

Ep82: Issues to Consider When Moving Out of State

October 22, 2021

PATTI BRENNAN: Hi, everybody. Welcome back to the Patti Brennan Show. Whether you have \$20 or \$20 million, this show is for those of you who want to protect, grow, and use your assets to live your very best lives.

Joining me today again is the professor, Eric Furhman. Eric and I are going to be talking about a wonderful topic. It's Medicare, and the dos and don'ts during the open enrollment periods, as well as the other enrollment periods that are relevant to Medicare and some of the different coverages it provides.

Welcome to the show, Eric.

ERIC FURHMAN: Thank you, Patti. Good to be here again. I'm really excited for today's topic. I was having trouble sleeping last night, so I've had to double my caffeine intake to be ready to go for this one.

PATTI: This is the most exciting topic, isn't it? I'm sure all of you who are listening and watching today are just at the edge of your seats, right? We're going to make this fun, enlightening. There's a reason why you're tuning in right now.

ERIC: I like to think from the listener's perspective. I always like to try and put myself in their shoes. I like to believe it's because the Patti Brennan Show is the most electrifying podcast in the financial industry, but I think under the surface, what's really important, and I hope what people keep tuning in for is that it's educational.

It's content-rich, and more importantly, the topics are timely. That they're germane to the present situation. We're looking at Medicare open enrollment, which starts in two days, and that's what we're here to talk about today.

PATTI: And, most importantly, we're going to end the show with key considerations, action items, things to consider, so that it's also really practical.



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ERIC: Yep, absolutely, and keep your ears tuned in because you'll have a little notification when the key consideration comes in to really reinforce the topic.

PATTI: Absolutely, OK. Let's start from the very beginning, Eric, because I think it's really important that everybody sets themselves up properly as it relates to getting the best coverage they can for the least amount of money. Let's talk about the initial enrollment process.

ERIC: Yep, absolutely. I think you brought up a good topic, so spoiler alert. We're talking about a government program, so it's complicated. There's a lot of things that you have to navigate when it comes to open enrollment.

As you point out, there are many different enrollment periods. We want to highlight all of those today, not just the open enrollment period, which is most relevant between now and December...

I don't know about you, Eric. I find this is the most misunderstood area during open enrollment. People think, "Oh, I can change anything." The answer is, "No, you can't."

PATTI: You can make some really critical mistakes if you're not careful or working with somebody to provide proper guidance. I think the big thing is that, really today, the open enrollment is applying to people that are already on original Medicare and Medicare Advantage.

That's what the open enrollment period that we're about to enter is for. Really, each year, Medicare publishes information, data, and statistics on these plans that are provided to participants. Then open enrollment's really that opportunity to go through review coverages, review changes, review costs, and then be able to make a change if there's a better option that fits your needs.

Right, because you may have selected a coverage, a company, or what have you, and they may be taking away some of the coverage that you actually need. You got to go back to square one and say, "OK, what's plan B?"

ERIC: Yeah, exactly right. Maybe a good segue here is to start and say, "Well, when can you initially enroll?" There's that initial enrollment period that applies when you're approaching age 65, so maybe that's a good place to start.

PATTI: Let's do that, because, boy, if you don't do that right, it could be an expensive mistake. Let's talk about when can people start to enroll for Medicare?

ERIC: Basically, age 65, that's the critical number. When you're within three months of your 65th birthday, the month of your birthday, and three months after, that's a seven month enrollment when you can enroll in what's called "original" Medicare.



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This is the Part A hospitalization, Part B, which is the medical insurance, and then you can get a meta gap policy and so forth.

Let's really simplify this, Eric. Part A, hospitalization. Part B, basically anything but hospitalization.

ERIC: Right, seeing the doctor, tests.

PATTI: Seeing the doctor. Think about it as inpatient, outpatient. That's A versus B. Now, inpatient, understand that it only covers 60 days. Part B, outpatient, again, there's different levels of coverages, etc. That's really important to distinguish.

Now, you don't have to get what is called a meta gap policy, but this is the time also to be looking at that kind of coverage, as well as Part D, which is prescription drug coverage.

ERIC: Exactly right. The thing that you have to consider is, when you're getting to 65, some people might not be working and retired, at which case, you want to transition to Medicare. There are many people that may be working, or they have coverage through a spouse who is working.

There's a critical distinction there to determine whether or not you should sign up, because that can really make a difference. The distinction for Medicare's purposes is how many employees work for the employer?

If you work for an employer with more than 20 employees, then the group plan is the primary payer. Medicare is secondary. In that instance, you don't have to sign up for Medicare at 65, because you have coverage through the group plan, and the group plan's the primary payer.

If you're working for a very small employer – and most of the employment in America is through small business, where there are less than 20 employees – then, in that case, Medicare has to be the primary payer, and the group is secondary.

If you're in a situation like that, you need to sign up for Medicare Part A and B, because if you don't, then you won't be able to get in under what's called the special enrollment period, where you are exempt from these late enrollment penalties. It's really critical to get in that seven-month window.

PATTI: It's a really important time to evaluate, "OK, what's the worst thing that could happen? I'll sign up for Medicare, and OK, I've got the group coverage, but Medicare is pretty darn good, too." I think there's a lot to consider and really understand in terms of what's the penalty if you don't sign up for Medicare?



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ERIC: Right.

PATTI: Why don't you go through that? That, to me, is really the issue here.\

ERIC: You're right. If you already have coverage, and there are more than 20 employees, you don't have to sign up. You have what's called credible coverage. It's a special kind of exemption, where you can get in under a special enrollment period eventually when you retire or lose the employer coverage.

The question is, should you sign up anyway? Is there any downside? Usually, signing up for Part A really doesn't have a downside. There's no premium to it. The only consideration there is if you're participating in a healthcare savings account.

You can't have Part A in a healthcare savings account, because there's a penalty. There's basically a six-month lookback.

PATTI: Let's take a step back. An HSA is an account that is established if you choose a high deductible savings plan. You choose the high deductible savings plan, and then you have the HSA, which is really, it's one of those free lunches that probably will go away at some point, but it's a really good deal in the right set of circumstances.

This is not one of them, OK? Once you hit 65, you really do want to turn that off, because the penalties of keeping it are significant. To me, I think about this whole issue when I think about insurability, because if you don't sign up and get the proper holistic, all-around coverage, you may not be able to get the kind of coverage you want without proof of insurability.

An insurance company can say, "Hey, you know what? You had your opportunity within that seven-month period of time, but you're not looking so healthy anymore, so we're going to deny providing coverage for you." That, to me, is a huge risk.

ERIC: Again, this would go, I guess, beyond when there's employer coverage, but talking about what's the guaranteed issued rights with your Medicare supplement or meta gap policy. Which will tie into some of the special enrollment considerations and so forth with some of these other things.

The initial enrollment, I think the big thing to tie it together is it's a seven-month period of time where you can sign up. Again, you want to do that unless there is existing group coverage. Again, the number of employees in that group plan, or the number of employees in the employer, really dictates whether you sign up or not.

PATTI: I think the other thing that we need to consider is if someone is no longer working for their employer. Let's say that they're 64 and six months, and they are no longer working



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for their employer. They decide to go on COBRA.

Rightfully so. That's the right choice. COBRA lasts for 18 months. However, that seven-month period, and the exclusions, if you will, are based on when the work stopped, not when COBRA ends.

ERIC: Right.

PATTI: Which is really, really key.

ERIC: Yep, exactly right. That's a careful consideration, too, because a lot of people would think, "Well, I have COBRA, and then it'll just switch when it's over." The work stoppage date is the real key date there that determines when the clock essentially starts ticking in terms of your ability to enroll.

PATTI: Let's think about the example where somebody has a high deductible plan, they've been doing the HSA, they can't do the HSA anymore. Is that really that bad, when we consider what the deductibles are?

ERIC: Yeah, I guess that's the question. It depends on what's happening if it's a Medicare-approved expense. I guess in theory, if you're on a high deductible plan, you have to spend a lot of money out of pocket before the plan pays.

When you sign up for Part A – so when it's an instance of hospitalization, because that's what Part A's covering, so let's say you have some kind of surgery – the Part A deductible is much less. It's less than \$1,500 a year.

In essence, signing up for Part A, you have an event. You really only have to meet – again, you have to check the circumstance, but – potentially just the Part A deductible before Medicare would step in and pay.

Again, there's no premium, and you might have a lot less out of pocket by signing up for Part A, even if you could delay it.

PATTI: That works for me.

ERIC: Yeah.

All right, good deal. Open enrollment, here we are. It's open enrollment period. What can people do during this period of time? Let's frame it in terms of the dates. It starts October 15th and goes to December 7th.

Mark it on our calendar every year at Key Financial. What are the big dates? Open



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enrollment, Patti's birthday, that's in there.

PATTI: Wrong. No, no, no.

ERIC: Make sure that's on the calendar.

PATTI: I don't want anybody paying attention to my birthday anymore. No, no, no.

ERIC: Right, exactly. I think the key thing for the listeners to understand is that this is for people that have a Medicare Advantage plan or are on original Medicare. This is not when you're first eligible. You've already got care.

This is the period where, really, there is the most flexibility to make changes. If you're on original Medicare, you can switch to a Medicare Advantage plan, which is called Part C. If you're on Medical Advantage plan, you can go to original Medicare.

You can go from a Medicare Advantage plan to another Medicare Advantage plan. Prescription drug coverage is big here. This is where you can move from a Medicare Advantage plan with no prescription drug coverage to one that offers coverage.

You can go from a plan that does have coverage to one that doesn't. I'm not sure why you would be compelled to do that. You can also join a Medicare drug plan, and you can switch between drug plans. The drug plans are referring to Part D. This is where you can go back and forth.

Again, you're switching the main medical coverage, and also, the ability to switch the prescription drug coverage as well.

PATTI: Here, I think it's important for all of our listeners and everybody watching. It's really important to develop a relationship with somebody who is really plugged into this area, because either you do this or you don't.

Every year, these companies will change what they're going to cover. You might be on a statin, for example, they may have covered it for the last five years. All of a sudden, they decide, well, they're not going to cover that particular statin.

You'd have to go to that one, and your doctor doesn't really want you on that other one. OK, you go to a different company that will provide and cover the meds that you're actually on. This is an area where it really helps to develop a relationship with someone who knows you and is willing to do that legwork to figure what's going to be the best coverage for you?

ERIC: I have to tell you, I feel like had a moment there. I think we literally got into ICU nurse



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Patti, and you just came right out. We got the ICU nurse. That was great. Talking about statins and things like that.

PATTI: Yeah, absolutely. You know what? As long as we don't start talking about Vtac and Vfif, we're good, Eric. We're really good.

ERIC: You would have to do that podcast solo because I'll just be a listener on that one.

PATTI: All right, good deal.

ERIC: I think what's important to understand, too, is that you've got a lot flexibility to change. You can actually change your mind multiple times within this enrollment period. The one thing you can't do is switch the meta gap policy, or also known as Medicare supplement policies.

You can't make changes there. When you're on original Medicare, you have Part A, Part B, and then you have to have a supplemental. You can't make changes to the supplemental. That's very, very rigid, so I think that's important to understand.

PATTI: The meta gap policies are those policies, just to make sure everybody understands, it's those policies that go by the letters. They go from A to N, and the coverage is different, depending on the letter. This is heavily regulated, by the way, so it is important for you to know that there is a net under there.

It is really important – this, again, is where the initial enrollment period comes in – you really want to make sure that you're going to have the coverage that you might want and need. The cost is the cost. It's all part of this whole healthcare issue.

ERIC: I think the other important thing for people out there to recognize is, if you're happy with your current coverage, just don't do anything. Just keep it the same. Everything will become effective on January 1st. If you are going to switch, because there's a more compelling plan, better pricing, there's no medical underwriting to switch plans.

It doesn't matter what the health history is. You can go from one plan to the other, and so forth. Depending on that distinction, do you go from original Medicare to Medicare Advantage? No problem. You basically enroll in Medicare Advantage. That will drive you out of original Medicare.

PATTI: I was just going to say, there is a distinction there, right?

ERIC: You've got to be careful. The real consideration is if you're in Medicare Advantage and going back to original Medicare. Part of the issue here that you can expand upon is that, what you've got, if you're going from Medicare Advantage to original Medicare, you've got



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to get that supplemental plan.

There's very narrow criteria for what's called guaranteed issued rights, meaning can you get into the plan without any kind of underwriting or where the company can deny you or charge you a higher premium?

PATTI: Let's step back for a sec. We talked about Part A, Part B. Now, we're talking about this Advantage stuff. Medicare Advantage is considered Part C. All it is, folks is it's a bundle of all of the different coverages.

Medicare Advantage tends to be lower cost, lower premiums. It looks really good when you look at the different things that it will cover that are not covered under Medicare A or B, and even some of the meta gap policies.

It's a very attractive alternative, and it may be for the rest of your life. You've just got to really be careful because once you have it, it might be difficult to go back to original Medicare. We have had situations here at Key Financial where the Part C Medicare Advantage coverage began to be...

It was not nearly as comprehensive. They were having much more difficulty getting things covered. They wanted to go on standard Medicare, which is heavily regulated, as well as the meta gap policies, and they could not. Very important, because they had health issues.

There wasn't an insurance company in the world that was going to insure them for the meta gap policy, so there was a huge exposure, meaning over 60 days in a hospital, it was all on them if they move back.

ERIC: Right. I think anyone listening might, after hearing that – because you hear these horror stories – they would have a natural apprehension of going away from original Medicare to Medicare Advantage, but there's something in Medicare Advantage called trial rights.

PATTI: Good point. Very good point.

ERIC: Let me ask you, if you're a consumer, do you like when you get to try something?

PATTI: I love it, yep.

ERIC: You're not committed. You can give it back.

PATTI: It's the puppy dog clothes, Eric. You take the puppy home, you fall in love with it. You're not giving that puppy back, right?

ERIC: Right. It's just like cars. You get to now drive cars to see if you like it, and you can bring it



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back.

PATTI: Wouldn't that be nice, to be able to drive a car for 12 months, and then give it back if you don't like it.

ERIC: Well, here you go. That's what Medicare Advantage trial rights are all about. If you enrolled, during that initial enrollment period, if you get into Medicare Advantage first, and you don't opt in to original Medicare, you can switch back to original Medicare and get into a meta gap policy, where there's guaranteed issue, if it happens within the first 12 months.

Also, if you've never been in Medicare Advantage, and you say, "I want to give it a try," if it's your first time in Medicare Advantage, again, you have those guaranteed trial rights, whereas long as, within the first year of joining, you had that...

I think you phrased this beautifully. I don't want to steal for thunder here.

PATTI: Go for it.

ERIC: I think you said, "Mulligan," right?

PATTI: Yep.

ERIC: To go back and still have those protections in place. These protections are not there if you're someone that is just terribly indecisive, and you just keep going back and forth.

PATTI: Right, switching plans.

ERIC: You only have that preserved one time, for the first 12 months, and that's it. You do get that trial period, and we're consumers in America. We love trying stuff for free.

PATTI: You know what, Eric? This is one of many things I love about you because here we are, we're talking about this very arcane type of subject, and you just provide a balanced approach. Don't be afraid. Don't be freaked out about these, sharability issues because you do have this opportunity, and it still might be the right coverage for you.

ERIC: I think the other part, too, which maybe we haven't properly explained, is a lot of people may not know about Medicare Advantage. What's the difference with traditional Medicare? The way I have always understood it and read about it, basically, it's like your employer coverage.

It's a one-stop-shop that really has everything together, the limitation there is you're working with an insurance company. You're within a network in terms of how your care is



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provided, where Medicare is ubiquitous. It's accepted across the country, no matter...You can basically go anywhere, but just an important distinction there.

PATTI: Have we covered everything that we need to in open enrollment?

ERIC: I think we're good there. The key consideration, right?

PATTI: Oh, there you go. Ding, ding, ding.

ERIC: There we go, yeah, bringing that back in. The big thing is that's where the most flexibility is for people to update and make changes, but it's not the only run. There's the Medicare Advantage open enrollment that starts January 1 through March 31st. It's a second bite at the apple if you will if you decide you want to make changes.

PATTI: For anybody who's listening to this, and you're driving, please don't worry. You do not have to be writing this stuff down, because we've provided all of this information on a white paper. You'll have it right on our website.

We're going to be talking about actually five different periods, and they're all really important. We'll have the key considerations in the white paper, so you can just go to our website at keyfinancialinc.com, print that out, and you have it right laid out in front of you.

ERIC: Yep, exactly. When you log in, you'll see Patti's angelic picture on the front, so you know you're in the right place.

PATTI: Oh, boy. Oh, boy. I'm going to put your mug up there, you know what? That's what we should do. We just rotate it, because this is really a lot more than Patti Brennan, that's for sure.

ERIC: You'll have to bury it somewhere on the website, so who knows? The Medicare Advantage, that's really where, if you're on Medicare Advantage, you can then again switch to another Medicare Advantage plan, and you can also drop your Medicare Advantage and return to original Medicare.

Now, the distinction here is you can only do it once in that period from January 1 to March 31st. You can't change your mind one election, then it's done. Again, Medicare Advantage to Medicare Advantage or Medicare Advantage to original Medicare.

What you can't do, unlike open enrollment, is go from original Medicare to Medicare Advantage. That's really the big thing there that you can't do. It's much more limited in scope.



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PATTI: You can't change drug coverages. You can't do a lot of the things that we're able to do right now, right?

ERIC: Yeah. There are a couple of other can't dos, but yes, you're right. If you're in original Medicare, you can't switch your prescription drug plan and so forth. Again, a couple of considerations there.

PATTI: Very good.

ERIC: Then there's another one. These dates are overlapping, but then there's the Medicare general enrollment period. I hope nobody takes offense, but we consider this the procrastinators' enrollment period.

PATTI: Yeah, and it's important, because there are those procrastinators out there, or they may not have realized the time limit in terms of when they have to enroll. For those of you who are listening, if you're not on Medicare, and you're like, "Oh, my goodness. I guess I need to do this," when can you do it, and what are the caveats to that? There are some.

ERIC: That Medical general enrollment period gives you the second chance if you didn't get enrolled during that seven-month enrollment period, but the downside is, OK, you can enroll, but your coverage doesn't start until July 1st.

You're going to be without insurance for a significant period of time, and unless there's some kind of special circumstance, you're probably looking at a late enrollment penalty for, say, your Part B coverage, Part D, and so forth.

PATTI: We should probably talk about Part B because that's not free. What is important for everybody to know is that the premiums, I think, based on, let's say, \$81,000 for joint filers, you're in the \$180 per month range, per person.

It can quickly rise to close to \$500 per person, per month, for just Part B, not even including the meta gap policy. This is not going to be without its costs. It's important when you do your financial plan to include the cost of these coverages in your retirement projections because they're there.

I would also include a buffer for additional things that may not be covered, to the extent that you want them to be. Again, understand that, while you may not be on meds today, drugs today, you may be in two years or five years, so that's another important consideration.

We find that those are the issues that can be cost-prohibitive, where people really get smacked. They go to the pharmacy, and all of a sudden, they're paying a \$700 pharmacy bill, because they just had to pick up their prescriptions for that month.



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That's a real surprise for many people, so really just make sure you understand the rules of the game with the coverage you're selecting and continue to review it.

ERIC: Absolutely. All good points to cover, and especially when you're in retirement, most people then transition to a more rigid income structure, so really making sure that you've got affordable coverage. You avoid these self-inflicted wounds of late enrollment penalties, which are totally avoidable that you do that.

PATTI: What's this thing with the special enrollment period? I really like that part, Eric. That's another period where, again, not so much a mulligan, but all is not lost if you didn't enroll in Medicare, because there are some exceptions to the rules.

ERIC: Special enrollment period, this is where I feel like we really go down the rabbit here.

PATTI: OK, I'm ready.

ERIC: You do it again. Just so people know as well, a great reference, and I'll put in a little plug for them, is medicare.gov. That's where most of this information is coming from, so all this can be found on that website to tell you about these situations.

The special enrollment is one where there's so many unique situations that might apply, I don't know that we can cover them all in this with the time that we have.

PATTI: One of them that's very practical, let's talk about something that happens all the time. We've got people who are moving from New York to Florida, Pennsylvania to Texas, whatever. California has a lot of people going to Texas.

OK, you're 68 years old. You're on Medicare. What do you do then? These coverages are based on the state in which you reside, and in most cases, the county in which you reside. What do you do then?

ERIC: Exactly right. That's one of those special circumstances, where if you move to a different service area, and that coverage isn't provided, then you have that special enrollment period to make the change with guaranteed issue rights.

It's interesting how they define "move." Most of us would think moving from, say, state to state, but there's other things. If you're working in a foreign country, and you come back to the United States. If you move into a skilled nursing facility and then come back out, that's another opportunity to change.

The other one that's listed there is if you're released from jail, that would be technically a move.



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PATTI: Oh, I'm really happy to hear that one.

ERIC: Yes. If you've been in prison for some period of time, you can do that as well. Also, too, these changes, you can lose coverage because you left an employer, or again, and we said, COBRA comes to end. Again, you've got to pay attention to COBRA, versus when your work stoppage is.

Or the plan, Medicare can terminate the plan, sanction the plan. The plan may not renew. Believe it or not, there's lots of other situations beyond your control that could happen and put you in a special circumstance, where you can make the change.

PATTI: Which is, again, really important, because I just always look at the insurability, that guaranteed issue situation, because these insurance companies, they're getting tough out there. They really are getting tough, and they're not going to take any risk that they can avoid.

That's really important, I think, as we relate to this medical insurance, and making sure that, if something happened, you're not going to bankrupt yourself.

ERIC: Absolutely. The big thing is making sure you can get coverage, is one thing. The other important consideration here is the timing. Usually – and every situation's different, but usually – within two to three months of this event is when you have to file for the change.

The window there is pretty short. You're not getting the seven months, the six months, or the eight months. It's usually two to three months after that circumstance that you've got to apply for the change.

PATTI: Boy, it's the government, so keep proof that you contacted them. Write down the people, the names, the dates, the time that you called. Try to send emails, if you can. It's just a mess out there, so keep the proof, because there is a time limit.

ERIC: Yeah, absolutely. Sadly, I guess we are rolling to the last topic.

PATTI: Yeah. Now, we've covered the special circumstances, the special enrollment. Now, we've saved the best for last.

ERIC: Oh, boy. I can't wait, right? Here comes dessert.

PATTI: Let's talk about the five-star ratings. What is that all about?

ERIC: The five-star rating, basically, Medicare goes out, and now, they collect surveys, pricing data, and so forth. They assign a star rating to Medicare Advantage plans and Medicare prescription drug plans, or Part D.



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The important point to note is that there's only, what was it, 21 five-star Medicare Advantage plans that are out there.

PATTI: They're not available in every service area, right? It's not like you have 21 Medicare Advantage plans to choose from where you live.

ERIC: Yeah, the five star enrollment, it's another unique area of this whole enrollment dialog, but it may not even be available to you, as you said, because it's not available in all service areas.

PATTI: Eric, this is bizarre. It feels like the rotten tomatoes when they're rating movies, and you're only going for 80 percent. You want the best ratings. Why is the government doing this all of a sudden? It feels like – I could be totally off base, but – now the government is rating insurance plans?

Are they trying to get people to choose Medicare Advantage, so they're off of original Medicare? Are they trying to incentive, say, "Hey, you've got to look at this insurance company over here. They're pretty darn good. Then we don't have to pay for your coverage, and we don't have to cover you in you're in the hospital, or you get really sick, and you need chemo, and all of that"?

Again, I could be wrong about that.

ERIC: It's a thought provoking question. I guess the question is, how does Medicare work with the Medicare Advantage plans. I want to go back to Rotten Tomatoes. Where do you draw the line? Is it 80 percent or above you take? In my house, my kids go for anything under 20.

PATTI: Oh, boy. Back to the five star plans.

ERIC: I guess to your point, I always feel like these things are done with the intent to inform the consumer. So much regulation and thing is all about improving standards, improving quality, but also, making sure you're communicating that in an understandable way, because we're talking about programs that affect tens of millions of people.

I would hope that would be the spirit. Perhaps there's some nefarious intents, with someone cloaked in a secret room. I don't know. It's a great question.

PATTI: We always talk about, everybody's worried about is Social Security going to run out? What many people don't realize is it's not really Social Security that is the issue for the government. It is the cost of Medicare and these entitlement programs.

ERIC: You did it again.



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PATTI: Oh, here we go.

ERIC: Here it goes. Every time we do this, some kind of new topic comes up for future podcast, so stay tuned. Who knows, maybe, you never what you're going to get here on the Patti Brennan Show.

PATTI: Absolutely, yes, and we're talking to talk about the new tax law – the potential new tax law – because there's a lot of stuff that people listening can and should be thinking about before the end of this year. That's our next podcast. That's going to be fun.

ERIC: Oh, yeah, I'm looking forward to it, but I might have to lay on the couch and take five before we come back to that. That's a big topic to be able to talk about.

PATTI: Absolutely. All right, Eric, well, thank you so much. This has been fun, as always, enlightening, hopefully, for everybody listening and watching today. I can't thank you all enough for always tuning in. It's just been amazing.

I hope it is fun for you, it is different. We try to take these very dense subjects and hopefully lighten them up a little bit for you, and give you really actionable steps. Again, just to refresh your memory, go onto our website.

All of this information is on our website in the podcast section. White paper, all of these enrollment periods, what you can do, what you can't do, and some of the landmines that we've talked about today. Thank you so much for taking the time.

We love having you here. We love the feedback that you've been giving us. Thank you for sharing the podcast. It's been unbelievable. I hate to use the word, but it's become viral. Eric, thank you, as always. It's just fun. We spend a lot of time in advance of these podcasts thinking about what we want to share.

You do so much work on them, and I really am grateful, so thank you.

ERIC: It's the highlight of my day, always.

PATTI: Yes. That's it for today's show. Again, go to our website, keyfinancialinc.com. If you have questions, give us a call, send us an email. We are here for you. Thank you so much. I hope you all have a great and healthy day.



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