



Contact Us  
1430 Robinson Rd, Ste 130 | Corinth, TX 76210

Denton: 940.382.4700  
Denver: 303.217.9492  
Santa Fe: 505.717.3479

Seattle: 206.607.1279  
Toll Free: 800.732.0249

## About ICUSA

Insurance Connection USA—or ICUSA—represents all Medicare insurance companies like Humana Medicare, AARP Medicare, Blue Cross, Cigna, Care and Care, Mutual of Omaha, Aetna and many others. We educate you on all your choices. Only then can you pick the best option for your situation.

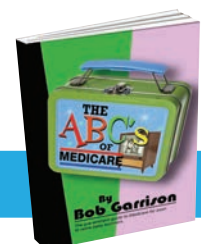
Our Medicare consultants work with you to help navigate the mysteries of Medicare. A major part of that consulting is providing Medicare education and solutions to thousands of retirees. We partner with companies like Farmers insurance, Allstate and Edward Jones to assist their clients in navigating the Medicare system and selecting the best solutions.

**Bob Garrison** has more than 15 years of experience helping people navigate the mysteries of Medicare. He is a health insurance expert with the heart of a teacher and author of the recently published book, *The ABC's & D of Medicare: Medicare Made Simple*. Bob serves as president of Insurance Connection USA, a regional insurance brokerage.



Bob Garrison  
817-691-5489

[www.insuranceconnectionusa.com](http://www.insuranceconnectionusa.com)



## What to Expect with Medicare Enrollment

Medicare enrollment is a three step process as outlined below:

### A. Enrollment in Medicare Part A and or B

Medicare is a government program that requires you to enroll in Part A and Part B of Medicare when you turn 65 or if you are over 65 and are retiring and losing Group Health coverage. The cost for Medicare is based on your income but the base rate currently is \$134.00/month. Medicare will bill you directly for the part B payment and usually the invoice is for 3 months unless you have a social security benefit deduction or use a bank draft for the monthly fee. You will pay the Medicare Part B fee regardless of any other Medicare program or supplement that you select.

### Medicare Enrollment Process:

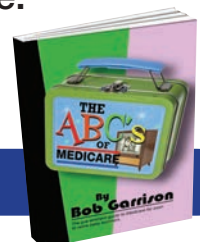
1. If you are currently receiving Social Security Benefits then enrollment in Medicare when you turn 65 is automatic.
2. Turning 65- You can enroll in Medicare on line 3 months prior to your birth month, on line enrollment is completed through Social Security using the SSA.gov website. Social Security will force you to sign up for a social security on line account before they will process your Medicare only application online .
3. If you are over 65 and have been on an employer group health plan you must enroll in Medicare through the Social Security Administration . There are two forms required to apply for Part B, one must be signed by your employer, we suggest you hand deliver the forms to your local Social Security office .

### B. Enrollment in a Medicare Supplement or Advantage Plan

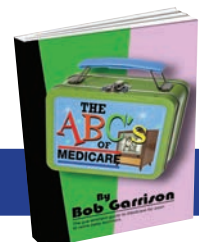
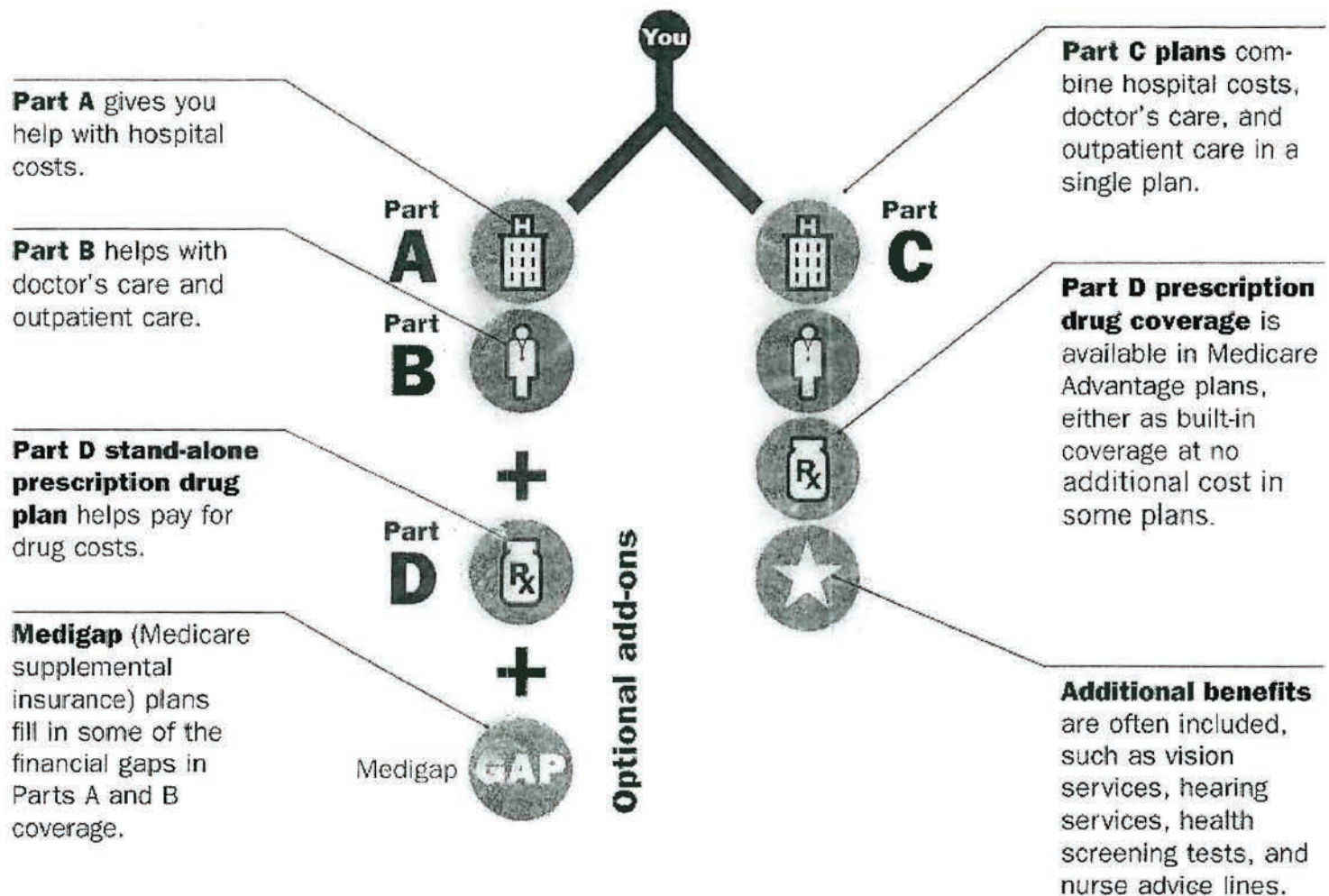
1. We can assist you with this part of the enrollment process and will fully educate you on the various programs that are available . Medicare Supplements are designed to cover the gaps in Medicare like the deductibles and the 20% co insurance. Advantage plans are Medicare replacement programs and are low cost but you will have out of pocket costs for co-pays.

### C. Enrollment in Part D drug plan

We will assist you in finding the best Rx plan for you. The best plan depends on the specific medications you have. Insurance Connection USA staff will assist you with any Medicare questions or plan changes and even claims issues for life. Our trained account managers and agents are ready to assist you.



# Review of Medicare



# Medicare Basics

# A

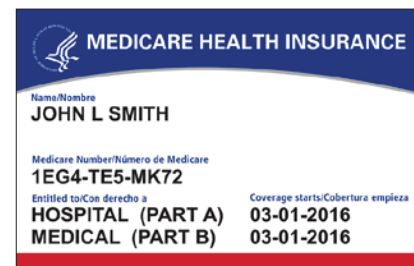
## Part A of Medicare helps cover:

- Inpatient hospital care
- Skilled nursing facility care
- Home health care
- Hospice care
- Blood

# B

## Part B of Medicare helps cover:

- Doctors office visits
- Outpatient care
- Home health care
- Durable medical equipment
- Some preventative services



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## Additional Coverage Options

# C

## Part C of Medicare is a Medicare Advantage Plan. It covers:

- Part A
- Part B
- Sometimes part D of Medicare

# D

## Part D of Medicare Helps cover:

- Prescription Drugs



## Original Medicare as a Standalone

**A**

Part A of Medicare helps cover:

- Hospital Stays
- Inpatient Care

**B**

Part B of Medicare helps cover:

- Doctors office visits
- Outpatient Care

- Copay & Coinsurance paid by you!
- No Drug Coverage leaving you exposed to penalties
- No Maximum out of Pocket

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## Need more coverage?

You have options!



### Medicare Supplement Insurance

- Helps pay some of the out-of-pocket costs that come with Original Medicare
- You pay a monthly premium
- You pay copays or coinsurance for some services



### Medicare Part D Plan

- Helps pay for Prescription Drugs
- Most plans have extra premium
- Subject to deductibles on some plans



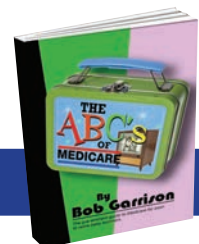
### Medicare Advantage Plan

- Combines Part A (hospital insurance) and Part B (medical insurance) into one plan
- Usually includes prescription drug coverage
- May offer additional benefits not provided by Original Medicare

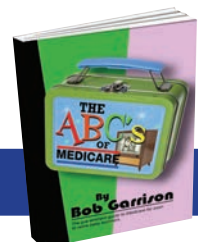
## All about Medigap

- Medicare does not cover all medical costs and has no out-of-pocket ceiling on how much you have to pay for health services.
- Medigap plans pick up those uncovered charges.
- Medicare supplements (designated A through N) are federally standardized and have a standard plan design.
- All supplement plans are issued by private insurance companies and every one of the plans, regardless of the insurance company, has the same benefits.  
Example: A Medicare Plan F from Blue Cross Blue Shield is exactly the same as a Plan F from Aetna.
- What is different is the price you pay for the plan and how the insurance company calculates the rate either based on a community rating schedule or age-based pricing structures.
- Your claim history and health status will not affect your rate or single you out for cancellation.

Medigap plans do not use provider networks. They cover you anywhere in the USA. That means you can use any provider you would like as long as they accept original Medicare. Most Medigap plans have coverage for foreign travel, also.



Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G <sup>1</sup>	K	L	M	N <sup>4</sup>	C	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2019 <sup>2</sup>					\$5560 <sup>2</sup>	\$2780 <sup>2</sup>				



# How do Medicare Advantage plans work?

## Advantage plan premiums

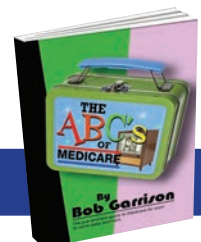
Premiums are usually very low. In fact, the rates range from \$0 for some HMO plans to just over \$100.00 per month. Rates and plan designs vary for each state and county, so finding the best plans in your county requires research. (That's where your insurance agent or Medicare advisor can help.)

## Benefits

Advantage plans do not pay 100% of your medical costs, but you are not usually subject to paying the 20% that Medicare Part B does not pay for most services. Instead you pay copays and coinsurance for most services. Copays can range from \$5.00 for a primary care doctor visit to \$400.00 a day for a hospital visit. Each plan will have specific copay amounts for every medical service and those plans and benefits must be approved by Medicare.

## Out-of-pocket maximums

One of the strongest selling points for Advantage plans is they place a cap on how much you can spend on covered health expenses during a year. Those out-of-pocket amounts vary by plan, but the maximum is (in 2017) \$6,700.00 per year. Having an Advantage plan with a maximum out-of-pocket limit is far better than original Medicare.






## How Does An **HMO** Plan Work?

- You choose a Primary Care Physician who will help navigate your healthcare needs.
- You choose network providers and facilities to receive your healthcare services.
- Our network arrangements allow us to create savings that we share with you.
- If you need emergency or urgent services, go to the emergency room closest to you!
- You may need a referral to see specialists and receive certain services.
- Lower out-of-pocket costs
- You have the ability to select a different Primary Care Physician as needed.















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## How Does A **PPO** Plan Work?

- You have a network of doctors, specialist and facilities contracted with the plan to provide services.
  - You can see providers out-of-network. Reminder- providers that do not contract with us are not obligated to treat you, except in emergency situations. Cost-sharing will be lower at in-network providers.
  - You should expect to pay more if you choose to use out-of-network providers.
  - Referrals are not necessary, but some services may require plan authorization prior to receiving the service.
  - Your Primary Care Physician will continue to help coordinate healthcare services.
  - PPO plans may not impose prior authorization requirements for Out-of-Network services but member or provider can request an advance determination of coverage.
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# Choosing the Right Plan for You

## Comparing Your Options

Benefits and Features	Medicare Advantage	Medicare Supplement (Medigap)	Original Medicare
Provides help during hospital stays			
Help paying for doctor visits			
Preventive services			
Prescription drug coverage		No Coverage	No Coverage
Routine vision coverage*		No Coverage	No Coverage
Routine hearing exam and hearing aid coverage*		No Coverage	No Coverage
Maximum out-of-pocket to help manage costs			No Protection

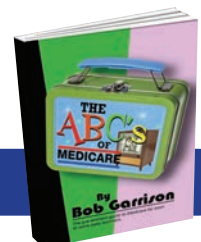
*\*Vision/hearing not included in all MA plans. Verify coverage with the plan you select.*

## Part D Medicare Drug Plans

All Part D plans are offered by private insurance companies but they are highly regulated by Medicare, meaning the companies are required to format each drug plan in a similar fashion. That allows for apples-to-apples comparisons.

There is a regulated annual Part D deductible for 2017 of \$400.00. Many plans charge less and most have some exclusion for generic tier 1 and 2 medications that are not subject to the deductible. What is different about each plan is the premium they charge and the formulary they offer.

The most important aspect of selecting a Part D plan is making sure your medications are covered and, if so, on what tier are they listed. Medications can be tier 4 on some plans and tier 2 on others, so it pays to do a little research on the plan formularies. Again, the best way to accomplish this is to go to Medicare.gov and use their plan comparison tool. Or contact a qualified Medicare advisor.



# Drug Coverage

## Understanding Drug Payment Stages

**Annual deductible:** Some plans have a Part D deductible. You pay the total cost of your drugs until you reach the deductible amount set by your plan. Once you have paid this amount you move to the initial coverage stage. Some plans may only set a deductible for specific drug tiers.

