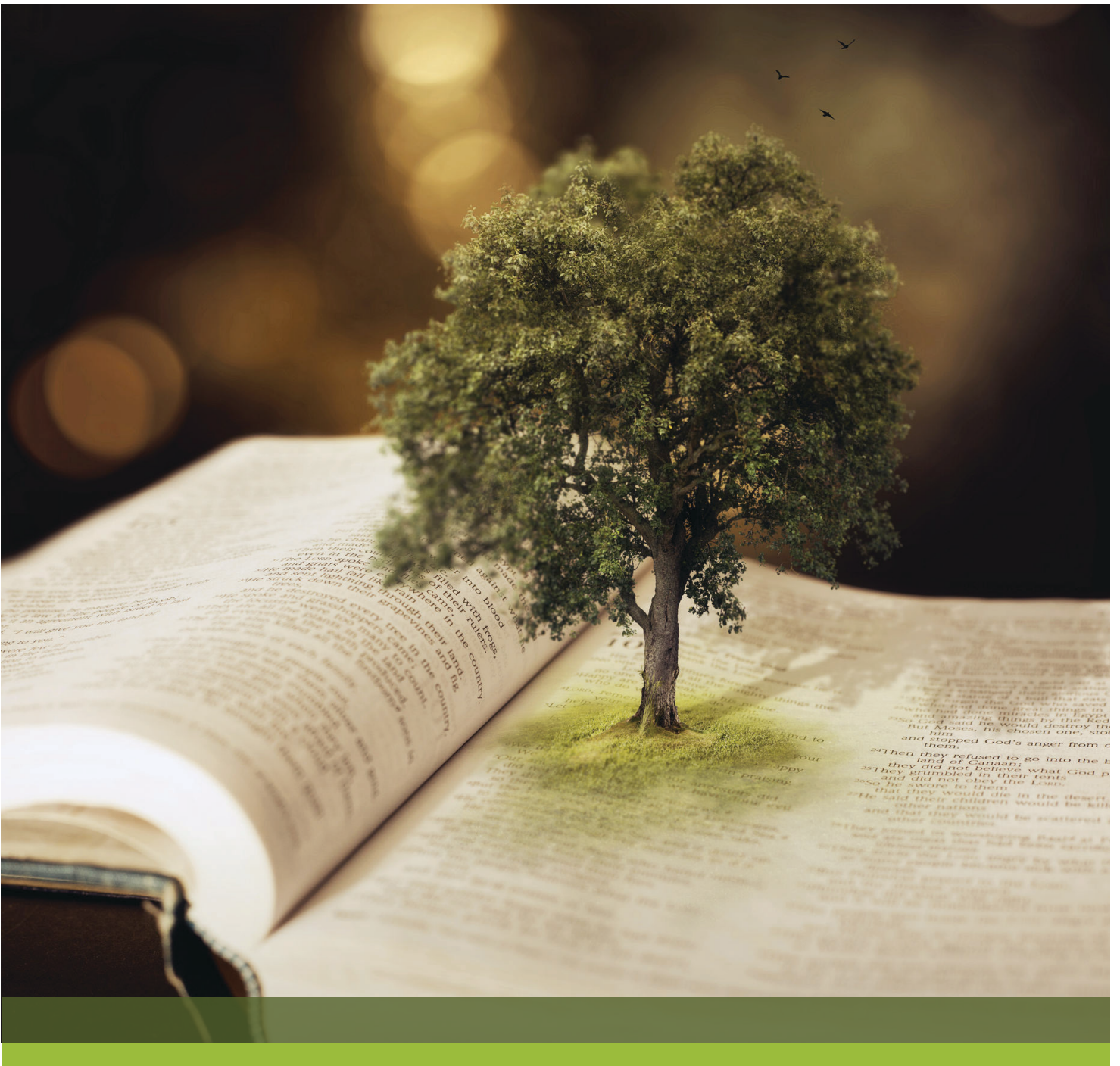


Medicare 101

Your Guide to Medicare





A few of the Benefits I offer...

NON-BIASED

You have been getting tons of mail from all the different companies advertising only their company. We carry most all of the companies that are contacting you, therefore we are not biased; we truly have your best interests in mind when helping you to choose the plan that is best for YOU. So instead of one company only presenting just one plan, let us help you evaluate all of the plans.

ADVISOR ON THE GROUND

Many times it can be confusing when you call a company just trying to navigate their phone system not knowing which option to choose. If you have a problem, call me. I will have an answer and if I don't, I know the numbers to call to find the answers you need!

REVIEW YOUR COVERAGE EVERY YEAR

The Medicare Prescription Drug Plans and the Medicare Advantage Plans can change every year. You need someone like me to keep you informed and make sure you're in the right plan each Medicare election period. I will make sure you keep as much money as possible in your pocket!

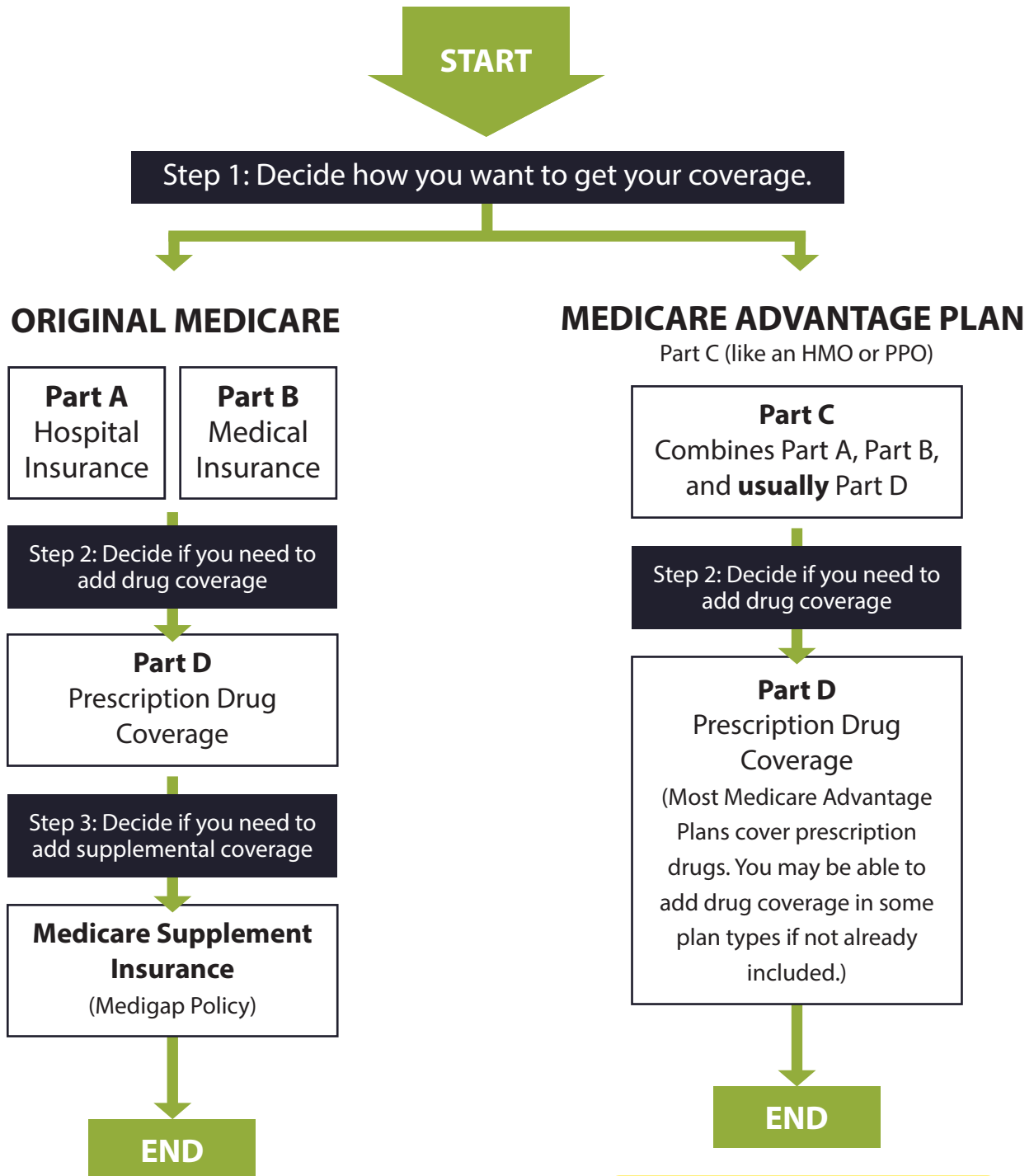
NO COST FOR MY HELP

I will never charge you a penny for my help, I am compensated by the company you choose. But of course the price is still the same using me as it is calling the company direct. And of course, by using me you also have a personal problem solver you can call.

Medicare Basics

Your Medicare Coverage Choices at a Glance

There are two main ways to get your Medicare coverage: Original Medicare or a Medicare Advantage Plan. Use these steps to help you decide which way to get your coverage.



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

Original Medicare

Hospital (Part A)

Medicare covers 90 days of inpatient hospital care

YOU OWE

Inpatient Hospital Stay (Days 1- 60) Part A Hospital Deductible	\$1,408.00
Inpatient Hospital Stay (Days 61- 90) You owe \$352.00 each day	\$11,968.00 90 day Hospital Stay

After a 90 day hospital stay
you have a pool of 60 Lifetime Reserve days you may use

YOU OWE

60 Lifetime Reserve Days You owe \$704.00 each day	\$54,208.00 150 day Hospital Stay
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After you use all your 60 Lifetime Reserve Days
your Medicare hospital coverage ends

YOU OWE

Medicare Hospital Coverage Ends You must be out of the hospital 60 consecutive days before your Medicare benefits will restart	<u>All Cost</u>
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Your Medicare benefits will restart after you're out of the hospital 60 consecutive days. Once you have used your Lifetime Reserve Days, they will never be available again.

No Maximum "Out of Pocket" or Cap with Original Medicare

Original Medicare

Medical (Part B)

Medicare's Part B Deductible is paid annually and may change each year

YOU OWE

Medicare Part B Deductible

You must pay this before Medicare pays

\$198.00

After you have paid the Part B Deductible

YOU OWE

Medicare Pays 80%

20%

Your doctor may or may not accept assignment

YOU OWE

If Doctor Does Not Accept Assignment

The doctor may charge you up to 15% more

15%

No Maximum "Out of Pocket" or Cap with Original Medicare



Medicare Supplements

(Also known as Medigap)

IMPORTANT FACTS

- You must have Part A and Part B.
- You pay a monthly premium for your Medigap policy in addition to your Part B premium.
- A Medigap policy covers only one person. Spouses must buy a separate policy.
- You can't have prescription drug coverage in both your Medigap policy and a Part D Stand-Alone Medicare drug plan.
- You need to compare Medigap policies as costs vary and may go up as you get older. Some states limit Medigap costs.

GUARANTEED COVERAGE

When you turn 65 or first enroll in Medicare Part B you have **6 months to choose** a Medicare Supplement Plan without answering *any* health questions. After those 6 months, insurers can **ask health questions** and can **decline your application** if they wish.

CHOICE OF DOCTORS

Keep your current doctors; choose any doctor that accepts Medicare.

CHOICE OF HOSPITALS

Penn, Deborah, Jefferson, etc...

PREMIUMS

A company *cannot* single you out for a rate increase or drop your coverage if your health changes.



Medigap Plans

How to read the chart:

If a check mark appears in a column of this chart, the Medigap policy covers 100% of the described benefit. If a row lists a percentage, the policy covers that percentage of the described benefit. If a row is blank, the policy doesn't cover that benefit.

Note: The Medigap policy covers coinsurance only after you have paid the deductible (unless the Medigap policy also covers the deductible).

Medigap Plans



Medigap Benefits	A	B	D	G*	K	L	M	N
Medicare Part A Coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B Coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓***
Blood (first 3 pints)	✓	✓	✓	✓	50%	75%	✓	✓
Part A Hospice Care Coinsurance and Copayment	✓	✓	✓	✓	50%	75%	✓	✓
Skilled Nursing Facility Care 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)			80%	80%			80%	80%
					Out of Pocket Limit**			
					\$5,880	\$2,940		

*Plan G also offers a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs up to the deductible amount of \$2,340 in 2020 before your Medigap plan pays anything.

**After you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.

***Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

Plan G – Benefits Chart

Medicare (Part A) - Hospital Services - Per Benefit

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row

***If you have a Medicare Select plan and you do not utilize a network provider, you are responsible for all charges

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*, *** Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,408	\$1,408 (Part A Deductible)	\$0
61st through 90th day	All but \$352	\$352 a day	\$0
91st day and after			
-While using 60 lifetime reserve days	All but \$704 a day	\$704 a day	\$0
Once lifetime reserve days are used:			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
-Beyond additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*, *** You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$176 a day	Up to \$176 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD***			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amounts Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan G – Benefits Chart

Medicare (Part B) - Medical Services - Per Benefit

*Once you have been billed \$198 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$198 of Medicare-approved amounts	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
(above Medicare-approved amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare-approved amounts	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Test for diagnostic services	100%	\$0	\$0
PARTS A & B			
HOME HEALTH CARE			
MEDICARE-APPROVED SERVICES			
-Medically Necessary skilled care services and medical supplies	100%	\$0	\$0
DURABLE MEDICAL EQUIPMENT			
First \$198 of Medicare-approved amounts*	\$0	\$0	\$198 (Part B)
Remainder of charges	80%	20%	\$0
OTHER BENEFITS - NOT COVERED BY MEDICARE			
FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
Medically Necessary Emergency care services beginning during the first 60 days of each trip outside the US			
First \$250 each Calendar Year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime max benefit

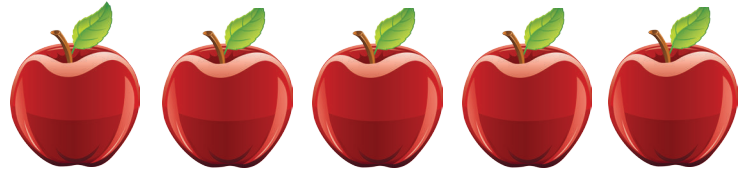
Medicare Supplement Plan Comparison

(Chart is for illustrative purposes only)

	COMPANY X	
	Plan G	Plan N
Plan A Hospital co-insurance & 365 extra hospital days covered	100%	100%
Part A deductible covered at	100%	100%
Part B deductible covered at	X	X
Part B co-insurance or co-payments covered at	100%	100%
Part B Office visit co-pay YOU PAY >>	\$0	\$20
Part B Emergency room co-pay YOU PAY >>	\$0	\$50
Part B Excess covered at	100%	X
At-home recovery cost covered (up to plan limits)	100%	100%
Cost of Blood Transfusion covered (first 3 pints)	100%	100%
Cost of Foreign Travel Emergency covered (up to plan limits)	100%	100%
Hospice Care co-insurance covered at	100%	100%
Preventative Care co-insurance covered at	100%	100%
Skilled Nursing Facility care co-insurance covered at	100%	100%
MONTHLY PREMIUM	\$124.00	\$91.05

Medicare Supplement

Plan G



Please notice the plans are the same, but the prices vary greatly from company to company for the exact same coverage!

	Plan G Company 1	Plan G Company 2	Plan G Company 3	Plan G Company 4	Plan G Company 5
Monthly Premium	\$124	\$149	\$136	\$168	\$206
Primary Care Physician (after \$198 deductible)	\$0	\$0	\$0	\$0	\$0
Specialist (after \$198 deductible)	\$0	\$0	\$0	\$0	\$0
Hospital Inpatient - Cost Per Day	\$0	\$0	\$0	\$0	\$0
Inpatient and Outpatient Care	\$0	\$0	\$0	\$0	\$0
MRI, Cat Scans	\$0	\$0	\$0	\$0	\$0
Tests, X-Rays	\$0	\$0	\$0	\$0	\$0
Emergency Room	\$0	\$0	\$0	\$0	\$0
Can I see any doctor I choose?	YES	YES	YES	YES	YES
Do I need a referral to see a specialist?	NO	NO	NO	NO	NO
Can I go to any hospital I choose?	YES	YES	YES	YES	YES

Medicare Basics

Medicare Part C

Plans differ in each county.

Please notice the plans vary, and the premiums vary from company to company!



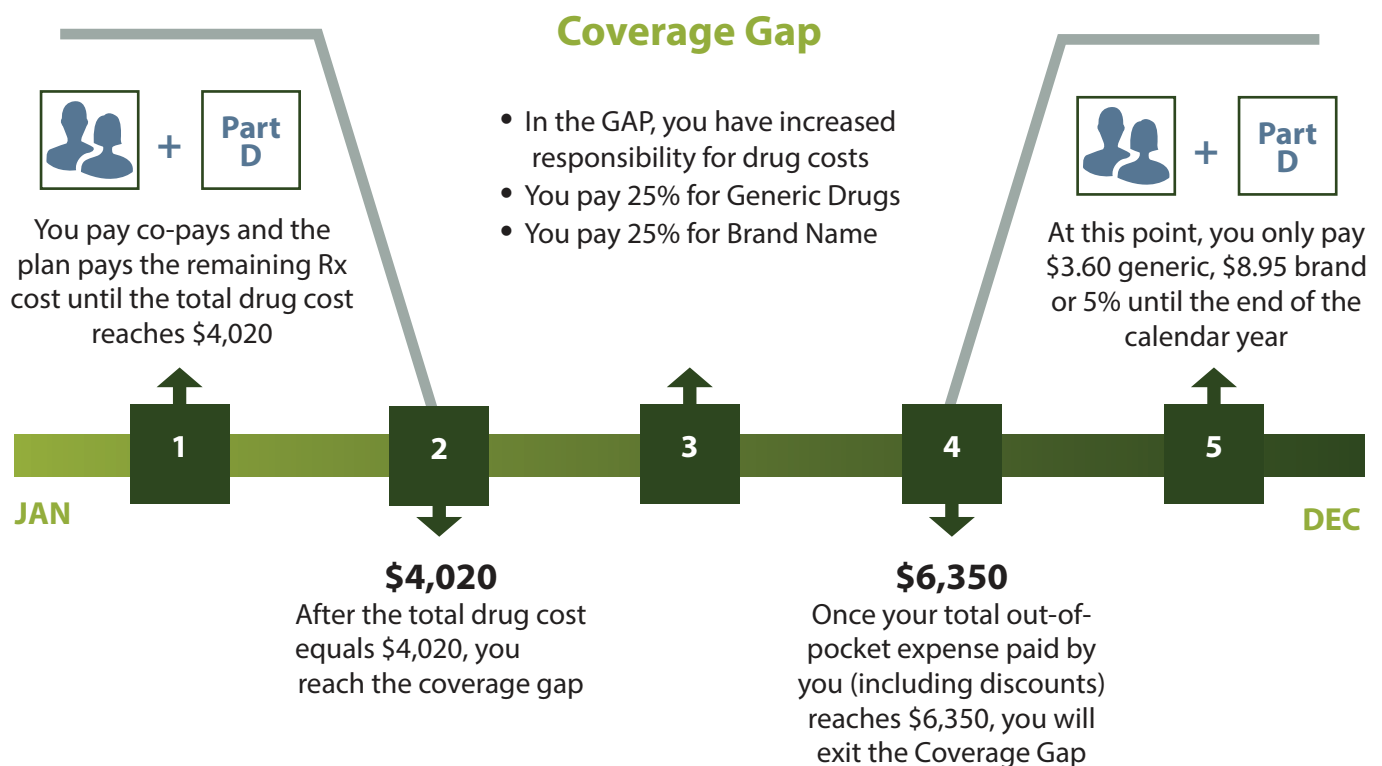
(Chart is for illustrative purposes only)

Monthly Premium (In addition to Part B)

	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Monthly Premium (In addition to Part B)	\$20	\$0	\$98	\$19	\$39
Primary Care Physician (Office Visit)	\$10	\$5	\$10	\$15	\$20
Specialist (Office Visit)	\$30	\$35	\$30	\$30	\$40
Hospital Inpatient - Cost per Day	\$125	\$175	\$85	\$200	\$190
Days	1-7	1-7	1-5	1-10	1-20
Outpatient Surgery	20%	\$150	20%	\$175	\$100
MRI, Cat Scans	20%	20%	20%	20%	\$50
Tests, X-Rays	20%	\$15	\$10	\$15	\$20
Emergency Room	\$50	\$50	\$50	\$50	\$50
May I see any doctor I choose?	No	No	Yes	No	No
Do I need a referral to see a specialist?	Yes	Yes	Yes	No	Yes
Includes Part D Prescription Drug Plan	Yes	Yes	No	Yes	Yes
Plan includes Routine Vision Coverage	Yes	Yes	No	No	No
Plan includes Fitness Club Membership	Yes	Yes	No	No	No

Part D - Prescription Drug Benefit

- Prescription drug plans *may* have a **monthly plan premium** and an **annual deductible**
- Prescription drug benefits work off a calendar year: January 1st – December 31st
- Plans use a **Formulary**. This lists the individual drugs covered by the plan.
 - **Tiers:** Most plans place drugs into “tiers” or levels with each tier having a different cost to you
 - **Prior Authorization:** Some drugs require you or your prescriber to contact the drug plan before you can fill certain prescriptions. Your prescriber may need to show that the drug is medically necessary for the plan to cover it
 - **Quantity Limits:** Limit how much of a medication you can get at a time
 - **Step Therapy:** Requires you try one or more similar, lower cost drugs before the plan will cover the prescribed drug



LIFE INSURANCE

The proportion of U.S. adults with life insurance protection has declined to an all-time low as 41 percent (95 million) of U.S. adults have no life insurance at all. I can assist you with determining how much you need based on your current situation. From Guaranteed Issue, Simplified Issue, Term Insurance, and Universal Life, I can help you regardless of your health, age, or income.

CANCER, HEART ATTACK, AND STROKE

A diagnosis of cancer, heart attack, or stroke may result in added out-of-pocket costs. Not only will you face the expense of medical treatment, you also will have your regular monthly bills to pay at a time when you may not be able to work. Cancer, heart attack, and stroke insurance is designed to help you pay both medical and non-medical expenses so you can focus on getting well.

ANNUITIES

An annuity is an insurance product that pays out income, and can be used as part of a retirement strategy. Annuities are a popular choice for retirees who want to receive a steady income stream in retirement. I can help you create your own pension that may pay you income for life, using products that are guaranteed to never go backwards or lose principal.

STATE AND FEDERAL ASSISTANCE

There are many programs you may be eligible for but don't know about. I can help sort through the maze of information and find programs you may qualify for that save you money!

My Medications

List all prescriptions you currently take

Name of Drug	Strength	# taken per day

MEDICARE.GOV INFORMATION	
Drug List ID	_____
Password	_____

Information provided by:

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