

# Medicare 101

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Understanding your  
Medicare plan options



Medicare  
Options

MEDICARE 101

**I'm special  
because I know  
you're special!**

I know you're special because...





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**You each have a different budget, different needs for medications, hospitals, doctors, and different specialists than everyone else.**

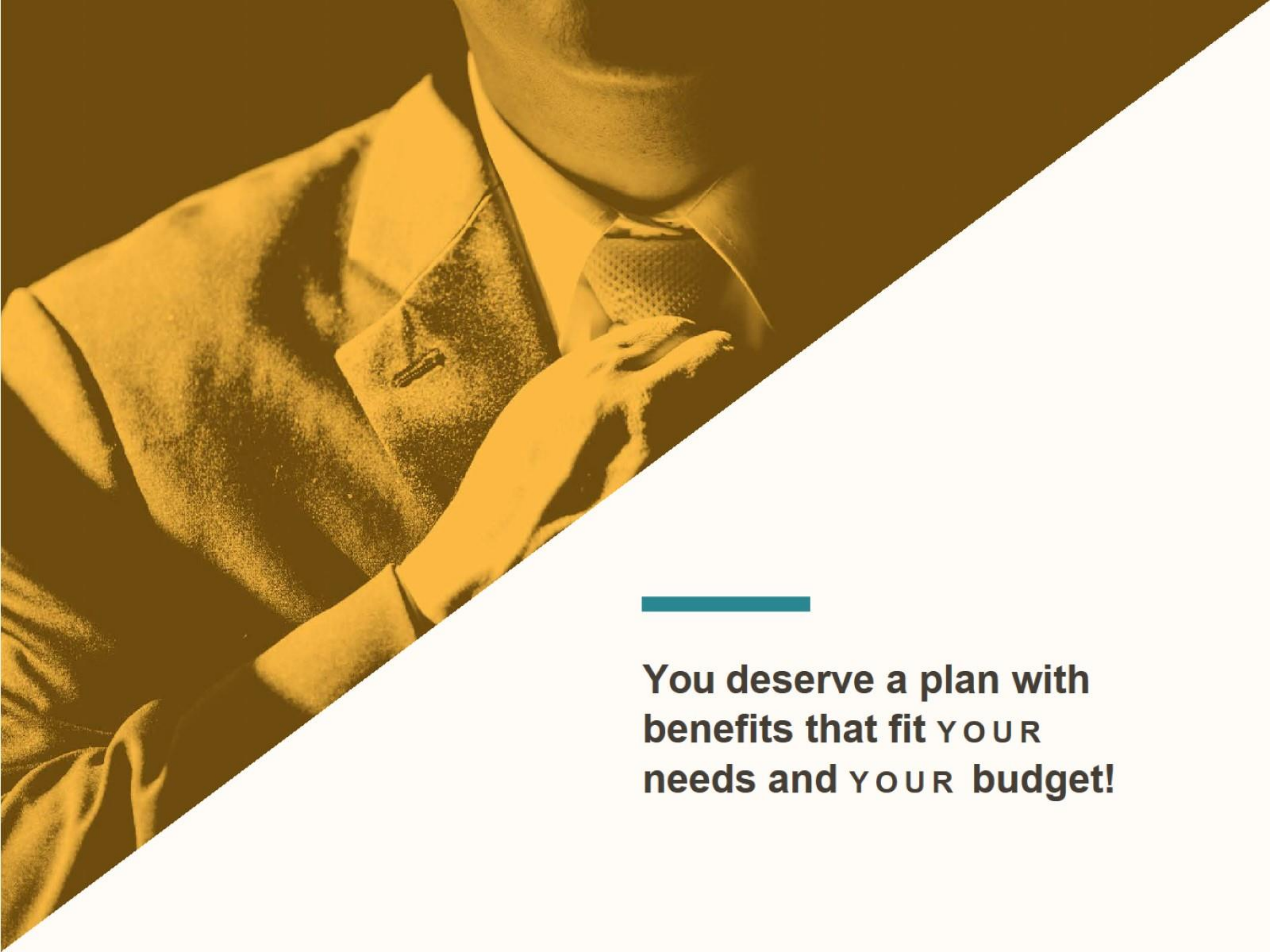


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One size DOES NOT fit all







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**You deserve a plan with  
benefits that fit **YOUR**  
needs and **YOUR** budget!**

MEDICARE 101

**Why  
choose me?**







**1**

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

**2**

**Every year I spend 80+ hours certifying with top Medicare carriers**

**3**

**I am here for you throughout the year, not just during Annual Enrollment Period**

**4**

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

**5**

**I am trained to use Medicare.gov to compare your prescription drugs and find you a plan to cover them at the lowest cost**

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**AGA Medicare Options  
will enroll over 80,000  
members in 2022.**

**AGA represents most major  
Medicare Advantage and  
Medicare Supplement  
insurance plans.**







# AGA's service and promise to you

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UNBIASED OPINION

.....

EDUCATION ON OPTIONS

.....

TEACH YOU THE INS AND OUTS OF YOUR PLAN BENEFITS

.....

CONFIRM DOCTOR IS PART OF YOUR NETWORK

.....





# **AGA's service and promise to you**

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**VERIFY YOU ARE PLACED WITHIN A NETWORK THAT WILL  
ALLOW YOU TO USE THE HOSPITAL OF YOUR CHOICE**

.....

**ASSIST YOU IN APPLYING FOR EXTRA HELP  
(LOW-INCOME SUBSIDY)**

.....

**ANNUAL BENEFIT REVIEW TO ENSURE YOU ARE ALWAYS  
ON AN AFFORDABLE PLAN THAT FITS YOUR NEEDS**

.....





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**My role is to HELP  
YOU navigate  
through Medicare  
at NO COST to you!**





MEDICARE 101

**When are  
you eligible?**



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# You are eligible to join Medicare when

**You are 65 years old or you are under 65 and qualify due to a disability or other special situation.**

.....  
**and**  
.....

**You are a U.S. citizen or a legal resident and you have lived in the U.S. for at least five consecutive years.**





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## About the “Age 65” rule:



Even if you are already getting Social Security, you have to wait until you are 65.



All applicants must be 65. Your spouse’s age does not count.



Even if you are not collecting Social Security yet, you are eligible at 65.





A young woman with dark hair is smiling and looking down at a tablet. An elderly woman with white hair and glasses is looking at the tablet with her hand near her mouth, appearing surprised or thoughtful. The image has a teal overlay.

MEDICARE 101

**But there are so  
many options...**

# Let's make it simpler

1

## ORIGINAL MEDICARE

Do nothing.  
80/20 split

2

## MEDICARE ADVANTAGE

(managed care)  
Copays, networks, etc.


3

## MEDICARE SUPPLEMENT

with stand-alone  
**Prescription Drug Plan**  
Monthly premiums, no provider networks





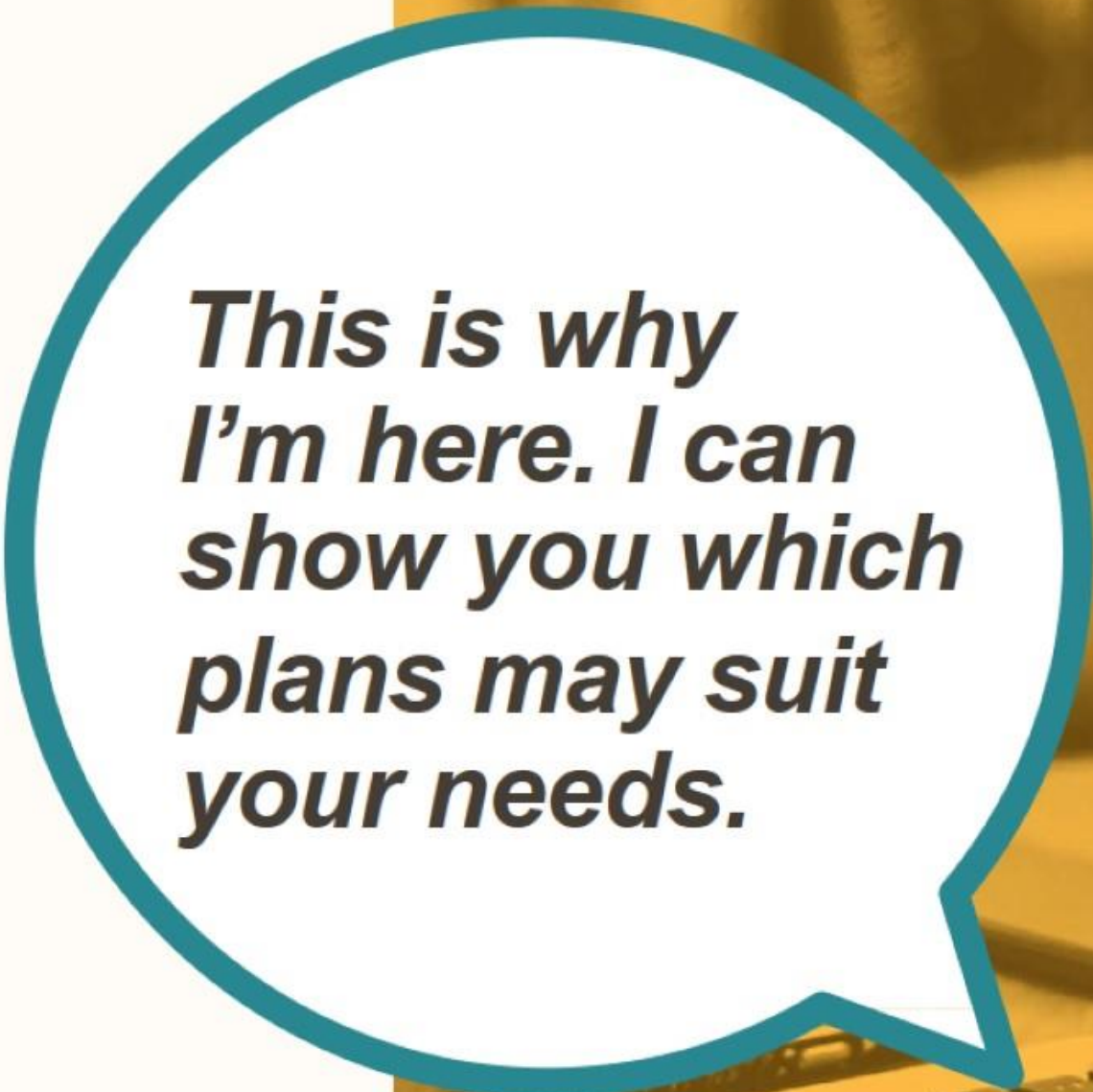
A woman and an elderly man are sitting at a desk, looking at a laptop screen. The woman is on the left, smiling and gesturing with her hands. The man is on the right, wearing glasses and looking intently at the screen. The image has a teal overlay.

MEDICARE 101

**...and so  
many plan  
types and terms.**

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Medicare Supplements  
Medicare Advantage  
Prescription Drug Plan  
Special Needs Plan  
Chronic Special Needs Plan  
Health Maintenance  
Organization (HMO)  
Preferred Provider  
Organization (PPO)



***This is why  
I'm here. I can  
show you which  
plans may suit  
your needs.***





MEDICARE 101

# Medicare Part D

Prescription Drug

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## So many rules...

Time frames

Enrollment periods

Disenrollment periods

Penalties

Limitations

Formularies

Step therapy

Coverage Gap (donut hole)

True Out-of-Pocket Costs (TROOP)

Maximum Out-of-Pocket (MOOP)

Drug tiers

Many more...

***This is where I  
come in.***

***I understand all  
of these terms  
and rules.***



MEDICARE 101

**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.

<b>Stand-alone Medicare Prescription Drug Plan (Part D)</b> Beneficiary initial: _____
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.
<b>Medicare Advantage Plan (Part C)</b> Beneficiary initial: _____
<b>Medicare Health Maintenance Organization (HMO)</b> — 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).
<b>Medicare Preferred Provider Organization (PPO) Plan</b> — 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 indicated 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.

Y0071\_12\_12K20\_R CMS Approved 06/27/2011 22705MUSENMUB

**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.

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

Agents: If the form was signed by the beneficiary at the time of appointment, please provide explanation why SCA 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.



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# Thank you.

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Medicare  
Options