National Association of Benefits And Insurance Professionals
Northern Nevada Chapter

Board of Directors Meeting Minutes
August 5th, 2025 11:10 AM - 12:30 PM
4600 Kietzke Lane, Building G-160, Reno, NV
Via Zoom – Meeting ID = us02web.zoom.us/j/84698950624

Attendance Report: Aliana Rushing, Joy Gardner, Gina Espinal-Aguerre, Don Goldmann, Merre Gregory, Chanté Padilla, Breeze Yerves

Virtual Attendance: Dave Sherrill, Georgana Cepeda, Jay Eldridge, Ross Pendergraft, Julie Ann Evans,

Absent: Molly Moreno, George Beach, Adrienne Saintil, Mary Lou Urrutia, Ashley Kapostins and Doug Boulton

Guests: none

1. Meeting called to order by President Aliana Rushing at 11:10 AM.

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

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

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

4. **President's report by Aliana Rushing.** Written report submitted and entered into the addendum with brief discussion.

    a. Brief discussion encouraging all BOD members to complete online Leadership Training on NABIP website.

    b. The chapter's 2026 budget needs to be finalized by November and Aliana will begin working with Joy Gardner, Vice President of Finance.

        i. Brief discussion Don Goldmann will assist and connect with Aliana and Joy to finalize the annual budget.

    c. Aliana accepted volunteers to work on the 2026 Sponsorship and Ambassador funding drive including Ross Pendergraft, Joy Gardner, Don Goldmann with Aliana Rushing as the chairperson of the committee and Adrienne Saintil will be asked at a later date to represent carrier perspectives.

d. Annual Sponsorship

    i. A brief discussion on why a new set of eyes on the committee may be good.

e. Requested new charity suggestions.

    i. Brief discussion on finding charities that are not solely focused on women and children only.

f. Aliana Rushing motions to formally appoint Breeze Yerves as co-chair for Membership and as the Employer Benefits chair. Seconded by Gina Espinal-Aguerre. Unanimously approved. Motion carried.

g. Brief discussion by Breeze Yerves as she shared the value of bringing in more group CE options for future meetings.

h. Aliana Rushing motions to formally appoint Aliana Rushing as Programs chair Seconded by Joy Gardner. Unanimously approved. Motion carried.

i. Aliana Rushing motions to formally appoint Jay Eldridge as the NABIP PAC Chair. Seconded by Julie Ann Evans. Unanimously approved. Motion carried.

j. Aliana Rushing motions to formally appoint Joy Gardner as the LPRT Chair. Seconded by Julie Ann Evans. Unanimously approved. Motion carried.

k. Brief Discussion, BOD collectively went over pros and cons of having one meeting a month versus two separate meetings.

    i. Suggestion to start the BOD meeting on the morning of the January 2026 meeting at 9:30 am before the luncheon.

    ii. Breeze Yerves will look into the options of having the BOD meeting options with her contact at the Atlantis Casino.

    iii. BOD plans to reconvene on December 9th, 2025 to prepare for the January meeting.

5. Secretary report by Chanté Padilla.

a. With the approval of the last board meeting minutes, the leadership minutes and the strategic planning minutes, there was nothing else to report.

6. **VP of Finance's report by Joy Gardner.** August reports to come, not yet available. BOD had brief discussions.

    a. Motion to approve June Financial reports made by Aliana Rushing and seconded by Gina Espinal-Aguerre. Unanimously approved.

    b. A brief discussion was held regarding new QuickBooks requirements for accessing UMPQUA bank statements. VP of Finance, Joy Gardner is currently working with QuickBooks to obtain the necessary access.

    c. An email vote was conducted to approve the Region 8 budget to support Georgana Capeda, Aliana Rushing, and Chanté Padilla's attendance. A $2,000 reimbursement to be divided equally between the three. The motion was unanimously approved.

    d. Email vote to approve budget for an equal share of travel expenses for Ross Prendergraft to attend the NABIP National Convention. Unanimously approved via email.

7. **Committee Reports**

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

        i. A brief discussion was held requesting that anyone interested in serving on the EXPO Planning Board notify the Vice President

            1. The first virtual meeting for EXPO planning has been scheduled.

    b. **Director of Program's report by Aliana Rushing.** Written report submitted and entered into the addendum with brief discussion.

        i. A brief discussion was held on the potential to combine Board of Directors meetings with NABIP luncheons beginning in 2026.

            1. First combined meeting is scheduled for January 14th, 2026 however this will likely be changed.

        ii. The monthly board meeting will also need to be adjusted.

        iii. A brief discussion was held on the idea of making the NABIP March luncheon a Group Panel format.

            1. It was noted that panelist approval requests will need to be submitted by January, at least 60 days in advance.

2. The Board expressed interest in leveraging newly appointed Employer Benefits Chair Breeze's expertise in connecting with groups and event planning.

3. Brief discussion on which group carriers would be ideal to invite to participate on the Group panel.

    a. BOD suggested United Health Care, Anthem, Prominence and HomeTown Health

iv. A brief discussion was held without resolution about making the April luncheon a membership appreciation event.

v. There will be no May luncheon due to having the Expo that month.

vi. Brief discussion instructing Merre Gregory to start planning to head a CE approved class on AHIP training.

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

i. Chapter Leadership Training -

1. Reviewed the NABIP Professional Development Officer Guidebook and corresponding material related to the Professional Development position on June 13, 2025

2. Reviewed the Professional Development online training videos (09/08/23 & 08/10/20) on June 23, 2025

ii. NABIP NN - July Monthly Luncheon:

1. This was a CE approved event, presented by Mary Lou Urrutia on July 9th, the title being "Post 2025 Nevada Legislature Session Update"

2. There was a total of 17 CEs processed on July 10th

3. There is a $1.25 fee per CE completion, so we should see an invoice from Sircon for $21.25

4. The total CE cost is $61.25 ($40.00 filing fee, plus $21.25 completion fee)

iii. NABIP NV - 4-Hour Medicare CE (Update to the Update):

1. This class is still on hold, pending approval by the Carothers Insurance Compliance Team and then the material will need to be resubmitted

2. The course was denied on July 2nd, as a formality only as courses can't be kept open indefinitely, not because of material content

3. The deadline to resubmit the material to avoid having to pay another $40.00 filing fee was August 1st

iv. 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 August 29th at 2:00 PM, instead of August 22nd to accommodate those traveling to Seattle, and all are welcome to attend the meeting

3. Brief discussion and invitation to join training online extended to newly appointed Employer Benefits chair Breeze Yerves.

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

i. Confirmed July Newsletter successfully sent out.

ii. Confirmed August newsletter has started and will go out in a timely manner.

1. Welcomes BOD to send in any ideas for the August Newsletter.

iii. Confirmed July BOD Meeting Minutes, Leadership Meeting Minutes and Strategic Planning Minutes will be posted to the NN Nabip website.

iv. Confirms the review of the NN NABIP website will be completed in August to assure that all updates for the new board have been done.

v. Brief discussion on the importance of completing Leadership training online.

vi. Suggestion made to add a dress guide for Gala to the August newsletter.

e. **Vice President of Membership's report by Gina Aguerre.** Written report submitted and entered into these minutes.

i. We are at 103 members.

ii. We have 1 new member from AFLAC sponsor is Board Member, George Beach, who is on his way to a Triple Crown recognition.

iii. New Member badges have been ordered and have arrived.

1. Brief Discussion on the opportunity to re-connect with fellow Board Members during the distribution of member badges.

iv. 1 Lapsed Membership - Molly Moreno.

f. Vice President of Awards' report by Ross Pendergraft. Written report submitted and entered into these minutes.

i. Our Northern Nevada Chapter won the following 2025 NABIP Awards:

1. Pacesetter

2. Media Relations

3. Website

ii. The chapter is still waiting for all the new 2026 NABIP Awards to be posted on the website.

iii. Reminding everyone to complete their NABIP Leadership Training. This will help with your position. Be sure to sign-in before watching the video: https://videos.nabip.org/

iv. 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.

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

2. http://welcometonabip.org

g. Vice President of Legislative Affairs' report by Mary Lou Urrutia. Absent but written report submitted and entered into the addendum.

h. Medicare Chair's and VP of Medicare Chair's report by Merre Gregory Lou and Doug Boulton. Written report submitted and entered into the addendum.

i. Employer Benefits Chair's report by Breeze Yerves. No report, brief discussion.

i. Brief discussion of how Breeze's prior experience and professional networks can support efforts to expand Employer Benefits.

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

k. DEIB Chair's report by Adrienne Saintil. No report, absent.

l. NABIP Foundation chair's report by George Beach. No report, absent.

m. Director of NABIP PAC's report by Jay Eldrige. No report due to an inability to access the national records.

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

8. A motion was by Julie Ann Evans and seconded by Gina Espinal-Aguerre to accept all reports in toto. Unanimously approved.

9. Old Business - Pictures from NABIP Annual Convention available and to be provided by Merre Gregory.

10. New Business - None

11. **A motion to adjourn meeting by Don Goldmann, seconded by Julie Ann Evans. Unanimously approved.**

12. **President Aliana Rushing adjourned the meeting at 12:30 pm.**

13. **Submitted by Chanté Padilla NABIP NN Secretary.**

Next Monthly Board Meeting: September 2nd, 11:00 AM - 12:30 PM. 4600 Kietzke Lane, Building G 16, Reno, NV.

Addendum

Report from the President - Aliana Rushing
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2025-8-4 Presidents Report

1. I would like us to discuss and vote on moving BOD meetings to the Wednesday morning of our luncheons effective January 2026.
    a. Southern NV is also in talks of moving their BOD meetings to the end of the month instead of beginning, but things have not been finalized yet.
2. Reminder that I would like to start working on the budget with Joy to have it ready to be proposed in the November BOD meeting.
3. I would like to appoint a committee to finalize the sponsorship and ambassador levels in 2026
4. I would like to appoint all the appointed positions for those that are in attendance at this BOD meeting.
5. As a reminder, please submit suggestions for charity options for 2026-2027.

NABIP-NORTHERN NEVADA Treasurer's Report
Month end 7/31/2025

Partnerships 2025: All Paid
Diamond-$8,500 Anthem
Gold-$4,000 Hometown Health, United Healthcare
Silver-$2,500 Aetna, Word & Brown
Bronze-

Umpqua Bank Balance: 7/31/25
Checking $73,306.30
Savings $ 200.40
See attached bank statement

Budget vs Actual: Attached

Luncheon: 7/9/2025
Attendance: 28 (15 attendees, 10 Ambassadors, 1 speaker, 2 Sponsors)
No Shows: 3 (2 Ambassadors, 1 Member)
Walk Ins: 1
Income: $597.00 + $490 (Ambassadors) + $525 (Sponsors) = $1,612.00
Cost: $1,188.95
Raffle Income: $190.00

Additional Information:

All Annual Partnerships have been paid.

Prominence Health Plans owe us $375 from 2020. I verified we have not received the funds and requested payment. Have not received it as of 8/19/25.

Both the Checking and Savings accounts balance.

I now have QuickBooks and Umpqua Bank talking to each other again so I was able to do the reports for July and should have no problems going forward.

Respectfully submitted:

Joy K Gardner

UMPQUA BANK

July 31, 2025 Page: 1 of 3

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: June 30, 2025
This statement: July 31, 2025

COMMUNITY BUSINESS CHECKING

Account number	XXXXXX2837	Beginning balance	$80,463.56
Low balance	$73,271.30	Deposits/Additions	$2,322.58
Average balance	$76,931.09	Withdrawals/Subtractions	$9,479.84
Interest earned	$0.00	Ending balance	$73,306.30

Deposits/Additions

Date	Description	Additions
07-07	Deposit	1,000.00
07-14	Deposit	90.00
07-25	Deposit	137.50
Total Additions		**$1,227.50**

ACH and Electronic Payments/Subtractions

Date	Description	Subtractions
07-01	ACH Debit Georgana Cepeda Bill Paymt 20250701	1,333.34
07-02	ACH Debit Authnet Gateway Billing 142539386 20250702	13.75
07-03	ACH Debit Merchant Bankcd Discount 496206203887 20250703	105.33
07-03	ACH Debit Aliana Rushing Bill Paymt 20250703	247.45
07-10	ACH Debit Vertafore, Inc. Bill Paymt 20250710	73.75
07-14	ACH Debit Kapsher Consulti Sale 20250714	1,100.00
07-16	ACH Debit Atlantis Casino Bill Paymt 20250716	1,188.95
07-18	ACH Debit Nabip Nevada Bill Paymt 20250718	1,150.00
07-21	ACH Debit Ross Pendergraft Bill Paymt 20250721	1,135.44
07-21	ACH Debit Mary Lou Urrutia Bill Paymt 20250721	1,333.34
07-21	ACH Debit Gina Espinal-agu Bill Paymt 20250721	1,333.34
Total ACH and Electronic Payments/Subtractions		**$9,014.69**

Umpqua July 2025 Statement
Pg 2 of 3

ACH and Electronic Deposits/Additions

Date	Description	Additions
07-03	ACH Credit Merchant Bankcd Deposit 496206203887 20250703	115.00
07-07	ACH Credit National Ass5237 May Dues Nte*nahu Monthly D Ues Direct Deposit \	103.08
07-07	ACH Credit Merchant Bankcd Deposit 496206203887 20250707	70.00
07-07	ACH Credit Merchant Bankcd Deposit 496206203887 20250707	35.00
07-08	ACH Credit Merchant Bankcd Deposit 496206203887 20250708	86.00
07-09	ACH Credit Merchant Bankcd Deposit 496206203887 20250709	53.00
07-10	ACH Credit Merchant Bankcd Deposit 496206203887 20250710	153.00
07-16	ACH Credit Merchant Bankcd Deposit 496206203887 20250716	35.00
07-18	ACH Credit Merchant Bankcd Deposit 496206203887 20250718	240.00
07-21	ACH Credit Merchant Bankcd Deposit 496206203887 20250721	70.00
07-22	ACH Credit Merchant Bankcd Deposit 496206203887 20250722	35.00
07-25	ACH Credit Merchant Bankcd Deposit 496206203887 20250725	50.00
07-31	ACH Credit Merchant Bankcd Deposit 496206203887 20250731	50.00
Total ACH and Electronic Deposits/Additions		**$1,095.08**

Card Transactions/Withdrawals

Date	Description	Subtractions
07-02	POS Purchase Terminal 00001000 Starchapter 866-77532 Al Xxxxxxxxxxx2916	120.00
07-07	POS Purchase Terminal Vbase2 Intuit *Qbooks Onl Ine Cl.Intuit CA Xxxxxxxxxxx2916	79.20
Total Card Transactions/Withdrawals		**$199.20**

Other Withdrawals/Subtractions

Date	Description	Subtractions
07-22	Maintenance Fee Commercial Bill PA Y - Activity/Coi For 06/25	5.95
07-31	Direct Connect Servc	15.00
Total Other Withdrawals/Subtractions		**$20.95**

Daily Balances

Date	Amount	Date	Amount	Date	Amount
06-30	80,463.56	07-08	79,973.57	07-18	77,031.87
07-01	79,130.22	07-09	80,026.57	07-21	73,299.75
07-02	78,996.47	07-10	80,105.82	07-22	73,328.80
07-03	78,758.69	07-14	79,095.82	07-25	73,271.30
07-07	79,887.57	07-16	77,941.87	07-31	73,306.30

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

Check #	Amount	Date
1011	$245.00	07-25

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

Total Checks paid: 1 for **-$245.00**

Reconciliation of Check and Savings Accounts

NABIP Northern Nevada

NABIP Northern Nevada CHECKING, Period Ending 07/31/2025

RECONCILIATION REPORT

Reconciled on: 08/18/2025

Reconciled by: Joy Gardner

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

Summary

	USD
Statement beginning balance	80,463.56
Checks and payments cleared (16)	-9,479.84
Deposits and other credits cleared (16)	2,322.58
Statement ending balance	73,306.30
Register balance as of 07/31/2025	73,306.30

Details

Checks and payments cleared (16)

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
07/01/2025	Expense		Georgana Cepeda	-1,333.34
07/02/2025	Expense		Star Chapter LLC	-120.00
07/02/2025	Expense		Authorize.Net	-13.75
07/03/2025	Expense		Aliana Rushing	-247.45
07/03/2025	Expense			-105.33
07/07/2025	Expense		Intuit	-79.20
07/10/2025	Expense		Sircon	-73.75
07/14/2025	Expense		Kapsher Consulting LLC	-1,100.00
07/16/2025	Expense		Atlantis Casino	-1,188.95
07/18/2025	Expense		NV State Assoc. of Health Underwrit…	-1,150.00
07/21/2025	Expense		Ross Pendergraft	-1,135.44
07/21/2025	Expense		Mary Lou Urrutia	-1,333.34
07/21/2025	Expense		Glna Aguerre	-1,333.34
07/22/2025	Expense			-5.95
07/25/2025	Check	1011		-245.00
07/31/2025	Expense			-15.00
Total				-9,479.84

Deposits and other credits cleared (16)

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
07/03/2025	Deposit			115.00
07/07/2025	Receive Payment		Fenyx Health	1,000.00
07/07/2025	Deposit			35.00
07/07/2025	Deposit			70.00
07/07/2025	Deposit			103.08
07/08/2025	Deposit			86.00
07/09/2025	Deposit			53.00
07/10/2025	Deposit			153.00
07/14/2025	Deposit	195094065		90.00
07/16/2025	Deposit			35.00
07/18/2025	Deposit			240.00
07/21/2025	Deposit			70.00
07/22/2025	Deposit			35.00
07/25/2025	Receive Payment		NABIP Nevada	137.50
07/25/2025	Deposit			50.00
07/31/2025	Deposit			50.00
Total				2,322.58

Statement of Activity by Month

NABIP Northern Nevada

January 1-July 31, 2025

DISTRIBUTION ACCOUNT	JANUARY 2025	FEBRUARY 2025	MARCH 2025	APRIL 2025	MAY 2025	JUNE 2025	JULY 2025	TOTAL
Income								
4090 NABIP Membership Dues	113.49	86.41	85.37	497.88	137.46	667.62	103.08	1,691.31
Ambassador Partners	6,400.00							6,400.00
EXPO Income		5,440.00	14,120.00	4,859.50	3,164.00	100.00		27,683.50
Gala Income					730.00		1,200.00	1,930.00
Luncheon Income	1,646.79	857.00	1,267.00	709.50	150.00	491.50	692.00	5,813.79
Metallic Sponsors	8,500.00		6,500.00	4,000.00	2,500.00			21,500.00
Raffle Income	305.00	318.00	295.00	240.00	1,472.00	160.00	190.00	2,980.00
Services		96.25		291.25	219.00		137.50	744.00
Unapplied Cash Payment Income								
Total for Income	**16,965.28**	**6,797.66**	**22,267.37**	**10,598.13**	**8,372.46**	**1,419.12**	**2,322.58**	**$68,742.60**
Cost of Goods Sold								
Gross Profit	**16,965.28**	**6,797.66**	**22,267.37**	**10,598.13**	**8,372.46**	**1,419.12**	**2,322.58**	**$68,742.60**
Expenses								
6120 Bank Service Charges						5.95	5.95	11.90
6180 Insurance								0
6185 Liability Insurance			364.00					364.00
D & O Coverage				575.00				575.00
Total for 6180 Insurance	**0**	**0**	**364.00**	**575.00**	**0**	**0**	**0**	**$939.00**
6270 Professional Fees								0
Lobbyest Fees	1,150.00			1,150.00			1,150.00	3,450.00
Total for 6270 Professional Fees	**1,150.00**	**0**	**0**	**1,150.00**	**0**	**0**	**1,150.00**	**$3,450.00**
6550 Office Expenses								0
6250 Postage and Delivery	400.00							400.00
Office Supplies				23.81				23.81
Total for 6550 Office Expenses	**400.00**	**0**	**0**	**23.81**	**0**	**0**	**0**	**$423.81**

Statement of Activity by Month

NABIP Northern Nevada

January 1-July 31, 2025

DISTRIBUTION ACCOUNT	JANUARY 2025	FEBRUARY 2025	MARCH 2025	APRIL 2025	MAY 2025	JUNE 2025	JULY 2025	TOTAL
6670 Program Expense								0
CC Authorize.net Credit Card processing - Expenses	101.43	736.15	318.72	769.60	360.16	295.28	134.08	2,715.42
CE filing fee		40.00	237.50	523.75	131.25	367.50	73.75	1,373.75
Total for 6670 Program Expense	**101.43**	**776.15**	**556.22**	**1,293.35**	**491.41**	**662.78**	**207.83**	**$4,089.17**
Administrative Expenses								0
Kapsher Consulting LLC	1,100.00	1,100.00	1,100.00	1,100.00	1,100.00	1,100.00	1,100.00	7,700.00
Quickbooks On Line Fees	79.20	79.20	79.20	79.20	79.20	79.20	79.20	554.40
Registered Agent, Inc							245.00	245.00
Star Chapter LLC	120.00	120.00	120.00	120.00	120.00	120.00	120.00	840.00
Total for Administrative Expenses	**1,299.20**	**1,299.20**	**1,299.20**	**1,299.20**	**1,299.20**	**1,299.20**	**1,544.20**	**$9,339.40**
Board Strategy Meeting							247.45	247.45
Charitable Donations								0
Local Charities						1,686.50		1,686.50
National Charities	500.00							500.00
Total for Charitable Donations	**500.00**	**0**	**0**	**0**	**0**	**1,686.50**	**0**	**$2,186.50**
Discretionary Spending								0
Capital Conference Expense			2,840.27				1,333.34	4,173.61
Medicarians Expenses			100.00					100.00
Miscellaneous Spending			107.44					107.44
NABIP PAC Admin fund		500.00						500.00
National Conventions							3,802.12	3,802.12
Total for Discretionary Spending	**0**	**500.00**	**3,047.71**	**0**	**0**	**0**	**5,135.46**	**$8,683.17**
Event Expenses								0
EXPO Expenses		125.74	505.72	237.97	2,447.20	12,880.69		16,197.32
Luncheon Costs	2,248.06	1,188.95	1,828.33	1,491.00		1,188.95	1,188.95	9,134.24
Total for Event Expenses	**2,248.06**	**1,314.69**	**2,334.05**	**1,728.97**	**2,447.20**	**14,069.64**	**1,188.95**	**$25,331.56**

Statement of Activity by Month

NABIP Northern Nevada

January 1-July 31, 2025

DISTRIBUTION ACCOUNT	JANUARY 2025	FEBRUARY 2025	MARCH 2025	APRIL 2025	MAY 2025	JUNE 2025	JULY 2025	TOTAL
Uncategorized Expenses								0
Media Budget			159.90					159.90
Total for Uncategorized Expenses	**0**	**0**	**159.90**	**0**	**0**	**0**	**0**	**$159.90**
Total for Expenses	**5,698.69**	**3,890.04**	**7,761.08**	**6,070.33**	**4,237.81**	**17,724.07**	**9,479.84**	**$54,861.86**
Net Operating Income	**11,266.59**	**2,907.62**	**14,506.29**	**4,527.80**	**4,134.65**	**-16,304.95**	**-7,157.26**	**$13,880.74**
Other Income								
Interest Earned	0.01							0.01
Total for Other Income	**0.01**	**0**	**0**	**0**	**0**	**0**	**0**	**$0.01**
Other Expenses								
Net Other Income	**0.01**	**0**	**0**	**0**	**0**	**0**	**0**	**$0.01**
Net Income	**11,266.60**	**2,907.62**	**14,506.29**	**4,527.80**	**4,134.65**	**-16,304.95**	**-7,157.26**	**$13,880.75**

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

	Jul 2025				Total			
	Actual	Budget	over Budget	% of Budget	Actual	Budget	over Budget	% of Budget
Income								
4090 NABIP Membership Dues	103.08	200.00	-96.92	51.54%	1,691.31	2,400.00	-708.69	70.47%
Ambassador Partners		300.00	-300.00	0.00%	6,400.00	3,600.00	2,800.00	177.78%
EXPO Income		2,416.67	-2,416.67	0.00%	27,683.50	29,000.00	-1,316.50	95.46%
Gala Income	1,200.00	416.67	783.33	288.00%	1,930.00	5,000.00	-3,070.00	38.60%
Holiday Party Income		41.67	-41.67	0.00%	0.00	500.00	-500.00	0.00%
Luncheon Income	692.00	1,166.67	-474.67	59.31%	5,813.79	14,000.00	-8,186.21	41.53%
Metallic Sponsors		2,208.33	-2,208.33	0.00%	21,500.00	26,500.00	-5,000.00	81.13%
Raffle Income	190.00	166.67	23.33	114.00%	2,980.00	2,000.00	980.00	149.00%
Services	137.50		137.50		744.00	0.00	744.00	
Unapplied Cash Payment Income			0.00		0.00	0.00	0.00	
Total Income	**$ 2,322.58**	**$ 6,916.68**	**-$ 4,594.10**	**33.58%**	**$ 68,742.60**	**$ 83,000.00**	**-$ 14,257.40**	**82.82%**
Gross Profit	**$ 2,322.58**	**$ 6,916.68**	**-$ 4,594.10**	**33.58%**	**$ 68,742.60**	**$ 83,000.00**	**-$ 14,257.40**	**82.82%**
Expenses								
6120 Bank Service Charges	5.95		5.95		11.90	0.00	11.90	
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	93.33%
D & O Coverage		50.00	-50.00	0.00%	575.00	600.00	-25.00	95.83%
Total 6180 Insurance	**$ 0.00**	**$ 82.50**	**-$ 82.50**	**0.00%**	**$ 939.00**	**$ 990.00**	**-$ 51.00**	**94.85%**
6270 Professional Fees			0.00		0.00	0.00	0.00	
Lobbyest Fees	1,150.00	383.33	766.67	300.00%	3,450.00	4,600.00	-1,150.00	75.00%
Total 6270 Professional Fees	**$ 1,150.00**	**$ 383.33**	**$ 766.67**	**300.00%**	**$ 3,450.00**	**$ 4,600.00**	**-$ 1,150.00**	**75.00%**
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	100.00%
Name Badges		16.67	-16.67	0.00%	0.00	200.00	-200.00	0.00%
Office Supplies		8.33	-8.33	0.00%	23.81	100.00	-76.19	23.81%
Total 6550 Office Expenses	**$ 0.00**	**$ 58.33**	**-$ 58.33**	**0.00%**	**$ 423.81**	**$ 700.00**	**-$ 276.19**	**60.54%**
6670 Program Expense			0.00		0.00	0.00	0.00	
CC Authorize.net Credit Card processing - Expenses	134.08	250.00	-115.92	53.63%	2,715.42	3,000.00	-284.58	90.51%
CE filing fee	73.75	66.67	7.08	110.62%	1,373.75	800.00	573.75	171.72%
Speaker Fees		166.67	-166.67	0.00%	0.00	2,000.00	-2,000.00	0.00%
Total 6670 Program Expense	**$ 207.83**	**$ 483.34**	**-$ 275.51**	**43.00%**	**$ 4,089.17**	**$ 5,800.00**	**-$ 1,710.83**	**70.50%**

Administrative Expenses			0.00		0.00	0.00	0.00	
Constant Contact		8.33	-8.33	0.00%	0.00	100.00	-100.00	0.00%
Kapsher Consulting LLC	1,100.00	1,100.00	0.00	100.00%	7,700.00	13,200.00	-5,500.00	58.33%
Quickbooks On Line Fees	79.20	79.17	0.03	100.04%	554.40	950.00	-395.60	58.36%
Registered Agent, Inc	245.00	24.58	220.42	996.75%	245.00	295.00	-50.00	83.05%
Star Chapter LLC	120.00	120.00	0.00	100.00%	840.00	1,440.00	-600.00	58.33%
Total Administrative Expenses	**$ 1,544.20**	**$ 1,332.08**	**$ 212.12**	**115.92%**	**$ 9,339.40**	**$ 15,985.00**	**-$ 6,645.60**	**58.43%**
Board Strategy Meeting	247.45	16.67	230.78	1484.40%	247.45	200.00	47.45	123.73%
Charitable Donations			0.00		0.00	0.00	0.00	
Local Charities		166.67	-166.67	0.00%	1,686.50	2,000.00	-313.50	84.33%
National Charities		41.67	-41.67	0.00%	500.00	500.00	0.00	100.00%
Total Charitable Donations	**$ 0.00**	**$ 208.34**	**-$ 208.34**	**0.00%**	**$ 2,186.50**	**$ 2,500.00**	**-$ 313.50**	**87.46%**
Discretionary Spending			0.00		0.00	0.00	0.00	
Capital Conference Expense	1,333.34	333.33	1,000.01	400.01%	4,173.61	4,000.00	173.61	104.34%
Medicarians Expenses			0.00		100.00	0.00	100.00	
Miscellaneous Spending		20.83	-20.83	0.00%	107.44	250.00	-142.56	42.98%
NABIP PAC Admin fund		41.67	-41.67	0.00%	500.00	500.00	0.00	100.00%
National Conventions	3,802.12	333.33	3,468.79	1140.65%	3,802.12	4,000.00	-197.88	95.05%
President's Discretionary Spending		20.83	-20.83	0.00%	0.00	250.00	-250.00	0.00%
Total Discretionary Spending	**$ 5,135.46**	**$ 749.99**	**$ 4,385.47**	**684.74%**	**$ 8,683.17**	**$ 9,000.00**	**-$ 316.83**	**96.48%**
Event Expenses								
Ambassador Expenses		270.00	-270.00	0.00%	0.00	3,240.00	-3,240.00	0.00%
EXPO Expenses		1,333.33	-1,333.33	0.00%	16,197.32	16,000.00	197.32	101.23%
Gala Expense		416.67	-416.67	0.00%	0.00	5,000.00	-5,000.00	0.00%
Holiday Party Expense		0.00	0.00		0.00	1,500.00	-1,500.00	0.00%
Luncheon Costs	1,188.95	1,250.00	-61.05	95.12%	9,134.24	15,000.00	-5,865.76	60.89%
Total Event Expenses	**$ 1,188.95**	**$ 3,270.00**	**-$ 2,081.05**	**36.36%**	**$ 25,331.56**	**$ 40,740.00**	**-$ 15,408.44**	**62.18%**
Uncategorized Expenses			0.00		0.00	0.00	0.00	
Awards		25.00	-25.00	0.00%	0.00	300.00	-300.00	0.00%
Media Budget		79.17	-79.17	0.00%	159.90	950.00	-790.10	16.83%
Total Uncategorized Expenses	**$ 0.00**	**$ 104.17**	**-$ 104.17**	**0.00%**	**$ 159.90**	**$ 1,250.00**	**-$ 1,090.10**	**12.79%**
Total Expenses	**$ 9,479.84**	**$ 6,688.75**	**$ 2,791.09**	**141.73%**	**$ 54,861.86**	**$ 81,765.00**	**-$ 26,903.14**	**67.10%**
Net Operating Income	**-$ 7,157.26**	**$ 227.93**	**-$ 7,385.19**	**-3140.11%**	**$ 13,880.74**	**$ 1,235.00**	**$ 12,645.74**	**1123.95%**
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	**-$ 7,157.26**	**$ 227.93**	**-$ 7,385.19**	**-3140.11%**	**$ 13,880.75**	**$ 1,235.00**	**$ 12,645.75**	**1123.95%**

National Association of Benefits and Insurance Professionals
Northern Nevada Chapter – Board of Directors Meeting
2026 EXPO REPORT

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

- *Boots on the Ground Hoedown*
- *Rootin' Tootin' Insurance Roundup*

Proposed Speaker Line-Up:

- Amanda Brewton – amanda@medicareanswersnow.com
- Gaylan Roberts Hendricks
- Danielle Kunkle Roberts – danielle@boomerbenefits.com

I will be sending out an invitation shortly to begin our weekly planning meetings via Zoom.

Thank you,
Georgana Cepeda
VP, NABIP Northern Nevada Chapter

2025-8-5 Programs Report

1. I would like to finalize the luncheon date in January so we can begin the CE process and confirm panelists.
2. My intention for 2026 luncheons are as follows:
    a. January 2026 – NV Health Link Carrier Panel, Q&A carrier processes
    b. February 2026 – Medicare Broker Leaders Panel, successes and falls of AEP
    c. March 2026 – group topic (maybe follow the same flow and do a panel?)
    d. April 2026 – Member appreciation lunch
    e. April 2026 – Expo
    f. May 2026 – Merre to host AHIP training (not a luncheon, maybe virtual)
3. We have 28 registered currently for the August luncheon and 29 registered for the Gala. We have also confirmed that NV Health Link is not allowed to provide us materials for the CE credits under their new hierarchy, so the October luncheon will no longer be CE approved.
4. All is good with the Christmas party. The facility is booked and we are not needing to work on the details quite yet.
5. The Gala has three confirmed sponsorships, pending a few more.
    a. The costs are expected to be the following:
        i. Atlantis Fees: ~$3,500 for 50 attendees
        ii. DJ Fees: $600, with additional $150 per hour above the 4 hour contract
        iii. Photobooth Fees: $500
        iv. Raffle Prizes: Three of ~ $100 each.
        v. Decorations: ~$100
        vi. Awards: ~$200
        vii. Total expected costs: $5,000
    b. The income is expected to currently be:
        i. 50 attendees at $50 each: $2,500
        ii. 3 sponsorships at $1,000 each: $3,000
        iii. Total expected costs: $5,500

Leg Report – Aug 2025

Trump presses drugmakers to lower US prices

On July 31, the Trump administration told 17 major drugmakers to align U.S. medication prices with the lowest prices sold in other countries, or the most-favored-nation price.

The White House instructed drug manufacturers to provide their lowest drug prices to Medicaid patients, and to not offer other developed nations better prices than those in the U.S.

The administration sent letters to AbbVie, Amgen, AstraZeneca, Boehringer Ingelheim, Bristol Myers Squibb, Eli Lilly, EMD Serono, Genentech, Gilead, GSK, Johnson & Johnson, Merck, Novartis, Novo Nordisk, Pfizer, Regeneron and Sanofi.

If drugmakers "refuse to step up," the letters said the U.S. government "will deploy every tool in our arsenal to protect American families from continued abusive drug pricing practices," according to the White House.

Notably, the letters did not specify penalties or enforcement actions, according to *CNBC*. Moreover, President Donald Trump also does not have the authority to compel drugmakers to match U.S. drug prices to other countries, *CNN* reported.

The federal government also suggested drugmakers circumvent middlemen — or pharmacy benefit managers — and leverage trade policy to raise international drug prices and reinvest those earnings into lowering U.S. drug prices.

Over the last few months, several pharmaceutical companies have ventured into bypassing PBMs and selling medicines directly to patients. Roche is working with HHS to launch a direct-to-patient drug distribution model that sidesteps PBMs. Additionally, Pfizer, Bristol Myers Squibb and Eli Lilly have launched direct-to-patient offerings for some of their most popular drugs.

In April, Mr. Trump issued an executive order aimed at lowering drug prices. A month later, he urged manufacturers to match U.S. drug prices for brand-name drugs without generic or biosimilar competition to the lowest price available in select peer countries

State Medicaid programs face 'big, beautiful' time crunch

State Medicaid systems are scrambling to prepare for painful cuts under the One Big Beautiful BilAct,leaving private insurers with mounting financial pressure and state officials with few options for relief 16 months before the new policies take effect.

The megabill represents the largest cuts to Medicaid in its 60-year history — roughly $1 trillion — and while most of the changes won't take effect until after next year's midterm elections, the state-run programs are already facing a time crunch.

Matt Salo, the former executive director of the National Association of Medicaid Directors and CEO of the health consulting firm Salo Health Strategies, predicted many states will request delays.

"The real question is, will the administration grant that? Because it's entirely up to the administration to say yes or no to that," Salo added. "I might venture to say, you know, if you have 25 blue states coming in and saying, 'Hey, give us two more years because we really need that much time,' the administration might not be all that keen to grant it."

Much of the cuts come from new, strict work requirements and restrictions on state-levied taxes on health providers, which account for a significant amount of revenue for states to fund their Medicaid programs.

Beginning on Jan. 1, 2027, the megabill will require that people who are not already working at least 80 hours a month be denied coverage. While many Medicaid enrollees will likely remain eligible for coverage under the new work requirement, many are expected to lose coverage because of red tape.

Caregivers with children aged 13 and younger, people with disabilities and pregnant people are among those who are exempted from this requirement.

States can, however, request a temporary delay in implementing the work requirements from the secretary of the Health and Human Services Department.

Enhanced Premium Tax Credit Expiration: Congress has yet to take action

Certain individuals and families without access to subsidized health insurance coverage may be eligible for a federal subsidy: the premium tax credit (PTC).1 The PTC, authorized under the Patient Protection and Affordable Care Act (ACA; P.L. 111-148, as amended), applies toward the cost of purchasing specific types of health plans offered by private companies participating in ACA exchanges (marketplaces). The PTC is refundable, allowing individuals to claim the full credit amount when filing their income taxes even if they have little or no federal income tax liability. The credit also is advanceable, so individuals may choose to receive advanced payments of the credit (or APTC). APTCs are provided on a monthly basis to coincide with the payment of insurance premiums, which automatically reduces consumer costs associated with purchasing applicable insurance through the exchanges. Although the PTC has been available since 2014, there is increased congressional interest in the subsidy due to an impending expiration of the expanded and enhanced subsidy. This report provides answers to frequently asked questions about the PTC.2

What Is the ACA Subsidy?

ACA subsidy is a common phrase used to refer to the PTC, a federally financed subsidy that helps eligible households lower their payments toward premiums to enroll in (or continue enrollment in) qualified health plans offered through exchanges.3 The subsidy amount (the PTC) is determined by a formula that requires households to contribute a portion of the premium, based partly on household income and size. As household income increases, the PTC amount generally decreases, requiring households to contribute a larger portion of their income toward the premium.

Who Is Eligible for the Subsidy?

To be eligible to receive the PTC, individuals currently must

• be U.S. citizens, U.S. nationals, or lawfully present individuals;

• not be incarcerated (except for individuals in custody pending the disposition of charges);

• not have access to subsidized health coverage (with exceptions); and

• have annual household income that meets or exceeds the minimum threshold equivalent to 100% of the federal poverty level (FPL) (with exceptions).

An individual may be eligible for the PTC even if a member of his or her household is not eligible. For example, one spouse may have access to affordable employer health benefits, which would make that individual ineligible for the PTC. However, the rest of the household may only have access to employer benefits that are not affordable; in this case, the rest of the household may receive a PTC, as long as they meet the eligibility criteria.

What Does It Mean That the Subsidy Is Enhanced?

The PTC statute includes a temporary provision that expanded eligibility and enhanced subsidy amounts for tax years 2021 through 2025.

Individuals must meet income (and other) criteria to be eligible for the PTC. Also, the formula for calculating the credit amount is based, in part, on income. Specifically, the PTC formula incorporates a premium contribution for the household receiving the subsidy. That premium contribution is the product of multiplying the household's income by a specified percentage (applicable percentage).

As enacted under the ACA, the following rules applied:

• income eligibility was limited to households whose annual incomes were at or above 100% of the federal poverty level (FPL) but not more than 400% of FPL, and

• the applicable percentages initially were specified in statute and adjusted annually through guidance issued by the Internal Revenue Service (IRS). (The annual adjustment to applicable percentages is sometimes referred to as indexing.)

As part of relief legislation enacted in response to the Coronavirus Disease 2019 pandemic and related economic disruption, Congress passed the American Rescue Plan Act of 2021 (ARPA; P.L. 117-2). Among the act's provisions was one that expanded eligibility for the PTC and enhanced credit amounts.6 For tax years 2021 and 2022, ARPA temporarily

• eliminated the maximum income limit (400% of FPL) for PTC eligibility purposes, leaving only the minimum income threshold (100% of FPL), and

• reduced applicable percentages and eliminated indexing, which resulted in larger subsidy amounts (compared with ACA-only rules)

These changes were extended for three additional tax years, 2023 through 2025, under the budget reconciliation measure known as the Inflation Reduction Act (IRA; P.L. 117-169).7 The sunset date established under the IRA for the enhanced PTC provision is January 1, 2026.

Does the Expiration Mean the Subsidies Will End After 2025?

The PTC will continue after 2025. There is no sunset provision applicable to authorization for the credit itself. The expiration applies only to the temporary provision that expanded income eligibility and enhanced subsidy amounts described above. Without an additional extension of the ARPA provision, the maximum income limit of 400% of the FPL would be reinstated and the applicable percentages would revert to higher levels resulting in lower subsidy amounts.

What Has Been the Impact of the Enhanced Subsidies?

In general, the enhanced PTC provision allowed more households to become eligible for the credit and provided larger subsidies to all eligible households, compared with ACA-only rules.8 As a result, federal expenditures for the PTC were larger under ARPA/IRA rules than under ACA only rules.

Federal Budgetary Effects

The Congressional Budget Office (CBO) and the staff of the Joint Committee on Taxation (JCT) estimated the ARPA provision that expanded PTC eligibility and enhanced subsidy amounts for tax years 2021-2022 would increase outlays by approximately $22 billion and reduce revenue by more than $12 billion for FY2021-FY2030 (relative to the February 2021 baseline).9 For the IRA, CBO and JCT estimated that extending the enhanced PTC for three additional years (tax years 2023-2025) would increase outlays by over $33 billion and reduce revenue by more than $31 billion for FY2022-FY2031 (relative to the July 2021 baseline).10 JCT incorporated the temporary PTC changes in its most recent committee print on federal tax expenditures for FY2023-FY2027. JCT estimated the net revenue loss attributable to the total PTC would be

• $79.8 billion in FY2023;

• $96.1 billion in FY2024;

• $105.7 billion in FY2025;

• $86.5 billion in FY2026; and

• $79.5 billion in FY2027.

These estimates are based on federal tax provisions enacted through August 31, 2023, including expiration of the enhanced PTC provision at the end of tax year 2025.

Impact on Coverage

In CBO's most recent update to its baseline projections for health insurance subsidies, the agency stated that "average annual enrollment through the marketplaces over the period [2024-2033] is 3.2 million more than previously estimated." CBO attributes this increase, in part, to "availability of enhanced marketplace subsidies." In addition, administrative exchange data reveal steady increases in subsidized enrollment from 2020 to 2024. The Centers for Medicare & Medicaid Services (CMS) attributes the "growth and popularity of the HealthCare.gov Marketplaces" to the availability of "enhanced tax credits." The count of individuals with effectuated subsidized exchange enrollment has increased year to year following availability of the enhanced PTC. (The CMS data also provided the percentage of subsidized enrollment over total exchange enrollment.)

Subsidized exchange enrollment by year (as of February) was as follows:

• 2020: 9.2 million (represented 86% of all individuals enrolled in exchanges)

• 2021: 9.7 million (86%)

• 2022: 12.5 million (90%)

• 2023: 14.3 million (91%)

• 2024: 19.3 million (93%)

Overall, subsidized exchange enrollment more than doubled between 2020 and 2024, increasing by 109% during this time period. At the state level, all but two states (Kentucky and Massachusetts) experienced growth in the number of individuals with subsidized exchange enrollment from 2020 to 2024.

What Might Happen If the Enhanced Subsidies Are Allowed to Expire?

CBO estimates a $21 billion decrease in federal expenditures in the fiscal year following expiration ($129 billion in FY2025 to $108 billion in FY2026), representing a 16% reduction in total PTC expenditures. Overlapping with the decrease in expenditures, CBO estimates a decrease of 5.6 million enrollees with subsidized exchange coverage in the calendar year (CY) following expiration (21.3 million in CY2025 to 15.7 million in CY2026), representing a 26% reduction in those with subsidized exchange coverage, and an increase of 1.7 million enrollees with unsubsidized coverage over the same time period. CBO estimates that expiration of the enhanced PTC would contribute to a rise in the uninsured rate.

What Might Happen If the Enhanced Subsidies Are Extended?

CBO and JCT provided budgetary and coverage estimates under a permanent extension of the enhanced PTC. They estimated that direct spending would increase by nearly $275 billion (on net) over the FY2025-FY2034 budget window and that revenues would decrease (on net) by more than $60 billion over the same window. Taken together, the permanent extension would add approximately $355 billion to the budget deficit for that time period. (These estimates are relative to the June 2024 baseline, which

incorporates expiration of the enhanced PTC at the end of tax year 2025.) In addition, CBO and JCT estimated a permanent extension would lead to a "6.9 million net increase in marketplace coverage resulting from an increase in subsidized enrollment of 7.4 million and a decline in unsubsidized enrollment of 600,000." CBO also projected that changes to enrollment in other sources of health coverage (e.g., Medicaid, employment-based health benefits) could occur, reflecting the interaction of public and private sources of coverage with exchange enrollment and PTC eligibility. CRS calculations based on national and state data in CMS, February Effectuated Enroll

NABIP August Medicare Chair Report

The evolving health care landscape continues to present new opportunities for skilled nursing facilities (SNFs) and Medicare Advantage (MA) beneficiaries to access necessary care. The powerful changes included in the Medicare Advantage Contract Year 2024 Final Rule, which took effect at the beginning of 2024, are reshaping how care is accessed and managed. As we navigate through the current year, these changes remain crucial for SNFs to leverage.

Significant Changes Impacting SNFs:

The most impactful updates drastically affect prior authorization and medical necessity determination. The MA Final Rule specifies that prior authorization will only be used to confirm a diagnosis or other medical conditions. Once a diagnosis is confirmed, beneficiaries no longer need prior authorization from their MA insurer. For instance, a beneficiary admitted from the hospital with a confirmed diagnosis bypasses the need for prior authorization. Furthermore, once prior authorization is granted, it remains valid as long as medically necessary.

Medical necessity determination has also shifted. Now, it is based on a beneficiary's prior medical history and the recommendation of the treating physician. Previously, the MA insurer's medical director determined medical necessity. This change allows the treating physician to make the decision, improving beneficiaries' access to comprehensive care.

New network requirements for Medicare Advantage organizations (MAOs) mandate MA insurers to reimburse facilities at the PDPM rate when working out-of-network. Interestingly, providers working in-network are often paid less than their out-of-network counterparts.

The Growing Impact of Medicare Advantage Plans

Medicare Advantage is not just a passing trend; its influence is here to stay and grow. In 2023, more than 50 percent of all Medicare-eligible beneficiaries were enrolled in an MA plan. This trend is expected to continue, with enrollment rates rising in many regions across the United States.

Rate erosion should be a strong consideration for when forecasting future budgets and roadmaps. Providers may use their quality mix to determine financial success, but need to look closely at what payers make up that quality mix. Most MA plans pay less than the Traditional Medicare Default rate, with some plans paying as low as Medicaid rates. Many providers are still budgeting at a fee-for-service Medicare rate, when the patients they're admitting are MA beneficiaries, with rates that could be up to 50 percent less than what was budgeted.

Reducing prior authorization requirements – By January 1, 2026, Humana will eliminate approximately one third of prior authorizations for outpatient services. Humana will remove the authorization requirement for diagnostic services across colonoscopies and transthoracic echocardiograms and select CT scans and MRIs. This will build on Humana's ongoing efforts to continuously review our prior authorization list to balance ensuring high quality, safe and affordable care for our members, with reducing unnecessary burden for our providers.

- Faster, more streamlined process for approvals – By January 1, 2026, Humana will provide a decision within one business day on at least 95% of all complete electronic prior authorization requests, expediting care decisions and helping beneficiaries get the right care in a timely manner. Currently, Humana provides a decision within one business day on more than 85% of outpatient procedures.
- Creating a national gold card program for physicians – In 2026, Humana will launch a new gold card program that waives prior authorization requirements for certain items and services for providers who have a proven record of submitting coverage requests that meet medical criteria and delivering high-quality health care with consistent outcomes for Humana members.
- In addition, the company is committing to greater transparency on prior authorization.In 2026, Humana will report publicly its prior authorization metrics – including prior authorization requests approved, denied, and approved after appeal, and average time between submission and decision. Humana is working to expedite implementation of the new federal transparency requirements.

OBBB:

- requires "able-bodied" Medicaid recipients to work, volunteer, attend school or participate in job training at least 80 hours a month, or qualify for an exemption such as being a caregiver or having a disability
- increases the frequency of Medicaid eligibility redeterminations
- requires ACA policyholders to update their information annually instead of being automatically re-enrolled
- shortens the ACA's open enrollment period by one month
- Your clients with ACA coverage also may see increasing premiums, as the number of uninsured rises and especially if the subsidies are not extended.
- "Expect to see disruption in the ACA marketplace," said Dwane McFerrin, Senior Vice President, Med Solutions at Senior Market Sales. "Agents with ACA clients will be spending more time servicing them to ensure they remain covered, so they'll need to lean on technology to work more efficiently and potentially diversify their product offerings to make up for lost business."

Here are the new Medications that will be considered:

Eliquis, a blood thinner from Bristol Myers Squibb and Pfizer: $231 negotiated price, down from $521 list price.
Xarelto, a blood thinner from Johnson & Johnson: $197 negotiated price, down from $517 list price.
Januvia, a diabetes drug from Merck: $113 negotiated price, down from $527 list price.
Jardiance, a diabetes drug from Boehringer Ingelheim and Eli Lilly: $197 negotiated price, down from $573 list price.
Enbrel, a rheumatoid arthritis drug from Amgen: $2,355 negotiated price, down from $7,106 list price.
Imbruvica, a drug for blood cancers from AbbVie and Johnson & Johnson: $9,319 negotiated price, down from $14,934 list price.
Farxiga, a drug for diabetes, heart failure and chronic kidney disease from AstraZeneca: $178 negotiated price, down from $556 list price.
Entresto, a heart failure drug from Novartis: $295 negotiated price, down from $628 list price.

Stelara, a drug for psoriasis and Crohn's disease from J&J: $4,695 negotiated price, down from $13,836 list price.
Fiasp and NovoLog, diabetes drugs from Novo Nordisk: $119 negotiated price, down from $495 list price.

Aetna will be changing certain plans in 33 states to non-commissionable for applications with a signature date on and after September 1. 2025. Below is a list of all states and plans. There is only one plan in NV, which is the Aetna Platinum Plan in Clark and Nye.

State	Contract-PBP	Plan Name	Service Area
AL	H5521-462	Aetna Medicare Dual Choice (PPO D-SNP)	Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Butler, Calhoun, Chambers, Cherokee, Chilton, Choctaw, Clarke, Clay, Cleburne, Coffee, Colbert, Coosa, Covington, Crenshaw, Cullman, Dale, Dallas, DeKalb, Elmore, Escambia, Etowah, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marengo, Marion, Marshall, Mobile, Montgomery, Morgan, Perry, Pickens, Pike, Randolph, Russell, St. Clair, Shelby, Talladega, Tallapoosa, Tuscaloosa, Walker, Washington, Wilcox, Winston
AL	H5521-463	Aetna Medicare Dual Select Choice (PPO D-SNP)	Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Butler, Calhoun, Chambers, Cherokee, Chilton, Choctaw, Clarke, Clay, Cleburne, Coffee, Colbert, Coosa, Covington, Crenshaw, Cullman, Dale, Dallas, DeKalb, Elmore, Escambia, Etowah, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marengo, Marion, Marshall, Mobile, Montgomery, Morgan, Perry, Pickens, Pike, Randolph, Russell, St. Clair, Shelby, Talladega, Tallapoosa, Tuscaloosa, Walker, Washington, Wilcox, Winston
AR	H1608-075	Aetna Medicare Value Plus (PPO)	Arkansas, Benton, Boone, Calhoun, Carroll, Clark, Cleburne, Columbia, Conway, Crawford, Crittenden, Cross, Dallas, Faulkner, Franklin, Garland, Grant, Greene, Hempstead, Hot Spring, Howard, Independence, Jackson, Jefferson, Johnson, Lafayette, Lawrence, Lee, Little River, Logan, Lonoke, Madison, Marion, Miller, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, St. Francis, Saline, Scott, Searcy, Sebastian, Sevier, Stone, Union, Van Buren, Washington, White, Woodruff, Yell
AZ	H3931-147	Aetna Medicare Sunrise (HMO-POS)	Coconino, Mohave, Yavapai
AZ	H3931-148	Aetna Medicare Sunrise (HMO-POS)	Cochise, Gila, Santa Cruz
AZ	H3931-166	Aetna Medicare Value Plus (HMO-POS)	Pinal
AZ	H3931-169	Aetna Medicare Value Plus (HMO-POS)	Cochise, Gila, Santa Cruz
AZ	H3931-176	Aetna Medicare Prime Value Plus (HMO-POS)	Maricopa
AZ	H3931-178	Aetna Medicare Value Plus (HMO-POS)	Coconino, Mohave, Yavapai
AZ	H3931-179	Aetna Medicare Supportive Care (HMO I-SNP)	Maricopa, Pima
AZ	H5521-290	Aetna Medicare Elite (PPO)	Coconino, Mohave, Yavapai
AZ	H5521-331	Aetna Medicare Elite (PPO)	Cochise, Gila, Santa Cruz
AZ	H5521-424	Aetna Medicare Value Plus (PPO)	Coconino, Mohave, Yavapai

CA	H0523-072	Aetna Medicare Select (HMO-POS)	Fresno
CA	H0523-078	Aetna Medicare Value Plus (HMO-POS)	Fresno
CA	H4982-021	Aetna Medicare Prime Value Plus (HMO-POS)	Los Angeles
CA	H4982-024	Aetna Medicare Prime II Value Plus (HMO-POS)	Orange
CA	H5309-001	Aetna Medicare Core Elite (PPO)	San Benito, Sierra, Tuolumne, Alpine, Calaveras, Inyo, Mariposa, Mono, Plumas
CA	H5309-002	Aetna Medicare Core Elite (PPO)	Colusa, Glenn, Lake, Shasta, Trinity
CA	H5309-003	Aetna Medicare Core Elite (PPO)	Humboldt, Siskiyou
CA	H5309-004	Aetna Medicare Eagle Plus II (PPO)	Alpine, Calaveras, Colusa, Glenn, Humboldt, Inyo, Lake, Mariposa, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Trinity, Tuolumne
CA	H5521-332	Aetna Medicare Choice (PPO)	Fresno, Madera
CA	H5521-371	Aetna Medicare Elite (PPO)	San Luis Obispo
CA	H5521-421	Aetna Medicare Core (PPO)	Kern, Riverside, San Bernardino
CA	H5521-579	Aetna Medicare Core II (PPO)	Kern, Riverside, San Bernardino
CO	H3931-185	Aetna Medicare Premium Plus (HMO-POS)	Adams, Arapahoe, Archuleta, Boulder, Clear Creek, Conejos, Crowley, Custer, Delta, Denver, Douglas, Elbert, El Paso, Fremont, Gilpin, Grand, Huerfano, Jackson, Jefferson, La Plata, Larimer, Las Animas, Lincoln, Mesa, Montrose, Morgan, Park, Pueblo, Saguache, Teller, Washington, Weld, Broomfield
CO	H5521-648	Aetna Medicare Premium (PPO)	Adams, Arapahoe, Archuleta, Boulder, Clear Creek, Conejos, Crowley, Custer, Delta, Denver, Douglas, Elbert, El Paso, Fremont, Gilpin, Grand, Huerfano, Jackson, Jefferson, La Plata, Larimer, Las Animas, Lincoln, Mesa, Montrose, Morgan, Park, Pueblo, Saguache, Teller, Washington, Weld, Broomfield
CT	H5521-013	Aetna Medicare Explorer Premier (PPO)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham
FL	H1609-038	Aetna Medicare FL Select (HMO)	Citrus

FL	H1609-042	Aetna Medicare FL Select (HMO)	Brevard, Lake, Orange, Osceola, Seminole, Sumter
FL	H5521-574	Aetna Medicare FL Explorer Premier (PPO)	Broward, Indian River
FL	H5521-592	Aetna Medicare FL Explorer Premier (PPO)	Broward, Indian River
GA	H2293-028	Aetna Medicare Signature (PPO)	Cobb, Paulding
IL	H7301-015	Aetna Medicare Enhanced Select (PPO)	Boone, Bureau, Carroll, Cook, DeKalb, DuPage, Grundy, Hancock, Henderson, Henry, Jo Daviess, Kane, Kankakee, Kendall, Lake, Lee, McHenry, Mercer, Ogle, Rock Island, Stephenson, Warren, Whiteside, Will, Winnebago
IL	H7301-030	Aetna Medicare Gold Advantra (PPO)	Mercer, Ogle, Rock Island, Stephenson, Warren, Whiteside, Winnebago, Boone, Bureau, Carroll, DeKalb, Hancock, Henderson, Henry, Jo Daviess, Kendall, Lee
IN	H3192-004	Aetna Medicare Premier (HMO-POS)	Adams, Allen, Blackford, Elkhart, Grant, Huntington, Noble, Wabash, Whitley
IN	H3192-006	Aetna Medicare Premier (HMO-POS)	Bartholomew, Boone, Brown, Clay, Clinton, Dearborn, Decatur, Delaware, Fayette, Fountain, Franklin, Greene, Hamilton, Hancock, Hendricks, Henry, Howard, Jackson, Jennings, Lawrence, Madison, Marion, Montgomery, Morgan, Owen, Parke, Putnam, Randolph, Ripley, Rush, Shelby, Sullivan, Tippecanoe, Union, Vermillion, Warren
IN	H5521-386	Aetna Medicare Enhanced Select (PPO)	Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Dearborn, Decatur, De Kalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, Lagrange, Lake, La Porte, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Ohio, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Ripley, Rush, St. Joseph, Scott, Shelby, Spencer, Starke, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wells, White, Whitley
IN	H5521-405	Aetna Medicare SmartFit (PPO)	Bartholomew, Boone, Brown, Clay, Clinton, Dearborn, Decatur, Delaware, Fayette, Fountain, Franklin, Greene, Hamilton, Hancock, Hendricks, Henry, Howard, Jackson, Jennings, Lawrence, Madison, Marion, Montgomery, Morgan, Owen, Parke, Putnam, Randolph, Ripley, Rush, Shelby, Sullivan, Tippecanoe, Union, Vermillion, Warren
IN	H5521-409	Aetna Medicare Premier (PPO)	Clark, Crawford, Floyd, Harrison, Jefferson, Ohio, Orange, Perry, Scott, Switzerland, Washington
IN	H5521-593	Aetna Medicare Gold (PPO)	Adams, Allen, Blackford, Clark, Crawford, De Kalb, Elkhart, Floyd, Grant, Harrison, Huntington, Jay, Jefferson, Kosciusko, Lagrange, Noble, Ohio, Orange, Perry, Scott, Steuben, Switzerland, Wabash, Washington, Wells, Whitley
KY	H0628-023	Aetna Medicare Premier (HMO-POS)	Boone, Bracken, Campbell, Carroll, Gallatin, Grant, Harrison, Kenton, Mason, Pendleton, Robertson
KY	H5521-259	Aetna Medicare Value (PPO)	Trimble, Bullitt, Henry, Jefferson, Nelson, Oldham, Owen, Shelby, Spencer
KY	H5521-442	Aetna Medicare SmartFit (PPO)	Bullitt, Butler, Calloway, Campbell, Carroll, Carter, Christian, Clark, Edmonson, Fayette, Floyd, Franklin, Gallatin, Grant, Graves, Grayson, Greenup, Hancock, Hardin, Harrison, Hart, Henderson, Henry, Hopkins, Jefferson, Jessamine, Kenton, Knott, Knox, Larue, Laurel, Letcher, Lewis, Logan, McCracken, McCreary, McLean, Madison, Marshall, Martin, Mason, Meade, Montgomery, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Pendleton, Pike, Pulaski, Robertson, Rowan, Russell, Scott, Shelby, Spencer, Taylor, Todd, Trimble, Warren, Wayne, Webster, Whitley, Woodford, Barren, Boone, Boyd, Bracken, Breckinridge

LA	H3239-021	Aetna Medicare Dual Signature (HMO D-SNP)	Rouge, Iberville, Lafayette, Livingston, Rapides, St. Landry, Tangipahoa, West Baton Rouge
MA	H5521-509	Aetna Medicare Enhanced Select (PPO)	Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
ME	H3597-007	Aetna Medicare Value (HMO-POS)	Androscoggin, Franklin, Kennebec, Lincoln, Oxford
ME	H3597-009	Aetna Medicare Value (HMO-POS)	Aroostook, Hancock, Knox, Penobscot, Piscataquis, Somerset, Waldo, Washington
ME	H3597-014	Aetna Medicare Premier (HMO-POS)	Androscoggin, Franklin, Kennebec, Lincoln, Oxford
MI	H3192-011	Aetna Medicare Premier (HMO-POS)	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Eaton, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St. Joseph, Van Buren
MI	H5521-217	Aetna Medicare Premier Plus (PPO)	Clinton, Genesee, Hillsdale, Ingham, Jackson, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Shiawassee, Washtenaw, Wayne
MI	H5521-284	Aetna Medicare Premier (PPO)	Antrim, Benzie, Charlevoix, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Oscoda, Otsego, Roscommon, Wexford
MI	H5521-386	Aetna Medicare Enhanced Select (PPO)	Calhoun, Cass, Charlevoix, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford, Allegan, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch
MI	H5521-498	Aetna Medicare Smart Plus (PPO)	Alger, Antrim, Arenac, Baraga, Bay, Benzie, Charlevoix, Clare, Crawford, Delta, Dickinson, Emmet, Gladwin, Grand Traverse, Gratiot, Houghton, Huron, Iosco, Iron, Kalkaska, Keweenaw, Leelanau, Luce, Manistee, Marquette, Menominee, Missaukee, Montmorency, Ogemaw, Ontonagon, Oscoda, Otsego, Roscommon, Saginaw, Sanilac, Tuscola, Wexford
MI	H5521-505	Aetna Medicare Assure Premier (PPO D-SNP)	Allegan, Antrim, Arenac, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, St. Clair, St. Joseph, Sanilac, Shiawassee, Tuscola, Van Buren, Washtenaw, Wayne, Wexford
MN	H3219-013	Allina Health Aetna Medicare Signature (PPO)	Brown, Nicollet

NC	H5521-538	Aetna Medicare Dual Choice (PPO D-SNP)	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Camden, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Cleveland, Columbus, Cumberland, Currituck, Davidson, Davie, Duplin, Durham, Edgecombe, Forsyth, Franklin, Gaston, Gates, Graham, Granville, Greene, Guilford, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Lincoln, McDowell, Macon, Madison, Martin, Mecklenburg, Mitchell, Montgomery, Moore, Nash, Northampton, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrrell, Union, Vance, Wake, Warren, Washington, Watauga, Wayne, Wilkes, Wilson, Yadkin, Yancey
ND	H9431-018	Aetna Medicare Enhanced Select (PPO)	Barnes, Burleigh, Cass, Dickey, Eddy, Emmons, Foster, Grand Forks, Grant, Griggs, Kidder, LaMoure, Logan, McIntosh, McLean, Mercer, Morton, Nelson, Oliver, Ransom, Richland, Sargent, Sheridan, Sioux, Steele, Stutsman, Traill, Walsh, Wells
NE	H1608-082	Aetna Medicare Enhanced Select (PPO)	Adams, Antelope, Banner, Boone, Boyd, Brown, Buffalo, Cheyenne, Clay, Custer, Fillmore, Franklin, Frontier, Furnas, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Holt, Howard, Kearney, Kimball, Knox, Loup, Madison, Merrick, Morrill, Nance, Nuckolls, Phelps, Pierce, Platte, Polk, Rock, Sherman, Thayer, Valley, Webster, Wheeler, York

NE	H7149-008	Aetna Medicare Value Plus (HMO-POS)	Adams, Antelope, Banner, Boone, Boyd, Brown, Buffalo, Burt, Butler, Cass, Cedar, Cheyenne, Clay, Colfax, Cuming, Custer, Dakota, Dixon, Dodge, Douglas, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Holt, Howard, Jefferson, Johnson, Kearney, Kimball, Knox, Lancaster, Loup, Madison, Merrick, Morrill, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Phelps, Pierce, Platte, Polk, Richardson, Rock, Saline, Sarpy, Saunders, Seward, Sherman, Stanton, Thayer, Thurston, Valley, Washington, Wayne, Webster, Wheeler, York
NE	H7149-009	Aetna Medicare SmartFit (HMO-POS)	Adams, Antelope, Banner, Boone, Boyd, Brown, Buffalo, Burt, Butler, Cass, Cedar, Cheyenne, Clay, Colfax, Cuming, Custer, Dakota, Dixon, Dodge, Douglas, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Holt, Howard, Jefferson, Johnson, Kearney, Kimball, Knox, Lancaster, Loup, Madison, Merrick, Morrill, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Phelps, Pierce, Platte, Polk, Richardson, Rock, Saline, Sarpy, Saunders, Seward, Sherman, Stanton, Thayer, Thurston, Valley, Washington, Wayne, Webster, Wheeler, York
NH	H5521-374	Aetna Medicare Explorer (PPO)	Hillsborough, Rockingham
NH	H5521-376	Aetna Medicare Value Plus (PPO)	Hillsborough, Rockingham
NH	H5521-543	Aetna Medicare Explorer (PPO)	Belknap, Carroll, Grafton, Merrimack, Strafford, Sullivan
NJ	H5521-456	Aetna Medicare Platinum (PPO)	Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren
NJ	H5521-514	Aetna Medicare Elite 2 NJ North (PPO)	Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Passaic, Somerset, Sussex, Union, Warren
NJ	H5521-515	Aetna Medicare Premier Plus NJ North (PPO)	Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Passaic, Somerset, Sussex, Union, Warren
NV	H5521-557	Aetna Medicare Platinum (PPO)	Clark, Nye
NY	H3312-079	Aetna Medicare Value (HMO)	New York
NY	H5521-040	Aetna Medicare Premier (PPO)	Kings, Nassau, New York, Queens, Richmond
NY	H5521-117	Aetna Medicare Premier (PPO)	Suffolk
NY	H5521-312	Aetna Medicare Discover Value (PPO)	Kings, New York, Queens
OH	H5521-565	Aetna Medicare SmartFit (PPO)	Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot, Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke
OH	R6694-003	Aetna Medicare Premier Plus 1 (Regional PPO)	Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot, Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert
OR	H2056-004	Aetna Medicare Value (HMO-POS)	Marion, Multnomah, Washington, Yamhill, Clackamas, Columbia, Linn
OR	H9431-015	Aetna Medicare Eagle (PPO)	Clackamas, Columbia, Jackson, Josephine, Linn, Marion, Multnomah, Washington, Yamhill
PA	H3959-077	Aetna Medicare Prime Chronic Care (HMO C-SNP)	Bucks, Delaware, Lehigh, Montgomery, Northampton, Philadelphia
PA	H5522-024	Aetna Medicare Dual Preferred (PPO D-SNP)	Lycoming, McKean, Mifflin, Monroe, Montour, Northampton, Northumberland, Pike, Potter, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, Blair, Bradford, Cambria, Cameron, Carbon, Centre, Clearfield, Clinton, Columbia, Elk, Huntingdon, Jefferson, Juniata, Lackawanna, Luzerne
SC	H5521-539	Aetna Medicare Dual Choice (PPO D-SNP)	Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, McCormick, Marion, Marlboro, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York, Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon
SD	H1608-064	Aetna Medicare Enhanced Select (PPO)	Aurora, Beadle, Bon Homme, Brookings, Brule, Buffalo, Campbell, Charles Mix, Clark, Clay, Corson, Davison, Day, Deuel, Douglas, Gregory, Hamlin, Hanson, Hutchinson, Jerauld, Kingsbury, Lake, Lincoln, McCook, Marshall, Miner, Minnehaha, Moody, Sanborn, Spink, Turner, Union, Walworth, Yankton
SD	H1608-080	Aetna Medicare Value Plus (PPO)	Aurora, Beadle, Bon Homme, Brookings, Brule, Buffalo, Campbell, Charles Mix, Clark, Clay, Corson, Davison, Day, Deuel, Douglas, Gregory, Hamlin, Hanson, Hutchinson, Jerauld, Kingsbury, Lake, Lincoln, McCook, Marshall, Miner, Minnehaha, Moody, Sanborn, Spink, Turner, Union, Walworth, Yankton
UT	H5521-197	Aetna Medicare Value (PPO)	Box Elder, Cache, Carbon, Duchesne, Juab, Morgan, Rich, Summit, Tooele, Uintah
UT	H8649-008	Aetna Medicare AdvantraSelect (HMO-POS)	Carbon, Duchesne, Juab, Uintah
VA	H1610-003	Aetna Medicare Assure Value (HMO D-SNP)	[illegible], Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax City, Fairfax, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin City, Franklin, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Martinsville City, Manassas City, Manassas Park City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, [illegible]
VA	H5521-027	Aetna Medicare Choice (PPO)	Alexandria City, Amelia, Arlington, Augusta, Buckingham, Caroline, Charles City, Chesterfield, Clarke, Colonial Heights City, Cumberland, Dinwiddie, Emporia City, Fairfax City, Fairfax, Falls Church City, Fauquier, Frederick, Fredericksburg City, Goochland, Greensville, Hanover, Henrico, Hopewell City, King William, Loudoun, Manassas City, Manassas Park City, New Kent, Nottoway, Page, Petersburg City, Powhatan, Prince George, Prince William, Rappahannock, Richmond City, Spotsylvania, Stafford, Staunton City, Warren, Waynesboro City, Winchester City
WI	H5521-386	Aetna Medicare Enhanced Select (PPO)	Adams, Columbia, Dane, Green, Iowa, Kenosha, La Crosse, Lafayette, Marquette, Milwaukee, Monroe, Ozaukee, Racine, Rock, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waushara
WI	H5521-499	Aetna Medicare Smart Plus (PPO)	Brown, Columbia, Dane, Green, Iowa, Kewaunee, Lafayette, Manitowoc, Marinette, Marquette, Oconto, Outagamie, Rock, Shawano, Waushara, Winnebago
WI	H5521-614	Aetna Medicare Gold (PPO)	Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha
WV	H1608-085	Aetna Medicare Dual Preferred (PPO D-SNP)	Boone, Cabell, Clay, Fayette, Greenbrier, Jackson, Kanawha, Lincoln, Logan, McDowell, Mason, Mercer, Mingo, Nicholas, Putnam, Raleigh, Roane, Wayne, Wood, Wyoming
WY	H5521-197	Aetna Medicare Value (PPO)	Uinta
WY	H8649-008	Aetna Medicare AdvantraSelect (HMO-POS)	Uinta

Doug has provided us with the CMS Part D national average monthly bid amounts. There is a ton of info, bottom line:
The Centers for Medicare & Medicaid Services (CMS) is announcing today that the Calendar Year (CY) 2026 Part D national average monthly bid amount is $239.27, the Part D base beneficiary premium is $38.99, and the *de minimis* amount is $2. Please see the attached notice for more detailed information concerning the CY 2026 Part D national average monthly bid amount, the Medicare Part D base beneficiary premium, the Part D regional low-income premium subsidy amounts, the Medicare Advantage (MA) regional PPO benchmarks, the MA employer group waiver plan (EGWP) regional payment rates, and the Part D calendar year EGWP prospective reinsurance amount.

CMS is also announcing changes to the parameters of the Part D Premium Stabilization Demonstration for CY 2026, a voluntary demonstration program for standalone prescription drug plans (PDPs), which was implemented in CY 2025 to address volatility and variation in standalone PDP premiums following benefit changes mandated by the Inflation Reduction Act of 2022 (IRA). The demonstration design allowed for CMS to continue the demonstration for subsequent years. In 2025, under the voluntary demonstration, there was a reduction in the base beneficiary premium of $15 for all participating PDPs, combined with a year-over-year plan premium increase limit of $35 and narrowed risk corridors applied to participating individual (i.e., non-employer) PDPs. In 2026, CMS is reducing the uniform base beneficiary premium reduction from $15 to $10, increasing the year-over-year total premium increase limit from $35 to $50, and eliminating the narrowed risk corridor thresholds. By reducing the amount of premium stabilization from the government in 2026, we are facilitating the Part D program's return to operating under regular market conditions.

Detailed information regarding the Part D Premium Stabilization Demonstration and the *de minimis* amount is attached in a separate memo, which contains instructions and timelines for opting into the demonstration, completing rebate reallocation, and volunteering to waive the *de minimis* amount. Part D sponsors of PDPs will have from Monday, July 28, 2025, until 11:59 PM Pacific Daylight Time (PDT) on Monday, August 4, 2025, to opt into the demonstration for
CY 2026. All Part D sponsors will have from Monday, July 28, 2025, until 11:59 PM PDT on Wednesday, August 6, 2025, to complete rebate reallocation. Note that bids may be resubmitted for rebate reallocation multiple times prior to the August 6th deadline. Following the conclusion of the demonstration election and rebate reallocation windows, Part D sponsors will have from Friday, August 8, 2025, until 11:59 PM PDT on Tuesday, August 12, 2025, to inform CMS of their intent to participate in the voluntary *de minimis* program.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

OFFICE OF THE ACTUARY

DATE: July 28, 2025

TO: All Medicare Advantage Organizations and Medicare Prescription Drug Plan Sponsors

FROM: Jennifer Lazio, Director, Parts C & D Actuarial Group

SUBJECT: Annual Release of Part D National Average Monthly Bid Amount and other Part C & D Bid Related Information

Today we are releasing the Calendar Year (CY) 2026 Part D national average monthly bid amount, the Medicare Part D base beneficiary premium, the Part D regional low-income premium subsidy amounts, the Medicare Advantage (MA) regional PPO benchmarks, the MA employer group waiver plan (EGWP) regional payment rates, and the Part D calendar year EGWP prospective reinsurance amount.

Below we describe the determination of these amounts. The regional low-income premium subsidy amounts and the regional MA benchmarks can be downloaded from the CMS web site at: https://www.cms.gov/files/document/regional-rates-and-benchmarks-2026.pdf.

Part D National Average Monthly Bid Amount

CMS has calculated the national average monthly bid amount for CY 2026 in accordance with section 1860D-13(a)(4) of the Social Security Act ("the Act"), codified in 42 CFR § 423.279. For each coverage year, CMS computes the national average monthly bid amount from the applicable Part D plan bid submissions in order to calculate the base beneficiary premium, as provided in 42 CFR § 423.286(c). Because the national average monthly bid amount is calculated based on plans' standardized bid amounts, it is not impacted by the voluntary Part D Premium Stabilization Demonstration for standalone prescription drug plans (PDPs).

The national average monthly bid amount is a weighted average of the standardized bid amounts for each PDP and MA plan with prescription drug coverage (MA-PD) described in section 1851(a)(2)(A)(i) of the Act. The weights are based on the number of enrollees in each plan. The weight for each plan bid is a percentage calculated with the numerator equal to the number of Part D eligible individuals enrolled in the plan in the reference month (as defined in 42 CFR § 422.258(c)(1)) and the denominator equal to the total number of Part D eligible individuals enrolled in the reference month in all applicable Part D plans. Per section 1860D-13(a)(4)(A) of the Act, the calculation does not include Part D bids submitted by Medicare Medical Savings Account (MSA) plans, MA private fee-for-service plans, specialized MA plans for special needs individuals, PACE programs under section 1894, any "fallback" prescription drug plans, and plans established through reasonable cost reimbursement contracts under section 1876(h) of the Act ("Cost Plans"). The reference month for the CY 2026 calculation was June 2025.

The national average monthly bid amount for CY 2026 is $239.27.

Part D Base Beneficiary Premium

Section 1860D-13(a) of the Act, as amended by section 11201 of the Inflation Reduction Act of 2022 (IRA), specifies the methodology for calculating the base beneficiary premium (BBP).
Specifically, the BBP for 2024 through 2029 is equal to the lesser of the following calculations:

A. The prior year's BBP increased by 6 percent.

B. The product of the beneficiary premium percentage and the national average monthly bid amount. The beneficiary premium percentage ("applicable percentage") is a fraction, with a numerator of 25.5 percent and a denominator equal to 100 percent minus a percentage equal to (i) the total reinsurance payments that CMS estimates will be paid for the coverage year, divided by (ii) that amount plus the total payments that CMS estimates will be paid to Part D plans based on the standardized bid amount during the year, taking into account amounts paid by both CMS and plan enrollees.

The result of **calculation A** is $38.99.

2025 BBP x 1.06 or $36.78 x 1.06 = $38.99

The result of **calculation B** is $75.38.

Therefore, the Part D BBP for CY 2025 is $38.99.[1]

In accordance with section 1860D-13(a) of the Act, codified in 42 CFR § 423.286, Part D beneficiary premiums are calculated as the BBP adjusted by the following factors: (i) the difference between the plan's standardized bid amount and the national average monthly bid amount; (ii) adjusted by any supplemental premium; (iii) an increase for any late enrollment penalty; (iv) a decrease for MA-PDs that apply MA A/B rebates to buy down the Part D premium; and (v) elimination or decrease with the application of the low-income premium subsidy.

Part D Regional Low-Income Premium Subsidy Amounts

In accordance with 42 CFR § 423.780, low-income subsidy (LIS) individuals are entitled to a premium subsidy equal to 100 percent of the premium subsidy amount. A Part D plan's premium subsidy amount is the lesser of the plan's premium for basic coverage or the regional low-income

premium subsidy amount (LIPSA).

The regional LIPSAs are the greater of the low-income benchmark premium amount for a PDP region or the lowest monthly beneficiary premium for a prescription drug plan that offers basic prescription drug coverage in the PDP region. In accordance with section 1860D-14 of the Act and the final rule "Modification to the Weighting Methodology Used to Calculate the Low- Income Benchmark Amount," which appeared in the Federal Register (73 FR 18176) on April 3, 2008, the low-income benchmark premium amount for a PDP region is a weighted average of the monthly beneficiary premiums for basic prescription drug coverage in the region. The weight for each PDP and MA-PD plan is a percentage calculated with the numerator equal to the number of Part D LIS-eligible individuals enrolled in the plan in the reference month and the denominator equal to the total number of Part D LIS-eligible individuals enrolled in all PDP and MA-PD plans in a Part D region in the reference month.

[1] As noted above, the actual Part D premiums paid by individual beneficiaries equal the BBP adjusted by several factors. In practice, premiums vary significantly from one Part D plan to another and seldom equal the base beneficiary premium.

The Patient Protection and Affordable Care Act of 2010 amended the statute governing the calculation of the LIS benchmark premium amount (see section 3302, as amended by section 1102 of the Health Care and Education Reconciliation Act of 2010). As amended, section 1860D-14(b)(2)(B)(iii) of the Act requires the calculation of the weighted average premium amounts described above using MA-PD basic Part D premiums before the application of Part C rebates each year.

The calculation does not include bids submitted by MA private fee-for-service plans, PACE programs under section 1894, and Cost Plans. The reference month for the CY 2026 calculation was June 2025.

For CY 2026, two regions would have a negative LI benchmark amount if calculated using the formula described above. However, as discussed in the 2005 final rule "Prescription Drug Benefit Final Rule" (70 FR 4304-4305), CMS has determined that while the Part D statute permits the calculation of negative premiums, "the statute did not necessarily envisage negative premiums for there are no clear directives on how the negative premium dollars should be treated." (To implement this policy regarding negative premiums, CMS determined that, under 42 CFR 423.272(e), if a plan's standardized bid is sufficiently below the national average monthly bid amount to result in a negative premium, the plan is required to either reduce the supplemental premium (if the Part D plan already submitted a bid with an enhanced alternative benefit) or add a new enhanced alternative benefit of no less value than the amount of the negative premium.) Consistent with the policy that no Part D plan is permitted to have a negative premium, when the LI benchmark calculation produces a negative benchmark amount prior to rebate reallocation, CMS will set the benchmark at $0.

The regional low-income premium subsidy amounts are provided in the file Regional Rates and Benchmarks 2026, which can be accessed on the CMS website through the following link: https://www.cms.gov/files/document/regional-rates-and-benchmarks-2026.pdf. The low-income benchmark calculation will not be impacted by the voluntary Part D Premium Stabilization Demonstration for PDPs. The CY 2026 low-income benchmarks are calculated based on pre- demonstration basic Part D premiums; however, the LIPSA paid to participating PDPs will be based on their post-demonstration basic Part D premiums.

MA Regional PPO Benchmarks

Per section 1858(f)(2) of the Act, the standardized PPO benchmark for each MA region is a sum of two components: (i) a statutory component consisting of the weighted average of the county capitation rates across the region for each appropriate level of star rating; and (ii) a competitive, or plan-bid, component consisting of the weighted average of all of the standardized A/B bids for regional MA PPO plans in the region. (Such regional MA plan bids relate to the benefits covered under Parts A and B of Medicare.) The two components are then summed for each region, with the statutory component reflecting the national market share of Traditional Medicare and the regional MA plan-bid component reflecting the market share of all MA organizations in the Medicare population nationally. In other words, the weights used in combining the statutory and competitive components of the benchmark are the same for all regions and are equal to the national enrollment percentages, respectively, for Traditional Medicare and all MA plans. For CY 2026, the national weights applied to the statutory and plan-bid components are 45.6 percent and 54.4 percent, respectively.

The separate weighted-average statutory component and weighted-average competitive component in each region are determined based on the following weights:

- The weighting for the statutory component is based on all MA eligible individuals in the region — i.e., all Medicare beneficiaries who are either in the traditional, fee-for-service Medicare program or enrolled in an MA plan and who are entitled to benefits under Part A and enrolled in Part B.

- The weighting for the plan-bid component is based on the enrollment in regional MA plans in the region for the reference month of June 2025. (That is, the weight for each plan's bid is based on the plan's market share in the region.)

As stated in the *Advance Notice of Methodological Changes for Calendar Year 2026 for Medicare Advantage Capitation Rates, Part C and Part D Payment Policies* ("2026 Advance Notice") and *Announcement of Calendar Year 2026 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies* ("2026 Rate Announcement"), these benchmarks reflect the average bid component of the regional benchmark excluding EGWPs. The statutory and plan-bid components of the MA regional standardized benchmarks for 14 of the 26 MA regions[2] are in the file Regional Rates and Benchmarks 2026, which can be accessed on the CMS website through the following link: https://www.cms.gov/files/document/regionalrates-and-benchmarks-2026.pdf.

MA Regional EGWP Payment Rates

In accordance with the payment methodology finalized in the 2026 Rate Announcement, the 2026 EGWP Regional payment rates are being released concurrently with this 2026 MA Regional benchmark release. For detailed descriptions of the payment policy finalized for 2026, please refer to the 2026 Advance Notice and 2026 Rate Announcement: https://www.cms.gov/medicare/payment/medicare-advantage-rates-statistics/announcements-and-documents.

The payment rates for Regional EGWPs are in the file Regional Rates and Benchmarks 2026, which can be accessed on the CMS website through the following link: https://www.cms.gov/files/zip/2026-regional-ppo-egwp-rates.zip.

Part D CY EGWP Prospective Reinsurance Amount

In accordance with the payment methodology described in the Final CY 2025 Part D Redesign Program Instructions and applied to CY 2026 through the Final CY 2026 Part D Redesign Program Instructions, the CY 2026 prospective reinsurance payment amount for Part D Calendar Year EGWPs is being released concurrently with this release of the Part D national average monthly bid amount, Part D base beneficiary premium, and related Part D bid information. For a detailed description of the CY 2026 Part D payment policy, please refer to the Final CY 2025 Part D Redesign Program Instructions: https://www.cms.gov/files/document/final-cy-2025-part- d-redesign-program-instructions.pdf.

For CY 2026, CMS is calculating the prospective reinsurance payments to all Part D Calendar Year EGWP sponsors using the weighted average of the per member-per month (PMPM) prospective reinsurance amounts submitted by Part D sponsors for enhanced alternative (EA) plans as part of the Part D bid submissions for the payment year in question. For CY 2026, this amount is $47.92.

/s/
Jennifer Lazio, F.S.A., M.A.A.A. Director, Parts C & D Actuarial Group Office of the Actuary

[2] In the remaining twelve MA regions, there are no regional MA plans.

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Centers for Medicare & Medicaid Services
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MEDICARE PLAN PAYMENT GROUP

DATE: July 28, 2025

TO: All Medicare Advantage Organizations and Medicare Prescription Drug Plan Sponsors

FROM: Jennifer R. Shapiro, Director, Medicare Plan Payment Group

SUBJECT: Voluntary Part D Premium Stabilization Demonstration for Standalone Prescription Drug Plans, Release of the *De Minimis* Amount, and Operational Guidance

In this memo, CMS is releasing information regarding the voluntary Part D Premium Stabilization Demonstration for Calendar Year (CY) 2026 for standalone prescription drug plans (PDPs) and the CY 2026 *de minimis* amount. In addition, this memo provides instructions and timelines for opting into the voluntary demonstration, completing rebate reallocation, and volunteering to waive the *de minimis* amount. Part D sponsors of PDPs will have from Monday, July 28, 2025, until 11:59 PM Pacific Daylight Time (PDT) on Monday, August 4, 2025, to opt into the demonstration for CY 2026. All Part D sponsors will have from Monday, July 28, 2025, until 11:59 PM PDT on Wednesday, August 6, 2025, to complete rebate reallocation. Following the conclusion of the demonstration election and rebate reallocation windows, Part D sponsors will have from Friday, August 8, 2025, until 11:59 PM PDT on Tuesday, August 12, 2025, to inform CMS of their intent to participate in the *de minimis* program.

Voluntary Part D Premium Stabilization Demonstration

Section 402(a)(1)(A) of the Social Security Amendments of 1967, as amended and expressly made applicable to Part D by section 1860D-42(b) of the Social Security Act ("the Act"), authorizes the Secretary to carry out demonstration projects to determine whether "changes in methods of payment or reimbursement" under Medicare "would have the effect of increasing the efficiency and economy of health services" covered under Medicare through the "creation of additional incentives to these ends." Pursuant to such authority, in 2025, CMS implemented a voluntary demonstration program to test whether additional policy changes would stabilize yearover-year changes in premiums for participating standalone PDPs, leading to more predictable options for beneficiaries during the initial implementation of the Inflation Reduction Act of 2022 (IRA) benefit redesign, creating more gradual enrollment changes, and allowing participating Part D sponsors to accumulate the experience necessary for bidding in future years. The demonstration design allowed for CMS to continue the demonstration for subsequent years, with parameters in each subsequent year to be determined based on market conditions.

Accordingly, CMS reviewed the CY 2026 bid submissions to determine the appropriate level for each element in CY 2026. In selecting the revised parameters for CY 2026, CMS is facilitating the program's return to operating under regular market conditions by reducing the amount of premium stabilization from the government in CY 2026. Consequently, in CY 2026, the demonstration will include two elements. First, the base beneficiary premium (BBP) for participating standalone PDPs will be reduced by $10. The BBP reduction will be less than this amount if the full reduction would cause the plan-specific total Part D premium to be less

than $0. In that case, the BBP reduction for that plan would be the difference between the planspecific total Part D premium and $0.

Second, a year-over-year increase limit of $50 will be applied to individual (i.e., non-employer) plan premiums, meaning any plan-specific total Part D premium would not be permitted to increase more than $50 compared to that plan's premium in CY 2025 (that is, the actual premium charged by the plan for CY 2025, inclusive of the premium reductions under the CY 2025 demonstration for participating PDPs). The year-over-year limit will be applied after the reduction in the BBP and applies to the plan's total Part D premium (that is, the sum of the Part D basic and Part D supplemental premiums). For CY 2026 PDPs that are comprised of crosswalked enrollees from multiple CY 2025 PDPs, the increase limit will be applied to the change between the lowest CY 2025 premium among the PDPs whose enrollees are in the CY 2026 PDP – whether they were already enrolled in that PDP in CY 2025 or are crosswalked into it for CY 2026 – and the CY 2026 premium for the PDP.

CMS is eliminating the narrowed risk corridor thresholds present in the CY 2025 demonstration (i.e., setting the value of this element equal to the value of the element under the Part D statute and applicable regulations absent the demonstration). The risk corridor thresholds for CY 2026 for all PDPs will revert to the thresholds and share of losses assumed by the government that existed prior to the CY 2025 demonstration.

The government, through an increase in the Part D direct subsidy paid to participating PDP sponsors, will cover the full amount of the reduction in premiums under the demonstration. This increase will account for both the $10 reduction in BBP and the year-over-year premium increase limit of $50 on a plan's total Part D premium.

Direct subsidy payments are equal to the Part D plan's risk-adjusted standardized bid and reduced by the Part D plan's basic Part D premium. The reduction in the plan's basic Part D premium will directly result in increased direct subsidy payments. In the voluntary demonstration for CY 2026, the BBP reduction of $10 and year-over-year limit of $50 will decrease the PDP's basic Part D premium and will cause a corresponding increase to the PDP's direct subsidy payment.

The voluntary demonstration does not affect any other payment operation or calculation conducted by CMS with respect to participating plans. For participating plans, all other payment operations will be conducted as normal using the premiums under the demonstration parameters.

Eligibility:

All standalone PDPs, including Employer Group Waiver Plans (EGWPs), who participated in the demonstration in CY 2025 or are newly available in CY 2026 are eligible to participate in the demonstration in CY 2026, subject to the limitations below.

Part D sponsors must include all plans under each of their standalone PDP contracts in the demonstration if they choose to participate. Part D sponsors with multiple standalone PDP contracts must include all contracts in the demonstration if they choose to participate.

If a Part D sponsor is participating in the demonstration for CY 2025 and offers a new standalone PDP for CY 2026, then that new plan must be included in the demonstration if the sponsor as a whole continues to participate in CY 2026. If a Part D sponsor chose not to participate in the demonstration in CY 2025 and chooses to offer a new standalone PDP in CY 2026, the new standalone PDP would not be eligible for participation in the demonstration because the Part D sponsor offering that PDP is not eligible due to its decision not to participate in CY 2025.

An entity that was not a Part D sponsor in CY 2025 when the demonstration began but enters the Part D market in CY 2026 or a later year if the demonstration is still ongoing, and therefore did not have the opportunity to opt into the demonstration in a preceding year, would be eligible for participation in the

demonstration in the year in which it enters the Part D market and in subsequent years, if applicable, provided it chooses to participate in the first year it is eligible.

The demonstration is voluntary and nationwide (all regions). This demonstration is for standalone PDPs only and does not alter any payment-related parameters for Medicare Advantage plans with prescription drug coverage (MA-PDs) that are established in statute, regulation, or guidance. Because EGWPs do not submit bids, they are only eligible for the first element of the demonstration and not the second. Additionally, participating EGWPs may be required to submit additional data to the Office of the Assistant Secretary for Planning and Evaluation (ASPE) to aid in understanding and evaluating the impacts of the demonstration on the stabilization of EGWP beneficiary premiums.

Parameters:

The demonstration was implemented in 2025. The demonstration design allowed for CMS to continue the demonstration for subsequent years with parameters to be adjusted to reflect market conditions in those years. The second year of the demonstration will be conducted under the parameters described in this memorandum, affecting payments made to participating Part D sponsors for costs incurred from January 1, 2026, through December 31, 2026. For each subsequent year, if applicable, CMS will assess each element of the demonstration separately to determine appropriate parameters for such subsequent plan year, considering the success of each element in achieving the goals of the demonstration in prior years and whether market conditions suggest that Part D sponsors have adequate data on the Part D market to have stable actuarial information on which to base their PDP bids in the absence of additional premium stabilization. The value of one or more of the parameters may be reduced for a subsequent demonstration year to equal its value absent the demonstration. Sponsors that choose to participate in CY 2026 will have the opportunity to choose whether to participate in the demonstration in subsequent demonstration years, if any. However, in order to be eligible to participate in any subsequent demonstration year, a Part D sponsor would have to have participated in the immediately preceding demonstration year. Eligible Part D sponsors that opt into the demonstration will be required to notify CMS of their intent to participate in advance of the voluntary *de minimis* waiver process.

De Minimis Amount

Under section 1860D-14(a)(5) of the Act, a PDP or MA-PD plan may volunteer to waive the portion of beneficiary's monthly adjusted basic Part D premium that is a *de minimis* amount above the low-income subsidy (LIS) benchmark for a subsidy eligible individual. The law prohibits CMS from reassigning LIS members from plans who volunteered to waive the *de minimis* amount. The *de minimis* amount for CY 2026 will be $2.

Operational Guidance and Deadlines

Voluntary Part D Premium Stabilization Demonstration – Action by 11:59 PM PDT on Monday, August 4, 2025

Part D sponsors of eligible PDPs must affirmatively inform CMS of their intent to participate in the Part D Premium Stabilization Demonstration for CY 2026 via HPMS. On Monday, July 28, 2025, CMS will release premiums for all eligible standalone PDPs as they would be under the demonstration and as they would be if the PDP elects not to participate in the demonstration. Part D sponsors can inform CMS of their intent to participate for CY 2026 starting Monday, July 28, 2025, until 11:59 PM PDT on Monday, August 4, 2025.

The mechanism to opt into the Part D Premium Stabilization Demonstration can be found at the following path in HPMS:

HPMS Home > Plan Bids > Bid Submission > CY 2026 > Review Plan Data > PDP Demo Election

The 'PDP Demonstration Election' link will be available at the left navigation bar. There is no default value selected. Eligible plan sponsors must select a radio button of Yes or No to indicate if they want to volunteer to participate or not.

As noted previously, Part D sponsors must include all plans under each of their standalone PDP contracts in the demonstration if they choose to participate. Part D sponsors with multiple standalone PDP contracts must include all contracts in the demonstration if they choose to participate. Therefore, Part D sponsors must select the same response for all contracts on the PDP Demonstration Election page.

For Part D sponsors of PDPs that opt into the demonstration, final post-demonstration premiums will be released on Thursday, August 7, 2025.

Please send any questions about the demonstration to PartDPaymentPolicy@cms.hhs.gov.

Rebate Reallocation - Action by 11:59 PM PDT on Wednesday, August 6, 2025

MA organizations that offer MA-PDs will have from Monday, July 28, 2025, until 11:59 PM PDT on Wednesday, August 6, 2025, to complete rebate reallocation. Plan-specific information, such as plan standardized bid amounts, plan-specific premiums, and MA rebate dollars used, can be found at the following path in HPMS:

HPMS Home > Plan Bids > Bid Submission > CY 2026 > Review Plan Data > Review Plan Data

After reviewing the plan-specific information in HPMS, some bids may need to be resubmitted to adjust the MA rebate dollars in the Bid Pricing Tool (BPT). Local MA-only plans (which do not offer Part D) and PDPs (which cannot use MA rebates) cannot resubmit their bids during the rebate reallocation period. In instances when an MA-PD allocates all of its MA rebates to buy down the Part D basic premium and the plan's intended target for its Part D basic premium is the low-income premium subsidy amount, the MA-PD may volunteer to use the *de minimis* premium policy.

Guidance on rebate reallocation and premium rounding can be found in Appendix E of the Instructions for Completing the MA BPT for Contract Year 2026. Changes to the BPT must be in accordance with the guidance contained in Appendix E.

If resubmitting, the Part D bid pricing tools must reflect the final benchmarks released earlier in this announcement. Except in specific circumstances described in Appendix E for plans with negative total Part D premium, no pricing changes will be accepted to the Part D bid forms.

As a reminder, CMS expects MA organizations to submit CY 2026 plan bids that satisfy our requirements, including, but not limited to, service category cost sharing, per member per month actuarial equivalence, Total Beneficiary Cost (TBC), and, for Part D benefit packages in MA- PDs, meaningful difference. CMS will not approve plan bids that do not satisfy our requirements.

A "final" actuarial certification must be submitted by all plans. A separate announcement will be released regarding the submission of final actuarial certifications.

If you have questions about this information, please submit them to actuarial-bids@cms.hhs.gov.

If you have technical questions about your resubmissions, please contact the HPMS Help Desk at 1-800-220-2028 or hpms@cms.hhs.gov.

Volunteering to Waive the De Minimis Amount - Action by 11:59 PM PDT on Tuesday, August 12, 2025

Part D sponsors of eligible plans must actively inform CMS of their intent to participate in the *de minimis* program. Sponsors can inform CMS of their intent to participate starting Friday, August 8, 2025, until 11:59 PM PDT on Tuesday, August 12, 2025.

The mechanism to volunteer for *de minimis* can be found at the following path in HPMS:

HPMS Home > Plan Bids > Bid Submission > CY 2026 > Review Plan Data > Voluntary De Minimis

The 'Voluntary de minimis' link will be available at the left navigation bar. The default value will be unchecked (i.e., "No"), and eligible plans must select the checkbox to indicate that they want to volunteer to participate.

Please send any questions about *de minimis* to PartDPaymentPolicy@cms.hhs.gov.