

## 2026-2027 PRESCRIPTION DRUG PLAN INFORMATION SHEET

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Important Note:

- Part D costs are jumping again — and PDP premium protection is ending
- The standard Part D deductible increases from \$615 in 2026 to \$700 in 2027, while the annual out-of-pocket threshold rises from \$2,100 to \$2,400. Once someone reaches the \$2,400 threshold, they enter catastrophic coverage with \$0 cost sharing for covered Part D drugs.
- CMS is ending the Part D Premium Stabilization Demonstration after 2026. The national Part D base beneficiary premium rises from \$38.99 to \$41.33, but that does not mean every PDP will cost \$41.33. Actual plan premiums won't be known until the final landscape is released.

I expect the PDP market to be one of the biggest things to watch during AEP. With the stabilization demonstration ending, reviewing existing clients' PDPs rather than simply allowing them to renew becomes even more important.

Your Primary Care Physician: \_\_\_\_\_

Name of your preferred hospital: \_\_\_\_\_

Name of your preferred pharmacy: \_\_\_\_\_

**Your signature** below acknowledges me as your Medicare agent to represent your Medicare needs:

|  |
|--|
|  |
|--|

## 2026-2027 PRESCRIPTION DRUG INFORMATION

**(Attach additional sheet, if necessary)**

Name: \_\_\_\_\_

**PRESCRIPTION DRUGS ONLY- OVER THE COUNTER DRUGS ARE NOT NEEDED**

[illegible]

Life. Medicare. Retirement. Health. Employee Benefits. Auto. Home. Commercial

An Affiliate of:  **SECURE**  
INSURANCE GROUP

# 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 individual 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.

- ☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**
- ☐ **Medicare Advantage Plans (Part C) and Cost Plans**
- ☐ **Dental/Vision/Hearing Products**
- ☐ **Hospital Indemnity Products**
- ☐ **Medicare Supplement (Medigap) Products**

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 or future enrollment, or enroll you in a Medicare plan.

|                                                                                     |                                       |
|-------------------------------------------------------------------------------------|---------------------------------------|
| <b>Signature and Signature Date:</b>                                                |                                       |
| <b>Signature:</b>                                                                   | <b>Signature Date:</b>                |
| <b>If you are the authorized representative, please sign above and print below:</b> |                                       |
| Representative's Name:                                                              | Your Relationship to the Beneficiary: |

|                                                                                                                                           |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>To be completed by Agent:</b>                                                                                                          |                                  |
| Agent Name: <b>Tony Gossard</b>                                                                                                           | Agent Phone: <b>417-838-7023</b> |
| Beneficiary Name:                                                                                                                         | Beneficiary Phone:               |
| Beneficiary Address:                                                                                                                      |                                  |
| 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:      |
| <b>[Plan Use Only:]</b>                                                                                                                   |                                  |
| Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: |                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Stand-alone Medicare Prescription Drug Plans (Part D)</b>                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Medicare Prescription Drug Plan (PDP):</b> 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.                                                                                                                                                                                                             |
| <b>Medicare Advantage Plans (Part C) and Cost Plans</b>                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Medicare Health Maintenance Organization (HMO):</b> 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).                                                                                                                                |
| <b>Medicare Preferred Provider Organization (PPO) Plan:</b> 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.                                                                                                                            |
| <b>Medicare Private Fee-For-Service (PFFS) Plan:</b> 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. |
| <b>Medicare Point of Service (POS) Plan:</b> A type of Medicare Advantage Plan available in a local or regional area which combines the best features of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.                                                    |
| <b>Medicare Special Needs Plan (SNP):</b> 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.                                                                                                                       |
| <b>Medicare Medical Savings Account (MSA) Plan:</b> 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.                                                                                                                                                                                                      |
| <b>Medicare Cost Plan:</b> 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.                                                                                                                                                        |
| <b>Medicare Medicaid Plan (MMP):</b> An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.                                                                                                                                                                                                                                                                    |
| <b>Dental/Vision/Hearing Products</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 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.                                                                                                                                                                                                                                                                                         |
| <b>Hospital Indemnity Products</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 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.                                                                                                                                                                                                                                                            |
| <b>Medicare Supplement (Medigap) Products</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 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.                                                                       |