NEWS YOU CAN USE

MARCH 2026

BLACK BELT INSURANCE GROUP

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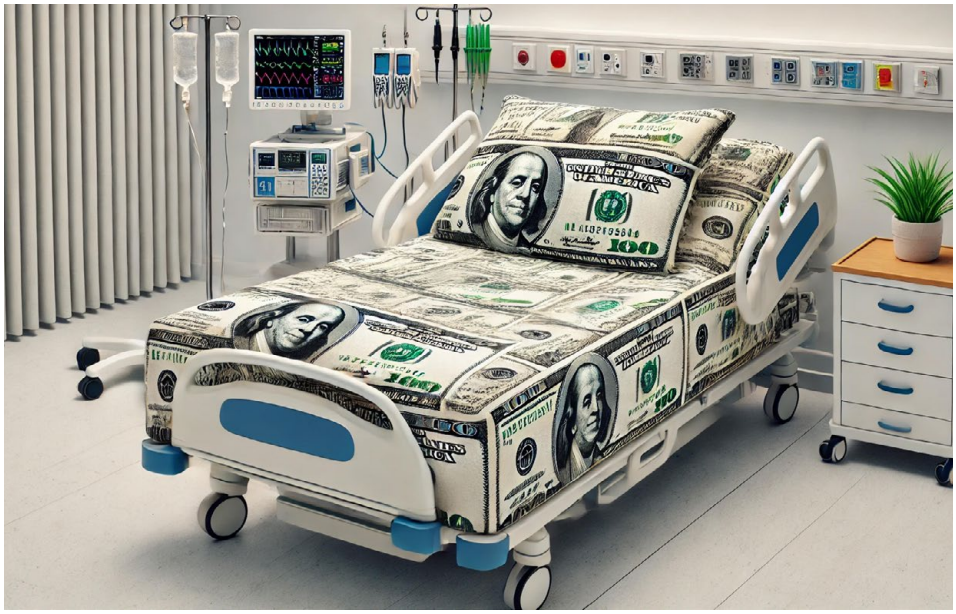
This Insurance Can Pay the Bills if You're Hospitalized



A TRIP TO the hospital can be physically and emotionally draining — and expensive. Even with solid health insurance, a hospital stay often leaves patients responsible for deductibles, copays and coinsurance.

To help cover these gaps, more people are purchasing hospital indemnity insurance, a type of supplemental coverage that pays a set cash benefit if you are admitted to the hospital.

Instead of paying doctors or facilities directly, the insurer sends the money to you to use as you wish.

How it works

Most plans pay a lump sum when you are admitted to the hospital. Many also pay a daily benefit for each day you are confined.

Some policies include additional benefits for services such as outpatient surgery, ambulance transportation or certain diagnostic procedures.

The benefit amounts are predetermined when you enroll. Payments are made regardless of what your health insurance plan covers.

There are no deductibles or copays under indemnity plans. These plans are typically "guaranteed issue," meaning you can enroll without a medical exam or answering health questions.

Why it can make a difference

A hospital stay can last several days and run into tens of thousands of dollars. At the same time, being hospitalized may mean time away from work. If you do not have paid leave or disability coverage, your income could drop just as your expenses rise.

Spending the payout

A lump-sum benefit from a hospital indemnity policy can help you:

- Pay out-of-pocket medical costs.
- Cover mortgage or rent payments.
- Keep up with car payments and utilities.
- Pay for meals or childcare.

Flexibility is one of the main advantages. You decide how the money is used.

Welcome to Our Newsletter

Black Belt Insurance Group " is pleased to present you with the first edition of my newsletter.

We hope the articles in this and future editions will provide insight into an array of Health, Life and financial matters, and we urge you to contact us with questions and comments.

Our agency works in the areas of iHealth and Life nsurance, investment and benefit planning for individuals and families. Our goal is to provide excellent service, competitive pricing, and products tailored to meet the special needs of each client.

Who should consider it

While anyone can face an unexpected hospital stay, certain groups may find hospital indemnity insurance especially helpful:

- **People with high-deductible health plans.** If you must pay $1,600 to $3,000 or more out of pocket before your plan pays, a hospital stay could quickly exhaust your budget.

See 'Vision' on page 2

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Book a Consultation

How to Provide a Financial Legacy for Your Loved Ones

LEAVING A FINANCIAL legacy to support your family or a worthy charity shows how much you care. If this is one of your lifetime goals, there are several ways you can help make a real difference in the lives of others.

Evaluating life insurance

If you're at retirement age, your family may not need the death benefit from your fully funded life insurance policy to pay bills. Therefore, you may want to think about changing the policy's beneficiary to a charity or trust.

Communicating your wishes

Family dynamics and expectations differ in every family. If you plan to make a charitable donation, you might consider how to communicate these wishes to your family. This may be especially important if you're unsure how they feel about your intent for the distribution of your wealth.

In some cases, we can help you initiate this discussion with family members. Make sure the entire family is on board to avoid misunderstandings later.

Giving to charity

Whether you're considering donating to your alma mater or a religious or nonprofit organization, charitable giving provides assets for organizations that deserve support. Always discuss these gifts with a professional tax advisor to maximize potential tax benefits.

Writing a will

A will can help ensure that any type of estate is distributed according to your preferences, not based on a state mandate or statute. It doesn't need to be a complicated legal document but be sure that your intentions are documented.

This may also be a good time to confirm that your life insurance or individual retirement account beneficiaries are current and accurate.

Distributions made through a will are "once and done," providing a directive for your assets. For those with requirements for assets to carry on, a trust may be a possibility, so these assets can continue to provide benefits.

Establishing a trust

If leaving a legacy to your family is a high priority, consider a family trust. A trust makes it possible to distribute assets based on the grantor's preferences and set a percentage for your grandchildren so they each receive funds on a periodic basis.

These assets can be distributed while the grantor is alive or after that person is gone — perhaps even for generations to come, with a trustee directing the distribution.

One example is a special needs trust. In a family where a son or daughter has special needs, and the parents' assets may be required for their individual care, the parents could create a special needs trust to ensure that the assets are available for distribution.

This could potentially include ways to maximize state benefits given the needs of that child, perhaps 30 to 40 years after a parent's death.

Planning for life

Planning for your legacy is worth considering whether you're a recent college graduate with a desire to give back to your alma mater, an adult in your 30s who wants to support an important cause or a 60-year-old approaching retirement with assets beyond what you need for your own retirement security.

Working with a financial professional on legacy planning strategies can help make your wishes a reality — in ways that benefit both you and the recipients of your generosity.

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Hospital Indemnity Cover Does Not Replace Health Insurance

- **Individuals with known health risks.** Those with a family history of serious conditions are at higher risk.
- **Families who are living paycheck to paycheck.** If you have limited savings, a hospital stay could create financial strain.
- **Those without disability coverage**. If time off work would hurt your finances, a lump-sum benefit can bridge the gap.

Hospital indemnity insurance does not replace major medical coverage. Instead, it complements the coverage by providing cash when you need it most.

Have questions about hospital indemnity insurance?
Call us: 262-762-9974

Medicare and Dental Coverage: What to Know

A COMMON MISUNDERSTANDING about Medicare is that it does not cover any dental care, leaving beneficiaries to pay all dental expenses out of pocket. While it's true that Original Medicare does not include routine dental services, there are several ways for seniors to obtain coverage.

You should know that Original Medicare (Parts A and B) only provides coverage for dental services in rare cases when they are medically necessary as part of a covered procedure.

This can include dental work required before an organ transplant, cardiac surgery or chemotherapy. However, routine cleanings, fillings, extractions and dentures are not covered.

Options for dental coverage with Medicare

Seniors looking for dental insurance have a few choices:

Medicare Advantage plans – These plans often include dental benefits. However, coverage varies widely, and benefits may be limited. Many plans require cost-sharing for procedures like fillings or extractions and they often cap annual benefits.

Medigap policies – While Medigap plans (supplemental insurance for those with Original Medicare) typically do not include dental, some insurers offer separate dental coverage or discounted dental plans. Coverage and availability vary by insurer.

Stand-alone policies – Seniors can buy a dental insurance plan from a private insurer. These plans generally include an annual benefit cap and may have waiting periods before coverage applies. Monthly premiums typically range from $30 to $60.

Medicaid – For low-income individuals, Medicaid may provide dental benefits, though coverage varies by state, with some covering only emergency dental care, while others include preventive and comprehensive services.

Dental discount plans – Instead of insurance, you can opt for a plan that provides reduced rates for dental services at participating dentists for an annual fee, usually about $100. There are no annual dollar maximums, deductibles or waiting periods.

Considerations when choosing a plan

Dental plans often have strict annual limits. Once those limits are reached, any additional dental expenses must be paid out of pocket.

What to look for in a plan

You should carefully review the details of any plan before enrolling. Key factors to compare include:

- **Annual maximums** – Most plans cap coverage at $1,000 to $2,000 per year.
- **Network restrictions** – Some plans only cover services from in-network providers.
- **Cost-sharing requirements** – Coinsurance and copays may be significant, particularly for major procedures.
- **Waiting periods** – Many plans require new enrollees to wait months before receiving full benefits.

If you are in a Medicare Advantage plan, check to see if it offers dental coverage. Before choosing an Advantage plan you should review and compare benefits among different plans. Some may only cover preventive care, while others include coverage for more extensive procedures.

Don't skimp on dental

As we age, it's essential that we continue taking care of our teeth. Good oral health is essential, as poor dental care has been linked to serious medical conditions like heart disease, stroke and cognitive decline.

Despite this, many older adults go without regular dental checkups — but you don't have to. You have a number of affordable options to choose from.

Medicare Still Covers COVID-19, RSV, Other Vaccines

MEDICARE PROVIDES full coverage for a wide range of vaccines recommended for older adults.

But recent confusion around the latest COVID-19 shot has left some seniors wondering what's covered and what to do if they are turned away at the pharmacy.

Vaccine coverage applies whether you have Original Medicare or a Medicare Advantage plan, and it extends to all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). In some cases, you'll also need to be enrolled in a Part D plan to ensure coverage.

Vaccines covered at no cost

- **Influenza** – Annual vaccine, covered under Part B.
- **COVID-19** – Covered under Part B for all beneficiaries 65 and older and those with certain health conditions.
- **Shingles** – Shingrix is covered under Part D.
- **Respiratory syncytial virus (RSV)** – Covered under Part D for those 60 and older after a discussion with a provider.
- **Tdap** – Covered under Part D.
- **Pneumococcal shots** – Covered under Part B.
- **Hepatitis B** – Covered under Part B for those at medium or high risk.

Spotlight: Shingrix

Shingles is a painful viral infection that affects roughly one in three people in the U.S., with risk increasing as you age. Shingrix is more than 90% effective at preventing both shingles and long-term nerve pain.

This two-dose vaccine is recommended for healthy adults starting at age 50 and for immunocompromised adults 19 and older. The doses are typically spaced between two to six months apart, or one to two months apart for those with weakened immune systems.

Spotlight: RSV vaccine

RSV is a common virus that usually causes mild cold-like symptoms and clears up within a week or two. But in older adults, it can become dangerous and lead to serious complications such as pneumonia.

A single-dose RSV vaccine is now available and is recommended for people 60 and older after consulting with their doctor.

COVID-19 vaccine confusion

The newest COVID-19 vaccine has FDA approval for adults 65 and older and those with certain underlying health conditions. But approval alone does not guarantee access because ACIP must also recommend the vaccine, and delays in that process created problems last year.

Some seniors reported being denied the vaccine at pharmacies because systems had not yet been updated or because state regulations require an ACIP recommendation before pharmacists can give the shot. In some cases, people were told to pay out of pocket.

Remember: Medicare Part B and all Medicare Advantage plans must cover the COVID-19 vaccine for anyone 65 and older. If you are turned away, it is typically a billing or system issue, not a lack of coverage.

What to do if you are denied a vaccine

If you are eligible for a vaccine but denied coverage:

- **Double-check eligibility.** Make sure you meet the FDA and Medicare criteria for the shot.
- **Ask your provider.** In some states, a doctor's prescription may help until ACIP recommendations are finalized.
- **Contact Medicare.** Call 1-800-MEDICARE to report improper denials and get guidance on next steps.
- **Seek reimbursement.** If you pay out of pocket, request an itemized receipt so you can seek reimbursement from your plan.

Lastly, to avoid being denied a vaccine, consider calling your pharmacy beforehand to confirm they can process the vaccine under Medicare.