

Understanding Your Medicare Plan Options



Medicare
Options

Hello,
I'm your local
Independent Agent
here to help you with
your Medicare choices.



1

I am licensed, certified, and trained to understand how Medicare works.

2

Every year I spend 80+ hours obtaining certifications from top Medicare carriers.

3

Attorneys, nurses, CPAs physicians, and real estate agents only complete an average of 20 educational hours per year.

4

I must pass an annual AHIP exam, which covers the basics of Medicare, as well as Fraud, Waste & Abuse training.

5

I am trained to use Medicare.gov to compare your prescription drugs and find you a low-cost plan.

Agent

- a person who acts on the behalf of another person or group

.....
vs.
.....

Sales

Representative

- a person who sells products on behalf of a company





My service and promise to you

UNBIASED OPINION

.....

EDUCATION ON ALL MEDICARE PLAN OPTIONS

.....

NO-COST ANNUAL BENEFIT REVIEW

.....

I WILL BE HERE ALL YEAR ROUND TO HELP YOU WITH ANY
QUESTIONS, CONCERNS, OR PLAN ISSUES

.....



When you call the Orange insurance company, the **Sales Representative** from their company will help you find a plan that only the Orange insurance company sells.



When you call the Blue insurance company, their **Sales Representative** will help you find a plan that only the Blue insurance company sells.





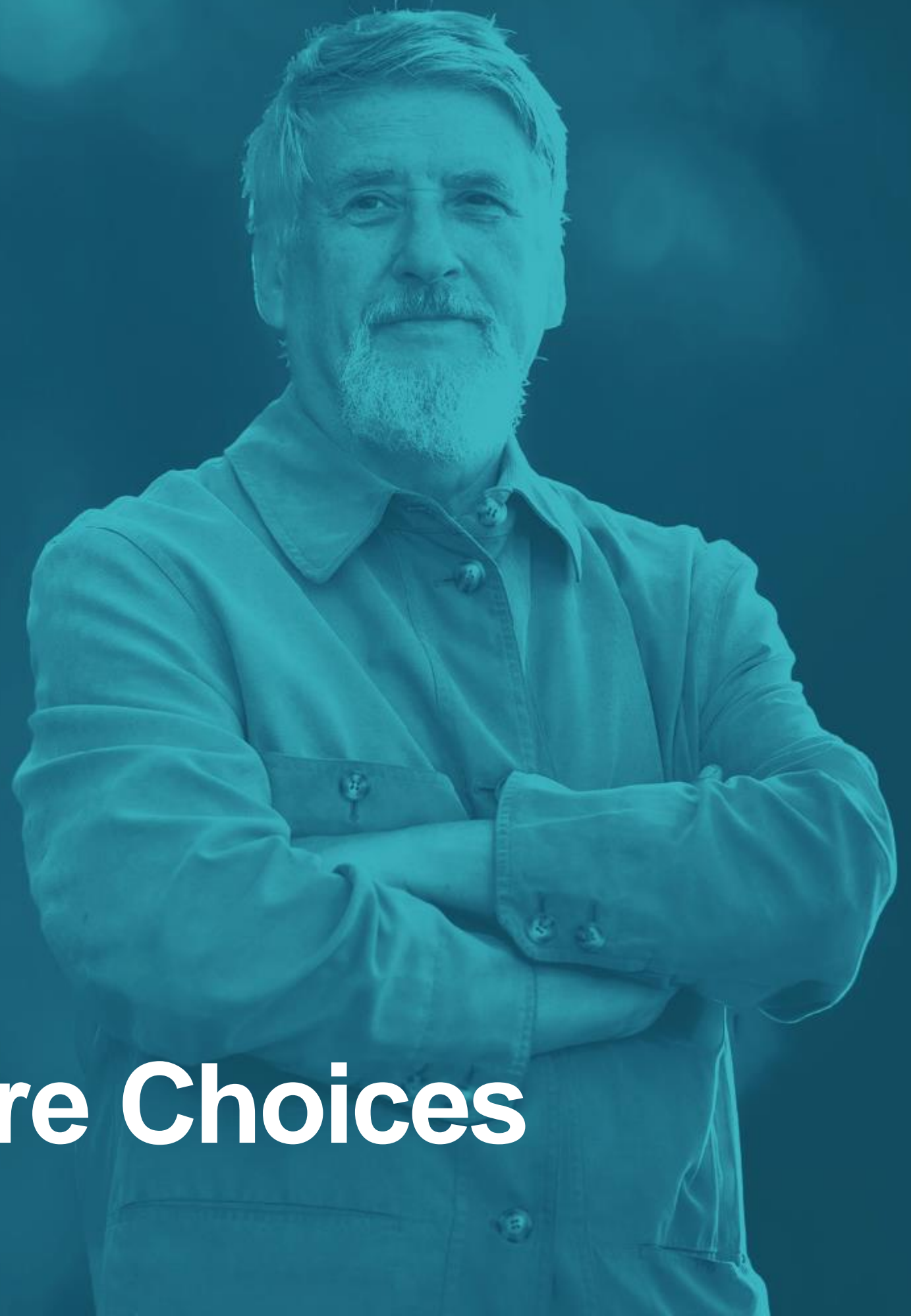
Health Plan Sales Representatives are required to meet quotas and may only represent one plan. Typically, they **do not compare all plan options available to you**. The Health Plan Sales Representatives may enroll you with “their plan”, but generally you will speak to customer service if you need assistance. You may never talk to the Sales Representatives again once they have completed their job, which is to get you enrolled with “their plan”.



When you call me, ***an Independent Agent who works for you***, I will help find you a plan that's best suited **FOR YOU**. I am here to service you **ALL YEAR, EVERY YEAR**, not just when we meet to sign you up.



I am **compensated equally** by all insurance carriers. I have **no financial bias** toward any one company. ***As long as your benefits and costs are what you need them to be, we will both be happy!***



Your Medicare Choices



Enrollment Periods

- **Initial Enrollment Period (IEP)**
7-month “Turning 65” Election Period
- **Annual Enrollment Period (AEP)**
October 15 to December 7
- **Open Enrollment Period (OEP)**
January 1 to March 31
- **Special Enrollment Period (SEP)**
Individuals who drop their employer group health plan, qualify for the Extra Help (Low-Income Subsidy (LIS)) program, are eligible for both Medicare and Medicaid benefits (dual-eligibility)



You have four choices:



EMPLOYER GROUP PLAN

May have higher
copay, deductibles,
and coinsurance

ORIGINAL MEDICARE

80/20 Split

MEDICARE ADVANTAGE

HMO Plans
Managed care,
copays, networks

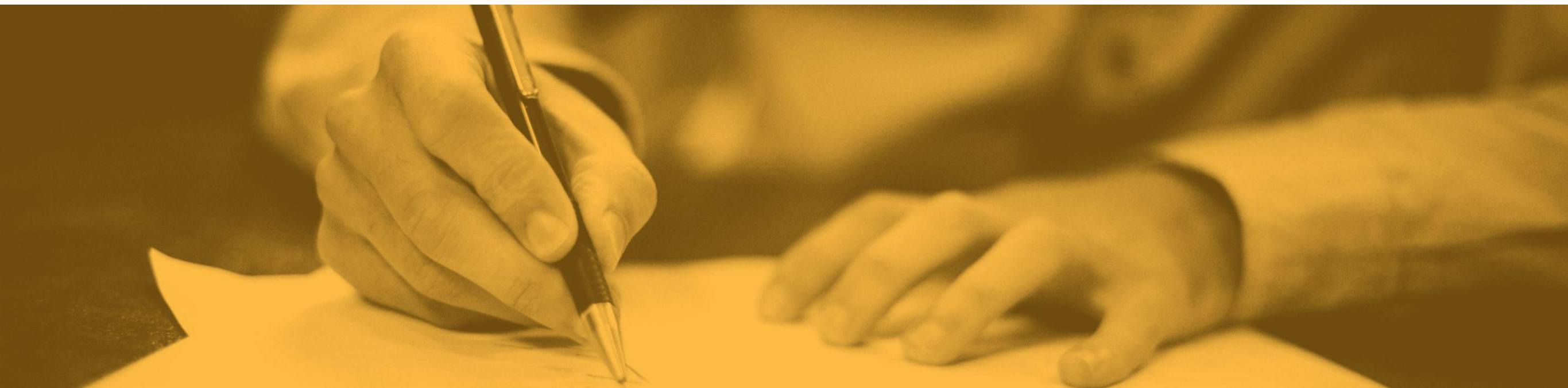
OR

MEDICARE ADVANTAGE

PPO Plans
Monthly
premiums,
copays in and out
of networks

MEDICARE SUPPLEMENT with stand-alone PRESCRIPTION DRUG PLAN

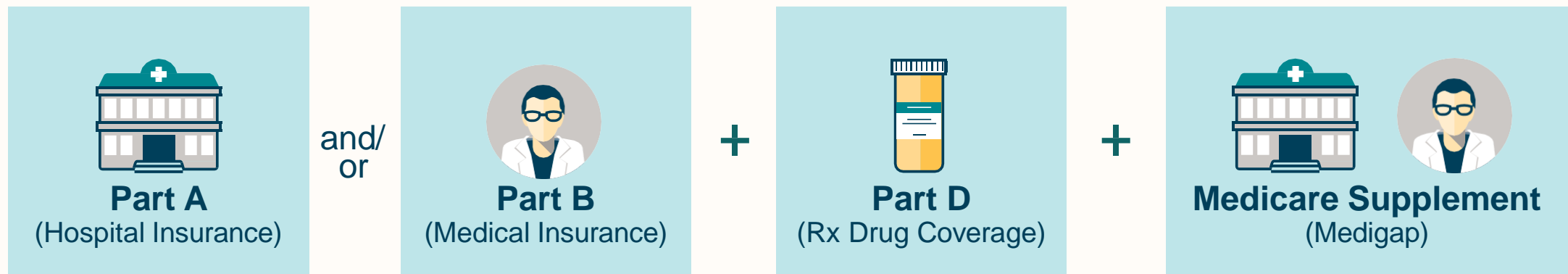
Monthly premiums,
any provider that
accepts Medicare



Medicare Basics

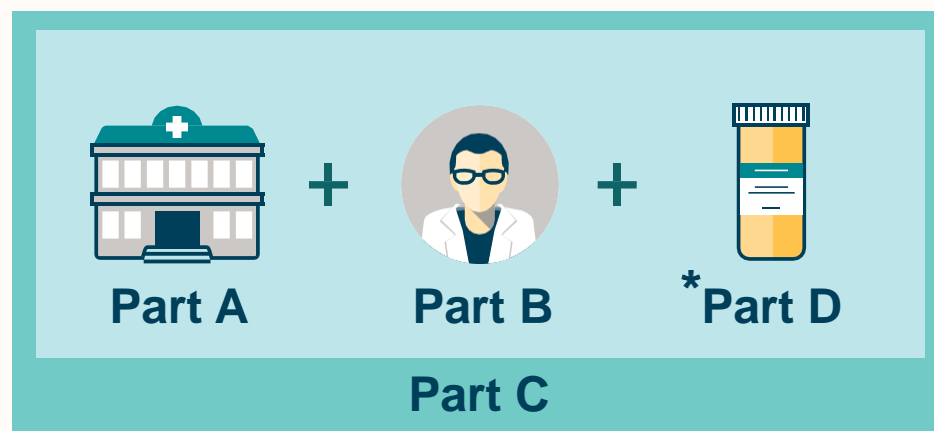
Decide how you want to get your coverage

Original Medicare



Start

Medicare Advantage Plan (HMOs and PPOs)



* Most Medicare Advantage Plans cover prescription drugs. **You may be able to add drug coverage** in some plan types if not already included.

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

What is the Part B late enrollment penalty?

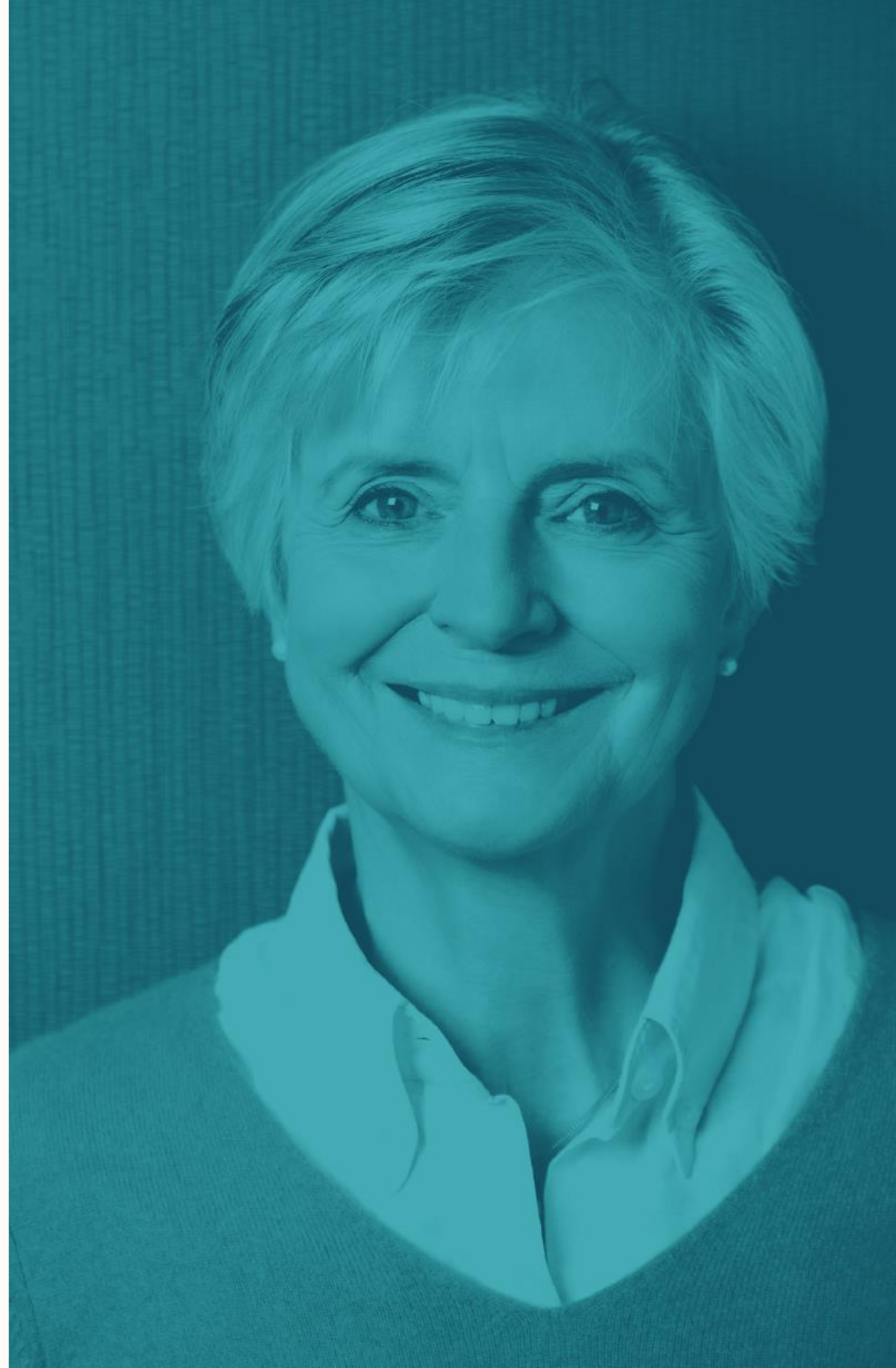
- If you do not sign up for Part B when you are first eligible and you are not covered by an employer's group plan, **you may have to pay a late enrollment penalty for as long as you have Part B.**
- Your monthly premium may go up 10% for each full 12-month period that you could have had Part B but did not enroll.
- You do not pay a late enrollment penalty if you meet certain conditions that allow you to sign up for Part B during a Special Enrollment Period.


Example:

Mr. Smith's Initial Enrollment Period ended September 30, 2016. He waited to sign up for Part B until March 2019 during the General Enrollment Period. His Part B premium penalty is 20%. *(Even though Mr. Smith waited a total of 30 months to sign up, this included only two full 12-month periods.)* Mr. Smith will have to pay this penalty for as long as he has Part B.

There are just so many plan options to choose from:

- ✓ MAPD Plans
- ✓ Medicare Supplement Plans
- ✓ PDP Plans
- ✓ PPO Plans





***I am here to
educate you and help
you make the best choice
for your needs.***


***Two heads are better
than one!***



What now?

Medicare can be confusing

I'm here to help at no cost to you.

 Medicare Options

INFORMATION REQUEST

☐ **YES!** I would like an AGA Medicare Options Sales Agent to contact me regarding Medicare Advantage, Prescription Drug and/or Special Needs plan options.

Name: _____

Phone: _____

Do you have Medicare A & B? ☐ Yes ☐ No

Do you have Medicaid? ☐ Yes ☐ No

By returning this card, I agree that a representative from AGA Medicare Options may call me to answer any questions that I may have and/or to provide me with additional information.

Signature: _____

Date: _____

You are not obligated to fill out this card. By returning this card a sales agent may contact you by phone. AGA Medicare Options is a brokerage representing multiple Medicare Advantage and Supplement plans. AGA is not employed by any insurance company, government agency or by Medicare.

Scope of Sales Appointment Confirmation Form
The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his/her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

Stand-alone Medicare Prescription Drug Plans (Part D)	
Beneficiary initials	
Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans.	
Medicare Advantage Plans (Part C)	
Beneficiary initials	
Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).	
Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.	

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. The person does not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

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Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____

Signature Date: _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Medicare ID Number:	
Initial Method/Location of Contact: (<input type="checkbox"/> Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
[Plan Use Only:]	

Scope of Appointment documentation is subject to CMS record retention requirements.

Agent, ensure correct Scope of Appointment form is selected for beneficiary's plan enrollment choice.

Agent: If the form was signed by the beneficiary at the time of appointment, please provide explanation why SOA was not documented prior to meeting:

A health plan with a Medicare contract.

If you choose to sign one of these forms, you are granting me permission to help guide you through all of your questions and concerns regarding Medicare.

Questions?

Thank you



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