

2014 CLIENT NEWSLETTER



Newsletter found at
MSAMentoring.com

LETTER FROM THE PRESIDENT



**MICHELE POWELL,
OWNER/PRESIDENT**

**PAGE 1
LETTER FROM
THE PRESIDENT**

**PAGE 2
CHANGES DUE TO
HEALTHCARE REFORM**

**PAGE 3
HOW TO ENROLL**

**PAGE 4 & 5
LEGISLATIVE
CORNER**

**PAGE 6
DENTAL SOLUTIONS**

**PAGE 7
2014 CONTRIBUTION
LIMITS**

**PAGE 8
NO RISK
"REAL BENEFITS"
RETIREMENT
STRATEGIES
&
MERRY CHRISTMAS**

Dear Clients and Friends,

I hope this letter finds you doing well this year and Christmas season. 2014 certainly has been quite the year. It started out in the middle of the first ever Healthcare Annual Open Enrollment (OE) for the under age 65 American population. That OE ended March 31st of 2014 and we've just begun the second Annual OE on November 15, 2014 which is extended again this year and will close on February 15, 2015. Needless to say, the entire process has been overwhelming. I am not sure the American people are ready for what is happening now, not to mention what is ahead of us, however, I'm proud to say MSA has been very proactive and we've been blessed to have the privilege to help most of you through the process. Please take some time to pray for our country and its leaders. America is in a very interesting season of trial and tribulation and, as this next years election choices are presented, each of us must take time to VOTE and exercise our right to have input in who represents us in Washington in the future.

I'd like to thank each of you for your business, your confidence and the many referrals you have sent our way. Also, thank you to my amazing staff, you are beautiful women of God and we are blessed to have you on the team serving Him and us.

It's hard to believe 2015 is around the corner already. I have been in the Insurance Industry now for 21 years and I have never seen such chaos during my career. Washington is in chaos.....Carriers are in chaos..... Most consumers are completely uninformed while others are in total shock.....especially those who have lost their policies effective December 31st and now are experiencing 100-200% rate increases while finding a NEW ACA insurance policy. Our grandfathered clients are grateful to be able to keep what they have now when, just a year ago, many thought those policies were expensive. The clients who are eligible for a subsidy, however, are grateful because the subsidies are the only way the NEW ACA plans are "affordable." All of us are still mesmerized at the uninsured population as we watch it growing daily, when that was the purpose of us needing a "CHANGE." I will speak more to this later in this newsletter in the "Legislative Corner."

Who knows what the American Healthcare Industry's future holds for us but the one TRUTH we can be assured of this year and every year ahead of us is Jesus Himself is the same yesterday, today and will be forever. As we celebrate His birth this Christmas, I pray each and every one of you have the peace that surpasses all understanding and that you, your family and friends enjoy one another and have a Very Merry Christmas and Happy New Year.

Respectfully and in Christ's Service,

Michele Powell, President

Changes due to health care reform

Signed into law in March of 2010, **the Affordable Care Act (ACA)** is the most life-changing law since the passing of Medicare in the 1960s. The ACA shaped new rules and guidelines effective January 1, 2014.

To put the ACA in a nut shell....I like to use the analogy of a 3 legged stool.

Leg 1

Represents the American People, under age 65 being pooled into one group, like our seniors, so that we now ONLY have the ability to shop for new coverage once a year, during **Open Enrollments (OE)**. Outside of OE's the only exception to shop is a **Qualified Life Event (QLE)**.

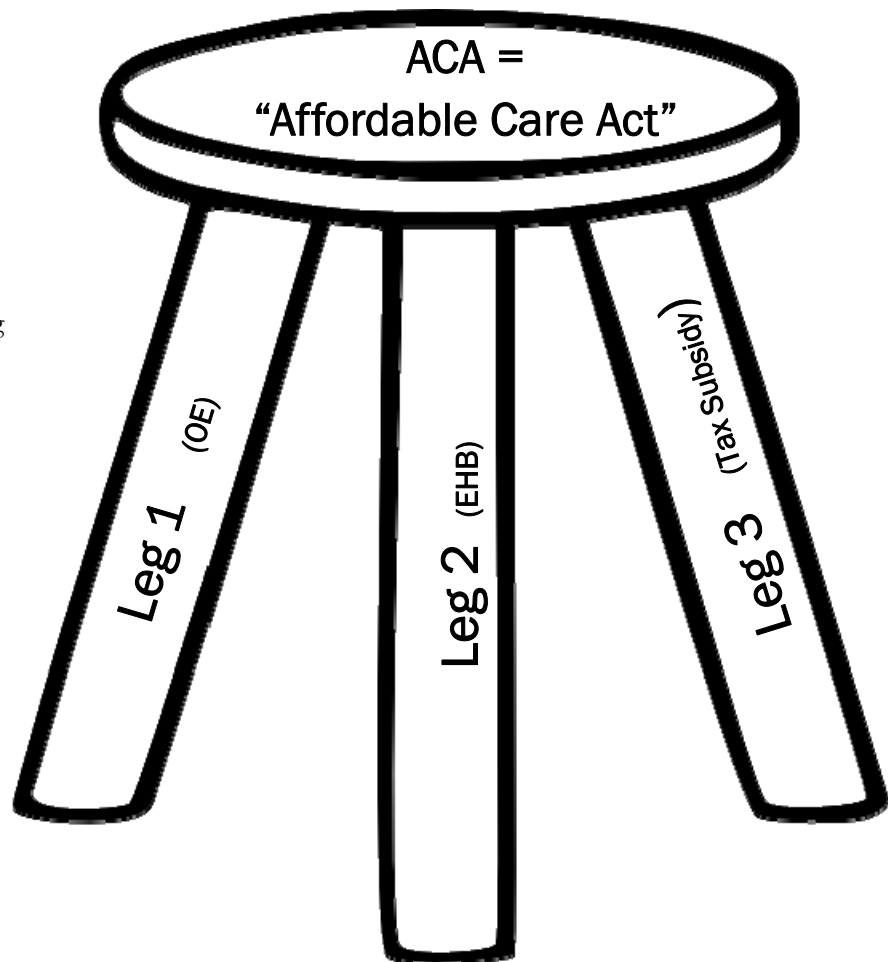
Leg 2

The **ACA**, mandates all **NEW** policies purchased must include **Essential Health Benefits (EHB)** like maternity, mental health, drug rehab, 100% preventive care coverage, no life time limits on policies and they are to be guaranteed issue with no pre-existing conditions, just to name a few. Hence the average rate increase in just one short year has been 113% so far!!!

Leg 3

Represents the **TAX SUBSIDY**...just like the housing or food stamp subsidy we now have a healthcare subsidy. We all purchase the same plans, just like groceries, but some pay with cash and others with a subsidy. So the only clients who are finding healthcare "affordable" now are those who qualify for a tax subsidy. To see if you are eligible for a subsidy visit our website at www.msamentoring.com. Click on "Legislative Updates," (twice) scroll down to the middle of the page and click on the purple bubble that says

"Do I qualify for a Government subsidy?" and answer the seven questions. **If you are eligible you MUST apply for a new ACA plan as "ON" the Exchange (i.e. subsidized ACA policy).**



APPLICATION DEADLINE	EFFECTIVE DATE
Nov. 15, 2014 thru Dec. 15, 2014	For a January 1, 2015
Dec. 16, 2014 thru Jan. 15, 2015	For a February 1, 2015
Jan. 16, 2015 thru Feb. 15, 2015	For a March 1, 2015
THEN OPEN ENROLLMENT CLOSES	Only Qualified Life Events (QLE) will make you eligible for a Special Enrollment Period (SEP)
NEXT YEAR'S 2016 OE BEGINS October 15, 2015 2016 OE CLOSES December 7, 2015	For a January 1, 2016

How to Enroll



“Open Enrollment closes February 15, 2015

Mentoring in Strategies & Alternatives

- WHO WE ARE +
- EXISTING CLIENTS & LEGISLATIVE UPDATES
- AGENTS / STAFF +
- FINANCIAL STRATEGIES
- HEALTHCARE STRATEGIES, DENTAL AND INSURANCE ALTERNATIVES
- INTERNATIONAL TRAVEL MEDICAL INSURANCE
- What we do
- CONTACT US

- STEP 1:** Log onto www.msamentoring.com
 - STEP 2:** Click on Healthcare Strategies
 - STEP 3:** Click on Traditional Health Insurance
 - STEP 4:** Click on Get a Quote
 - STEP 5:** Populate your personal information
 - STEP 6:** Choose your plan and select the APPLY NOW button. The “OFF” exchange application should take you approx 10 minutes and the “ON” exchange application will take you approx 20 minutes due to the tax subsidy premium offset process.
 - STEP 7:** If you have any questions or need assistance, call the office @ 941-753-0031 and our staff will help you or schedule a conference call for you with Michele to go over your questions.
- NOTE:** If you choose to apply through the government website or toll free number, make sure you indicate Michele’s NPN (National Producer Number) #524829 as your agent or you will have no representation. Carrier assistance, is handled during business hours when you are working and need us the most.. Let us help you and know adding an agent to your account does not cost you a penny.

Tax consequences for those who are not ACA compliant or are uninsured

2014	2015	2016
<p>\$95 PER ADULT</p> <p>\$47⁵⁰ PER CHILD</p> <p>UP TO \$285 PER HOUSEHOLD</p> <p>OR ↓</p> <p>1% OF YEARLY HOUSEHOLD INCOME</p>	<p>\$325 PER ADULT</p> <p>\$162⁵⁰ PER CHILD</p> <p>UP TO \$975 PER HOUSEHOLD</p> <p>OR ↓</p> <p>2% OF YEARLY HOUSEHOLD INCOME</p>	<p>\$695 PER ADULT</p> <p>\$347⁵⁰ PER CHILD</p> <p>UP TO \$2,085 PER HOUSEHOLD</p> <p>OR ↓</p> <p>2.5% OF YEARLY HOUSEHOLD INCOME</p>
<p>FLAT \$ AMOUNT OR % OF INCOME (WHICHEVER IS GREATER)</p> <p>IN 2014, individuals and families with income under approximately \$28,500 will pay a flat dollar penalty amount if they fail to obtain minimum essential coverage. Individuals and families with income over \$28,500 will pay a penalty equal to 1 percent of their income.</p>	<p>FLAT \$ AMOUNT OR % OF INCOME (WHICHEVER IS GREATER)</p> <p>IN 2015, individuals and families with income under approximately \$48,750 will pay a flat dollar penalty amount if they fail to obtain minimum essential coverage. Individuals and families with income over \$48,750 will pay a penalty equal to 2 percent of their income.</p>	<p>FLAT \$ AMOUNT OR % OF INCOME (WHICHEVER IS GREATER)</p> <p>IN 2016, individuals and families with income under approximately \$83,400 will pay a flat dollar penalty amount if they fail to obtain minimum essential coverage. Individuals and families with income over \$83,400 will pay a penalty equal to 2.5 percent of their income.</p>



Legislative Corner



This year 2014 has been a year that will go down in American history for certain as the year the American people were SHOCKED at the roll out of the NEW Affordable Care Act (ACA) also known as "Obamacare"..... What is it??????? Well as you all know I am a firm believer that:

The Truth Will Set You Free



So here is the scoop:

1. There is no such thing as "Obamacare" because there is not one word of legislation that is called "Obamacare" and there are NO government policies available to the American people that provide care or pay for care that did not exist prior to this passing of the ACA legislation.
2. Care is provided by THE medical professions, and it is paid for by:
 - ◆ PRIVATE INSURANCE CARRIERS who sell insurance policies to the American people, business as usual (but now with a government approved rate increase of an average of 113% in higher premiums, for NEW ACA compliant plans, than we had prior to the passing of the ACA legislation), OR
 - ◆ The American people themselves who choose to self fund their care
3. There is, however, a **NEW "Tax subsidy" and "Tax penalty"** that is the backbone of the new ACA law passed in 2010 and implemented this year, 2014, which is the only way the NEW ACA plans are remotely "affordable." The ?? still pending is how will we fund these "tax subsidies?"
4. All of the new ACA compliant insurance policies are **NOW required to have the Essential Health Benefits (EHB's)** in them so they cover more than they used to and are guaranteed issue. Hence the government approved premium rate increase of 113% so far. In other words...more coverage = more premium.
5. The surveys being developed right now are already indicating that the un-insured population in America will more than double over the next 2 years due to these higher costs in premium. Sadly for the 43 million Americans who were uninsured when the law passed, either by choice or because of pre-existing conditions, the rest of the American people, billions of us, now pay more than double for our NEW ACA compliant policies. (Did you know that ONLY 9 million of the 43 million un-insured Americans, according to the government's own surveys, were un-insured because they had pre-existing conditions, while the other 34 million were un-insured by choice?)
6. Originally there was a TRUE Government Policy sold through the original healthcare.gov website. The policies were provided to the un-insured American people who qualified for it by proving that they could not get coverage elsewhere due to health conditions. I sold a few of the policies. Very few Americans purchased the policy since **most who were un-insured were "by choice."** Sadly that program went **belly up in just 3 short years** and even those clients lost their "government policy" and became un-insured again last year. They now have to purchase an ACA compliant policy at these higher rates and now that they are being offered the ACA plans are NOW choosing to stay un-insured verses paying these high premiums.
7. The lion's share of these changes affected the under 65 population of Americans who are not on a group policy, so far. (Earlier in this newsletter I addressed this using **the analogy of a 3 legged stool.**)

Legislative Corner cont.

8. The clients who are eligible for the "Tax subsidy" offset in premium are beginning to enroll as they understand how the policies and subsidy offsets work. This premium offset works this way: If an insured is approved for a "tax subsidy" of say \$500 a month and the premium for the policy the client wants to purchase has a premium of \$800 a month, the client applies for an "ON EXCHANGE" i.e. ON tax subsidy policy. During the application process the client participates in a government tax subsidy eligibility portion of their enrollment which includes "verification of identity", "income verification" and "eligibility for subsidy verifications". Once done with the eligibility process and approved for the \$500 a month subsidy the "insurance plan" is selected and the \$800 premium for the "private market" policy is reduced from the \$800 to \$300, using ALL or a portion of, the \$500 subsidy to pay the carriers the subsidized portion of the premium, then the client is charged the \$300 a month difference. The approved enrollee is required to maintain their subsidy eligibility with the government; If later it is found that the client accepted more of a subsidy than they were eligible for, they pay it back to the government during tax season when filing for their taxes.

The Truth Will Set You Free ✨ ✨ ✨

Visit our website @ www.msamentoring.com to get QUOTES and to apply for coverage through said quotes.

- ◆ For those of you who are NOT eligible for a "tax subsidy," use the "OFF EXCHANGE" since you are not applying for a "tax subsidy".
- ◆ If you think you may be eligible for a "tax subsidy," use the "ON EXCHANGE" button when getting a quote, it will ask for your income to give you the estimated premium offset based on the subsidy you may be eligible for..... the "ON EXCHANGE" application process takes a little longer due to the subsidy eligibility policy process. This year not all of the plans that are offered "OFF EXCHANGE" are available to the "ON EXCHANGE" clients. Most of the ON EXCHANGE policies are "gatekeeper" policies this year.

Where Does Your Premium Go?



REMEMBER; when looking for a NEW ACA policy you will need to keep in mind the policy designs. Each of these buildings (shown left) is VERY IMPORTANT.

FINALLY.....This years 2015 BUYER BEWARE is in the NETWORK or PROVIDER LIST !!!!!!! The NEW BUZZZZZZ is "Gatekeeper" networks both in the HMO

and PPO policies. Several of our carriers will ONLY be offering GATEKEEPER networks this year which means that a client MUST go to a "Primary Care Physician" (PCP) for 95% of their care and get a referral for Specialty Care (SPC) or testing. We have never seen these restrictive networks in the "individual" private market before and Americans are going to be very irritated when they find that they have purchased one and are stuck in it for a year until next years open enrollment. Many of the clients losing their policies in Florida are losing them because their carriers are only offering GATEKEEPER plans going forward. The carriers have been told it is the only way left to keep costs down. Some of us will agree and others will simply feel that GATEKEEPER means restricting care. (Of course it keeps the cost down if we can't use our policies freely.)

The NETWORK is at the top of the adjudication triangle of all HMO and PPO Policies (#4 to the right) Now, if we go to either of these network types, we need to ask if they are :

- ◆ Open Access Networks or
- ◆ Gatekeeper Network

The industry has changed significantly and will never be the same again. If you know the rules you can play the game. Our goal is to assist you in knowing the rules so you can actually figure out what is in your families best interest and, while playing the game, ACTUALLY WIN.....



Respectfully submitted,

Michele Powell, President



MSA proudly offers the **MASTER PLAN**

Call: 941.753.0031 | Fax: 941.753.0049



WHAT ARE MY BENEFITS?

- ✓ No claim forms
- ✓ No waiting periods
- ✓ Personal choice of network dentist
- ✓ Specialty care at discounted rates
- ✓ No pre-authorization required
- ✓ No pre-existing condition exclusions
- ✓ No maximum benefit level

SERVICE	AVERAGE COST	YOUR COST	SAVINGS
Comprehensive Oral Exam	69	No Cost	69
Periodic Oral Exam	42	No Cost	42
Bitewing X-rays (2)	36	No Cost	36
Panoramic X-ray (1x/3 years)	93	No Cost	93
Routine Cleanings (2x/year)	74	No Cost	74
One Surface Amalgam Filling	131	70	61
Molar Root Canal	972	675	297
Porcelain-Metal Crown	870	440	430

HOW DO I CHOOSE A DENTIST?

Select a General Dentist from the Argus Master Directory by visiting www.MSAmentoring.com. Place the identification number of the dentist you have chosen in the space provided on the enrollment form. If you would like to transfer to another dentist, you may do so at any time by contacting us at 941-753-0031.

WHAT IF I NEED A SPECIALIST?

You have access to specialists in all fields of dentistry at reduced rates through the Master Plan. Argus members receive a 25% discount on all services provided by Participating Specialists under the dental specialties of Orthodontics, Oral Surgery, Periodontics, Endodontics and Pediatrics.

You may self refer to a Participating Specialist, however, we recommend that you visit your General Dentist first for an appropriate diagnosis. Argus representatives are available should you need assistance in selecting a Specialist.

WHAT ARE MY PREMIUMS?

Choose the payment option that is most convenient for you:

- ✓ Once a year by check or credit card.
- ✓ Monthly debit from your bank account.*
- ✓ Monthly charge to your credit card.*

	MONTHLY	ANNUALLY
1 Individual	9.95	119.40
2 Individual + 1	15.95	191.40
3 Family	23.95	287.40

There will be a one-time \$25 enrollment fee.

*Your account will be debited or charged by the 15th of each month for one month's premium plus a \$1 service charge.

WHAT ABOUT DENTAL EMERGENCIES?

If you have a dental emergency, please contact your Argus General Dentist or our Customer Care Department immediately. Argus offers a \$50 per claim/\$100 per year benefit to assist members who require emergency care while temporarily traveling outside of the State of Florida. Please see your Certificate of Coverage for details.

HOW SOON WILL I BE COVERED?

If we receive your enrollment form and premium by the 20th of the month, coverage will be effective the first day of the following month. If your information is received after the 20th, coverage will begin one month later. You will receive your identification card shortly before your effective date.

Argus Dental Plan, Inc., a Florida corporation, is a Prepaid Limited Health Services Organization licensed under Florida Statutes, Chapter 636. We will provide additional information regarding the terms and conditions of this Plan if you call us at 813-864-0625 or write to us at 4010 W. State St., Tampa, FL 33609 | Fax: 813-490-0093

2014

Contribution Limits

2014 TAX DEADLINE

You have until April 15, 2015 to contribute to your IRA, ROTH or H.S.A. for the 2014 tax year.

2014

H.S.A. CONTRIBUTION LIMITS

Status	Minimum Deductible	Maximum Out of Pocket	Contribution Limit	55+ Contribution
Single	\$1,250	\$6,350	\$3,300	\$1,000
Family	\$2,500	\$12,700	\$6,550	\$1,000

2004/2014

IRA & ROTH CONTRIBUTION LIMITS

Year	AGE 49 & BELOW	AGE 50 & ABOVE
2004	\$3,000	\$3,500
2005	\$4,000	\$4,500
2006-2007	\$4,000	\$5,000
2008-2011	\$5,000	\$6,000
2012	\$5,000	\$6,000
2013	\$5,500	\$6,500
2014	\$5,500	\$6,500

2014 Eligible Long Term Care premium

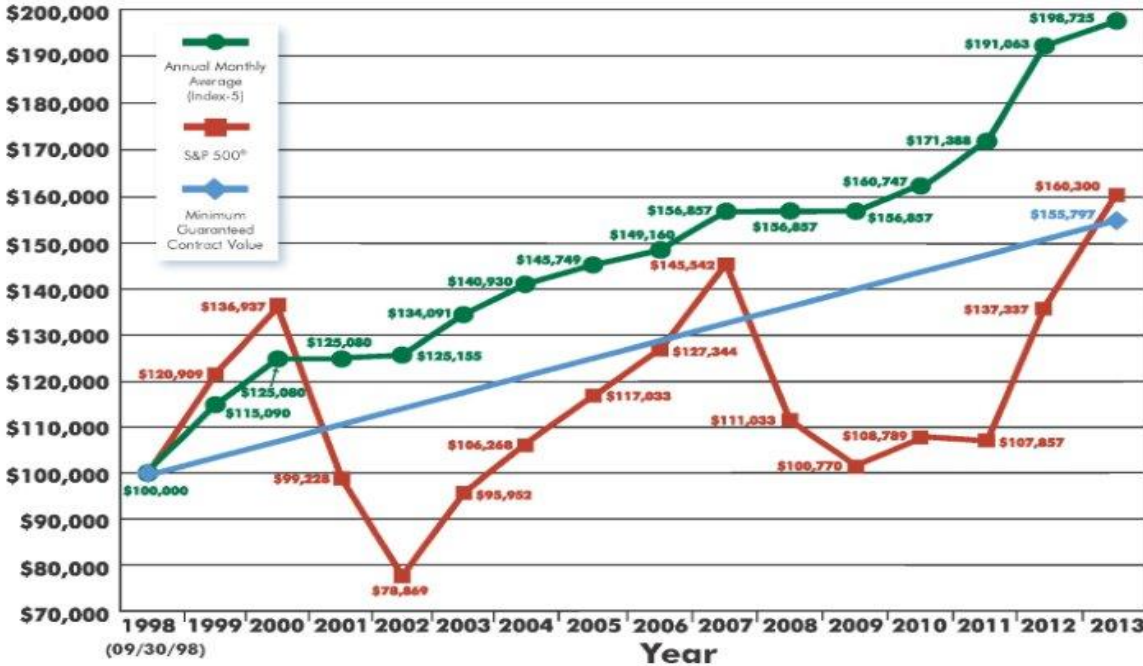
Attained age in tax year	Limitation on premiums
Age 40 or less	\$370
Age 40-49	\$700
Age 50-59	\$1,400
Age 60-69	\$3,720
Age 70+	\$4,660

The "REAL BENEFITS" of Indexed Annuities with the Annual Reset Design

A history of American Equity's Index-5* (9/30/98 - 9/30/13)



Michele Powell
941-753-0031
www.msamentoring.com



This is not an illustration. This is a depiction of an actual policyholder's INDEX-5 annuity. These results should not be an indication that Indexed Annuities will outperform the S&P 500®. This simply demonstrates the powerful benefits of Indexed Annuities with the annual reset interest crediting design. All of American Equity's current products offer annual reset design.

*This graph is based on actual credited rates for the period shown on the Index-5 product which is no longer available for sale. Past performance is not an indication of future results. Please call your American Equity Agent for new product information. Check out product disclosure for specific information.

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www.american-equity.com



Call us at **888-221-1234**

8:00AM-4:45PM CT Monday-Thursday 8:00AM-1:00PM CT Friday

6000 Westown Pkwy West Des Moines, IA 50266

Insurance Products offered by American Equity Investment Life Insurance Company.

Michele & the MSA team would like to wish you a Very Merry Christmas & a Blessed and Happy New Year!



(Top row left to right) Pam Keller, Gretchen Roth, Jeannine Stites, Kim Smith, Jana Pierce

(Bottom row left to right) Deborah Prochelo, Michele Powell, Donna Blizman