



# **THE ULTIMATE MEDICARE DECISION MAKING FORMULA**

**THE GUIDE TO YOUR NEW MEDICARE  
HEALTH PLAN**

**Simple Five Step Process to a Precise Plan Choice**

*Brought to you by:*

***MedicarePlanChoice.com***

*Senior American Insurance Agency Inc.*

# Report Summary

The purpose of this report is to help **YOU**, the new Medicare beneficiary, make a swift and accurate decision in regards to your Medicare Health Plan Choice. We will take you step-by-step through the process and remove the confusion, stress, and worry that might be overwhelming you at this time due to information overload. You can finally relieve the burden of being forced into making a Health Plan Choice by using our fast and accurate ***Ultimate Medicare Decision Making Formula***. This report will give you the information you need to complete this process including:

- ✓ **Learning how ObamaCare may affect your Medicare Benefits**
- ✓ **Learning the different Parts of Medicare and what they cover**
- ✓ **How to decide what form of Medicare is best for you**
- ✓ **How to avoid common mistakes when choosing a Medicare plan**
- ✓ **How Medicare works with your Employer Group Health benefits**
- ✓ **How to quickly and efficiently find the Plan & Benefits that best fits you**

The information inside this report is developed from over 100 years of combined experience at Senior American. As professionals dealing with Medicare, we have helped thousands of people just like you decipher the complex information about Medicare so that you can make a swift and accurate Plan Choice. **If you follow the steps inside, you will quickly and accurately find the right Medicare Health Plan.** A Plan that not only meets your personal health care needs, but also your lifestyle AND your budget!

As a new Medicare beneficiary, to grasp all aspects of Medicare it would be necessary to go much deeper than this finite report. That's why we have developed more extensive content at our website ***MedicarePlanChoice.com***. The website is available 24-7-365, and the informational content is accessible for FREE as our gift to you for requesting this report. You can deepen your understanding by reading articles and watching the comprehensive video content. You will then have the necessary education to begin your plan selection process and start to explore the plans that fit your area of interest. When you do complete your decision process, we would appreciate the opportunity to help you find the right company and plan for your individual needs! There are no extra costs or fees to use our Free Services. Your cost for any plan would be the same if you went to the company directly.

# Step #1 : Medicare Education

## The A-B-C-D's of Medicare

### WHAT IS MEDICARE AND WHO IS ELIGIBLE?

Medicare is a Government Health Insurance Program for people 65 & over, people under 65 with certain disabilities, and people on kidney dialysis (end stage renal disease-ESRD).

### THE FOUR PARTS OF MEDICARE A-B-C-D

**(1) PART A - HOSPITAL:** Helps cover inpatient hospital stays, skilled nursing facilities, hospice care and home health care. For most people there is no premium for Part A (If you or your spouse paid Medicare taxes while working). Some people will have a premium if they do not meet the criteria for premium-free Part A.

**(2) PART B - MEDICAL:** Helps cover doctors and other health care provider services, as well as outpatient care, durable medical equipment, and some home health care. Part B also helps cover some preventative services to catch problems early or keep certain health conditions from getting worse. Enrolling in Part B is your choice, but it is recommended. If you do not enroll when first eligible, you may have to pay a late enrollment penalty. Most people will pay the standard monthly premium (for 2013: \$104.90), however, monthly premiums can be higher if your income was over certain thresholds for the period of two years prior to eligibility.

**(3) PART C - MEDICARE ADVANTAGE PLANS:** These are health plan options that are run by Medicare approved private insurance companies. These plans combine Part A & B benefits into one plan. Many of these plans include Prescription Drug Coverage (PART D), and some of these plans offer additional benefits not included in Original Medicare. People with Medicare can choose either Original Medicare (Parts A & B) or a Medicare Advantage Plan (Part C) to cover Hospital and Medical Care. Medicare Supplements are usually purchased if you choose Original Medicare.

**(4) PART D - PRESCRIPTION DRUG PLANS:** This Federal Government Program is run by private insurance companies, like the Part C plans, but these plans specifically help cover the skyrocketing cost of Prescription Drugs today.

As you can see, the information above is limited. Therefore, we recommend you continue your learning at our website, [MedicarePlanChoice.com](http://MedicarePlanChoice.com), where we have much more content available for FREE. You can watch videos, read articles, and get a more rounded understanding of Medicare. Also, if you have questions or want personal attention, please call our telephone support line at **1-800-332-7557** from 8am-3pm EST Mon-Fri, or email us at [dan@senioramericanins.com](mailto:dan@senioramericanins.com).

## **MEDICARE AND OBAMACARE**

First, you need to know that the new “Exchange” or “Marketplace” plans are **NOT** for people on Medicare. In fact, it is illegal to sell one of these plans to a person on Medicare. Secondly, you also need to know that over the next 10 years ObamaCare plans to cut Medicare by \$716 BILLION dollars! The Obama administration says the “idea” is to cut the parts that aren’t working and use that money to fix the parts that need reform. For this reports sake, we will simply look at a couple of pros and cons to this as it applies to your Medicare benefits.

These budget cuts are mainly aimed at reimbursement rates for hospitals and the private health insurance companies that administrate plans. The goal is to stabilize the (quote) “soon to be bankrupt” Medicare system. These cuts could result in higher premiums and cost sharing amounts for those members enrolled into the affected plans, as well as, possibly reducing the number of health care providers that are willing to take Medicare patients. Some proposals may end up costing Medicare Beneficiaries more out-of-pocket, as there will be more restrictions on what a plan may cover (or not cover). These proposals may affect Deductibles, Coinsurances, Annual Out-of-Pocket maximums, and Premiums that Medicare Beneficiaries will have to pay.

On the positive side of Obamacare is the closing of the dreaded “Doughnut Hole” for Part D - Prescription Drug Plans. This is the large gap in Drug coverage during the third stage of Part D Plans. This action to close this gap will be complete as of the year 2020. In addition to the closing of the Doughnut Hole, there is an expansion of many Preventative Services that Medicare never used to cover. These Preventative Services can be accessed by any New Medicare Member. The main purpose for more free Preventative Services is to help increase early detection of problems that usually result in higher treatment costs later, which could theoretically reduce medical expenses in the long run.

## Step #2 : Choose which Way to get Medicare

### *Decide Original Medicare or Medicare Advantage*

If I could only communicate one idea in this report, it would be to make sure you understand the difference between these [Two Ways to Get Your Medicare](#). It is important to know whether Original Medicare or a Medicare Advantage Plan makes more sense for your current situation.

Original Medicare is Part A & Part B of Medicare. Most people purchase a Medicare Supplement (or Medi-gap) Policy to cover the gaps Original Medicare leaves behind and a separate "Stand-Alone" Part D Prescription Drug Plan (PDP) to cover their medications. A Medicare Advantage Plan (Part C Medicare) combines Part A & B Medicare into One Plan and many times includes Part D coverage also (some Part C Plans require you to purchase a "Stand-Alone" Part D PDP).

**One of the mistakes I see New Medicare Enrollee's make, is to compare a Medicare Supplement policy to a Medicare Advantage Plan or vice-versa.** The difference between these two types of Plans can become very confusing to a New Medicare Beneficiary.

The primary difference is how a claim is paid. With a Medicare Supplement policy a claim is first submitted to Original Medicare, which is administered and paid by the Federal Government, and then automatically sent to the Medicare Supplement Plan. Whereas, a Medicare Advantage claim is only administered and paid by a Private Insurance Company.

Because you can make changes every year to the Type of Medicare you choose, your focus should be on the types and amounts of medical services you are using now. For example, if you are only going to the doctor 2-4 times yearly for routine visits, you may spend more in premiums for a Medicare Supplement policy to cover those visits than if you joined a low-premium Medicare Advantage Plan and just paid a small copayment each time you went to the doctor. On the other hand, if you joined a Medicare Advantage Plan and utilized a tremendous amount of services that year, your copays may add up to more than the premium of a

Medicare Supplement, and you may be stuck in that plan until the next Annual Election Period (AEP). (Note: The Annual Election Period (AEP) for Medicare runs from October 15<sup>th</sup> – December 7<sup>th</sup> each year).

**If you choose Original Medicare, you can go to any doctor that accepts Medicare (which gives you more freedom),** but your Medicare Supplement Plan could cost more than you want to spend. If you choose a Medicare Advantage Plan, the premiums are usually low, but you have more restrictions on the doctors/hospitals you can go to (most work with a Network of doctors/hospitals that participate with the Plan).

So, there can be vast differences between these [Two Ways to Get Your Medicare](#) including out-of-pocket costs, the doctors and hospitals that would be available for you to use, and premium dollars spent.

The time you spend considering individual plans can be reduced by initially having an idea about what type of plan you would be most likely considering: ***Original Medicare OR Medicare Advantage.***

Again, because of space I can only cover the basic details on the subject. I will again point you back to our website, [\*\*MedicarePlanChoice.com\*\*](http://MedicarePlanChoice.com), where I highly suggest you watch our video under the link "[Two Ways to Get Your Medicare](#)" on this particular subject.

Remember a ***Professional Health Coach*** can help you with this decision, at **NO** cost to you. We will explain this more later, but you can call us at any time to discuss your personal situation toll-free at **1-800-332-7557** from 8am-3pm EST Mon-Fri.

Please note: You may be thinking that if you receive assistance from us, that your overall premiums for your Health Plan will increase. NOT SO! All plans with Medicare will cost the same whether you purchase direct or we assist you. The only thing you receive that is extra is OUR FREE HELP!

## Step #3 : Examine Your Options

A **big mistake** I see New Medicare Enrollees make is to just jump right out and start looking at all of the plans that are being offered by all of the companies in the industry. I have no doubt that you may already have a stack of brochures, benefit packages, outlines, and more being piled up every day in your mailbox. If not, they will be coming soon. Before you start looking at everything that is being offered, wouldn't it be prudent to first take a few minutes and consider what might be available to you right now?

**Wouldn't it be smart to think about what your actual needs are?** By doing so, it can help you eliminate a lot of options that you don't have to waste time examining. I worked with a couple that was spinning their wheels by going to seminars, reading manuals, doing everything to look at lots of plans. Finally, someone referred them to me. One of the first questions I asked them is "Will you have any other insurance from an Employer, Union, or the Veterans Administration (VA)"? They indicated "Yes, I retired from XYZ company and they sent me a package to look at too."

I took a few minutes to examine the company's benefit package and the costs associated with them. It was clear to me right away that the Employer Coverage being offered was their best option. They could have avoided a lot of time, effort, and headaches by knowing and examining exactly what was available to them right at the start.

Take a few minutes and contemplate the following questions. This will give you a baseline look at your current situation.

1. Do you have any current insurance from an Employer, Union, or the VA?
2. Will this coverage continue after you become eligible for Medicare Benefits?

**\*\* If EITHER answer is NO, then skip the rest of this step and go to STEP #4 \*\***

If you answered yes to Question 1 & 2, we highly recommend you go to our website, [MedicarePlanChoice.com](http://MedicarePlanChoice.com), and download our brief Free Report "What if I have Employer Group Insurance." Or send an email to [dan@senioramericanins.com](mailto:dan@senioramericanins.com) and request us to email this report to you.

## Step #4 : Know Your Needs

If you will **NOT** have any type of Group Insurance, and will only have your Medicare Benefits, then you need to make sure you will be enrolled in both Medicare Part A & Part B when you Turn 65. If you are collecting Social Security, you will be automatically enrolled for the month of your 65<sup>th</sup> Birthday. If you are not collecting Social Security, you will need to enroll. You have 3 options: Go to a local S.S. Office, call them directly at 1-800-772-1213, or apply online at [socialsecurity.gov](https://www.socialsecurity.gov).

Then as you continue this journey learning about Medicare, you will receive a “**Medicare Health Insurance**” card from Medicare. This red, white, and blue card will let you know an important step has been completed.

Now, before you start looking at your options, wouldn't it be nice to know exactly what you should be looking for? A plan with more features always sounds great, but only if they are useful to you. My phone has a thousand features on it, but if I do not use them, what benefit are they to me? To get the Best Plan Fit for you, make sure you know what features are most important and useful to you.

To know what features to look for, you need to examine what Health Care Services you most likely will use. Ask yourself a few questions.

### **1. How healthy am I?**

Meaning: What health conditions do you treat for? Do you have any **Chronic** conditions that require special equipment? Are you seeing a lot of doctors monthly? Have you had many tests and procedures done in the last year? Have you been in the Hospital the last couple years?

This will help you develop a picture of yourself. It will help you determine if Original Medicare with a Medicare Supplement that covers almost all your bills is better than a Medicare Advantage Plan with copays each time you receive a service.

### **2. How many Prescriptions do I take?**

Meaning: Are your prescriptions expensive? Do you take a lot of Brand Name Drugs (more costly) or more Generic Drugs (less costly)?

This will help you determine what Part D Prescription Drug Plan (PDP) is best for you. All Part D Plans use a formulary, which is a list of approved medications



covered on that plan. So you need a plan that covers the prescriptions you take now or offers an acceptable alternative to that medication. Remember, with Original Medicare, you have to purchase a “Stand-Alone” Part D Plan to cover your medications. With many Medicare Advantage Plans, the Part D coverage is already included.

### **3. What will be my monthly income when I go on Medicare?**

Meaning: Will you have a different budget to live on once you go on Medicare? How much income can I set aside for Health Care Premiums? Can you qualify for any State or Federal Assistance Programs due to lower income?

This question can definitely help in determining if Original Medicare with a Medicare Supplement is affordable for you OR if a Medicare Advantage Plan with small copays is better for you. Usually the premium for a Medicare Supplement (plus the premium for a Part D Prescription Drug Plan) is larger than the premium for a Medicare Advantage Plan (that may already include Part D coverage).

### **4. Would I consider changing doctors, if needed?**

**Remember, with Original Medicare and a Medicare Supplement Plan, you have the freedom to go to any doctor that accepts Medicare in the USA (and don't minimize that freedom of choice).** With most Medicare Advantage Plans you have a Network of doctors/hospitals that participate with the Plan. Some plans allow you to go Out-of-Network to see a doctor, but it is usually at a higher cost (copay) to you. So, knowing if your doctors are in the *Network* or if you have *Out-of-Network* coverage could be important if you are unwilling to change doctors.

All the above factors will go into making a good, educated decision on a Medicare Plan. Do not let confusion set in. If you don't know how to determine what is best for you, PLEASE DO NOT HESITATE to get a “**Free Consultation**” with our ***Professional Health Coach*** who can help you with this decision.

Here is our Guarantee to you: It will NOT cost you anything to use our services AND it will NOT increase any premiums you pay for the Health Plan that fits your needs. For you, it is a win-win situation to use our services!

You can get more information on this at our website, ***MedicarePlanChoice.com***, or call us toll-free at ***1-800-332-7557*** from 8am-3pm EST Mon-Fri to discuss your personal situation. We are here to ***HELP YOU!***

## Step #5 : Compare Plans and Enroll

If you haven't noticed, you have completed four of the five steps and you still have not looked at a single plan yet! What makes this *Ultimate Medicare Decision Making Formula* so successful is that it forces you to concentrate on the important background work and gets you away from all the hype of Plan Benefits.

Be aware that the Plans available to you will depend on where you live. Many plans are available based on your State, your County, and even your Zip Code. So, what may be available to your friend, may not be available to you.

By completing the previous steps, you can narrow the search to a select group of plans. You can focus on the plans that fit in the Type of Medicare you would consider and have the benefit package that fits your needs.

Of course, you can shop for a plan anywhere you want. I'm sure your mailbox will be full of plan offers and more being delivered every day. You will quickly see how choosing a plan is never as simple as 1-2-3 without the proper guidance. **We want to offer you something very different:**

### **INDIVIDUALIZED PERSONAL CUSTOMER SERVICE!**

We have been helping New Medicare Eligible individuals find the **RIGHT PLAN** for their unique situation for over 40 years. We have thousands upon thousands of satisfied clients that truly value the Personal Customer Service we offer.

With that in mind, let me show you why you can trust us to guide you through the muddy waters of Medicare without costing you anything...

Consider this: Many times people find themselves in a position where they are lacking knowledge about a particular subject. At these times **many would consider hiring a professional** to represent them in the field they are lacking. Attorneys, accountants, and tax professionals come to mind right away. When there is simply too much to comprehend and too many rules and regulations to understand, it's worth spending the money to hire these individuals.

As a result, you might save more in the long run because of the avoidance of mistakes and lost time making unnecessary changes or adjustments. Wouldn't it be nice if you could get this kind of help for **FREE?**

Well, even though they say there's no such thing as a free lunch, ***there actually is!***

**Did you know that most Insurance Professionals, like us, get paid by the Companies they represent and not directly from any clients?** That's right! And it will NOT cost you anymore in premiums either! As a matter of fact, as Professional Insurance Agents, we do a lot more to advise and protect our clients and make sure they are satisfied than we do trying to offer policies. If a client drops one of our policies, they are also terminating **US** as their agent. **So, it is our job to make sure our clients are properly educated and satisfied with their plans.**

You see, as an Insurance Professional, we spend long hours learning the ins and outs of our policies and business. We have to spend time each year doing Product Certifications, as well as, mandatory Continuing Education to satisfy License requirements. So, we're always on the top of our game.

The rules and regulations surrounding Medicare have become extremely CONFUSING in the last few years, which only adds to the difficulty of your decision. The Medicare Enrollment Periods all by themselves are very confusing to most people on Medicare. We stay up to date on all these crazy things.

**Now, if competent and professional services are available to you, and somebody else is paying the bill, wouldn't it make sense to take advantage of this expertise? Why not take advantage of the knowledge, experience, and training when it's all on the house!**

We want to make it as easy as possible for you to use our FREE services. You can either call us directly or receive our services is through "Virtual Meetings" or "Web Chats." Now, instead of driving 40-50,000 miles a year and only covering a small area, we can offer our expertise and help to ***anyone, anywhere at almost any time!*** This is one of the blessings of technology. **We can review the broad picture of your situation and make sure you GET THE PLAN that not only meets your Health Care Needs, but also fits your lifestyle and budget!** In addition, we will review all the State and Federal Assistance Programs to see if any may apply to YOU. **Keep in mind, schedule times are limited due to demand, so you need to act quickly to get the time slot of your choice!**

Also, don't forget, all this **HELP** is for **FREE** and you are not **OBLIGATED** to buy **anything**. If we cannot help you to your satisfaction, you can still look at any other options you desire. Our focus is truly on **PERSONAL CUSTOMER SERVICE**. This is

not something that most companies and agents do very well. With us, you get a caring professional right here in the USA, not a call center in India! Our Customer Service and Professional Office Staff is something you can RELY ON at any time.

The individual attention you receive will be worth its weight in Gold. Again, you have two basic ways of receiving these **FREE SERVICES** we are offering.

**First Way:** You can request a "Virtual Meeting" by going to our website, ***MedicarePlanChoice.com***, and click on "**Web Chat.**" Fill in the form with the date and time you want to meet and hit submit. If your requested time is not available, we will offer an alternate option. Once you are confirmed, you will get an email with the link to a **Private, Secure Meeting**. There we can go over your situation and see if we can help you. ***No pressure or hard close, we promise!*** We know our Personal Customer Service is second to none!

(If you are not familiar with this new innovative technology, let me explain how easy it is to use. You are sent an email with a link to a meeting site. You click on the link and it takes you to a Virtual Meeting Place. You can use the microphone in your computer to communicate (or you can just use your telephone to listen and speak). There are **NO fees or costs** and most importantly, it is a ***SECURE, PRIVATE and CONFIDENTIAL*** meeting place. You do need a high speed internet connection.)

**Second Way:** If you do NOT have access to the Internet or you received this as a hard copy by mail, then you can experience our phone support right away. **Just call us toll-free at 1-800-332-7557 from 8am-3pm EST Mon-Fri.** If all our lines are busy, it does ring to an answering device. If you get a recording it's only because we are experiencing a high call volume and you can call back in a few minutes. We will schedule a telephone conference and work with you to solve your Medicare issues right over the phone.

Thank you for your time and trust regarding this critical information about your Medicare. **We promise to do all I can to help you solve your "Medicare Dilemma."**

Sincerely,

**Dan Brooks (dan@senioramericanins.com)**

**Senior American**

***MedicarePlanChoice.com 1-800-332-7557***

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