



September 30, 2024

Hello Valued TLC Client,

Thank you for entrusting us with your Medicare needs! Your Team TLC agents are here to provide you with the support and answers you need to make the most of your health coverage. As your dedicated Health Insurance & Retirement Planning Agency, we are committed to ensuring that you receive great service to help you live without worrying about unexpected medical costs.

With the annual enrollment period fast approaching, we wanted to take this opportunity to reach out to you about updating your information. Changes in health can be common, whether you started a new medication, started seeing a new doctor, or have run into an unexpected situation. It's vital to review your coverage to make sure it is still right for you. As many of you who attended our recent Town Hall meetings in San Antonio heard, **the 2022 Inflation Reduction Act has created a lot of changes with the stand alone Part D Prescription Drug (PDP) plans and Medicare Advantage Plans with Part D Drug coverage (MAPD). We are seeing many plans exit the market or close old plans and offer new ones; raise premiums; and they are still busy updating formularies - which they have NOT provided to you with the initial Annual Notice Of Change (ANOC) letter they have sent out, which is highly unusual this close to AEP kicking off on 10/15/2024!**

This is our 10th AEP of assisting our clients with finding the plan(s) that best meet your needs and budget. **With all the changes, this annual review may be the most vital one for you to provide us with your updated drug & doctors list.** You can do so by **completing** the attached **"2025 AEP Medicare Review Information"** and **returning** the **signed annual required "Scope of Sales Appointment Confirmation Form" (SOA)** - **being sure to check which plan(s) you would like us to review and discuss with you.** If you can, include a **copy of your Annual Notice Of Change (ANOC) letter** which, at this point only told you whether your plan is going to be available in 2025 and what the premiums are going to be, but that your plan will be sending your formulary info later.

Please email your 2025 drug & doctor list, SOA, and ANOC pages to us at info@tlcag.net or fax to (210) 494-9967, or drop off a copy at either of our office locations. You can also complete & provide us your drug & doctor information online via the "Start Your Journey" button on our website at:

<https://tlcadvisorygroup.com/medicare-new-form/#journey>

Once we receive all the necessary information, **we will date stamp your file** and work through each review in **"date ready" order.** **We anticipate starting our first review phone, zoom, or in-person appointments the week of 10/21/2024.** Do let us know if you will be traveling or unavailable within the 10/21/24 to 12/7/2024 review time, so we can do our best to accommodate a time when you will be available to complete your review.

Your Team TLC Agents, Advisors, and Team Members are looking forward to talking to you soon!

Karen Whiteley, Paul Hudson, Jim Staggenborg, Kathy Dagleish, Barbara Scheib, Gib Allen & Stuart Waldenmaier

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The Experience, the Knowledge, and the Resources to Help Find the Solutions you Need.

TLC Advisory Group LLC is an independent financial services firm that utilizes a variety of investment and insurance products. Investment advisory services offered through Level Four Advisory Services (LFAS). LFAS and TLC Advisory Group are not affiliated companies. 1/2023

2025 AEP Medicare Review Information for Team TLC

In order for us to properly provide you with a thorough and accurate review of your 2025 Medicare PDP / MAPD Drug Plan options, please complete the form below or attach a copy of your current drug list and **sign the attached Scope of Appointment** and return to us via:

Email: info@tlcag.net **Fax:** (210)494-9967 **Website:** www.tlcadvisorygroup.com/medicare

Mail: TLC Advisory Group LLC 14400 Northbrook, Ste 250 San Antonio, TX 78232

Your Name: _____ Your Email _____

Phone #: _____ DOB: __/__/____ Team TLC Agent: _____

| Name of Drug | Generic / Brand | Amount Daily | Dosage MG/ML | 30 or 90 day refills | Misc: list if PRN or special instructions |
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I Would Like a Medigap Review to See About Lowering My Premiums:

Current Medigap Company Name: _____ Plan Type (F,HDF,G,N,K,L): _____

Current Premiums: \$_____ (per Month / Year/Qtr/Semi-Ann) Tobacco User: ___ Yes ___ No

Married: ___ Yes ___ No

Single: (but had someone over 18 years old live with you the past 12 months): ___ Yes ___ No

Ever Denied or Rated for a Medigap Plan? ___ Yes ___ No If so, when? _____

If so, why? _____

Circle any of the following Medical Conditions that you have been diagnosed with, treated, or prescribed medicine for in the last 5 years:

Congestive Heart Failure; Defibrillator; Coronary Artery Disease (CAD); Peripheral Vascular Disease
 TIA(s); Heart Surgery; Pacemaker; Atrial Fibrillation treated with Medicine; Stroke; Heart Attack;
 Stents; Internal Cancer; Parkinson's; ALS; Multiple Sclerosis; Osteoporosis with Fracture; Lupus;
 Neuropathy; Hepatitis or Disorder of Pancreas; Kidney Disease (Failure or Dialysis); Renal
 Insufficiency; Dementia or Alzheimer; Bone Marrow or Stem Cell transplant; COVID; any procedure
 or surgery recommended but not completed. Anything else not listed, please add below:

Your Signature: _____ Date: _____

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

(Refer to page 2 for product type descriptions.)

- | | |
|---|--|
| <input type="checkbox"/> Stand-alone Medicare Prescription Drug Plans (Part D) <input type="checkbox"/> Medicare Advantage Plans (Part C) and Cost Plans | <input type="checkbox"/> Dental/Vision/Hearing Products <input type="checkbox"/> Supplemental Health Products <input type="checkbox"/> Medicare Supplement (Medigap) Products |
|---|--|

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or enroll you in a Medicare plan.

| | |
|---|---------------------------------------|
| Beneficiary or Authorized Representative Signature and Signature Date: | |
| Signature: | Signature Date: |
| If you are the authorized representative, please sign above and print below: | |
| Representative's Name: | Your Relationship to the Beneficiary: |
| To be completed by Agent: | |
| Agent Name: | Agent Phone: |
| Beneficiary Name: | Beneficiary Phone: |
| Beneficiary Address: | |
| Initial Method of Contact: (Indicate here if beneficiary was a walk-in.) | |
| Agent's Signature: | |
| Plan(s) the agent represented during this meeting: | Date Appointment Completed: |
| [Plan use only] | |
| Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: | |
| Stand-alone Medicare Prescription Drug Plans (Part D) | |
| Medicare Prescription Drug Plan (PDP) : A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans. | |