

A SPECIAL REPORT FOR:

New Medicare Beneficiaries

**SELECTING A
MEDICARE HEALTH
PLAN THAT IS RIGHT
FOR YOU**

*If you are turning 65, retiring,
unhappy with your coverage, or
going onto Medicare...*

THIS IS A MUST READ

HERE'S THE INFORMATION REPORT YOU REQUESTED....

AVOIDING THE MOST COMMON MISTAKES PEOPLE MAKE WHEN CHOOSING A MEDICARE HEALTH PLAN....

I have worked with many Medicare Health Plans and Supplement Plans. Navigating through this coverage maze can be extremely overwhelming. It may lead you to wonder whether a college degree is necessary to understand all of your health care choices.

Questions....Choices... Decisions...One mistake on choosing a plan could expose you to high out of pocket costs during the year!!!

Finding the right Medicare Health Plan is really not that hard. Trying to understand a Medicare Health Plan or Supplement Plan can make you feel overwhelmed, having so many choices and decisions to make. Understanding the different parts of Medicare Parts is hard enough (Part A, B, C, D...). Enrolling in a plan without knowing the out of your pocket costs can cost you thousands of unnecessary dollars. There is no single enrollment plan or supplement policy that benefits all Medicare Beneficiaries equally.

In this report I am going to reveal what in my opinion, are the most common mistakes people make when choosing a Medicare Health Advantage Plan or Supplement Plan.

LET'S BEGIN OUR JOURNEY.....

CONSIDERATION #1

HOW INSURANCE CARRIERS MARKET THEIR PLANS

We have all seen the many commercials advertising different plans. But in reality what does this company know about your personal needs and how the plan could benefit you? That type of marketing doesn't help you in making a responsible decision about choosing a plan. Just because a plan is advertised doesn't mean it's the right choice for you.

There are different types of plans I will explain the difference between a Medicare Advantage Plan and a Supplement (Medigap) Plan. Keep in mind, we are trying to find a way to have coverage "in addition to" or "supplement" your Medicare coverage.

There are:

1. Medicare Supplement Plans (Also known as Medigap)

Medicare.gov says:

“These plans help pay some of the health care costs that the Original Medicare Plan doesn’t cover. If you are in the Original Medicare Plan, you could get a Medigap policy to help cover the extra health care costs.”

What many people don’t realize about these plans is that each carrier or company has different plans that are offered (A-N). Each plan has different features, benefits and costs. The only difference between the plans and the different carriers are the premiums. For example, you can get “Plan G” from one company and pay one premium and get the same “Plan G” from another company and you will pay a different premium. **(The benefits from each company are the same since these plans are all standardized).** **You need to determine which of the carriers’ plans suits your needs.**

With a supplement, you are paying **BEFORE** you use the benefits. These plans come with monthly premiums. The question to ask is “**should I prepay for my health benefits? Will I use the plan enough to offset the cost?**”

Next take a look at:

2. Medicare Advantage Plans/ Part C (Like HMO’s and PPO’s)

Medicare.gov says:

“These plans are approved by Medicare and run by private companies. When you join one of these plans, you are still in Medicare. Some of these plans require referrals to see specialists and some do not. They provide all of your Part A (hospital) and Part B (medical) coverage. They generally offer extra benefits, and many include prescription drug coverage. There are plans that have networks, which mean you may have to see doctors who belong to the plan or go to certain hospitals to get covered services. Although there are plans that give the flexibility to go outside the network. In many cases, your costs for services can be lower than in the Original Medicare Plan, but **it is important to check with the plan because the costs for services will vary.**”

That last line is a very important statement... “it is important to check with the plan because the costs for service will vary.”

With these plans, you pay for services as you **USE THEM**. They are called **Medicare Part C Advantage Plans** which have no or low cost monthly premiums; however, you must see if they are available in the county that you reside and what the premium is.

Many of these plans may include Part D Prescription Drug Coverage. **Is this plan right for you?**

These types of plans have maximum out of pocket costs which cap the costs you pay, not coverage... **That is helpful!**

Then there are:

3. **Medicare Prescription Drug Plans (Also known as Medicare Part D)**

Medicare.gov says:

“These plans add prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans.”

Each Prescription Drug Plan has a different approved list of medications (called a formulary). If you consider enrolling in a Prescription Drug Plan, it is important to know what plan covers the medications you need. These plans come with varying premiums depending on coverage, copays and deductibles.

CONSIDERATION #2

WHAT ARE THE HIDDEN COSTS OF A MEDICARE HEALTH PLAN

Many Medicare beneficiaries have enrolled in a plan because the plan was recommended by a friend or because the plan had no monthly premium. When choosing a health plan for yourself, whether it is Original Medicare, a Medicare Supplement, Medicare Advantage Health Plan, HMO or PPO, or a Part D, it is vitally important to look at each plan as it relates to your own health care needs. For example, a plan might seem like it is the most suitable plan to some people because of **the no or low cost monthly premium**, but in some cases that plan may have a higher **annual out of pocket expense** than a plan with a regular premium. In addition, there may be costs associated with a plan. The plan may cover some procedures and not others. The only way to know what these costs are would be to review the Summary of Benefits. **Is it important to find the most comprehensive plan suitable for your needs with the most affordable premium?**

CONSIDERATION #3

HOW DO THE CHANGES IN MEDICARE AFFECT YOU

The basic coverage amounts of Medicare change every year as do the deductibles (the amount you are responsible to pay). Beyond this, there are also changes in the law that may affect how much plans cover and how much of the costs they pass on to the

Medicare recipient. For example, in a recent law, the **Medicare Improvements for Patients and Providers Act of 2008**, coverage for Mental Health conditions will be greatly enhanced over the next several years. **There are also changes to Part D and Part B premiums depending on income.** Also those beneficiaries reaching “the donut hole” will also experience some changes such as reduction of prescription cost. That’s a helpful change! An important change to be aware of is the shortened season that a Medicare Beneficiary has to review or change their health coverage. It is important to know these changes! The season for AEP is now Oct. 15 – Dec. 7th.

Now That We Have a Better Understanding... What should I do?

HAVE A MEDICARE OPTION REVIEW

In this report, it has been emphasized the importance of understanding what your options are and avoiding mistakes that may adversely affect the extent and the costs of your coverage. If you would like to speak with someone about your Medicare Healthcare Options....someone that understands the process and will put your needs first, **we can help...**

- We can help you decide what is suitable and appropriate for you.
- We will treat you with total professionalism, confidentiality, kindness and patience.
- We will explain in detail the difference between the plans available to you in an unbiased way.

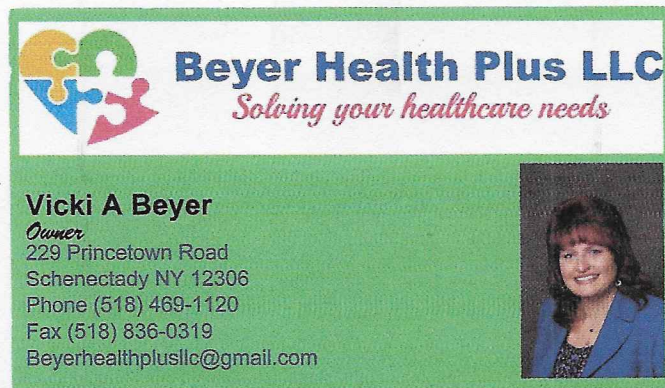
To best serve your needs, we perform a personal **Medicare Coverage Option** Review to ensure that what you decide is always in your best interest. If you would like to discuss your options and receive your “no cost” **Medicare Coverage Option** Review, please call the number below. With your personal review, we will compare your unique profile with several possible plans to provide you with choices that make sense for you according to your budget and needs.

If you are **turning 65**, retiring soon or on Medicare, it is important to call us as soon as possible as you should **now be looking into your choices in addition to your Medicare coverage.** Your enrollment period is approaching upon you! These choices will affect your coverage and costs for the balance of the year, so it is important not to delay and choose the right path for you.

We hope you have found this information helpful and look forward to hearing from you soon so that we may assist you in any questions you may have and help you navigate easily through the coverage options.

Providing Medicare Beneficiaries with Complimentary Plan Comparisons

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