

New To Medicare Overview

- What Is Original Medicare
 - Part A: Hospital Coverage
 - Part B: Medical Coverage (Doctors Visits, Lab Tests, etc)
 - Part D: Prescription Drug Coverage
 - Part C: Medicare Advantage (Think Combination)
- Eligibility: When Can I Enroll?
 - IEP
 - AEP
 - OEP
 - SEP
- What Are the Costs of Original Medicare?
 - Part A Costs
 - Part B Costs
 - Part D Costs
- What Are Your Options
 - Medicare Supplement Plans
 - Prescription Drug Plans
 - Medicare Advantage Plans
- Medicare Advantage vs. Medicare Supplement
 - Pay-As-You-Go vs. Pay Now
 - Networks
 - Benefits
 - Bundle Coverage vs. Multiple Plans
- What We Do

Note: Examples given are not actual companies, prices, plans, and doctors and are just for the purpose of helping to understand the fill in sections.

Supplement Plans					
Insurance Company	Example: GapFiller Medical				
Type of Plan (i.e. F, G, N)	Plan G				
Monthly Premiums	\$145.37				
Financial Rating	B				
% Rate Increase History	5% per year average				

Part D Drug Plan Comparison				
Insurance Company	Example: Prescriptions Only			
Monthly Premium	\$25.00			
Deductible	\$320			
Senior Savings Program (Insulin)	No			

When calculating your costs please be sure to add in the cost of Part B premiums (Part A as well if you did not earn the entitlement).

Example (Year: 2022, no IRMA)

Medicare Supplement

Part B Premium: \$170.10 + Medicare Supplement Plan Premium: \$145.37 + Prescription Drug Plan Premium: \$25.00 = Per Month Total \$340.47

Example Yearly Total: \$4,085.64 (Individual Drug Costs Not Included)

Example Yearly Possible Total: Yearly Part B Deductible: \$233 + Yearly Premiums Total: \$4,085.64 = Total: \$4,318.64 (Individual Drug Costs Not Included)

Medicare Supplement

Part B Premium: _____ + Medicare Supplement Plan Premium: _____ + Prescription Drug Plan Premium: _____ = Per Month Total: _____

Yearly Premium Total: _____ (Individual Drug Costs Not Included)

Medicare Advantage Plan Comparison				
Insurance Company	Example: Health Plans 4 You			
Plan Type (i.e. HMO, PPO)	HMO			
Monthly Premium	\$0.00			
Drug Deductible	No deductible			
Maximum Out of Pocket Cost	\$3,500			
Emergency Care	\$120			
Inpatient Hospital Copay	\$205 per day, days 1-5			
Primary Care Doctor Copay	\$0.00			
Specialist Copay	\$25			
Urgent Care	\$40			
Dental Benefit	\$2,000 Comprehensive			
Vision Benefit	\$200 for Glasses			
Hearing Benefit	\$1,000 for hearing aids			
Senior Insulin Saver Program?	Yes			

*Please note that HMOs do not cover costs out-of-network (unless it is emergency care). PPOs do have coverage at a higher rate out-of-network, please be sure to not the differences when comparing PPOs.

Medicare Advantage

Part B Premium: \$170.10 + Medicare Advantage Premium: \$0.00 = Per Month Total: \$170.10

Example: Yearly Premium Total: \$2,041.20

Example: Yearly Premium Total: \$2,041.20 + Yearly Maximum Out of Pocket: \$3,500 = Maximum Possible Yearly Cost: \$5,541.20 (Individual Drug Costs Not Included)

Medicare Advantage

Part B Premium: _____ + Medicare Advantage Plan Premium: _____ = Per Month Total: _____

Yearly Premium Total: _____ (Individual Drug Costs Not Included)

Maximum Possible Yearly Cost: _____

List of Medications You Take				
Drug Name	Dosage	Pills Per Month	Amount Per Dose	Doses Per Day
Example: lisinopril	15mg Pill	30	1	Taken once a day

Your List of Doctors			
Doctor Name	Specialty	Do you want to keep them?	In Network (Please Check with Your Agent)
Example: Dr. John Johnson	Optometrist	Yes	Yes