NEWS YOU CAN USE

JULY 2026

262-762-9974 | cindyformella@blackbeltinsurancegroup.com | www.blackbeltinsurancegroup.com

Medicare's New GLP-1 Program: Do You Qualify?

UNDER A NEW pilot program, Medicare beneficiaries may be able to obtain certain GLP-1 medications for weight loss and management for $50 per month if they meet eligibility criteria.

While beneficiaries must be enrolled in a Part D plan to qualify for the GLP-1 Bridge program, it will be run separately by the Centers for Medicare and Medicaid Services. As a result, the $50 monthly copay will not count toward deductibles or out-of-pocket maximums.

The pilot, which will run through Dec. 31, 2027, is designed for individuals who can benefit from weight loss but do not have type 2 diabetes.

Eligibility

The GLP-1 Bridge is for Medicare beneficiaries who cannot get GLP-1 coverage through their Part D plan for weight loss or management.

Patients will have access to three drugs:

- Foundayo (oral tablet)
- Wegovy (injection and tablets)
- Zepbound (KwikPen only)

To access the GLP-1 Bridge, patients' health care providers must submit a prior authorization request to the program clearinghouse.

Eligibility has two parts: plan type and clinical criteria.

Plan types — Only enrollees in certain plan types will have access to the program, including those enrolled in:

- Standalone Part D plans and Medicare Advantage plans with a Part D component
- Special needs plans
- Dual eligibles enrolled in eligible plan types

Clinical criteria

To qualify, enrollees will need to have:

- A body mass index of 35 or above,
- A BMI of 30 or higher with at least one weight-related condition, such as heart failure, uncontrolled hypertension or chronic kidney disease stage 3a or above, or
- A BMI of 27 or higher with a diagnosis of at least one of the following: prediabetes (as defined by American Diabetes Association guidelines), prior myocardial infarction (heart attack), prior stroke or symptomatic peripheral artery disease.

Caveats

The GLP-1 Bridge is the primary payer and will not coordinate benefits with Part D plans.

Beneficiaries do not qualify for the GLP-1 Bridge if they have:

- Type 2 diabetes
- Cardiovascular disease, and the drug is being prescribed to treat it
- Moderate-to-severe sleep apnea
- Non-cirrhotic metabolic dysfunction-associated steatohepatitis, or MASH, with moderate-to-advanced liver fibrosis

If you have questions about your coverage, please give us a call.

Welcome to Our Newsletter

Black Belt Insurance Group is pleased to present you with our newsletter.

We hope the articles 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 health and life insurance, 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.

Black Belt Insurance Group
Mukwonago, Wisconsin serving 30 States

Phone: 262-762-9974
cindyformella@blackbeltinsurancegroup.com
www.blackbeltinsurancegroup.com

Book a Consultation

Four Benefits of Smart Home Tech for Older Adults

TODAY'S SMART home technology has become synonymous with convenience, but it can also have a significant impact on the quality of life as we age.

It can make our homes easier to manage and it can also make them safer. This is particularly the case for people who need to take medication on schedule, and for those whose mobility is impaired.

Smart home tech allows its users to customize their devices based on their personal preferences and individual schedules. It offers many key benefits to today's older adults. These are four of the most compelling ones:

1. Simplifying daily routines

It only takes a few short minutes to link up smart hubs and accessories. The benefits are worth the time spent doing this.

Hubs and accessories can allow seniors to use their personal schedules and preferences to program devices to remind them to do tasks such as dimming the hallway lighting or taking their medication.

The smart home hub – The smart hub can be thought of as the central brain that connects a user's devices together. This can make it easier for seniors with limited mobility to turn on their appliances or turn off their lights, among other benefits.

Smart home appliances and lighting – With smart home lighting, there is no need to stumble around in the dark trying to find a switch. It is easy to access smart lighting with a simple voice command or using a mobile app.

Seniors can also benefit from smart plugs that allow them to operate everyday appliances and electric devices such as coffee makers and lamps through an app.

2. Safety and security benefits

Today's home automation technology makes it easier than ever to keep a home secure. This is accomplished with smart door locks and smart home security systems.

Most smart door locks link to an app on your phone that shows the lock's status, so you can lock and unlock the door while you're out of the house.

Most home security systems come with door and window sensors, motion detectors and a smart hub, but you can add on more based on your needs.

It is also possible to link a medical alert system into today's smart home technology. These systems can contact caregivers and emergency services in case of a fall, heart trouble or other medical emergency.

3. Hands-free control

Hands-free control is a major benefit that seniors can enjoy with smart home technology.

These controls reduce the need to manually manipulate small buttons and dials, which can be difficult for some people, like those with arthritis or a degenerative nerve disease.

To get the most out of hands-free technology, you need to install a virtual assistant or smart speaker such as Apple's Siri and Amazon's Alexa. Their uses include (among many others):

- Activation of smart devices
- Answering questions
- Reminders for things like medications or appointments
- Assistance with calling family or caregivers
- Playing the news, music or audiobooks

4. Cleaner and more comfortable home

Keeping the home clean can become more challenging as people age. The use of robot vacuums can help significantly.

Smart thermostats can help seniors to keep their homes at a comfortable temperature with little effort. They can also help save money.

Beware of the HSA Trap After Enrolling in Medicare

MANY AMERICANS spend years building a healthy balance in a Health Savings Account, taking advantage of one of the most tax-friendly savings vehicles available. But once Medicare enters the picture, a simple misunderstanding can create an unexpected tax headache.

Under IRS rules, once you enroll in Medicare, you are no longer eligible to contribute to an HSA, which can be used to reimburse your out-of-pocket medical expenses. These accounts are usually administered by your employer.

However, many seniors continue contributing after they sign up for Social Security, not knowing that once they do, they are automatically enrolled in Medicare Part A. Those contributions could be subject to a 6% tax penalty.

The problem can compound if they don't realize their mistake and either continue contributing to their HSA or delay correcting it.

HSAs explained

If you have a high-deductible health plan (HDHP) through your employer or one purchased through the Affordable Care Act marketplace, you may be eligible to contribute to an HSA. Contributions are generally made with pre-tax dollars. Investment earnings may grow over time and withdrawals for qualified medical expenses are tax-free.

Funds in these accounts can be invested like a 401(k) and withdrawn to reimburse medical expenses, including copays, coinsurance, medications and certain medical equipment.

Enrollment trap

Some individuals work past age 65 and remain covered by an employer-sponsored HDHP.

The problem often arises when they begin taking Social Security benefits because, in most cases, they are automatically enrolled in Medicare Part A. Many people don't realize this enrollment has occurred.

Adding to the confusion is Medicare's retroactive coverage provision. When a person enrolls in Medicare after age 65, Medicare Part A coverage may apply retroactively for up to six months, but not before the month they first became eligible.

That six-month lookback period can create a problem for HSA contributors. Contributions made during that period may be treated as excess because the individual is considered covered by Medicare.

Tax consequences

Excess HSA contributions are subject to IRS penalties if they aren't corrected in a timely manner.

The IRS generally imposes a 6% excise tax on excess contributions. That tax can continue each year until the excess amount and any associated earnings are removed from the account and properly reported.

For someone who unknowingly continues making maximum HSA contributions for months after Medicare enrollment, the costs can add up quickly. In addition to the excise tax, they may need to amend tax returns and work with their HSA administrator to correct the error.

How to avoid problems

If you plan to enroll in Medicare or begin collecting Social Security benefits, review your HSA contribution strategy well in advance. Many financial and tax professionals recommend stopping HSA contributions at least six months before your anticipated Medicare enrollment date to avoid any issues from retroactive coverage.

If you're unsure whether you're enrolled in Medicare Part A, contact the Social Security Administration or Medicare before making additional HSA contributions.

Don't overlook the value of your HSA

While you must stop contributing once you enroll in Medicare, your HSA can remain a valuable retirement asset. A well-funded HSA can cushion the blow of higher medical expenses in your golden years.

The key is understanding the rules so you can enjoy the benefits without triggering unnecessary taxes or penalties.

Protect Yourself Against Medicare Scam Calls

COMPLAINTS ABOUT Medicare-related scam calls have increased sharply over the past year, with reports to the Better Business Bureau rising 40% and some seniors receiving 50 calls a day about improving their Medicare coverage.

The callers often claim to represent Medicare regulators, a health insurer or a doctor's office. Some say your Medicare card is expiring, your coverage is about to be interrupted or you qualify for new benefits. Others offer free products, including medical equipment or smartphones, to get you to divulge your Medicare number and personal information.

With that information, they can steal your identity and leave you in financial ruin. They may also use your information to bill for bogus services, treatments or medical devices.

For example, an 80-year-old Texas woman received a large box of orthopedic support braces she had never ordered. The woman investigated and learned that Medicare had been billed $714.83 for the braces. Her secondary insurer was also charged more than $570, and additional fraudulent claims were filed for diabetes supplies and COVID-19 tests she never requested.

In some cases, fraudulent claims can lead to inaccurate medical records, including diagnoses for conditions the beneficiary does not have.

Here's a look at three types of scams targeting seniors.

Example 1: The 'you qualify for more benefits' call

An 80-year-old Pennsylvania man received 50 to 60 Medicare-related calls every weekday during open enrollment, according to an article in *The New York Times*. The calls often started with a recorded message saying: "We're reaching out to seniors to ensure they receive any unclaimed additional Medicare benefits."

The caller would then ask if he had Medicare Parts A and B and try to transfer him to a live agent, Steven Kurutz told *The Times*. The goal was to collect personal information or convince him to switch coverage.

Kurutz already had comprehensive retiree health coverage and did not need a new plan, but the callers continued relentlessly. The calls became so frequent that they interfered with his ability to use his phone for legitimate purposes, including communicating with doctors and monitoring his health.

Example 2: The 'Medicare card expiring' call

According to fraud investigators quoted in The Times article, some scammers tell beneficiaries their Medicare card is expiring, or their coverage could be interrupted unless they verify personal information. If victims reveal their Medicare number, Social Security number or other information, scammers can use it to steal their identity or fraudulently bill Medicare or insurers.

Other versions of the scam involve callers impersonating Medicare representatives, health insurers or doctors' offices. Scammers create urgency and fear to pressure seniors into providing information before they have time to think critically.

Example 3: The freebies scam

Fraud investigators frequently warn about offers for "free" medical equipment, gift cards, hearing aids, back braces and even smartphones.

The free item is often bait. Once beneficiaries provide a Medicare number and other identifying information, scammers may use it to submit fraudulent claims or enroll them in products or plans they never wanted.

Protecting yourself

What makes these scams convincing is that criminals may already know your age, address or other personal details and need only a bit more information to start the scam.

Stay vigilant if you get a call

- Be skeptical of unsolicited Medicare calls.
- Never provide your Medicare number, Social Security number or banking information to unexpected callers.
- Medicare generally does not call beneficiaries unexpectedly to ask for Medicare numbers or banking information and typically communicates by mail first.
- Hang up if a caller pressures you to act immediately or claims your coverage is at risk.
- Review your Medicare Summary Notices and Explanation of Benefits statements for unfamiliar charges.
- Report suspicious charges or services promptly.

If you suspect Medicare fraud, contact the Senior Medicare Patrol program in your state, call Medicare at 1-800-MEDICARE or report the incident to the Federal Trade Commission at ReportFraud.ftc.gov.