

KADO & ASSOCIATES

2026 Medicare Insurance Update

Hello!

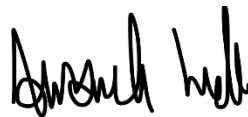
I'm looking for your help to make sure that your health insurance needs are met for 2026. Please fill out the information on the other side of this page **IF** you're looking for me to shop around for coverage on your behalf. I also have an online link here: <https://tinyurl.com/m2r3x7u5> that you can use to complete your 2026 update. This is not a mandatory action, but highly recommended. It will be very important for you to read the Annual Notice of Change document your insurance company will be sending you at the end of September or early October.

Starting in 2025, we saw the maximum you will pay for prescription drugs at the pharmacy capped at \$2,000. You can read about that here on the final press release: <https://tinyurl.com/5n8drtj9> In 2026, that out-of-pocket maximum will be increasing to \$2,100.

Please return this form to my attention at the address below **OR** by emailing it to me at awebb@kadoinsurance.com. Please email first without the form so that I may send you a secure link to send the form in with. There is also a fillable form available on our website: <http://kadoinsurance.com/medicare-annual-enrollment/>. You may also email me to request the fillable form. If you would like to meet (either in person or over the phone), please also fill out the attached Scope of Appointment form.

Open enrollment starts on October 15th, but I will start going through requests on October 1st. I will collect these in the order I receive them, then contact you to verify information and complete the plan selection process, if necessary. This will involve making an appointment ahead of time. If you have any questions, please contact me prior to 10/15. I will have a very tight schedule and want to make sure I have time for all of my clients.

Thank you!



Amanda Webb FHIAS®, HCP, HCSA
Kado & Associates Insurance
awebb@kadoinsurance.com

Date: _____

Name: _____

Phone: _____

Preferred Contact Method: _____

Has Any of Your Contact Information Changed Since Last Year? _____

Preferred Pharmacy: _____

2nd Choice: _____

3rd Choice: _____

Current **Prescription** Coverage: _____

Ex)	Name Of Medication	Dosage	Tablet Or Capsule (mark with "X")		Frequency (e.g., Once Daily, Twice Daily etc)	30 Day Or 90 Day Supply (mark with "x")	
			Tablet	Capsule		30	90
	<i>Ibuprofen</i>	<i>200mg</i>			<i>Twice Daily</i>	30	90
			Tablet	Capsule		30	90
			Tablet	Capsule		30	90
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			Tablet	Capsule		30	90

Any specific questions/concerns about your **Medical or Drug** Coverage: _____

***Reminder:** Please have bank routing and account number ready if you are interested in enrolling into automatic payments*

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 face-to-face 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.

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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.

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Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.



Medicare Supplement (Medigap) Products

Medicare Supplement (Medigap) Plan - Plans offering a supplemental policy to fill “gaps” in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.



Ancillary Products

Dental/Vision/Hearing Products - Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

Hospital Indemnity Products - Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

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 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 (Optional):
Beneficiary Address (Optional):	
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:	

*Scope of Appointment documentation is subject to CMS record retention requirements *

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: