

Winter 2023

National Association of Benefits and Insurance Professionals

NABIP-Texas

The Official Publication of the National Association of Benefits and Insurance Professionals - Texas

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*Merry Christmas
And Happy New Year*

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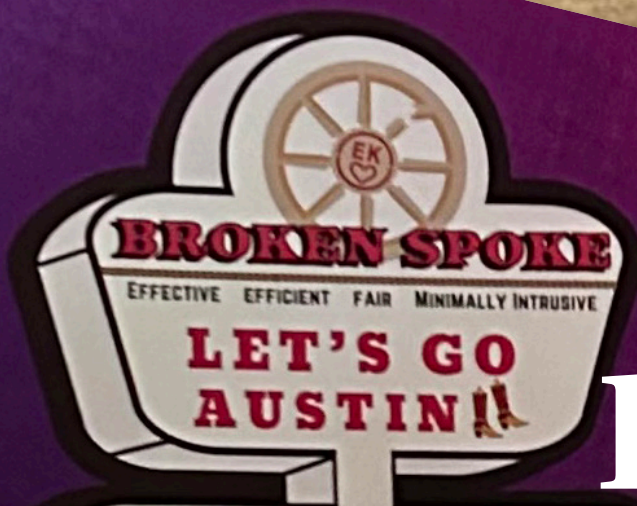
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RON BYRD
VP Group Sales & Marketing
The Infinitus Group

Here we are, embarking on another journey around the sun, bidding farewell to 2023 and welcoming 2024. NABIP-TX has made significant strides in shaping the future of our Association, and the anticipation of what lies ahead is truly exciting.

With the recent Census revealing that the Hispanic population is now the majority in Texas, NABIP-TX is adapting by strategizing to diversify our message and aiming for a more inclusive, bilingual approach.

Having relocated from Dallas to the bilingual community of the Rio Grande Valley (RGV) in Texas, it became evident that many businesses and residents prefer interactions in Spanish.

The beginning of 2023 marked a pivotal moment for me as I transitioned from a 40-year career as a company representative to join The Infinitus Group of Edinburg as Vice President of Sales & Marketing Group Division. In an office where bilingualism is the norm, my bosses, Lisa and Hector Gracia, were assigned by future NABIP-TX President Scott Long the task of expanding our Association's reach to the Spanish speaking communities around Texas.

Both Lisa and Hector, who previously served as Presidents for the NABIP-SOTX chapter, are leading efforts to connect with Spanish-speaking brokers.

Hector's suggestion of offering CE Certification Classes in Spanish gained quick approval, and Scott Long's plan began to unfold. Hector's first ethics CE course was approved and is on the agenda to

teach in South Texas in 2024. Simultaneously, Lisa took on the responsibility of transforming our storefront website. Scott's vision of having the state's website available in both English and Spanish prompted Lisa to experiment on her company's website first. Plans are now in motion, and we can expect changes to materialize in 2024 - 2025.

Looking ahead into 2024, as the current President Michael Ledgerwood concludes his term and incoming President Stacy Cochran and then Scott Long take the helm, the aim is for NABIP-TX to resonate with a broader audience, appealing to the diverse population of Texans. Exciting developments are on the horizon, and I eagerly anticipate witnessing the evolution of our Association.

SPANISH TRANSLATION

Aquí estamos, embarcándonos en otro viaje alrededor del sol, despidiendo el 2023 y dando la bienvenida al 2024. NABIP-TX ha logrado avances significativos en la configuración del futuro de nuestra Asociación, y la anticipación de lo que se avecina es realmente emocionante.

El último censo revelando reveló que la población hispana aumentó considerablemente, NABIP-TX. Está creando estrategias para diversificar nuestro mensaje para un enfoque más inclusivo y bilingüe.

Al mudarse de Dallas a la comunidad bilingüe del Valle del Río Grande (RGV) en Texas, se hizo evidente que muchas empresas y residentes prefieren las interacciones en español.

El comienzo de 2023 marcó un momento crucial para mí, ya que pasé de una carrera de 40 años como Representante de la

empresa a unirme a The Infinitus Group of Edinburg como vicepresidente de ventas y marketing. En una oficina donde el bilingüismo es la norma, mis jefes, Lisa y Héctor Gracia, fueron asignados por el futuro presidente de NABIP-TX, Scott Long, la tarea de expandir el alcance de nuestra Asociación a las comunidades de habla hispana alrededor de Texas.

Tanto Lisa como Héctor, quienes anteriormente se desempeñaron como presidentes del capítulo de NABIP-SOTX, están liderando los esfuerzos para conectarse con corredores de habla hispana.

La sugerencia de Héctor de ofrecer clases de certificación CE en español obtuvo una rápida aprobación, y el plan de Scott Long comenzó a desarrollarse. El primer curso de ética CE de Héctor fue aprobado y está en la agenda para enseñar en el sur de Texas en 2024.

Al mismo tiempo, Lisa Gracia asumió la responsabilidad de transformar el sitio web de nuestra tienda. La visión de Scott Long de que el sitio web del estado estuviera disponible tanto en inglés como en español impulsó a Lisa a experimentar primero en el sitio web de su empresa. Los planes ya están en marcha y podemos esperar que los cambios se materialicen en 2024 - 2025.

De cara al 2024, cuando el actual presidente Michael Lidgerwood concluya su mandato y los presidentes entrantes Stacy Cochran y Scott Long tomen el timón, el objetivo es que NABIP-TX resuene con un público más amplio, apelando a la diversa población de tejanos. En el horizonte se vislumbran desarrollos emocionantes, y espero ansiosamente ser testigo de la evolución de nuestra Asociación.

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**Michael
Ledgerwood**

Senior Health Plans
Of Texas

Reflecting on the progress and achievements of our association during the first half of my current year as President of NABIP-TX, it has been an exciting and productive period. It is evident that the dedication and hard work of our members have significantly contributed to the association's success, of which I could not be prouder.

Expanding the membership base, fostering a sense of community, and launching key projects are commendable efforts that have positively impacted the association. It is great to hear your events, both virtual and in-person, have successfully brought members together, creating connections and encouraging collaboration.

Focused on transparent communication is vital for the success of any organization, and it is impressive to see the ongoing efforts to keep members informed about important updates and decisions. Learning from challenges and using them as valuable lessons for future endeavors reflects resilience and a commitment to continuous improvement.

As we move into the second half of the year, NABIP-TX remains dedicated to its mission and objectives. The commitment to current projects, exploration of new opportunities, and the cultivation of a supportive community bode well for the future.

I would like to take a moment and thank everyone involved in helping to push the association forward. I want to thank the local chapter leadership that works tirelessly to provide beneficial information and content to their members. From your monthly membership meetings to your annual symposiums and your work in the community, your hard work is the backbone of the association. Thank you to our Texas Board and Executive Committee for your drive, dedication, and enthusiasm in helping to build on the success of NABIP-TX. Here's to continued success and promising achievements in the second half of the year for NABIP-TX and our local chapters.

Finally, I want to wish all our members a wonderful and happy holidays as well as a safe, healthy, and prosperous 2024!



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MERONEY MEMO / Winter 2023

LEGISLATIVE NEWS



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The field is set for the Texas primary elections — making way for a dramatic few months ahead of the election on Tuesday, March 5th.

At the top of the ticket, Texans will vote on who they want as their party's presidential nominee — where Donald Trump has a landslide lead for Republicans and President Joe Biden has no serious competition among Democrats. That means the most interesting action in Texas will be down-ballot.

With both Gov. Greg Abbott and Attorney General Ken Paxton out for revenge, Republican members of the Texas House are the top target on the ballot. But Democrats are also facing ample drama as political dominoes fall in Dallas and Houston, creating new opportunities for ambitious members of the party. The candidate filing deadline for the March primary was 6 p.m. Monday.

On the Republican side, much of the primary drama is being driven by Gov. Abbott and AG Paxton.

Paxton is working to unseat the dozens of House Republicans who voted to impeach him in May, while Abbott wants to defeat a smaller group of House Republicans who thwarted his yearlong push for education savings accounts, or school vouchers. That has created a rare dynamic where two of the most powerful Republicans in the

state are backing primary challengers to House Republicans, sometimes aligning behind the same challenger and sometimes not.

It has led to a marked increase in primary challengers. After 43% of House Republicans faced opposition in 2022, at least 57% have primary challengers this time. The Texas GOP said Tuesday it had “a record-breaking 387 candidates file in Austin, plus many more in their local county offices, marking the second-highest candidate turnout in the history of the party”.

The attorney general has endorsed nearly two dozen primary challengers to state House Republicans who voted to impeach him. Those candidates, like Paxton, have positioned themselves as further right than House leadership and could prove to be antagonistic toward Speaker Dade Phelan — should he win his own primary. The Texas Senate acquitted Paxton after a trial in September.

Paxton's endorsees include Republicans like Mitch Little, a Frisco lawyer who represented Paxton at the trial and is running against Rep. Krona Thimesch (R-Lewisville). Paxton also backed Wes Virdell, a primary challenger to Rep. Andrew Murr — the Junction Republican who chaired the House board of impeachment managers — before Murr announced his retirement last month.

Abbott is targeting a narrower group of 16 House Republicans who are seeking

reelection and voted last month to strip a voucher program out of a broader education bill that included increased spending for teacher pay raises. Abbott has endorsed six primary challengers to those members so far.

Vouchers, which would have allowed public dollars to fund private school education, were Abbott's top legislative priority. He campaigned for reelection on the promise of passing vouchers, and threatened throughout the year to target Republican lawmakers who stood in his way. Making good on that threat, Abbott has gotten behind challengers like Hillary Hickland, an activist mother from Belton who has taken her kids out of public schools in recent years. She is running against Rep. Hugh Shine (R-Temple).

Other notable primary challengers have emerged in recent days. Shelley Luther, the Dallas salon owner who became famous to conservatives for defying COVID-19 shutdown orders, filed for a rematch against Rep. Reggie Smith (R-Sherman). And Katrina Pierson, the North Texas activist best known as a spokesperson for Trump's 2016 campaign, joined the primary against Rep. Justin Holland (R-Rockwall).

The aggressive involvement of Gov. Abbott and AG Paxton means Speaker Phelan will have his hands full defending his GOP members. And Phelan has a primary of his own after running uncontested in 2022. This time he faces two

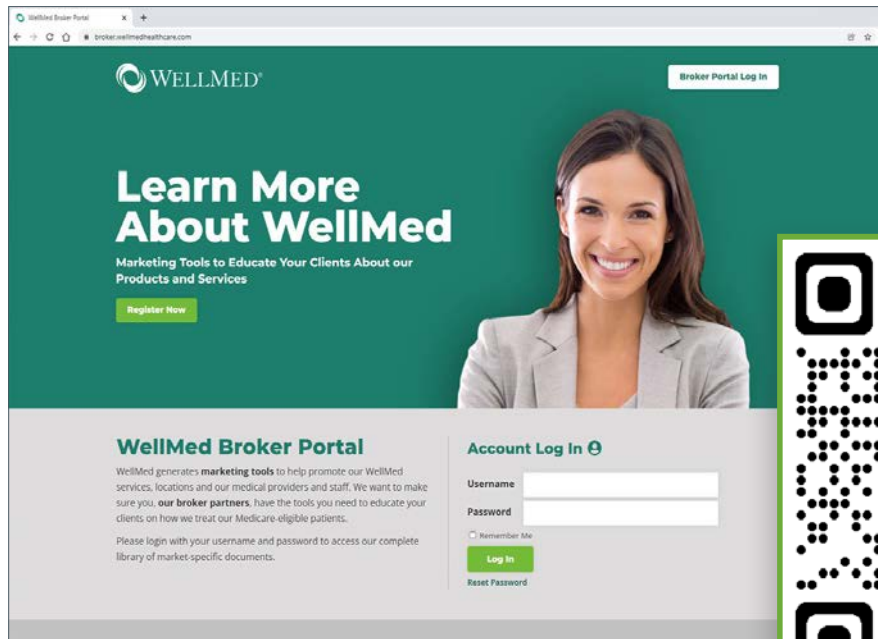
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Navigating ACA Reporting: A Guide to Avoiding Significant Penalties

By Editor, Ron Byrd

Understanding ACA reporting is crucial to prevent substantial fines, especially for those offering ICHRA Plans. These plans fall into the Self-Funded Group Health category, triggering IRS reporting obligations regardless of company size. With the IRS intensifying enforcement, it's essential to stay informed and compliant to steer clear of penalties.

Key Dates to Remember:

Be mindful of the filing deadlines; February 28th (paper filing) or March 31st (electronic filing). Note that electronic filing is now mandatory for companies with ten or more forms.

ACA Reporting for Small Employers:

For companies with fewer than 50 full-time equivalent employees, falling under Small Employer Reporting, adhere to these ICHRA Reporting Requirements:

- Submit Form 1094-B and Form 1095-B to the IRS.
- Form 1095-B discloses coverage details for each ICHRA participant.
- Form 1094-B is a summary sheet encompassing the total number of Form 1095-Bs submitted.
- Distribute Form 1095-B to your employees.

Large Employers (ALEs):

For companies with over 50 full-time equivalent employees, compliance with the ACA's employer mandate is imperative. If opting for an HRA, ensure reimbursement covers health coverage costs and meets affordability criteria. Follow these ICHRA Reporting Requirements for Large Businesses:

- Submit Form 1094-C to the IRS, detailing coverage for employees.
- Include all full-time employees from the tax year and part-time employees enrolled in your ICHRA.
- Dispatch Form 1095-C to employees, featuring codes explaining affordability calculations. Provide this form to all full-time employees for at least one month.

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- Assistance with IRS Letter Responses



MERONEY MEMO

(continued from page 8)

challengers, led by David Covey, the former chair of the Orange County GOP.

Abbott and Paxton are also playing in open seats where they believe they can replace retiring House Republicans with a better political ally. One example is House District 14, where anti-voucher Rep. John Raney (R-College Station) is not seeking reelection and Abbott has endorsed Bryan businessman Paul Dyson for the seat. Abbott said in his endorsement that he trusts Dyson to “expand school choice for all Texas families once and for all.”

In House District 87, Abbott and Paxton have aligned behind Caroline Fairly, the daughter of an Amarillo businessman, Alex Fairly, who Texas conservatives are working to cultivate as a new megadonor. Fairly is among four Republicans running to replace retiring Rep. Four Price (R-Amarillo) who opposes school vouchers.

In the Texas Senate, Republicans are looking at only one competitive primary, to replace retiring Sen. Drew Springer (R-Muenster). Four Republicans have filed for that seat, though one of them, Denton County GOP Chairman Brent Hagenbuch, is the frontrunner after getting endorsed by Lt. Gov. Dan Patrick, the very powerful presiding officer of the Senate.

At the top of the ticket, Democrats have a primary for U.S. Senate that has drawn at least 10 candidates. U.S. Rep. Colin Allred (D-Dallas) has crushed the pack in fundraising, and his competitors include state Sen. Roland Gutierrez (D-San Antonio); state Rep. Carl Sherman (D-DeSoto); and Mark Gonzalez, former district attorney for Nueces County.

But Democrats’ most spirited fights could be farther down the ballot, especially in Dallas and Houston. Democrats saw a major late development Monday, when state Rep. Victoria Neave Criado launched a primary challenge to state Sen. Nathan Johnson, an uncommon faceoff between two Dallas Democrats.

In Houston, at least six Democrats have filed for John Whitmire’s seat in Senate District 15, which has not been open since 1982! The field includes state Rep. Jarvis Johnson (D-Houston); Molly Cook, Whitmire’s 2022 primary challenger; Karthik Soora, a Houston renewable energy developer; and Alberto “Beto” Cardenas Jr., a prominent Houston attorney who filed at the last minute Monday.

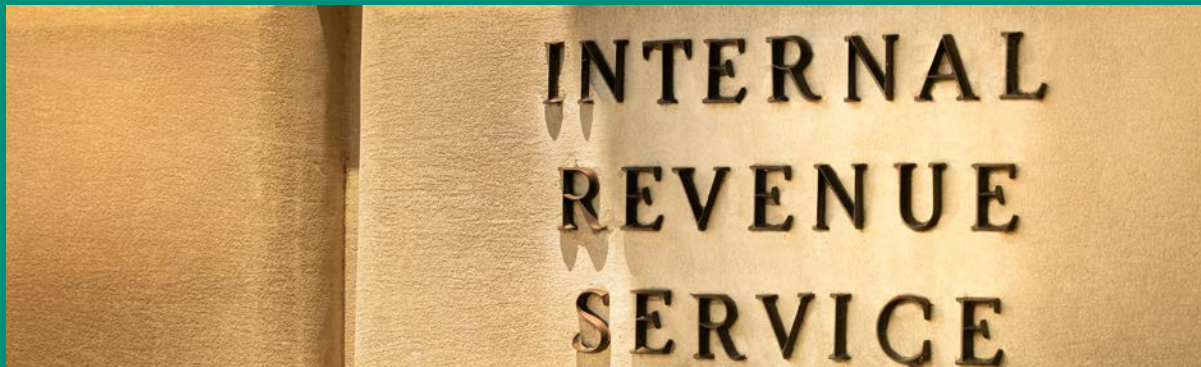
Whitmire defeated U.S. Rep. Sheila Jackson Lee in the mayoral runoff, and she quickly decided to seek reelection afterward. But she will face a primary challenge from at least one fellow Democrat, former Houston City Council member Amanda Edwards.

We expect a very entertaining primary election season in 2024! Stay tuned.



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Are Employers Prepared For The Mandatory Electronic Filing Of Forms 1094 And 1095?



The IRS has recently issued finalized instructions for Forms 1094-B and 1095-B, as well as Forms 1094-C and 1095-C, pertaining to health coverage information reporting for the 2023 tax year. Notably, these instructions specify that any business filing ten (10) or more returns, encompassing various types such as W2s, 1099s, and 1095 Forms, is obligated to submit electronically through the designated IRS system. For ACA reporting, employers must use the AIR system via XML software once they have obtained and been granted a TCC (Transmitter Control Code). Failure to adhere to electronic filing for ACA may result in penalties of \$310 per form if filed on paper.

It's crucial to highlight that employers can file a Form 8508 Waiver, permitting paper filing, and this waiver is automatically granted for the initial year only. The shift in electronic filing requirements may pose a significant challenge for smaller employers who previously relied on paper filing when submitting fewer than 250 returns in past tax years. As an illustrative example, a small employer reporting 35 employees and dependents enrolled in a level-funded group health plan using Form 1095-B could face a penalty of \$10,850 for filing on paper in 2024.

Moreover, if such an employer, despite having only 35 enrolled employees, qualifies as an Applicable Large Employer (ALE) due to waived and part-time, ineligible employees, they should be reporting health coverage offerings using Forms 1094-C and 1095-C. Failure to realize this mistake may result in IRS Letter 5699 and expose the employer to doubled penalties of \$310 for each required form.

Given the expiration of good faith transition relief and heightened IRS enforcement, it is now more critical than ever for employers to understand their applicable filing requirements. Employers who previously filed on paper should collaborate with their third-party administrators (TPAs) promptly to comprehend the information they will receive and the level of assistance they can anticipate.

Employers Frequently Underestimate The Caregiving Responsibilities Of Their Employees.

Over 53 million Americans, approximately one in five adults, currently provide uncompensated care to their spouses, partners, parents, or children facing serious health problems or disabilities. With about 60% of these caregivers holding employment outside the home, a recent report from the TIAA Institute emphasizes that caregiving is a significant workplace issue often underestimated by employers.

The study reveals that over 90% of caregivers also assume financial caregiving roles, involving direct financial support or coordination of their loved ones' money-related matters. Consequently, many caregivers exit the labor force or retire prematurely to dedicate ample time to their caregiving responsibilities.

Family caregivers, on average, face around \$7,200 per year in out-of-pocket expenses, with even higher costs for those caring for family members with severe conditions like Alzheimer's disease. Furthermore, caregivers are more likely to possess lower levels of financial assets and encounter challenges with debt compared to non-caregivers. Notably, 25% of caregivers report having less than \$1,000 in savings and investments, in contrast to 15% of non-caregivers.

Employers are significantly impacted by the challenges associated with caregiving. According to a recent study published in the Value in Health Journal, researchers estimated that

productivity losses average \$5,600 per employee annually. Despite this, a TIAA report emphasizes that most employers fail to accurately gauge the extent of caregiving responsibilities among their workforce. Consequently, they often underestimate the direct and indirect business costs linked to employees' caregiving roles.

The report highlights a misalignment between the benefits employers provide and the preferences of caregivers. For instance, the TIAA survey revealed that although 51% of employers offer flexible scheduling, a staggering 76% of employed caregivers expressed their willingness to utilize such a benefit if offered. Moreover, 74% indicated they would avail themselves of paid family medical leave, and 66% expressed interest in remote work or telecommuting opportunities.

It's worth noting that family caregiving isn't exclusive to middle-aged and older adults, as millennials, currently in their 20s and 30s, constitute a significant quarter of all caregivers. The report underscores the evolving landscape of caregiving in light of a 17-year increase in life expectancy in the U.S. since 1935. This "longevity bonus" has implications for retirement planning, emphasizing the necessity of preparing for extended periods of both retirement and caregiving across various life stages.



Considering the substantial influence of caregiving on the retention and performance of employees, employers have a chance to take the lead in initiatives that support working caregivers and alleviate their financial strain.

Employers are urged by TIAA to reassess their current benefits packages to gauge their effectiveness in addressing the financial well-being challenges faced by caregivers. Following this evaluation, employers can contemplate introducing additional benefits tailored to caregivers' needs, such as flexible work hours, paid family leave, geriatric management services, and emergency backup care.

Regarding retirement planning, employers should ensure "early and ongoing access" to retirement planning services that take into account the impact of increased life expectancy on individual employees and the financial implications of caregiving at various life stages. Offering access to financial apps or connecting employees with financial and legal advisors can also prove advantageous.

According to Kolluri, employers should provide services that assist
See caregiving page 18)

Comparing ICHRA and QSEHRA: Analyzing the Advantages

In the ever-evolving realm of employee benefits, small businesses frequently seek adaptable and economical solutions for offering healthcare coverage to their employees. Individual Coverage Health Reimbursement Arrangements (ICHRA) and Qualified Small Employer Health Reimbursement Arrangements (QSEHRA) emerge as flexible and tax-advantaged options that are accessible year-round. However, what distinguishes ICHRA from QSEHRA? Whether you are a small business proprietor or an employee benefits consultant, grasping these distinctions is crucial, as there is always an opportune time to institute these plans and harness their considerable benefits.

The Definitions: ICHRA vs QSEHRA

Before delving into the advantages of these reimbursement plans, let's elucidate the specifics of what ICHRA and QSEHRA encompass:

ICHRA (Individual Coverage Health Reimbursement Arrangement):

ICHRA permits employers of any size to reimburse employees for qualified healthcare expenses, encompassing individual health insurance premiums. It offers unparalleled flexibility, making it an appealing option for both small businesses and larger employers grappling with the challenges of traditional health benefit offerings. Employers can establish their own contribution limits and tailor plans to meet their specific needs, considering various employee classes.

QSEHRA (Qualified Small Employer Health Reimbursement Arrangement):

QSEHRA is specifically crafted for small businesses with fewer than 50 full-time employees. Similar to ICHRA, it allows employers to provide tax-free reimbursements for healthcare expenses. The primary distinction lies in the contribution limits, which are set by the IRS, and the opportunity for all full-time employees with at least Minimum Essential Coverage (MEC) to avail themselves of these tax-free contributions.

Year-Round Implementation

An outstanding feature of both ICHRA and QSEHRA is their flexibility regarding traditional open enrollment periods. Many businesses and benefits consultants often wait until the fall open enrollment season to introduce these plans, but such delay is unnecessary and can lead to missed opportunities for cost savings and increased employee satisfaction.

Initiating an ICHRA or QSEHRA at any point during the year provides an efficient means to offer valuable healthcare benefits to employees. The absence of rigid enrollment schedules allows for flexibility in addressing employees' healthcare needs. Whether it's January or July, you can start leveraging these tax-advantaged programs.

Special Enrollment Periods

Implementing an ICHRA or QSEHRA mid-year automatically triggers a special enrollment period (SEP) for all employees. This opens the door for employees who previously opted out of healthcare coverage to reconsider and enroll in a plan.

Additionally, it extends this benefit to new employees joining the company during the year. This flexibility ensures that employees have opportunities to access quality healthcare coverage when needed, making it a game-changer for small businesses aiming to attract and retain top talent, particularly in today's competitive job market.

Tax-Advantaged Reimbursements

One of the most compelling reasons to consider an ICHRA or QSEHRA plan is the tax advantages they offer. Employer contributions are tax-deductible, and employees receive tax-free reimbursements. This not only benefits the bottom line for both employers and employees but also promotes financial well-being.

Employees can use these reimbursements to cover a broad range of healthcare expenses, including individual health insurance premiums, doctor visits, prescription medications, and more. With ICHRA and QSEHRA, you're not just providing healthcare benefits; you're doing so in a tax-efficient manner.

In the realm of employee benefits, it's crucial to understand that it's never too late to implement ICHRA or QSEHRA. These plans offer year-round flexibility, create special enrollment periods, and provide substantial tax benefits for both employers and employees. By embracing the advantages of these tax-advantaged reimbursement plans, small businesses can enhance their employee benefits offerings, attract and retain top talent, and take control of healthcare costs.

NABIP-TX Honorees Corporation

Scholarship Application Academic Year 2024-2025

Your application and supporting Guideline documentation must be received by the NABIP-TX Honorees Corporation no later than June 30, 2024. All applicants will be notified of the results by July 31, 2024.

Selection will be made without regard to the applicant's race, color, ethnic origin, religious belief, sex, marital status or physical handicap, in accordance with Title IX of the Education Amendments, and with section 504 of the Rehabilitation Act of 1973.

The Award will be \$1000 per academic year.

Applicant's Name: _____

Email: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

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High School: _____

College Choice: _____

I certify that this information and addenda are true, complete and accurate. I authorize release of information to confirm and/or verify this application. I further authorize release of my name in connection with announcements of scholarship awards in the event that I am selected to be a NABIP-TX Honorees Scholar.

Applicant's Signature: _____

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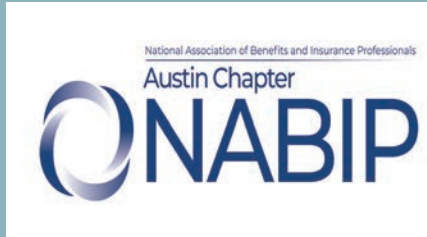


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CHAPTER BRAGGIN



NABIP-Austin
Holly Ford- President



...in the House Appropriations Committee and the Higher Education Committee. She also serves as the Chairwoman of the Texas Women's Health Caucus which is the largest caucus in the country solely focused on advancing women's health policy.

A native of Austin, Dorena earned a Bachelor's degree in nursing and a Master's degree in health education from the University of Texas. She worked as a critical care nurse at Brackenridge and Seton hospitals and served as Austin's first hospital-based Patient Education Coordinator. Dorena is a past president of the Texas Nurses Association (District 5) and was a health education instructor at UT.



DYING BROKE

Facing Financial Ruin as Costs Soar For Elder Care – Reed Abelson

Reed Abelson is a health care reporter for The New York Times.

Margaret Newcomb, 69, a retired French teacher, is desperately trying to protect her retirement savings by caring for her 82-year-old husband, who has severe dementia, at home in Seattle. She used to fear his disease-induced paranoia, but now he's so frail and confused that he wanders away with no idea of how to find his way home. He gets lost so often that she attaches a tag to his shoelace with her phone number.

Feylyn Lewis, 35, sacrificed a promising career as a research director in England to return home to Nashville after her mother had a debilitating stroke. They ran up \$15,000 in medical and credit card debt while she took on the role of caretaker.

Sheila Littleton, 30, brought her grandfather with dementia to her family home in Houston, then spent months fruitlessly trying to place him in a nursing home with Medicaid coverage. She eventually abandoned him at a psychiatric hospital to force the system to act.

"That was terrible," she said. "I had to do it."

Millions of families are facing such daunting life choices — and potential financial ruin — as the escalating costs of in-home care, assisted living facilities, and nursing homes devour the savings and incomes of older Americans and their relatives.

"People are exposed to the possibility

of depleting almost all their wealth," said Richard Johnson, director of the program on retirement policy at the Urban Institute.

The prospect of dying broke looms as an imminent threat for the boomer generation, which vastly expanded the middle class and looked hopefully toward a comfortable retirement on the backbone of 401(k)s and pensions. Roughly 10,000 of them will turn 65 every day until 2030, expecting to live into their 80s and 90s as the price tag for long-term care explodes, outpacing inflation and reaching a half-trillion dollars a year, according to federal researchers.

The challenges will only grow. By 2050, the population of Americans 65 and older is projected to increase by more than 50%, to 86 million, according to census estimates. The number of people 85 or older will nearly triple to 19 million.

The United States has no coherent system of long-term care, mostly a patchwork. The private market, where a minuscule portion of families buy long-term care insurance, has shriveled, reduced over years of giant rate hikes by insurers that had underestimated how much care people would actually use. Labor shortages have left families searching for workers willing to care for their elders in the home. And the cost of a spot in an assisted living facility has soared to an unaffordable level for most middle-class

Americans. They have to run out of money to qualify for nursing home care paid for by the government.

For an examination of the crisis in long-term care, The New York Times and KFF Health News interviewed families across the nation as they struggled to obtain care; examined companies that provide it; and analyzed data from the federally funded Health and Retirement Study, the most authoritative national survey of older people about their long-term care needs and financial resources.

About 8 million people 65 and older reported that they had dementia or difficulty with basic daily tasks like bathing and feeding themselves — and nearly 3 million of them had no assistance at all, according to an analysis of the survey data. Most people relied on spouses, children, grandchildren, or friends.

The United States devotes a smaller share of its gross domestic product to long-term care than do most other wealthy countries, including Britain, France, Canada, Germany, Sweden, and Japan, according to the Organization for Economic Cooperation and Development. The United States lags its international peers in another way: It dedicates far less of its overall health spending toward long-term care.

"We just don't value elders the way that other countries and other cultures do," said Rachel Werner, executive director of the Leonard Davis Institute of Health Economics at the University of Pennsylvania. "We don't have a financing and insurance system for long-term care," she said.

“There isn’t the political will to spend that much money.”

Despite medical advances that have added years to the average life span and allowed people to survive decades more after getting cancer or suffering from heart disease or strokes, federal long-term care for older people has not fundamentally changed in the decades since President Lyndon Johnson signed Medicare and Medicaid into law in 1965. From 1960 to 2021, the number of Americans age 85 and older increased at more than six times the rate of the general population, according to census records. Medicare, the federal health insurance program for Americans 65 and older, covers the costs of medical care, but generally pays for a home aide or a stay in a nursing home only for a limited time during a recovery from a surgery or a fall or for short-term rehabilitation.

Medicaid, the federal-state program, covers long-term care, usually in a nursing home, but only for the poor. Middle-class people must exhaust their assets to qualify, forcing them to sell much of their property and to empty their bank accounts. If they go into a nursing home, they are permitted to keep a pittance of their retirement income: \$50 or less a month in a majority of states. And spouses can hold onto only a modest amount of income and assets, often leaving their children and grandchildren to shoulder some of the financial burden.

Private Companies’ Prices Have Skyrocketed

The boomer generation is jogging and cycling into retirement, equipped with hip and knee replacements that have slowed their aging. And they are loath to enter the insti-

tutional setting of a nursing home.

But they face major expenses for the in-between years: falling along the spectrum between good health and needing round-the-clock care in a nursing home.

That has led them to assisted living centers run by for-profit companies and private equity funds enjoying robust profits in this growing market. Some 850,000 people aged 65 or older now live in these facilities that are largely ineligible for federal funds and run the gamut, with some providing only basics like help getting dressed and taking medication and others offering luxury amenities like day trips, gourmet meals, yoga, and spas.

The bills can be staggering.

Half of the nation’s assisted living facilities cost at least \$54,000 a year, according to Genworth, a long-term care insurer. That rises substantially in many metropolitan areas with lofty real estate prices. Specialized settings, like locked memory care units for those with dementia, can cost twice as much.

Home care is costly, too. Agencies charge about \$27 an hour for a home health aide, according to Genworth. Hiring someone who spends six or seven hours a day cleaning and helping an older person get out of bed or take medications can add up to \$60,000 a year.

As Americans live longer, the number who develop dementia, a condition of aging, has soared, as have their needs. Five million to 7 million Americans age 65 and up have dementia, and their ranks are projected to grow to nearly 12 million by 2040. The condition robs people of

their memories, mars the ability to speak and understand, and can alter their personalities.

Turning to Medicaid, a Shredded Safety Net

The only true safety net for many Americans is Medicaid, which represents, by far, the largest single source of funding for long-term care.

More than 4 in 5 middle-class people 65 or older who need long-term care for five years or more will eventually enroll, according to an analysis for the federal government by the Urban Institute. Almost half of upper-middle-class couples with lifetime earnings of more than \$4.75 million will also end up on Medicaid.

But gaps in Medicaid coverage leave many people without care. Under federal law, the program is obliged to offer nursing home care in every state. In-home care, which is not guaranteed, is provided under state waivers, and the number of participants is limited. Many states have long waiting lists, and it can be extremely difficult to find aides willing to work at the low-paying Medicaid rate.

Qualifying for a slot in a nursing home paid by Medicaid can be formidable, with many families spending thousands of dollars on lawyers and consultants to navigate state rules. Homes may be sold or couples may contemplate divorce to become eligible.

And recipients and their spouses may still have to contribute significant sums. After Stan Markowitz, a former history professor in Baltimore with Parkinson’s disease, and his wife, Dottie Burt, 78, exhausted

Continued page 18

their savings on his two-year stay in an assisted living facility, he qualified for Medicaid and moved into a nursing home.

He was required to contribute \$2,700 a month, which ate up 45% of the couple's retirement income. Burt, who was a racial justice consultant for nonprofits, rented a modest apartment near the home, all she could afford on what was left of their income.

Markowitz died in September at age 86, easing the financial pressure on her. "I won't be having to pay for the nursing home," she said.

Even finding a place willing to take someone can be a struggle. Harold Murray, Sheila Littleton's grandfather, could no longer live safely in rural North Carolina because his worsening dementia led him to wander. She brought him to Houston in November 2020, then spent months trying to enroll him in the state's Medicaid program so he could be in a locked unit at a nursing home.

She felt she was getting the run-around. Nursing home after nursing home told her there were no beds, or quibbled over when and how he would be eligible for a bed under Medicaid. In desperation, she left him at a psychiatric hospital so it would find him a spot.

"I had to refuse to take him back home," she said. "They had no choice but to place him."

He was finally approved for coverage in early 2022, at age 83.

A few months later, he died.

This story also ran in The New York Times. It can be republished for free.

individuals in formulating both short- and long-term budgets. This includes facilitating access to financial advisers or other resources that guide employees in navigating the complexities of affording major life events such as buying a home, starting a family, sending children to college, all while saving for retirement and preparing for potential time off and additional expenses related to caregiving.

AARP reported in 2020 that caregivers spend an average of nearly 24-hours a week providing family care. A lack of awareness among employers appears to be contributing to the issue. Almost 40 percent of caregivers surveyed noted that their supervisors at work are not cognizant of their caregiving responsibilities outside of the workplace.

Many employees choose to remain silent about their caregiving duties due to concerns about being perceived as less committed to their work, fearing potential job loss or missed promotional opportunities. This reticence often leads to distractions at work and takes a toll on their mental, physical, and financial well-being. Eventually, many caregivers decide to resign as the strain becomes overwhelming.

Guidance for Affordable and Effective Caregiver Assistance

- Acknowledge the value of caregiving by openly discussing and validating employees' caregiving challenges. Establish a workplace culture that is supportive and inclusive for caregivers, emphasizing the significance of their role. Christina Irving, Client Services Director at the Family Caregiver Alliance, suggests fostering an environment where caregivers feel comfortable discussing their responsibilities, even if specific caregiving benefits are in place. Many caregivers hesitate to share their caregiving role due to concerns about potential negative impacts on their career or employment.
- Offer flexibility in work hours and locations to accommodate employees with caregiving responsibilities. Recognize that flexibility is a crucial benefit for those balancing work and caregiving duties. If working from home is not feasible, consider alternative arrangements such as part-time schedules, job sharing, or project-based work.
- Explore the resources available through the Employee Assistance Program (EAP) that can support caregivers. While employees may be aware that the EAP can assist during caregiving crises, they may not fully understand how the program can address general caregiving needs. Irving suggests that EAPs might provide valuable resources for elder care, including counseling to help caregivers manage emotional strain. Identify existing benefits within the EAP and promote them to showcase how they can effectively aid employees with caregiving responsibilities.

Member	Chapter	Level	Member	Chapter	Level	Member	Chapter	Level
Barrera, Rolando	Coastal Bend	Diamond	Bowers, Alicia	San Antonio	Gold	Naylor, Candice	Panhandle	Gold
Booth, Tonya	Fort Worth	Diamond	Bradberry, Cherrie	Texoma	Gold	Ott, Rick	Coastal Bend	Gold
Harrington Paula	South Texas	Diamond	Brown, Jesse	Houston	Gold	Crisher, Krista Palmer	Fort Worth	Gold
Rivera, Michael	Houston	Diamond	Budinsky, Marty	Houston	Gold	Pancerz Claire	Dallas	Gold
Ashmore, Elizabeth	Lubbock	Ruby	Burgess, Robbie	Coastal Bend	Gold	Parkey, Sarah	Coastal Bend	Gold
Bellman, Mark	Austin	Ruby	Burkholder Karen	Dallas	Gold	Perry, Amy (Adams)	Fort Worth	Gold
Cartier, Fred	San Antonio	Ruby	Byrd, Ron	South Texas	Gold	Perryman, Melissa	Austin	Gold
Harris, Polly	Coastal Bend	Ruby	Campos, Blake	Houston	Gold	Phifer, Joe	Dallas	Gold
Robinson, Judith	East TX	Ruby	Castillo, Iris	South Texas	Gold	Potter, Amanda	LoneStar	Gold
Shappell, Trace	East TX	Ruby	Christensen, Elizabeth	Fort Worth	Gold	Raymond, Garrin	Houston	Gold
Southan, Tamela	Dallas	Ruby	Clark, Cheryl	Lubbock	Gold	Reynolds, Caleb	Austin	Gold
Villagran, Denise	Coastal Bend	Ruby	Clingan, Nedra	San Antonio	Gold	Richiuso, Christine	Dallas	Gold
Waller, Doris	Dallas	Ruby	Crawford, David	Fort Worth	Gold	Rivera, Marisa	South Texas	Gold
Wilson, Tom	Texoma	Ruby	DePaoli, Allison	San Antonio	Gold	Roberts, Danielle	Fort Worth	Gold
Alt, Sharon	Fort Worth	Platinum	Douglas, Paul	East TX	Gold	Sherman, Joe	East TX	Gold
Avery, Wendy	Dallas	Platinum	Douglas Sandy	East TX	Gold	Smith, Craig	East TX	Gold
Berry, Ernest	Lubbock	Platinum	Dytrich, Nancy	Austin	Gold	Snyder, Stephen	Dallas	Gold
Blair, Mary Ann	East TX	Platinum	Elliott-Harmon, Patti	Coastal Bend	Gold	Stair, B. Gene	Austin	Gold
Bolden, Michael	West Texas	Platinum	Eller, Darla	LoneStar	Gold	Stanley, Jennifer	Dallas	Gold
Brooks, Isha	Texoma	Platinum	Ellis, Tom	El Paso	Gold	Stockstill, Beckie	Houston	Gold
Buffum, Ron	Austin	Platinum	Evans, Mike	Lubbock	Gold	Stubbs, Clifton	Fort Worth	Gold
Butler, Allison	Panhandle	Platinum	Ferfuson Kathy	San Antonio	Gold	Sullivan, Audra	Fort Worth	Gold
Chalif, Yun	Dallas	Platinum	Ford, Holley	Austin	Gold	Swanson, Cynthia	East TX	Gold
Cochran, Stacy	Fort Worth	Platinum	Gilbert Debra	Dallas	Gold	Sypert, Steve	Lubbock	Gold
Cook, David	Texoma	Platinum	Gonzales, Theresa	South Texas	Gold	Theesfeld Angela	South Texas	Gold
Cottar, Tom	Houston	Platinum	Gonzalez, Carlos	South Texas	Gold	Thorne, Roblyn	Austin	Gold
Debler, John	Coastal Bend	Platinum	Goodman, Cindy	Dallas	Gold	Trevino, Siboney	Houston	Gold
DeLeon, Rachelle	N/M	Platinum	Garcia, Hector	South Texas	Gold	Trevino, Lisa	South Texas	Gold
Fristoe, Kelly	Texoma	Platinum	Grogan, Wayne	Fort Worth	Gold	Trevino, Victoria	Austin	Gold
Hayes Judith	West Texas	Platinum	Hamilton, Leawhine	Fort Worth	Gold	Vasquez Ramirez, Val	San Antonio	Gold
Johnson, Sandy	San Antonio	Platinum	Hamm, Phillip	Houston	Gold	Waldron, Gary	Dallas	Gold
Keel, Ben	Houston	Platinum	Hebert, Laura	Coastal Bend	Gold	Wallace, Kasey	Houston	Gold
Kelly, Renee	Austin	Platinum	Herrington Phyllis	Coastal Bend	Gold	Wallin, Johnny	Fort Worth	Gold
Ledgerwood, Michael	Houston	Platinum	Hoffman, Crystal	Houston	Gold	Wild Trei	Dallas	Gold
Lee, Susan	Houston	Platinum	Holloway, Ryan	Fort Worth	Gold	Willingham, Sean	San Antonio	Gold
Pleasants, Jennifer	Coastal Bend	Platinum	Irwin, Maria	Austin	Gold	Ybarra, Valeria	Coastal Bend	Gold
Rios-Carl, Elizabeth	El Paso	Platinum	Jaques, Kevin	Austin	Gold	Young, Peter	Coastal Bend	Gold
Rolf, Rita	Dallas	Platinum	Jones, Jamie	Houston	Gold	Brattelli Wendy	East TX	Silver
Scott, Nicole	San Antonio	Platinum	Keathley, Bryan	Fort Worth	Gold	Phillips, Gena	Houston	Silver
Simtang, Michael	Austin	Platinum	Kirkhart, Taylor	Dallas	Gold	Rasmussen, Reid	Austin	Silver
Smith, Mike	Fort Worth	Platinum	Knight, Jack	Panhandle	Gold	Bay, Kimberly Lee	Forth Worth	Other
Splawn, W. Craig	Houston	Platinum	Lawlis, Rita	Lubbock	Gold	New, Linda	Austin	Other
Spragins, Jackie	Texoma	Platinum	Le, Duong	Fort Worth	Gold	Rippey, Chaliese	Forth Worth	Other
Trebing, C. Louanne	Dallas	Platinum	Leal, Gary	Houston	Gold	Skinner, Patrick	Dallas	Other
Walker, Kenneth	Austin	Platinum	Lee, Diane	Coastal Bend	Gold	Diamond	\$1,200 +	\$100 Mo
York, Melanie	Fort Worth	Platinum	Long, Scott	Houston	Gold	Ruby	\$600+	\$50 Mo
Adams, Carla	San Antonio	Gold	Lopez, Melissa	San Antonio	Gold	Platinum	\$300+	\$25 Mo
Ahlquist, Neldia	Houston	Gold	Martin, Patricia	Houston	Gold	Gold	\$150+	\$12.50 Mo
Antongiovanni, Joanna	San Antonio	Gold	Meason, Toby	Panhandle	Gold	Silver	<\$150	
Bentley, Beau	East Texas	Gold	Miller, D'Ann	East TX	Gold	As of 10/2022		
Block, Howard	Houston	Gold	Moore Schuyler	Coastal Bend	Gold			
Boucher, Eva	Dallas	Gold	Muir, Don	Houston	Gold			

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Alabama	MONTHLY	ANNUAL	Hawaii	MONTHLY	ANNUAL	Missouri	MONTHLY	ANNUAL	Rhode Island	MONTHLY	ANNUAL
BIRMINGHAM	\$38.91	\$467.00	ALL CITIES	\$33.07	\$397.00	CENTRAL	\$38.90	\$467.00	ALL CITIES	\$34.74	\$417.00
GULF COAST	\$38.91	\$467.00	Idaho			SPRINGFIELD	\$44.73	\$537.00	South Carolina		
MONTGOMERY	\$38.91	\$467.00	E. ID / POCATELLO / ID FALLS	\$37.98	\$456.00	ST LOUIS	\$38.90	\$467.00	COLUMBIA	\$38.91	\$467.00
NORTH AL / HUNTSVILLE	\$38.91	\$467.00	N. IDAHO / COEUR D'ALENE	\$38.32	\$460.00	Montana			MYRTLE BEACH	\$38.91	\$467.00
FLORENCE / SHOALS	\$38.91	\$467.00	SOUTHERN ID / TWIN FALLS	\$37.98	\$456.00	ALL CITIES	\$33.07	\$397.00	CHARLESTON	\$38.91	\$467.00
Alaska			TREASURE VALLEY / BOISE	\$37.98	\$456.00	Nebraska			GREENVILLE	\$38.91	\$467.00
ALL CITIES	\$38.91	\$467.00	Illinois			LINCOLN	\$44.23	\$531.00	South Dakota		
Arizona			CENTRAL IL / PEORIA	\$39.32	\$472.00	OMAHA	\$44.65	\$536.00	ALL CITIES	\$34.32	\$412.00
GREATER PHOENIX	\$41.82	\$502.00	CHICAGO DOWNTOWN	\$39.74	\$477.00	Nevada			Tennessee		
SOUTHERN AZ / TUCSON	\$40.57	\$487.00	CHICAGO-NE / DUPAGE	\$39.74	\$477.00	SOUTHERN NV	\$38.91	\$467.00	CHATTANOOGA	\$38.49	\$462.00
Arkansas			Indiana			NORTHERN NV / RENO	\$37.24	\$447.00	KNOXVILLE	\$38.49	\$462.00
ALL CITIES	\$31.82	\$382.00	GREATER BLOOMINGTON	\$41.40	\$497.00	New Hampshire			MEMPHIS	\$38.91	\$467.00
California			GREATER INDIANAPOLIS	\$41.40	\$497.00	ALL CITIES	\$40.15	\$482.00	NASHVILLE	\$40.16	\$482.00
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DESERT CITIES	\$51.40	\$617.00	NE IN / FORT WAYNE	\$41.40	\$497.00	CENTRAL NJ / PRINCETON	\$40.15	\$482.00	Texas		
SAN FRANCISCO / GOLDEN GATE	\$52.65	\$632.00	NW IN / MERRILLVILLE	\$41.40	\$497.00	MONMOUTH	\$40.15	\$482.00	AUSTIN	\$42.24	\$507.00
ONTARIO/INLAND EMPIRE	\$51.40	\$617.00	S. CENTRAL / SCOTTSBURG	\$41.40	\$497.00	NORTHERN NJ / TOTOWA	\$40.15	\$482.00	CORPUS CHRISTI	\$41.41	\$497.00
LOS ANGELES	\$52.23	\$627.00	S. WESTERN / EVANSVILLE	\$41.40	\$497.00	SOUTH NJ / MOORESTOWN	\$40.15	\$482.00	DALLAS	\$43.08	\$517.00
N. COAST / WINE COUNTRY	\$53.48	\$642.00	Iowa			New Mexico			TYLER	\$42.24	\$507.00
NORTH VALLEY / CHICO	\$51.40	\$617.00	ALL CITIES	\$38.91	\$467.00	NORTHERN NM / SANTA FE	\$32.66	\$392.00	FORT WORTH	\$42.24	\$507.00
ORANGE COUNTY	\$52.65	\$632.00	Kansas			RIO GR / ALBUQUERQUE	\$34.74	\$417.00	HOUSTON	\$45.57	\$547.00
SACRAMENTO	\$53.48	\$642.00	CENTRAL KS / WICHITA	\$33.07	\$397.00	New York			LONESTAR-VIRTUAL	\$42.24	\$507.00
SAN DIEGO	\$51.98	\$624.00	KANSAS CITY	\$35.15	\$422.00	NEW YORK METRO / NY CITY	\$43.90	\$527.00	SAN ANGELO	\$42.24	\$507.00
SANTA BARBARA	\$51.40	\$617.00	Kentucky			GR. CENTRAL / SYRACUSE	\$43.90	\$527.00	SAN ANTONIO	\$42.66	\$512.00
SILICON VALLEY / SAN JOSE	\$52.23	\$627.00	CENTRAL KY / LEXINGTON	\$40.57	\$487.00	GREATER NIAGARA	\$43.90	\$527.00	SOUTH	\$41.82	\$502.00
VENTURA COUNTY	\$51.40	\$617.00	GREATER LOUISVILLE	\$45.16	\$542.00	NE NY / ALBANY	\$43.90	\$527.00	WICHITA FALLS	\$43.24	\$519.00
Colorado			WESTERN / OWENSBORO	\$38.90	\$467.00	WESTERN / BUFFALO	\$43.90	\$527.00	Utah		
METRO DENVER	\$41.82	\$502.00	Louisiana			North Carolina			NORTHERN UT / OGDEN	\$38.90	\$467.00
NORTHERN CO / FORT COLLINS	\$40.98	\$492.00	ACADIANA / LAFAYETTE	\$38.90	\$467.00	CHARLOTTE	\$43.90	\$527.00	SALT LAKE CITY	\$38.90	\$467.00
SOUTHERN CO / CO SPRINGS	\$40.98	\$492.00	GREATER BATON ROUGE	\$45.15	\$542.00	COASTAL / WILMINGTON	\$42.65	\$512.00	Vermont		
Connecticut			NEW ORLEANS	\$40.98	\$492.00	TRIAD / GREENSBORO	\$43.90	\$527.00	ALL CITIES	\$30.16	\$362.00
ALL CITIES	\$47.24	\$567.00	RED RIVER / SHREVEPORT	\$40.98	\$492.00	TRIANGLE / RALEIGH	\$42.65	\$512.00	Virginia		
Delaware			Maine			WESTERN / ASHEVILLE	\$42.65	\$512.00	RICHMOND	\$39.65	\$476.00
ALL CITIES	\$34.74	\$417.00	ALL CITIES	\$36.99	\$444.00	W. PIEDMONT / HICKORY	\$43.49	\$522.00	VA BEACH	\$40.07	\$481.00
Florida			Maryland			North Dakota			ROANOKE	\$42.15	\$506.00
BROWARD COUNTY	\$44.16	\$530.00	BALTIMORE	\$40.15	\$482.00	ALL CITIES	\$30.16	\$362.00	Washington		
CAPITAL AREA / TALLAHASSEE	\$45.41	\$545.00	EASTERN SALISBURY	\$39.32	\$472.00	Ohio			ALL CITIES	\$36.82	\$459.00
CENTRAL FL / ORLANDO	\$47.49	\$570.00	GTR WASHINGTON DC	\$40.15	\$482.00	CINCINNATI	\$38.07	\$457.00	West Virginia		
GULF COAST / SARASOTA	\$49.57	\$595.00	Massachusetts			COLUMBUS	\$37.23	\$447.00	ALL CITIES	\$42.66	\$512.00
JACKSONVILLE	\$42.91	\$515.00	ALL CITIES	\$42.66	\$512.00	CLEVELAND	\$40.57	\$487.00	Wisconsin		
MIAMI	\$47.49	\$570.00	Michigan			TOLEDO	\$37.65	\$452.00	ALL CITIES	\$30.16	\$362.00
WEST PALM / PALM COAST	\$44.99	\$540.00	METRO DETROIT	\$40.15	\$482.00	YOUNGSTOWN / WARREN	\$37.65	\$452.00	Wyoming		
SOUTHWEST FL / FORT MYERS	\$43.32	\$520.00	NORTHERN MI / TRAVERSE	\$40.15	\$482.00	Oklahoma			ALL CITIES	\$30.16	\$362.00
TAMPA BAY	\$44.16	\$530.00	SW MI / KALAMAZOO	\$40.15	\$482.00	OKLAHOMA CITY	\$40.57	\$487.00			
Georgia			WEST MI / GRAND RAPIDS	\$40.15	\$482.00	TULSA	\$39.32	\$472.00			
ATLANTA	\$43.48	\$522.00	Minnesota			Oregon					
COASTAL EMPIRE / SAVANNAH	\$40.57	\$487.00	ALL CITIES	\$42.99	\$516.00	ALL CITIES	\$40.57	\$487.00			
CTRL SAV RIVER AREA / AUGUSTA	\$41.40	\$497.00	Mississippi			Pennsylvania					
MIDDLE GA / MACON	\$40.98	\$492.00	JACKSON	\$41.49	\$498.00	HARRISBURG	\$40.15	\$482.00			
NE GA / GAINESVILLE	\$41.82	\$502.00	NORTHEAST MS	\$36.07	\$433.00	NORTHEASTERN / LEHIGH VALLEY	\$40.15	\$482.00			
NW GA / CALHOUN	\$40.98	\$492.00	SOUTH AKA GULF COAST	\$38.32	\$460.00	PHILADELPHIA	\$40.90	\$491.00			
SOUTH ATLANTA	\$42.65	\$512.00				PITTSBURGH	\$40.15	\$466.00			
SOUTH GA / ALBANY	\$40.57	\$487.00									

NABIP-TX Conference 2024

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PROSPECTUS

Westin Irving Convention Center at Las Colinas, Irving, TX

April 15-16, 2024