

# ABM

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## Our Exclusive Newsletter for Individuals

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## 5 Ingenious Ways People are Prepping to safely Participate in Halloween

*article from KPRC Click2houston*

HOUSTON – As the coronavirus pandemic continues, families with children are having to rethink how to do Halloween this year.

The deputy director for the Centers for Disease Control recommends small outdoor gathering with trusted neighbors, continue to wear a mask, enforce social distancing, use hand sanitizer and check candy more cautiously.

Here are five ways to participate in a socially-distanced Halloween:

### 1. Trick-or-Treat Driveway Table

Avoid kids passing each other coming to and from the door and letting them have it grabbing a handful of candy from a communal bowl. Trick-or-Treat driveway or sidewalk tables help foot-traffic flow in one direction and all the candy is already divided into individual cups or bags for children to take.

### 2. Glow-in-the-Dark Egg Hunt

If going door-to-door doesn't seem as appealing amid the pandemic, opt for a Halloween Egg Hunt. Your children still get candy and you can have peace of mind knowing exactly who they got it from.



## Mike's Notes

*Simple Steps for an Extra Safe Halloween*

Kids love the magic of Halloween, but the COVID-19 pandemic means Halloween may be a bit different this year. You can still have fun! First and foremost, follow the Centers for Disease Control and Prevention's guidelines to ensure your celebrations are safe.

If trick-or-treating is allowed in your area, here are some additional precautions and simple steps you can add to your Halloween routine this year. Of course, costume and traffic safety measures still apply.

### **Costume Safety**

To help ensure adults and children have a safe holiday, the American Academy of Pediatrics has compiled a list of Halloween safety tips. Before Halloween arrives, be sure to choose a costume that won't cause safety hazards.

- All costumes, wigs and accessories should be fire-resistant
- If children are allowed out after dark, fasten reflective tape to their costumes and bags, or give them glow sticks
- When buying Halloween makeup, make sure it is nontoxic and always test it in a small area first
- Remove all makeup before children go to bed to prevent skin and eye irritation
- When They're on the Prowl
- Here's a scary statistic: Children are more than twice as likely to be hit by a car and killed on Halloween than on any other day of the year. Lack of visibility because of low lighting at night also plays a factor in these incidents.

### **Keep these tips in mind when your children are out on Halloween night:**

- A responsible adult should accompany young children on the neighborhood rounds
- If your older children are going alone, plan and review a route acceptable to you
- Agree on a specific time children should return home
- Teach your children never to enter a stranger's home or car
- Instruct children to travel only in familiar, well-lit areas and stick with their friends
- Tell your children not to eat any treats until they return home
- Children and adults are reminded to put electronic devices down, keep heads up and walk, don't run, across the street

### **Safety Tips for Motorists**

NSC offers these additional safety tips for parents – and anyone who plans to be on the road during trick-or-treat hours:

- Watch for children walking on roadways, medians and curbs
- Enter and exit driveways and alleys carefully
- At twilight and later in the evening, watch for children in dark clothing
- Discourage new, inexperienced drivers from driving on Halloween

Remember to stay safe and be mindful of your surroundings.

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### 3. Reverse trick-or-treating

Similar to the COVID-19 birthday parades, kids in costumes will wave from their front yards while those in the car will toss candy out the window.

### 4. Socially Distant Bicycle Parades

If you're not into trick-or-treating this year, consider a costume parade. Schedule a time with your neighbors to allow the children to ride through the neighborhood while dressed as their favorite characters.

### 5. Drive-Thru Haunted House

Want to skip gathering altogether? Get into spooky season by visiting a haunted house. In a drive-thru setting, your car provides additional protection from both germs and scary characters trying to attack you. Check out the Haunted Drive 2020. Houston's premier drive-thru Haunted House. Located in Splendora off Hwy 59. We are excited to announce that Haunted Drive will be opening a new section of road this year to make for a longer more scarier drive.

24334 FM 2090 Rd, Splendora, TX 77372

Phone: 832-591-8484 email: [info@haunteddrive.com](mailto:info@haunteddrive.com)

§20 per vehicle (§30 for riders in truck bed).

## **October is Breast Cancer Awareness Month: Mammograms can help spot a problem before it becomes a serious health worry. So why do many women put off scheduling the test?**

They're too busy. They don't want to miss work. They don't want to find a new doctor or new testing center. They have trouble finding someone to watch their children or an older adult they can't leave alone.

They're afraid. They think it might hurt. They fear radiation from a mammogram. They fear finding they have cancer. Or they're in denial. It can't happen to them. Or mammograms are only for older women.

Some buy into myths about breast cancer. No lump, no cancer. No family history of breast cancer, no risk. Or they think their healthy lifestyle makes mammograms unnecessary.

Excuses, fear and denial don't cut it when it comes to taking care of your health. More than 1 million people in the U.S. get cancer each year. Breast cancer is one of the most common cancers among American women, second only to skin cancers. About 1 in 8 women in the U.S. will get invasive breast cancer during her lifetime.

Getting routine screening tests is the best way women can lower the risk of dying from breast cancer. Talk to your doctor about your total health, risk factors and family medical history. Those are the things that will determine the best testing plan for you. More information on breast cancer is available from the American Cancer Society.

### Tips for Getting It Done

Consider making a day of it. Find a friend or family member who also needs a mammogram and schedule appointments for the same time. Then add lunch or another fun outing to your day. Or trade caregiving duties with a friend who also needs to catch up on her health appointments.



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You can also find ways to make the appointment work better for your schedule. If you have a hard time getting away from work, ask about evening or Saturday appointments. Ask what days and times are best for short waits. And see if you can get your paperwork ahead of time to fill in before your appointment, or ask if you can do it online.

And if concerns about cost are holding you back, don't worry. Preventive mammograms are covered at no cost when the services are provided by a provider in your health plan's network.\*

#### Don't Put It Off

Preventive screenings are a big part of fighting breast cancer. They can help spot the disease early, when it's easier to treat. The U.S. Preventive Services Task Force urges women 50 to 74 years old to have a mammogram every two years. Other respected groups call for yearly testing.



If you are a woman age 20 or older, talk to your doctor about clinical breast exams. If you are between 40 and 49 years old, talk to your doctor about the benefits and risks of mammograms and when you should start getting them.

Your doctor may want you to start these screenings earlier if you have a family history of breast or other cancers.

Mammograms aren't perfect. They may miss some cancers. And an abnormal mammogram report does not always mean there is cancer. But you'll need to have more tests or exams to find out.

Still, decades of research show that women who have regular mammograms are more likely to find breast cancer early. That makes them less likely to need aggressive treatment like surgery and chemo. And they are more likely to be cured.

If your results are normal, continue to get mammograms based on the plan you've set with your doctor.

For additional information contact ABM Insurance and Benefit Services at 281-448-3040 or visit [getagreatquote.com](http://getagreatquote.com)

### **Important Dates for Medicare Open enrollment**

- **Medicare's annual Open Enrollment Period (October 15–December 7)** *During this time each year, you can change your plan.*

### **How to Avoid These Common Medicare Mistakes**

*Missing deadlines, delaying enrollment or choosing the wrong plans can cost you money*

by Dena Bunis

Choosing the best Medicare options that will work best for you can be complicated. Looking at the possibilities through the following four categories can help you make the best decision. The Medicare Rights Center, a nonpartisan, not-for-profit consumer service organization, shared with AARP its list of 10 common mistakes new Medicare enrollees make.

## ABM Bad Halloween Jokes Of The Month...

### Where does a ghost go on vacation?

Mali-Boo



*Continued from page 4*

#### 1. Not signing up for Medicare at the right time

Timing, as they say, is everything. It's especially important when it comes to enrolling in Medicare. As you approach 65, you'll want to enroll during what the government calls your initial enrollment period (IEP). This seven-month period goes from three months before the month in which you turn 65 until three months after.

If you don't sign up during your IEP, you will get another chance to enroll during Medicare's annual general enrollment period, from Jan. 1 through March 31 of each year. However, if you enroll at that time, your coverage won't begin until July. And, because you enrolled late, your monthly premiums for Medicare Part B — which covers your doctor visits and other outpatient services — will likely cost you more.

#### 2. Confusion about the special enrollment period

If you are 65 or older, when you stop working and lose your health insurance coverage or when the insurance you have through your spouse ends, you'll need to sign up for Medicare. Medicare has created a special enrollment period (SEP) that lets you do that without facing a late enrollment penalty. Again, timing is everything. What many people don't realize is that you can only use this SEP either while you are covered by job-based insurance or for eight months after you no longer have job-based insurance.

Note: Medicare does not count retiree health insurance or COBRA as job-based coverage. So, if that's the insurance you have, you'll need to reread mistake No. 1 and sign up when you turn 65 or face that late enrollment penalty.

#### **Mistakes at a Glance**

1. Missing the enrollment window
2. Not knowing when the sign up occurs
3. Misunderstanding your job's insurance
4. Ignoring late enrollment penalties
5. Not fully weighing your options
6. Delaying a Medigap buy
7. Not understanding your out-of-pocket costs
8. Picking a plan that doesn't have your doctors
9. Taking a drug plan that doesn't meet your needs
10. Assuming you can't afford Medicare



#### 3. Delaying enrollment when your job insurance is second in line

Even when you have job-based insurance, some employers, depending on their size, can designate Medicare as your primary health coverage when you turn 65. And if you have retiree coverage or COBRA, those are considered secondary coverage. If your job-based or other private insurance is considered secondary coverage, it will only pay for a medical claim after Medicare has paid its share. So, if your job-related insurance becomes your secondary coverage, it's important to sign up for Medicare. If your job-based insurance is primary, then Medicare becomes your secondary coverage.



*Crystal Calaway*

## Meet Our Representatives...

Crystal is a native Houstonian and has provided her vast knowledge of insurance expertise to her clients for over 21 years. As a licensed life and health Insurance counselor, Crystal specializes in the Health and Medicare insurance industry by assisting individuals and families to find affordable solutions for ALL of their health care needs. When Crystal is not working, she loves spending time with her daughter Sharlyse (10), who will become a Black Belt In Taekwondo in November, and her husband Stevan who is also in the insurance Industry. Some of her passions are spending time with her shih-tzu Oreo, traveling, listening to live music and enjoying great food.

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The way to find out if your job-based insurance is considered primary or secondary is to ask your benefits manager or human resources department or seek help from 800-MEDICARE.

#### *4. Not understanding Part B and Part D late enrollment penalties*

For every 12 months you delay enrolling in Part B, your monthly Part B premium may be 10 percent higher. The penalty won't apply if you have job-based insurance or are still under your special enrollment period. For every 12 months you delay signing up for a Part D plan, your monthly premium may be 1 percent higher. Part D plans cover prescription drug costs. You won't have to pay the Part D penalty if you can show Medicare that you have drug coverage as good as that provided by a Medicare Part D plan. You should receive a letter from your employer — or insurance plan — in September of each year letting you know if you have drug coverage comparable to a Part D plan. If you lose your drug coverage, you'll be eligible for a two-month special enrollment period, during which you can sign up for a Part D plan without a penalty. But keep that letter so you can show Medicare you did have Part D-comparable prescription drug coverage when the time comes to enroll in Part D.

#### *5. Not fully comparing original Medicare with Medicare Advantage plans*

If you are eligible for Medicare, you have a choice to receive your benefits through original Medicare or a Medicare Advantage plan. The type of Medicare coverage you choose depends on factors such as your health care needs, the insurance your doctors accept, where you live, whether you travel often and your financial situation. Original Medicare is the traditional program offered directly through the federal government. It comprises Part A, which covers hospital costs, and Part B, which covers doctor visits and other outpatient services. The vast majority of doctors in the country take this insurance. To help pay for your out-of-pocket costs, you can buy a Medigap policy, which has its own separate monthly premium. Original Medicare does not include Part D (prescription drug coverage), so you must sign up for a stand-alone Part D plan if you do not have other drug coverage. Original Medicare does not have a limit on your annual out-of-pocket costs. Medicare Advantage is a private insurance alternative to original Medicare. These plans provide Part A, Part B and usually Part D benefits. They may also offer certain benefits that original Medicare does not cover, such as dental or vision care, and they may also have different costs and rules than original Medicare.

#### *6. Delaying buying a Medigap policy*

Medigaps are supplemental health insurance policies that work with original Medicare. If you have a Medigap policy, it pays part or some of the out-of-pocket costs that Medicare doesn't cover, such as your Part A hospital deductible or the 20 percent coinsurance in Part B. Depending on where you live, you can choose from as many as 10 different Medigap plans. Each policy has a different letter name (for example, Plan A) and offers a different set of standardized benefits. Policies with the same letter name offer the same benefits, but premiums can vary from company to company. The best time to buy a

Medigap policy is during your Medigap open enrollment period. That six-month window starts when you are 65 years old and have enrolled in Medicare Part B. It's important to enroll then because during that time the insurance companies that sell Medigap policies cannot deny you coverage if you have a preexisting condition, and they have to sell you a plan at the best available rate. If you try to buy a plan outside of this window, companies may refuse to sell you a policy or may deny you coverage for your existing health problems.

#### 7. Not understanding your out-of-pocket costs

Although Medicare pays the lion's share of the medical costs for its enrollees, you need to be prepared for sometimes substantial out-of-pocket costs. Here's a rundown:

- **Premium:** Each part of Medicare may have its own monthly premium. Most people have no premium for Part A, which covers hospital services. You will be responsible for the Part B premium, which if you are collecting Social Security will be deducted from your monthly benefit. If you enroll in a Medicare Advantage (MA) plan or a Part D plan, you may also owe a monthly premium, depending on the plan you select.
- **Deductible:** Before Medicare starts paying for the cost of your care, you may have to pay a flat amount, called a deductible. Parts A and B in original Medicare have annual deductibles, and some MA and Part D prescription drug plans also have deductibles. Medicare supplemental — or Medigap — policies often cover original Medicare deductibles.
- **Copayment:** This is a fixed amount you pay for specific services. For example, under MA plans you may have a copay — usually around \$25 — every time you see a doctor or get another medical service.
- **Coinsurance:** This is where your plan will charge you a percentage of the cost of a medical visit or service. If you have original Medicare, you will owe 20 percent of the cost of the service. So, if you get a blood test that costs \$100, Medicare will pay \$80 and you'll be responsible for \$20. Medigap policies also usually cover your 20 percent share. *Note: If you have original Medicare, you should make sure the health provider you see accepts Medicare and takes what is called assignment.*

#### 8. Choosing a Medicare Advantage plan that doesn't include your health care providers

Each type of Medicare Advantage plan has different network rules. Most plans are either health maintenance organizations (HMOs), which often require referrals to specialists and rely on primary care physicians to coordinate a patient's care, or preferred provider organizations (PPOs), which have networks of doctors, hospitals and medical facilities that contract with a plan to provide services. Your costs are typically lowest when you use in-network providers and facilities, regardless of your plan.

#### 9. Choosing prescription drug coverage that doesn't fully and affordably cover your medicines

Whether you're planning to get your prescriptions covered through a stand-alone Part D plan or under a Medicare Advantage plan, take some time to learn about the rules, what drugs are covered and what your costs will be. Make sure your plan covers your needed drugs.

## ABM Bad Halloween Jokes Of The Month...

**Why are ghosts banned from the liquor store?**  
They would steal all the boos





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Crystal was a tremendous help. Very quick! Got me the exact coverage that I needed! Thanks Again!

-A. Heredia

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**10. Assuming you can't afford Medicare**

If you have a limited income, you may be able to get assistance with your health costs through certain programs. Medicare Savings Programs (MSPs) help pay the monthly Part B premium and may help with Medicare cost sharing, depending on the program (there are three types of MSPs). Extra Help is a federal program that helps pay for some to most of the costs of Medicare Part D prescription drug coverage. Contact the Social Security Administration at 800-772-1213 or visit [www.ssa.gov](http://www.ssa.gov) to learn if you are eligible for Extra Help and to start an application. State Pharmaceutical Assistance Programs (SPAPs) are offered in some states to help eligible individuals pay for prescriptions. Contact your SHIP at [www.shiptacenter.org](http://www.shiptacenter.org) to learn if there is an SPAP in your state. or ABM Insurance & Benefit Services Medicare team at [bit.ly/2Kljw7j](http://bit.ly/2Kljw7j) If you have questions and would like more information, contact Crystal Calaway at 281-448-3040.

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