



BLACK, GOULD & ASSOCIATES, INC.

Agent Update



DECEMBER 2025

Plan-Switching, Sign-Up Impersonations: Obamacare Enrollment Fraud Persists

KFF, by Julie Appleby, December 10, 2025

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BGA OFFICES CLOSED

- Christmas/New Year's
Wednesday, Dec. 24, 2025
Thursday, Dec. 25, 2025
Thursday, Jan. 1, 2026
- MLK DAY
Monday, Jan. 19, 2026

Florida resident Keith Jones says his Affordable Care Act insurance plan was changed multiple times this year without his permission. Now the 52-year-old is struggling with his health problems while facing large premium bills he says he shouldn't owe.

The third time, he sought help from an insurance agent, who got Jones on the phone with the federal healthcare.gov call center to sort things out. During that call, "literally, there was someone opening a new policy without my consent," Jones said.

Despite new rules that went into [effect in mid-2024](#) aimed at thwarting such unauthorized ACA changes, it's still happening, said Florida-based agent Jason Fine, who is trying to help Jones and dozens of other clients unravel such switches.

The Government Accountability Office, an independent government watchdog, on Dec. 3 issued a [sharply critical, though preliminary, report](#) saying that years of similar GAO warnings to federal officials have not produced results needed to better protect against ACA enrollment fraud. Alarms were raised during the Obama and Biden administrations, as well as the first Trump administration.

There were [more than 275,000 complaints](#) to the Centers for Medicare & Medicaid Services about unauthorized ACA enrollments and plan-switching in 2024, according to the agency, which also administers Obamacare coverage.

"The absolute bottom line is nothing has changed in terms of risk," Seto J. Bagdoyan, a co-author of the GAO report, said in an interview with KFF Health News. Bagdoyan is the director of audit services for the agency's Forensic Audits and Investigative Service team.

The report landed as Congress [continues to be embroiled](#) in the issue of whether to extend the more generous tax subsidies that have given consumers extra help paying their Obamacare premiums in recent years. Some ACA critics have said the [subsidies fuel enrollment fraud](#).

Citing fraud concerns, [GOP lawmakers](#) included measures in their One Big Beautiful Bill Act that will make it harder to enroll in ACA plans in future years, such as requiring [additional eligibility verification](#). But lawmakers have not adopted [legislation introduced by Democrats](#) to impose criminal penalties on brokers who knowingly submit false information on ACA enrollments.

Continued on next page



Plan-Switching, Sign-Up Impersonations: Obamacare Enrollment Fraud Persists - Cont'd from page 1

“None of the Republicans making political hay out of this report have co-sponsored that legislation or offered any similar measures,” Sen. Ron Wyden (D-Ore.) said in a statement to KFF Health News. Wyden is one of the sponsors of the legislation.

The GAO inquiry, during which investigators attempted to submit enrollments using false information, was requested more than a year ago by Republicans from three House committees: Energy and Commerce, Judiciary, and Ways and Means.

The lawmakers asked for findings that could be made public now, even though the final report and any recommendations it will contain won't be completed until the spring or summer of 2026. [A hearing to consider](#) the findings was set by House members for Dec. 10.

The report notes that federal officials estimate that \$124 billion in tax subsidies were paid in 2024 for nearly 20 million ACA enrollments.

It highlighted some stunning findings. One Social Security number, for instance, was found to have been used for 125 policies in 2023.

However, the number of policies flagged as potentially compromised by rogue sales agents was far smaller than the estimates of some of the program's biggest critics. The GAO identified about 160,000 cases in 2024, or 1.5% of the ACA applications. Some conservative analysts have broadly estimated that unauthorized enrollments that year numbered in the millions, a finding that has drawn pushback from groups representing [insurers](#), [brokers](#), and [hospitals](#).

The GAO report does not quantify how much fraud there is, Bagdoyan said: “What it's focusing on are indicators of potential fraud.”

[Click here to read the full article](#)

VERIFY YOUR BROKER INFORMATION WITH BGA

Please verify your “broker information” in AGB on our website, www.blackgould.com. Please include your name, taxpayer identification number, and address.

Specifically, your individual or business name must match your taxpayer identification number. Please do this at your earliest convenience. This is required for proper IRS reporting, so this must be confirmed **AS SOON AS POSSIBLE**. The IRS changed the reporting of commissions from 1099-MISC to Form 1099-NEC starting for the 2020 reporting tax year.

Important Note—You cannot change the information directly. Still, you must submit a signed Form W-9 and BGA's Update Broker Information Form to our Commission Department either by email at commissions@blackgould.com, or by telephone at the commission hotline at 602-776-1310.

GROUP DEPARTMENT



BCBSAZ - Improved member experience for AZ Blue Telehealth

Members who use AZ Blue's telehealth service, currently known as BlueCare Anywhere, will enjoy the same great virtual urgent care and counseling services in a browser-based experience starting December 29, 2025.

Here's what you need to know:

1. The update starts for members on December 29, 2025.
 - Members should continue to use the app until December 28, 2025, for any visits on their mobile device.
2. Care for members will maintain the same features and provider network for existing services (medical urgent care and counseling).
 - Visit history and summaries will still be visible on the new experience
3. The upgraded experience will work on any device with an up-to-date browser, and the standalone app for mobile devices will no longer be required.
 - If members have the app on their mobile device after January 1, there will be directions for them to start a visit and delete the app.
 - This experience will work on phones, tablets, and computers through their web browser.
 - Single Sign On will continue to work through the AZ Blue member portal. Members will not need to register again, but may need to set up a new password.
 - BlueCareAnywhereAZ.com will continue to work, and a new URL, AZBlueTelehealth.com will also launch with the update.
4. The name will also be updated to "Telehealth."
 - BCBSAZ will support members through this name update with "Formerly known as BlueCare Anywhere" on materials and references

BCBSAZ - Member ID Cards: What to know for January 2026

As we approach 1/1/26, here are reminders to ensure members can access care:

- Members should show their new ID card to their providers the first time they get care starting 1/1/26.
- Members can register for their [AZ Blue member portal](#) with their Social Security number and date of birth before their ID card arrives. Their portal allows them to track claims in real time.
- On their AZ Blue portal, they can **download, save, email, or print their digital ID card** to access care immediately.
- Members should save their newest ID card to their mobile wallet when their plan renews.

This information is included in the December member newsletter. If members need additional help, they should call the number on their ID card or email AZ Blue at MemberHelp@azblue.com.



GROUP DEPARTMENT

CIGNA HEALTHCARE - Small Group ACA—No Broker Commissions

Special Notice Regarding Cigna’s Small Group ACA Policies

Commissions will not be paid for plan year 2026. Existing active groups will continue to receive commissions through their current renewal term; however, all new business and renewals effective in 2026 will be non-commissionable. This applies to HMO and OAP plans.





GROUP DEPARTMENT

UHC: HealthiestYou Coverage Update for Groups Enrolled in HSA/HDHP Plans

UnitedHealthcare has announced updates to HealthiestYou™ coverage for groups enrolled in HSA-compatible High Deductible Health Plans (HDHPs) under UnitedHealthcare Level Funded medical plans.

What Brokers Should Know

Effective January 1, 2026, for new business and renewing groups, HealthiestYou general medicine services will be subject to the annual deductible for members enrolled in HSA/HDHP medical plans.

Under this update:

- HealthiestYou costs will apply toward the member’s annual deductible and out-of-pocket maximum
- Once the deductible is satisfied, additional HealthiestYou services will be covered at no cost for the remainder of the plan year, until benefits reset

[Click here to learn more about HealthiestYou](#)

Contact your BGA Group Account Executive with any questions.

UHC: Opportunity for Cost Savings Through Bundled Specialty Coverage

UnitedHealthcare has introduced uBundle®* for groups enrolled in UnitedHealthcare Level Funded and Surest® Level Funded medical plans.

Through this program, groups may be eligible to save up to 4%** on medical claims costs when Level Funded medical coverage is bundled with one or more UnitedHealthcare specialty products.

Up to 2%	Up to .5%	Up to .5%	Up to 0.25%-0.5%	Up to .5%	Up to 4% Savings on UHC’s medical claims costs
Dental	Vision	Life	Disability	Supplemental Health	
		Basic life and supplemental life	Short-term & long-term disability	Accident, critical illness and/or hospital indemnity (Groups 51+)	

This bundling option may provide a cost-efficient way to enhance benefit offerings while helping manage over-all medical spend.

[Click here to learn more about the program](#)

*uBundle medical discounts will continue in perpetuity as long as the specialty products remain intact.

** For 51–300 new business effective Aug. 1, 2020, or for 5–50 new business effective Jan. 1, 2025, or later. New York only offers uBundle for groups sized 100+. See back for rules and requirements. uBundle discount maximum is 2% in NY.





INDIVIDUAL DEPARTMENT

BCBSAZ - City of Hope Leaving ACA Health Choice Network

Starting January 1, 2026, City of Hope and its providers will no longer be part of the ACA Health Choice network.

Key Details and FAQs

- **Can members still visit City of Hope?**

Yes, through **December 31, 2025**. After that, continuity of care may be available for approved ongoing treatment.

- **Are there other in-network options?**

Absolutely. Banner, Tenet Health (Abrazo Health), and HonorHealth remain in-network and offer a wide range of services.

- **Where can clients find in-network care?**

Visit azblue.com/find-a-doctor to search providers and schedule appointments.

For questions about continuity of care or plan options, please reach out to the broker support team at U65value@azblue.com



BlueCross
BlueShield
of Arizona





FROM THE GROUP, INDIVIDUAL AND MEDICARE DEPARTMENTS

BCBSAZ - Important Network Update

MomDoc has declined the contract increase for their providers and are no longer in network as of December 1, 2025.

Members who have been patients of MomDoc in the past 12 months will receive the [attached letter](#), letting them know that no action is required and providing them with information on continuity-of-care benefits.

What You Need to Know:

- All lines of business, excluding Medicaid, are impacted.
- **If a member is pregnant or has a procedure scheduled, they can continue care with MomDoc, through postpartum or surgery follow-up appointments, even if their delivery and/or appointments fall after December 1, 2025.**
- Individuals who are in a course of treatment on the contract end date may complete that course of treatment until transferred to a network provider.
- All members who have certain acute or chronic medical conditions, who are hospitalized, or who have scheduled procedures, generally have up to 90 days of continuing care.
- FEP[®] plans – Right to coverage continues through 12/31/2025. FEP members who are in a course of treatment on the date of termination will be able to complete that treatment until transferred to a network provider.

Networks Impacted:

- **Employer-Sponsored Group Plans** – Statewide/National PPO/EPO Network, Statewide HMO Network, Indemnity Network, Alliance Network, Blue High Performance NetworkSM (BlueHPNSM), and Workers' Compensation Network
- **Individual/Family Plans** – MaricopaFocus Network, Focus Network, Neighborhood Network, and Statewide PPO Network
- **Medicare / Medicare Supplement Plans** – Blue Advantage Network, BlueJourney Network, Senior Preferred Network





CARRIER COMMISSIONS AND BONUSES

HUMANA - Update—Bundling Bonus 2-9 Case Size

Humana's Dental Bundling Bonus has been updated to now include groups in the 2-9 segment for 1/1/26 effective dates!

Sell a bundle, earn a bundle!

To earn a bonus, place a **NEW Humana dental line of coverage** with at least one additional Group Benefits line of coverage with the same employer with an initial effective date of coverage of January 1-31, 2026

NEW: 2-49 ENROLLED SIZE GROUPS

\$100 for dental

+ \$100 for vision

+ \$100 for life

+ \$200 for disability

+ \$100 more if you place all four lines of coverage with the same employer for a **total of \$600!**

50-299 ENROLLED SIZE GROUPS

\$200 for dental

+ \$100 for vision

+ \$100 for life

+ \$300 for disability

+ \$100 more if you place all four lines of coverage with the same employer for a **total of \$800!**

[Click here to learn more about the bonus](#)





CARRIER COMMISSIONS AND BONUSES

IFP CARRIERS - 2026 IFP Commissions & Bonuses



2026 IFP COMMISSIONS & BONUSES

CLICK HERE





CARRIER COMMISSIONS AND BONUSES

UNITEDHEALTHCARE – Earn your \$7,500 Bonus before the year ends!

The First 15 incentive deadline is approaching on **December 31, 2025**, don't miss out! This is a great time to keep your momentum going and end the year strong!

You could earn up to **\$7,500** when you submit **15 qualifying applications** in each product category and have them issued and placed for 90 days.

Even better? You can enroll policies with a January 1, 2026 effective date - perfect time to boost your TTM sales and maximize your bonus.

How to earn with this incentive:

- Submit eligible applications for TTM and/or (HPG) and select ancillary products (see list below) by Dec. 31, 2025
- Achieve 90-days issued persistency on your applications
- Hit specific baseline tiers to unlock the next level of bonuses
- Maximum bonus amounts are for applications submitted with EFT as ongoing payment method (non-EFT applications will pay at half the indicated per-app amount)

Ancillary*	Tri Term Medical (TTM) & Health ProtectorGuard (HPG)
5 apps = \$500 (\$100 per app)	5 apps = \$1,000 (\$200 per app)
10 apps = \$1,000 (\$100 per app)	10 apps = \$3,000 (\$300 per app)
15 apps = \$1,500 (\$100 per app)	15 apps = \$6,000 (\$400 per app)

[Click here to learn more](#)

* Ancillary products include: HPG Guard/Guard Plus, AdvantageGuard, AccidentWise, Accident ProGuard, Accident ProGap, Accident ExpenseGuard, CriticalGuard, DentalWise, DentalWise Max, HospitalWise, Hospital SafeGuard, Hospital SafeGuard GI (HSGGI), Hospital Guard GI (HGGI), Term Life





BGA Offices Will Be Closed

Christmas Eve—Wednesday, December 24, 2025
&
Christmas Day—Thursday, December 25, 2025
&
New Year's Day—Thursday, January 1, 2026

Also
MLK Day—Monday, January 19, 2026

**BLACK, GOULD
& ASSOCIATES, INC.**

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*BGA Wishes you a great holiday season and prosperous
New Year!*

