



MEDICARE
HEALTHCARE
LIFE PLANNING

ANNUAL ENROLLMENT IS HERE!

Review. Compare. Plan with Confidence

Let's make sure your Medicare coverage
still fits your needs for 2027.

**REAL PEOPLE.
CLEAR ANSWERS.
A BRIGHTER
TOMORROW.**

WE CAN HELP YOU

- ✓ REVIEW PLAN CHANGES
- ✓ UNDERSTAND YOUR OPTIONS
- ✓ ENROLL WITH CONFIDENCE

*More
Life Ahead*



**VETERAN OWNED
& OPERATED**

SERVICE. INTEGRITY. PEOPLE FIRST.



**200+ 5-STAR
REVIEWS**

REAL CLIENTS. REAL STORIES.



**LEARN MORE
INSIDE >>**

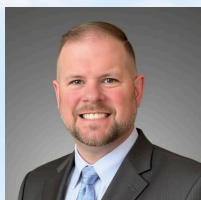
A SIMPLE GUIDE
TO YOUR MEDICARE
OPTIONS

ABOUT US

STERTZBACH ADVISORS

People
Over Policies

REAL PEOPLE.
REAL GUIDANCE.
A BRIGHTER
TOMORROW.

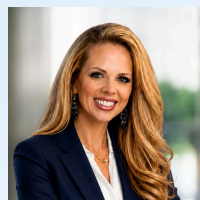


JONATHAN STERTZBACH
Owner / Agent

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Jonathan is a veteran of both the Air Force and the Army, serving combat tours as a chaplain in Iraq and Afghanistan. Jonathan is also an ordained minister and served as a Pastor and counselor for nearly 20 years before becoming an insurance agent. Jonathan's passion is helping veterans navigate the VA and Medicare, and he loves praying with people who request it. Jonathan loves to help people with subsidies and tax credits and shopping plans for the Under 65 market. In his free time, Jonathan loves the outdoors, raising and training Labrador Retrievers, fishing, construction and renovation projects, and working their hobby farm near Athens, GA.



MANDY STERTZBACH
Owner / Agent

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Mandy grew up in Lilburn, GA attending Greater Atlanta Christian School. She later attended the University of Georgia. She went on to work in the corporate finance field for over 20 years serving multi-billion-dollar worldwide corporations such as Lucent Technologies. Mandy is very personable and loves to make sure each client has the resources they need regarding their health insurance. She is an expert in navigating tricky medicines and understanding Medicaid and Medicare. Mandy loves the beach, gardening, raising chickens, and loves to cook on their hobby farm near Athens, GA.

OUR STORY

“HELPING PEOPLE
NAVIGATE MEDICARE
IS MORE THAN A BUSINESS
– IT'S OUR CALLING.

JONATHAN & MANDY

One day at a church near Athens, a widow came to Jonathan and told him that her health insurance was problematic and she did not understand Medicare. Her husband had recently died and an agent was giving her terrible advice— she had no idea where to turn. Jonathan began to research her healthcare options, and realized that there are so many working parts and facets to Medicare, Medicaid, & the Under 65 health markets, that there was an immense need in this area. When Jonathan left full-time church ministry, this seemed to be a perfect fit for him because helping others and making a great difference in people's lives is his calling. Mandy soon joined him in the family business, and they partnered with a family friend in Florida to become the Georgia branch of SunCoast Legacy Advisors (now Stertzbach Advisors). They are licensed in 10 states in the Southeast and absolutely love helping people with their Medicare and healthcare needs.



Visit Our Website
to Learn More
www.stertzbachadvisors.com



Scan to Watch
Medicare Overview
Webinar

Guiding You
to a Brighter
Tomorrow

A WORD FROM JONATHAN AND MANDY



Welcome to 2027! Seriously, it's that time of year again: **Annual Enrollment!** Call us or book online to get your annual review.

We love meeting with you, our clients, and hearing about you and how your plan is working for you. This year we are sending you a computer link to a program called **Retireflo**. We are required to gather your information in a HIPAA compliant and convenient way that meets compliance guidelines set out by Medicare.

Retireflo asks about doctors, prescription medicines, what you want to talk about in our meetings and does this in a confidential and compliant way. If you do not have a computer or online access, you can call us or text us at **(770) 758-2075** and Shing or Nikki or Sarah can verbally fill this out for you while you are on the phone.

Lastly, you do not HAVE TO make any changes to your plan for 2027. If you are one of the people in a unique situation in a rare county, we will contact you and let you know your plan is ending. The carrier should already have sent you a letter if your plan is ending.



You should have gotten a letter in the mail called an **Annual Notice of Changes (ANOC)**. This spells out any and all changes to your 2027 plan from 2026. Read this over and ask any questions when you do your annual review with us.



If you do not want to make any changes to your plan, don't! You have until March 31 to make a one time change if you are on a Medicare Advantage and make no changes during AEP.

WELCOME TO OUR NEWEST STAFF MEMBERS

To better serve you, we want to welcome our newest members of the team.

**NIKKI****SHING**

ADMINISTRATIVE ASSISTANTS

Nikki and Rosheen (we called her “Shing”) are our new Administrative Assistants. They will be answering phones, helping you with pre-appointment needs and answering phones for us. Isn't it great to get a live human on the phone when you call?



NATALIE HOPKINS

LICENSED AGENT

Natalie comes from a teaching background, married and has three children of her own. Natalie lives and works in North Carolina. We go on vacation with her and her family every year. She is adopted into our family.



SARAH STERTZBACH

LICENSED AGENT

Sarah is our daughter who has just started as well. She lives near mom and dad in Georgia with her weenie dog Lola. Sarah loves shopping, Starbucks coffee, and hanging out with her friends.

WHAT IS MEDICARE ANNUAL ENROLLMENT?

Medicare Annual Enrollment Period (AEP) is the time each year when people with Medicare can review their current coverage and make changes for the upcoming year.

AEP runs from October 15 through December 7, with changes generally taking effect **January 1**.



DURING AEP, YOU CAN:



Change from one Medicare Advantage plan to another.



Switch from Original Medicare to Medicare Advantage.



Switch from Medicare Advantage back to Original Medicare.



Change your Part D prescription drug plan.



Review whether your doctors, prescriptions, pharmacies, and benefits are still covered.

WHY IS AEP IMPORTANT?

Medicare plans can change their premiums, copays, drug formularies, provider networks, and extra benefits from one year to the next. Your current plan may still be available, but its costs and coverage could be different.



A good rule of thumb:

Don't simply renew your Medicare plan automatically. Review it with us every year to make sure it still meets your needs.



AEP:

**OCTOBER 15 –
DECEMBER 7**



NEW COVERAGE:

Generally begins

JANUARY 1



Note: Annual Enrollment Period is sometimes called **Open Enrollment**, although Medicare also has a separate **Medicare Advantage Open Enrollment Period (January 1–March 31)** with different rules.

THE IMPORTANCE OF WORKING WITH A BROKER

Medicare can feel overwhelming. There are different plans, doctors, hospitals, prescriptions, pharmacies, costs, and benefits to consider—and the details can change every year.

You don't have to figure it all out by yourself.



PERSONAL GUIDANCE

A good Medicare broker takes the time to understand you—your doctors, your medications, your budget, and what matters most to you. Then we can help you compare the options available in your area.



HONEST RECOMMENDATIONS

Sometimes, after reviewing everything, we'll tell you, "You're already in a good plan. We wouldn't change a thing." Other times, we may find an option that could save you money or provide benefits that better fit your needs.



IT'S PERSONAL

Your neighbor's plan may be perfect for them but completely wrong for you. Even husbands and wives may have different doctors, prescriptions, and healthcare needs—and may benefit from different coverage.



COVERAGE THAT FITS YOU

We believe Medicare should be personal. It's not about finding the plan with the most benefits or the lowest premium. It's about finding coverage that makes sense for you.



ANNUAL REVIEW

Each year, during the Annual Enrollment Period, we review your coverage and look for changes that could affect you. We do the research, ask the questions, and help make the complicated parts easier to understand.



PEACE OF MIND

At the end of the day, our goal is simple: Help you make a confident Medicare decision, avoid unnecessary costs, and have peace of mind knowing someone is looking out for you.

MEDICARE, MEDICAID & EXTRA HELP



Medicare

is health insurance provided by the federal government, primarily for people age 65 and older and for certain people with disabilities. Most people pay a monthly premium for Part B of this program.



Medicaid

is a state and federal program that helps people with limited income and resources pay for health care. In Georgia, several Medicaid programs may be available depending on your income, resources, age, and circumstances.



If you have Medicare and limited income, you may qualify for **additional assistance, including:**



Medicaid

May help pay for health care costs that Medicare does not cover.



Medicare Savings Program

May help pay your Medicare premiums and, depending on the program, other Medicare costs.



Extra Help

A federal program that helps people with limited income and resources pay for Medicare prescription drug costs, including premiums and other out-of-pocket expenses.

You may qualify for **more help** than you realize.

Eligibility depends on your individual circumstances and can change from year to year.



Our agents can help you understand the programs that may be available to you and explain how they could affect your **Medicare coverage and costs**.

MEDICARE CHANGES FOR 2027

Every year, Medicare plans, costs, drug coverage, and benefits can change. **2027 is no exception.** If you have Medicare Advantage or a Medicare Part D prescription drug plan, it is important to review your coverage each year.



1. Medicare Advantage Plans May Change

Medicare Advantage plans can change their:

- **Monthly premiums**
- **Copays and coinsurance**
- **Doctor and hospital networks**
- **Prescription drug coverage**
- **Extra benefits such as dental, vision, and hearing**
- **Maximum out-of-pocket costs**

For 2027, CMS projects that the average Medicare Advantage premium will be about **\$12 per month**, compared with **\$14.37** in 2026. However, averages do not tell you what your individual plan will cost. Your plan could increase, decrease, or change benefits.



The important question is not simply, "Did my premium change?" You should also check your doctors, prescriptions, pharmacies, benefits, and maximum out-of-pocket cost. This is why we want to meet with you!



3. Stand-Alone Part D Premiums

CMS currently projects that the average premium for stand-alone Part D plans will increase only slightly—from approximately **\$35.09 per month** in 2026 to **\$36 in 2027**.

Individual plans can be very different, so beneficiaries should compare their specific plan rather than relying on the national average.



2. Part D Prescription Drug Costs Are Changing

The standard Medicare Part D deductible increases from \$615 in 2026 to **\$700 in 2027**. This typically does not apply to generic medicines in tiers 1-2.

The annual Part D out-of-pocket threshold also increases from **\$2,100 in 2026 to \$2,400 in 2027** under the standard benefit parameters.

However, what you actually pay depends on the specific Part D plan you choose and the medications you take.



4. Your Prescription Drug List Matters More Than Ever

A medication that was inexpensive in 2026 may have a different:

- Tier
- Copay
- Coinsurance
- Prior authorization requirement
- Quantity limit
- Preferred pharmacy arrangement

Always check your medications for the new plan year. We love to assist our clients with this!

MEDICARE CHANGES FOR 2027



5. Medicare Part B Costs

The **2027 Part B premium and deductible** are scheduled to be announced by CMS, so these numbers should be confirmed before publishing a final 2027 edition of this book.



6. Medicare Advantage and Part D Plans Can Leave the Market

A plan available in 2026 may not be available in 2027. Other plans may enter your area.

That is why Medicare beneficiaries should review their **Annual Notice of Change (ANOC)** and compare their options each year.



What is an ANOC?

The Annual Notice of Change (ANOC) is a letter your current plan sends each fall. It explains any changes to your costs, coverage, network, and benefits for the next year.



7. Open Enrollment Is an Important Opportunity

Medicare's Annual Enrollment Period runs from **October 15 through December 7** each year.

During this period, Medicare beneficiaries can review their coverage and make changes for the following year. Changes generally take effect **January 1**.



Key Dates to Remember:

- **October 15 - December 7:** Annual Enrollment Period
- Coverage changes generally take effect **January 1**



The Bottom Line

Don't automatically assume your current Medicare plan is still the best fit for you in 2027.

INFLATION REDUCTION ACT

BRIEF OVERVIEW

The **Inflation Reduction Act of 2022** made several major changes to Medicare, particularly prescription drug coverage. Its goal was to reduce prescription drug costs for people with Medicare and control Medicare spending.

Key changes include:



1. Medicare drug-price negotiation

Medicare can negotiate prices for certain high-cost prescription drugs. The first negotiated prices took effect in **2026**, with additional drugs being added in future years.



2. Part D out-of-pocket protection

Beginning in **2025**, Medicare Part D beneficiaries received a yearly limit on covered prescription drug out-of-pocket costs. The limit is adjusted annually.



3. \$35 insulin limit

Medicare beneficiaries with covered insulin pay no more than **\$35 per month** for insulin covered under Part D and certain Part B insulin benefits.



4. Vaccines

Recommended adult vaccines covered by Part D, such as shingles vaccines, are available with **\$0 cost sharing** when coverage requirements are met.



5. Payment flexibility for prescriptions

Since **2025**, Part D plans have been required to offer the **Medicare Prescription Payment Plan**, allowing eligible beneficiaries to spread certain prescription costs throughout the year rather than paying the full amount at the pharmacy.



6. Expanded Extra Help

More people with limited income and resources became eligible for the full Part D Extra Help benefit beginning in **2024**.



In simple terms: The Inflation Reduction Act changed Medicare primarily by reducing or limiting **prescription drug costs**, allowing Medicare to **negotiate prices** for certain drugs, and providing additional **financial protections** for people with Medicare.



The IRA is one of the biggest reasons Medicare prescription drug coverage looks different today than it did several years ago.

ARE THERE ANY NEW PROGRAMS?



1. Insulin Savings Program

Medicare has a **\$35 monthly cost-sharing limit** for each covered insulin product. This applies to insulin covered under Medicare Part D and certain insulin covered under Part B. In other words, a Medicare beneficiary generally **won't pay more than \$35** for a one-month supply of a covered insulin product.



The \$35 limit is **not a separate insurance plan**. It is a Medicare prescription-drug cost protection.

*More
Predictable
Costs for
a Healthier
Tomorrow*

ARE THERE ANY NEW PROGRAMS?



2. Medicare GLP-1 Bridge Program

The Medicare GLP-1 Bridge is a new, temporary CMS program that began **July 1, 2026**, and is currently scheduled to **run through December 31, 2027**. It provides eligible Medicare beneficiaries with access to certain GLP-1 medications for weight management outside the normal Part D benefit.



\$50
monthly copay



The Part D
deductible does
not apply



The \$50 payment does not
count toward the Part D out-
of-pocket maximum.

Eligibility is more specific than simply having diabetes or wanting to lose weight. For example, a person may qualify based on their BMI and certain health conditions. The program currently covers specific medications, including Wegovy, Zepbound KwikPen, and Foundayo.



An important distinction for your clients: Having type 2 diabetes does not, by itself, make someone eligible for the GLP-1 Bridge. Medicare's regular Part D coverage may cover certain GLP-1 drugs when they are prescribed for diabetes, while the Bridge is designed for eligible beneficiaries seeking treatment for weight management.



3. The Medicare Prescription Payment Plan (MPPP)

MPPP allows you to spread the cost of your prescriptions over 12 months. To begin this process, contact your Part D prescription drug provider and express your interest in the Medicare Prescription Payment Plan (MPPP). This program helps space out front-loaded costs like deductibles and co-payments early in the calendar year.

Once you have opted for the MPPP, you will be billed monthly for your prescription drug costs.

Example: If your annual prescription cost is \$2,400 for 2026, you can opt-in in January. You will pay the same amount for your prescriptions over the course of the year- this program just spaces the payments out to make them more affordable.



Remember:

YOU must initiate this with the insurance company that handles your medicines. You can call the Customer Service number on the back of your card to reach them for this program.

LATE ENROLLMENT PENALTIES and INCOME-RELATED MONTHLY ADJUSTED AMOUNT (IRMAA)

Did you know you can be penalized for failure to enroll? If you do not enroll in Medicare Part B when you are first eligible, your monthly premium may go up 10% for each 12-month period you could have had Part B but did not sign up – unless you have had “creditable coverage” during this period.

The Part D Late Enrollment Penalty is an amount that is permanently added to your Medicare drug coverage premium. The cost of the late enrollment penalty depends on how long you went without Part D or creditable prescription drug coverage. Medicare calculates the penalty by multiplying 1% of the national base beneficiary premium by the number of months that you were without coverage.

For higher income Medicare beneficiaries, Part B and Part D premiums include an additional charge

based on your modified adjusted gross income. Yes, that is right – Medicare can cost more if your income is above \$113,000 (\$226,000 for a married couple) a year. IRMAA is determined by income from your prior two years' income tax returns. This means that for your 2027 Medicare premiums, your 2025 income tax return is used. This amount will be recalculated annually.

You will receive a notice from the Social Security Administration to inform you if you have been assessed IRMAA. You can appeal the IRMAA adjustment if you have had a Change of Life Event such as loss of income, incarceration release or divorce. Receiving a Late Enrollment Penalty or being charged IRMAA does not have to be a surprise. Give us a call today to discuss your Medicare coverage options and what they may cost.

Medicare Part B & D 2027 IRMAA

Single / Married Filing Separately	Married Filing Jointly	Monthly Premium	Additional Amount (Added to Your Plan's Base Premium)
< \$113,000	< \$226,000	\$218.60 (standard)	Varies
\$113,000 – \$142,000	\$226,000 – \$284,000	\$306.00	\$15.40
\$142,000 – \$177,000	\$284,000 – \$354,000	\$437.20	\$39.70
\$177,000 – \$211,000	\$354,000 – \$424,000	\$568.40	\$64.00
\$211,000 – \$500,000	\$424,000 – \$750,000	\$699.50	\$88.30
> \$500,000	> \$750,000	\$743.20	\$96.40

WHAT ABOUT MY FAMILY?

What Options Do They Have if I Leave My Group Plan?

1. COBRA (Stay on your spouse's employer plan temporarily)

If your spouse is losing employer coverage because they're retiring and moving to Medicare, you can stay on that employer plan for up to 36 months through COBRA.

- **Pros:** Same doctors, same coverage, no disruption.
- **Cons:** You pay the full premium plus 2%, which can be expensive.
- **Best for:** People who need continuity of care or have ongoing medical treatments.

2. ACA Marketplace Plan (Healthcare.gov — Georgia uses Georgia Access)

Once your spouse moves to Medicare, you qualify for a Special Enrollment Period to buy your own ACA plan.

- **Pros:** Subsidies can dramatically reduce premiums if your household income qualifies.
- **Cons:** Networks can be narrow depending on your Georgia county.
- **Best for:** Anyone under 65 without employer coverage, especially if income is moderate.

3. Short Term Medical Insurance (Gap Coverage)

Short term plans can bridge the gap until you turn 65. We offer many different types of options from 6 months to three-year term coverages.

- **Pros:** Usually cheaper than COBRA.
- **Cons:** Not ACA compliant, may exclude pre existing conditions, limited benefits.
- **Best for:** Healthy individuals who need temporary, low cost coverage.

4. Self-Employed Group Coverage

These plans are for healthier, working, self-employed people.

- **Pros:** Extremely affordable.
- **Cons:** No RX coverage and requires underwriting. Limited networks.
- **Best for:** Self-employed, higher-income, healthier people wanting low premiums.

5. Healthshare Groups

There are both religious and non-religious Healthshare Groups that "share" your medical expenses above certain costs.

- **Pros:** No networks, often quite affordable.
- **Cons:** No RX coverage, everything is cash-pay.
- **Best for:** people that want specific doctors that don't take insurance.



HOW TO CHOOSE THE BEST OPTION

1. Do you need uninterrupted care or have major health conditions?

- COBRA is usually the most flexible option, but also the most expensive.

2. Is your income lower (under \$60k household)?

- ACA Marketplace/GA Access plans can be very affordable through tax credits.

3. Are you healthy and just need temporary coverage?

- Short term plans or Healthshares may work.

4. Are you healthier, working and self-employed?

- Self-employed group plans may work.



NOT EVERYONE'S NEEDS ARE THE SAME

There are numerous options for people wanting different levels of insurance and healthcare. For example: a marathon runner does not require the same level of coverage as a wheelchair-bound, diabetic with daily oxygen needs. A diabetic insulin shot is typically priced far differently than a generic blood pressure pill. Each person's needs will drastically differ from person-to-person.

We aim to help you narrow down your options according to your specific wants and desires. While we do not contract and partner with every insurance carrier in the state, we aim to get you the structure and quality products at a price you can afford. We have access to most major carriers and want to tailor a plan to your specific wants and needs.

Since every person's needs are different, we love to sit down with you (via telephone, Zoom or in-person), get to know you and figure out what matters most to you in a plan and benefits. While a quick quote can take as little as 5 minutes, gathering your doctors and medicines is important to make sure we get you the right plan tailored to your specific wants and desires. If we

are going to help you "shop" plans and find the right plan geared for your needs, we need to know a little more about you. You know- build a relationship.

We want to stay with you throughout your life's health journey as your healthcare needs and desires change. We will give you the same advice we would give our own mom and dad. If you are looking for local, friendly, neighborhood insurance agents, we are here to help guide and educate you on your options. There is no obligation to commit or enroll. We hate sales calls pressuring someone into something — Yuck! We think you should be given information in a fun and friendly manner — and then you tell us what options you like and best fit you.

WHAT DOES A CALL LOOK LIKE?

Great question! This is done by calling and requesting an appointment (770) 758-2075 or going to our website www.stertzbachadvisors.com and scheduling an appointment at your convenience. We will even schedule evening and weekend appointments if your schedule is tight. You will be texted or e-mailed a reminder of your appointment 48 hours in advance, the morning of the appointment, and an hour before we are to meet. Yep! We even remind you. No need to buy — no pressure.

Good ol' fashioned, friendly neighborhood people helping their neighbors!



(770) 758-2075



www.stertzbachadvisors.com

LET US HELP YOU WITH YOUR **HEALTHCARE CHOICE**



Our services are **FREE**.



We offer numerous options in **Georgia and 10 other states**.



Our recommendations are based on **YOUR needs and wants**, not the insurance carrier, as they all pay the same commission.



We maintain our relationship with you **year over year**.



As your needs and wants change, or if the plans change, our recommendations **may change**.



WE HELP WITH MORE THAN MEDICARE!

Contact Us for Assistance with:

Affordable Care Act (ACA) & GA Access Plans • Self-Employed Options
Healthshares • Medical Short-Term Health Options



**Call Now to Discuss Your Medicare and
Healthcare Options with a Licensed Insurance Agent**



Mandy & Jonathan Stertzbach



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Calling the number above will direct you to a Licensed Insurance Agent.

Plans are insured or covered by a Medicare Advantage (HMO, PPO and PFFS) organization with a Medicare contract and/or a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.