASE AND DESIST ORDER AND NOTICE**

To: **UNITEDHEALTHCARE INSURANCE COMPANY and CARE IMPROVEMENT PLUS SOUTH-CENTRAL INSURANCE COMPANY,**

Pursuant to the authority granted to the Director of the Idaho Department of Insurance ("Department") in the Idaho Insurance Code, section 41-101, *et seq.*, Idaho Code, in particular section 41-213(1)(a), Idaho Code, in addition to the Administrative Procedures Act, Idaho Code § 67-5201, *et seq.*, the Director of the Department issues this **CEASE AND DESIST ORDER** without prior notice but with the opportunity for hearing based upon the following:

IDAHO LAW

Idaho Code §§ 41-1301 through 41-1321, known as the Trade Practices Law, was enacted by the legislature of the state of Idaho to define, or provide for the determination of, all such practices in this state which constitute unfair methods of competition or unfair or deceptive acts or practices and by prohibiting the trade practices so defined or determined.

The Director of the Idaho Department of Insurance is authorized to determine, for the purposes of § 41-1301, which practices constitute unfair or deceptive acts.

Idaho Code § 41-1302 prohibits any person in this state from engaging in any trade practice which is prohibited or defined in that chapter or determined pursuant to that chapter to be an unfair method of competition or an unfair or deceptive act or practice in the business of insurance.

Idaho Code § 41-1321 grants the Director discretion to determine if any method of competition or any act or practice that is not expressly prohibited or defined in that chapter is unfair or deceptive.

Idaho Code § 41-1321 grants the Director authority to seek any relief authorized by title 41, Idaho Code for those acts he determines to be unfair or deceptive.

Idaho Code § 41-213(1)(a) authorizes the Director to issue an order requiring a person to cease and desist from engaging in any act or practice constituting a violation of the Idaho Insurance Code.

Idaho Code §§ 41-213(1)(a) and 67-5247 provides that an agency may act through an emergency proceeding, otherwise known as a cease and desist order, in a situation involving an immediate danger to the public health, safety, or welfare requiring immediate agency action, or where to prohibit any unlawful act or practice.

RESPONDENTS

1. UNITEDHEALTHCARE OF THE ROCKIES (UHC), is a Utah-domiciled insurer.

2. CARE IMPROVEMENT PLUS SOUTH-CENTRAL INSURANCE COMPANY (referred to with co-respondent jointly as "UHC") is a Nebraska-domiciled insurer.

FINDINGS OF FACT

3. UHC is a Utah-domiciled insurer licensed to transact insurance in the state of Idaho.[1]

4. On or about September 2025, it came to the Department's attention that UHC was intentionally limiting access to Medicare Advantage (MA) products by curtailing access to MA applications online.

5. Through approximately dozens of licensed Idaho agents, it also came to the Department's attention that UHC was intentionally limiting paper applications and consumer access.

6. Through dozens of agents the department learned UHC was rescinding agent commissions on MA plans. UHC discontinued commissions even though commissions were included in the rates at development, filed for approval, and are being charged to Idahoans eligible for Medicare.

7. The Department verified UHC's intentions when it received a copy of its *Amendment to Agent Agreement*, of September 9, 2025, wherein UHC notified agents that some MA plans would become non-commissionable for applications signed after October 1, 2025.

8. Many agents told the Department that they were informed directly by UHC representatives that the company did not want to sell any MA plans, despite planned marketing

[1] Co-respondent CARE IMPROVEMENT PLUS SOUTH-CENTRAL INSURANCE COMPANY is domiciled in Nebraska.

efforts, because they were concerned about the volume of consumers who would enroll. Agents were told UHC discontinued offering commissions to discourage enrollment.

9. In a meeting with the Department on or about October 17, 2025, a UHC representative said UHC was deliberately discouraging enrollment by any means possible.

10. The representative affirmed that the elimination of commissions was not about UHC saving money, it was about discouraging enrollment and steering interest away from MA plans.

CONCLUSIONS OF LAW

Based on the facts set forth above, the Director concludes as a matter of law that:

a. The advertising, marketing, and selling of MA plans (with or without the involvement of agents) constitutes the business of insurance.

b. An insurance company marketing in Idaho is required to be licensed in Idaho and abide by the laws of the state, especially Title 41 and including the Unfair Trade Practices Act.

c. Seniors are afforded the opportunity to choose a plan through a limited open enrollment period of October 15th through December 7th. Due to the limited duration of open enrollment, UHC's actions require immediate action.

d. Insurers spend significant funds to develop products and to actuarially rate products and submit those products for approval months in advance of the open enrollment period.

e. UHC had every opportunity to design and develop their product before open enrollment.

f. UHC willfully retained its zero-premium plan in the Idaho market, which was designed to attract seniors. UHC developed actuarially sound rates and intended to market that product.

g. UHC is developing products and rates which account for commissions and then charging seniors the rate that includes commissions. By discouraging enrollment in those plans, it overstates its expenses and augments its profits by not paying the agents who market and service their customers.

h. UHC is deliberately manipulating the insurance market by disincentivizing agents from selling MA plans by making enrollment and applications unavailable and by refusing to pay commissions that are being paid by the agents' clients.

i. UHC is deliberately manipulating the insurance market by concealing MA plans from consumers by removing those applications from its website and requiring that applicants fill out a paper application instead and simultaneously making the paper application nearly impossible to obtain by all sales channels.

j. UHC's practices constitute unfair or deceptive practices as contemplated in Idaho Code § 41-1321;

k. Elderly consumers are among the most vulnerable and in need of MA products.

l. Immediate action is needed to prevent present and future damage and further abuse.

Based on the foregoing findings of fact and conclusions of law, the Director enters the following order:

ORDER TO CEASE AND DESIST

Now, therefore, acting pursuant to the public interest and Idaho Code § 41-213(1)(a), it is hereby ORDERED that:

a. UHC and its managing members, officers, employees, agents and successors, immediately CEASE AND DESIST from all practices and acts aimed at limiting or concealing MA plans from Idaho consumers;

b. UHC, and its managing members, members, officers, employees, agents and successors, immediately CEASE AND DESIST from creating any disincentives of any kind to its agents to prevent the sale of MA plans;

c. UHC, and its managing members, officers, employees, agents and successors, immediately CEASE AND DESIST from concealing MA plans on its applications either in paper or on its website or otherwise making it onerous to apply for those plans in favor of another plan.

d. UHC and its managing members, officers, employees, agents and successors, immediately cease and desist from altering its contracts with agents to withhold commissions with the intent of manipulating the insurance market and depriving consumers of UHC's products.

NOTICE

Respondents are hereby notified that this Cease and Desist Order is a final order of the Director, subject to the Respondents' right to timely file a motion for reconsideration or a request for hearing. Pursuant to Idaho Code §§ 41-232 and 67-5246, the Respondents may file a motion for reconsideration of this Cease and Desist Order or a request for hearing within fourteen (14) days of the service of this Order.

Any hearing and subsequent proceedings in this matter will be conducted in accordance with Chapter 2, Title 41, of the Code and the Idaho Administrative Procedure Act, Idaho Code § 67-5201, *et seq.*

If the Respondents timely file a motion for reconsideration, the Department will dispose of such motion within twenty-one (21) days of its receipt, or the motion will be considered denied by operation of law, pursuant to Idaho Code § 67-5246(4).

If the Respondents timely file a request for hearing, the Respondents will be notified of the date, time and place of the hearing, as well as the name of the presiding officer. At the hearing, the Respondents will be entitled to enter an appearance, introduce evidence, examine and cross-examine witnesses, make arguments, and generally participate in the conduct of the proceedings. The Respondents may also be represented by legal counsel at their own expense.

Any motion for reconsideration or request for hearing must be timely made in writing, addressed to:

Dean L. Cameron, Director
Idaho Department of Insurance
700 W. State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043

With a copy sent to:

Matt K. Steen
Deputy Attorney General
Idaho Department of Insurance
P.O. Box 83720
Boise, Idaho 83720-0043

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this Order may appeal from such order to the district court by filing a petition in the district court of the county in which:

a. a hearing was held;
b. the final agency action was taken;
c. the party seeking review of the order resides, or
d. the real property or personal property that was the subject of the agency action is located.

An appeal must be filed within twenty-eight (28) days: (a) of the issuance of this Order, (b) of the issuance of an order denying a motion for reconsideration, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration, whichever is later. Idaho Code § 67-5273(2). The filing of an appeal to the district court does not itself stay the effectiveness of enforcement of the order being appealed.

It is so ordered.

DATED this 28 day of October, 2025.

State of Idaho
Department of Insurance

Dean L. Cameron
Director

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I have on this 28th day of October 2025, caused a true and correct copy of the foregoing CEASE AND DESIST ORDER AND NOTICE to be served upon the following by the designated means:

UnitedHealthCare of the Rockies Rebecca de la Torre, Market Conduct Contact rebeca.delatorre@uhc.com	☐ first class mail ☐ certified mail ☐ hand delivery ☐ via facsimile ☒ via email
Care Improvement Plus South-Central Insurance Company Joseph Stangle, Market Conduct Contact joseph_stangl@uhc.com	☐ first class mail ☐ certified mail ☐ hand delivery ☐ via facsimile ☒ via email
Matt K. Steen Deputy Attorney General Idaho Department of Insurance 700 W. State Street, 3rd Floor P.O. Box 83720 Boise, ID 83720-0043 matt.steen@doi.idaho.gov	☐ first class mail ☐ certified mail ☐ hand delivery ☐ via facsimile ☒ via email

Jan Noriyuki
Paralegal

TRINIDAD NAVARRO
COMMISSIONER

STATE OF DELAWARE
DEPARTMENT OF INSURANCE

DOMESTIC AND FOREIGN BULLETIN 162
PRODUCER AND ADJUSTER BULLETIN NO. 39

TO: **ALL CARRIERS AND PRODUCERS TRANSACTING INSURANCE WITH MEDICARE-ELIGIBLE RESIDENTS IN DELAWARE**

RE: **UNFAIR TRADE PRACTICES IN MARKETING INSURANCE PRODUCTS TO DELAWARE RESIDENTS ELIGIBLE FOR MEDICARE**

DATED: **October 31, 2025**

This Bulletin supersedes Forms and Rates Bulletin No. 10, amended on April 15, 1992, and clarifies the Delaware Department of Insurance's (the Department) position on market conduct practices that may violate Title 18, Chapter 23 of the Delaware Insurance Code. Specifically, it addresses actions that manipulate the insurance market or restrict access to approved products for Medicare-eligible consumers, including practices related to producer compensation and plan availability.

This Bulletin also reinforces that such practices may violate federal guaranteed availability protections under the Medicare statutes, which require individuals to have access to coverage without discrimination or obstruction.

Applicability

This Bulletin applies to all carriers and producers offering Medicare Advantage and Medicare Supplement plans to Delaware residents.

Carriers are reminded that any attempt to restrict access to approved products, such as removing enrollment applications from public platforms, discouraging producers from selling specific plans, or altering or withholding producer compensation, is prohibited under 18 *Del. C.* § 2304. These actions constitute unfair trade practices and violate the principles of transparency, accessibility, and good faith access required in the marketing and sale of Medicare-related insurance products.

Additionally, such practices may conflict with federal guaranteed availability requirements under Medicare law (42 U.S.C. § 1395ss). The Centers for Medicare & Medicaid Services (CMS) has issued guidance clarifying that reducing or eliminating agent/broker compensation, particularly during Special Enrollment Periods (SEPs), may undermine these federal protections.

Prohibited Conduct

The Department considers the following actions to be unfair methods of competition or deceptive acts under 18 *Del. C.* § 2304, even if not explicitly listed in the statute. Under 18 *Del. C.* § 2307, the Commissioner may determine that other practices not specifically enumerated also constitute violations if they are unfair, deceptive, or detrimental to the insurance-buying public:

- Failing to make enrollment applications readily available and easily accessible in all formats (e.g., printed, online, through appointed agents).
- Discouraging or dissuading producers from marketing or selling approved products.
- Modifying or eliminating producer compensation mid-year.
- Withholding compensation on products that were filed with compensation built into the rate structure.
- Creating internal policies or incentives that steer consumers away from certain approved products, regardless of suitability.
- Delaying or obstructing producer access to enrollment tools, training, or materials necessary to support sales.
- Retaliating against producers who raise concerns about compensation practices or consumer access barriers.

The Department emphasizes that compensation is not a discretionary tool to manage market performance or profitability. Discontinuing commissions on filed products, particularly when carriers have appointed agents, commissions were historically paid, or failed to provide advance notice of zero-commission status, undermines consumer access and violates Delaware law. These actions also adversely impact fair competition in the Medicare market.

Carrier and Producer Responsibilities

All carriers and producers must act in good faith and in full compliance with Delaware and federal law. Products that have been filed and approved for sale must be marketed without artificial barriers, discriminatory practices, or disincentives.

If a product was filed with the expectation of producer compensation, carriers must honor that commitment. Only carriers that explicitly filed plans with a documented zero-commission structure may avoid paying commissions. Any other attempt to suppress compensation or manipulate sales incentives is considered unlawful.

Producers have a legal and ethical duty to prioritize the best interests of the consumer. They must assist individuals in selecting plans that best meet their needs, with consideration given to prescription drug coverage, provider access, overall cost, and affordability.

Compliance and Enforcement

The Department will actively monitor market conduct to ensure compliance with both Delaware law and federal guaranteed availability protections under Medicare statutes.

Violations may result in enforcement actions, including but not limited to:

- Orders to cease and desist from unfair or deceptive practices.
- Suspension or revocation of licenses under 18 *Del. C.* §§ 520 and 1712.
- Administrative penalties under 18 *Del. C.* § 2308, including applicable fines.

Carriers and producers are strongly encouraged to review their compensation policies, marketing practices, and enrollment procedures to ensure full compliance.

Questions about this Bulletin should be emailed to compliance@delaware.gov.

This Bulletin shall be effective immediately and shall remain in effect unless withdrawn or superseded by subsequent law, regulation or bulletin.

Trinidad Navarro
Delaware Insurance Commissioner

Note: This Bulletin is intended solely for informational purposes. It is not intended to set forth legal rights, duties, or privileges, nor is it intended to provide legal advice. Readers should consult applicable statutes and rules and contact the Delaware Department of Insurance if additional information is needed

employers may fall into both categories – a Small Group under state market segment rules but an ALE under federal law. Most other states, including Nevada, define Small Group as 1–50 employees.

This article came from Word & Brown also
California passed SB 729 (effective 01/01/2026) requires health plans to offer product options which cover infertility diagnosis and treatment services. Under this law, large group health care service plan contracts must provide infertility benefits. Small group health care service plan contracts must offer these benefits, although small employer groups are not obligated to provide them.

In Nevada **SB217** - the IVF and Pregnancy Diagnosis bill will be heard in Assembly Commerce and Labor today - the time is "Call of the Chair" which usually means once Assembly Floor is done.
We have lobbied for changes on this bill and pretty much the only thing we have not been able to amend is the inclusion of groups with 51-100 employees.
- Vetoed by the Governor. (Return to 84th Session)
I included this because in Nevada Congress we tend to follow California – those of you who sell can see what may happen in the future of IVF in Nevada in a few years.

Carrier Infertility Comparison
Updated on: October 16, 2025, | By Word & Brown General Agency | California

A new law in California (SB 729, effective January 01, 2026) requires health plans to offer product options which cover infertility diagnosis and treatment services. Under this law, large group health care service plan contracts must provide infertility benefits. Small group health care service plan contracts must offer these benefits, although small employer groups are not obligated to provide them.

Aetna

SB 729 Fertility and Infertility Coverage
Pending
Coverage

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium.

Plans with additional Infertility include: Infertility Treatment - Artificial Insemination or Ovulation Induction: Coverage is limited to 6 courses of treatment for AI and 6 courses of treatment for OI per lifetime.

Advanced Reproductive Technology: Can include GIFT, ZIFT, IVF, ICSI, ovum microsurgery and cryopreserved embryo transfers, see the Certificate of Coverage for full details. Coverage is limited to IVF for fertility preservation. GIFT is limited to 2 cycles per lifetime.

Rider
N/A
Rider Cost
N/A
Rider Lifetime Maximum
N/A
Rider Benefit
N/A
Rider Exclusions
N/A

Anthem Blue Cross

SB 729 Fertility and Infertility Coverage
Anthem Blue Cross's Infertility Rider currently complies with SB 729 for the Small Group market. Consequently, there will be no changes in how this rider is offered to Small Group clients and members.
Coverage
Diagnosis and treatment of underlying medical cause of Infertility is covered for all plans.
Rider
Infertility Rider available. $2,000 lifetime maximum for services (in- and out-of-network combined) for the following: Medications given in a doctor's office, Reconstructive Surgery, except for sterilization reversal, artificial insemination, supplies and appliances, IVF, GIFT, ZIFT. Separate $1,500 lifetime maximum for drugs prescribed for treatment of infertility.
Rider Cost
$90 per subscriber per month, regardless of area or age.

Rider Lifetime Maximum
$2,000 for services, and separate $1,500 for infertility drugs, per subscriber.
Rider Benefit
50% coinsurance. Benefits are subject to deductible and accrue to the OOP max.
Rider Exclusions
See EOC

Blue Shield of California

SB 729 Fertility and Infertility Coverage
General

Small Business

Large Group - Fully-Insured

Self-funded Impacts

On September 29, 2024, Governor Newson Signed SB 729 which expands access to fertility coverage for fully insured employer groups in the small group line of business. Blue Shield of California is required to offer coverage (Assisted Reproductive Technology -ART Rider) for the diagnosis and treatment of infertility and fertility services in the Small Business Market, for plans issued, amended, or renewed on or after July 1, 2025. The mandate required that cost shares applied to diagnosis and treatment of infertility services may not differ the cost shares applied to other covered services. For Plans with an effective date on or after July 1, 2025, Blue Shield will offer the required infertility coverage (Assisted Reproductive Technology -ART Rider) for each medical plan in compliance with this mandate.
Coverage
Offer HMO and PPO/HSA/HDHP plans with and without Infertility.

Plans with Infertility include: Six (6 lifetime) natural (without ovum [egg] stimulation) artificial inseminations, three (3 lifetime) stimulated (with ovum [egg] stimulation) artificial inseminations, one (lifetime) GIFT, cryopreservation is limited to one (lifetime) retrieval and one year of storage.

PPO & HSA/HDHP Plans: Services are subject to the Calendar Year Medical Deductible and do count towards the Calendar Year Out-of-Pocket Maximum.

EXCLUDES: Assisted Reproductive Technology and associated services related to ICSI, ZIFT, IVF and more.

Services are not subject to any applicable deductible and do not count towards the Calendar Year Out-of-Pocket Maximum
Rider
Available on all plans. Coverage in-network for:
Natural/Stimulated AI
Cryopreservation
Prescription drugs
Rider Cost
Cost will be applied per enrollee per month, and varies by plan and age (including children).
Rider Lifetime Maximum
Lifetime limit of:
6 natural/3 stimulated AI
1 GIFT
1 Cryopreservation of embryo, oocytes, ovarian tissue, and sperm (1 retrieval & 3 year storage per person/lifetime)
Rider Benefit
The mandate provides that the cost shares or other limitations applied to the coverage of the diagnosis and treatment of infertility must not differ from those applies to benefits for services not related to infertility. See specific plan design benefit summary for details.

Please use the following link to the Summary of Benefit (SOBs):

https://www.blueshieldca.com/en/broker/small-business/medical/summary-of-benefits-2026
Rider Exclusions
ZIFT; IVF; ICSI; surrogacy services; the collection, purchase, or storage of the sperm/eggs/frozen embryos from donors other than the member; and anything not specifically listed as a covered service in the Family Planning and Infertility Services section of the EOC.

CaliforniaChoice

SB 729 Fertility and Infertility Coverage
Pending
Coverage
All groups in the CaliforniaChoice® Program operate under small group health care service plan contracts.

The Department of Managed Health Care has determined that products offered through the CaliforniaChoice Program are not required to include options covering infertility benefits, as employer groups may access such options directly from the health plan.
Rider
N/A
Rider Cost
N/A
Rider Lifetime Maximum
N/A
Rider Benefit
N/A
Rider Exclusions
N/A

Health Net

SB 729 Fertility and Infertility Coverage
What is the updated guidance on quoting the IVF/fertility rider option for small group (SG) plans starting July 1, 2025?
No changes. When the rider is needed, it is added at a group level to all members/plans.
2. Will it be quoted as a separate line item or as part of a dual-rate package (standard vs. IVF)? – Included in the rate when the rider is selected.
3. Are there multiple rider options available (e.g., basic vs. enhanced)? – No, just one rider.

Are you providing any materials or summaries for brokers and employers that explain this new rider? If so, please provide.

Yes, everything has been posted on our forms and brochures page.

Portfolio Guide – July 1, 2025 effective date – English (PDF)

Will your coverage include:

ASRM clinical standards, such as single embryo transfer? –

What's covered: In vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), or any process that involves harvesting, transplanting or manipulating a human ovum.

Provisions for same-sex couples or third-party reproduction (donors, surrogates)? – No

Large group has different requirements, and the benefits are embedded vs. offered as an optional rider.
Coverage
HMO:

Plans are offered with or without Infertility benefits

Plans with Infertility include: $8,500 Lifetime benefit maximum for medical benefits, $1,500 lifetime benefit maximum for Rx benefits. Includes artificial insemination and GIFT.

Infertility benefits DO NOT apply to out-of-pocket maximum for HMO plans.

PPO & HSA:

Plans are offered with or without Infertility benefits

Plans with Infertility include: $2,000 Lifetime benefit maximum for medical benefits, separate $2,000 Lifetime benefit maximum for Rx benefits. Includes artificial insemination and GIFT.

Infertility benefits do not apply to the calendar year out-ofpocket
Rider
Available on all plans. Coverage in-network for:
Artificial Insemination
Gamete intrafallopian transfer (GIFT)
Follicle ultrasounds
Sperm washing
Prescription drugs (oral)
Office visits (Professional services)
Inpatient and outpatient care

Treatment by injections
Medically necessary services and supplies for established fertility preservation treatments in connection with iatrogenic infertility
Rider Cost
Rates will vary by rating region and age. If the employer chooses the infertility benefit, all plans offered will have the infertility benefit and the additional premium will be applied to each person on the policy.
Rider Lifetime Maximum
HMO Plans

$8,500 for medical, $1,500 for prescription benefits.

PPO Plans

$2,000 for medical, $2,000 for prescription benefits.
Rider Benefit
50% coinsurance. Benefits do not apply to the OOP Max (except on PPO HDHP plans)
Rider Exclusions
Conception by medical procedures (IVF and ZIFT), or any process that involves harvesting, transplanting or manipulating a human ovum, other than GIFT; services or supplies (including injections and injectable medications) which prepare the member to receive these services
The collection, storage or purchase of sperm
Gamete or embryo storage
Use of frozen gametes or embryos to achieve future conception
Pre-implantation genetic diagnosis
Donor eggs, sperm or embryos
Gestational carriers (surrogates)
Kaiser Permanente

SB 729 Fertility and Infertility Coverage
Kaiser Permanente is awaiting final regulatory approval from the DMHC for benefit offerings and implementation timing. There is a possibility that implementation may be delayed from July 1, 2025, to January 1, 2026. Kaiser will release an update if any changes are required from the DMHC.

Large Group Update:

Access to fertility care will be expanded because of the new California Senate Bill 729. With a current effective date of July 1, 2025, as contracts renew, Kaiser Permanente will provide coverage for the diagnosis and treatment of infertility/fertility treatments.

Coverage details are currently being reviewed by the Department of Managed Health Care (DMHC). Once the DMHC approves Kaiser Permanente's implementation approach, plan documents such as EOCs will be updated accordingly for all fully insured large employer groups that offer fertility service in accordance with SB 729.

Kaiser Permanente will continue to provide additional information as it becomes available. In the meantime, you can review the coverage details below (pending DMHC approval).

SB 729 offers coverage for the following fertility treatments and procedures, including:
Diagnosis and treatment of infertility
Artificial insemination (IUI)
In Vitro Fertilization (IVF)
*If the lifetime maximum for egg retrievals is reached, Kaiser Permanente will not cover any future services related to egg retrievals including prescription drugs.

Cost share and accumulations for fertility services will match the plan's cost sharing that applies to non-fertility medical services (e.g., plan's cost share for the same type of service, lab, imaging, etc.). Fertility drugs will be covered, equal to plan's generic/brand /specialty cost share.

For large group customers renewing between July and December 2025, the benefit will be included as part of the renewal. As a contract renews and SB 729 coverage is included, this expanded benefit will act as a benefit reset. A covered member will be eligible for SB 729 services, regardless of whether the member has accessed or exhausted any previous supplemental fertility services coverage.

Small Group Update:

All existing employers and brokers with INF plans, both ACA-metal and grandfathered, will receive a one-time email notification informing them of the benefit enhancements at time of renewal, beginning mid-June (pending DHMC approval).

How will a member be informed of SB 729 fertility coverage?

Kaiser Permanente will provide information about fertility benefit coverage and how to access care to employees who are members. Kaiser Permanente members can always reach out to the Member Services at Support Center or call 1-800-464-4000, 711 TTY available 24/7 for most services and more than 150 languages using interpreter services.

Kaiser Permanente's Member Services representatives will be able to respond to any member questions about SB 729. If a member has any questions or wants more information about these changes, they can contact member services at kp.org/supportcenter or call 1-800-464-4000, 711 TTY available 24/7 for most services, offering more than 150 languages using interpreter services.

Where can a Kaiser Permanente member receive fertility services?
In Northern California, Kaiser Permanente provides comprehensive fertility care at our Kaiser Permanente's Centers for Reproductive Health (CRH) - https://www.kpivf.com/ California Fertility Clinic (Bay Area) | Kaiser Permanente Centers for Reproductive Health.

In Southern California, the Southern California Permanente Medical Group (SCPMG) REI physicians provide IVF care in a variety of high-quality, conveniently located non-KP IVF centers within the Southern California region. All covered patients are seen at a Kaiser facility by an SCPMG REI physician who coordinates their care. Intrauterine Insemination (IUI) procedures are performed at a Kaiser facility and In-vitro Fertilization (IVF) services are performed by KP physicians at contracted facilities.

Where can members find more information about fertility care and local services at Kaiser Permanente fertility?

Members can ask their ob-gyn and visit the following pages to obtain clinic specific information along with fertility services:

Northern California

Southern California
Coverage
HMO:
Infertility benefits can be added for an additional cost for 20+ groups AND Kaiser is the sole carrier.

Covered services include: services for diagnosis and treatment of infertility, artificial

insemination and GIFT (limited to one treatment per lifetime).

EXCLUDES: All other services related to conception by artificial means and services to reverse voluntary, surgically induced infertility.

Covered at 50% coinsurance with no annual maximum. Benefits are not subject to deductible and do not accrue to the out-ofpocket maximum, except for HDHPs.

PPO:

$1,000 per year maximum for treatment of infertility, including GIFT.

EXCLUDES: IVF.

HSA:

Same benefits as HMO, except benefits are subject to any Medical deductible and accrue to out-of-pocket maximum.

Rider
Cost is built into the plan and varies by age and plan design.

Must be quoted by Kaiser.
Rider Cost
Rates will vary by rating region and age. If the employer chooses the infertility benefit, all plans offered will have the infertility benefit and the additional premium will be applied to each person on the policy.
Rider Lifetime Maximum
GIFT procedures up to 1 treatment cycle per lifetime
Rider Benefit
50% coinsurance. Benefits aren't subject to deductible and do not accrue to the OOP max (exception for HDHPs)
Rider Exclusions
Services to reverse voluntary, surgically induced infertility
All other services related to conception by artificial means (except for GIFT), such as:
In vitro fertilization (IVF)\
Zygote intrafallopian transfer (ZIFT)
Ovum transplants

Procurement and storage of semen and eggs
MediExcel
SB 729 Fertility and Infertility Coverage
SB 729 coverage requirements do not apply to MediExcel Health Plan due to its licensure under the Knox Keene Act, Section 1351.2.

MediExcel Health Plan has confirmed with the California Department of Managed Health Care that SB 729 does not apply to services delivered in Mexico.
Coverage
The following criteria outline the services covered under MediExcel Health Plan:
Diagnosis and treatment for infertility in both men and women include:
Full Medical History (Medical Consultation).
General Medical Exams.
Diagnosis and treatment for infertility in females includes:
Pelvic Examination (through an OBGYN).
Laboratory investigation for hormonal disturbances through blood test (e.g., Follicular Stimulating Hormone, Luteinizing Hormone, Prolactin).
Cultures for infectious agents.
X-ray procedures used to see whether the fallopian tubes are patent (open) and if the inside of the uterus (uterine cavity) is normal through a hysterosalpingogram.
Gamete Intrafallopian Transfer (GIFT) is considered as a treatment in cases where In-Vitro Fertilization and other Assisted Reproductive Technologies have failed.
Diagnosis and Treatment for infertility in males include:
Semen analysis 2 to 3 times following 5 days of abstinence.
Laboratory investigation for hormonal disturbances through blood test (e.g., Follicular Stimulating Hormone, Luteinizing Hormone, Prolactin, and Serum Testosterone).
Testicular biopsy when member has demonstrated azoospermia, with previous spermatoscopy.
Scrotal ultrasound, when appropriated for azoospermia.

MediExcel Health Plan does NOT cover the following infertility services:
Medication for treatment of sexual dysfunction, including erectile dysfunction, impotence, anorgasmia or hyporgasmy.
Reversal of previous elective vasectomy or tubal ligation.
Further infertility treatment when either both partners refuse to participate or lack full participation in treatment.
Treatment for female sterility in which donor ovum would be necessary (e.g., post-menopausal syndrome).

Microdissection of the zona or sperm microinjection.
Experimental and/or investigational diagnostic studies or procedures.
Frozen embryo transfer.
Freezing or storing of sperm, ovum, and/or pre-embryos.
Ovum, ovum donor or ovum bank charges.
Sperm, sperm donor or sperm bank charges.
Inoculation of female with male's partner's white cells (experimental).
Infertility services for post-menopausal women.
Infertility from a previous elective vasectomy or tubal ligation.
In-Vitro Fertilization due to its poor rates of success.
Zygote Intrafallopian Transfer (ZYFT).
Infertility services for non-members (e.g., surrogate mothers who are not MediExcel members).
Infertility treatment with Immunoglobulin (IVIG).
Infertility/Fertility requirements under SB 729, effective July 1, 2025, as they do not apply to MediExcel Health Plan given its licensure under the Knox-Keene Act Section 1351.2. Furthermore, the California Department of Managed Health Care confirmed that SB 729 does not extend to services delivered in Mexico.

NOTE: Although GIFT is a covered benefit, In-Vitro Fertilization is not covered. In order for GIFT to be considered as a covered treatment, the member must first have gone through an In-Vitro Fertilization procedure. As part of the authorization request, the following need to be provided:
Medical documentation and findings from a qualified practitioner documenting that adequate attempt of In-Vitro Fertilization treatments were not successful in last 6 months.
Member is a viable candidate for GIFT (unexplained infertility, at least one healthy fallopian tube).
No other infertility treatments can be used.
Sharp Health Plan

SB 729 Fertility and Infertility Coverage
Sharp will offer standard plans as well as plans that include infertility benefits. SHP will no longer offer infertility rider options. For those plans that include infertility benefits, the coverage will be as follows:

Treatment of diagnosed Infertility. Including but not limited to Assisted Hatching, In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Intracytoplasmic Sperm Injections (ICSI), and Zygote Intrafallopian Transfer (ZIFT). Up to a maximum of three completed

oocyte retrievals (egg retrievals) with unlimited embryo transfers in accordance with the guidelines of the American Society for Reproductive Medicine (ASRM), using single embryo transfer when recommended and medically appropriate.

SIMNSA

SB 729 Fertility and Infertility Coverage
Implementation is pending DMHC's final approval of the EOC language.

The Plan confirms that for large group health care service plan contracts issued, amended, or renewed on or after January 2026, coverage will include the diagnosis and treatment of infertility and fertility services. This will include up to three completed oocyte retrievals and unlimited embryo transfers, following ASRM guidelines, with single embryo transfer used when recommended and medically appropriate.

Additionally, infertility will be defined as a condition or status characterized by any of the following:

A licensed physician's findings, based on the patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors. NOTE: This definition shall not prevent testing and diagnosis of infertility before the 12-month or 6-month period to establish infertility.

A person's inability to reproduce either as an individual or with their partner without medical intervention.

The failure to establish a pregnancy or to carry a pregnancy to live birth after regular, unprotected sexual intercourse. "Regular, unprotected sexual intercourse" means no more than 12 months of unprotected sexual intercourse for a person under 35 years of age or no more than 6 months of unprotected sexual intercourse for a person 35 years of age or older. Pregnancy resulting in miscarriage does not restart the 12-month or 6-month time period to qualify as having infertility.
Sutter Health Plan

SB 729 Fertility and Infertility Coverage
Sutter Health Plan has implemented coverage for large group plans and small group Plus plans in accordance with the requirements of SB 729 and the guidelines of the American Society for Reproductive Medicine (ASRM). Effective July 1, 2025, California Senate Bill (SB)

729 expands coverage requirements for the diagnosis and treatment of infertility and fertility services.
Large group health plans must include coverage for the diagnosis and treatment of infertility, and fertility services.
Small group health plans must offer coverage for the diagnosis and treatment of infertility, and fertility services.
These changes do not apply to small group Standard plans or individual and family plans (IFPs).
This coverage will include a maximum of three completed oocyte retrievals and unlimited embryo transfers.
Coverage
Covered services include, but are not limited to:

Consultations, exams, diagnostic tests, procedures and drug therapy to diagnose and treat infertility.
A maximum of three completed oocyte retrievals.
Unlimited embryo transfers, using single embryo transfer when recommended and medically appropriate.
Cryopreservation and storage of sperm, oocytes, gonadal tissue and embryos for a period of three years.
The new infertility benefit covers infertility treatment as medically necessary. There is no limit on the number of IVF cycles. There are only limits on the oocyte retrievals and cryopreservation/storage as listed above.

Limitations and Exclusions:
Services for any individual who is not a covered Member, including any costs associated with the retrieval, cryopreservation, and storage of genetic material from anyone other than a covered Member.
Services and supplies to reverse voluntary infertility including, but not limited to, reversals of vasectomy, tubal ligation or other surgically induced infertility, or to treat infertility following reversal procedures.
Experimental and investigational diagnostic studies, procedures and drugs used to determine the cause of infertility or to treat infertility.
Click here for more information from Sutter Health Plan.

Total Benefit Solutions
TBS is filed as a large group in Deleware. Therefore, the California small group requirements would not apply.

UnitedHealthcare

SB 729 Fertility and Infertility Coverage
Note: UHC small business product team is in the process of updating the optional benefit language for SB729.
Coverage
HMO , PPO & HSA:

Infertility is not a standard benefit. Groups need to elect infertility coverage. Pending complete details.

State Navigate Plans:

Infertility coverage limited to $2,000 per covered person per lifetime at the plan's coinsurance.

Rider
Available on all HMO and PPO plans. This applies to all California UnitedHealthcare Small Business groups (1–100 employees).

HMO:
Insemination procedures (artificial insemination (AI) and intrauterine insemination (IUI))
Gamete Intrafallopian Transfer (GIFT)
Clomid and other approved Injectable medications and syringes
Click here for: HMO Infertility Rider

The attached 2026 GAF form lists the Infertility Rider options on PDF page 4 of 4 (the broker may sign if the group chooses to add this benefit).
PPO:
Covered Services (when provided by or under the direction of a physician):
Ovulation induction
Insemination procedures (Artificial Insemination [AI] and Intrauterine Insemination [IUI])
Assisted Reproductive Technologies (ART)
Outpatient pharmaceutical products for infertility treatment

ART Definition: Procedures involving manipulation of reproductive materials (e.g., sperm, eggs, embryos) to achieve pregnancy, including:
In vitro fertilization (IVF)
Gamete intrafallopian transfer (GIFT)
Pronuclear stage tubal transfer (PROST)
Tubal embryo transfer (TET)
Zygote intrafallopian transfer (ZIFT)
Eligibility Criteria:

Infertility must be due to a recognized medical condition or the inability to conceive or carry a pregnancy to live birth after one year of unprotected intercourse.

Infertility related to voluntary sterilization or failed reversal is not covered.

Rider Cost
The infertility rider for the HMO plan adds 3.4% to the total premium for the HMO population.

Click here for: HMO Infertility Rider

Adding the infertility rider to the PPO plan will increase the total group premium by 4.9%, in addition to any renewal rate changes. The rider includes a $2,000 lifetime maximum benefit.
Rider Lifetime Maximum
HMO
Insemination Procedures limited to 6 procedures per lifetime (benefit renews if member conceives)
GIFT limited to 3 cycles or 1 live birth per lifetime
Rider Benefit
50% coinsurance
Rider Exclusions
Services after a previous elective vasectomy or tubal ligation or sterilization (including reversal)
IVF, ZIFT and procedures performed in conjunction with advanced infertility procedures
Intravenous Gamma Globulin (IVIG)
Treatment of sterility in which a donor ovum would be necessary (e.g., post-menopausal syndrome)

Any costs associated with the collection, preparation, storage of or donor fees for the use of donor sperm that may be used during a course of artificial insemination
Refer to EOC for additional exclusions.

Western Health Advantage

SB 729 Fertility and Infertility Coverage
Beginning July 1, 2025, fertility and family-building benefits will be included in all large group plans and offered as a plan option for small groups. Current group contracts will continue with current Infertility (INF) and Family & Diversity Support (FAM DIV) riders until their renewal on or after July 1, 2025.

Who is Eligible?

Eligibility is based on definitions set forth by California law. A member may qualify for fertility treatment coverage based on:
A physician's findings from medical history, diagnostic testing, and evaluation.
Inability to conceive or carry a pregnancy without medical assistance.
Failure to conceive after 12 months (or 6 months if age 35+) of unprotected intercourse.
Miscarriage does not reset this time.

What's Covered?

Medically appropriate, authorized care and medications, such as:
Fertility-related consultations with a WHA provider
Basic lab work and imaging tests
Genetic testing for prenatal diagnosis of a rare/serious condition
Prescribed oral or self-injectable medications (as per WHA's Preferred Drug List)
Office-administered medications (hormonal therapies, ovarian simulation)
Oocyte retrieval, sperm collection and storage
Artificial Insemination (IVI, ICI, IUI)
Assisted Reproductive Technology (IVF, ICSI, ZIFT, GIFT, FET)
Pre- and post-natal care and delivery for WHA member acting as a surrogate

Cost Sharing:

Copayments, deductibles, and out-of-pocket maximums align with medical and

Copayments, deductibles, and out-of-pocket maximums align with medical and prescription drug benefits. Refer to the Copayment Summary and Evidence of Coverage & Disclosure Form (EOC/DF) for cost, details, exclusions, and limitations. An eligible member must be referred by their doctor for these services; prior authorization is required.

NABIP Medicare Chair Report November 2025

The Government is still shut down and the medicare.gov site is very inconsistent. I urge that no agent tells their clients to call Medicare or go to medicare.gov, there are URLs for the inexpensive plans like HealthSpring and WellCare:

https://healthspring1.destinationrx.com/PC/2026/Shopping/Home?utm_source=pc1&utm_medium=email&utm_campaign=bpml&is_purl_request=true

https://wellcare.isf.io/2026/g/143379a0fb7044dbacd9677f489f5453?AgentCreditCode=02ED2AC5-B615-45F4-A3D6-3DBB07B5D41C

Capital Conference is open for registration taking place February 22-24 2026 Washington DC you can register here:

https://members.nabip.org/nahu_prod_imis/NABIP/Events/Event_Display.aspx?EventKey=2026CC&WebsiteKey=ccb93f9f-80a0-4e30-951f-b1ffd4a0be98

NABIP has a lot to offer for AEP and OEP logo's ect:

Medicare AEP Broker Marketing Resources & Toolkit –

Medicare Matters

- Click here to watch the recording of the latest **Medicare Insider Moments** webinar.
- **Continue submitting and sharing our Medicare surveys! We have over 14,000 surveys and counting. To access the surveys,** click here**.**
- **Recap: NABIP's Medicare Town Hall:** Click here to watch the recording.

Premiered at Capitol Conference! Medicare Voices Video: Medicare Voices is a compelling tribute to the invaluable role that Medicare agents and brokers play in the lives of beneficiaries. Watch the video and give us a thumbs up on YouTube to show your support.

Report from the Director of NABIP PAC Chair - Jay Eldridge

11/3/2025

PAC Report for Oct 2025

On track to break $13,000 for 2025

Average annual contributions since 2021 are $12,995

Majority of contributors are Board Members (17 of 25)

When they leave the board (local or state) they often stop contributing

#1 obstacle to overcome is that the contributions must be from a personal account, not a business account.

Action plan:

Build a promotional marketing campaign to be sent out by Capture that builds awareness around the benefits of contributing to our PAC.

Leverage the campaign at the luncheons and events

Leverage the charitable donation at the Christmas Party

Name	2021	2022	2023	2024	2025	Grand Total
Beach, George	$24.00					$24.00
Casey, Jason	$300.00	$150.00	$200.00	$150.00		$800.00
CEPEDA, GEORGANA					$300.00	$300.00
Chiarello, Megan	$28.45		$125.00			$153.45
Clark, Valerie		$680.00	$1,020.00			$1,700.00
Clauson, Mika		$150.00				$150.00
Curtis, Kevin	$504.00	$378.00				$882.00
Daidone, Grace	$360.00	$360.00	$360.00	$360.00	$120.00	$1,560.00
Dillon, Michael	$1,000.00	$3,725.00	$2,390.00	$5,000.00	$3,735.00	$15,850.00
Edwards, Susan	$600.00	$600.00	$600.00	$600.00	$400.00	$2,800.00
Eldridge, Jaudaun	$252.00	$504.00	$420.00			$1,176.00
Espinal-Aguerre, Gina	$150.00	$365.00	$385.00		$430.00	$1,330.00
Evans, Julie	$150.00	$150.00	$365.00	$365.00	$365.00	$1,395.00
Ference, Norman		$100.00				$100.00
Furr, Kenneth	$390.00	$330.00				$720.00
Gardner, Joy	$564.00	$714.00	$750.00	$600.00	$400.00	$3,028.00
Goldmann, Donald	$5,300.00	$6,150.00	$5,000.00	$5,150.00	$6,000.00	$27,600.00
Kilcourse, Brendan	$144.00	$60.00				$204.00
Moreno, Molly			$84.00			$84.00
Pendergraft, Ross	$450.00	$1,060.00	$1,040.00	$850.00	$765.00	$4,165.00
Rushing, Aliana	$60.00					$60.00
Urrutia, Mary Lou				$65.00	$65.00	$130.00
Ware, Aaron	$360.00	$150.00				$510.00
Williams, Cambria	$144.00	$108.00				$252.00
	$10,780	**$15,734**	**$12,739**	**$13,140**	**$12,580**	**$64,973**