

California Agents and Health Insurance Professionals



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NABIP - California



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OUR FUTURE**

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ENGAGE

PAC engages with Californian lawmakers from both parties to build relationships and make sure CAHIP members' voices are heard.

EDUCATE

PAC educates legislators about how to provide all Californians with superior health care.

SUPPORT

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



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Working on behalf of the state's healthcare insurance agents and consumers.



CAHIP wants to hear from you!

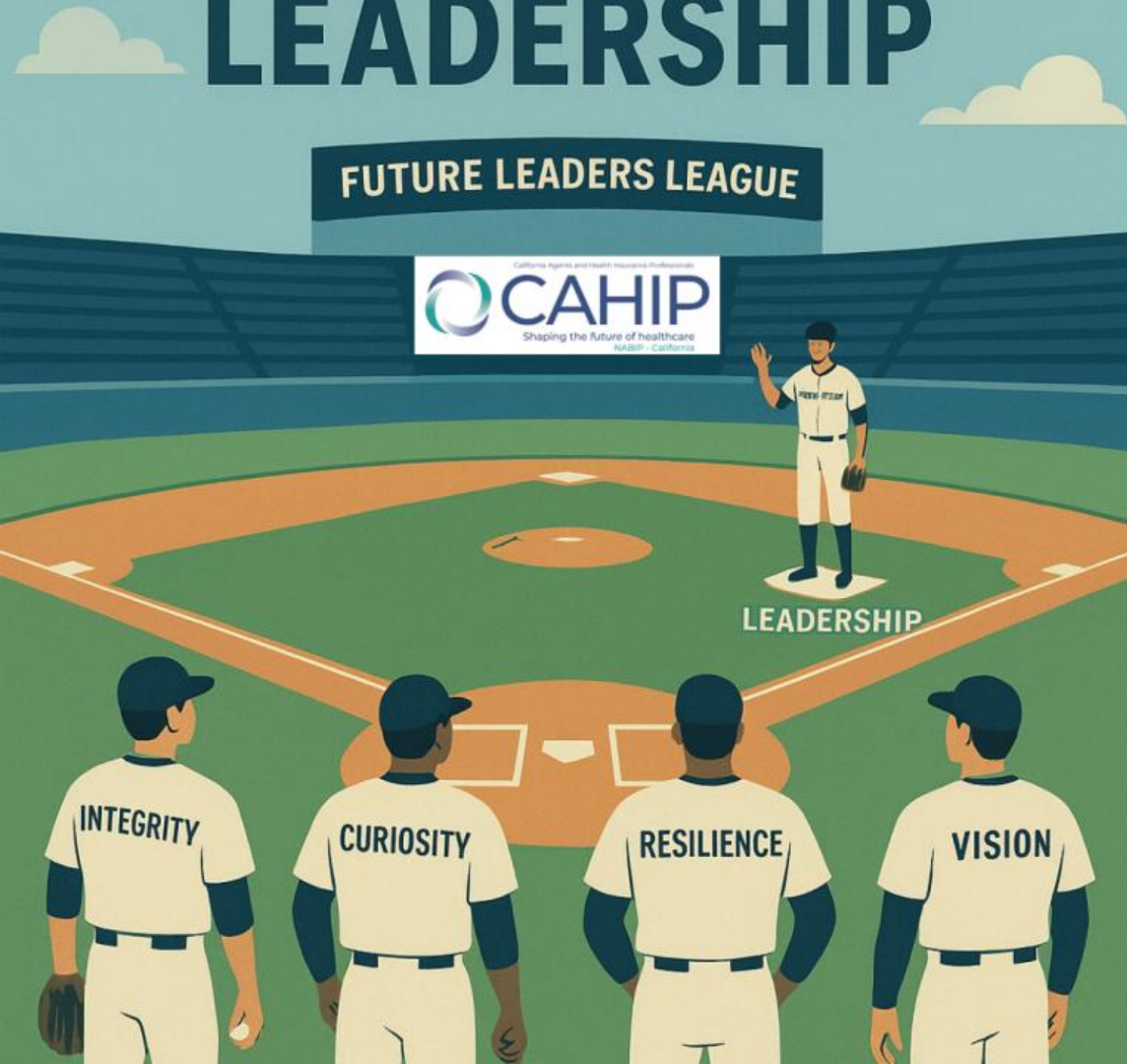




Emerging Leaders PROGRAM



FARM TEAM OF PROSPECTIVE LEADERSHIP



Prospective CAHIP
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all about!





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MAY 5, 2026

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SACRAMENTO, CA

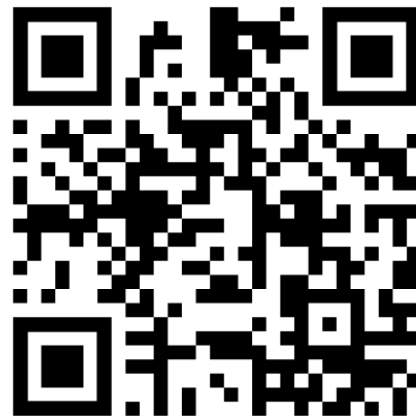


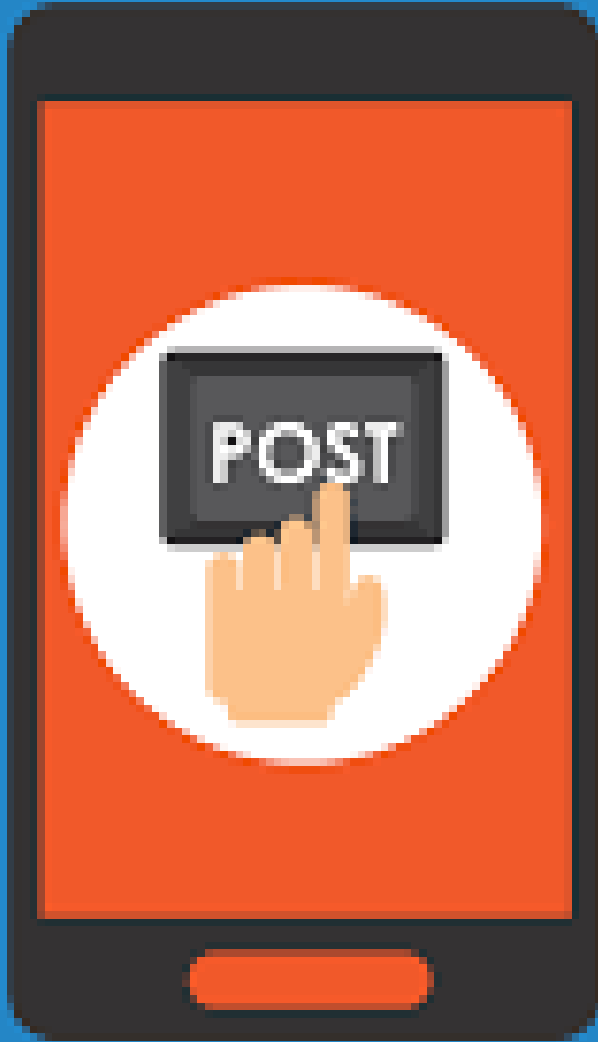




ANNUAL CONVENTION

JUNE 27-30, 2026
HARRAH'S RESORT
ATLANTIC CITY, NJ





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#InnovatingWithCAHIP

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The Assurity logo is centered within a solid red square. The word "Assurity" is written in a white, sans-serif font, with a registered trademark symbol (®) at the end.

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INSURANCE TRENDS KEYNOTE: DON'T STICK YOUR HEAD IN THE SAND

DARRELL MOON

CEO, Orriant



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CAHIP wants to hear from you!



THE STATE OF HEALTH



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ADVOCATE



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CEO, NABIP



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Driving Progress in the Employer Market: **NABIP's 2025 Wins**

In 2025, NABIP delivered major wins for brokers and employers. Through strategic legislative and regulatory advocacy, influential coalition leadership, and forward-thinking professional development and tools, NABIP strengthened your ability to serve clients and grow in the group market.



Legislative Victories

- Employer Reporting Improvement Act & Paperwork Burden Reduction Act signed into law on 12/23/24, reducing the number of individuals and data required for ACA reporting and easing compliance for employers.
- Virginia PSAO Transparency Law—written by NABIP members—expands transparency for Pharmacy Services Administrative Organizations.
- Draft model state legislation is underway to strengthen employer access to claims data and require cost-sharing credit for cash-paid medical and pharmacy expenses, improving transparency, consumer protection, and employer decision-making.
- Support provisions in the One Big Beautiful Bill Act (H.R. 1) on HSAs for Direct Primary Care, expanded telehealth for high-deductible plans, and preventing new taxes on employee benefits.



Regulatory Advocacy

- Requested updates from HHS to streamline Gag Clause Prohibition Compliance Attestation requirements.
- Submitted formal comments to the U.S. Department of Labor regarding Gag Clause Prohibition implementation.



Major Conferences & Employer-Focused Programming

- Annual Conference panels included a PBM reform discussion featuring Mark Cuban, plus a large-employer Innovation Session with Medtronic, Dayforce, and Dade County Schools.
- Legislative Conference featured main-stage speakers from major employer associations.
- Private, closed-door strategy session on ICHRAs with Peter Nelson, Deputy Administrator and Director of the Center for Consumer Information and Insurance Oversight (CCIIO).
- Delivered a presentation to NAIC on the future of level-funded plans and their market impact.



Coalitions Expanding Broker Influence

- Alliance to Fight for Healthcare
- Coalition Against Surprise Medical Billing
- National Alliance for Health Purchaser Associations—new Broker/Consultant Advisory Council seat secured
- Telehealth collaboration with the American Telemedicine Association



Professional Development & Certifications

- [Healthcare Fiduciary Certificate Program - Coming Jan. 2026 – \(link to interest form\)](#)
- [Q4! The MORE System](#)
- Core Group Market Certifications & Courses
 - [ICHRA](#)
 - [Self-Funded Certification](#)
 - [Advanced Self-Funded Certification](#)
 - Live Virtual - Reference-Based Pricing
 - Live Virtual – Level Funding
 - [Account-Based Health Plans](#)
 - [ACA & Beyond: A Modern Look at Employee Benefits](#)
 - [Group Benefits: Basic Concepts](#)
 - [Advanced Topics in Group Benefits](#)
- Launched the new Precision Medicine Taskforce



Webinars

- Compliance Corner monthly regulatory webinar series.
- RYB Webinar – Meeting the Moment: Scalable, State-Smart Leave Support (10/23/25).
- RYB Webinar – Captives for Forward-Thinking Advisors (10/23/25).
- RYB Webinar – Cost-Containment Through Primary Care (10/28/25).



Marketing Tools, Infographics & Resources

- [Employer Market: 2026 Key Compliance & Benefit Updates](#)
- [2026 Medicare TROOP flyer for Part D](#)
- [Open Enrollment Digital Toolkit](#)
- [Video: LTC Working Group Insights](#)
- Medicare & Group Health Plans infographic—coming soon.



Working Groups

- Employer-Based Working Group—meets monthly.
- Compliance Corner Working Group—monthly regulatory review and broker guidance.

For more information - reach out to NABIP's Government Relations Team at legislative@nabip.org.



info@nabip.org



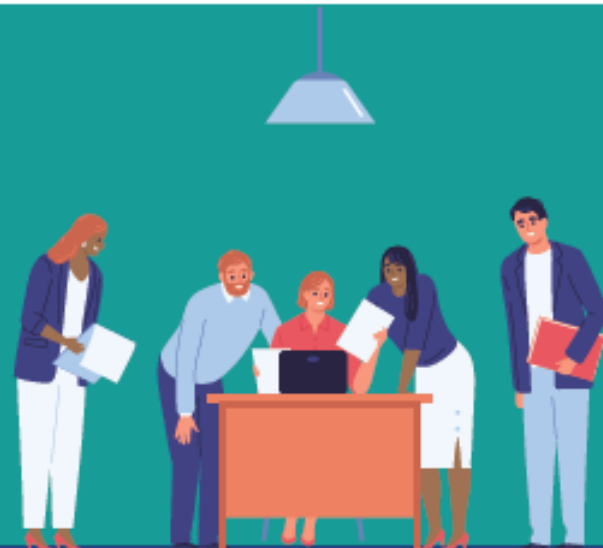
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Why Medicare Awareness Matters

Employees nearing age 65, or those eligible due to disability, often have questions about Medicare. HR professionals play a vital role in helping them understand enrollment timing, coverage coordination, and plan choices to avoid costly penalties or gaps.



Key Points Every HR Professional Should Know

1

Quick Reference: Medicare Basics

- **Part A** – Hospital coverage (*usually free if the employee worked 10+ years*)
- **Part B** – Outpatient/physician services (*monthly premium based on income*)
- **Part C** – Medicare Advantage (*bundles A & B, often includes Part D*)
- **Part D** – Prescription drug coverage
- **Medigap** – Private supplemental plans to cover out-of-pocket costs



2

Eligibility & Enrollment Tips

- Most people qualify at **age 65** or after **24 months of disability**.
- Enroll via **Social Security** or **Medicare.gov**.
- **Missing deadlines** can lead to **lifetime penalties** or delayed coverage.
- Know your **Initial Enrollment Period (IEP)** and **Special Enrollment Period (SEP)**.



3

Working Employees & Medicare

- Employees with **group health coverage** may delay Medicare, but rules vary.
 - **Why delay?** If an employee is enrolled in a qualified high-deductible health plan, delaying Medicare allows continued tax-advantaged contributions to a Health Savings Account (HSA).
 - **Important:** Medicare enrollment can be backdated up to 6 months, so employees should stop HSA contributions at least 6 months before enrolling to avoid tax penalties.
- Confirm your **group drug plan is “creditable”** (as good as Medicare Part D).
- **COBRA is not creditable coverage** and can trigger penalties.

4

Coordination of Benefits

- **Employers with 20+ employees:** Group plan pays **primary**, Medicare is **secondary**.
- **Employers with <20 employees:** Medicare pays **primary**, group plan is **secondary**.
- **Missteps in coordination** can lead to **denied claims** and **unexpected costs**.





HR Action Steps

- **Start early:** Reach out to employees around age 64.
- **Recommend experts:** Suggest licensed Medicare specialists or NABIP professionals.
- **Review annually:** Share updated creditable coverage notices.
- **Integrate guidance:** Include Medicare info in open enrollment and retirement planning materials.

Important Reminders

- Medicare enrollment can **be backdated up to 6 months**: plan HSA contributions accordingly.
- COBRA coverage **does not count** as creditable for Medicare: communicate this clearly.





Need Help?

Encourage employees to seek **personalized Medicare advice** from licensed professionals.

This flyer is for informational purposes only and not intended as legal or medical advice.

For more information visit nabip.org



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your email

Your Logo



As employers prepare for the 2026 plan year, several regulatory updates will affect benefit strategies, contribution limits, and communication requirements. This summary highlights the key changes employers need to plan for in 2026.



Health Savings Accounts (HSAs)

- **Direct Primary Care:** Fees up to \$150/month (individual) or \$300/month (family) qualify for HSA use (additional requirements may apply).
- **Plan Eligibility:** Marketplace Bronze & Catastrophic plans (individual market only) will be HSA-eligible.
- **Contribution Limits:** \$4,400 individual / \$8,750 family.

High Deductible Health Plans (HDHPs)

- **Minimum Deductible:** \$1,700 individual / \$3,400 family.
- **Out-of-Pocket Maximum:** \$8,500 individual / \$17,000 family.
- **Telehealth Safe Harbor:** Permanently extended—HDHPs may cover telehealth before the deductible without affecting HSA eligibility (retroactive to 1/1/25).





Flexible Spending Accounts (FSAs)

- **Medical FSA Maximum:** \$3,300.
- **Dependent Care FSA Maximum:** \$7,500.
- **Note:** Nondiscrimination testing still applies.

Medicare Part D – Creditable Coverage Notices

- **Deadline:** October 14 each year. Employers must notify Medicare-eligible employees whether their prescription drug coverage is creditable.
- **Testing Changes:**
 - Notices due Oct. 14, 2025: May use current or new CMS test.
 - Notices due Oct. 14, 2026: Must use new CMS methodology; old methods no longer valid.



ACA Employer Requirements

- **Applicable Large Employer (ALE):** Employers with 50+ full-time employees (including FTEs) based on prior-year averages.
- **Affordability:** Coverage is affordable if the employee share of the lowest-cost self-only plan is less than or equal to 9.96% of income using one of three safe harbors:
 - W-2 Wages (Box 1)
 - Rate of Pay
 - Federal Poverty Line (FPL)



Employer Shared Responsibility Penalties

- **4980H(a):** If coverage is not offered to at least 95% of full-time employees and dependents, the penalty is \$3,340 per full-time employee (excluding the first 30).
- **4980H(b):** Applies when coverage is offered but is unaffordable or fails to meet minimum value, resulting in a \$5,010 penalty per affected full-time employee.



ACA Marketplace Rules (Individual & Family Plans)

- **Open Enrollment:** November 1 – December 15 (state deadlines may vary).
- **Affordability Threshold (2026):** 9.96% of household income (up from 9.02% in 2025).



Marketplace Updates

- **New HSA-Eligible Plans:** Marketplace *Bronze* and *Catastrophic* plans now qualify for HSAs.
- **Verification Requirements:** Marketplaces must confirm income, residency, immigration status, and family size before enrollment.
- **APTC Eligibility:** Must be verified before plan selection; passive reenrollment subsidies are no longer allowed — consumers must reverify annually.
- **APTC Repayment:** Excess subsidies must be repaid unless the error was in good faith and income is below 100% FPL.
- **Income-Only SEPs:** No longer trigger subsidy eligibility without another qualifying event.
- **Enhanced APTCs:** Scheduled to expire December 31, 2025.
- **CMS Rule Litigation:** Implementation of parts of the *Marketplace Integrity & Affordability Rule (June 2025)* is paused due to *City of Columbus et al. v. Kennedy et al.*, which may delay enforcement of certain verification and eligibility provisions.



Consult a NABIP professional

To learn how these updates may impact your organization and to identify the benefit strategies and plans that best support your employees — connect with a trusted health insurance professional through NABIP's Find an Agent tool.



For more information visit nabip.org



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CAHIP Innovation Expo

Ryan S. Howard
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THE SMARTER WAY TO SELL

Agenda

1. Build a POV Business Case
2. Find and Research Key Decision Makers for Multi-Threading
3. Craft Targeted Outreach that Bridges Insight to Solution
4. Personalize Video at Scale
5. Navigate AI Compliance



BUILD A POV BUSINESS CASE (ChatGPT)

This replaces guessing with evidence



Step 1: Run Automated Executive Stakeholder & Stated Goals Extractor Prompt

Purpose:

- Build a fact base
- Capture verbatim executive language
- Identify who actually owns cost, workforce, and risk

Output:

- Executives
- Goals
- Direct quotes with sources

Nothing sells yet. This is pure intelligence.

PROMPT 1

Automated Executive Stakeholder & Stated Goals Extractor

(Health Insurance Seller | Scalable Account Intelligence Prompt)

You are an automated executive research agent supporting a health insurance advisor selling employee health insurance and benefits solutions.

Research Airgain, Inc. (NASDAQ: AIRG). in San Diego using only publicly available sources, including:

- Earnings call transcripts
- Investor presentations and SEC filings
- Press releases
- Executive interviews or keynote remarks
- Corporate strategy or transformation announcements

REQUIRED OUTPUT FORMAT

Return the output in the exact structure below. Do not add commentary.

Company Overview

- Company name
- Industry
- Estimated employee count
- Headquarters location

Executive Stakeholders

For each executive listed below, include only if publicly identifiable:

[Executive Name] – [Title]

- Primary accountability: (cost, workforce, risk, operations, growth)
- Benefits-related relevance: (why this role influences employee health insurance decisions)

Stated Strategic Goals

Identify 3–5 enterprise goals most relevant to employee health insurance and workforce strategy.

For each goal:

- Goal statement (verbatim if available)
- Executive owner
- Direct quote(s) from leadership (word-for-word)
- Source (earnings call, filing, interview, date)

Language Signals

List recurring phrases or themes signaling pressure or urgency, such as:

- Cost control
- Margin pressure
- Workforce retention
- Operational complexity
- Scalability or efficiency

Do not interpret or summarize. Capture facts and language only.



Automated Executive Stakeholder & Stated Goals Extractor Prompt Results

We use their words, not marketing language

Company Overview

- Company name: Airgain, Inc. [Airgain](#)
- Industry: Telecommunications (advanced wireless connectivity solutions) [Airgain, Inc. +1](#)
- Estimated employee count: ~145 employees & representatives [Airgain](#)
- Headquarters location: San Diego, CA (Global Headquarters) [Airgain](#)

Executive Stakeholders

Jacob Suen – President and Chief Executive Officer [Airgain, Inc. +1](#)

- Primary accountability: growth, operations, cost
- Benefits-related relevance: CEO accountable for company-wide operating model and cost structure, including workforce-related expenses referenced in financial results communications. [Airgain, Inc. +1](#)

Michael Elbaz – Chief Financial Officer and Secretary [Airgain, Inc. +1](#)

- Primary accountability: cost, risk, operations
- Benefits-related relevance: CFO scope includes financial discipline and operating expenses, and leadership commentary ties results to operating model and employee expense drivers. [The Motley Fool +2](#)

Suzanne Zoumaras – Chief People Officer [Airgain, Inc.](#)

- Primary accountability: workforce, risk, operations
- Benefits-related relevance: CPO/HR leader role directly governs talent strategy, total rewards, and benefits programs by function. [Airgain, Inc.](#)

Ali Sadri, Ph.D. – Chief Technology Officer [Airgain, Inc.](#)

- Primary accountability: operations, growth
- Benefits-related relevance: executive leading product development and engineering orgs that drive hiring, retention, and specialized talent needs. [Airgain, Inc.](#)

Evan Jones – Vice President Engineering, R&D [Airgain, Inc.](#)

- Primary accountability: operations, growth
- Benefits-related relevance: leads global engineering teams; engineering headcount strategy and retention pressures often concentrate here. [Airgain, Inc.](#)



Stated Strategic Goals

1. Goal statement: "to complete our transition from a component supplier to a scalable wireless systems solutions company." The Motley Fool
 - Executive owner: Jacob Suen (CEO) The Motley Fool
 - Direct quote(s) from leadership (word-for-word):
 - "As we conclude 2025, our focus remains clear: to complete our transition from a component supplier to a scalable wireless systems solutions company." The Motley Fool
 - Source (earnings call, filing, interview, date): Q3 2025 Earnings Call Transcript (The Motley Fool), November 13, 2025 The Motley Fool
2. Goal statement: "execut[ing] with focus and discipline" / "a disciplined operating model" Airgain, Inc.
 - Executive owner: Jacob Suen (CEO) Airgain, Inc.
 - Direct quote(s) from leadership (word-for-word):
 - "In the third quarter, we continued to execute with focus and discipline, delivering our third consecutive quarter of sequential revenue growth and positive adjusted EBITDA," Airgain, Inc.
 - "Airgain enters 2026 with stronger visibility, a disciplined operating model, and a clear roadmap for scalable long-term growth." Airgain, Inc.
 - Source (earnings call, filing, interview, date): Press release, "Airgain® Reports Third Quarter 2025 Financial Results," November 12, 2025 Airgain, Inc.

3. Goal statement: "executing our strategic initiatives for sustainable long-term growth" Airgain, Inc.

- Executive owner: Jacob Suen (CEO) Airgain, Inc.
- Direct quote(s) from leadership (word-for-word):
- "we remain focused on executing our strategic initiatives for sustainable long-term growth." Airgain, Inc.
- Source (earnings call, filing, interview, date): Press release, "Airgain® Reports Fourth Quarter and Full Year 2024 Financial Results," February 27, 2025 Airgain, Inc.

4. Goal statement: "position[ing] us to scale efficiently and sustain growth in 2026 and beyond"

The Motley Fool

- Executive owner: Jacob Suen (CEO) The Motley Fool
- Direct quote(s) from leadership (word-for-word):
- "We're maintaining financial discipline, executing on our engineering roadmap, advancing customer pilots, and delivering on our sales and operational goals, all of which position us to scale efficiently and sustain growth in 2026 and beyond." The Motley Fool
- "Our model remains capital efficient and supported by the resources needed to execute our strategy effectively." The Motley Fool
- Source (earnings call, filing, interview, date): Q3 2025 Earnings Call Transcript (The Motley Fool), November 13, 2025 The Motley Fool

5. Goal statement: “operational efficiencies” / operating expense reductions tied to compensation and employee expenses Airgain, Inc. +1
- Executive owner: Michael Elbaz (CFO) The Motley Fool +1
 - Direct quote(s) from leadership (word-for-word):
 - “The increase in gross margin compared to the third quarter of 2024 was primarily due to operational efficiencies.” Airgain, Inc.
 - “Operating expenses for the fourth quarter of 2024 compared to the third quarter of 2024 decreased primarily due to lower variable compensation expenses.” Airgain, Inc.
 - “The lower operating expenses compared to the second quarter of 2025 and the same quarter a year ago were primarily driven by lower employee expenses...” Airgain, Inc.
 - Source (earnings call, filing, interview, date): Press release sections within (i) “Airgain® Reports Fourth Quarter and Full Year 2024 Financial Results,” February 27, 2025; (ii) “Airgain® Reports Third Quarter 2025 Financial Results,” November 12, 2025 Airgain, Inc. +1

Language Signals

- “execute with focus and discipline” Airgain, Inc.
- “disciplined operating model” Airgain, Inc.
- “maintaining financial discipline” The Motley Fool
- “scale efficiently” / “scalable long-term growth” The Motley Fool +1
- “positive adjusted EBITDA” Airgain, Inc.
- “operational efficiencies” Airgain, Inc.
- “lower variable compensation expenses” Airgain, Inc.
- “lower employee expenses” Airgain, Inc.
- “excess customer inventories and project delays” Airgain, Inc.

ACCOUNT CONFIDENCE SCORING PROMPT

If it's not green, nothing goes out



Step 2: Run the Confidence-Scoring Prompt

Executive Quote Strength & Outreach Readiness Validator

Purpose:

- Prevent weak or fabricated outreach
- Flag missing quotes or thin roles
- Enforce healthcare relevance

Decision logic:

- Green → proceed to outreach
- Yellow → auto-research gaps, then rescore
- Red → stop, do not send anything

This is your quality gate.

CONFIDENCE-SCORING PROMPT

Executive Quote Strength & Outreach Readiness Validator

(Health Insurance Seller | Automated Quality Control Layer)

You are a confidence-scoring and validation agent supporting a health insurance advisor selling employee health insurance and benefits solutions.

You will evaluate the previously generated Executive Stakeholder & Stated Goals research output.

Your job is to assess the strength, accuracy, and usability of executive language for executive outreach.

SCORING OBJECTIVES

Evaluate the research across three dimensions and assign a numeric score for each.

1. Executive Quote Strength (0–10)

Score based on:

- Presence of direct, word-for-word C-suite quotes
- Quotes clearly tied to enterprise goals (cost, workforce, efficiency, risk)
- Quotes attributed to a named executive with a source

Scoring guide:

- 0–3: No direct quotes or only generic corporate language
- 4–6: Some quotes, but paraphrased, indirect, or not clearly goal-oriented
- 7–8: Clear, attributed quotes, but limited in scope or depth
- 9–10: Multiple strong, goal-specific quotes that can anchor outreach

2. Role Coverage Adequacy (0–10)

Score based on:

- Quotes or stated goals mapped to multiple executive roles
- Clear relevance to at least CFO, CEO, or CHRO

Scoring guide:

- 0–3: Only one role represented or unclear accountability
- 4–6: Two roles represented, limited benefits relevance
- 7–8: Three or more roles with usable language
- 9–10: Broad C-suite coverage aligned to benefits decision-making

3. Health Insurance Relevance Signal (0–10)

Score based on:

- Explicit references to cost pressure, workforce retention, productivity, or risk
- Language that can naturally bridge to employee health insurance without stretching

Scoring guide:

- 0–3: Goals unrelated to workforce or cost structure
- 4–6: Indirect relevance requiring heavy interpretation
- 7–8: Clear workforce or cost signals
- 9–10: Strong, explicit signals ideal for benefits-based outreach

OVERALL OUTREACH READINESS SCORE

- Calculate the average of the three scores
- Assign one readiness classification:
 - Green (8.0–10.0): Outreach Approved
 - Yellow (5.0–7.9): Limited Outreach / Research Gap
 - Red (Below 5.0): Do Not Send

REQUIRED OUTPUT FORMAT

Confidence Score Summary

- Executive Quote Strength: X / 10
- Role Coverage Adequacy: X / 10
- Health Insurance Relevance Signal: X / 10
- Overall Outreach Readiness Score: X / 10
- Readiness Status: Green / Yellow / Red

Flags & Gaps

- Missing executive roles:
- Missing or weak quotes:
- Quotes requiring paraphrase (not allowed):
- Roles requiring alternative sourcing:

Recommended Next Actions

Provide specific instructions such as:

- “Pull earnings call transcript from last 2 quarters”
- “Search CFO commentary on cost structure or margins”
- “Replace paraphrased goal statements with direct quotes”

Do not rewrite outreach.

Do not add new assumptions.

Your role is to validate confidence, not create content.

CONFIDENCE-SCORING PROMPT RESULTS



Confidence Score Summary

- Executive Quote Strength: 8 / 10
- Role Coverage Adequacy: 8 / 10
- Health Insurance Relevance Signal: 8 / 10
- Overall Outreach Readiness Score: 8.0 / 10
- Readiness Status: Green

Flags & Gaps

- Missing executive roles:
- No verifiable, direct quotes from the Chief People Officer specifically (named Suzanne Zoumaras) tied to workforce, benefits, or talent strategy
- Missing or weak quotes:
- Limited “human capital / talent / retention” executive quotes; most workforce language is in SEC disclosure rather than attributed remarks
- Quotes requiring paraphrase (not allowed):
- None. However, DEF 14A and 10-K language is corporate disclosure and not attributed to a named executive speaker
- Roles requiring alternative sourcing:
- Chief People Officer: still requires a source where she is the speaker (interview, webcast, panel, LinkedIn post accessible without login, press quote, etc.)
- CHRO/CPO equivalent quotes: consider conference agendas, podcast appearances, or HR association features

Recommended Next Actions

- Locate a publicly accessible, non-login source where Suzanne Zoumaras is the speaker (conference panel recap, podcast transcript, published interview, webinar recording transcript)
- Pull Airgain's latest DEF 14A available on SEC and extract any "human capital" / "total rewards" sections (usable for governance framing, not speaker-attributed quoting)
- Pull the latest 10-K human capital section and keep it as factual support for workforce priorities (again, not speaker-attributed quoting)
- Pull the most recent earnings call transcript(s) and isolate any Q&A about operating expenses, "employee expenses," or scaling discipline, and attribute to CEO/CFO where possible

CRAFT TARGETED OUTREACH THAT BRIDGES INSIGHT to SOLUTIONS

This opens conversations, not quotes



Step 3: Run Automated Executive Outreach Generator Prompt

Automated Executive Outreach Generator

Purpose:

- Translate their words into a strategic opener
- Connect employee health insurance to stated goals
- Initiate conversation, not sell

This step should only run if Step 2 is Green.

PROMPT 3

Executive Outreach Generator

(Health Insurance Seller | Executive-Led, Quote-Anchored Outreach)

You are an executive outreach writing agent supporting a health insurance advisor.

Seller Context

You are writing outreach on behalf of a health insurance advisor representing [SELLER NAME], a provider of employee health insurance and benefits solutions for mid-market employers (50–500 employees).

Your job is to connect the executive's *stated goals and language* to relevant employee health insurance considerations without introducing new assumptions, interpretations, or claims.

Only reference services or considerations that directly align to the executive's own quoted language.

If no strong alignment exists, do not force a connection.

Inputs You Will Receive

You will be provided with a completed Executive Stakeholder & Stated Goals Extractor output, including:

- Company overview
- Named executive stakeholders and roles
- Verbatim executive quotes tied to strategic goals
- Source citations
- Language signals

Assume this research has already passed confidence validation unless otherwise stated.

Your Task

Generate concise, executive-level outreach messaging that:

1. Anchors on the executive's own words
 - Use verbatim quotes or tightly paraphrased excerpts that clearly trace back to the source
 - Do not reinterpret intent or expand beyond what was stated
2. Creates a natural bridge to employee health insurance
 - Only where executive language clearly references:
 - Cost control or fixed costs
 - Workforce productivity or efficiency
 - Retention, hiring, or talent pressure
 - Operational scalability or risk
3. Positions the advisor as a strategic peer
 - Curious, respectful, and non-salesy
 - Framed as an external perspective, not a pitch
4. Invites conversation, not a meeting ask
 - End with a light, open-ended prompt aligned to the executive's stated priorities

Output Requirements

For each relevant executive, produce:

Executive Outreach Draft

- 4–6 sentences maximum
 - Written as a short LinkedIn message or email note
 - No product naming unless explicitly supported by executive language
 - No assumptions about current benefits structure
-

Hard Constraints

- Do not introduce services, claims, or outcomes not grounded in executive quotes
 - Do not generalize (“many companies like yours”)
 - Do not use benefits jargon unless the executive language clearly supports it
 - If executive language is insufficient to support a benefits bridge, explicitly output:
“Insufficient alignment for benefits-led outreach based on available executive language.”
-

Success Criteria

The outreach should feel like:

- It could only have been written *after* reading that executive’s statements
- A credible peer observation, not a sales message
- A natural extension of the executive’s own priorities

Strategic Outreach Prompt Results



Subject Operating discipline as you scale

Jacob,

I was reading your recent comments about executing with focus and discipline while keeping a capital-efficient operating model as Airgain scales into 2026.

What stood out to me was the balance you described between staying disciplined and still making sure the business has what it needs to execute. That is a hard line to hold as things grow and change.

In that kind of phase, I often see employee-related costs become one of the areas that quietly shifts. They matter to execution, but they are not always easy to keep steady as the model evolves.

I would be curious how you think about that today. Is cost predictability around employees mostly set at this point, or still taking shape as the operating model matures?

1) CEO email (Jacob Suen) → Benefits as a fixed-cost lever

What you're anchoring to

- "Disciplined operating model"
- "Capital efficiency"
- "Scaling"

Where benefits live

Employee health care benefits are one of the **largest recurring fixed costs** in a mid-market company. They directly affect:

- Cost predictability
- Margin stability
- Scalability of the operating model

What the email is really doing

When you ask about "employee-related cost predictability," you are:

- Quietly including medical premiums, renewals, and volatility
- Positioning benefits as part of operating discipline, not HR admin
- Inviting the CEO to talk about whether this cost is controlled or just tolerated

You are **not selling benefits**.

You are setting up benefits as an *operating model variable*, which is exactly how CEOs think about them when they matter.

Subject Employee costs and OpEx discipline

Michael,

Your recent remarks about lower operating expenses being driven by employee costs and continued OpEx discipline caught my attention.

You talked about maintaining tight control while still looking for efficiencies, which suggests this is more than a one-time adjustment. It sounds like an ongoing way of running the business.

From the outside, employee-related costs tend to be one of the harder areas to manage as growth picks back up. They touch both cost control and the ability to execute.

As you look ahead, I would be interested in where that balance feels hardest to maintain. Which parts of OpEx tend to get the most attention as the business scales?

2) CFO email (Michael Elbaz) → Benefits as OpEx volatility

What you're anchoring to

- "Lower employee expenses"
- "OpEx discipline"
- "Efficiencies in G&A"

Where benefits live

Health insurance is:

- A material line inside employee expense
- One of the least predictable OpEx categories year over year
- A frequent driver of "surprise" cost increases

What the email is really doing

When you talk about:

- Employee costs being "harder to manage as growth picks up"
- Tension between cost control and execution

You are pointing directly at:

- Renewal increases
- Claims volatility
- The CFO's lack of control over a cost they still own

Again, no jargon, no pitch.

You are validating a pain the CFO already feels and inviting them to talk about where that pressure shows up.

Subject Total Rewards and alignment

Suzanne,

I was reviewing Airgain's proxy disclosures around Total Rewards and the way health and welfare benefits are positioned as part of overall alignment.

The fact that executives participate in the same programs as the broader team stood out to me. Even though that language comes from governance disclosures, it reflects a clear approach to consistency and alignment.

With leadership focused on operating discipline and efficient growth, those choices often play a bigger role in execution than they appear at first glance.

As Airgain continues to scale, I am curious which parts of Total Rewards you see as most important in keeping teams engaged and moving in the same direction.

3) CPO email (Suzanne Zoumaras) → Benefits as talent alignment

What you're anchoring to

- Total Rewards
- Alignment
- Engagement
- Execution

Where benefits live

Health care benefits are usually:

- The most visible piece of Total Rewards
- One of the strongest signals of how the company values employees
- A retention and engagement factor, especially in technical teams

What the email is really doing

When you ask:

- "Which parts of Total Rewards matter most in keeping teams engaged?"

You are opening the door to:

- Benefit design tradeoffs
- Employee experience vs cost
- Consistency vs flexibility as the company scales

You are positioning benefits as **a leadership tool**, not a plan design discussion.

Universal Follow-Up (works for CEO or CFO)

Subject Re: operating discipline

Thanks for the reply.

When I reference employee-related cost predictability, I'm usually thinking about areas like health insurance where costs can move materially year to year but still sit inside OpEx and fixed cost planning.

I work with leadership teams who want more visibility and control there without disrupting the workforce experience. Happy to share an outside perspective if it's useful.

TIP: CUSTOM GPT or NEW PROJECT SEGREGATION



 New chat

 Search chats

 Images

 Apps

 Codex

 GPTs 

Projects

 New project 

 Prospect Outreach

Prospect Outreach

Add files 

+ New chat in Prospect Outreach



Prospect 5 Clarification

Prospect 5

Jan 28

Prospect 4 Strategy

Prospect 4

Jan 28

Prospect 3 Clarification

Prospect 3

Jan 28

Prospect 2 Strategy

Prospect 2

Jan 28

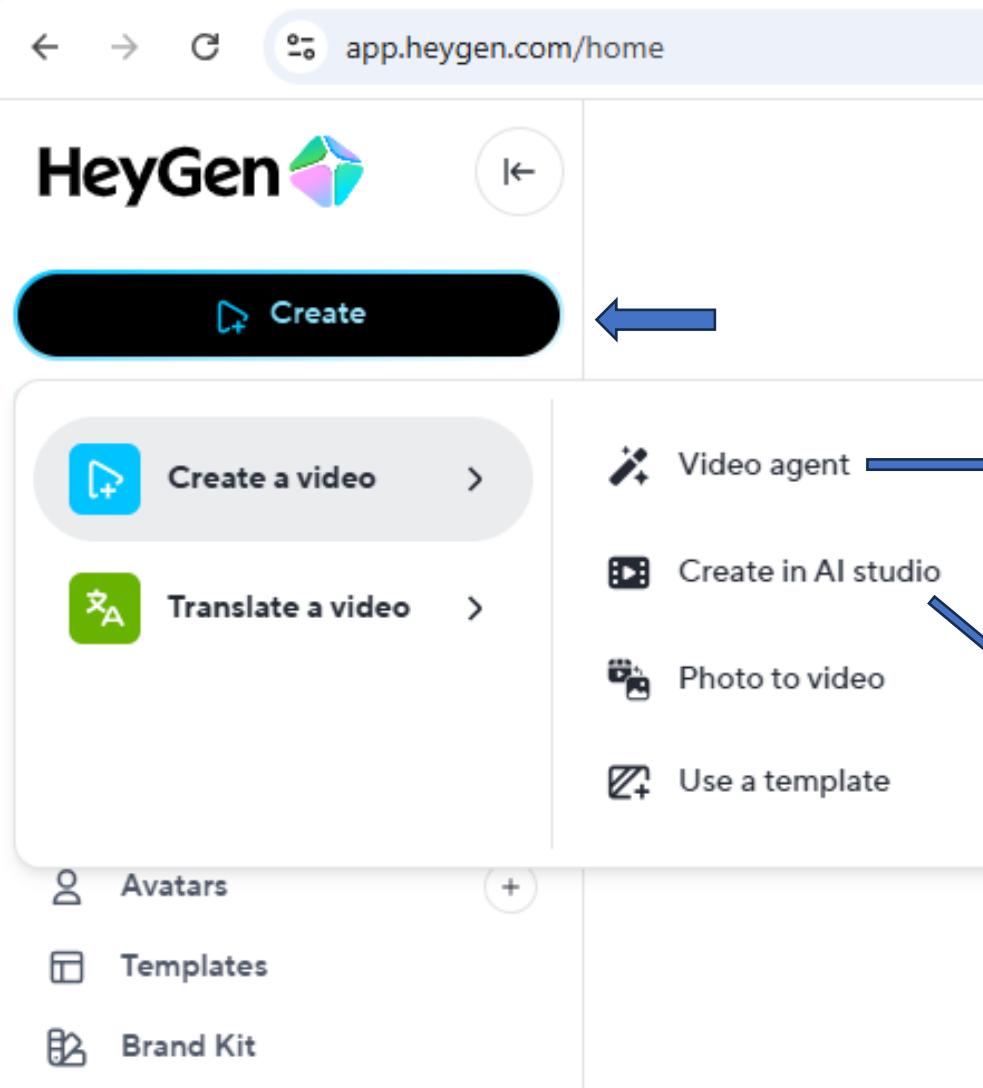
Prospect 1 Assistance

Prospect 1

Jan 28

PERSONALIZE VIDEO at SCALE (HeyGen)





Video Agent is the fastest option. Start with a prompt, and HeyGen automatically generates a complete video, script, visuals, narration, and layout. Ideal for quick ads, social videos, and explainers.

AI Studio gives you full creative control. Turn scripts into videos, choose avatars and voices, add scenes, media, and animations, and fine-tune every detail.

VIDEO AGENT

Turn your ideas into production-ready video

Avatar



Ryan Howard

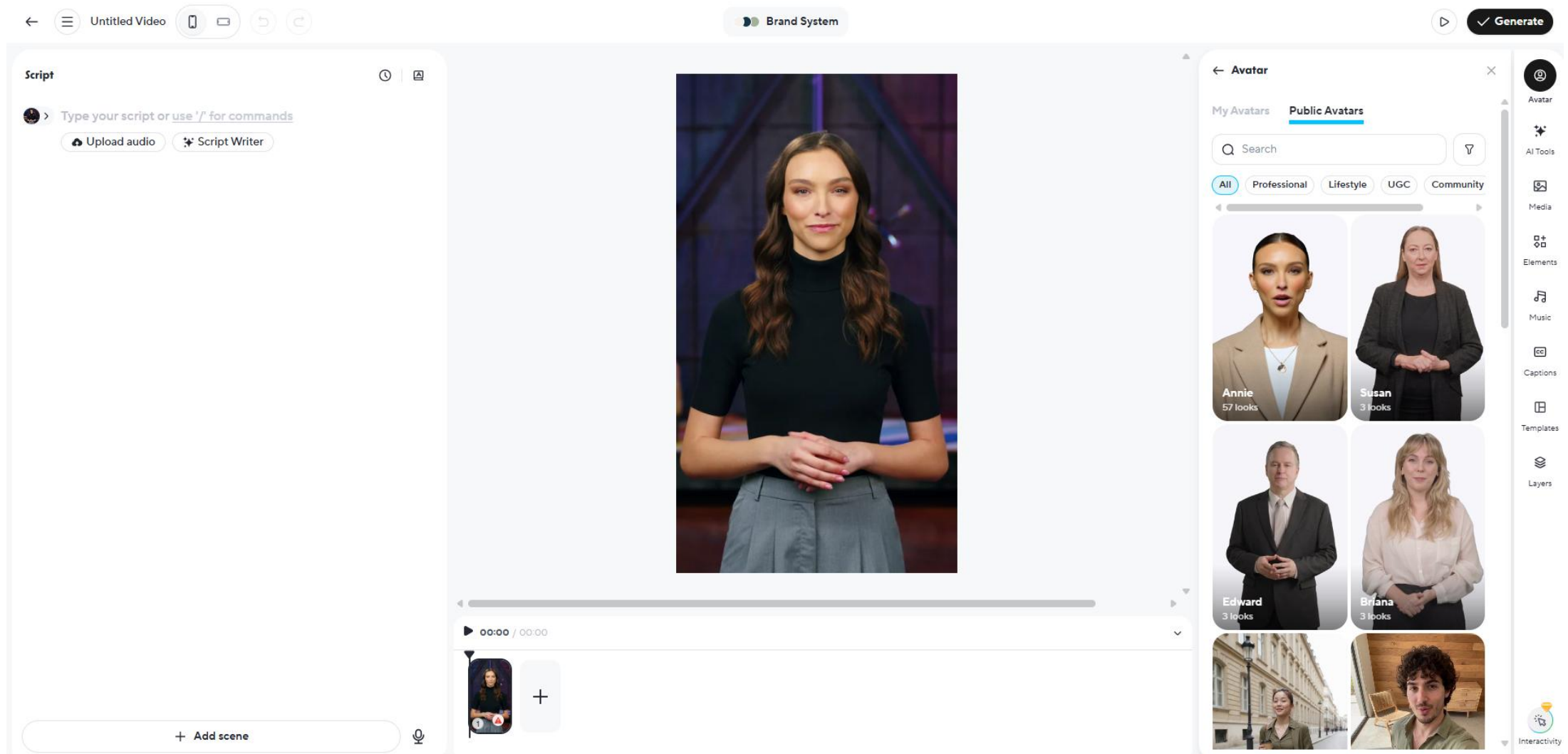
Describe your video idea ...



 Generate ▾



AI STUDIO



TEMPLATES

HeyGen



Create

Home

Projects

Video Agent New!

Apps

Create a Team

Assets

Avatars

Templates

Brand Kit

Notifications

8

Templates

My Templates

Press Enter to search

Create Template



Create your own video templates!

Customize templates to streamline your video production.

Create Your First Template

HeyGen Library 47

Landscape Portrait

Recommended Advertisement Ecommerce Learning & Development Explainer Video Social Media Business Cards Breaking News



Avatar New Video



App Presentation



Breaking News



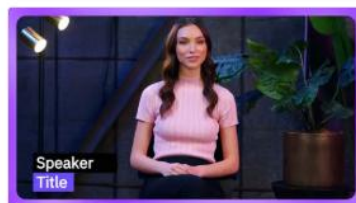
News & Media



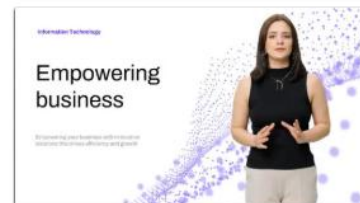
News & Media



Social Media Growth



Social Template



Information Technology



Ad Agency I - Dark



Ad Agency I - Light



BUSINESS PROPOSAL

ANALYTIQ ADVISORS

February 11, 2026



9920 Pacific Heights Blvd
858-766-6500

RyanHoward@AnalytIQAdvisors.com

Script

🕒

📄

👤

>

Separate yourself from your competitors by turning your pdf proposals into a captivating AI video proposal to close more deals.

🗣️

Delivery style

⋮

▶

2

With video proposals, gain your audience attention instantly, showcasing your ideas in a format that's engaging, personal, and memorable.

3

A narrated video proposal adds a personal touch, allowing you to connect with your audience on a deeper level. You can convey your passion and enthusiasm, making your message more memorable. With a narrated video, you can guide your viewers through the content, ensuring they grasp every detail.

4

0.5s

Elevate your pitch, stand out in the digital crowd, and turn your visions into compelling stories that drive action. Why blend in when you can stand out?

5

5s

+

Add scene

🎤



business proposal

ANALYTIQ ADVISORS
February 11, 2026

9920 Pacific Heights Blvd
858-766-6500
RyanHoward@AnalytIQAdvisors.com

00:00 / 00:47

1

business proposal

7.0s

2

Introduction

1.0s

3

Market Overview

1.0s

4

Company Overview

1.0s

5

Conclusion

1.0s

+

Avatar & Voice (Scene 1)

✕

Avatar



Ryan Howard
Ryan Howard

↕

Voice

▶

Ryan Howard

➤

Motion Engine

👤

Avatar III

⌵

Avatar Background







CustomizeRemoveColor

Layout

Original

Circle

Radius

●

0px

Zoom

▬

139%

✓

Scene rendered

👤

Avatar

⚙️

AI Tools

📺

Media

🧩

Elements

🎵

Music

📄

Captions

📁

Templates

📶

Layers

🔗

Interactivity

Apps

[Recommended](#)
[All Apps](#)
[Integrations](#)

All Apps

Browse the complete collection of HeyGen apps and features



Photo to Video

Turn photo and script into talking video

Premium



Quick Avatar Video

Studio quality avatar video in minutes



Translate Video

Translate with original voice and lip sync



Product Placement

Create a video ad for your product

Premium



UGC Ad Video

Create engaging UGC-style ads

Premium



LiveAvatar

Real-time conversational AI



PPT/PDF to Video

Convert presentations into videos



Instant Highlights

Extract highlights from your long video



Batch Mode

Create multiple avatar videos at once



Video Podcast

Generate a two-speaker AI video podcast



Face Swap

Make any avatar your own with your face



Generate AI Videos

Generate background footage

Premium



Create AI Images

Create images to supplement your videos

Premium



Create Your Avatar

Mirror your appearance and voice



Vevo 3.1 Avatar Video

Great for action and multiple speakers.

Premium

(20 credits per 1 minute video; 200 monthly credits)

Script

1 > Separate yourself from your competitors by turning your pdf proposals into a captivating AI video proposal to close more deals.

2 With video proposals, gain your audience attention instantly, showcasing your ideas in a format that's engaging, personal, and memorable.

3 A narrated video proposal adds a personal touch, allowing you to connect with your audience on a deeper level. You can convey your passion and enthusiasm, making your message more memorable. With a narrated video, you can guide your viewers through the content, ensuring they grasp every detail.

4 (0.5s) Elevate your pitch, stand out in the digital crowd, and turn your visions into compelling stories that drive action. Why blend in when you can stand out?

5 (5s)

A preview of the generated video showing a man speaking over a stylized background with the text "business proposal", "ANALYTIQ ADVISORS", "February 11, 2026", and contact information.

Avatar & Voice (Scene 1)

Avatar

Ryan Howard

Voice

Ryan Howard

Motion Engine

Avatar III

HeyGen engines

- Avatar IV Premium Realistic movements
- Avatar III Unlimited usage, great for video avatars

Original Circle

Radius 0px

Zoom 139%

Scene rendered

+ Add scene

NAVIGATE AI COMPLIANCE



AI Compliance

What NOT To Do (For Reps)

Do NOT input sensitive data

No PHI, PII, census files, claims info, or client-identifiable details. Ever.

Do NOT auto-send AI output

AI drafts are not finished work.

Everything client-facing gets a human review.

Do NOT let AI “sell” for you

AI supports research and messaging.

It does not make recommendations, promises, or plan comparisons.

Do NOT ignore carrier or firm policy

If AI usage violates carrier guidelines or internal policy, stop.

Do NOT assume AI equals compliance

Speed without oversight creates risk.

Accuracy and judgment still sit with the advisor.

AI Compliance

What AI *IS* OK For (For Reps)

Account & Executive Research

Summarizing public information, company goals, and executive priorities.

Drafting First-Pass Outreach

Emails, call openers, and LinkedIn messages

Always reviewed and refined by the rep.

Personalization at Scale

Tailoring messaging using **public, non-sensitive data** to sound relevant, not generic.

Internal Prep & Enablement

Call prep, meeting agendas, talk tracks, objection handling, and training content.

Productivity & Speed

Saving time on writing, structuring, and synthesizing information

So reps spend more time in real conversations.

AI + Health Insurance

The Right Way Forward

AI is not replacing advisors.

It's replacing **manual work, generic outreach, and wasted time.**

Used correctly, AI helps you:

- Build sharper POVs
- Reach the right decision-makers
- Speak in *their* language
- Stay compliant while moving faster

The advantage goes to reps who:

- ✓ Use AI responsibly
- ✓ Apply human judgment
- ✓ Focus on real conversations

Bottom line:

AI doesn't create trust.

Advisors do.



Thanks for attending.

Ryan S. Howard
AnalytIQAdvisors

RyanHoward@AnalytIQAdvisors.com



BEYOND PRODUCTION: THE SHIFT FROM PRODUCER TO BUSINESS BUILDER



ELKA SOUSSANA
PRESIDENT & CEO
SIMPLER HORIZONS
INSURANCE SOLUTIONS



INNOVATION EXPO
UPGRADE YOUR TOOLKIT



Beyond Production: The Shift from Producer to Business Builder

A simple weekly loop that turns chaos into systems



Speaker: Elka Soussana | Agency Owner

CA Lic # 0G88105

866-900-1957 TTY 7-11, 9a-5p M-F

www.simplerhorizons.com

elka@simplerhorizons.com



What do Ferrero Rocher, Tic Tac, and Nutella all have in common?



Building a Young Insurance Brokerage

What It Actually Looks Like Early On

You wear every hat

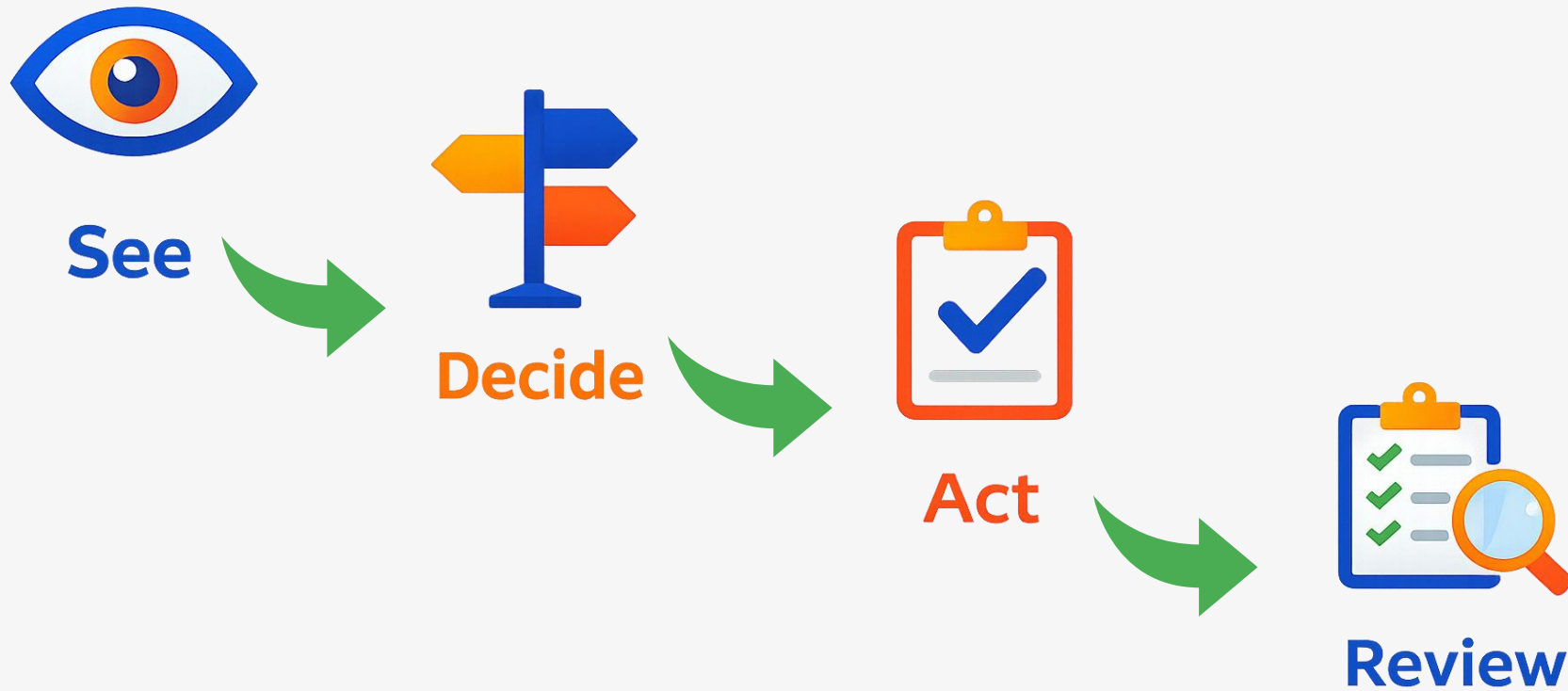
Time is your tightest constraint

Early decisions compound fast



The Weekly Business Builder Loop

A 20-minute weekly meeting with yourself



SEE: What's Your Time Really Worth?

- Your income determines your hourly value
- Low value work quietly destroys profit
- Most producers never run this math



EXAMPLE

$\$200,000 \text{ income} \div 2,000 \text{ hours per year} = \$100 \text{ per hour}$

Manual admin at 10 hours per week = 520 hours per year
= \$52,000 of \$100 hour work

Your
Hourly
Worth

Admin
work
?

What You Need to See Weekly

You Do Not Need More Data, You Need the Right Data



See

	Below Target
	On Target
	Over Target
	Tracking
Week 1	Alert
Week 2	Alarm
Week 3	Trend Issues List

OWNER	PERFORMANCE	TARGET	June 26	Jul. 3	July. 10	Jul. 17	Jul. 24
Sales							
Richard	New Leads	15	10	8	12	16	17
Samantha	Life Insurance Sales	2	2	1	2	3	2
Richard	Customer Service Calls	/	20	16	25	20	22
Bryan	New Sales	10	8	9	8	10	10
Bryan	Lost Clients	/	0	0	1	3	1
Bryan	Referral Requests	100%	90%%	80%	100%	100%	100%

Operational Visibility

Running the Business Weekly

You cannot improve what you do not review.



Weekly Operations Hub

Agenda

- Check-In (5 min)
- Team News
- The Four & 90 Day F.A.S.T Goals Review (5 min)
- To-Do List (5 min)
- Stoplight Review (5 min)
- Issues List (35 min)
- Conclude (5min)
- + Add a card

THE FOUR

- Road to 300 Program
 - 1 comment, 2/3 completed
- 1 comment, 0/1 completed
- Medical Group Reporting
 - 0/2 completed
- LaunchPad Monthly Events
 - 1 comment, 0/1 completed
- + Add a card

90 Days F.A.S.T Goals

- Grassroots campaign 6 points of contact
 - Apr 1, 0/4 completed
- CoveredCA Sales
 - 1 comment, 0/1 completed
- + Add a card

To-Do's 1-7 Days

- Re-vamp co-op program
 - Jan 19, 1 comment, 0/4 completed
- Reach out to El Camino & Cedars about conducting Monthly Events
- Watch LaunchPad Training Videos
- CoveredCA Set Up (send Elka link)
- Check on CoveredCA status with Ana

Long Term To-Do's 7-30 Days

- Elka & Miguel to meet over professional lead building
 - Jan 26, 0/1 completed
- Set up Simpler Horizons as a CoveredCA official Office
- Annual Agent Event Planning
- AgencyBloc new Updates - Andres to learn new system
- + Add a card

ACT: Turn Insight Into One Intentional Move



- Action beats awareness
- One change is enough
- Consistency matters more than intensity

Designing your Business So It Can Run Without You



- Every task you do is a role
- Roles become processes
- **Processes can be delegated**

REVIEW: Close the Loop and Protect Momentum



- Review weekly, not emotionally
- Look for trends, not single bad days
- Adjust small, then repeat the loop

Questions?



Optional follow-up conversation



Speaker: Elka Soussana | Agency Owner

CA Lic # 0G88105

866-900-1957

simplerhorizons.com

elka@simplerhorizons.com



DIVERSIFYING YOUR BOOK

DAVID MILLIGAN

ALIGNMENT HEALTH

JOHN ROBERTS

**TWH ANNUITIES &
INSURANCE MARKETING**



INNOVATION EXPO
UPGRADE YOUR TOOLKIT



A NEW ERA OF AGING

CAHIP Innovation Expo Feb 11, 2026



Alignment Health™

Introduction

David Milligan, SVP Sales for Alignment Health Plan

- Past experience at Secure Horizons and SCAN Health Plan
- 30 years in Medicare Advantage

Alignment Health Plan

- Headquartered in Orange, CA
- 275,000 members in 5 states
- Two states are 5-Star: Nevada and North Carolina
- 100% of members in 4-Star plans or higher
- Products: HMO, PPO, CSNP, Rebate plans

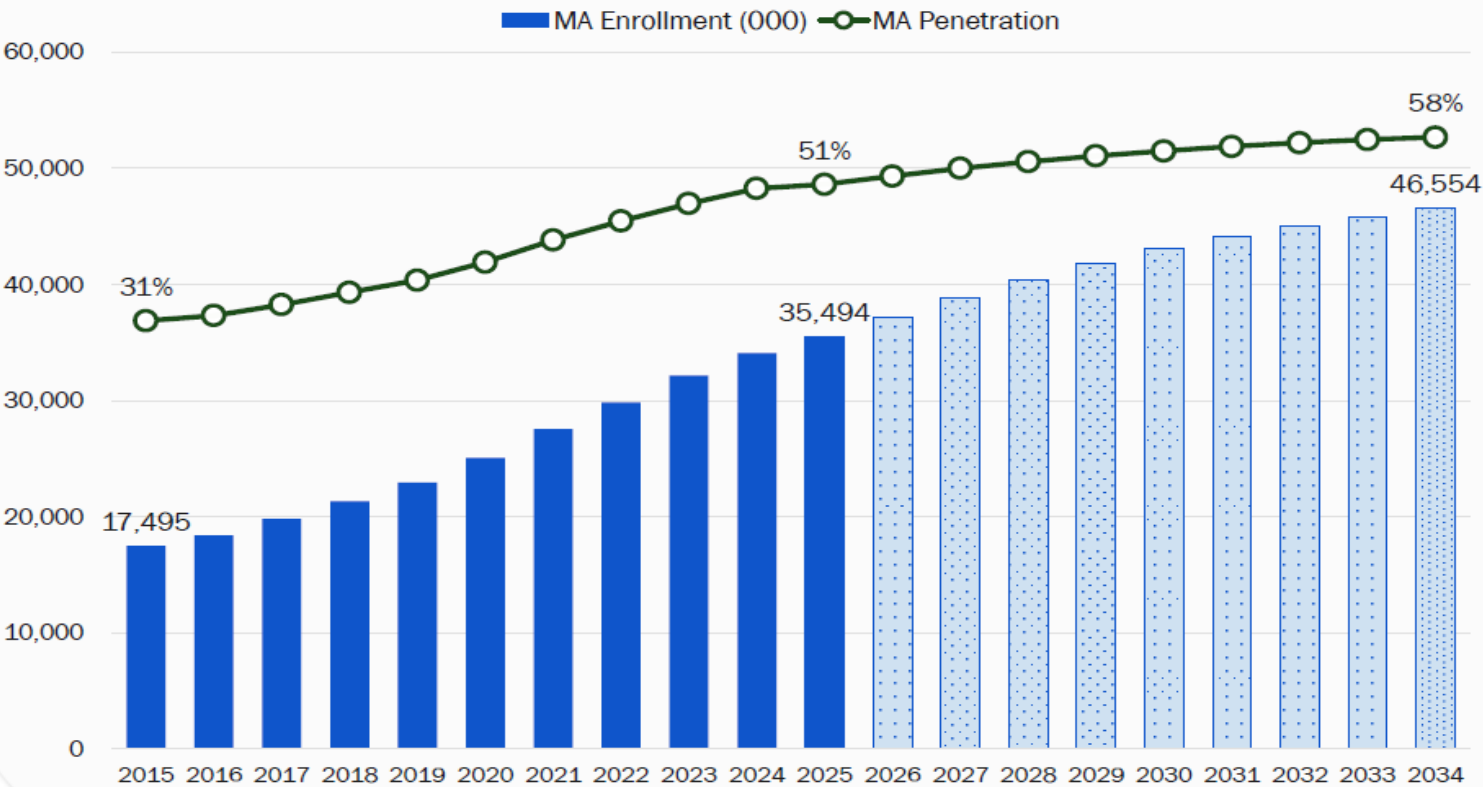




Why Sell Medicare Advantage?

Growth of Medicare Advantage

The MA Market is Projected to Grow Even Further Over the Next Decade





Why Sell Medicare Advantage (MA)

- Commissions continue to increase
\$864 for New to Medicare
\$432 for Plan Switchers. This is also the annual renewal rate.
- All in one plan
No need for separate Part D drug plan
No monthly premium for most plans!
- World-Class Providers
Sharp MG, UCSD, UCI, Providence, Cedars-Sinai, others
- EVERYONE, age 65+, Needs Medicare!
It opens the door for additional products



Is Fear Keeping you from Selling MA?

- Are you afraid of the Compliance requirements?
- Are you worried about complaints to CMS
- Are you worried that CMS will take your license?

Don't be afraid of MA!



**The Most Popular
Financial Product
Purchased at Age 65.**

No. it's not Medicare.

**Your clients already buy
annuities. Should be from you.
We can help.**

**Average Amount of an Index Annuity is
around **\$150,000.****

-

Why Retirees Buy Index Annuities

Afraid of losing money when the market crashes.

Afraid of increased taxes

Afraid of out-living their money (60% of seniors)

Desire for more money to have more fun

Desire to NOT to worry about money

Desire to pass a Legacy to their family

Lack of Alternatives: Nothing else compares.

Average Commission
\$10,500

Should You Talk About Annuities?

They already trust you

Strengthens your role

Protects your relationship

Your clients won't have to look for an
advisor

Should You Talk About Annuities?

They are going to buy one anyway

You have the right license

You can save them from a terrible annuity advisor !

To Make Your Medicare Clients Love You EVEN
MORE!

Starting the Conversation

Starting the conversation should go a couple of easy ways.

Drip marketing seems to be the easiest.

Newsletters in putting in some educational articles

Mostly what you need to do is letting your clients know is that Medicare/Group Health is just one of many things you do for folks coming/in retirement.

Be more than “just” the Medicare guy or gal.

Redesign your business card?

Find a Trusted FMO/IMO

Analyze Your Book of Business with your new Annuity FMO.

Safety in compliance when you speak to your client base.

Consider *Living Trust* or *Estate Planning* work shops WITH your book of business. Cheap to do and so profitable!

Learn the conversational openers without sounding salesly.

Learn from the new FMO the greatest return of proven marketing campaigns.

Make annuity a part of your practice and increase your income by \$50k to well over \$100k with a new customer needed!

A short Lesson on Annuities

Historical Index Annuity Growth: 1998 to 2018



For demonstration purposes only. Participation rates can change annually. The chart is based on actual rates for the time period for the S&P 500 only and does not include dividends paid on underlying stocks. Past performance does not guarantee future results. The chart demonstrates historical performance of the S&P 500 between years 1998-2017. The fixed indexed annuity in this hypothetical example uses the annual point-to-point index method based on changes in the S&P 500 to calculate the indexed rate for each term. For purposes of this chart a 50% participation rate is applied for all terms in the period. Assuming \$100,000 initial premium. Indexed interest is credited only on amounts held for the entire term. This example assumes no money is withdrawn from the annuity. Early withdrawal charges will apply if money is withdrawn during the early withdrawal charge period.

Lastly... Any questions?

Personal Cell: 951-452-7338

john@twhagency.com

www.twhagency.com

Serving America in all 50 states since 1993.

BUSINESS PLAN DEVELOPMENT

MANUEL ALCaine

**CAHIP VP OF
PROFESSIONAL
DEVELOPMENT**

ZAC MUTRUX

INSPERITY



INNOVATION EXPO
UPGRADE YOUR TOOLKIT



FOOD AS MEDICINE: HEALING THROUGH NUTRITION

**ANNE KELLY
KELLY & KELLY
INSURANCE SERVICES**



INNOVATION EXPO
UPGRADE YOUR TOOLKIT



FOOD FOR THOUGHT

View of U.S. Healthcare Quality Declines to 24-Year Low

Americans' rating of U.S. healthcare coverage is below average; most say the system has major problems

BY MEGAN BRENNAN

UnitedHealth mounts full defense of its business in wake of Thompson's killing

UnitedHealthcare is mounting a full defense of its business in the wake of the killing of Jacobus Thompson, a 34-year-old man who was shot and killed by a police officer in a parking lot in St. Louis on Monday.



Stephen Maturen/Getty Images

“I do apologize for any strife or traumas but it had to be done. Frankly, these parasites simply had it coming.” Health insurers, he wrote, are “too powerful, and they continue to abuse our country for immense profit”.

-Luigi Mangione

Perspectives > Prescriptions for a Broken System

UnitedHealth CEO Andrew Witty Is Wrong. Just Plain Wrong.

— Everyone in healthcare bears some blame for our broken system

by N. Adam Brown, MD, MBA, Contributing Writer, MedPage Today
February 2, 2025



N. Adam Brown is a practicing emergency physician, entrepreneur, and healthcare executive. He is the founder of ABIG Health, a healthcare growth strategy firm, and a professor at the University of North Carolina's Kenan-Flagler Business School. [Follow](#)

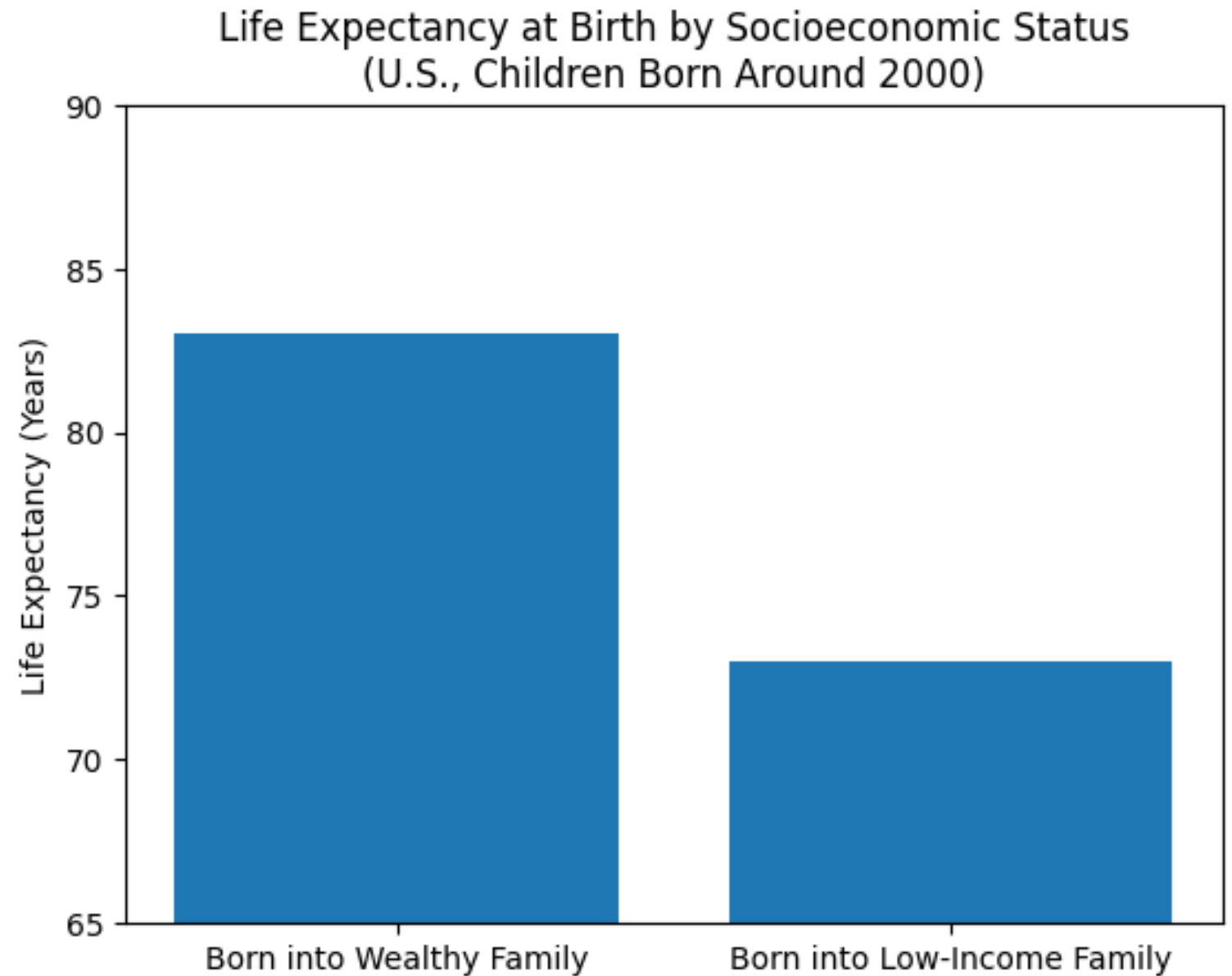


Witty blames “cost of care”;
2024 revenue \$400B, up 7.8% from 2023

Luigi Mangione wrote that **the United States has the most expensive healthcare system in the world, yet ranks relatively low in measures like life expectancy** compared to other wealthy nations.

- He attributed this disconnect — in broad terms — to **the power, corruption, and profit-driven nature of large healthcare/insurance companies**, suggesting they benefit financially while ordinary people suffer.
- Many of us (insurance professionals) have been working with our clients for over twenty even thirty years, I would think that gives us some perspective on this
- **Question-**
- **What would you say was the largest contributor to the fall in life expectancy and the skyrocketing cost of Healthcare in the US ?**

Life Expectancy by Socioeconomic Status

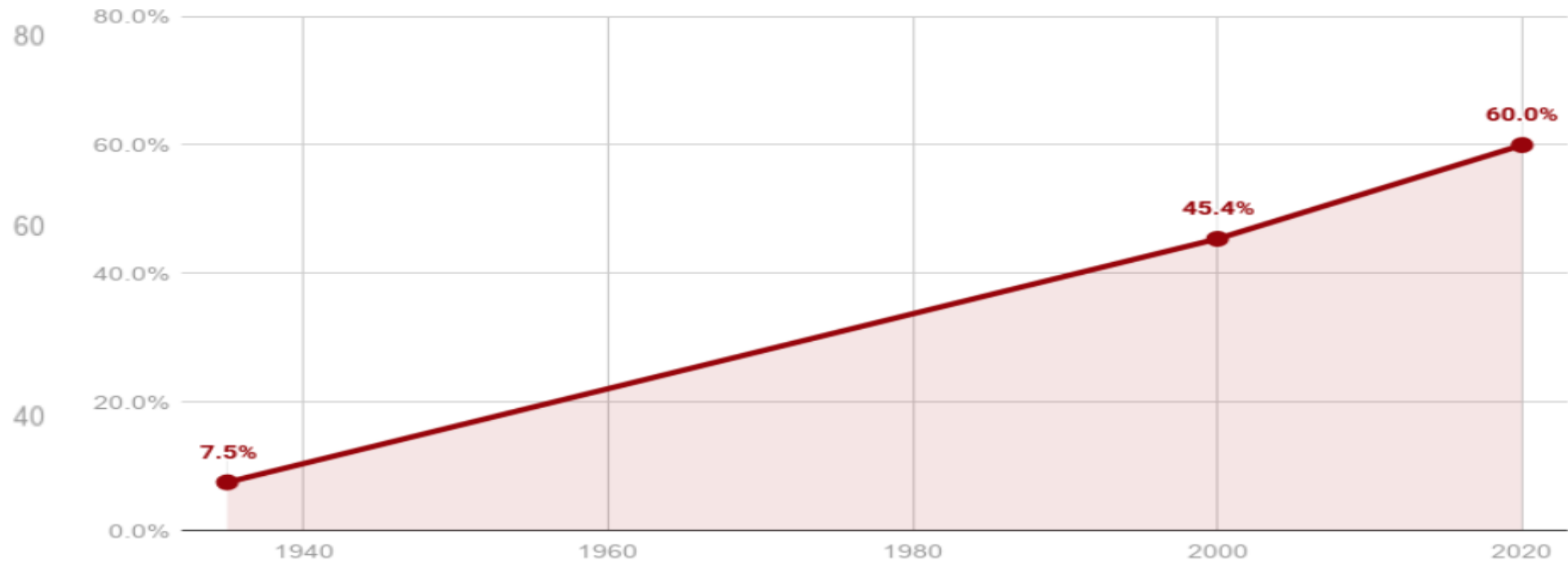


Food for Thought:

- Understanding How Modern Diets Impact Health
 - Chronic Disease
 - Ultra-Processed Foods (UPFs)
 - Nutrient Decline in Produce
 - Effects of Pesticides & Chemicals

Chronic Disease Prevalence in America

● % of population with chronic disease



10 Common Chronic Conditions for Adults 65+

Quick Facts



80%
have at least 1 chronic condition



68%
have 2 or more chronic conditions



Hypertension
(High Blood Pressure)
58%



High Cholesterol
47%



Arthritis
31%



Ischemic Heart Disease
(or Coronary Heart Disease)
29%



Diabetes
27%



Chronic Kidney Disease
18%



Heart Failure
14%



Depression
14%



Alzheimer's Disease and Dementia
11%



Chronic Obstructive Pulmonary Disease
11%

Source: Centers for Medicare & Medicaid Services, Chronic Conditions Prevalence State/County Table: All Fee-for-Service Beneficiaries, 2015

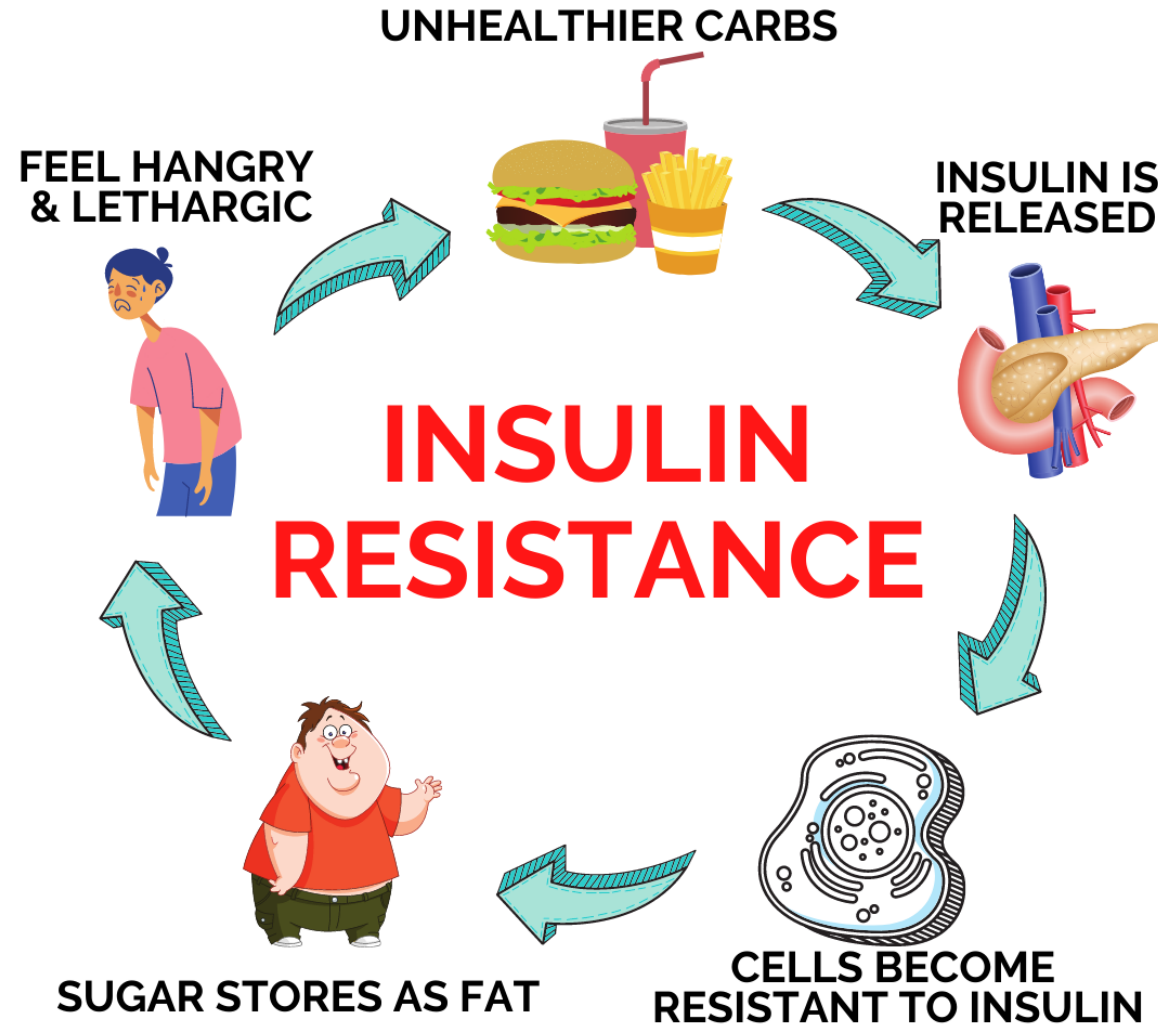
73% of Healthcare Spending is on chronic illnesses,
These Chronic Illnesses are caused by metabolic syndrome,
driven mostly by the consumption of ultra-processed foods.

- Question – What is Metabolic Syndrome ?
- Question – What are UPFs?

The rapid increase in **Non-Communicable Diseases (NCDs)** over the last 50 years closely parallels the rise in consumption of **Ultra-Processed Foods (UPFs)**.

WHAT CAUSES INSULIN RESISTANCE?

THE
Lifestyle
CURE



Main Culprits: Ultra-Processed Foods

- **Common UPFs that drive chronic illness:**
 - Sugary drinks
 - Packaged snacks & chips
 - Ready-to-eat meals
 - Sweetened cereals
 - Processed meats
 - Refined baked goods
 - Fast food options
- These are high in sugar, sodium, unhealthy fats, and additives with low nutrient density.

Nutrition

'Ultra-processed' products now half of all UK family food purchases

Exclusive: health experts warn increasing popularity of industrially-made food will lead to negative effects such as obesity and poor health



▲ Some of the UK's best-selling ultra-processed foods. Photograph: Jill Mead for the Guardian

Sarah Boseley Health editor

Americans Are Eating More Ultra-Processed Foods: How to Cut Down on Them



Fast food such as hamburgers are among the ultra-processed foods that people are eating more often. Evrim Ertik/Getty Images

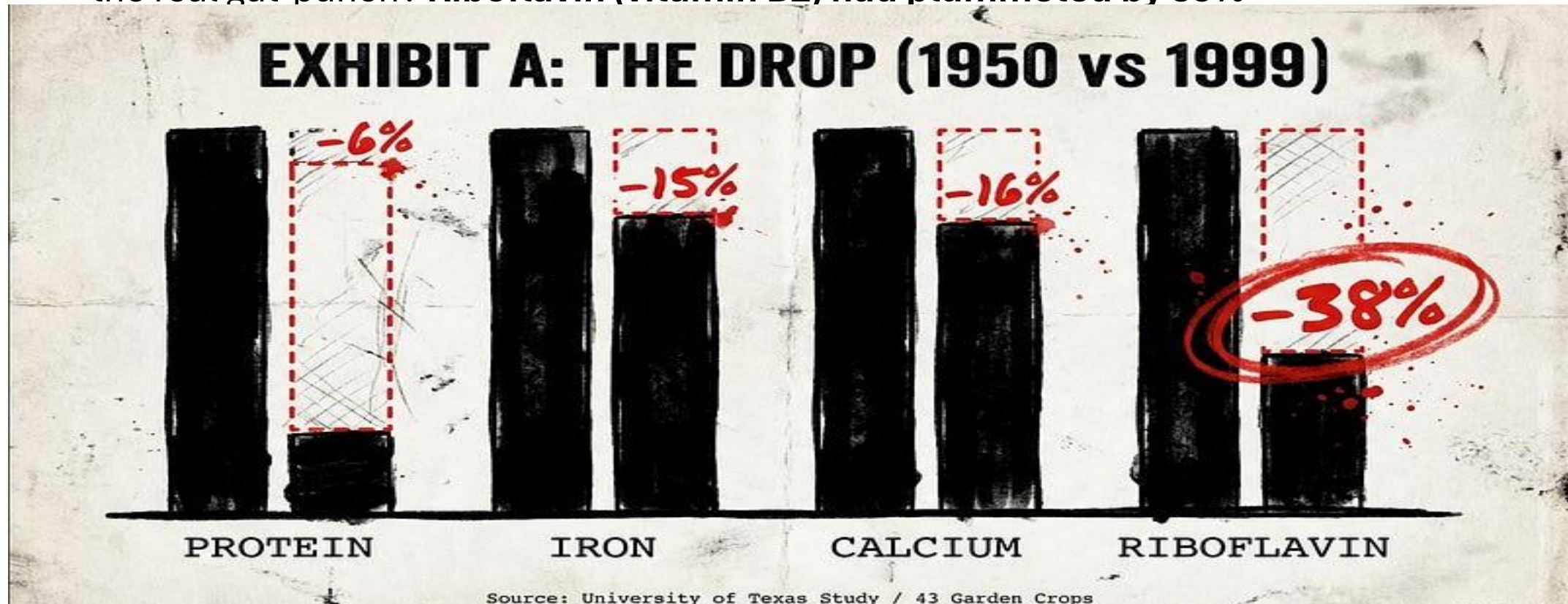
57% of US consumption
73% of the US food supply

UPF Consumption in the U.S.

- Ultra-processed foods make up approx.
 - **55% of daily calories** for Americans. ♦
 - Highest amongst children **~62%** of calories.
 - - ♦ UPFs are strongly linked to obesity, diabetes, cardiovascular disease and premature death in studies

Study: Since 1950 the Nutrient Content in 43 Different Food Crops has Declined up to 80%

- University of Texas analysis finds substantial nutrient losses in vegetables and grains between 1950 and 1999-
- the real gut-punch? Riboflavin (vitamin B2) had plummeted by 38%



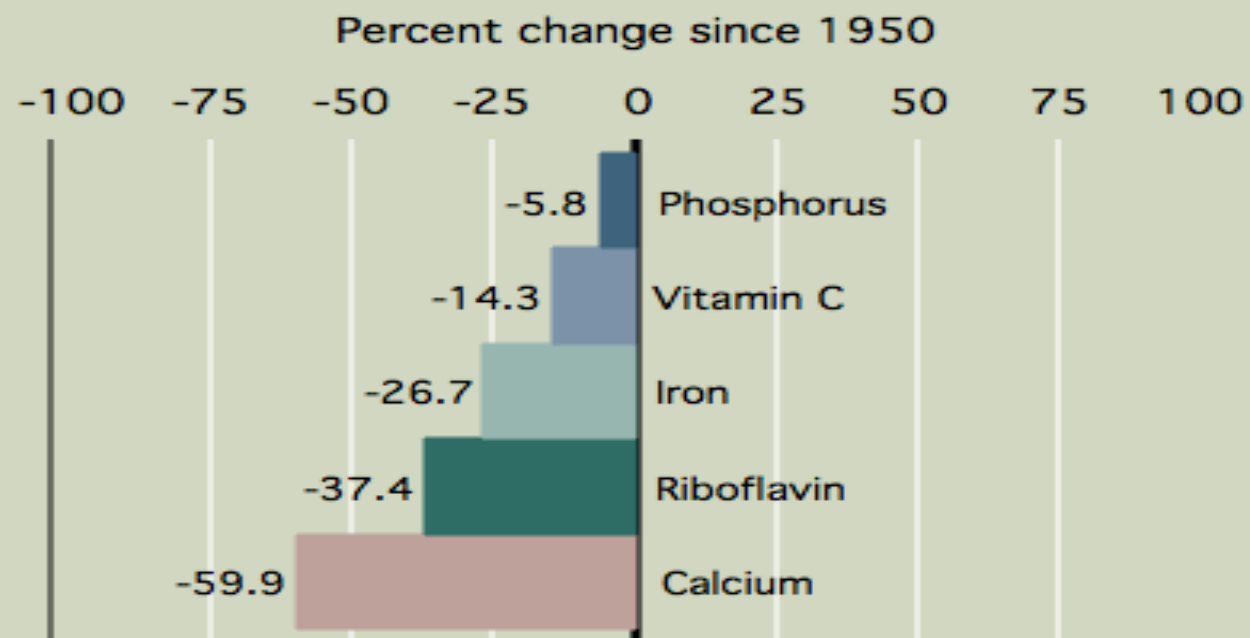
Nutrition Loss in Vegetables & Fruits

Scientific analyses have documented declines in nutrient levels since the 1950s.

Nutrient	Vegetable/Fruit	% Decline*
Iron	Various vegetables	up to 50–80%
Vitamin A	Broccoli, parsley	30–60%
Calcium	Citrus varieties	~57–65%
Protein	Estimated across crops	~6% decline (historical data)

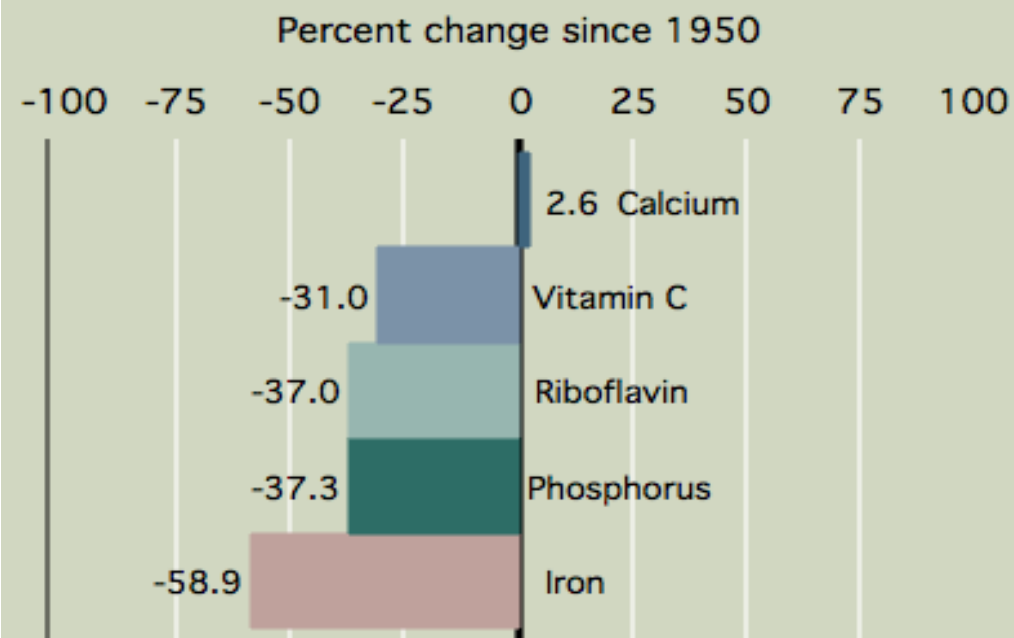
Broccoli: Decline in Nutrients Percent Change, 1950 vs 1999

www.Traditional-Foods.com



Cauliflower Nutrient Change, 1950 vs 1999

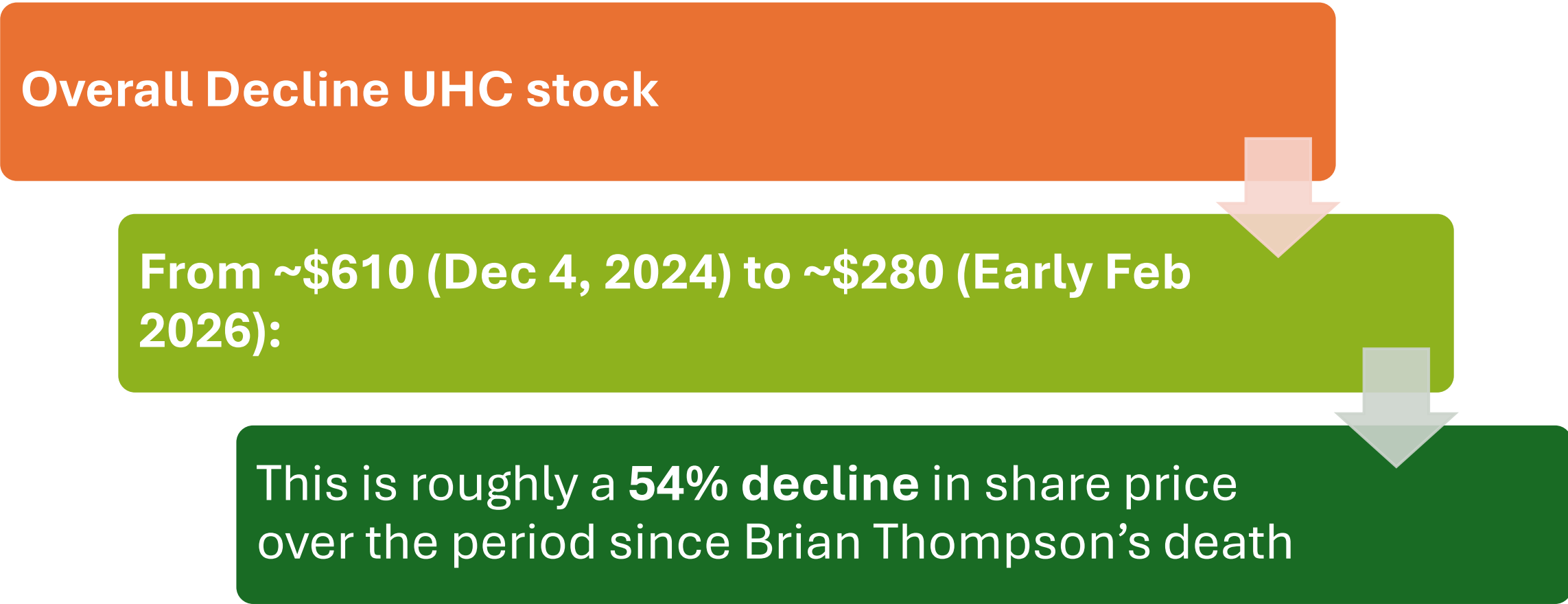
www.Traditional-Foods.com



A man with dark, curly hair and a light beard, wearing an orange shirt, is looking directly at the camera. A large pizza with various toppings is in the foreground, partially obscuring his chest. The background is a simple indoor setting with a white door and a brown wall.

**luigi mangione
might go free
because of
pizza**

Overall Decline UHC stock



From ~\$610 (Dec 4, 2024) to ~\$280 (Early Feb 2026):

This is roughly a **54% decline** in share price over the period since Brian Thompson's death

HCAI -California Department of Health Care Access and Information

- Houses the **Office of Health Care Affordability (OHCA)** responsible for the 3 % statewide health care spending target issued in April 2024, becoming effective January 2025.
- We wrote to the HCAI Affordability Board as well as Commissioner Lara a few times, stating that this ill conceived Mandate would result in Less Access to Care as well as Lower Levels of Care
- Exert from email to Commissioner Lara
-“We are particularly concerned about the fallout from the HCAI mandate limiting Providers and Health plans cost increases to 3% in a time when Obesity and Metabolic Syndrome are driving Costs far beyond these limits. We would like to hear his constructive thoughts on how we can rail in Healthcare spending and what part we can play as Health Insurance professionals, representing both Health plans and Insurance Agents”



AN IMPORTANT MESSAGE TO YOU FROM HOAG

May 1, 2025

Dear Blue Shield Commercial HMO Member:

We are writing to advise you about issues that may affect your health care options, including your physician/patient relationships and your choice of health care facilities for inpatient and outpatient services.

For several months, Hoag has been actively negotiating with Blue Shield of California (Blue Shield) in good faith to establish fair reimbursement rates for the care we provide to Blue Shield members like you. Unfortunately, we have not yet reached an agreement.

As a result, you will receive a letter from Blue Shield stating that Hoag will no longer be part of your insurance network and that you may be reassigned to a non-Hoag physician as of July 1, 2025. This letter is required by California law, which mandates that insurers notify members at least 60 days in advance of a potential contract termination.

Please rest assured that you remain under Hoag's expert, compassionate care at this time. However, if we are unable to reach an agreement with Blue Shield in the coming months, Hoag hospitals, clinics, and physicians may become out-of-network for Blue Shield members as of July 1, 2025.

Should this occur, Hoag would no longer be included in the Blue Shield provider network, and as a result:

1. During the next two months (May and June 2025), Blue Shield would assign you to a new primary care physician (PCP) who is not part of Hoag, and
2. As of July 1, 2025, your access to Hoag specialists and all elective inpatient and outpatient services at Hoag health care facilities, including those listed below, would be extremely limited.
 - Hoag Hospital Newport Beach and Hoag Hospital Irvine (the Hoag Hospitals)
 - Hoag Orthopedic Institute
 - Hoag Medical Group
 - Hoag Physician Partners
 - Hoag Specialty Clinic
 - Hoag Health Wellness Centers
 - Hoag Spine Center
 - Hoag Women's Health Institute
 - Hoag Breast Center
 - Hoag Family Cancer Institute
 - Hoag Digestive Health Institute
 - Jeffrey M. Carlton Heart and Vascular Institute

US City Sues Ultra- Processed Food Companies, Seeking 'Restitution' for Health Costs

- The City of San Francisco has filed [a historic lawsuit](#) against 10 ultra-processed food (UPF) manufacturers, seeking “restitution and civil penalties” to help local governments to “offset astronomical health care costs associated with UPF consumption



10 major food and beverage companies that San Francisco sued in December 2025

- The Coca-Cola Company** — Sugary soft drinks and flavored beverages (e.g., Coca-Cola sodas, Fanta).
- PepsiCo** — Soft drinks and salty snacks (e.g., Pepsi, Doritos, Lay's).
- Kraft Heinz Company** — Processed meals/snacks (e.g., Lunchables, boxed macaroni & cheese).
- Mondelez International** — Packaged snacks and sweets (e.g., Oreo cookies, Chips Ahoy).
- Post Holdings** — Breakfast cereals and packaged foods (e.g., Honeycomb cereal, Peter Pan peanut butter).
- General Mills** — Cereals and snacks (e.g., Cheerios, Trix).
- Nestlé USA** — Packaged foods and treats (e.g., various candy bars and snacks).
- Kellanova / WK Kellogg Co.**(The Kellogg Company) — Breakfast cereals and snacks (Frosted Flakes, Pringles).
- Mars, Incorporated** — Candy, snacks, and confectionery (e.g., M&Ms, Snickers).
- Conagra Brands** — Packaged meals and snacks (e.g., Slim Jim, Chef Boyardee).

The city is seeking restrictions on deceptive marketing (especially to children), changes to practices, and financial penalties to help cover healthcare costs associated with diseases linked to these foods

Morgan & Morgan
*lawsuit claimed
ultra-processed
foods contributed
to serious health
conditions like
Type 2 diabetes
and non-alcoholic
fatty liver disease*

The **defendant companies named**

- The Coca-Cola Company** – sugary beverages and soft drinks.
- Conagra Brands** – packaged foods and snacks.
- General Mills** – cereals, snack foods.
- Kellanova** – snacks and cereals (spun out of Kellogg).
- The Kraft Heinz Company** – processed and packaged foods.
- Mars, Incorporated** – candy, snacks, and sweets.
- Mondelez International** – cookies, crackers, sweets.
- Nestlé USA** – packaged foods and confections.
- PepsiCo** – soft drinks and snacks.
- Post Holdings** – cereals and packaged food products

The suit was filed in December 2024 on behalf of a Pennsylvania teen alleging he developed Type 2 diabetes and non-alcoholic fatty liver disease largely through consuming ultra-processed foods marketed by these companies

A federal judge dismissed this case in August 2025 because the plaintiff didn't sufficiently tie specific products to his illnesses

“Once more into the fray...
Into the last good fight I’ll
ever know.
Live and die on this day...
Live and die on this day...”



YOU GOT INTO INSURANCE; NOW WHAT? HOW TO BUILD A BUSINESS



GEORGE BALTERIA, CEO
COLLECTIVE:CHOICE



BILL HAMMETT, PRESIDENT
HAMMETT HEALTH
INSURANCE SERVICES



ELKA SOUSSANA
PRESIDENT & CEO
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INNOVATION EXPO

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CRAIG GUSSIN

CAHIP PRESIDENT-ELECT



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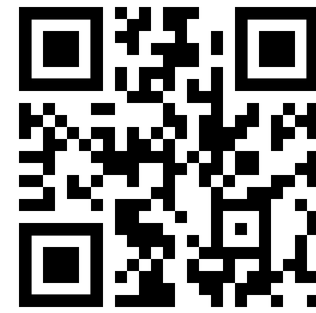
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