

Concierge (cont'd)

Planning for Medical Costs

- page 3 & 4 -

Investment **Income Surtax**

- page 6 -

Book Review:

Still Alice

- page 5 -

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ispired Insight







"...don't lose sight of good planning and insight."

– Proverbs 3:21 (NLT)

Concierge Medicine – The Future of Health Care

By Rob O'Dell, CFP®

Have you ever sat in a crowded clinic waiting room well past your appointment time -- an appointment you made two months in advance because the receptionist said that was the earliest available date? And after you finally get called to the back, you end up waiting even longer in the examination room before the doctor gets in to see you. When he finally shows up, he seems rushed and anxious, spending less than 15 minutes with you.

I'm going to go out on a limb here and say that it's not entirely the doctor's fault. With rapidly declining reimbursements for primary care services by managed care and mounting requirements of new non-paid administrative duties, primary care physicians are at a tipping point. They don't see their practices as profitable unless they see a large volume of patients for very brief office visits. Patients frequently feel their medical needs are ignored because doctors rarely have time to counsel them or answer and discuss other important health questions.

The typical busy urban physician can see anywhere from 5,000 to 8,000 patients annually. This works out to 20 or 30 patients in an eight- or ten-hour day. How could he or she possibly spend more than 10 or 15 minutes (and sometimes less) with each patient? House Calls and the Good Old Days

Regardless of where the blame is placed, you deserve better than the robotic, hurried, impersonal care that many busy clinical practices provide. Perhaps you long for the good old days you heard your father talking about. You know, those days when the doctor made a house call when a family member got sick. The doctor knew each family member by name and delivered compassionate personalized care. Are we now doomed to the waiting and the rushing and complicated insurance stipulations and copays of today?

"How much of human life is lost in waiting!" lamented Ralph Waldo Emerson in his essay, Prudence, published in 1841.

Concierge Medicine – Lighting the Way Back

The term concierge medicine refers to a growing trend in healthcare that addresses much of the dysfunction associated with heavily



burdened, managed care medical practices. Also known as "boutique medicine", this fast growing business model requires that patients pay an annual retainer, or fee. This fee covers all aspects of a patient's primary healthcare needs with no additional cost. Depending on the area of the country, the annual fees can range anywhere from \$2,500 to \$10,000.

I spoke to <u>Dr. Richard Kravis</u>, an internal medicine specialist with his own exclusive concierge practice in Naples, Florida, and asked him to explain the benefits of this health care model. "One of the most obvious benefits," he explains, "is that concierge physicians limit the number of patients they see, somewhere between 200 and 800 annually, greatly reducing overall case load and allowing them to spend more personal time with patients." Patients also enjoy same-day appointments with no more wasted time in waiting rooms full of others doing the same. "I actually know my patients by name and don't flinch when ordering numerous preventive health screening tests. Patients have access to me 24 hours a day, 7 days a week and can call me directly," Kravis says.



Concierge Medicine — The Future of Health Care (cont'd from page 1)

Here are just a few of the benefits of using a concierge physician like Dr. Kravis:

- Visits to your office, home, or hospital
- Access to the doctor 24 hours, 7 days a week
- Same day visits, no waiting
- Customized health assessment and lifestyle plans
- · Comprehensive preventative testing
- On-site diagnostic tests
- Staff arranges appointments for specialist visits
- Curbside transportation service when necessary
- Coordinated care at your second residence or during travel
- Coordinated care with local, regional, and out-of-state physicians
- Wellness and preventative care recommendations

One problem that occurs in traditional health care settings is that a patient's physician might not follow him or her at the hospital. In other words, other doctors will take care of the patient at the hospital and there's little to know communication with the primary care physician during the inpatient stay, Kravis told me. This creates a great disconnect in the continuity of the patient's health care.

"We still follow patients at the hospital. We follow them from start to finish and work closely with any specialists or other staff involved in their care," he continued. "A true concierge physician will follow his patients and make house calls."

Many of Dr. Kravis' patients are only in Naples for about half the year and live up north for the remainder. He continues to closely monitor the health of his patients during their time away from his local practice. He does this by coordinating care with physicians and health care institutions located in close proximity to his patients' second homes.

"When people travel outside the US and run into a medical issue, it's problematic if they don't have access to their medical records,"

Kravis warns. "We provide our patients with a secure, encrypted keyfob that contains all of their medical records that they carry on a keychain."

What to Look For in a Concierge Physician Practice

I asked Dr. Kravis to talk a little bit about what people should look for when shopping for a concierge physician. Here are the main things to look for at first glance (before going over all the other benefits the doctor may offer):

- 1. Make sure the doctor is board certified. This is required for privileges at most hospitals anyway.
- 2. Ask him or her about the hospital where they have privileges. Is it the same one you prefer?
- 3. Will the doctor expedite your care in the emergency room and follow you throughout your hospital stay with personal visits and by communicating with other staff involved in your care?
- 4. Does the doctor make house calls and give you direct access to him at all times?
- 5. Will you have immediate access to your electronic medical records wherever you are?

This fast growing type of medical practice has the potential to shift the way people think of their health care and their providers. The concept of a single annual fee that encompasses all aspects of primary care, including any necessary diagnostics tests and other procedures is one of the most appealing things about it. It reminds me a little of the Wheaton Wealth Partners fee-only model. We charge one annual fee for our financial planning services and provide a similar type of personalized services to clients. I think the fee-only model, whether it's in a medical practice or financial planning firm, builds a strong trust relationship between provider and client. Trust – it's the foundation to a wonderful future.



About Dr. Richard Kravis:

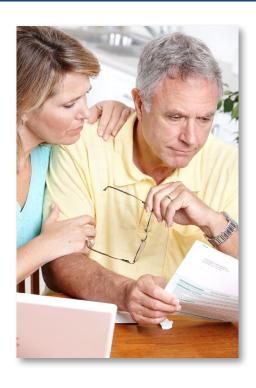
Dr. Kravis is Board Certified in Internal Medicine, Quality Assurance, Integrative Holistic Medicine, and Anti-Aging and Regenerative Medicine. He has been treating concierge patients in the Naples, Florida area since 2002. You can reach Dr. Kravis at 239-262-6005 or visit his website at www.KravisMD.com.



Planning for Medical Costs ~ Part of Your Optimal Financial Plan

What is Medicare Part D Prescription Drug Coverage? Medicare Part D covers your prescription medications. In short, it means that those enrolled in Medicare can also get insurance that helps pay for part of their prescription drugs. Medicare collaborates with private insurance companies to offer this benefit. It's available regardless of income, illnesses, or drug costs. Maybe you haven't yet reached the age of eligibility, but are wading through all the information as you try to help your parents or other loved ones do what's best for them.

For those not in a Medicare Part D plan, now is the time to decide if you, or an older loved one, should enroll. Before deciding to sign up for coverage, it's important that you understand how the program works. Anyone on Medicare – Part A or Part B – is eligible for the Medicare drug coverage, known as Part D. Medicare doesn't require that enrollees undergo any physical exams and the government cannot deny coverage due to health reasons or because an applicant already needs numerous prescription drugs.



Medicare Part D Prescription Drug Plan annual enrollment for 2014 begins this October 15th and ends December 7, 2013. For those of you already enrolled (or who have elder parents enrolled) in a Medicare Part D plan, this is your opportunity to look back over the past year and decide what to do about coverage for the next year. You'll need to decide if it's best to stay with the existing coverage or make a change. If you do make a change, the new plan will become effective on January 1, 2014. If you don't make any changes, you'll remain on the same plan you elected before.

Control Your Medical Bills by Planning Ahead

At Wheaton Wealth, we're all about planning and preparation. We use our customized mind-mapping tool to help you keep your financial future intact and guide you along as we partner with you through everything that impacts your finances. As you near retirement and beyond, you've got to start thinking about how your medical needs will affect your financial life and your ability to maintain your lifestyle. Your parents are probably already dealing with the various aspects of Medicare. Perhaps they've even come to you for advice or help in choosing a plan. A friend of ours, Sheri Samotin, can guide you in keeping prescription drug costs (which can be significant) under control by helping you make the most of your, or your loved one's, healthcare dollars.

Based in Los Angeles, California, Sheri founded <u>LifeBridge Solutions</u>, <u>LLC</u>, with a passionate mission to act as an advocate for people and families as they prepare for important life transitions. One of those transitions involves healthcare in older age. With careful planning, you can ensure these times will be less turbulent and the transitions more peaceful.

Sheri can help you do that. She's incredibly knowledgeable and can stand in the gap for you by helping you decide which Part D plan best fits your individual needs and situation. She's great at guiding people through all the confusing jargon and other documentation as well. As a medical billing advocate, Sheri works to help you find errors in your bills, appeal denials to insurers, and negotiate lower fees with healthcare providers. Although based in California, Sheri and her team work with clients all over the US and provide a number of valuable services including:

- Life transition planning
- Caregiver coaching
- Medical billing advocacy
- Daily money management
- Professional referrals

All types of people can benefit from her services, but especially: children of aging parents, older adults, aging parents of disabled children, people with significant medical bills, and those suffering from serious medical conditions or disabilities.



Planning for Medical Costs (cont'd from page 3)

Stop Throwing Your Healthcare Dollars Away

So, how does Sheri help you optimize the value you get from your healthcare dollars? First, you'll need to schedule a phone or Web call, with Sheri to discuss your unique situation and your options.

Regardless of whether you've just decided to enroll in Medicare Part D for the first time, or you're re-evaluating your choice for the past year, you'll need to have certain information handy when you speak to her. "All Part D participants should go through this process every year. Many people don't and they become complacent," Sheri says. "The plan you're on can change its rules and end up costing you more money, even if your meds remain the same", she continues. Here's what you need for your meeting:

- List of all medications you'll need to provide Sheri with a complete list of medications you use, including dosage information and the dosage schedule. For example: Lipitor® (generic), 10 mg, once per day; Plaquenil®, 400 mg, once per day; Diruil®, 125 mg, twice per day.
- Zip code this is self-explanatory. Provide Sheri with your zip code as this affects plan choice.
- Drug delivery preference decide whether you prefer to work with a retail pharmacy or have your medications delivered via mail order. Also, it will help Sheri to know if you have a good working relationship with a local pharmacist at the store where you like to purchase your meds.

"I don't receive a commission or any other type of compensation other than the flat fee I charge clients. This means that I'm not a licensed insurance salesperson, don't receive "kick-backs" of any kind, and I work solely and completely for your benefit," Sheri explains. She went on to tell me that she can't make the decision about which plan to choose for you, but works with you and guides you along in the process. She typically does this with you while you're on the Medicare website making the choices.

I asked her how long it typically takes to optimize a person's Plan D when meeting with her and she had this to say, "There's no way to really answer that because everyone's different. But, to optimize a person in their 70s who uses five to 10 prescription medications, it takes about 45 minutes and could take up to 90 minutes, depending on the situation." So, in less than two hours, you could save a bundle of money every year by allowing Sheri to guide you through the enrollment process.

We trust Sheri Samotin and think she's a great partner for those of you who want to optimize your healthcare dollars on your Medicare Part D plans. In fact, we're hosting a Plan D webinar with Sheri for your benefit on October 8th. Did you receive the invitation and reserve your spot? If not, please let us know, so we can get your place secured for this free, yet valuable, event.





About Sheri Samotin: Sheri is a Certified National Guardian, certified Professional Daily Money Manager, and Certified Professional Coach. Through a determined and steady progression and career path, she has developed the skills and expertise that enable her to assist and guide her clients in a caring and knowledgeable manner. Contact Sheri by calling 239.325.2680 or sending her an email.



NEW INVESTMENT INCOME SURTAX

~ What it Means for You ~

By Rob O'Dell, CFP®



"The only difference between death and taxes is death does not get worse every time Congress meets." - Will Rogers

In March of 2010 President Obama signed into law the 2010 Healthcare Reconciliation Bill. The bill has more than 2,500 pages that detail numerous provisions for offering new health insurance coverage to 32 million people. To help finance

this new healthcare package, Congress added new tax provisions to the Internal Revenue Code. Several notable tax changes include: an increased percentage of the FICA tax going toward Medicare; an excise tax on high-end or "Cadillac" insurance plans; an excise tax on uninsured individuals; and a surtax on taxable investment income.

Overview of the Medicare Surtax

Beginning this year, 2013, a new 3.8% Medicare tax will be imposed on investment income for taxpayers with "Modified Adjusted Gross Income" (MAGI) over certain thresholds. The MAGI threshold amount for a single individual is \$200,000 and for a married couple is \$250,000 (\$125,000 if married filing separately). Non-grantor irrevocable trusts face a \$12,000 threshold.

The types of investment income that qualify for the new surtax include taxable interest, dividends, realized capital gains, annuity distributions, rents, royalties, and passive income. Investment income not subject to the surtax include:

- Distributions from qualified retirement plans
- Withdrawals from Roth IRAs
- Non-qualified deferred compensation plans
- Income from an active business
- Gain on the sale of a partnership or S corporation

In 2013, the highest marginal federal tax bracket for ordinary income went from 35% to 39.6. The surtax will then extend the highest rate to 43.4%. Prior to this year, investors with qualified high dividend income paid a 15% tax on that income. But this year, dividend income will be taxed as ordinary income, plus the additional surtax, which could result in an increase of over 200% in investment taxes.

How It Works - Examples of the Surtax

A single person has earned income of \$100,000 and investment income of \$50,000 for a total MAGI of \$150,000. This person would not be subject to the surtax since MAGI is under \$200,000.

A married couple has required minimum distributions of \$200,000 and investment income of \$150,000 for a total MAGI of \$350,000. They are subject to the tax on the \$100,000 of investment income above the threshold.

A married couple with a Roth IRA withdrawal of \$200,000 and investment income of \$250,000 would not be subject to the surtax. All qualified distributions from Roth IRAs are not part of MAGI.

Planning for the Surtax

Taxpayers likely to face the surtax tax should consider the follow planning opportunities:

- Convert IRAs to Roth and pay tax in a lower tax environment
- Employ tax sensitive asset allocation
- Invest in (tax-exempt) municipal bonds
- Contribute to define contribution and retirement plans
- Deferred compensation plans
- Fund non-modified endowment high cash value life insurance contracts
- Intra-family income shifting strategies
- Charitable remainder trusts to avoid capital gains
- Installment sales
- Pay close attention to tax loss selling at the end of the year

Planning for this new surtax in a higher tax environment is complicated. Each taxpayer has unique circumstances and planning objectives. Taxpayers and advisors must be aware of the various strategies and investment vehicles that can reduce the impact of the tax. The integration of financial planning and investment management is a very important aspect of the planning we do at Wheaton Wealth Partners.

We're committed to serving you and helping you handle financial complexities, such as reducing the impact a high tax environment has on your wealth. As always, our team strives to provide you with forward-thinking, innovative solutions with a profound underlying commitment to your well-being. If you have any questions or wish to discuss how the new tax environment might impact you, please call us at 630-221-9222.



Still Alice ~ A Powerful Novel and an Unforgettable Message

Author, Lisa Genova, delivers a powerful message with a serious punch in her debut novel, <u>Still Alice</u>. The book's main character, Alice Howland, a highly regarded psychology professor at Harvard University, notices that she's starting to forget things. She tries to blame it on the stress associated with properly teaching her student while juggling a busy schedule on the worldwide lecture circuit. What's more, Alice recently celebrated her 50th birthday and supposes that she's approaching menopause and blames some of this new scatter-brained forgetfulness on hormone fluctuations. After all, don't most women deal with a little forgetfulness at this stage in life?

Fading Into Oblivion, But Still Alice

But for Alice, it's not the typical forgotten cell phone, lost keys, or fragmented thoughts that many perimenopausal women experience. One day, while going on her daily jog, she gets lost only a few blocks from home. The buildings seem familiar and she knows that she should recognize her location, but she's drawn a blank. She snaps out of it after a few minutes, but remains fearful about the incident. She tries to let it go, but can't.

Finally, she visits her primary care physician who refers her to a neurologist at Mass General. The neurologist diagnoses her with early-onset <u>Alzheimer's disease</u>. Author Lisa Genova, who holds a Ph.D. in neuroscience from Harvard herself, does a brilliant job of illustrating the devastation and despair Alice experiences when she receives the diagnosis.

As her illness progresses, her heartbreaking mental decline changes the nature of every relationship in her life. Her husband, John, also a professor, and her three adult children all have various ways they try to cope and come to terms with the new (and continually declining) Alice. Even the relationships with her colleagues have shifted. But, perhaps, the hardest part to come to terms with, for Alice, involves the knowledge that there will soon come a time when all she's worked for, all she's built will disappear from her field of view, from her reality. Communication is Alice's life. After all, she published paradigm-shifting papers

and lead groundbreaking research in the area of psychology and linguistics. The realization that she will, one day, lost the ability to communicate terrifies and devastates her.

Genova develops each character so well, it's almost as if

you're there with them, looking in on their lives and thoughts. She wrote it in third person, but when you read it, it almost seems like Alice is telling the story herself as a sort of detached onlooker – like from an out of body perspective. Even Genova's writing changes from the sophistication of the first part of the novel to a simpler, more bare bones style as Alzheimer's takes it brutal toll.

At one point, Alice relies entirely on her smartphone to tether her to reality – to remind her of herself. She sets an alert in the phone to remind herself to answer five questions every day. The alert instructs her to ask the questions and if there comes a time when she can't answer them, she is to go to her computer and open a certain file containing further instructions. This is a turning point in the story and twists at the heartstrings, for sure. It's disturbing and painful to see this vibrant, lovely woman leaving an emergency escape for herself because she knows she'll reach a point where it's necessary. As the weeks pass, Alice has increasingly more trouble answering the questions with confidence.



Still Alice is a must-read for anyone touched by Alzheimer's. Whether someone close to you has suffered the ravages of this still somewhat mysterious disease, or a friend of a friend has and you've only heard the stories second hand, you need to read this book. After all, this is more than a cleverly written, enthralling story. This is the reality of every person suffering with this debilitating and incurable illness. Perhaps reading Alice's fictional descent into the darkness of Alzheimer's will give you an extra level of compassion and understanding if you ever do have a close encounter with a person suffering from this illness.