The Infinitus Group

MEDICARE - GROUP - INDIVIDUAL - P&C

Monthly Newsletter

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As of February 2025, several Medicare carriers have announced reductions or eliminations of commissions for insurance agents on specific plans. Notable insurers such as Aetna, UnitedHealthcare, Cigna, Wellcare, Humana, and Wellpoint/Elevance/Anthem have ceased paying commissions on certain Medicare Advantage and Part D plans. (insurancenewsnet.com)

Reasons for Commission Reductions:

- 1. Financial Adjustments Due to Legislative Changes: The Inflation Reduction Act introduced measures like a \$2,000 annual cap on out-of-pocket prescription drug expenses, no cost-sharing for adult vaccines, and expanded low-income subsidies. These changes have financial implications for carriers, prompting them to adjust their compensation structures to maintain stability. (ritterim.com)
- 2. Regulatory Reforms by CMS: The Centers for Medicare & Medicaid Services (CMS) have redefined agent and broker compensation to include all forms of payment, such as administrative fees and commissions. This redefinition aims to standardize earnings and eliminate variability in payments, leading carriers to reassess and, in some cases, reduce agent commissions. (sidley.com)
- 3. Market Dynamics and Profit Margins: Carriers cite the need to maintain financial stability amid changing market conditions and regulatory requirements. By reducing or eliminating agent commissions, they aim to control costs and preserve profit margins.

 (insurancenewsnet.com) (see Sells Portfolio page 2)





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Sales Portfolio (continued from page 1)

Specific Commission Changes:

- 4. Medicare Part D Plans: Some carriers have stopped paying commissions on Part D plans, affecting agents' earnings and potentially limiting beneficiaries' access to professional guidance. (insurancenewsnet.com)
- 5. Medicare Advantage Plans: Certain carriers have made select Medicare Advantage plans non-commissionable for 2025, meaning agents will not receive commissions for new enrollments in these plans. (ritterim.com)

These developments have raised concerns among agents and industry associations, who argue that reducing commissions may limit beneficiaries' access to personalized assistance and negatively impact their ability to make informed healthcare decisions. (advocacy.naifa.org)

Expand Your Sales Portfolio With The Infinitus Group

As the insurance landscape evolves, staying competitive means diversifying your portfolio to meet the varied needs of clients. The Infinitus Group provides agents with the solutions and products necessary to expand their offerings and maximize growth.

By partnering with The Infinitus Group, you can enhance your business with a comprehensive suite of products, including:

- **Group Insurance** Offer tailored benefits to businesses of all sizes.
- **Life Insurance** Provide financial security with term and permanent Policies.
- Final Expense & Pre-Need Help families plan for the future with ease.
- Discount Plans Affordable alternatives to traditional coverage.
- **Worksite Benefits** Supplemental solutions to protect employees and their families.
- **Ancillary Products** Dental, vision, accident, and more to round out benefit packages.
- **Property & Casualty** (P&C) Expand into home, auto, and commercial coverages.

With a diverse portfolio, expert support, and innovative solutions, The Infinitus Group equips agents to succeed in an ever-changing market. Don't miss the opportunity to grow your business and serve clients more effectively.

Thanks for being a part of The Infinitus Group and when you are ready to take your sales to the next level, join us for one of our sales training classes.

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Dr. Oz Vows To Sell Healthcare Stocks Once Confirmed To Run CMS

Mehmet Oz, M.D., says he will divest from insurers, providers and drugmakers if he earns confirmation from the Senate to run the Centers for Medicare & Medicaid Services (CMS), new ethic disclosure filings show.

Oz, a cardiothoracic surgeon and onetime television host who mounted an unsuccessful run for a Pennsylvania Senate seat, holds stock in UnitedHealth Group, HCA Healthcare, Abbvie, Eli Lilly, Cencora, Danaher and McKesson. He also holds stock in tech companies Alphabet, Amazon, Apple, Meta, Microsoft and Nvidia as well as healthcare startups.

His assets are worth anywhere from \$95 million to \$334 million. Each asset falls within a range but is not listed as a specific value, leaving the exact value of his assets as unclear.

Disclosures from his Senate campaign run showed Oz once owned up to \$500,000 in UnitedHealth Group (UNH) stock and up to \$100,000 in CVS stock. He now owns up to \$600,000 in UNH but nothing in CVS. He also holds up to \$100,000 in HCA Healthcare and Abbvie. Oz has up to \$26 million in Amazon

A filing (PDF) details the numerous companies he will resign from. Oz will divest partnership equity in Cardiology Partners, a healthcare practice, as well as divest or forfeit class P2 units.

Related

TV personality and surgeon Dr. Oz nominated to run Medicare, Medicaid He will also resign as an advisor to nutritional supplement company iHerb, artificial intelligence company and Alphabet spinoff Sandbox AQ, botanical product company Housey Pharma and the American Association of Thoracic Surgery.

He will keep a financial interest in Oz Property Holdings, Oz Media and iHerb Oz Partners but resign from his positions with each group.

As for his positions on several production companies, he will keep his role but not receive compensation for any services.

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Medicare Falls Short: U.S. Seniors Struggle More Than Peers Abroad to Afford

Since its beginning in 1965, Medicare has been a bright star in American social progress. But it was not set up to pay for all medical expenses of seniors. They can buy supplemental insurance to cover the costs that Medicare doesn't, and in recent years they have been able to choose an alternative, marketed as Medicare Advantage, that offer some protections.

The question explored here is not which option is best, but how well U.S. seniors fare medically and financially when compared to their peers in other wealthy countries. A recent study from The Commonwealth Fund, a New York philanthropic organization with a long history studying Medicare, suggests the answer is: not very well.

The Fund found that American seniors have a harder time affording their health care than seniors in most of the other countries they studied – Australia, Canada, France, Germany, the Netherlands, New Zealand, Sweden, Switzerland and the United Kingdom.

"The study shows that most people on Medicare are getting the care they need, but an important share is not, and they are postponing or skipping care altogether," says Gretchen Jacobson, one of the study's authors. "Overall, 8% of people over 65 needed treatment but did not get it because of costs."

The high out-of-pocket costs Medicare requires – the 20% of the bill they must pay if they don't have a supplemental policy – is a substantial impediment to care. The Fund found almost one in four older adults in the U.S. spent at least \$2,000 out of pocket on health care in the past year.

Jacobson points out it is not just the cost sharing and the premiums that cause U.S. adults 65 and older who have Medicare coverage to spend more than their peers in the other countries studied. "There are many services older adults need, like dental and vision care, that are not covered," Jacobson said.

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'Very Much In Flux': UnitedHealthcare's Data-driven Approach To Obesity Care

UnitedHealthcare, in collaboration with the Health Action Council, has released a report analyzing the economic impact of obesity on employer's healthcare costs.

The study, which analyzed data from 224,000 commercial members, showed that individuals living with obesity face healthcare expenses that are 2.3 times higher than those without obesity, with an average annual cost increase of over \$662 per person.

"When we think about what's driving the cost of care in America ... a big piece of it comes down to the rise in metabolic issues and the costs associated with them," Craig Kurtzweil, chief data and analytics officer for UnitedHealthcare's employer and individual business, told Becker's. "Obesity is a hot topic in the healthcare landscape, especially with GLP-1s, so we wanted to provide some data to illustrate what's really happening."

Many employers aren't large enough to conduct studies on this scale, so UnitedHealthcare provides the research to help employers understand the root causes of certain conditions and mitigate business risks around healthcare coverage. According to the report, obesity is expected to potentially affect nearly half of U.S. adults by 2030, adding urgency to the need for employers to take action against higher healthcare costs in the future.

"If an employer with 5,000 enrollees in their plan could reduce obesity rates by just 25%, they could save around \$8.5 million," Mr. Kurtzweil said.

"[These costs] are escalating and becoming a bigger and bigger issue," he added. "We're framing the conversation with employers to focus on the data — What's happening to your population? What do your rates look like? Where do we see some pockets? It's probably not everybody across the population. From there, it's figuring out the right solutions for those subpopulations. For example, fostering a healthy environment, offering nutritional counseling, promoting access to exercise facilities, and not forgetting the mental health aspect of this."

The study examined the intergenerational risks of obesity, showing that children of parents with obesity are two to three times more likely to develop obesity themselves. In a corresponding article about the study, Mr. Kurtzweil and Patty Starr, president and CEO of the Health Action Council, also pointed to the high costs and low long-term adherence rates associated with GLP-1s.

"We see a very high rate of members that start these medications and don't keep taking them," Mr. Kurtzweil said. "The economics and adherence rates just make the math really hard for GLP-1s in their current state to be an effective tool or solution for employers to combat this problem."

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The Infinitus Group Monthly Discussion

Join us the first Thursday of each month for our discussion on crossselling products that you can add to your sales portfolio. Discussion times starts at 10:00 AM central and ends at 11:00 AM.



March 6, 10:00 AM
April 3, 10:00 AM
May 1, 10:00 AM
June 5, 10:00 AM
July 3, 10:00 AM
August None
September 4, 10:00 AM
October 2, 10:00
November - None
December - None

Monthly Link:

https://v.ringcentral.com/join/171840029 Meeting ID: 171840029

Discussions

March - Worksite Products

April - Final Expense - Pre Need Insurance

May - No SSN or ITEN Benefits

June - TBD

July - TBD

August - No Discussion - (will be attending the NABIPSOTX Summit at SPI)

September - AHIP and Medicare

October - 2026 Medicare Changes

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You don't have to be great to start, but you have to start to be great.

-Zig Ziglar

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