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Our Exclusive Newsletter for Individuals

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2022 Open Enrollment is Here

The annual open enrollment plan for individual health care plans is beginning soon. The 2022 Open Enrollment Period or OEP begins on November 1st and ends on January 15th. If you are looking to be covered on January 1st, you can start your enrollment period as early as November 1st. Every state is able to begin the process come November 1st, but some states have exceptions and special enrollment periods.

If you are new to applying for individual healthcare, medicare, or dental plans, the healthcare marketplace is an extremely helpful website that encourages you to get the coverage that you need.

Open Enrollment Check List

Here are a few things you can do to prepare yourself for your open enrollment period:

- Explore the marketplace's website and familiarize yourself with the various options that the website offers.
- See if you can forecast your 2022 earnings and cross-check it with how much money you earned in 2021. This will help you determine what and where you can save on your healthcare plan.
- Take advantage of tools and resources that help you calculate your income in order to streamline the application process.
- Gather any necessary information and documents that you may need when filling out your application.



Mike's Blog

Medicare Open Enrollment

So Much to Know...

1. Know the deadlines

There are only certain times you can sign up for Medicare so make sure you know your window for enrollment without penalties. For most people, that begins three months before your 65th birthday and runs until three months after your birthday. You may be able to delay enrollment if you have job-based health insurance, but

check with your benefits manager to see if your employer plan qualifies. If you don't enroll when you're first eligible, you may have to pay higher premiums once you do sign up.

If you're already getting Social Security or disability benefits, you will be automatically enrolled in medical services and hospital care through Medicare.

2. Learn the lingo

There are different parts of Medicare:

Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services.

Medicare Advantage Plans (Part C) provide all your Part A and Part B benefits through a plan offered by a private company. These plans must cover all Medicare services and may offer extra coverage. Compare costs of Advantage plans carefully. Each year, the plans set the amounts they charge for premiums, deductibles, and copayments.

Part D covers prescription drugs. Part D plans are offered by insurance companies and other private companies approved by Medicare. You may not need a separate Part D plan if you have a Medicare Advantage Plan because most advantage plans include drug coverage. Check the plan's drug formulary to make sure it covers your prescriptions.

3. Decide if you need a gap plan

You can also buy a private plan to supplement your Medicare coverage. These Medigap plans help pay out-of-pocket costs, such as copayments and deductibles, and may cover some things not covered by Medicare. You may not need a Medigap plan if you still have health coverage through an employer or get help from Medicaid. If you do need a Medigap policy, it's often best to shop for one when you sign up for traditional Medicare because you're guaranteed coverage regardless of your medical history. It may be difficult to change Medigap policies later so think about medical needs in the future when deciding which policy is best.

4. Calculate the costs

Most people don't pay a premium for Part A (hospital) Medicare, but you will pay premiums for Part B and other types of Medicare coverage. Your Part B premium is based on your income. After you meet the Part B deductible, Medicare will pay 80 percent for covered services, and you'll pay the remaining 20 percent unless you have a Medigap policy. Your costs will be different if you decide to go with a Medicare Advantage plan instead of traditional Medicare.

5. Compare plans

Use the Medicare Plan Finder to compare plans, benefits, and costs. The cheapest premium doesn't always result in the lowest total cost. Make sure to enter your prescriptions in the plan finder to see how your costs will vary by plan and look closely at copayments and deductibles. The Medicare Plan Finder also includes a helpful rating system based on several factors, including consumer complaints and satisfaction. You should also check with your doctors to see what plans they accept.

This all can be quite overwhelming , so should you have any questions please call our office at 281-448-3040.

Visit our Medicare page: <https://go.getagreatquote.com/medicare>
Searching for Individual / Family Health Plan visit <https://go.getagreatquote.com/individualhealth>

Continued from page 1-Open Enrollment is Here

- Familiarize yourself with the Marketplace's help page by entering your zip code and city to see where you can find local helpers in your area.

What Information do I need in order to Enroll?

There are a few different ways that you can enroll in healthcare for 2022; either online, over the phone, or in person. However, for each of these methods, you will need a few materials to complete your enrollment. Make sure you have the following information at the ready when applying for your Individual Plan:

- Your name, address, email address, social security number, birthday, and citizenship status.
- Household size and income. Proof of income can include documentation such as a W2s, pay stubs, or your most recent tax return.
- Coverage details and premiums for any employer-sponsored plan that's available to your household.
- Payment information that the insurer will be able to charge your premiums.
- Your doctor's or hospital names and zip codes, to ensure that they are covered by the plans you are looking into applying for.
- A list of medications taken by anyone that will be covered under your plan.

What if I missed My Open Enrollment Period?

If you missed the deadline for open enrollment in your state, it still might be possible that you qualify for a special enrollment period. You are able to apply during a special enrollment period, or SEP, if you just experienced a qualifying life event. This could include:

- The loss of health insurance through your job.
- Any household changes; could include divorce, marriage, a death in the family, or gaining a dependent.
- Moving to a new state.

See if you qualify for a life event here. If you find yourself qualifying for a life event, you have sixty days from said incident to enroll in a healthcare plan that fits your needs and lifestyle. However, if you miss your special enrollment period, you will have to wait until the next open enrollment period to enroll in your individual health care plan for 2022.

If you have further questions please contact Crystal Calaway or Frank Silva at our office at 281-448-3040.

What is covered by standard homeowners insurance?

Understanding the four essential protections provided by your homeowners policy Homeowners + Renters Insurance

Homeowners coverage provides financial protection against loss due to disasters, theft and accidents. Most standard policies include four essential types of coverage: coverage for the structure of your home; coverage for your personal belongings; liability protection; coverage for additional living expenses

Coverage for the structure of your home

Your homeowners policy pays to repair or rebuild your home if it is damaged or destroyed by fire, hurricane, hail, lightning or other disasters listed in your policy. Most policies also cover detached structures such as a garage, tool shed or gazebo—generally for about 10 percent of the amount of insurance you have on the structure of the house. A standard policy will not pay for damage caused by a flood, earthquake or routine wear and tear.

When purchasing coverage for the structure of your home, remember this simple guideline: Purchase enough coverage to rebuild your home.

Coverage for your personal belongings

Your furniture, clothes, sports equipment and other personal items are covered if they are stolen or destroyed by fire, hurricane or other insured disasters. The coverage is generally 50 to 70 percent of the insurance you have on the structure of the house. The best way to determine if this is enough coverage is to conduct a home inventory. Personal belongings coverage includes items stored off-premises—this means you are covered anywhere in the world. Some companies limit the amount to 10 percent of the amount of insurance you have for your possessions.



Meet Our Representative

Debora Taylor joins us with a wealth of experience having worked in the employee benefit field for over 25 years. Debora has handled everything from individual to over 15,000 lives. Customer service is the most important part of this industry for her and she has "the buck stops here" mentality.

*Debora Taylor
Group Benefits - Senior
Account Manager*

Debora is married with an adult son. They have traveled extensively by both RV and boating during their free time.

Continued from page 3-How to avoid Medicare Scams

You also have up to \$500 of coverage for unauthorized use of your credit cards. Expensive items like jewelry, furs, art, collectibles and silverware are covered, but there are usually dollar limits if they are stolen. To insure these items to their full value, purchase a special personal property endorsement or floater and insure the item for its officially appraised value. Trees, plants and shrubs are also covered under standard homeowners insurance—generally for about \$500 per item. Trees and plants are not covered for disease, or if they have been poorly maintained.

Liability protection

Liability covers you against lawsuits for bodily injury or property damage that you or family members cause to other people. It also pays for damage caused by your pets. So, if your son, daughter (or even your dog) accidentally ruins a neighbor's expensive rug, you are covered. (However, if they destroy your rug, you're out of luck.) The liability portion of your policy pays for both the cost of defending you in court and any court awards—up to the limit stated in your policy documents. Liability limits generally start at about \$100,000, however, it's a good idea to discuss whether you should purchase a higher level of protection with your insurance professional. If you have significant assets and want more coverage than is available under your homeowners policy, consider purchasing an umbrella or excess liability policy, which provides broader coverage and higher liability limits. Your policy also provides no-fault medical coverage, so if a friend or neighbor is injured in your home, he or she can simply submit medical bills to your insurance company. This way, expenses can be paid without a liability claim being filed against you. It does not, however, pay the medical bills for your own family or your pet.

Additional living expenses (ALE)

ALE pays the additional costs of living away from home if you cannot live there due to damage from a disaster. It covers hotel bills, restaurant meals and other costs, over and above your usual living expenses, incurred while your home is being rebuilt. Keep in mind that the ALE coverage in your homeowners policy has limits—and some policies include a time limitation. However, these limits are separate from the amount available to rebuild or repair your home. Even if you use up your ALE your insurance company will still pay the full cost of rebuilding your home up to the policy limit. If you rent out part of your house, ALE also covers you for the rent that you would have collected from your tenant if your home had not been destroyed.

Give ABM Insurance & Benefit Services a call should you have any questions at 281-448-3040

Medicare supplement insurance guide

Medicare is a federal health insurance program that pays most of the health care costs for people who are 65 or older. It will also pay for health care for some people under age 65 who have disabilities.

You can buy Medicare supplement insurance to help pay some of your out-of-pocket costs that Medicare won't pay. Because it helps cover some of the "gaps" in Medicare coverage, Medicare supplement insurance is often called Medigap insurance.

Do you need Medicare supplement?

Not everyone needs a Medicare supplement policy. If you have other health coverage, the gaps might already be covered. You probably don't need Medicare supplement insurance if:

- You have group health insurance through an employer or former employer, including government or military retiree plans.
- You have a Medicare Advantage plan.
- Medicaid or the Qualified Medicare Beneficiary (QMB) Program pays your Medicare premiums and other out-of-pocket costs. QMB is a Medicare savings program that helps pay Medicare premiums, deductibles, copayments, and coinsurance. If you have other health insurance, ask your insurance company or agent how it works with Medicare.

Medicare basics

Original Medicare has two parts. Part A covers hospital services and Part B covers other types of medical expenses. You may go to any doctor or hospital that accepts Medicare. Medicare supplement policies only work with original Medicare.

Medicare Part A (hospital coverage) pays for:

- care in a hospital.
- care at a skilled nursing facility after a hospital stay.
- home health care.
- hospice care.
- all but the first three pints of blood each calendar year.

Medicare Part B (medical coverage) pays for

- doctor visits.
- home health care.
- lab services.
- outpatient hospital care.
- durable medical equipment and supplies.
- preventive health services, like exams, health screenings, and shots.

Medicare Part D (prescription drug coverage) pays for generic and brand-name prescription drugs. You can get prescription drug coverage by joining a stand-alone prescription drug plan or by buying a Medicare Advantage plan that includes drug coverage. If you have group health insurance, your health plan might already cover prescriptions. Ask your plan's sponsor whether the plan has prescription drug coverage that is comparable to Medicare Part D.

Insurance companies approved by Medicare offer Part D coverage. The Centers for Medicare and Medicaid Services (CMS) publishes the Medicare & You handbook that describes Medicare coverages and health plan options. CMS mails the handbook to Medicare beneficiaries each year. You can also get a book by calling 800-MEDICARE (800-633-4227).

Services Medicare doesn't cover

- Most long-term care. Medicare only pays for medically necessary care provided in a nursing home.

ABM Bad Joke Of The Month...

Why don't they play poker in the jungle?

Too many chee-tahs



Continued from page 5-Medicare Supplement Insurance Guide

- Custodial care, if it's the only kind of care you need. Custodial care can include help with walking, getting in and out of bed, dressing, bathing, toileting, shopping, eating, and taking medicine.
- More than 100 days of skilled nursing home care during a benefit period following a hospital stay. The Medicare Part A benefit period begins the first day you receive a Medicare-covered service and ends when you have been out of the hospital or a skilled nursing home for 60 days in a row.
- Homemaker services.
- Private-duty nursing care.
- Most dental care and dentures.
- Health care while traveling outside the United States, except under limited circumstances.
- Cosmetic surgery and routine foot care.
- Routine eye care, eyeglasses (except after cataract surgery), and hearing aids.

What you pay with original Medicare

For Medicare parts A and B, you will usually must pay monthly premiums, and deductibles, copays, and coinsurance. You also pay the full cost of any services that Medicare doesn't cover.

- Premiums are amounts you pay to keep your Medicare coverage. Most people don't have to pay a Part A premium, but everyone must pay the Part B premium. The premium amounts may change each year in January.
- A deductible is the amount you must pay for medical expenses before Medicare begins to pay.
- A copayment is a set dollar amount you usually have to pay each time you see a doctor or go to the hospital.
- Coinsurance is the percentage of the cost of a service that you pay after Medicare pays its portion of the cost. This means that if Medicare pays for 80% of the cost of a service, you'll pay the remaining 20%.

Ask if your doctor 'accepts assignment'

Assignment is an agreement between doctors and other health care providers and Medicare. Doctors who "accept assignment" charge only what Medicare will pay them for a service. You must pay any deductibles, coinsurance, and copayments that you owe.

Doctors who don't accept assignment may charge more than the Medicare-approved amount. You are responsible for the higher charges. You also might have to pay the full cost of the service at the doctor's office, and then wait to be reimbursed by Medicare.

Use your Medicare Summary Notice to review the charges. You get a Medicare Summary Notice each quarter. If you were overcharged and weren't reimbursed, follow the instructions on the notice to report the overcharge to Medicare. The notice will also show you any deadlines to complain or appeal charges and denied services. If you are in original Medicare, you can also look at your Medicare claims online at MyMedicare.gov.

Medicare has a directory of doctors, hospitals, and suppliers that work with Medicare. The Physician

ABM Bad Joke Of The Month...

**What do you call an American Bee?
A USB**



Continued from page 6-Medicare Supplement Insurance Guide

Compare directory also shows which providers accepted assignment on Medicare claims.

Medicare Advantage plans

You might have the option to join a Medicare Advantage plan, also called Medicare Part C. To be eligible, you must have both Medicare parts A and B and live in an area that has a plan.

The federal government contracts with insurance companies and managed care plans to offer Medicare Advantage in certain areas. Medicare pays the plan a set amount each month for the plan to provide Medicare parts A and B services to its members. You pay your monthly Medicare Part B premium and any premium the Medicare Advantage plan charges. You also must pay any copayments, deductibles, and coinsurance the plan requires.

If you are in a Medicare Advantage plan, you won't get a Medicare Summary Notice. You'll instead get monthly statements from your plan and you might be able to view your claims on the plan's website.

Medicare Advantage options vary by ZIP code and county. The options available in Texas include:

- managed care plans, such as health maintenance organizations (HMOs), preferred provider organizations (PPOs), and provider-sponsored organizations (PSOs).
- private fee-for-service plans.
- Medicare special needs plans.

Medicare Advantage plans usually have more benefits than original Medicare. For instance, some Medicare Advantage plans cover dental and vision services. However, Medicare Advantage might not be the best option for some people. Your choice of doctors and hospitals in a Medicare Advantage plan are limited. If you have other insurance, such as a group retirement plan, ask your group plan if it works with a Medicare Advantage plan or with original Medicare.

Because Medicare negotiates contracts with Medicare Advantage plans each year, the plans available and the benefits they provide can change each year. If your plan discontinues services, you will have to find a new plan in your area or return to original Medicare. To learn what plans are available in your area, please call our Medicare team - Frank Silva, Crystal Calaway or Stevan Delossantos at 281-448-3040.

It's Adopt A Senior Pet Month

There are many reasons to get a pet. A senior pet may be your best choice!

Pets give us unconditional love and attention. They offer companionship and listen without judgment. While puppies and kittens are great, senior pets are loving, attentive companions with their own benefits.

Here are three reasons why adopting a senior dog or cat may be right for you —

- Their personality is developed, so you'll know if they are a good fit for your home.
- They don't need as much physical activity. They enjoy attention and love but don't require the time a younger pet does.
- There's no question about size. They are the size they'll stay!



Perhaps most important of all, senior pets are often overlooked at shelters and rescues. Once adopted, they're so appreciative of you and their new home. If you're looking for a calm, loyal friend to add warmth to your home, think about what a senior pet can do for you!

For more information contact Houston's SPCA at (713) 869-SPCA (7722). The Houston SPCA Call Center is open every day from 8 a.m. to 5:30 pm.

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I called to make some changes to my plan and left message. They called me back in less than 15 minutes. I have never had that kind of great customer service from any insurance company before. I love ABM!

-G. Zamora

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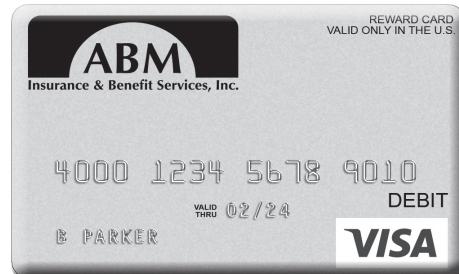
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