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SPOOKED BY THE MARKET SELL-OFF? Here's What To Do - And What NOT To Do

By Thomas Shultz

....Before you load up on stocks, make sure your assets are prepared to ride out a recession...

During every period of stock market losses, financial prognosticators far and wide tell you to buy as much stock as you can, touting the old party line that "everything is on sale."

It's too soon to know if the few-weeks-old global market roller coaster is a blip on an overdue correction at the end of a historically long bull market, or the beginning of a full-blown global recession.

Certainly the U.S. Federal Reserve Bank believes the risk of full-blown recession is real, with their announcement this week of cutting rates by a half point. But we do know that the current market volatility is quite different from

other similar periods we've faced in the past. It's a reaction to something very real: the new coronavirus spreading rapidly around the world which epidemiologists at the World Health Organization (WHO) say is highly likely to become a global pandemic.

So, while stocks are likely to be "on sale" quite a bit in the coming weeks and months, cash savings are more important right now than they've been in a long time.

Before you go loading up on stock, it's essential that you take a close look at your cash savings — your liquid assets, most especially savings accounts — to ensure that you're well insulated against the impacts of a possible recession and likely pandemic.

If this is, in fact, the beginning of a sustained recession,

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March

IT'S TIME FOR SAFETY!

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then you will have plenty more opportunities to buy stocks at prices equal to or lower than those today or last week. If this is simply a blip, then you're unlikely to be able to buy enough shares right at this moment to make a meaningful difference in your future financial well-being anyway. In other words: you're not missing out on the opportunity of a lifetime if you focus for a short time on ensuring that your cash savings are well supplied.

The Pandemic Potential

If a global pandemic becomes reality, and even if it doesn't, we're going to see supply chain and work disruptions all over the world, as we're already seeing with goods made in China, including everything from iPhones to critical pharmaceutical products.

Especially in the U.S., where workers are not guaranteed paid sick leave or affordable health insurance, we can expect employees to go to work sick, in turn spreading the virus more widely, taking a toll on employers and economic output at every level.

Experts believe right now that the virus has a fatality rate of about 3.5%, but the rate of those who will need to be out of work for a long time, whether to be treated or simply to be quarantined out of caution, is certain to be far higher. That will affect the economy in ways large and small.

We've already seen one example of this as Americans race to stock up on supplies to protect themselves from the coronavirus: hand sanitizer and face masks have become scarce resources, with many stores and online outlets sold out, and others charging exorbitant prices for what have generally been inexpensive products. **(The Surgeon General is urging healthy people to stop buying face masks because of this.)** If the virus continues to spread, we can expect to see more products go up in price, or perhaps higher inflation generally in response to consumers hoarding goods out of fear. And it's possible we could see far greater impacts from the virus akin to those we

saw during the Great Recession, with massive job losses affecting millions of Americans.

The Impact Of An Extended Recession

If you've been an investor over the last decade, it's easy to let the record-setting gains you've piled up fool you into forgetting how long it actually took the U.S. and the world economy to recover from the Great Recession. **In fact, more than 12 years after it began, there are still mutual funds that never fully recovered when you account for inflation, and millions of 20 and 30 somethings who graduated from college into the recession and have still never found full-time work.**

This month, the Organization for Economic Cooperation and Development said that if the coronavirus continues to spread, it could cut projected growth for the world economy in half for 2020 and push the U.S. into zero or negative growth as soon as the second quarter of this year, with full recession likely by year's end. While we all hope that recession would be less severe than our most recent one, it's important to remember the lessons the Great Recession taught us.



During the Great Recession, millions of people lost jobs, and millions more saw their hours cut, which reduced their pay. Huge numbers of those folks were out of work for the long-term, many for years. Analysis by the Brookings Institution showed that, not only was long-term joblessness during

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the Great Recession a major financial obstacle for the millions of people had to deal with, but it translates into lower future earnings for them for more than two decades after they return to work. Even if you do not find yourself out of work, others certainly will, and many of those people are your customers or clients. **It took until early 2016 — more than eight years — to return to unemployment rates at their late-2007 levels.**

And unlike the Great Recession, whose impact was blunted in large part by monetary policy and intervention by Congress and the Fed, a recession driven by a global pandemic will not have the same remedies available.

This week, central banks signaled their intention to act to mitigate the effects of the pandemic, and the Fed cut rates, but with major labor impacts likely to happen around the world, there is only so much they can do — and, in fact, markets quickly resumed their dive within hours of the Fed's announcement. We will need the world to return to health and full economic output again before we see economic fears subside, which could take time, depending how severe the pandemic ends up being.

All of which means: you need to prepare to be out of work, potentially for an extended period, and that means keeping some of your assets in cash or fixed products.

Balancing Saving Cash Against Investing For Retirement

If you're investing for the future, that is a good thing, and a looming recession is not a reason to stop investing. If anything, it's exactly the time to keep investing. However, if you're saving for traditional or early retirement but are otherwise still reliant on an income, being out of work or being paid less because of a shrinking economy could leave you well prepared for the future but ill-equipped for the present if you're not also setting cash aside.

I've written before about the bleak employment data for those over the age of 50, and the need to be financially prepared for retirement well before you actually plan to leave the workplace. In fact, for those 55 and over, unemployment rates have never regained their pre-Great Recession levels. So, assuming you can focus on investing now and catch up on your cash savings later may come back to bite you.



And for younger savers, it's critical to understand that the job market sees you as most expendable. Unemployment rates were highest among those ages 20-44 during the Great Recession, with nearly a quarter of those 25-34 out of work in 2015, seven years after the recession began.

If you're near or in retirement or early retirement, wise retirement advisors recommend that retirees carry at least one year's worth of expenses in cash, preferably closer to two years. That's to insulate you against having to sell shares or exercise another contingency like selling your home to downsize when stock and real-estate markets are in the red. At a time like this, that advice is all the more important, and you may consider adding to that cash buffer even more if you can, or cutting your spending to stretch it, at least until we have some sense of whether we're facing down a recession or not.

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Poor market returns early in your retirement, known as sequence of returns risk or simply sequence risk, are the single biggest predictor of portfolio failure, and your best defense against sequence risk is a cash and fixed product buffer.

"BUCKETING" TO REDUCE SEQUENCE-OF-RETURNS RISK



For those not yet concerned about stretching your investments in retirement, it's still essential to have a plan for how you would weather being out of work for six months, a year, or even longer. Ideally that means having well-stocked liquid cash accounts on hand with at least a full year's worth of expenses. If you already have that, then continue on with your investment strategy. If you don't, this is the time to reassess your saving and investing approach until you have enough cash set aside to weather a potentially lengthy storm.

Once you have that taken care of, then carry on buying that discounted stock.

Here at Lyfe Advisors, we have been warning retirees just like you about being overleveraged in the markets for months.

Now is the time to relook at your current investment mix to make sure it can withstand another "long term" recession.

Here at Lyfe Advisors, we take a lifetime approach to planning.

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Thomas Shultz

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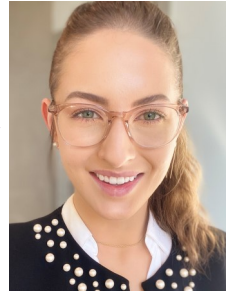
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VICTORIA'S VALUES

My goal is to share tidbits and lessons that can help us all become better leaders not only of ourselves but to every person in our lives!



Resistance: What Is It? My Journey This Month Has Been An Interesting One...

This month I found myself really breaking down life trials and trying to understand the meaning of them. Like we've all done at one point or another, I found myself thinking that there had to be more of an explanation for internal struggle than "you'll get over it" or "this is just a phase" etc. We've all heard similar phrases that don't quite describe how we feel during a challenge. I began my research with a word I heard in a passing conversation, **RESISTANCE**.

Here are my personal findings of what resistance consists of:

- Resistance is invisible (can't be seen, touched, smelled etc.)
- It's internal (personal challenge)
- It's impersonal (example is everyone experiences gravity, same with resistance. It doesn't just select a special few to "bother")
- It's fed by our fear of it
- Obstructs movement from a lower way of living to a higher way of living (physical and mental)
- It will get worse right before a breakthrough (always darkest before the dawn)
- It's not a peripheral opponent
- Resistance is a compliment
- It's a law of nature and cannot be controlled

Symptoms of Resistance



Procrastination
 Criticism
 Fear
 Rationalization

With the few notes I've acquired so far, there a couple facts associated with people who have overcome resistance. Resistance must be equal to the great changes you are making in your life, it's like your shadow, it will always show up when you shine light on your next goal or dream. There has never been a fearless warrior and deciding to overcome it, is a daily decision. Here is an exceptional poem that personally helps me overcome the pull of resistance.

Good Timber

by Douglas Malloch

*The tree that never had to fight
 For sun and sky and air and light,
 But stood out in the open plain
 And always got its share of rain,
 Never became a forest king
 But lived and died a scrubby thing.*

*The man who never had to toil
 To gain and farm his patch of soil,
 Who never had to win his share
 Of sun and sky and light and air,
 Never became a manly man
 But lived and died as he began.*

*Good timber does not grow with ease
 The stronger wind, the stronger trees
 The further sky, the greater length
 The more the storm, the more the strength.
 By sun and cold, by rain and snow,
 In trees and men good timbers grow.*

*Where thickest lies the forest growth,
 We find the patriarchs of both.
 And they hold counsel with the stars
 Whose broken branches show the scars
 Of many winds and much of strife.
 This is the common law of life.*

Victoria Arnett



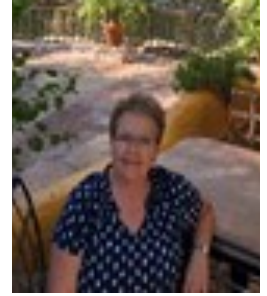
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RITA'S CORNER

Every month, my husband and I enjoy trying out new breakfast places throughout the valley. This month we picked "Butters Pancakes & Cafe" on Northsight in Scottsdale and we were not disappointed.



To give you a little history of this family owned business, it all started in Chicago, Illinois. There are four locations around the Chicago metropolitan area. When a family member of the Syregelas family retired to Scottsdale, they decided to bring it here. The original restaurant is the Butterfield's Pancake House on East Shea Boulevard in Scottsdale. This restaurant is a pure pancake house whereas the Butters is more of a cafe with a barista program.

My family has eaten at the original Butterfield's on several occasions and it is always packed and the wait time is quite



long. I didn't know that the smaller Butters Cafe was an offshoot of the original location. Butterfield's is known for their pancakes but has a wonderful menu with delicious items and the Butters Cafe is the same with a smaller selection but just as good.



My husband and I chose the Denver Omelets which came with hash brown potatoes or grits and pancakes or toast. My husband had the grits and pancakes and I had hash brown potatoes and toast.

Since January, I have been controlling my diet and so my husband, of course, took my hash browns and toast.

My mother ordered the two eggs any style with hash brown potatoes and toast and sausage patties.

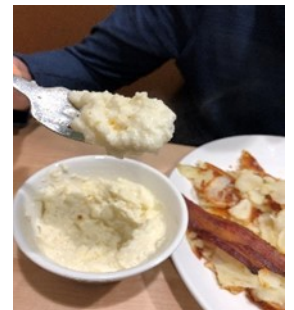


The portions were large and the potatoes were unique in that they weren't the typical shredded hash brown potatoes. These were sliced potatoes and grilled rather than fried. They were great! And my husband loved the grits. He said they were so creamy and good!



All three locations serve a lunch menu with burgers, wraps, salads, and sandwiches.

The Butters Cafe has an outdoor patio and they are open from 6:30 am to 2:30 pm every day. My husband considers Butters one of his favorite places that we have visited and will definitely visit again!



Rita Henderson

Hack #17

As More Americans Sign Up For Medicare Advantage, Detractors Worry That It's Helping Private Insurer's More Than Patients...



*****This article is directly from the New York Times written on February 21, 2020 by Mark Miller. I found it to be so impactful, that I wanted to share it with all our readers.*****

When Ed Stein signed up for Medicare eight years ago, the insurance choice seemed like a no brainer.

Mr. Stein, a Denver retiree, could choose original, fee-for-service Medicare or its private managed care alternative, Medicare Advantage. He was a healthy and active 65-year-old, and he picked Advantage for its extra benefits.

“The price was the same, I liked the access to gyms, and the drug plan was very good,” he recalled. After a pause, he added: “Never in my wildest dreams did I think I’d be facing a crisis like the one I’m having now.”

In November, at age 72, Mr. Stein received a diagnosis of aggressive bladder cancer that would require chemotherapy and a complex surgical procedure. The doctor who he determined was the best local specialist for his condition was not in his network, so Mr. Stein decided to switch to original Medicare for 2020 — a move that would allow him to see nearly any health care provider he chose.

That was when he ran up against one of the least understood implications of selecting Advantage when you enroll in Medicare: **The decision is effectively irrevocable.**

Most enrollees in traditional Medicare buy supplemental coverage to protect them from potentially high out-of-pocket costs. In 2016, out-

of-pocket spending in the program averaged \$3,166, excluding premiums, according to the Kaiser Family Foundation.

Supplemental coverage sometimes comes from a former employer, a union or Medicaid, although most people buy a commercial Medigap plan. **But the best, and sometimes only, time to buy a Medigap policy is when you first join Medicare.**

During the six months after you sign up for Part B, Medigap plans cannot reject you, or charge a higher premium, because of pre-existing conditions. After that time, you can be rejected or charged more, unless you live in one of 4 states (Connecticut, Massachusetts, Maine and New York) that provide some level of guarantee to enroll at a later time with pre-existing condition protection.

Mr. Stein’s cancer diagnosis made the switch to original Medicare virtually impossible. “We were just shocked to learn that,” he recalled.

His coverage problems led to a frenzied scramble in November that ultimately involved treatment at four hospitals — and a last-minute switch to a different Advantage network that includes his preferred physician.

The problems have taken their toll. “When you’re in the middle of a health crisis, the last thing you need is to be negotiating with health providers and insurance,” said Mr. Stein’s wife, Lisa Hartman. “We spent as many hours talking with all these people about squaring away our insurance as we did actually getting treatment.”

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Medicare Advantage is growing quickly — enrollment is expected to jump to 47 percent of all Medicare beneficiaries in 2029 from 34 percent this year.

Some of the growth stems from heavy investment by health insurance companies in geographic expansion and marketing.

“Advantage plans are partnering with hospitals, doctors and other care providers to improve outcomes for patients, deliver care more efficiently and add more value compared with the fee-for-service model,” says Greg Berger, vice president of Medicare policy at America’s Health Insurance Plans, the national association of health insurance companies.

The rise of Advantage has also been aided by changes in federal law and regulation in recent years. And under the Trump administration, critics say, Medicare’s administrators have been tipping the scales improperly in favor of Advantage. The growth has occurred without much public policy debate about the effects of large-scale privatization on patient health, and on the costs to both the government and enrollees. **As “Medicare for all” is debated in the 2020 presidential race, most voters perceive that these proposals are calling for a government alternative to commercial health insurance — yet the current Medicare program is shifting toward greater privatization, not less.**

“When we talk about Medicare for all or public options,” said Tricia Neuman, director of the Medicare policy program at the Kaiser Family Foundation, “people may not realize that we already have a Medicare program that is coming to be dominated by some very large private insurance companies.”

Legislation and regulatory changes in recent years have favored Advantage by permitting new supplemental benefits and more favorable enrollment rules.

Since the Affordable Care Act was passed in 2010, the government’s per-patient reimbursement rates for Advantage plans have been roughly equal to those in the original program. But Advantage plans can qualify for bonus payments under a quality rating system that many experts say uses flawed methods. MedPAC, an independent agency that advises Congress on Medicare, has recommended replacing the system.

Moreover, an investigation by the Department of Health and Human Services’ Office of Inspector General found that Advantage plans were receiving extra payments from Medicare by adding medical conditions such as diabetes and cancer to patient records that may not have been justified. An estimated \$2.7 billion in additional payments in 2017 were not linked to a specific service or a face-to-face visit with a patient, the report found.

Advantage plans have had more flexible enrollment rules than original Medicare since 2019. People who sign up for Advantage during regular fall enrollment can also take advantage of an additional enrollment period, during the first three months of each year, when they can switch or drop out of Advantage plans.

The government has taken other steps that favor Advantage. Since 2011, all plans have been required to cap out-of-pocket expenses at \$6,700, but most H.M.O. or P.P.O. plans have a somewhat lower ceiling — last year, it was \$5,059 for in-network services. Yet there is no built-in cap on out-of-pocket costs in original Medicare; the only way to get that is to obtain supplemental coverage.

Another example of what critics see as an uneven playing field for Advantage plans are the extra, albeit limited, benefits.

“We want to see equity and parity between original Medicare and Medicare Advantage plans,” said Frederic Riccardi,

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president of the Medicare Rights Center, a nonprofit advocacy group that provides counseling to Medicare enrollees.

Does Advantage have a leg up?

Under President Trump, some critics contend, the Centers for Medicare and Medicaid Services, which administers Medicare, has become a cheerleader for Advantage plans at the expense of original Medicare.

Advocates and some lawmakers have complained about bias in educational and outreach materials on enrollment, and in public statements about Advantage by the agency's administrator, Seema Verma.

One flare-up was provoked by a draft release of the 2019 Medicare & You handbook, an important annual guide mailed to all enrollees. Advocates and some lawmakers criticized language describing Advantage as a less expensive alternative to original Medicare. But despite the data on patients' average spending, no figures are available on their specific out-of-pocket costs.

"We know absolutely nothing about what people actually pay for services," Dr. Neuman of Kaiser said. "If someone is really sick and uses a lot of covered services, they will pay less with traditional Medicare coupled with a Medigap policy than they would in a Medicare Advantage plan, even after taking into account Medigap premiums."

The handbook's language was revised before its final release, but communications from the Centers for Medicare and Medicaid Services during last fall's Medicare enrollment period do appear to promote Advantage plans.

An email to enrollees, for example, urged them to investigate "more details on Medicare Advantage plans so you can quickly compare covered benefits," with no mention of original Medicare.

If the Centers for Medicare and Medicaid Services is tipping the scales, it would be a violation of federal law, Mr. Lipschutz argued.

"C.M.S. is part of the U.S. Department of Health and Human Services, which is required under the statutes governing Medicare to 'promote an active, informed selection' among Medicare's plan coverage options," he said. **"A great deal of their communication material doesn't meet that standard."**



CMS declined a request for an interview. But a spokesman replied that its enrollment communication efforts included a "robust and multifaceted outreach campaign that encourages consumers to review their Medicare coverage, compare alternatives and make an informed decision about options for the incoming year."

How is Americans' health affected?

Which type of coverage produces better health outcomes? The evidence is mixed.

"We've seen a number of studies that look at the available measures and try to give some indication of how Advantage is performing compared with traditional Medicare," Dr. Neuman said.

"It does better on some indicators, and on some others, traditional Medicare does better."

Defenders of Advantage programs point to studies that conclude they are outperforming original Medicare in areas like preventive care, hospital readmission rates, admissions to nursing homes and mortality rates. And they note that the managed care approach is a key part of the program's success.

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But critics point to high levels of denial of care. Federal investigators reported in 2018 that Advantage plans had a pattern of inappropriately denying patient claims. The Office of Inspector General at the Department of Health and Human Services found “widespread and persistent problems related to denials of care and payment in Medicare Advantage” plans.

Serious illness is a common motive for leaving an Advantage plan, according to many Medicare advocates and counseling services. After his diagnosis, Mr. Stein, a retired editorial cartoonist for the now-defunct Rocky Mountain News, contacted his Advantage plan to confirm that all of the doctors he wanted to see were in his network — and was told that they were. But after surgery and the ensuing hospital stay, he found himself enmeshed in a series of conflicting messages about whether the treatment was covered.

Confusion about network providers is widespread. In a review of provider directories completed in 2018, the Centers for Medicare and Medicaid Services found that 49 percent contained at least one inaccuracy. Errors included incorrect locations and phone numbers, and

whether a provider was accepting new patients.

Mr. Stein’s coverage is still in dispute, and there is no guarantee that his new plan will include his oncologist indefinitely. Advantage plans can drop providers at any time, and they do.

“We think of ourselves as sophisticated consumers, but when it comes to health care, it is almost impossible to figure it out without some help” Mr. Stein said.

Let us help you navigate the Medicare Maze.

Give us a call at 480-626-0296

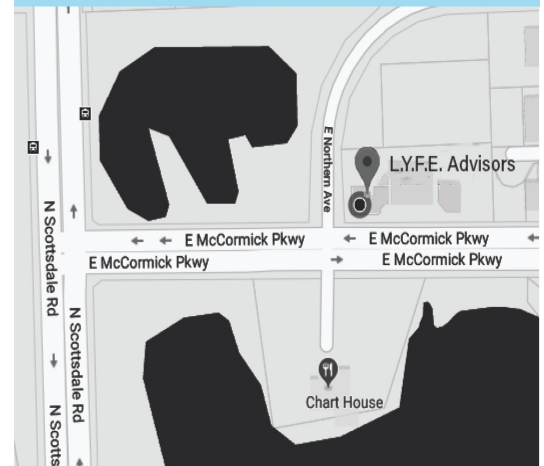
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THE LYFE ADVISOR

Volume 3, Issue 3

March 2020

Sudoku

	4		5				1	
	6		8	4				
		1					9	
5						4		1
		2			5			
1					3			7
			7	9		1		5
					2		4	
			1	3		9		6

February Sudoku Solution

7	6	2	4	8	1	3	9	5
8	5	1	6	9	3	7	4	2
9	4	3	2	5	7	1	8	6
2	1	5	9	3	4	6	7	8
4	7	9	8	2	6	5	3	1
6	3	8	7	1	5	4	2	9
5	9	6	3	4	2	8	1	7
3	2	7	1	6	8	9	5	4
1	8	4	5	7	9	2	6	3

March Quiz

Question 1:

What is your birthstone if you are born in the month of March?

- A. Garnet
- B. Opal
- C. Aquamarine

Question 2:

The month of March is named for which god?

- A. The god of war
- B. The god of music
- C. The god of love

Question 3: The month of March is associated with which culture's god?

- A. Norse
- B. Celtic
- C. Gaelic
- D. Catholic

Answers for February

Question 1: At one time, February was the last month of the year?

A. True

Question 2: How often does February have 29 days?

B. Every Four Years

Question 3: Which famous rocker was born on February 4th?

C. Alice Cooper

Medicare Supplement Rates Lowest Medicare Supplement Rates For 85258 Maricopa County

Gender	Age	Plan	Carrier	Premium*
Female	65	G	Humana	\$105.12
Male	65	G	AARP United Healthcare	\$115.42
Female	65	GHD	New Era Life	\$40.37
Male	65	GHD	Mutual Of Omaha	\$50.44
Female	65	N	Aetna	\$88.96
Male	65	N	AARP United Healthcare	\$93.92
Female	66	F	Aetna	\$131.78
Male	66	F	Blue Cross Blue Shield	\$146.76
Female	66	G	Humana	\$110.38
Male	66	G	AARP United Healthcare	\$115.42
Female	66	GHD	New Era Life	\$41.40
Male	66	GHD	United American	\$54.00

Rates are accurate at the time of production. Included in the list are fraternal organizations, service organizations, and carriers with ratings above B+.
*Source: CSG Actuarial effective dates 03/01/2020

Interest Rates

Highest CDs and Share Rates Highest National Rates

Duration	Institution	Yield to Maturity*
1 year	CIT Bank	2.06%
2 year	Marcus Bank	2.10%
3 year	Goldman Sachs	2.10%
4 year	Synchrony Bank	2.10%
5 year	Northpointe	2.25%

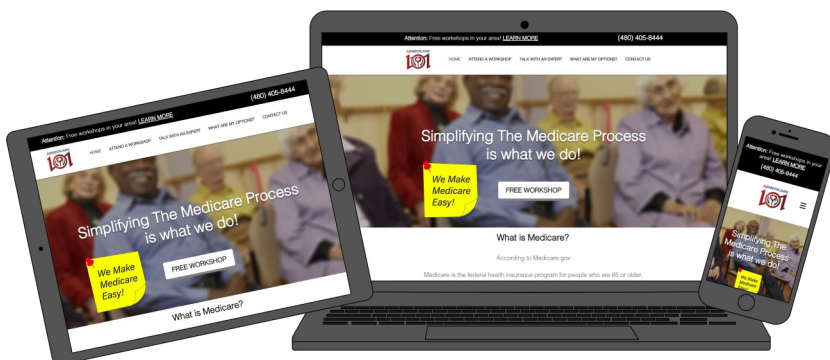
Rates are accurate at the time of production. We include banks and federal credit unions in our national search. All have FDIC or NCUA Insurance. *Source: BankRate.com 03/01/2020

Highest Fixed Annuity Rates Highest Arizona Rates

Duration	Institution	Yield to Maturity*
3 year	Guggenheim Life	2.40%
4 year	Guggenheim Life	2.50%
5 year	Sentinel Security	3.45%
7 year	Atlantic Coast Life	3.54%
10 year	Sentinel Security	3.65%

Rates are accurate at the time of production. Excluded from the list are fraternal organizations, service organizations, and carriers with ratings below B *Source: AnnuityRateWatch 03/01/2020

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SOCIAL SECURITY BENEFITS AND THE 2020 PRESIDENTIAL CAMPAIGN

What the top 3 remaining candidates think is best for your future

As we've seen in past presidential campaigns, candidates in 2020 have stated their cases for what they'd like to see Social Security do in order to avoid problems as the mid-2030s crisis looms. Some believe that boosting benefits is the right thing to do, with varying proposals seeking to pay for the rise in costs. Others prefer reining in future Social Security benefits in order to make the current level of funding go further. Yet as excited as many Americans are about the prospects for radical change to the Social Security system, the reality is likely to be a lot less transformative. Eventually, lawmakers are likely to take the path of least resistance to address Social Security funding, with just a single change taking care of the problem for the foreseeable future.

We've seen plenty of discussion among major candidates about what Social Security should look like. Among the proposals are the following:

Bernie Sanders would boost benefit levels for all Social Security recipients, with extra increases targeted to low-income participants. Future increases would get tied to a measure of inflation more suited to elderly spending patterns. To pay for those benefits, Sanders would impose payroll taxes on earned income above \$250,000.

Joe Biden has said he would support measures to strengthen Social Security, with potential benefit increases for those in need. However, his past track record on Social Security has been less friendly to Social Security boosts, with Biden having taken a more centrist approach in considering measures like raising the retirement age.

President Donald Trump has also had varied views on Social Security over the years, having vowed to leave the program alone during past campaigns but also saying that he'd be open to putting entitlement programs like Social Security onto his agenda in a potential second term.

What's probably going to happen

Given the political realities, the most likely course for Social Security policy is for nothing to happen at all. Fortunately, we already have a sense of what the consequences of that will be. The 2019 Social Security trustees report provided plenty of context on exactly what would be necessary if lawmakers take no action:

Of course, it's possible that Washington will get its act together and do something before 2035 arrives. Given the track record on the issue, however, it's not especially probable. Current and future recipients should therefore get comfortable with the likely scenarios for the program if nothing changes going forward.

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Community Room
21109 N. 98th Ave
Peoria, AZ 85382

Monday, March 16th
5:30pm to 6:30pm



Fountain Hills Library

Conference Room
12901 N. La Montana Dr.
Fountain Hills, AZ 85268

Tuesday, March 17th
1:00pm to 2:00pm

Mesa Dobson Library

Dobson Meeting Room
2425 S. Dobson Rd.
Mesa, AZ 85202

Wednesday, March 18th
4:00pm to 5:00pm

Mesa Red Mountain Library

Program Room
635 N. Power Rd.
Mesa, AZ 85205

Monday, March 23rd
5:30pm to 6:30pm

Tempe Pyle Recreational Center

Globe Room
655 E. Southern Ave
Tempe, AZ 85282

Thursday, March 19th
5:30pm to 6:30pm

Register online at
AZMedicare101.org

Or call us to reserve your
FREE SEAT at
(480) 405-8444

“As a fiduciary, it is our responsibility to make sure that both the Health and Wealth areas of your retirement have been planned for accordingly. You can’t have a sound financial plan without addressing both and here at LyfeAdvisors we believe that it starts with Healthcare! For the last 12 years, we have been helping thousands of retirees all throughout Arizona and we’d love to help you as well.” - Thomas Shultz, Managing Partner



Medicare Workshops

1 Hour Presentation - Everything you need to know about Medicare. We explain how Medicare works and what you can expect before you choose!

THIS PRESENTATION HAS BEEN APPROVED BY MEDICARE

Glendale Foothills Library
Eagle Room
19055 N. 57th Ave
Glendale, AZ 85308
Tuesday, March 24th
5:30pm to 6:30pm



Glendale Main Library
Small Meeting Room
5959 W. Brown St.
Glendale, AZ 85302
Wednesday, March 25th
1:30pm to 2:30pm

Fountain Hills Library
Conference Room
12901 N. La Montana Dr.
Fountain Hills, AZ 85268
Wednesday, March 25th
5:30pm to 6:30pm

Mesa Main Library
Saguaro Room
64 E. 1st Street
Mesa, AZ 85201
Saturday, March 28th
11:00am to 12:00pm

Register online at
AZMedicare101.org

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