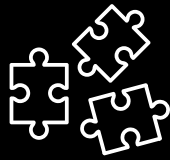


Medicare Basic



Turning 65 or New to Medicare



LET'S
WORK
TOGETHER

INSURANCE

TO
FIND
THE
MISSING PIECE

Licensed Independent Agent, CA-072331

www.DeborahDeLynnWilson.com
AgentDeborahDeLynnWilson@gmail.com

Deborah DeLynn Wilson is a licensed Agent in California, Texas and Georgia NPN 17171659

Frequently Asked Questions:

1. Am I eligible for Medicare?
2. When can I enroll?
3. Can I enroll into a Medicare plan?
4. are my Medicare plan options?
5. Are there resources available to assist me?



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You're eligible for Original Medicare (Parts A and B):

If:



OR



AND



You're a U.S. citizen or a legal resident who has lived in the U.S. for at least 5 consecutive years

You're at least 65 years of age (even if you still work)

You're under 65 and qualify due to a disability or other special circumstance

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Medicare enrollment periods

Initial Enrollment Period

If you're enrolling in Medicare for the first time, you have an Initial Enrollment Period (IEP) that begins **3 months** before and ends **3 months after** you **turn 65**. It begins and ends 1 month earlier if your birthday is on the first of the month.

Open Enrollment Period Jan. 1 – March 31

If you already have a Medicare Advantage (MA) plan, you may enroll in another MA plan or go back to Original Medicare during the Open Enrollment Period (OEP). You may only make 1 change within the period.

Annual Enrollment Period

During the Annual Enrollment Period (AEP) you can add, drop, or switch your Medicare coverage

Oct. 15 – Dec. 7



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The advertisement features a central photograph of a smiling woman, Deborah DeLynn Wilson. To the left, a blue 3D figure stands on a white pedestal, holding a puzzle piece. To the right, a yellow 3D figure is shown placing a puzzle piece into a larger structure. The text 'LET'S WORK TOGETHER' is positioned above the blue figure, 'INSURANCE' is written across the top of the woman's photo, and 'MISSING PIECE' and 'TO FIND THE' are placed near the yellow figure. Contact information and a small disclaimer are at the bottom.

Special Election Period

A Special Election Period (SEP) is an opportunity to enroll in, change or drop your Medicare Advantage or Part D prescription drug plan (PDP) outside of the AEP due to a qualifying life event—without penalty. You generally have 2 months after the month of the qualifying event to make a switch, though specific dates will vary for each person’s situation. Qualifying life events may include:

You’ve been diagnosed with a qualifying chronic health condition.

You’ve moved to a permanent residence outside of your current MA plan service area.

You qualify for Extra Help.

You’re retiring and losing employer coverage.

Your plan is not renewing its contract with the Centers for Medicare & Medicaid Services (CMS) or intends to stop providing benefits in your area at the end of the year.

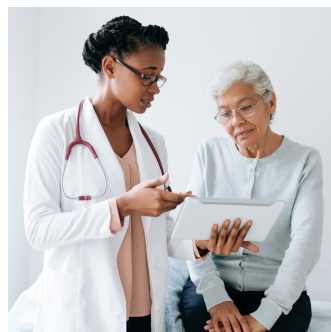


Step

1 Enroll in Original Medicare—offered by the federal government



Part A helps pay for hospital stays and inpatient care.



Part B helps pay for doctor visits and outpatient care.

If you don't enroll in Part B when first eligible, you'll pay a penalty if you sign up later. The penalty increases yearly and is for life.

If you cancel Part B coverage, you won't be able to re-enroll until the next January—and re-enrollment may come with a penalty.



Step

2 After enrolling in Original Medicare, you can explore additional coverage—offered by private companies.

Switch to a Medicare Advantage plan. OR

Add one or both of the following to Original Medicare.



Medicare Part C (Medicare Advantage)

is made up of Part A, Part B and can include Part D (prescription drug coverage) as well as additional coverage.

OR



Medicare Part D

is a stand-alone prescription drug plan.



Medicare Supplement insurance (Medigap)

plans help pay for some of Original Medicare's out-of-pocket costs.

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Benefits not available through Original Medicare (Parts A and B):



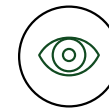
Most prescription drugs



Long-term care



Most care outside of the U.S.



Eye exams, glasses and contact lenses



Gym memberships and wellness benefits



Hearing exams and hearing aids



Help with activities of daily living, like eating and bathing



Routine dental exams, cleanings and X-rays



Personal expenses during hospitalization, like a phone and TV



Hospital and psychiatric hospital stays (beyond a set number of days)

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A few advantages of Medicare Part C

Offers the same coverage as Original Medicare and may include the additional benefits mentioned on the previous page

Can include medical and prescription drug coverage in one plan, also known as Medicare Advantage prescription drug (MAPD) plans

May have lower out-of-pocket costs than Original Medicare



Types of Medicare advantage plans

HMO

Health maintenance organization

With a health maintenance organization (HMO), you have a large network of providers and generally have to stay within the network, which helps keep your out-of-pocket costs in check.

PFFS

Private fee-for-service

You may have more freedom to choose providers with a private fee-for-service (PFFS) plan, but a network arrangement may still apply. Providers who accept Medicare must bill the plan per its terms and conditions.

PPO

Preferred provider organization

A preferred provider organization (PPO) offers a large network of healthcare providers and the flexibility of going out of network for care, although you may pay more.



PRESCRIPTION DRUG PLAN

Medicare Part D

An MAPD plan, which has both medical and prescription drug coverage with one monthly premium

OR

A stand-alone PDP with Original Medicare

What you need to know:

Every plan with prescription coverage has a formulary—a list of drugs it covers.

If you choose an MA plan without prescription drug coverage, you cannot enroll in a stand-alone PDP too.

You are not required to enroll in Part D, but there is generally a penalty of 1% of the average monthly premium for each month you delay enrollment.

A Medicare Part D plan helps pay for your prescription drugs.



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Drug tiers

PRESCRIPTION DRUG PLAN

Prescription drugs are organized into tiers according to cost.

Tier 1 is the lowest cost and Tier 5 is the highest cost.

Some plans may include a 6th tier.

So plans may offer their best pricing on Tier 1 and 2 drugs.

Tier 1 Preferred generic

Tier 2 Generic

Tier 3 Preferred brand

Tier 4 Nonpreferred

Tier 5 Specialty tier



PRESCRIPTION DRUG PLAN

Coverage stages for PDPs and MAPD plans

There are 4 coverage stages over the year that may affect how much you pay out of pocket for your medicines. The cycle starts over at the beginning of each plan year. Depending on the medications you are on, you may not go through all of the stages.

Stage 1

Deductible

You pay 100% of your prescription costs until you meet your plan's deductible. You may have a reduced deductible or no deductible depending on the plan you choose in your area.

Stage 2

Initial coverage

You are generally responsible for copays or coinsurance, and your plan covers the rest until your shared drug costs total a certain amount.

Stage 3

Coverage gap (donut hole)

When you are out of the initial coverage stage, the coverage gap begins. You may have to pay a higher percentage of your prescription costs until your total out-of-pocket costs reach a specified amount.

Stage 4

Catastrophic coverage

Once you reach the coverage gap limit, you pay \$0 for the remainder of the year.

Deductible



Initial coverage

Coverage gap

Catastrophic coverage

Plan resets



Medicare Supplement insurance plans

MEDICARE SUPPLEMENT INSURANCE (MEDIGAP)

Medigap plans

Works to supplement Original Medicare

- and help pay some of the deductible
- copays
- coinsurance and excess
- charges that are not paid by Original Medicare
- Not limited to a provider network



Please note that a Medicare Supplement is not the same as Medicare Advantage. It can only be added to Original Medicare.



Special Needs Plans

If you have Original Medicare and meet the eligibility requirements, you may be able to enroll in a Medicare Special Needs Plan (SNP) that offers coverage to meet specific needs.

- 1. Dual Eligible Special Needs Plan (DSNP):** You may be eligible if you qualify for both Medicare and Medicaid.
- 2. Chronic Condition Special Needs Plan (CSNP):** You may be eligible if you have a qualifying chronic condition, such as diabetes, heart disease or a chronic lung disorder.
- 3. Institutional Special Needs Plan (ISNP):** You may qualify if you need or have an expectation of needing care in a long-term care or skilled nursing facility, an intermediate care facility for people with intellectual disabilities, or an inpatient psychiatric facility for at least 90 days.



A promotional graphic for Deborah DeLynn Wilson, an insurance agent. It features a central photo of her smiling. To the left, a blue figure stands on a pedestal with the text 'LET'S WORK TOGETHER' and 'INSURANCE'. To the right, a yellow figure places a puzzle piece with the text 'TO FIND THE MISSING PIECE'. Below the photo, contact information is provided: 'www.DeborahDeLynnWilson.com' and 'AgentDeborahDeLynnWilson@gmail.com'. At the bottom, a small line of text states: 'Deborah DeLynn Wilson is a licensed Agent in California, Texas and Georgia NPW 17171659'.

What to consider when choosing a plan that's right for you

How often have you needed care in recent years?

Do you have a chronic condition requiring ongoing care?

Does the plan include prescription drug coverage or other additional **coverage**?

How much will you pay for premiums, deductibles, coinsurance and copayments **cost**?

Do your doctors, hospitals, pharmacies and other providers accept the plan?

Are you required to submit claim forms and other paperwork?

Can you get prescriptions by mail?

Your health may change. Consider what your future medical needs may be.



Resources and Programs that offer assistance

www.cms.gov
www.medicare.gov



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**Thank you!
for your time
and attention**



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For more information book appointment to speak with a licensed Agent