

Orange
County Association of
Health
Underwriters

Volume 15, Issue 1
January/February 2021



COI.NI

COUNTY OF ORANGE INSURANCE NEWS



OCAHU

Orange County Association
of Health Underwriters



Inside this Edition:

- Feature Article: Annual Benefit Compliance Responsibilities for Employers
- What to Expect of Federal Regulations Post-Election
- Determining Employer ACA Affordability for 2021
- Open Enrollment is Done, What Now?
- Changing Employer Benefit Contributions Mid-Year
- Upcoming Events: January Meeting, Virtual Sales Symposium, 2021 Capitol Conference



**Save the
Date!**

Upcoming Events

See pages 24 for details



Health plans that fit every business.

You may face different business challenges today than you face tomorrow. From traditional copayment plans to plans with cost-sharing arrangements, we'll help you find a solution that fits the needs of your business no matter how they evolve. Learn more at kp.org/choosebetter.

Choose Better. Choose Kaiser Permanente.

TABLE OF CONTENTS

Thank you for being a part of OCAHU!

What's Inside

| | Page |
|---|-------------|
| President's Message | 4 |
| Feature Article - Annual Benefit Compliance Responsibilities for Employers | 5 |
| Compliance Corner - HIPAA Privacy & Security Updates | 6 |
| OCAHU Virtual Sales Symposium - February 11 - 12th, 2021 | 7 |
| Legislative Update - What to Expect of Federal Regulations Post-Election | 8 |
| Pastathon: Feeding Kids in America | 10 |
| January Meeting: CE Webinar - January 13th, 2021 | 11 |
| Determining Employer ACA Affordability for 2021 | 12 |
| OCAHU Board & Staff 2020-2021 | 14 |
| NAHU 2021 Capitol Conference - February 22 - 24th, 2021 | 15 |
| Open Enrollment is Done, What Now? | 17 |
| Changing Employer Benefit Contributions Mid-Year | 18 |
| CAHU PAC Form | 21 |
| OCAHU Sponsor Thank You Page | 22 |
| Schedule of Events | 24 |



Making a Difference in People's Lives.

One Member at a Time.

Our association is a local chapter of the National Association of Health Underwriters (NAHU). The role of OCAHU is to promote and encourage the association of professionals in the health insurance field for the purpose of educating, promoting effective legislation, sharing information and advocating fair business practices among our members, the industry and the general public.



**Would you like to be more
involved in our industry?
Contact a board member today!**

See page 14 for a list of members.



PRESIDENT'S MESSAGE

By: MaryAnna Trutanich, RHU, CHRS

As I sit down to write this message, I can't help but reflect how 2020 has affected, not just me, but everyone in the world. 2020 will certainly go down in history as a year to remember. A year

of drastic changes and adaptability. Our world has been unpredictable, uncertain and unstable. We have endured a pandemic, a stock market crash and the election of a new president, all in a matter of eight months.

Even though we've faced adversity, I am so proud of what OCA-HU'S Board has accomplished this year. We continued to host Zoom monthly meetings and moved forward with our events in the new norm. Our Annual Women in Business event raised over \$50,000 virtually, breaking the record for most money raised. We virtually hosted our Senior Summit in September with over 350 Medicare Agents attending. Our most recent and last event for the year was also a success. The Pastathon Drive Thru on Dec. 4th, for Caterina Club, collected over 1,100+ pounds of pasta. All the while, we were still working our day jobs, helping our clients keep their medical coverage and help explain what COVID means to them.

As we enter in 2021, many unknowns will still exist, yet I am optimistic. The FDA is close to approving a COVID-19 vaccine from 3 different drug companies. We anticipate that we will continue to operate virtually in the first part of 2021, until it's safe to meet in person. Our Sales Symposium will consist of half day virtual sessions on February 11 & 12th. We have a great agenda planned! Please register when you get the announcement. We are planning an in-person events starting in the Spring. Our Annual Cystic Fibrosis Golf Tournament on April 19th in Aliso Viejo. Due to the nature of the event and the fact that it is outdoors, we got the green light to proceed with planning. Please mark your calendar. We are planning host our Women In Business event on June 4th at the Balboa Bay Resort, in person. Perhaps that can be the start of all in person events going forward. Fingers crossed.

On behalf of myself and the Board, we wish you Happy Holidays & New Year.

Please be safe. ##

Do you have a puppy
named Compliance?

We do. That's just how
committed we are.



wordandbrown.com

Word&Brown.

Orange | 721 South Parker, Suite 8000 | Orange, CA 92868 | 800.869.6989



Feature Article:

Annual Benefit Compliance Responsibilities for Employers

By: Paul Roberts - OCAHU VP Professional Development & CAHU VP of Public Affairs

Each year brings annual compliance responsibilities to employers regarding their health plans and federal Affordable Care Act (ACA) responsibility. It's important for employers to be aware of – and adhere to – these responsibilities. An overlooked compliance item can result in significant non-compliance penalties in the Federal ACA and COBRA spaces.

ACA Applicable Large Employer (ALE) Determination

Each employer must annually determine whether it needs to comply with the ACA's employer mandate and related ACA IRS reporting responsibilities. To make this determination, an employer should calculate its ALE status on January 1, in accordance with Federal ACA law. ALEs are employers that are required to comply with the ACA's shared responsibility "employer mandate." Under the mandate, ALEs must offer affordable health insurance coverage – that provides minimum value (Bronze tier or better health plan coverage), and is at least Minimum Essential Coverage (MEC) – to all Full Time (FT) employees. ALEs must also offer at least MEC to FT employees' dependent children up to age 26.

To perform the calculation, the employer must evaluate its workforce size on January 1, by averaging its workforce count for all 12 months of the preceding tax year. For each month of 2020, the employer should count its FT employees and its Full Time Equivalent (FTE) employees, then average those 12 results to get its final workforce size. If the group size averages 50 or more FT + FTE, then it is an ALE for all of 2021 – meaning it must comply with the ACA's employer mandate for all of 2021, and must report on the coverage it offered (or didn't offer) in accordance with the mandate to the IRS in 2022. If it has fewer than 50 FT + FTE employees, it is not an ALE and is not mandated to offer health coverage in 2020 or report offers of coverage to the IRS.

Once determined, an employer's ALE status will remain in place for the entire calendar year going forward, regardless of fluctuations in its workforce size. January 1st is the only time an employer's ALE status can change.

The ACA considers an employee to be FT if he or she averages at least 30 hours of service per week or 130 hours of service per month. FTEs are fractions of FT employees who, when totaled together, equal the equivalent of one FT employee. To calculate

FTE count, total the part-time employees' hours of service for each month (using a maximum of 120 hours for each PT employee, even if he or she averaged 121-129 hours of service), and divide each month's total by 120.

ACA Reporting Responsibilities

If the employer determined on January 1, 2020, that it is an ALE for all of 2020, it must also report on the coverage it offered (or did not offer) to any person employed FT for one full calendar month of 2020. ALEs usually complete this reporting during December or January using IRS Forms 1095 and 1094.

Copies of IRS Form 1095 are due to employees on or before March 2, 2021, which is a 30-day extension of the former January 31, 2021, deadline. IRS Forms 1095 are due to the IRS on or before March 1, 2021, if submitting by paper, or March 31, 2021, if submitting electronically.

Note: The IRS may postpone one or more of these dates further, but employers should not assume date changes until officially announced by the IRS.

COBRA Group Size Calculation

Employers that sponsor health plans must also determine COBRA responsibilities annually on January 1, by evaluating workforce size under COBRA law. Unfortunately, it is a different (yet similar) calculation than the ACA's ALE count.

Employers that have employed at least 20 employees on 50% or more of the typical working days in 2020 are subject to Federal COBRA law for all of 2021 if they sponsor a group health plan(s).

Employers domiciled in California, with California group health plan(s), that have employed fewer than 20 employees on 50% or more of the typical working days in 2020 are subject to Cal-COBRA law for all of 2021.

When making the COBRA determination, both full-time (FT) and part-time (PT) employees are counted. Each PT employee counts as a fraction of a FT employee. To calculate PTs as FTEs in COBRA, the employer should total all PT employees' hours of service and divide it by whatever the organization considers to be full-time.

Continued on page 9



COIN COMPLIANCE CORNER

What Agents and Your Clients Need to Know!

HIPAA Privacy & Security Enforcement Updates—

By: Dorothy M. Cociu, RHU, REBC, GBA, RPA, LPRT

Although there was a lot of activity from HHS since the last issue, there was only one HIPAA Breach notice.

On October 28, 2020, Aetna agreed to pay \$1 Million to settle three potential HIPAA Privacy Breaches.

According to HHS/OCR, Aetna Life Insurance Company and the affiliated covered entity (Aetna) has agreed to pay \$1,000,000 to the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) and to adopt a corrective action plan to settle potential violations of the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. Aetna is an American managed health care company that sells traditional and consumer-directed health insurance and related services.

In June 2017, Aetna submitted a breach report to OCR stating that on April 27, 2017, Aetna discovered that two web services used to display plan-related documents to health plan members allowed documents to be accessible without login credentials and subsequently indexed by various internet search engines. Aetna reported that 5,002 individuals were affected by this breach, and the protected health information (PHI) disclosed included names, insurance identification numbers, claim payment amounts, procedures service codes, and dates of service.

In August 2017, Aetna submitted a breach report to OCR stating that on July 28, 2017, benefit notices were mailed to members using window envelopes. Shortly after the mailing, Aetna received complaints from members that the words "HIV medication" could be seen through the envelope's window below the member's name and address. Aetna reported that 11,887 individuals were affected by this impermissible disclosure.

In November 2017, Aetna submitted a breach report to OCR stating that on September 25, 2017, a research study mailing sent to Aetna plan members contained the name and logo of the atrial fibrillation (irregular heartbeat) research study in which they were participating, on the envelope. Aetna reported that 1,600 individuals were affected by this impermissible disclosure.

OCR's investigation revealed that in addition to the impermissible disclosures, Aetna failed to perform periodic technical and nontechnical evaluations of operational changes affecting the security of their electronic PHI (ePHI); implement procedures to verify the identity of persons or entities seeking access to ePHI; limit PHI disclosures to the minimum necessary to accomplish the purpose of the use or disclosure; and have

in place appropriate administrative, technical, and physical safeguards to protect the privacy of PHI.

"When individuals contract for health insurance, they expect plans to keep their medical information safe from public exposure. Unfortunately, Aetna's failure to follow the HIPAA Rules resulted in three breaches in a six-month period, leading to this million-dollar settlement," said OCR Director Roger Severino.

In addition to the monetary settlement, Aetna will undertake a corrective action plan that includes two years of monitoring. The resolution agreement and corrective action plan may be found at: <https://www.hhs.gov/sites/default/files/aetna-ra-cap.pdf>.

On December 14, HHS sent out a cyber-security notice from the Cybersecurity and Infrastructure Security Agency (CISA) related to Active Exploitation of SolarWinds Software, addressing an active exploitation of SolarWinds Orion Platform software versions 2019.4 through 2020.2.1, released between March 2020 and June 2020, which could

Active Exploitation of SolarWinds Software

Original release date: December 13, 2020

The Cybersecurity and Infrastructure Security Agency (CISA) is aware of active exploitation of SolarWinds Orion Platform software versions 2019.4 through 2020.2.1, released between March 2020 and June 2020.

CISA encourages affected organizations to read the SolarWinds and FireEye advisories for more information and FireEye's GitHub page for detection countermeasures:

- SolarWinds Security Advisory
- FireEye Advisory: Highly Evasive Attacker Leverages SolarWinds Supply Chain to Compromise Multiple Global Victims With SUNBURST Backdoor
- FireEye GitHub page: Sunburst Countermeasures

Check back next issue for more HIPAA Privacy & Security Updates! ##

**The
STATEment**

New from CAHU!

Have you read CAHU's new bi-monthly online magazine?

Check it out at <https://www.cahu.org/newsroom>.

OCAHU Virtual Sales Symposium

February 11- 12, 2021

OCAHU Virtual Sales Symposium

NAVIGATING THE NEW NORMAL



February 11 & 12, 2021

9 AM to 1 PM Each Day

Early Bird Fees: Register by Jan 29

Member: \$40 | Non-Member: \$60

After Jan 29

Member: \$60 | Non-Member: \$80

Registration closes on Feb 9

**2 Day Admission • CE's • Keynote
Speakers • Exhibits • Prizes**

For more information or to register
today: ocahu.org



Register Before January 29th

Member: \$40 | Non-Member: \$60

Register After January 29th

Member: \$60 | Non-Member: \$80

*** Agenda subject to change.*

| TIME | DAY 1 - FEBRUARY 11, 2021 | DAY 2 - FEBRUARY 12, 2021 |
|---------------|---|---|
| 7:30 - 8:00 | Exhibit Hall Open | Exhibit Hall Open |
| 8:00 - 8:20 | Welcome, OCAHU Business | Welcome, Pinnacle Award |
| 8:20 - 8:25 | Gold Partner Welcome | Gold Partner Welcome |
| 8:30 - 9:30 | CE Breakouts: Group: TBA Medicare: Senior Market Sales w/Craig Taylor | CE Breakouts: Group: <i>Leave Laws & Benefits</i> w/Marilyn Monahan Medicare: TBA |
| 9:30 - 9:45 | Break with Sponsors | Break with Sponsors |
| 9:50 - 10:00 | Platinum Partner Welcome | Platinum Partner Welcome |
| 10:00 - 11:00 | State Legislative Update CE w/ Faith Borges | National Legislative Update CE w/Marcy Buckner |
| 11:00 - 11:15 | Break with Sponsors | Break with Sponsors |
| 11:15 - 12:15 | Keynote Speaker: Russell Lehmann <i>Mental Health Speaker/Poet/Autism Advocate</i> | Keynote Speaker CE: <i>Insure Like a Leader, Not a Boss</i> w/Scott Diehl |
| 12:15 - 12:30 | Day's Conclusion | Raffles & Conclusion |

Our Event Sponsors:





Legislative Update:

What to Expect of Federal Regulations Post-Election

By: David Benson - OCAHU VP Legislation

The following article is written by Jessica Waltman, Principal of Forward Health Consulting

Since nothing is normal in 2020, Election Day decided to stretch itself out over two seasons this year. We won't know which political party will control the United States Senate until January. Still, as states move to certify their election results, it is clear that former Vice President Joseph R. Biden is the president-elect of the United States, and that Senator Kamala Harris is the vice president-elect.

Whether the Democratic Party controls Congress, or if we continue to have a divided government, will be a crucial consideration for the incoming Biden Administration. It will help drive the legislative agenda over the next two years. However, one of the executive branch's most significant powers is crafting, implementing and enforcing regulations. Federal rules are where the details live – you know the little things that make all the difference in health insurance benefits compliance. So, as the Trump Administration begins the process of wrapping up its work and the Biden Administration starts its transition, it's a good idea to review the regulatory agenda.

Items That Could Be Finalized by the Trump Administration

Every president rushes to get as many pieces of regulatory guidance out the door as possible before they pack up and leave 1600 Pennsylvania Avenue. President Trump is no exception. A few weeks ago, he finalized health plan transparency rules that will have an enormous impact on our industry for years to come. Some additional regulations waiting for release are new requirements for grandfathered health plans and two rules to create safe harbors for employer-sponsored wellness programs. Another measure that could be finalized, and would be very significant for NAHU members and their clients, is a proposed rule to add direct primary care and healthcare sharing ministry membership as IRC 213(d) qualified medical expenses. If the Trump Administration acts on any of these measures over the next few weeks, they will have the force of law right away. For each one finalized, there will be many compliance details to consider for the year ahead.

President Trump also seems geared to release significant new healthcare regulatory proposals over the next few weeks. One would tie Medicare Part B prescription drug prices to the international drug price index. The other two are the most significant annual catch-all rules outlining requirements

for Medicare and all private health insurance plans for the 2022 plan year. If any of these measures are published soon, then the Trump Administration will need to allow for a public comment period. Comment periods are generally at least 30 days long, and anything shorter needs legal justification. After that, they need to review all comments received and publish a final revised measure in the Federal Register. It would be a tough job to turn any one of these significant regulations around in the next 60 days, let alone all three. Still, it could be a way for President Trump to leave his final mark on our country's healthcare policy.

A valid question about regulations issued by any outgoing Administration is: How easily can a new president undo the work of the old? It's possible, but it's not like the chief justice gives the new president a magic eraser during the inauguration. Any president can act to revise or rescind existing regulations, but they have to go through formal regulatory channels first. The process includes conducting and legal research to justify the need for changing current rules, proposing a new measure, exposing it for public comment and possibly public hearing, reviewing those comments, and finally releasing a final rule. This process typically takes months, if not a year or more, to complete.

Another way to strike down a rule is through legislative action. The Congressional Review Act gives Congress the power to nullify a regulation once finalized, provided they act within legislative 60 days of its release. If Congress completes less than 60 days of work before adjourning, the regulation's time clock resets and the new Congress gets 60 more business days to review and vote. Since the CRA only allows Congress to strike a rule entirely and not revise it, they rarely use this power. There is no reason to believe that the 117th Congress will act differently than its predecessors when it comes to axing federal regulations.

Regulatory Priorities of the Biden Administration

President-Elect Biden's team has intimated that he, like his predecessor, plans to issue many executive orders on his first day of office. The list seems to include a few healthcare issues, particularly those related to COVID-19

Continued on page 9

What to Expect Post-Election, cont. from page 8

and public health response and resources. It's essential to keep in mind that executive orders do not generally have the force of law. Instead, they operate as a to-do list of sorts for the federal agencies under the president's control. They typically instruct an agency or department to take action on a particular topic by a specific deadline, either through the formal regulatory process (which does result in requirements with the force of law) or through the development of sub-regulatory guidance, programs or resources.

Expect the Biden Administration to take quick and direct regulatory action to change the Trump Administration's regulations regarding the Section 1557 nondiscrimination requirements of the Affordable Care Act (ACA). These rules were affected by the Supreme Court of the United States' decision in *Bostock v. Clayton County*, and several federal court orders are currently blocking their full implementation. Also, Trump Administration rules requiring separate billing for the portion of individual-market premiums attributable to coverage of abortion services, which is causing an administrative nightmare for many carriers and enrollees, are likely to go by the wayside. Other potential targets include the Trump Administration rules on short-term limited duration health insurance and Association Health Plans. The Biden Administration will also probably take steps to improve the promotion of the ACA health insurance marketplace-based coverage, perhaps by restoring funding for marketing efforts and lengthening or changing the open enrollment window. Another priority will be prescription drug price reduction measures, mainly through Medicare.

The Biden Administration will probably keep up the Trump Administration's efforts to promote value-based care and access to telehealth services. Both Administrations also oppose the practice of surprise balance billing. While the Trump Administration's recent regulations related to health plan and hospital pricing transparency may see some tweaks and implementation delays, it's unlikely they will go away for good. The next few months promise to be exciting from a health policy and compliance perspective. As soon as any of these measures are finalized, check back to this space for details and analysis. ##

Annual Benefit Compliance, cont. from page 5

Different benefits and administrative billing charges/fees on premiums are associated with Federal COBRA and Cal-COBRA, which makes it very important for the employer to make the determination accurately at the beginning of the year. An employer must generally notify its carriers and applicable COBRA Third Party Administrators (TPAs) of any changes to COBRA status as soon as the determination has been made.

Just like the ACA calculation, the employer remains in its COBRA category for the entire calendar year – regardless of future fluctuations in workforce size.

IRS Controlled Groups

If an employer has ownership in multiple businesses, its employees can be combined for purposes of determining group size – even if the businesses have separate tax IDs and are otherwise not related.

It is critical for a tax professional to make this determination for employers in accordance with IRC Section 414, subparagraphs (b), (c), (m), and (o).

California's Individual Mandate Continues in 2021

It is also important to note that California is continuing its state individual mandate in 2021 and into the foreseeable future. The mandate requires all Californians to carry qualifying Minimum Essential Coverage (MEC) for the tax year, obtain an exemption, or pay a tax-penalty when filing California state tax returns. A one-time break in coverage is permitted for up to three months.

California recently released a calculator to help Californians understand potential non-compliance penalty exposure in accordance with this mandate, which began January 1, 2020.

Most other states do not have individual mandates. The federal ACA individual mandate applies to all 50 states; however, the non-compliance penalty is set at \$0.00 as of 1/1/2019. ##

Looking for COVID-19 Resources or Information?

State Resources

CAHU's COVID section is a great resource to use when looking for information that is state specific. There are helpful links, videos, posters and more. Please visit <https://www.cahu.org/covid-19-information> for more information.

National Resources

NAHU is helping members stay up to date with the latest on the COVID-19 Pandemic. They have developed a page on their website to house information on different areas where the crisis has affected. They also have a webinar series with previous recordings accessible. Please visit <https://nahu.org/coronavirus-information> for more information.



Pastathon: Feeding Kids in America

By: MaryAnna Trutanich, RHU, CHRS

On December 4th, OCAHU sponsored a Pastathon Drive Thru from 10:00am-2:00pm, for Caterina Club.

It all started with Mamma Caterina. Bruno and his mother, Caterina, visited the Boys and Girls Club of Anaheim down the street from his restaurant (Anaheim White House), where his mother noticed that there was a 6-year old boy eating potato chips for dinner, because his family couldn't afford a proper meal. Caterina insisted that Bruno make some pasta for the child. They soon realized that there were many more of these hungry 'motel children', so Bruno began making pasta for 72 children, 5 nights a week, giving birth to our program "Feeding the Kids in America". Today, that event has expanded to feeding over 25,025 children a week.

OCAHU would like to thank all of you who came by to donate, the members of our board who participated in the event and a special thank you to Mark Cormany who donated 25 cases of pasta. Caterina called me later that evening so shocked and so appreciative of the amount we collected. It was over 1,100 pounds of pasta! ##



Board Members volunteering at Pastathon 2020



January Meeting: CE Webinar

January 13, 2021

ACA IRS Reporting: Don't Fear the Forms

1-HR CEU | Course: 334132

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
► Information about Form 1095-C and its separate instructions is at www.irs.gov/1095

Part I Employee

1 Name of employee

2 Social security number (SSN)

3 Street address (including apartment no.)

4 City or town

5 State or province

6 Country and ZIP or foreign postal code

7 Name of employer

8 Street address (including apartment no.)

9 City or town

10 State or province

11 City or town

Part II Employee Offer and Coverage

14 Offer of Coverage (enter required code)

15 Employee Share of Lowest Cost of Premium

| | All 12 Months | Jan | Feb | Mar | Apr | May | June |
|---|---------------|-----|-----|-----|-----|-----|------|
| 14 Offer of Coverage (enter required code) | | | | | | | |
| 15 Employee Share of Lowest Cost of Premium | | | | | | | |

This course dives into complex ACA reporting to the IRS for Applicable Large Employers (ALEs) - including information on the California Individual Mandate. We discuss group size and FTE counts, look at Forms 1094 and 1095, show you how to use differing IRS codes to report on coverage offers (required for anyone employed FT for at least one full month of the reporting year), and talk about who reports what - and why - and more. Don't fear the forms!

Wednesday, January 13, 2021 | 2 to 3 PM

Cost to Attend: Member \$0 | Non-Member \$10



SPEAKER:

Rene Gonzalez
Compliance Associate
Word & Brown

Register @ ocahu.org

With more than 14 years of experience in the health insurance industry, Rene has spent nearly half a decade working directly with brokers and employers on all-things compliance in the employee benefits space. Rene is a recognized speaker and subject matter expert on the Affordable Care Act, and he champions the Word & Brown Compliance team.

Not a member?
Join us today!

Contact John Evangelista at

☎ (949) 452-92019

✉ john.evangelista@coloniallifesales.com



Determining Employer ACA Affordability for 2021

By: Paul Roberts - Director of Education & Market Development, Word & Brown

Applicable Large Employers, also known as “ALEs,” are employers that average 50 or more Full Time (FT) + Full Time Equivalent (FTE) employees, as of January 1st annually, according to all 12 months of the preceding tax year. ALEs must comply with the ACA’s employer mandate.

Under this mandate, ALEs must offer affordable health insurance coverage – that provides Minimum Value (MV) of Bronze or better health plan coverage, and is at least Minimum Essential Coverage (MEC) – to all FT employees. ALEs must also offer at least MEC to FT employees’ dependent children up to age 26.

Calculating the “affordability” of employees’ health plans under the Affordable Care Act (ACA) is arguably one of the most challenging components of compliance for ALEs.

Setting Affordability at the Beginning of a Plan Year

ALEs should carefully evaluate and set the costs of employees’ health insurance plans before employees are offered their plans, in order to ensure compliance with the ACA’s employer mandate. An ALE that does not offer affordable coverage in accordance with the mandate can be penalized as much as \$4,060 per FT employee in 2021.

Affordability is based on the lowest cost MEC/MV plan offered to the employee – at the “employee only” rate. It is not based on the plan the employee actually enrolls in. Additional rates for spouse or dependents are not considered in the affordability calculation. As long as the lowest-cost MEC/MV plan rate does not exceed a certain threshold percentage per year, based on any of the ACA’s three safe harbors, the plan is considered affordable. The affordability percentages for 2020 and 2021 are as follows:

- **Affordability for plan years beginning in 2020 is 9.78%.**
- **Affordability for plan years beginning in 2021 is 9.83%.**

Affordability is based on plan year, not calendar year. For example, a plan with a 12/1/2020 effective date will use the 9.78% ratio for 12/1/2020 – 11/30/2021. Then on 12/1/2021, the 9.83% ratio will be used through 11/30/2022.

ACA Affordability Safe Harbors for ALEs

The ACA allows employers to base affordability – according to the lowest cost (after-employer contribution) MEC/MV plan offered to employees – based on any of the following safe harbors:

- The employee’s Rate of Pay
- The employee’s corresponding W-2 Box 1 income for the corresponding year (generally as of the first day of the plan year)
- Federal Poverty Level (FPL)

Safe Harbor Option 1 – Employee’s Hourly Rate of Pay

Employers calculate affordability under this scenario in one of two different ways, according to whether the employee is paid on an hourly or salary basis.

For salaried employees, ALEs can use employees’ actual monthly salaries as of the first day of the coverage period. That monthly amount is multiplied by the plan year’s affordability percentage threshold in order to determine the maximum monthly premium an employee can be charged for the plan, at the employee-only rate, under this safe harbor.

For hourly employees, affordability must be calculated using the employee’s rate of pay at the beginning of the plan year. However, the employer should make an adjustment to this calculation during the plan year if an employee experiences a decrease in pay. Furthermore, the employer must calculate an hourly employee’s rate of pay under this safe harbor at 130 hours/month, even if the hourly employee provides more than 130 hours of service per month – which is very common.

As a reminder, the ACA considers an employee to be FT if he or she averages 30 hours of service per week, or averages 130 hours of service per month.

Safe Harbor Option 2 – Employee’s W-2 Box 1 Income

ALEs utilizing this Safe Harbor can multiply a FT employee’s W-2 Box 1 income for the same corresponding tax year by the applicable ACA affordability percentage to determine affordability. This means ALEs determining affordability under this safe harbor will have to do so in advance of an employee actually earning his or her future W-2 Box 1 income.

ALEs desiring to set affordability under this safe harbor usually only do so for salaried employees with constant salaries that do not change throughout the year. However, it’s worth noting that W-2 Box 1 income generally excludes employee-paid taxes, and contributions to employee benefits plans [including 401(k), etc.] that may vary throughout the year.

Continued on page 13

Determine ACA Affordability, cont. from page 12

Safe Harbor Option 3 – Federal Poverty Level (FPL)

ALEs can set contributions under this Safe Harbor by using the FPL that is in effect six months prior to the beginning of their plan year to set employee contributions in accordance with ACA's affordability parameters.

As long as the employee's lowest cost (after employer contribution) MEC/MV plan, at the employee only rate, does not exceed the ACA affordability threshold when applied against the FPL, the plan is considered affordable. Many ALEs desire to use this safe harbor method if they can afford to do so, because it greatly simplifies ACA reporting.

The federal poverty level in effect for plan years beginning January 1, 2021, through June 15, 2021, is \$12,760.00/year or \$1,063.33/month for a single person household. Under this safe harbor, a plan is considered affordable if the lowest-cost MEC/MV option, at the employee-only rate, does not exceed \$104.52/month.

The Department of Health and Human Services (HHS) usually releases new FPL numbers in the early winter and summer months, and will likely release the FPL for plan years beginning July 1, 2021, around February 2021. ##



Are you contributing to CAHU-PAC?

This is a pivotal year for our industry. Consider contributing so your voice can be heard at our state's capitol. CAHU-PAC is working for your best interest and those of your clients.

To start contributing copy the form on page 21 of this issue and mail to

CAHU today!

Thanks for your participation!

Orange County loves Oscar!

- ✓ **Our small group rates are stable and competitive.** Year over year, our Q1 2020 rates increase by less than 1% (.9%).
- ✓ **Our provider network is strong** - 14,000 physicians and top hospitals like Hoag and Mission.
- ✓ **All Oscar plans get all the Oscar perks.** Access to free and unlimited Doctor on Call, Step Tracking, and dedicated Concierge team.
- ✓ **More ways to sell Oscar!** Oscar Small Group is also available on CaliforniaChoice, and now, on Covered California Small Business!



Contact Rachael Jones at rachael@hioscar.com or visit hioscar.com to learn more.

oscar

OCAHU Board of Directors and Staff 2020-2021

Contact Information

EXECUTIVE BOARD



PRESIDENT

MaryAnna Trutanich
Kaiser Permanente
Tel: (626) 824-8962
maryann.m.trutanich@kp.org



PRESIDENT-ELECT

Jo Ann Vernon
BXA
Tel: (720) 989-4950
jvernon@bxall.com



IMMEDIATE PAST-PRESIDENT

Ryan Dorigan
Tel: (951) 422-7005
ryan.dorigan@gmail.com



VP of COMMUNICATIONS & PUBLIC AFFAIRS

Jennifer Holmberg, MAOM, GBA
Risk Strategies
Tel: (714) 325-1170
jholmberg@risk-strategies.com



VP of FINANCE/SECRETARY GOLF & SENIOR SUMMIT CHAIR

Juan Lopez
Colonial Life / AGA
Tel: (714) 357-0600
juan.lopez1@me.com



VP of LEGISLATION

David Benson, LUTCF
DCB Insurance Services
Tel: (949) 328-9110
david@dcbins.com



VP of MEMBERSHIP

John Evangelista, LPRT
Colonial Life
Tel: (949) 452-9206
John.evangelista@coloniallifesales.com



VP of POLITICAL ACTION

John Austin
CHOICE Administrators
Tel: (714) 542-4200
jaustin@choiceadmin.com



VP of PROFESSIONAL DEVELOPMENT

Paul Roberts, BBA
Word & Brown
Tel: (800) 869-6989
proberts@wordandbrown.com



EXECUTIVE DIRECTOR

Gail James Clarke
Gail James Association Mgmt.
Tel: (714) 441-8951, ext. 3
orangecountyahu@yahoo.com

GENERAL BOARD MEMBERS



AWARD/HISTORIAN

Sarah Knapp
Colonial Life
Tel: (949) 463-8383
sarah.knapp@coloniallifesales.com



MEMBER RETENTION

Briana Hudson
Dickerson Insurance Services
Tel: (714) 420-8995
briana@dickerson-group.com



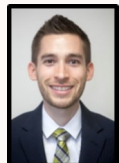
MEMBER RETENTION

Gonzalo Verduzco
Word & Brown
Tel: (714) 345-2558
gverduzco@wordandbrown.com



PUBLIC SERVICE & WIB CHAIR

Patricia Stiffler, LPRT
Options in Insurance
Tel: (714) 695-0674
keystonepatty@aol.com



VANGUARD

David P.B. Ethington
Integrity Advisors
Tel: (714) 664-0605
david@integrity-advisors.com



SOCIAL MEDIA

Brett Buettner
Buettner Insurance Agency
Tel: (714) 377-0600
brett@biabenefits.com



CORPORATE CHAIR

Jim Douglas
Health Sync Insurance
Tel: (714) 222-2411
jim@healthsyncinsurance.com

Why Get Involved in OCAHU?

- Learn more about our industry
- Become a better consultant to help your clients
- Network with professionals in all areas
- Be a resource to your colleagues
- Make an impact with legislation

NAHU 2021 Capitol Conference

February 22- 24, 2021



Register now for our annual Capitol Conference. This conference may be the most important ever. This year the conference will be virtual. Be a part of helping our industry with important changes and join your NAHU colleagues from every part of the country as we gather to make a difference in the health-reform debate.

Event Agenda

Monday, February 22

10:00 a.m. - 11:00 a.m. — Meet the Sponsors

11:00 a.m. - 2:00 p.m. — General Session

- Welcome
- Introductions of NAHU Board of Trustees, HUPAC Board of Trustees, and NAHU Legislative Council
- Expectations of Event
- Briefing from NAHU Government Relations Staff on federal priorities
- Keynote
- Legislative Open Forum and Town Hall

2:00 p.m. - 3:00 p.m. — Break with Sponsors

3:00 p.m. - 4:00 p.m. — Regional Meetings

4:00 p.m. - 5:00 p.m. — Breakout Meetings for:

- State and Local Legislative Chairs
- HUPAC Chairs
- Media Chairs

5:00 p.m. - 6:00 p.m. — Break with Sponsors

5:00 p.m. — Pre-Recorded Breakout Sessions go Live to be Accessed Through-out Conference

- **Quality and Price:** These sessions will focus on transparency, direct primary care and prescription drug costs.
- **Innovation and Creativity:** These sessions will include NAHU's Think Tank competition, the Compliance Now blog and other interactive presentations.
- **Medicare:** These sessions will focus on innovations in the Medicare market, how the pandemic has changed the delivery of care through telehealth, and new legislative proposals that could affect long-term care insurance.
- **Market Changes:** These sessions will cover changes in the employer market, how Congress is tackling surprise billing, and how state and federal policymakers are pursuing different types of public option proposals.

Tuesday, February 23

10:00 a.m. - 11:00 a.m. — Break with Sponsors

11:00 a.m. - 2:00 p.m. — General Session

- Speakers will include members of Congress, the Administration and nationally recognized thought leaders working to stabilize the health insurance market.

2:00 p.m. - 5:00 p.m. — Lobbying on Capitol Hill

- Member-arranged visits with Congressional representatives.

Wednesday, February 24

9:00 a.m. - 11:00 a.m. — Lobbying on Capitol Hill

- Member-arranged visits with Congressional representatives.

10:00 a.m. - 11:00 a.m. — Break with Sponsors

11:00 a.m. - 2:00 p.m. — General Session

- Speakers will include members of Congress, the Administration and nationally recognized thought leaders working to stabilize the health insurance market.

2:00 p.m. - 5:00 p.m. — Lobbying on Capitol Hill

- Member-arranged visits with Congressional representatives.

5:00 p.m. - 6:00 p.m. — NAHU Power Hour

- Connect with members across the country to network and discuss your experiences at this year's Capitol Conference.

Thursday, February 25

Chapters may continue to make appointments with their members of Congress and lobby on Capitol Hill if they were not able to schedule their meetings during the previous days.

Note all times listed are Eastern Time Zone. Sessions will be recorded for later viewing.

*We'd like to welcome
the newest members of
OCAHU!*

Jonathan Close

Membership News

Your employees' health is key to your bottom line.

The last thing you should have to worry about is your employees' health. With Covered California for Small Business, we help tailor health plan options so your employees can get the coverage they want at a price that fits their budget and yours. Give your employees peace of mind and financial protection by offering them quality health insurance with access to doctors and hospitals that fit their needs – letting you focus on your bottom line.



**COVERED CALIFORNIA
SMALL BUSINESS**

CoveredCA.com/ForSmallBusiness | 844.332.8384



blue of california

Health Net

KAISER
PERMANENTE

oscar

SHARP
HEALTH PLAN

Insurance companies vary by region. Oscar coverage will be available starting January 1, 2020.

Helping your clients save money has never been easier!

Learn more about Beam
at beam.broker/OCAHU

beam[®]
smarter dental care

BSM-0130-2019





Open Enrollment is Done, What Now?

By: Jennifer Holmberg, MAOM, GBA - OCAHU VP Communications & Public Affairs

The busiest time of year in our industry is coming to a close. Once renewals are negotiated, decisions are made and Open

Enrollment meetings are conducted, there is still additional work to be done. One of the most important parts of the renewal process is the clean-up phase. Taking the proper measures to ensure your groups are set up correctly will allow your clients to have a smooth and successful year. In doing so, you are also setting yourself up for success. What is involved in the clean-up phase? For the most part, auditing.

Conducting an audit after Open Enrollment closes is a great best practice. It is important to audit the first invoice to ensure the proper plans were renewed with the correct rates. If clients don't make decisions on time, it is highly likely that the first invoice will not contain accurate renewal information. Many brokers depend on the client to conduct this auditing, as they are the ones that obtain the monthly invoices from their carriers. However, oftentimes the client will not know what to look for or may not catch certain mistakes early enough if at all. Should the client catch an error six months into the plan year, it may be difficult to fix. Not to mention, they will look to the broker and wonder why they didn't catch it.

The invoices should also be audited to ensure all Open Enrollment changes at the member level were processed thoroughly. Most carriers are very strict on their retroactive policy for enrollments, terminations and changes. The normal timeframe to go back and make these changes is 30 days from the effective date. There are a few carriers that will allow a 60-day retro guideline. If an error is left uncorrected, at some point it may affect an employee's claims. Going back and having claims

reprocessed could be a nightmare. The sooner auditing is done, the better for all parties.

The last piece of the audit involves reviewing the new plan year contracts. There is canned language that cannot be changed in the contracts themselves, but there are variables that should be reviewed to ensure they reflect correctly for the client. Some of these variables include: waiting period, eligibility of dependents, domestic partner selection, and benefit termination rules. For ancillary policies, the plan design and plan provisions should be reviewed, especially when a new policy was purchased during the renewal. Ensuring accuracy in contracts will allow for proper claims and eligibility processing throughout the year. ##

ease

Grow Your Agency Like Never Before

Spend less time manually submitting Open Enrollment and mid-year changes to your carriers. Make submissions faster, more accurate, and more secure with Ease's carrier connections.



Simple connection setup



Enrollment submitted directly to carriers



Businesses down to 2 employees



Easily add new lines of coverage

With more than 4,000 connected groups, Ease is leading in innovation and carrier connections. Ready to transform benefits administration?

Contact us at requestinfo@ease.com or 1-800-446-EASE, let us know you saw this ad at OCAHU, and get 10% off a new subscription!*

*10% discount can only be applied to new subscribers, upgrades not eligible for discount.

177202-DM



Changing Employer Benefit Contributions Mid-year

*By: Paul Roberts - OCAHU VP Professional Development &
CAHU VP of Public Affairs*

Many employers grappling with the harsh impact of the COVID-19

pandemic on their businesses are considering different, and often drastic, ways to keep their doors open and their businesses afloat. Businesses sponsoring employee benefit plan options may feel inclined to consider reducing the employer contributions made to employees' health insurance plans mid-year, in an effort to reduce spending. While this may seem like an attractive possibility at first glance, there are deep compliance ramifications to be aware of when your clients are considering this option. Changing or reducing the employer contribution mid-year, outside of Open Enrollment, can open the employer up to several compliance challenges in the employee-benefit space.

ERISA Plan Documents

Before the employer considers this option, it should first turn to its ERISA Summary Plan Descriptions (SPDs) and Plan Documents – which almost all employers must create under federal ERISA law. ERISA SPDs are legal documents that detail plan eligibility, plan funding, employer contributions, pre-/post-tax information, etc., to employees in a language that can be understood by most/all employees. The employer should carefully follow its own rules for the plan – if it has them in ERISA documents. If the employer does not have rules and ERISA SPDs, the employer should work to create some immediately, so it can meet federal requirements and have legal documentation for its employer contribution and general health plan administration.

Some employers opt to include employer contribution information in employee handbooks, which can be helpful to both the organization and its employees. However, ERISA SPDs are the legal documents that contain all relevant plan information – and it is imperative for employers to follow their own rules created in their plans. If employers make changes to information contained in ERISA SPDs, an ERISA Summary of Material Modification document summarizing the change(s) must be created and distributed to employees within 210 days after the conclusion of the plan year in which the change is made.

ACA Requirements

The Affordable Care Act (ACA) requires additional mid-year notification requirements and considerations, on top of ERISA's requirements. The ACA requires employers to give 60-days ad-

vanced notice of plan changes (including employer contribution changes) before implementing them, unless the change is made at Open Enrollment. This notice is called the ACA's 60 Day Advanced Notice of Material Modification. It only applies when changes are made to a plan in the middle of a plan year.

Enrollment Changes

When employee costs for plans change mid-year, employees must be given the right to change their health plans – essentially creating a mini open enrollment for the employer's affected employees. This is due to the change in cost of the plans, and related personal affordability for such plans for employees and their families.

Employers desiring to make changes to contributions mid-year should consult their health insurance carrier(s) first to notify them of the change, and so carriers can approve and permit mid-year changes to plans as part of the mini Open Enrollment. Carriers are not required to allow this type of change, but can at their discretion. If the change is granted, additional Open Enrollment paperwork should be created – including relevant deadlines assigned by the carrier in order to implement this change.

Premium Only Plan (POP) Considerations

If employees drop their health coverage mid-year as a result of this change, it could have implications on an employer's Premium Only Plan (POP) – which allows an employer to withhold pre-tax dollars from employees' paychecks for health premiums. POPs have annual nondiscrimination testing requirements, which ensure key employees and executives don't take up a significant majority of pre-tax dollars. An exodus of employee participation from the health plan could trigger challenges with this nondiscrimination compliance requirement for a POP. Also, note that a change in the cost of premium generally allows an employee to change or revoke his or her plan elections made with pre-tax dollars utilizing a POP.

Employee Perception

Employers should also consider employees' potential responses and perceptions regarding a mid-year contribution

Continued on page 19

Changing Employer Contributions, cont. from page 18

change. Employees can generally assume the coverage and costs presented to them at annual Open Enrollment will remain in place throughout the entire plan year. As a result, they make their health choices based on the costs and benefits presented to them – and are likely utilizing their plans mid-year, especially with the pandemic.

If the change in contribution causes employees the need to change plans due to cost, then their medical treatment could be disrupted due to the plan/network changes. Furthermore, if employers implement these changes without getting carrier approval to allow a mini Open Enrollment, and/or if employers do not properly notify employees of these changes in accordance with the law, it could be especially problematic. Employees could respond by bringing a civil lawsuit against the employer, which often carries some of the biggest liabilities to employers in the compliance space.



Health Net is
proud to support
OCAHU.

Providing communities with
affordable health coverage for 40 years.

Coverage for every stage of life™

Health Net is a registered service mark of Health Net, LLC. © 2019 Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC. All rights reserved.

Benefits Made Easy *without sacrificing service*

FSA | HSA | HRA | COMMUTER
COBRA | DIRECT BILLING | SPECIALTY

Contact Your Local Expert!

Justine Sobczyk
Regional Sales Manager

✉ jsobczyk@benefitresource.com

☎ (720) 256-9952

in [linkedin.com/in/justinesobczyk](https://www.linkedin.com/in/justinesobczyk)



www.BenefitResource.com



Legal Guidance Recommended

Because of the complexity of the overlapping laws and considerations here, legal counsel is highly advised to ensure full compliance with the law according to the employer's own specific circumstances. The employer should also consider consulting a CPA who can speak to any related tax implications, which a change may have on the employer's business. ##

Follow OCAHU on Social Media!



<https://www.facebook.com/OCAHU/>



<https://www.linkedin.com/groups/4100050/>



<https://twitter.com/orangecountyahu?lang=en>



WHAT IS THE **ANNUAL VALUE** OF NAHU MEMBERSHIP?



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

**[http://nahu.org/resources/publications/
podcasts](http://nahu.org/resources/publications/podcasts)**

Ease Broker Blog

Did you know Ease has a blog with valuable information that can help you and your clients? This blog is not focused on their specific technology, but some of the important topics surrounding the broker community. Below are a few recent blogs.

- AI for Insurance Brokers to Get Ahead of the Competition
- Marketing Automation Advantages for Insurance Agents
- Open Enrollment Trends for 2020: Ease's Q4 Preparedness Report
- Open Enrollment Communication Tips for Insurance Brokers
- Health Insurance Quoting Software to Increase Enrollments
- A Broker's Guide to Helping Employers Navigate COVID-19

If you're interested in reading more please [visit **www.ease.com/blog/**](http://www.ease.com/blog/) and subscribe to get updates of new blog postings.

CAHU Podcast Series

Check out CAHU's new Podcast Series at: [http://**anchor.fm/cahu**](http://anchor.fm/cahu) and [https://**www.cahu.org/our-issues**](https://www.cahu.org/our-issues) or on Spotify! (search CAHU) or at cahu.org. Designed to allow CAHU members to share with their office staffs, employer clients and consumers!



You Are Not Alone!
Join Us.



California Association of Health Underwriters Political Action Committee
2520 Venture Oaks Way, Ste 150
Sacramento, CA 95833
FPPC # 892177

CAHU PAC CONTRIBUTOR COMMITMENT FORM

LAST NAME FIRST NAME MIDDLE

OCCUPATION (Required for FPPC reporting purposes)

EMPLOYER (if self employed, name of business; Required for FPPC reporting purposes)

WORK ADDRESS (Please provide street address only, no P.O. Boxes) ☐ Check if address for Credit Card

CITY, STATE, ZIP PHONE FAX

HOME ADDRESS (Please provide street address only, no P.O. Boxes) ☐ Check if address for Credit Card

CITY, STATE, ZIP PHONE FAX

CONTACT EMAIL ADDRESS LOCAL CHAPTER

PRECIOUS GEM STONE CONTRIBUTION LEVELS

| Levels | Annual | Monthly Minimum | Diamond Levels | Annual | Monthly Minimum |
|----------|---------------|-----------------|----------------|-------------------|-----------------|
| Ruby | \$250 - \$499 | \$21/month | One Star | \$1,000 - \$1,999 | \$85/month |
| Emerald | \$500 - \$719 | \$42/month | Two Star | \$2,000 - \$2,999 | \$170/month |
| Sapphire | \$720 - \$999 | \$60/month | Three Star | \$3,000 - \$3,999 | \$250/month |
| | | | Four Star | \$4,000 - \$4,999 | \$340/month |
| | | | Five Star | \$5,000 - \$6,000 | \$420/month |

NOTE: POLITICAL CONTRIBUTIONS ARE REPORTED TO THE FPPC. YOUR NAME, AS A CONTRIBUTOR, WILL BE A MATTER OF PUBLIC RECORD.

PAYMENT METHOD: (attach check or select method below)

| Payment Method | Card or Account # | Exp. Date | Security Code | Monthly Amount | One-Time Contribution |
|--------------------------|------------------------------|-----------|---------------|----------------|-----------------------|
| Check Enclosed | | | | | \$ |
| Visa/MC/Amex | | | | \$ | \$ |
| Auto-checking withdrawal | PLEASE ATTACH A VOIDED CHECK | | | \$ | |

Bank Draft / Credit Card Authorization: I (we) hereby authorize the CAHU PAC to initiate debt entries to my (our) checking account and or credit card. Monthly or one-time debits to be made as shown above. Monthly contributions will continue to be drawn until CAHU PAC is notified in writing to cease. I understand that if I should request changes to the amount withdrawn or a cancellation of these charges that it may be 30 days before these changes to become effective.

Signed: _____ Date: _____

Please return this PAC Commitment Form to:
Mail: CAHU PAC 2520 Venture Oaks Way, Ste 150, Sacramento CA 95833
FAX: (916) 924-7323 Questions: (800) 322-5934

Revised: 10/2019

SPECIAL THANKS TO OUR ANNUAL CORPORATE SPONSORS!

Platinum Level



Gold Level

Word&Brown®



Silver Level

ease

oscar

Bronze Level





Why should you sell Medicare Advantage?

Because 10,000 seniors turn 65 every day.

PARTNER WITH AGA

Field marketing organizations (FMOs) can provide key support to help independent agents grow a successful career.

As an award-winning FMO, AGA offers several benefits for independent agents:

- 50% of your marketing budget paid for*
- Lifetime renewals with most carriers
- Multiple lead programs and community events*
- Specialized administrative departments

CALL US TODAY: 1-844-SALES-UP
or visit us online at: www.appliedga.com

*some restrictions apply





1442 E. Lincoln Ave., PMB 441
Orange, CA 92865-1934

Prsrt Std

US Postage
PAID
Alert Direct
Mail



[linkedin.com/groups/4100050](https://www.linkedin.com/groups/4100050)



facebook.com/OCAHU



[@OrangeCountyAHU](https://twitter.com/OrangeCountyAHU)

Special Thanks to our new OCAHU Sponsors!



For Additional OCAHU Sponsors, See Page 22!

- THE C.O.I.N. -

Please join us at our events!

SCHEDULE OF EVENTS:

Due to COVID-19, most of our in-person events have been rescheduled to a later date. Stay tuned for updates as CA starts to re-open.

January 13, 2021

January Meeting: Webinar with CE Credit

February 11 - 12, 2021

Sales Symposium, LOCATION: Virtual

February 22 - 24, 2021

NAHU Capitol Conference, LOCATION: Virtual

April 19, 2021

OCAHU Golf Tournament, LOCATION: Aliso Viejo