



# Turning 65

*Your Medicare Choices*





# A few of the Benefits I offer...

## **NON-BIASED**

You have been getting tons of mail from all the different companies advertising only their company. We offer most of the companies that are contacting you, therefore we are not biased; we truly have your best interests in mind when helping you choose the right plan for YOU. Instead of one company only presenting one plan, let me help you evaluate all of the plans that are available.

## **AGENT ON THE GROUND**

Many times it is confusing when you call a company just trying to navigate their phone system not knowing which option to choose. If you have a problem, call me, I will have an answer and if I don't, I know the numbers to call to find the answers you need!

## **REVIEW YOUR COVERAGE EVERY YEAR**

The Medicare Part D Prescription Drug Plans and the Medicare Advantage Plans can change every year. You need someone like me to keep you informed and make sure you're in the right plan for you each Medicare election period. I will make sure you keep as much money as possible in your pocket!

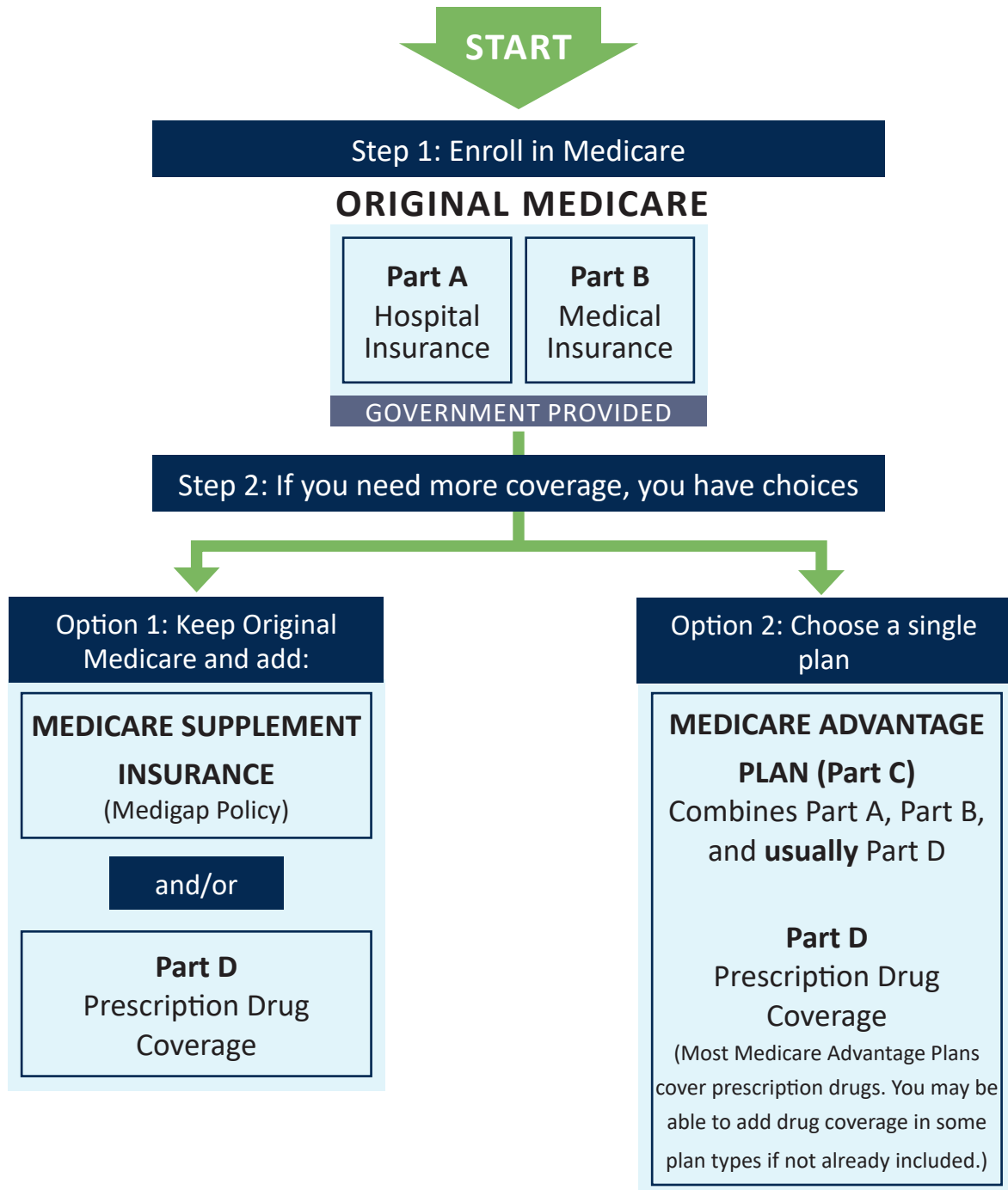
## **NO COST FOR MY HELP**

I will never charge you a penny for my help; I am compensated by the company you choose. The price is still the same using me as it is calling the company direct. And of course, by going through me you also have a personal problem solver you can call.

# Medicare Basics

## Your Medicare Coverage Choices at a Glance

There are two main ways to enhance Original Medicare: a Medicare Supplement Plan or a Medicare Advantage Plan. Use these steps to help you decide which coverage is right for you.



*If you join a Medicare Advantage Plan, you don't need and can't be sold a Medicare Supplement Insurance (Medigap) policy.*

# Original Medicare

## Hospital (Part A)

Medicare covers 90 days of inpatient hospital care	YOU OWE
<b>Inpatient Hospital Stay (Days 1-60)</b> Part A Hospital Deductible	<b>\$1,600.00</b>
<b>Inpatient Hospital Stay (Days 61-90)</b> You owe \$400.00 each day	<b>\$13,600.00</b> 90 day Hospital Stay

After a 90 day hospital stay you have a pool of 60 Lifetime Reserve days you may use	YOU OWE
<b>60 Lifetime Reserve Days</b> You owe \$800.00 each day	<b>\$61,600.00</b> 150 day Hospital Stay

After you use all your 60 Lifetime Reserve Days your Medicare hospital coverage ends	YOU OWE
<b>Medicare Hospital Coverage Ends</b> You must be out of the hospital 60 consecutive days before your Medicare benefits will restart	<b><u>All Costs</u></b>

*Your Medicare benefits will restart after you're out of the hospital 60 consecutive days. Once you have used your Lifetime Reserve Days, they will never be available again.*

**No Maximum "Out-of-Pocket" or Cap with Original Medicare**

# Original Medicare

## Medical (Part B)

<b>Part B Premium</b>	<b>\$ _____</b>
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Medicare's Part B Deductible is paid annually and may change each year

**YOU OWE**

<b>Medicare Part B Deductible</b> You must pay this before Medicare pays	<b>\$226.00</b>
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After you have paid the Part B Deductible

**YOU OWE**

<b>Medicare Pays 80%</b>	<b>20%</b>
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Your Doctor May or May not Accept assignment

**YOU OWE**

<b>If a Doctor does not accept Assignment</b> The doctor may charge you up to 15% more	<b>15%</b>
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**No Maximum "Out-of-Pocket" or Cap with Original Medicare**

# Medicare Supplements

## (Also known as Medigap)

### IMPORTANT FACTS

- You must have Medicare Part A and Part B.
- You pay a monthly premium for your Medigap policy in addition to your Part B premium.
- A Medigap policy covers only one person. Spouses must buy a separate policy.
- A Medigap policy does not include prescription drug coverage. You must purchase a Stand-Alone Medicare drug plan.
- You need to compare Medigap policies as costs vary and may go up as you get older.

### GUARANTEED COVERAGE

When you turn 65 or first enroll in Medicare Part B you have **six months to choose** a Medicare Supplement Plan without answering *any* health questions. In most cases, after those six months, insurers can **ask health questions** and can **decline your application** if they wish.

### CHOICE OF DOCTORS

Choose any willing doctor that accepts Medicare.

### CHOICE OF HOSPITALS

Cleveland Clinic, Mayo Clinic, M.D. Anderson, etc.

### PREMIUMS

A company *cannot* single you out for a rate increase or drop your coverage if your health changes.



# Medicare Supplements

## (Also known as Medigap)

### BENEFIT CHART OF MEDICARE SUPPLEMENT PLANS SOLD ON OR AFTER JANUARY 1, 2021

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of this benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
Medicare Part A Coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B Coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood (First 3 pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A Hospice Care Coinsurance and Copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled Nursing Facility Care Coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A Deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B Deductible									✓	✓
Medicare Part B Excess Charges				✓						✓
Foreign Travel Emergency (Up to Plan Limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2023 <sup>2</sup>					\$6,940 <sup>2</sup>	\$3,470 <sup>2</sup>				

<sup>1</sup>Plans F and G also have a high-deductible option which requires first paying a plan deductible of \$2,700 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

<sup>2</sup>Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

<sup>3</sup>Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

# Plan G - Benefits Chart

## Medicare (Part A) - Hospital Services - Per Benefit

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*,***</b> Semi private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,600	\$1,600 (Part A Deductible)	\$0
61st through 90th day	All but \$400	\$400 a day	\$0
91st day and after			
- While using 60 lifetime reserve days	All but \$800 a day	\$800 a day	\$0
- Once lifetime reserve days are used:			
- Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
- Beyond the Additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*, ***</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st day through 100th day	All but \$200 a day	Up to \$200 a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD***</b>			
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness			
	All but very limited co-payment/ coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/ coinsurance	\$0

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits". During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

\*\*\*If you have a Medicare Select plan and you do not utilize a network provider, you are responsible for all charges.



# Plan G - Benefits Chart

## Medicare (Part B) - Medical Services - Per Benefit

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$226 of Medicare-Approved Amounts	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
<b>PART B EXCESS CHARGES</b>			
(above Medicare-Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b>			
First 3 pints	\$0	100%	\$0
Next \$226 of Medicare-Approved Amounts	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b>			
Test for Diagnostic Services	100%	\$0	\$0
<b>PARTS A &amp; B</b>			
<b>HOME HEALTH CARE</b>			
<b>MEDICARE-APPROVED SERVICES</b>			
- Medically Necessary skilled care services and medical supplies	100%	\$0	\$0
<b>DURABLE MEDICAL EQUIPMENT</b>			
First \$226 of Medicare-Approved Amounts*	\$0	\$226 (Part B deductible)	\$0
Remainder of charges	80%	20%	\$0
<b>OTHER BENEFITS - NOT COVERED BY MEDICARE</b>			
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b>			
Medically Necessary Emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each Calendar Year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime max benefit

\*Once you have been billed \$226 of Medicare-Approved amounts for covered services, your Part B deductible will have been met for the calendar year.

# Medicare Supplement Plan Comparison

	<b>Plan G</b>	<b>Plan N</b>
Plan A Hospital co-insurance & 365 extra hospital days covered	100%	100%
Part A deductible covered	100%	100%
Part B deductible covered	<b>NO</b>	<b>NO</b>
Part B co-insurance or co-payments covered	100%	100%
Part B Office visit co-pay <b>YOU MAY PAY &gt;&gt;</b>	\$0	<b>\$20</b>
Part B Emergency room co-pay <b>YOU MAY PAY &gt;&gt;</b>	\$0	<b>\$50</b>
Part B Excess covered	100%	<b>NO</b>
At-home recovery cost covered (up to plan limits)	100%	100%
Cost of <b>Blood Transfusion</b> covered (first three pints)	100%	100%
Cost of <b>Foreign Travel Emergency</b> covered (up to plan limits)	100%	100%
<b>Hospice Care</b> co-insurance covered	100%	100%
<b>Preventive Care</b> co-insurance covered	100%	100%
<b>Skilled Nursing Facility</b> care co-insurance covered	100%	100%

**MONTHLY PREMIUM**

\$_____	\$_____
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# Medicare Supplement

## Plan G

Please notice the plans are the same, but the prices vary greatly from company to company for the exact same coverage!



	Plan G Company 1	Plan G Company 2	Plan G Company 3	Plan G Company 4	Plan G Company 5
<b>Monthly Premium</b>	<b>\$94</b>	<b>\$110</b>	<b>\$140</b>	<b>\$152</b>	<b>\$177</b>
Primary Care Physician*	\$0	\$0	\$0	\$0	\$0
Specialist*	\$0	\$0	\$0	\$0	\$0
Inpatient and Outpatient Care*	\$0	\$0	\$0	\$0	\$0
MRI, Cat Scans*	\$0	\$0	\$0	\$0	\$0
Tests, X-Rays*	\$0	\$0	\$0	\$0	\$0
Hospital Inpatient - Cost Per Day	\$0	\$0	\$0	\$0	\$0
Emergency Room	\$0	\$0	\$0	\$0	\$0
Ability to see doctor of choice	YES	YES	YES	YES	YES
Needs referral to see specialist	NO	NO	NO	NO	NO
Choose any hospital	YES	YES	YES	YES	YES

\*Once you have been billed \$226 of Medicare-Approved amounts for covered services, your Part B deductible will have been met for the calendar year.

# Medicare Advantage Plans

## Medicare Part C



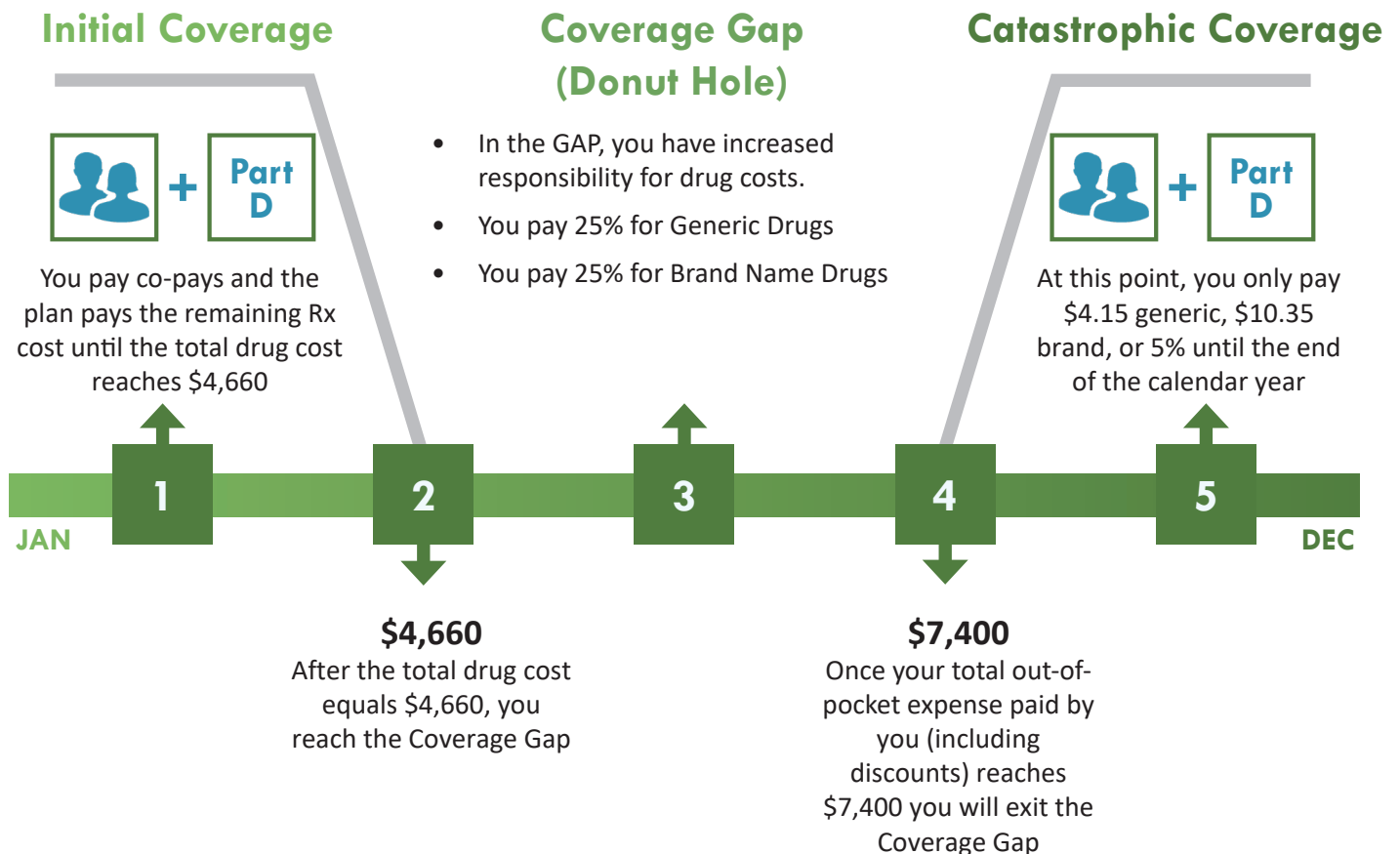
**Please notice the plans vary, and the premiums vary from company to company!**

(Chart is for illustrative purposes only)

	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
<b>Monthly Premium</b> (In addition to part B)	<b>\$0</b>	<b>\$19</b>	<b>\$31</b>	<b>\$39</b>	<b>\$77</b>
Primary Care Physician (Office Visit)	\$0	\$15	\$20	\$10	\$0
Specialist (Office Visit)	\$20	\$40	\$50	\$25	\$45
Inpatient Hospital	\$295	\$250	\$250	\$325	\$150
Days	1-6	1-5	1-6	1-5	Per Stay
Outpatient Surgery	\$250	\$264	\$275	\$325	\$150
X-Rays	\$0	\$40	\$20	\$0	\$50
Diagnostic Radiology & CT Scans	20%	20%	20%	20%	20%
Emergency Care	\$75	\$75	\$75	\$75	\$75
Limited to Plan's Physician Network	YES	NO	YES	YES	NO
Needs referral to see specialist	YES	NO	YES	NO	NO
Plan Includes Prescription Drug Coverage	YES	YES	NO	YES	YES
Plan includes Routine Vision Coverage	YES	YES	NO	NO	YES
Plan includes Fitness Club Membership	NO	YES	NO	YES	YES

# PART D - Prescription Drug Benefit

- All prescription drug plans have a monthly premium and most have an annual deductible up to \$505.
- Prescription drug benefits work off a calendar year: January 1st – December 31st.
- Plans use a **Formulary**. This lists the individual drugs covered by the plan.
- **Tiers:** Most plans place drugs into “tiers” or levels with each tier having a different cost share.
- **Prior Authorization:** Some drugs require that your prescriber contact the drug plan before you can fill certain prescriptions. Your prescriber may need to show that the drug is medically necessary for the plan to cover it.
- **Quantity Limits:** Limit how much of a medication you can get at a time.
- **Step Therapy:** Requires you try one or more similar, lower cost drugs before the plan will cover the prescribed drug.



## **LIFE INSURANCE**

The proportion of U.S. adults with life insurance protection has declined to an all-time low as 41 percent (95 million) of U.S. adults have no life insurance at all. I can assist you with determining how much you need based on your current situation. From Guaranteed Issue, Simplified Issue, Term Insurance, and Universal Life, I can help you regardless of your health, age or income.

## **CANCER, HEART ATTACK, AND STROKE**

A diagnosis of cancer, heart attack or stroke may result in added out-of-pocket costs. Not only will you face the expense of medical treatment, you also will have your regular monthly bills to pay at a time when you may not be able to work. Cancer, heart attack and stroke insurance is designed to help you pay both medical and non-medical expenses so you can focus on getting well.

## **DENTAL, VISION, HEARING**

Basic Medicare does not cover vision, hearing or dental expenses. Some Medigap and Medicare Advantage programs provide some coverage, but not all. When planning for your retirement, it is important to include provisions for covering these costs.

## **RETIREMENT PLANNING**

Retirement is a time to explore new possibilities or to slow down and fully enjoy the life you spent your working years building—or it can be a bit of both. Regardless of your path, you want to make sure that this phase is as financially secure and satisfying as it can be—a process that ideally begins with your first job and continues even after retirement begins.

# My Medications

(List all prescriptions you currently take)

Name of Drug	Strength	# taken per day

Primary Care Physician \_\_\_\_\_  
Phone Number \_\_\_\_\_

Plan Type \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Phone Number \_\_\_\_\_

