

**The Medicare Whisperer
A Division Under**



Medicare Starter Kit

A Guide for People Approaching Medicare Eligibility



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TO HELP SENIORS UNDERSTAND MEDICARE AND THE MANY
OPTIONS THAT ARE AVAILABLE.



OUR STRATEGY IS SIMPLE. WE UNDERSTAND EVERY
INDIVIDUAL HAS DIFFERENT NEEDS. WE WILL PUT THE PIECES
TOGETHER FOR YOU TO ENSURE YOU GET THE PLAN THAT IS
RIGHT SPECIFICALLY FOR YOU WHILE AT THE SAME TIME
ELIMINATING CONFUSION.

BENEFITS

- ≈ PERSPECTIVE
- ≈ PERFORMANCE
- ≈ PERSONAL SERVICE



What's the PLAN?



- 1. Identify your needs and goals**
- 2. Assist in design & paperwork**
- 3. Implement a plan of action**
- 4. Monitor and revise the plan as needed.**



A

You can be assured we have your best interest in mind. We work for you, not the insurance company. In order to provide the highest quality to our clients we will only recommend companies that have an A rating or better & have at least a 3 to 5 star rating with Medicare.



Do's



Give your self time to learn about Medicare: With many choices and deadlines involved, being informed is the best way to avoid mistakes that may cost you more money



Enroll on time: •In order to avoid late penalties enroll at age 65 if you are not working, don't have employer coverage or live internationally. •If you are employed you must enroll within 8 months of retiring even if you continue to receive cobra or other retiree health benefits from a former employer.



Expect a premium: Unless you qualify for a low-income program you will pay a premium. You will have deductibles & coinsurance unless you have a supplement or Part C plan in place.



Check how Medicare compares to your employer coverage: You are eligible once you turn 65. In most cases the benefits with Medicare and supplements are better than commercial plans & you may pay less.



Don'ts



Wait for a notice: Unless you are already receiving Social Security benefits, you must apply for Medicare. There will be no official notice advising when or how to enroll.



Lose hope: If you have not worked long enough to qualify for Medicare, you may be able to qualify under your current or former spouse's record. Or you might be able to buy in to the program.



Worry about your health affect coverage: You will receive full benefit upon signing up regardless of current or past health conditions.



Assume Medicare covers everything: Although a wide range of services are covered including medical services, prescription drugs, and medical equipment; there are a few gaps not covered that a supplement can help with.



Expect dependent coverage: Anyone under 65 does not qualify unless disabled. Medicare is not coverage for the family

WHY IS MEDICARE SO CONFUSING?!



Over a span of 45 years, congress has added more benefits and options, each with its own set of new rules. Although each piece has an inner logic, Medicare now resembles a puzzle that still bewilders many enrollees. These “puzzle” pieces are what gives comfort knowing health coverage is guaranteed to more than 55 million Americans. Medicare is the most successful insurance program in the world, has life time benefits and ensures people over 65 for life. The program may have separate rules and a range of choices, yet that’s what makes it so personal and beneficial. Not everyone is in the same situation and you don’t have to worry about fitting your needs in a standard box.

Do You Qualify:

Medicare is not entitled. To qualify for Medicare, you must meet certain requirement’s.



Medicare Explained:

- **Part A- Helps pay the cost of a stay in a hospital or skilled nursing facility, home health care, hospice care and medicines administered to patients while hospitalized. ***
- **Part B- Helps pay medical bills for physicians and out patient services such as rehab therapy, lab test and medical equipment. It also covers Dr services in the hospital and most medication administered in a Dr office. ***
- **Part C- consists of a variety of health plans known as Medicare advantage plans that cover A, B, and often D all in package**
- **Part D- Helps you prescription drugs you use at home, plus insulin supplies and some vaccines.**

What it Covers

Medicare covers services deemed “Medically Necessary”. There is no vision, hearing or dental care; nursing home care; or medical services out side of the united states. *

****You may have limited out of country services if you have a Medi-gap or Advantage plan.**

1 Free Medicare Physical Per Year & Free Preventive Services

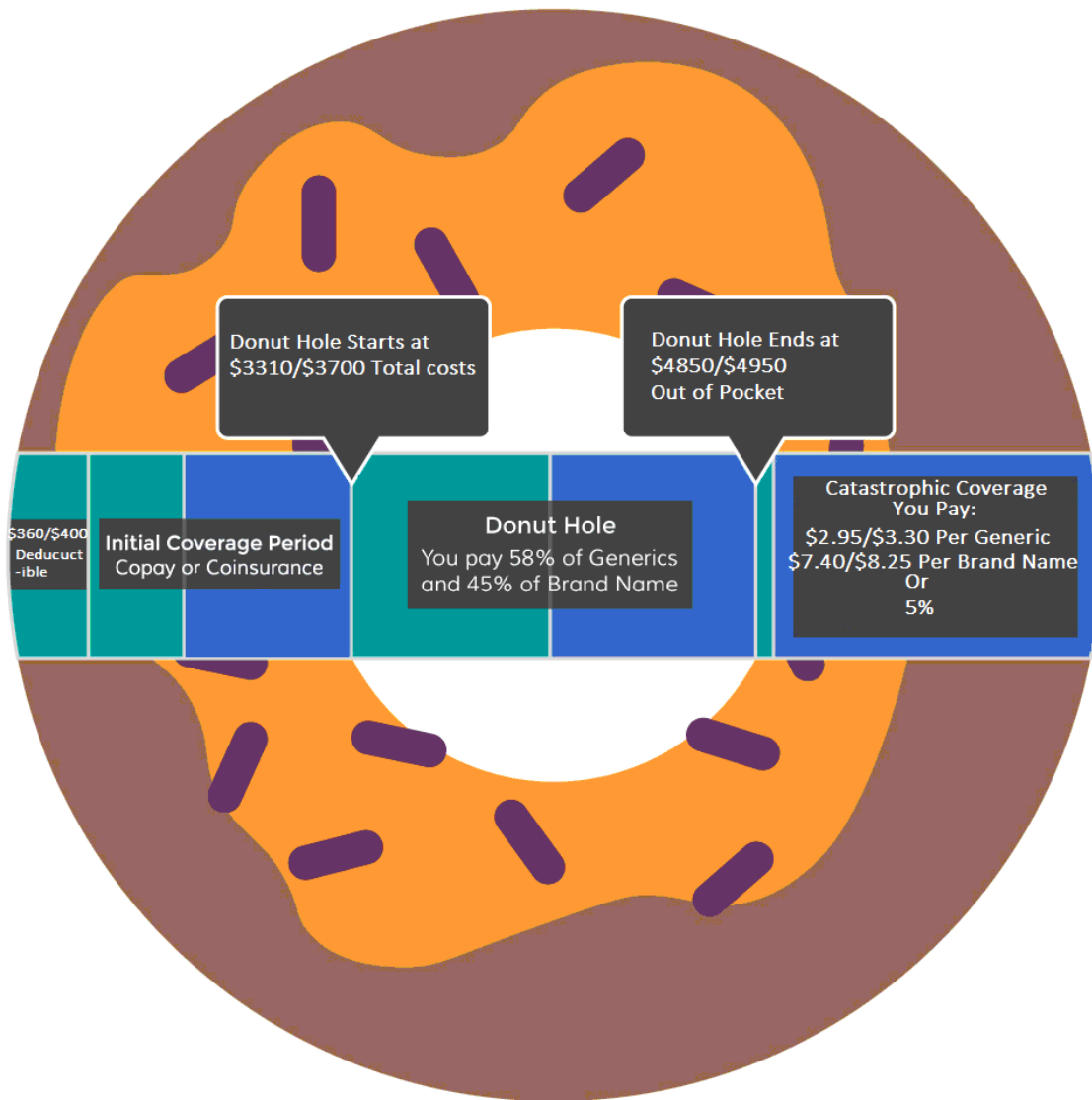
A check list of preventive services to take to your Doctor:

- One-time Physical Exam “Welcome to Medicare”
- Yearly “Wellness” Exam
- Abdominal Aortic Aneurysm Screening
- Bone Mass Measurement
- Cardiovascular Screenings
- Colorectal Cancer Screening
 - Fecal Occult Blood Test
 - Flexible Sigmoidoscopy
 - Colonoscopy
 - Barium Enema
- Diabetes Screening
 - Self-management Training
- Flu Shots
- Glaucoma Tests
- Hepatitis B Shots
- HIV Screening
- Mammogram Screening
- Medical Nutrition Therapy Services
- Pap Smear, Pelvic Exam & Breast Exam
- Pneumococcal Shot
- Prostate Cancer Screening
- Smoking Cessation (counseling to stop smoking)

Part D

A uniquely designed program

2016/2017 Medicare Part D Donut Hole



Note: Most Generic Drugs are \$4.00 or less. This discount has been established under the new health care law, which will gradually reduce your cost every year, until 2020 you'll pay no more than %25 of the price of any drug in the doughnut hole

What Does it Cost?

Let's talk Premiums:

- ◆ **Part A** will be of no cost to you if you worked long enough to pay into your Medicare taxes.
- ◆ **Part B** requires a monthly premium. The standard rate as of now is 121.80/month.
- ◆ **Part D & C** will have additional premiums and vary.



--IMRA Adjustment for High Income--

If you are high income your rate will be adjusted every year you file taxes. The chart below will give you a better understatement of what your premiums will be if you do fall into this category.

| IMRA Adjustment Chart Individually & Jointly filed for 2016 | | | |
|---|---------------------------------|----------|---------|
| Filing Individually | Filing Jointly | Part B | Part D |
| \$85,000 or Less | \$170,000 or Less | \$121.80 | \$0 |
| Above \$85,000 up to \$107,000 | Above \$170,000 up to \$214,000 | \$170.50 | \$12.70 |
| Above \$107,000 up to \$160,000 | Above \$214,000 up to \$320,000 | \$243.60 | \$32.80 |
| Above \$160,000 up to \$214,000 | Above \$320,000 up to \$428,000 | \$316.70 | \$52.80 |
| Above \$240,000 | Above \$428,000 | \$389.80 | \$72.90 |

Deductibles & Co-pays

Now that you understand a little more about premiums lets discuss deductibles and co-pays.

Deductible Key Points:

- You are responsible for annual deductibles before coverage kicks in for Part B & D.
- Part A has a deductible for hospital stays.
- Some supplements and Medicare advantage plans reduce or waive deductibles.
- Many Part D plans also have no deductibles; some only have deductibles for brand name drugs.

| | |
|---------------------------------------|-----------|
| Part A in patient hospital Deductible | \$1288 |
| 61-90 day Co-Insurance | \$322/day |
| 91+ Co-Insurance | \$644/day |
| Medicare Part B Deductible | \$166 |
| Medicare Part D Deductible | \$360 |
| Medicare Supplement High F Deductible | \$2180 |

Co-pays:

- With traditional Medicare you will pay 20% of the Medicare approved amount for most Part B services.
- In Part A after meeting the deductible you pay nothing more for up to 60 days in the hospital, but additional days may require daily co-pays (see chart above- 61-91+ day coinsurance).
- Part C Medicare advantage plans will require you to pay the co-pays set by the plan



You qualify at age 65 or older if:

- You are a U.S. citizen or a permanent legal resident
- You or your spouse have worked long enough to be eligible for Social Security or railroad retirement benefit (have earned 40 credits from about 10 years of work)
- You or your spouse is a government employee or retiree who had not paid into Social Security but has paid Medicare payroll taxes while working.

Note: You can qualify for Medicare on your spouse's work record if he or she is at least 62 and you are at least 65. You also may qualify on the work record of a divorced or deceased spouse. But under the Defense of Marriage Act, people in same-sex marriage cannot qualify on their spouse's work record.

Free Report – “The Secrets of Social Security”

5 Ways to increase your Social Security income check

To get this report this free report email the Medicare Whisperer at

medicarewhisperer@gmail.com

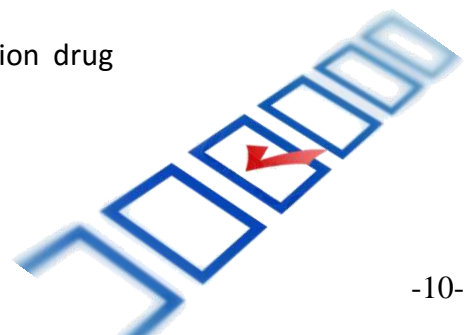
You qualify under age 65 if:

- You have been entitled to Social Security disability benefits for at least 24 consecutive months
- You receive a disability pension from the Railroad Retirement Board and meet certain conditions
- You have Lou Gehrig's disease (amyotrophic lateral sclerosis, which qualifies immediately)
- You have a permanent kidney failure requiring dialysis or a kidney transplant and you or your spouse had paid Social Security taxes for a certain length of time, depending on your age

If you don't qualify on your own or your spouse's work record:

Provided that you're a U.S. citizen or have been legal resident for at least five years, you can still get Medicare benefits at age 65 or older by:

- Paying premium for Part A (Hospital Insurance). If you have fewer than 30 work credits, you pay the maximum premium, \$411 a month in 2016. If you have worked 40 quarters or more in your lifetime, you would pay nothing for Part A
- Paying the same monthly premiums for Part B, which covers doctor's visits and other outpatient services
- Paying the same monthly premiums for Part D prescription drug coverage as other enrolled in the drug plan you choose.



Please note that you are not notified by CMS or by your employer. This is your responsibility to enroll in Part B within those 63 days. Also, if you are covered under an employer plan you must call the coordination of benefits unit at 800-999-1118 and tell them to change your Medicare to primary coverage.

Nobody is obligated to sign up for Medicare. But there are important consequences if you don't meet your enrollment deadline and then decide to join the program. As many have learned the hard way, it is better to sign up at the right time than regret it later.

You can delay signing up for Part B beyond age 65 for as long as you have group health insurance from an employer for whom you or your spouse is still working.

WARNING: If you're still working and your employer coverage is a high-deductible plan with a health savings account, be careful. Under IRS rules, you cannot contribute to an HSA once you enroll in Medicare (A or B) or receive social security retirement or disability benefits. You can draw on fund already in your account, but you can't add to them.

Initial Enrollment Period

Anyone who is a U.S. Citizen or legal resident and is turning 65 is entitled to a first enrollment period that begins 3 months before your 65th birthday lasting a total of 7 months. Example, if you turn 65 in June your enrollment period is March 1- Sept 30

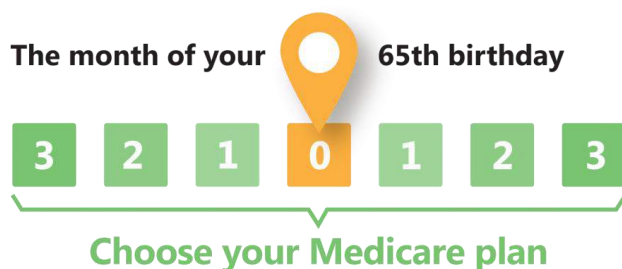
Use this enrollment period to sign up for Medicare Part A and Part B if you are retired; live abroad; or do not have health insurance from an employer for whom you or your spouse is still working. You can also enroll in A&B if you are still working and you may drop your group coverage once you are enrolled for Medicare. You do not have to draw Social Security or retire; You can enroll in Medicare and still work.

If you are already receiving Social Security retirement benefits when you turn 65, you need **not** to apply for Medicare. Your Medicare card will be mailed to you, and coverage begins the first day of your birthday month. You can decline Part b if you choose – for example, if you are still working and have employer insurance, by following the instructions on the letter Social Security sends you.

Unless you're receiving Social Security benefits, you need to apply for Medicare if you want it. Your coverage begins according to which month of your initial enrollment period you sign up:

- ★ Months 1,2, and 3: the first day of the month in which you turn 65
- ★ Month 4: one month after enrolling
- ★ Month 5: two months after enrolling
- ★ Month 6 or 7: three months after enrolling

You should talk to someone because in most cases your benefits are better with Medicare- than group coverage and no deductible or the co-insurance with Medicare and a supplement. Call 800-362-2809 to get rates on Supplemental plans.



Initial enrollment period for Part B

When you first become eligible for hospital insurance (Part A), You have a seven-month period (your initial enrollment period) in which to sign up for medical insurance (Part B). A delay on your part will cause a delay in coverage and result in higher premiums. If you are eligible at age 65, your initial enrollment period begins three months before your 65th birthday. If you are eligible. For Medicare based on disability or permanent kidney failure, your initial enrollment period depends on the date your disability or treatment began.

When does my enrollment in Part B become effective

If you accept the automatic enrollment in Medicare Part B, or if you enroll in Medicare Part B during the first three months of your initial enrollment period, your medical insurance protection will start with the month you are first eligible. If you enroll during the last four months, your protection will start from one to three months after you enroll.

The following chart shows when your Medicare Part b becomes effective:

| If you enroll in this month of your initial enrollment period: | Then your Part B Medicare coverage starts: |
|--|--|
| 1-3 months before you reach age 65 | The month you reach age 65 |
| The month you reach age 65 | 1 month after the month you reach age 65 |
| 1 month after you reach age 65 | 2 months after the month of enrollment |
| 2-3 months after you reach age 65 | 3 months after the month of enrollment |

You'll be entitled to a special period to sign up for Part B without penalty when you (or your employed spouse) stop working or your health coverage ends. This period lasts eight months from that date, but you can enroll earlier to ensure no break in coverage. Medicare benefits begin the first day of the month after you enroll. Medicare does not count COBRA you should immediately get Medicare A&B upon job termination or you may be subject to penalties.

WARNING: To avoid a late penalty, you must enroll in Part B when employment ends-even if you continue to be covered under COBRA extended insurance or retiree health benefits.

TIP: To avoid a late penalty, enroll in Part B at age 65 even if you haven't worked long enough to get Part A without paying A premium.

Other Enrollment Situations

If you're not a U.S. Citizen: Beyond age 65, you can apply for Medicare during a seven-month individual enrollment period that ends three months after the month in which you have both established legal residency and lived in the United States for five years.

If you are living outside the United States: when you turn 65, you're in a Catch-22 situation. You can either:

- Enroll in Part B during your initial enrollment period (IEP) and pay monthly premiums-even though Medicare does not cover medical services overseas
- Delay Part B Until you return to this country-but then you risk a permanent late penalty and may have to wait for coverage. Except in very limited situations, medical coverage abroad, including other countries' national health programs- does not entitle you to a special enrollment period when you return.

If you are in a same-sex marriage or partnership

You're entitled to a special enrollment period if your coverage is from your own employer. But if you're covered under your partner's employer health insurance you must enroll during your IEP at age 65 to avoid a late penalty.

Medicare doctors: Some do some don't. 97% of all traditional doctors accept Medicare patient's with supplements some take Medicare Advantage, but some don't. Be aware that a physician who had opted out of Medicare cannot bill Medicare for treating you and you will be responsible for the whole cost. You will then have to file the claims with Medicare for reimbursement. If you need to find a primary care doctor or specialist who accepts Medicare, go to the Medicare website: www.medicare.gov, and click "Resource Locator" and then "Find a Doctor." Or call at 800-633-4227 or call your doctor, which is the best way.



Signing up for drug coverage

If you have drug coverage that is “creditable” – meaning Medicare considers it of at least equal value to Part D, when you turn 65 you may receive a penalty. Your current insurance plan can tell you whether its creditable or not.

Note: H S A plans do not count as creditable drug coverage; you will have to pay the late enrollment penalty of 1% per month every month you do not enroll. The total late penalty will stay with you for life.

If you lose creditable coverage- whether its from a current or former employer, union, COBRA, Veterans Affairs of the military’s Tri-Care-for-Life system, you will have a two-month period to enroll in Part D plan without penalty. But if you voluntarily drop such coverage after your individual enrollment period expired, you must wait until open enrollment at the end of the year.

You also get a special period to enroll in a Part D drug plan without penalty if you do so within two months of returning to the United States after living abroad.



Missing your enrollment deadline

means:

- Being able to enroll in Part B only during the general enrollment period from January 1st – March 31st each year, with coverage that doesn’t begin until the following July 1.
- Paying a late penalty of an extra 10% permanently added to your Part B premiums for each 12-month period you delay. For example, if you delayed five years, your premiums would cost 50% more for the same coverage for as long as you’re in Medicare.
- Only being able to enroll in Part D during open enrollment from October 15- December 7 each year, with coverage beginning January 1st
- Paying a late penalty permanently added to your Part D premiums of 1% for every month that you did not have creditable drug coverage since turning 65

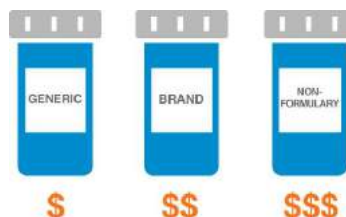


Some Exceptions:

If you qualify for Extra Help under Part D or a Medicare Savings Program, you won’t pay late penalties. If you have Medicare due to disability, any late penalty you incur will cease when you reach 65 on re-enroll in Medicare based on your age.

How to Enroll:

To sign up for Part A or B, call Social Security at 800-722-1213 and make an appointment for an interview, which can be done on the phone or at our local Social Security Office. If English is not your first language, you can request an interpreter at no charge. You can also call 800-362-2809 to reach the Medicare Whisper where someone from the staff can get you enrolled in A & B.



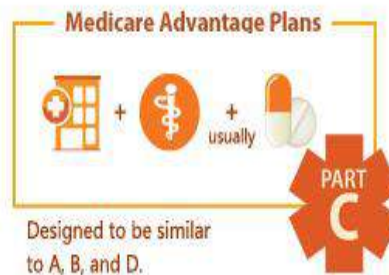


Medicare is not a simple “one size fits all” system. Some coverage is offered through a variety of private insurance plans and you must choose the plan that suits you. You may feel overwhelmed by the choices in Medicare, yet you can switch plans every year. Here’s a quick overview of your options:

Traditional Medicare or Medicare Advantage?

When you enroll in Medicare for the first time, you’re automatically in the “traditional or original” program that’s been in place since 1966. If you prefer to join a Medicare Advantage plan, you can do so right away or during open enrollment (Oct. 15 to Dec. 7) in any year. Medicare Advantage (MA) offers an alternative way of receiving your benefits through local or regional private plans. (BCBS, UHC, TEXAN PLUS, HUMANA, AETNA OR MEMORIAL HERMANN)

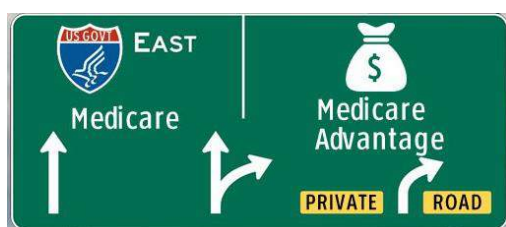
| Traditional Medicare | |
|-----------------------------|--|
| 1. | Covers Part A and B |
| 2. | You pay standard rates for services (20%) regardless of where you live |
| 3. | You can utilize any physician, hospital, or other provider participating in the Medicare network |
| 4. | Option to enroll in Part D coverage (additional premium) |
| 5. | Option to enroll in Medi-gap insurance to cover some or most of the out-of-pocket |



| Medicare Advantage Plan | |
|--|--|
| Pros | Cons |
| 1. Includes everything covered by Traditional Medicare | 1. May charge a monthly premium |
| 2. Most Include Part D drug coverage | 2. Choice of doctors and other providers are restricted to those in the plan’s network |
| 3. Offers more benefits like dental, vision, gym membership, transportation and OTC allowances | 3. Premiums, benefits & copay’s may change each year |

How do I choose a Medicare Advantage plan?

Almost everyone in Medicare has access to at least one MA plan, and in many areas there are dozens, each with its own mix of costs, benefits and conditions. Your mailbox may be stuffed with their ads, but to compare plan objectively and free yourself of sales pressure, use the official Medicare website, or you can also call the Medicare help line for assistance. A better option would be to contact The Medicare Whisperer, (a Medicare Consultant) who will provide a list of every plan (detailed) in your area including a measure of the quality of its care on a non-bias status. You can enroll in the plan you choose through Medicare or directly through the insurance company. If you use a CMS certified medi-gap consultant or an agent The Medicare Whisperer processing of all applications will go smoother & can be tracked better. Not to mention the knowledge & experience of the agent is there for your support, allowing you to utilize available resources to the max. You will not be alone if you go this route, email medicarewhisper@gmail.com, or call 1(800)362-2809 and ask for a Medicare Consult.



How do I choose a Part D plan?

If you need to add prescription drug coverage to traditional Medicare, you will also be faced with dozens of different plans. You can compare them in the same way you compare Medicare Advantage plans. **TIP:** If you don't currently take any drugs, you may want to choose the plan with the lowest premium to get coverage at the least cost. Otherwise, it's best to choose a plan according to the specific drugs you take, because plans co-pays will vary widely even for the same drug. The plan finder on Medicare's website automatically does the math to find your best deal or call 1(800)362-2809

How the new health care law affects Medicare?

- Guarantees existing Medicare benefits
- Provides free annual checkups and many tests
- Closes the Part D doughnut hole by 2020
- Reduces government payments to private Medicare Advantage plans but gives them bonuses for improving quality
- Sets annual limits on enrollees' out-of-pocket costs in Medicare Advantage plans
- Requires people with high incomes to pay higher Part D premiums
- Gives government more authority to fight Medicare fraud
- Extends Medicare's financial solvency

As you know all the choices can be overwhelming as your mailbox fills up with Medicare plan marketing material, and your phone begins to ring with high pressure sales people – you should see a Medicare specialist who is not employed by the carrier to get an objective view, and find the best Medicare option for you. Every person has different needs. Contact the Medicare Whisper at 1(800)362-2809 and get a free consultation.

What if you have other health coverage?

Retiree Health Benefits

Medicare Parts A and B are primary to retiree coverage provided by a former employer or union. If your employer size is over 20 employees, then Medicare is secondary and if your employer size is 20 or less employees then Medicare is primary to your group health coverage. In effect, your plan becomes supplemental insurance that improves on Medicare-maybe covering some services that Medicare doesn't, or paying some of the Medicare out-of-pocket costs. Contact your retiree plan to find out exactly how it fits in with Medicare. If the plan provide's "creditable" drug coverage, you don't need Part D.

Federal retiree health benefits

If you're covered by the federal employee health benefits program, you are not required to join Medicare Part B when you retire. But if you later wanted to enroll- perhaps if your plan became too expensive to keep, you would then get a late penalty. If you keep your plan and join Medicare, then Medicare becomes primary, and you can switch to a lower-cost federal health plan for secondary health coverage. If your plan provides creditable drug coverage, you don't need Part D.

Coordination of benefits

Be sure to fill out a form you received from Medicare asking you to specify other coverage. Your benefits can then be coordinated automatically without your having to file paperwork for claims. For information how this works, visit the Medicare website. In complicated situations, call the Medicare coordination of benefits contractor at 800-999-1118.


Veteran's health benefits


With coverage from Veterans Affairs, you're not required to enroll in Part B, but its recommended. Medicare increases coverage beyond VA hospitals and doctors. You can use your VA card VA facilities and your Medicare elsewhere. Delaying enrollment could result in a late penalty if you lose VA benefits. While in the VA program, you don't need Part D. If you lose drug coverage, you wont receive a late penalty if you enroll in Part D within two months. Part D might be worth having if you qualify for Extra Help.

Military Retiree benefits

If you're retired, you (and our spouse) are switched from Tricare to the Tricare for Life (TFL) program at age 65. You must then enroll Part A and Part B, which become primary and TFL services as supplemental insurance. If you do not enroll, TFL cannot pay for any services that Medicare covers. This rule also applies if your spouse becomes eligible for Medicare at an earlier age due to disability you don't need part D.

Where can I get help?

 **Help paying for Parts A and B:** If your income is low, you may qualify for Medicaid or a Medicare Savings Program, both run by states. Depending on which program you're eligible for, the state pays your Part B premiums and maybe other out-of-pocket costs.

 **Help paying for Part D:** If your income is under a certain level, you may qualify for the Extra Help program in Part D, which provides low-cost drug coverage-zero or reduced premiums and deductibles, and low co-pays.

If you have Medicare and Medicaid and/or a Medicare Savings Program

| You are enrolled in... | and your income is... | Then you get... | Your 2016 copays are... |
|--|---|--|---|
| Medicaid | Up to \$1,010 (\$1,355 for couples) / month in 2016 | Full Extra Help \$0 premium and deductible | \$1.20 generic copay \$3.60 brand-name copay No copay after \$4,850 in out of pocket drug costs |
| Medicaid and/or the Medicare Savings Program | Above \$1,010 (\$1,355 for couples) / month in 2016 | Full Extra Help \$0 premium and deductible | \$2.95 generic copay \$7.40 brand-name copay No copay after \$4,850 in out of pocket drug costs |

If you have Medicare only

| And your income is... | And your assets are... | Then you can get... | Your 2016 copays are... |
|---|---|---|---|
| Up to \$1,356 (\$2,022 for couples) / month in 2016 | Up to \$8,780 (\$13,930 for couples) in 2016 | Full Extra Help \$0 premium and deductible | \$2.95 generic copay \$7.40 brand-name copay No copay after \$4,850 in out of pocket drug costs |
| Below \$1,505 (\$2,022 for couples) / month in 2016 • & your income and/or assets are above the full Extra Help limits | Up to \$13,640 (\$27,250 for couples) in 2016 • & your income and/or assets are above the full Extra Help limits | Partial Extra Help Premium depends on your income \$74 deductible or the plans standard deductible, whichever is cheaper | 15% coinsurance or the plan copay whichever is less. After \$4,850 in out of pocket drug cost, you pay \$2.95/generic and \$7.40/brand-name or 5% of the drug cost, whichever is greater |

Medi-Gap

A private insurance you can buy to cover some or most of the out-of-pocket expenses of traditional Medicare—such as the hospital deductible and Part B co-pays—depending on the policy you choose. **You cannot use medi-gap if you're in a Medicare Advantage plan.**

If you're 65 or older and buy a policy within six months of enrolling in Part B, medi-gap insurers cannot deny you coverage or require higher premiums because of current or past health problems. You may be able to purchase medi-gap later on but still have these guarantees, in some circumstances. These federal protections only apply to people 65 and older, though some states have similar laws for younger beneficiaries. If you have Medicare because of disability, contact your state insurance department for information.

Learning about Medicare:

- ★ Check out Medicare Interactive for details on Medicare benefits, at www.medicareinteractive.org/aarp
- ★ Learn how the Part D prescription drug program works, at www.aarp.org/partd
- ★ Browse AARP's "Ask Ms. Medicare", a collection of answers to questions from members, at www.aarp.org/amm
- ★ Use the Resource Locator at www.medicare.gov to read the "Medicare & you" handbook, find a doctor, compare hospitals, check coverage and more.

Sources of help and information

- ★ Social Security Administration: Call 1-800-772-1213 or go to ssa.gov for Medicare enrollment help.
- ★ Centers for Medicare & Medicaid Services: Call 1-800-633-4227 or go to medicare.gov for information on Medicare coverage and to compare Medicare options and plans.
- ★ State health insurance assistance program (SHIP): Trained counselors offer help in all Medicare and Medicaid issues for free. To locate your SHIP office, call 1-800-677-1116 or go to www.shiptalk.org

Call the Medicare Whisperer at 1-800-362-2809

Resourceful Information

- www.internetdrugcoupons.com
- <https://www.medicare.gov/forms-help-and-resources/find-doctors-hospitals-and-facilities/quality-care-finder.html> (to find a provider in in network)
- www.suddenlysenior.com
- www.webmd.com
- www.cms.gov
- www.medicarerights.org
- www.getagreatquote.com
- www.50something.com
- www.bluetreebooks.com
- www.thekarigroup.com
- www.physician.com
- www.firstgovforseiniors.com
- www.healthcentral.com
- www.medicarewhisper.com
- www.needymeds.com
- www.oasisnet.org
- www.goodrx.com



For Medicare information you can email:

Medicarewhisper@gmail.com



Rx Prescription Drug Card

NAME: _____

RxMBR ID: Customer's Ten (10) Digit Phone Number

OR Initials & Last 4 Digits of Phone Number

RxGRP: ABMBSRX RxBIN: 610709 RxPCN: 7777

PROGRAM: UNA RX CARD – UNITED NETWORKS OF AMERICA

POWERED BY: United Networks of America



Compliments of:



NOTE: This card is being provided to you at NO COST. There are no forms to fill out. Simply take this card into a participating pharmacy (see back) with your Rx to qualify for discounts on medications. You also have access to other value added programs listed on back. Each family member must have his/her own card. This card has been pre-activated for immediate use! To obtain information and to print additional cards visit www.abminsuranceservices.com.

Customer Service (CSR)
877.321.6755

Pharmacy Helpline
800.248.1062

THIS PROGRAM IS NOT INSURANCE
THIS PROGRAM IS A POINT OF SALE DISCOUNT PL

Get a free pill cutter email:

Medicarewhisper@gmail.com

Get a free discount RX Card- Save 60%-80% email:

Medicarewhisper@gmail.com



\$25 Prescription Eyeglasses

Code: 25dollarglasses

www.39dollarglasses.com

Save 10% on vitamins and herbs, Go to:

WWW.Swansonhealth.com

Code: DDS



#1 Dental plan in America- no annual limits, rates as low as \$25/month

Email: Medicarewhisper@gmail.com or call 800-362-2809

Save up to 70% for teeth whitening

WWW.prosmileusa.com

Save up to 50% on Diabetic Supplies

WWW.diabeticsavingsplan.com

Save 40-50% on Lasik Surgery

888-733-6695

Save up to 50% on Hearing Aids

WWW.ushearingplan.com



Free Web Sites for Seniors

You do not have to be on Medicare to use these sites

www.MedicareRights.org (great informational site on Medicare) ****
www.medicare.gov (the official Government Medicare site. ****
www.socialsecurity.gov
www.mymedicare.gov (Your Personal secure site for Your Info) ****
www.internetdrugcoupons.com (free coupon on Meds) ****
www.needymeds.com (free or low cost meds) ****
www.suddenlyseneior.com (great fun site for seniors) ****
www.getagreatquote.com (sign up for free newsletter, great info each month)
www.thekarisgroup.com (non-profit group, helps with large Medical bills) ****
www.webmd.com (medical info site)
www.healthcentral.com
www.oasisnet.org



Important Money Saving Phone Numbers

- ➔ Christian Healthcare Ministries
1-800-791-6225
(coverage if Medicare not available, or coverage for underage spouse)
- ➔ CMS COBC Unit (report changes in your income, divorce or death of a spouse, or changes in your employment status)
1-800-999-1118
- ➔ CMS Medicare
1-800-633-4227
- ➔ Call MD (Dr visits over the phone, free with membership)
1-800-362-2809
- ➔ Guaranteed Issue Life Insurance up to 15,000, everyone accepted
PM Insurance Company.
1-800-362-2809 Ext 234 ask for Crystal or Stevan
- ➔ Social Security Administration
1-800-772-1213



Assistance Programs Available

- ➔ www.benefitscheckup.org (help with assistance programs)
- ➔ Senior Medicare Patrols
www.smresource.org (1-877-808-2468) Fight Medicare fraud in your area
- ➔ Order New or Report Stolen Medicare cards 1-800-772-1213
- ➔ For Prescription assistance programs contact Crystal Calaway, at 1-800-362-2809 Ext 234 or email crystal@abminsuranceservices.com for a list of available programs in your area.
- ➔ To apply for Extra Help, call 1-800-362-2809 and ask for Stevan Delossantos.
- ➔ Free medications: Contact the PPC distribution centers for the Dispensary of Hope Call Frank Silva (State Rep) at 832-916-0783, this is based on your family size and income, but if you qualify your medication are FREE at any of the nationwide distribution centers. (Dispensary of hope requires a membership fee of \$39 annually)
- ➔ Caregivers Assistance Programs: for aging in Place Call 281-414-0640 or www.caregiversforseniors.com





What is Income-Related Monthly Adjustment Amount or IRMMA?

In 2003, the Medicare Modernization Act, the same act which created the Part D Prescription Drug Program, also established that, beginning in 2007, people with incomes above certain threshold, would be required to pay increased costs for their Medicare Part B premium.

The increased costs are called the “Income-Related Monthly Adjustment Amount,” or IRMMA.

The Affordable Care Act expanded IRMAA to also include a surcharge for Part D premiums.

This amount, set in 2007, has been subject to cost of living increases every year. The intent of the rule was to make the top 5 percent of all income-earners on Medicare contribute a greater share to the public pool. However, because Social Security generally receives income information by the IRS from 2 years past, many people get trapped into have a noticeable drop.

For example: Once you enroll in Medicare, you will receive a letter from Social Security stating that they made over \$400,000 two years ago, and as a result their Medicare part B premium will be increased from the planned on \$121.80 to a whopping \$389.80.

How to remove IRMMA?

Fortunately, Social Security came up with a way to remove this extra charge from your clients with a way to remove this extra charge from your clients who have transitioned from high income earners to retirees living off a sound financial plan. This form, called SSA-44, is readily available on Social Security’s website and is easy enough that you or your client’s accountant can assist your client in preparing.

The key to getting the IRMAA removed is declaring a life-changing event. At the time of this writing, Social Security lists eight possible things that could happen which would qualify to eliminate or reduce the IRMMA, and all your client needs to do is qualify for one of them. Almost every client we have ever helped with this situation can attest either to “work reduction” or “work stoppage”. However, there has also been a “death of a spouse” and “loss of pension income” to qualify them.

Once officials have approved the SSA-44 form, they will usually take your client’s word for what the income is expected to be that year. However, if the actual income turns out to be incorrect, and your client really did make enough to be charged the IRMAA, or changed IRMAA that the adjusted amount, then once Social Security receives this information (usually about a year later), the agency will go back and charge your client the differenced.



WHAT YOUR MEDICARE CARD MEANS

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY: **JANE DOE**

MEDICARE CLAIM NUMBER: **000-00-0000-A**

SEX: **FEMALE**

IS ENTITLED TO: **HOSPITAL (PART A) MEDICAL (PART B)**

EFFECTIVE DATE: **07-01-1986**

SIGN HERE: *Jane Doe*

Name: make sure with all insurance claims for Dr. and hospital

Your name appears exactly as it shows on your Medicare ID Card

Medicare Claim Number:

See next page for Medicare letter meanings

Effective Date: policy start date

Entitled to: benefits enrolled in

WHAT THE LETTERS BEHIND THE MEDICARE NUMBER MEAN

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY: **JOHN DOE**

MEDICARE CLAIM NUMBER: **000-00-0000-A**

SEX: **MALE**

IS ENTITLED TO: **HOSPITAL (PART A) MEDICAL (PART B)**

EFFECTIVE DATE: **01-01-2007**

SIGN HERE: _____

Medicare Suffixes:

- A= retired worker
- B = wife of retired worker
- B1= husband of retired worker
- B6 = divorced wife
- B9= divorced second wife
- C = Child of retired or deceased worker; numbers after C denote order of children claiming benefit
- D = widow
- D1= widower
- D6= surviving divorced wife
- E = mother of a child of a deceased worker
- E1= divorced mother of a child of a deceased worker
- F1= aged dependent father
- F2= aged dependent mother
- HA= disabled worker
- HB= wife of disabled worker
- HC= child of disabled worker
- J1= special "over 72" benefit, has A and B
- K1= wife of "over 72" benefit, has A and B
- M = has Part B Medicare only, no SSA Benefit
- T= has A and B Medicare, no SSA Benefit
- W = disabled widow
- WA= railroad retirement