



Medicare Smartbook:

How To
Select the Best
Coverage to Protect
Your Health &
Wallet

Welcome

to the Medicare Essentials Smartbook, your go-to source for making Medicare simple and easy to understand. This guidebook is made for you, providing the knowledge and confidence needed to make the best choices for your unique situation.

Discover what this short guide offers:

- Easy-to-follow steps for enrolling in Medicare
- Clear explanations of Medicare A & B, Advantage plans, Drug plans, and Supplemental plans
- Expert advice on choosing the right option for your needs

By reading this Smartbook, you'll conquer the confusion and uncertainty surrounding Medicare.

You'll learn to navigate the details with ease, moving from feeling lost to being in control.

If you need more help, our team at OnPoint Management is here for you. We've helped thousands of happy clients, and we're ready to offer you personalized support at **No Cost**.

Schedule a one-on-one appointment by giving us a call at **(208) 573-1250** or click on this **calendar** link, and we'll make your Medicare journey as smooth as possible.

Sincerely,

Keith Paduch

Founder and Chief Educator

 OnPointMgmtLLC.com



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Need 1-on-1 Medicare Help?
Call or Click To Schedule A
Free Appointment

Talk To A Guide 

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When turning 65, there are five types of people who **MUST** enroll in Medicare:

- 1 Retiree insurance plan holders:** If you or your spouse have retiree insurance, you need to enroll in Medicare at 65. Medicare becomes the primary payer, and your retiree plan pays second.
- 2 COBRA insurance holders:** Whether it's yours or your spouse's, you must enroll in Medicare at 65. Medicare will be the first payer, and COBRA will pay second.
- 3 Affordable Care Act (ACA) plan holders:** Once Medicare eligible, tax subsidies and cost-sharing from ACA plans disappear, making Medicare a better option.
- 4 Retired military personnel with TRICARE For Life:** You must enroll in Medicare A and B at 65, which will pay first. TRICARE remains a secondary payer.
- 5 Small group employer plan holders:** If your employer has 19 or fewer employees, you need to enroll in Medicare at 65. The employer plan will only pay second, with Medicare as the primary payer.

IMPORTANT:

Remember, anyone who is uninsured must also enroll in Medicare when turning 65.



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Who is eligible for Medicare?

To be eligible for Medicare, you must have contributed to the Medicare tax system for 40 quarters or 10 years of work. If you don't have your own 40 quarters, you can qualify through a spouse, ex-spouse, or deceased spouse under specific conditions:

- ▣ **Existing spouse:** Must be married for at least one year
- ▣ **Ex-spouse:** Must have been married for at least 10 years and not remarried before the age of 60
- ▣ **Deceased spouse:** Must have been married for at least nine months and the spouse passed away while married

The eligibility requirement is to have 40 quarters of contributions, either from your own work or through a spouse, ex-spouse, or deceased spouse.



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Here's who MAY want to enroll in Medicare age 65:

There are certain situations where people may want to consider enrolling in Medicare at 65 but aren't required to. These scenarios include:

- ▣ **Employer-provided plan with 20+ employees:** If you or your spouse have a group plan with 20 or more employees, compare your plan's premium, deductible, co-insurance, max out-of-pocket expenses, and medication coverage with Medicare options. If Medicare offers more attractive coverage, you may want to enroll.
- ▣ **Group plan offers better coverage:** If your employer-provided plan has better coverage or lower costs than Medicare, it may make sense to stay on the group plan.
- ▣ **Spouse or children rely on your plan:** If your spouse or children (up to age 26) rely on your group plan and have no other insurance options, enrolling in Medicare may adversely affect them. In such cases, it's better not to enroll in Medicare at 65.

So, carefully weigh your options and determine whether it's the right time to enroll in Medicare based on your specific circumstances. Of course, we'd be happy to help you compare your coverage options. Scan the QR code below, visit our website, or give us a call.



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How & When To Enroll Into Medicare : At Age 65

Enrolling in Medicare at age 65 depends on whether you're already receiving Social Security benefits or not. In the following example, we'll assume the person's birth month is July:

If you're already on Social Security:

- You'll be automatically enrolled in Medicare Parts A and B.
- Medicare will send you a card approximately 3.5 months before your birth month.

If you're not on Social Security:

- Create a My Social Security account at socialsecurity.gov.
- You have a 7-month Initial Enrollment Period (IEP) to enroll in Medicare.
 - ◆ 3 months before your 65th birthday
 - ◆ The month of your 65th birthday
 - ◆ 3 months after your 65th birthday
- When you enroll within the IEP determines when your coverage starts (using the July birth month example):
 - ◆ Enroll in April, May, or June (3 months before your birth month): coverage starts on July 1.
 - ◆ Enroll in July (your birth month): coverage starts in August.
 - ◆ Enroll in August (1 month after your birth month): coverage starts in September.
 - ◆ Enroll in September (2 months after your birth month): coverage starts in October.

***Note:** If you're born on the 1st of any month, this enrollment timeline and your Medicare coverage start dates move up one full month.

To avoid a coverage gap, it's best to enroll during the first three months before your 65th birth month. Use your My Social Security account to enroll in Medicare Parts A and B online. Remember, the example above assumes a July birth month, but the same principles apply for any birth month.

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How & When To Enroll Into Medicare : After Age 65 & 3 Months

For people who delay starting Medicare at age 65, they can enroll later using a Special Enrollment Period (SEP). This is relevant for those who continued working and had employer-provided coverage from a company with 20 or more employees.

Here's how the SEP works:

- 1 Eligibility:** You or your spouse should have been actively employed and covered by an employer-provided plan with credible coverage since turning 65.
- 2 Documentation:**
 - ▣ **Form L-564:** Request for Employment Information, to be filled by your employer's HR department. This proves your credible coverage since turning 65. If you changed jobs, you'll need this form from all employers.
 - ▣ **Form CMS-40B:** Application for Enrollment in Medicare, to be filled by you. This tells Medicare when you want your coverage to begin (e.g., July 1, 2026).
- 1 Submission:** Submit both forms to your local Social Security office 30 to 90 days before you want your coverage to begin. You can drop them off, fax, or mail them in.

Following this SEP process ensures you can enroll in Medicare without penalties or issues. Remember to complete the process within the suggested 30 to 90-day window before your desired coverage start date.

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Your Two Options For Medicare Coverage

In this guide, we will be digging deeper into the two main options you have for supplementing your Medicare A and B coverage. Understanding the differences is essential to make an informed decision:

1. Original Medicare (A and B) with Supplemental Plan:

- Medicare pays first, and the supplemental plan fills in the gaps as the secondary payer.
- You will need a separate standalone drug plan for prescriptions.
- **This option involves three cards:** Medicare A, Medicare B, and the supplemental plan for inpatient and outpatient services, plus a separate card for prescription drugs.

2. Medicare Advantage Plan (Plan C):

- These plans replace original Medicare A and B, acting as all-in-one plans.
- Most Medicare Advantage plans include an embedded drug plan, covering prescriptions as part of the package.
- With this option, you have one card that covers inpatient, outpatient, and prescription drug services.

Throughout the rest of this guide, we will provide a more in-depth look at each option, helping you evaluate and choose the best plan for your medical and prescription coverage needs.



We'll Help You Compare These Options!
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Understanding Original Medicare Part A & B and the 6 BIG Financial Risks

Before diving into the details of Original Medicare Part A, it's important to understand the financial risks associated with it. However, don't worry too much about these costs, as later in the guide, you'll learn how to cover them.

Original Medicare Part A Costs & Coverage:

- Part A is also known as hospital insurance, covering inpatient services such as hospital stays, skilled nursing facilities, and hospice care.
- **No monthly premium is required for Part A** as long as you have **40 quarters** of work history for you or your spouse.
- The deductible for using **Part A in 2026 is \$1,736**, which you pay out of pocket. Once the deductible is met, Medicare covers costs for up to **60 days of hospitalization**, regardless of the total expenses. This deductible could be paid up to **6 times a year**.
 - If you are in the hospital for **61 to 90 days**, there's a **\$434 daily copay**. For days **91 to 150**, the daily copay increases to **\$868**. Extended hospital stays are rare but can be costly.
 - For skilled nursing facilities, Medicare covers everything from days **1 to 20** if you have a qualifying hospital stay of at least **72 hours**. **Beyond day 20**, there's a **\$217 daily copay for days 21 to 100**. The average stay in a skilled nursing facility for a **Medicare recipient is 35 days**.

In summary, Original Medicare Part A focuses on inpatient services and hospital care, with several high out-of-pocket costs such as deductibles and copays.

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Original Medicare Part B Cost

Medicare Part B provides coverage for a wide range of outpatient and doctor-related services. This includes medically necessary services and supplies, such as doctor's visits, preventive care, ambulance services, medical equipment, and some prescription drugs that cannot be self-administered. Part B also covers diagnostic tests, outpatient surgeries, and mental health care services.

▣ The standard premium for most people (90%) is \$202.90/month.

- ✦ If you're on Social Security, the premium is deducted from your check.
- ✦ If you're not on Social Security, you can be billed quarterly or set up a monthly bank draft with Medicare EasyPay.

▣ Some people (Approximately 10%) pay more due to high income.

- ✦ This additional amount is determined by income thresholds and is called an IRMAA (Income Related Monthly Adjusted Amount).
- ✦ IRMAA amounts are based on modified adjusted gross income (MAGI), which includes AGI and tax-exempt interest.
- ✦ Medicare looks back two years to determine the IRMAA amount (e.g., 2024 income for 2026 Medicare).

▣ Income thresholds for IRMAA:

- ✦ **Single filers:** No IRMAA if MAGI is **below \$109,000**.
- ✦ **Married couples filing jointly:** No IRMAA if MAGI is **below \$218,000**.
- ✦ If income is above these levels, additional IRMAA amounts are added to the Part B premium based on a sliding scale.

▣ High income also affects drug plan (Part D) costs.

- ✦ If your income is below the aforementioned thresholds, you'll pay the standard premium for your chosen Part D plan.
- ✦ If your income is above the thresholds, additional IRMAA amounts are added to your Part D premium.

After enrolling in Medicare, you'll receive an IRMAA notification within two weeks. If your income has significantly changed due to a life event, like retirement or the death of a spouse, you can appeal the surcharge using Form SSA-44 to potentially reduce or eliminate the additional premium charges.

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Understanding Medicare Part B Coverages

Medicare Part B covers outpatient services, doctor-related services, and durable medical equipment. At the beginning of each calendar year, you start with a once-a-year deductible of **\$283**. This is different from the Part A deductible, which is a benefit period deductible and may be paid multiple times in a year.

Key aspects of Medicare Part B coverage after meeting the deductible:

- ❑ Medicare pays 80% of the bill
- ❑ Beneficiaries are responsible for the remaining 20%, called co-insurance
- ❑ No maximum limit on co-insurance, posing a significant financial risk
- ❑ Out-of-pocket expenses can quickly accumulate during medical emergencies or treatments for chronic conditions

It's also important to be aware of excess charges:

- ❑ Some doctors of doctors charge excess fees, which are additional charges up to 15% above the Medicare-approved amount.
- ❑ **Some states do not allow excess charges:** New York, Massachusetts, Connecticut, Vermont, Minnesota, Ohio, Pennsylvania, and Rhode Island.
- ❑ There is no maximum limit for excess charges, so it's crucial to stay informed and be aware of your healthcare costs.



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Supplemental Plans: Filling the Gaps in Medicare

Medicare has certain gaps in its coverage, which can leave you exposed to financial liability. To mitigate this, you can opt for supplemental plans that transfer this liability to an insurance company.

Here's a summary of the six gaps in Original Medicare coverage we covered above:

Part A Gaps:

- ▣ **Hospital deductible:** This is a one-time payment you make per benefit period when admitted to a hospital. **(Up to \$1,736 Per Stay)**
- ▣ **Daily hospital copays:** You are responsible for daily copays for hospital stays beyond a certain number of days. **(\$434 - \$868 Per Day)**
- ▣ **Skilled nursing facility (SNF) copays:** You are responsible for daily copays if you require skilled nursing care beyond a certain number of days. **(\$217 Per Day)**

Part B Gaps:

- ▣ **Part B deductible:** This is an annual payment you make before Medicare covers its portion of medical services. **(\$283 Annually)**
- ▣ **20% coinsurance:** You are responsible for paying 20% of the Medicare-approved amount for most doctor services, outpatient therapy, and durable medical equipment. **(20% - No Maximum)**
- ▣ **Part B excess charges:** You are responsible for additional charges if a healthcare provider does not accept Medicare's approved amount as full payment. **(15% - No Maximum)**



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Currently, there are ten possible supplemental plans, but the top three plans – Plan F, Plan G, and Plan N – are the most popular, covering 95 to 97% of all beneficiaries who elect to take a Supplemental Plan.

Comparing Supplemental Plan F, Plan G, Plan N

- Plan F is a full coverage plan, filling in all six gaps in Original Medicare coverage. This means that as long as Medicare pays first, the balance will be covered by the insurance company offering Plan F. However, **Plan F has been phased out and is only available to those born before January 1st, 1955.**
- **Plan G is the most popular option today**, offering coverage for five of the six gaps. The only out-of-pocket cost is the annual **Medicare Part B deductible**, which is **\$283 in 2026**. Apart from this, Plan G has the same features as Plan F, including no networks, no referrals, no pre-authorizations, and a lifetime portable policy.
- Plan N covers four of the six gaps, offering lower premiums but taking on additional liability. With Plan N, you're responsible for the Part B deductible, excess charges from providers, and copays of \$20 for doctor visits and \$50 for emergency room visits. Plan N also shares the same features as Plan F and G, such as no networks, no referrals, no pre-authorizations, and a lifetime portable policy.

One of the unique features of Medicare supplemental plans is that there are no insurance company networks. Medicare itself is your network, and any provider who accepts Medicare will accept your supplemental plan. This means that you have the freedom to choose your healthcare providers without the restrictions imposed by insurance company networks.

Once-In-A-Lifetime Right

IMPORTANT: When you first enroll in Medicare Part B, you have a once-in-a-lifetime six-month open enrollment period to choose a supplemental plan without any underwriting or medical questions. This period begins on the first day of the month you turn 65 and are enrolled in Medicare Part B. During this time, you can select a supplemental plan without any underwriting or medical questions. This means that regardless of your health condition, you cannot be denied coverage or charged higher premiums due to pre-existing conditions. After this period, you may face medical underwriting, making it harder to change plans or carriers. Therefore, it's essential to carefully consider your options and select the plan that best suits your needs and budget during this six-month window.

Rate Stability in Medicare Supplemental Plans

Rate stability is an essential factor to consider when selecting a Medicare supplemental plan. The premium you pay for your plan may increase over time due to various factors such as inflation, administrative costs, and changes in healthcare expenses. However, the way in which insurance companies determine and adjust these premiums can significantly impact the stability of your rates.

When considering rate stability, it's important to review the pricing method, historical rate increases, and financial strength of the insurance company before selecting a Medicare supplemental plan. Contact us to find the most price-stable carriers in your area.

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Medicare Advantage Plans: Costs, Coverage, and Benefits

Medicare Advantage Plans, also known as Replacement Plans or C plans, offer an alternative to traditional Medicare coverage. To help you make an informed decision, here's a breakdown of the costs, coverage, and benefits of Medicare Advantage Plans:

Requirements

You must be enrolled in Medicare Parts A and B to have an Advantage plan.

Requires a monthly premium for Part B (**\$202.90 as of 2026**).

Network Plans

Advantage plans are network-based, meaning you need to find providers in the plan's network. There are two types of networks:

- ▣ **HMO:** Smaller network with fewer providers. May require referrals from primary care doctors to see specialists.
- ▣ **PPO:** Larger network with more provider choices. No referrals needed, but going out-of-network costs more.

Premiums and Copays

Advantage plans have low or no monthly premiums, but require copays for most healthcare services. The annual maximum out-of-pocket costs generally range from \$3,500 to \$10,000.

Prescription Coverage

Almost all Medicare Advantage Plans have embedded prescription drug coverage, eliminating the need to purchase a stand-alone Rx plan.



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Additional Benefits

Advantage plans often include extra benefits:

- ▣ **Dental coverage:** Usually around \$1,000 per year for dental care.
- ▣ **Vision benefits:** Credit for eyewear (\$150-\$200 per year) and one routine eye exam.
- ▣ **Hearing aid benefits:** Certain hearing aids covered with a copay.
- ▣ **Fitness benefits:** Free gym membership through SilverSneakers or Renew Active.
- ▣ **Over-the-counter benefits:** Quarterly credit (\$30-\$50) for over-the-counter items.
- ▣ **Part B Reduction:** A small number of plans reduce the Part B premium by \$30-\$50, depending on the area.

With Medicare Advantage Plans, you can access additional benefits not provided by traditional Medicare coverage with a Supplemental Plan. However, it's crucial to weigh the pros and cons of these plans.



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Drawbacks of Medicare Advantage Plans

While Medicare Advantage plans offer numerous benefits, it's essential to be aware of some drawbacks. These don't necessarily make the plans terrible, but understanding them can help you make an informed decision.

- ▣ **Network Limitations:** Medicare Advantage plans have networks, which means you cannot choose any provider you want. You must ensure your healthcare providers are in your network, whether it's an HMO or a PPO. These networks impose limitations and restrictions on your healthcare choices.
- ▣ **Annual Plan Changes:** Medicare Advantage plans are annual contracts between you, the insurance company, and Medicare. The plans can change each year, with benefits potentially increasing, decreasing, or even being removed altogether. However, you have the opportunity to change your Advantage plan annually from October 15th through December 7th, with the new plan taking effect on January 1st.
- ▣ **Pre-authorizations:** Many Advantage plans require pre-authorizations for specific services, with about 70-72% of services needing approval. While primary care visits and preventive services typically don't require pre-authorizations, expensive procedures like MRIs, CAT scans, PET scans, and surgeries need insurance company approval. Consequently, your doctor doesn't have the final say on treatments, which can cause delays or denials.
- ▣ **Switching to Supplemental Plans:** If you want to switch from a Medicare Advantage plan to a Supplemental plan, you must medically qualify (except in Connecticut, Vermont, New York, and Massachusetts). This process involves answering health questions, providing medication history, and obtaining a statement from your doctor. If the insurance company has concerns about pre-existing conditions or other health issues, they can deny your application.

In summary, while Medicare Advantage plans offer various benefits, it's crucial to consider the drawbacks related to network limitations, annual plan changes, pre-authorizations, and switching to Supplemental plans. Understanding these factors can help you make the best decision for your healthcare needs.

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Special MA-Only Plans for FEHB, Veterans, and TRICARE for Life Beneficiaries:

MA-Only plans provide unique advantages for those with VA, FEHB, or TRICARE for Life benefits. These plans offer a range of perks, including:

- ▣ Dental, vision, and hearing coverage
- ▣ Fitness membership benefits
- ▣ Part B premium reduction of \$50 - \$150 per month

Coordination of Benefits:

- ▣ **Seamless integration:** MA-Only plans coordinate smoothly with existing VA, FEHB, or TRICARE for Life benefits, ensuring beneficiaries receive comprehensive coverage.
- ▣ **No duplication of coverage:** MA-Only plans complement existing insurance without overlapping, maximizing the value of each plan.
- ▣ **Simplified billing and claims process:** The coordination between MA-Only plans and existing benefits streamlines the billing and claims process, reducing confusion and potential delays.

In summary, MA-Only plans offer an attractive option for those with VA, FEHB, or TRICARE for Life benefits, as they provide additional coverage while working seamlessly with existing insurance. The coordination of benefits ensures beneficiaries enjoy comprehensive healthcare coverage without sacrificing the advantages of their current plans.



Make Sure You Get Everything You Deserve:

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Introducing Medicare Drug Plans

Medicare drug plans, also known as Medicare Part D plans, offer prescription drug coverage for beneficiaries. These plans can either be standalone policies or embedded within Medicare Advantage plans. Key features of Medicare drug plans include:

- ▣ **Network of pharmacies:** Each plan has a preferred and standard pharmacy network. Preferred pharmacies offer lower copays on medications compared to standard pharmacies.
- ▣ **Formulary:** A list of medications covered by the plan. The cost of the plan is influenced by the size and comprehensiveness of the formulary.
 - ▣ **Low-cost plans:** Good formulary with about 3,000 meds, costing around \$5 - \$20 per month.
 - ▣ **Mid-range plans:** Better formulary with about 5,000 meds, costing around \$30 - \$50 per month.
 - ▣ **High-cost plans:** Best formulary with about 7,000 meds, costing around \$75 per month.
- ▣ **Annual Enrollment Period:** Beneficiaries can switch drug plans during the Annual Enrollment Period, which runs from October 15th to December 7th, without underwriting. New plans become effective on January 1st of the following year.



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Navigating Medication Costs with Medicare:

Medicare medication costs can be confusing, with the potential for copays to change four times in the same year due to the four stages of Medicare coverage. Here's a summary of each stage:

- ▣ **Out-of-Pocket Maximum Stage:** For Medicare Part D in **2026 it's \$2,100**, which is the total amount you must pay for covered prescription drugs before entering the catastrophic stage.
- ▣ **Catastrophic Stage:** Very few people reach this stage, but if you do, medication costs are covered at no additional cost to you.

Prescription coverage resets annually, so it's essential to plan for potential fluctuations in medication costs. While enrolling in a drug plan is optional, not doing so can result in lifetime late enrollment penalties. In addition, if you don't enroll in a drug plan when first eligible, you'll be restricted on when you can enroll into a plan, which means you could have to pay out of pocket for expensive medications for up to 12 months. Even if you don't currently take medications, having a drug plan can save you from high costs in the future.



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Need Assistance with Medicare? Here's How We Can Help:



Independent Brokers:

- ▣ Represent multiple companies, offering more options
- ▣ Write for main insurance carriers throughout the country

Initial Guidance:

- ▣ Clear and accurate answers to Medicare questions
- ▣ Assistance with enrolling in Medicare A and B, Social Security, and IRMAA appeals
- ▣ Support with Special Enrollment Period forms
- ▣ Comparison of Advantage Plans & Supplemental Plans (50-75 options in most markets!)
- ▣ Assistance with choosing the right drug plan & lowering medication costs

Ongoing Support:

- ▣ In-house customer service department
- ▣ No outsourcing to international call centers
- ▣ Help you change plans or fight claims when you need it.

No Cost to You:

- ▣ Insurance companies pay us, not you.
- ▣ Same prices as buying directly from insurance companies
- ▣ We shop for lowest rates & most benefits
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Schedule a Free Appointment with a Medicare Expert on our team by visiting OnPointMgmtLLC.com or calling (208) 573-1250 (8am - 6pm Mountain Time Monday to Friday).

Every month, our team of Medicare Experts guides many people through the in's and out's of Medicare. The appointments are 100% virtual over the phone and/or computer. We utilize a simple screen-sharing software so you can view all the plans from your computer or mobile device.

Our goal is to help you get the right education and enrollment assistance to choose the best Medicare plan for your needs. After working with us, you'll feel confident about your choices and enjoy a worry-free retirement.

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