

2024 STRESS-FREE GUIDE TO MEDICARE

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MEDICARE HEALTH INSURANCE



*A Stress-Free, Step-by-Step,
Guide to **Get More** and
Pay Less for Medicare!*

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Starting on the Right Foot

Medicare is already complex as it is. Many Medicare beneficiaries enroll in Medicare plans that do not cover what they need, or simply end up paying too much for their coverage. This guide is intended to help you bridge that gap and avoid those crucial pitfalls when first entering your journey into Medicare.

Over the next 20 years around 10,000 Americans per day will turn 65 and become eligible to apply for their hard-earned Medicare benefits. For most people, enrolling in Medicare will be the first time they have had to select their own health coverage as employers typically choose the coverage available during working years.



There are dozens of Medicare plans and several different coverage options available through the Medicare program; so, selecting the right plan can be confusing and overwhelming to say the least. Additionally, with the Medicare system as complex as it is, many people enroll in plans that don't cover what they need or they simply end up paying too much.

The decisions you make when first enrolling in Medicare are very important and can have lasting effects on your healthcare coverage including the amount you pay for it. Medicare Hero is here to help. Think of us as your personal Medicare experts here to guide you through your initial enrollment, plan selection, and beyond! We will provide a wealth of information, guidance, and other resources so you can make confident decisions about your healthcare coverage. Our expert advisors will help you sort through your options to ensure you find the right fit. Even after your enrollment is complete, you will have peace of mind – knowing that your team at Medicare Hero is always by your side even after selecting your plan. When you choose us as your Medicare Broker, we provide a lifetime support including reviewing your plan annually to ensure you still have the best plan at the best price.



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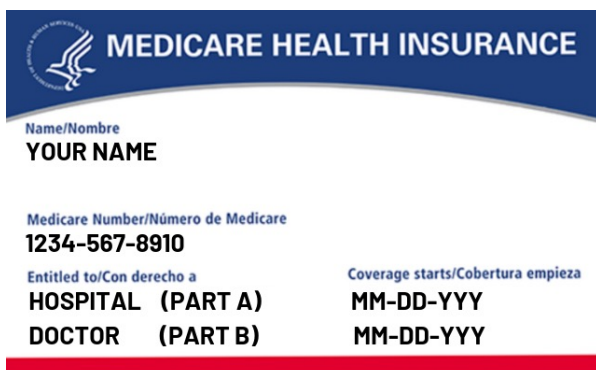


Introduction To Medicare

What is Medicare?

Medicare is a federal health insurance program designed for people who are 65 and older. Additionally, people with certain medical conditions or permanent disabilities can also benefit from this program.

Similar to Social Security, Medicare is an entitlement program that most U.S. citizens become eligible for by working and paying taxes for a minimum period of time which is typically 40 quarters (10 years). Most people join the Medicare program after turning 65 years old or when they retire and leave their group health insurance.



MEDICARE HEALTH INSURANCE

Name/Nombre
YOUR NAME

Medicare Number/Número de Medicare
1234-567-8910

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	MM-DD-YYY
DOCTOR (PART B)	MM-DD-YYY

The foundation of Medicare coverage is comprised of two parts known as **Part A** and **Part B**. Part A of Medicare provides hospitalization insurance while Part B provides medical insurance for services including: doctors visits, outpatient procedures, x-rays, lab tests, and preventative services.

Part A and Part B combined are commonly known as [Original Medicare](#).

Together they provide the foundation for your health insurance coverage. While Original Medicare provides a sufficient base for coverage, additional insurance such as a Medicare Supplement plan (Medigap), or a Medicare Advantage plan, and Part D prescription drug plan are added to help fill the gaps in Original Medicare's coverage.



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The ABC's of Original Medicare

Original Medicare

What is Covered by Original Medicare?

The combination of Parts A & B of Medicare become our basic hospitalization and medical coverage while on Medicare. This foundation of coverage is usually complemented by either electing a Medicare Supplement, or Part C Advantage plan.



Medicare Part A

What's covered?

While Medicare Part A is often referred to as hospital insurance since it covers your care while in a hospital. It will also cover some care in nursing facilities, assisted living, home health care, and hospice.

In general, Part A covers:

- Hospital care
- Skilled nursing facility care
- Nursing home care (as long as custodial care isn't the only care you need)
- Hospice
- Home health services
- And more

Medicare Part B

What's covered?

Medicare Part B is medical insurance and covers services such as Doctors, X-rays, lab tests and other outpatient services.

In general, Part B covers:

- Outpatient care
- Lab tests, X-rays, and blood work
- Ambulance services
- Durable medical equipment
- Some outpatient prescription drugs
- Mental healthcare
- And more



Medicare Preventative Services

- Yearly "wellness" visit
- Flu Shots
- Mammogram Screening
- Diabetes Screening
- Glaucoma Tests
- Cardiovascular Screening
- Prostate Cancer Screening
- and many more!

Medicare Covers Many Preventative Services

Preventative services covered under Medicare Part B are covered at no cost.

Often these free services go overlooked and can be a great way to keep yourself in better health and catch problems before they become a bigger issue.



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What Does Medicare Cost?

What you owe when you use your **Original Medicare** coverage:

2024 Inpatient Hospital Care Costs for Original Medicare	Hospital Part A	+	Doctors Part B	+	Excess Charges
1-60 Inpatient Hospital Stay Days	\$1,632	+	20%	+	15%
90 Inpatient Hospital Stay Days (61-90 Days: You pay \$408 per day, each day)	\$13,464	+	20%	+	15%
MEDICARE BENEFIT PERIOD ENDS					
150 Inpatient Hospital Stay Days (91-150 Days: You pay \$816 per day, each day)	\$61,608	+	20%	+	15%
Medicare Coverage Ends (Until you are out of the hospital 60 consecutive days)	All Costs	+	All Costs	+	15%

Lets take a quick look at the chart above to see what Medicare coverage for 2024 looks like, and what your share of the expenses would be when using your coverage. Don't worry when you see these costs. We will show you two options for Supplement Medicare coverage to help you avoid these large expenses.

Part A Expenses

Any expenses you incur while an inpatient in the hospital would fall under Part A of Medicare. **In 2024, you would have to pay a \$1,632 deductible** before your Medicare Part A hospitalization coverage begins.

Part B Expenses

The Medicare Part B annual deductible for 2024 is \$240. After you met your deductible, Medicare pays 80% of any Part B approved services. You are responsible for paying the remaining 20%. Medicare Part B covers the most frequently used services such as doctor visits, lab tests, x-rays, and other services received outside of the hospital. One very important thing to remember is there is no cap on your out-of-pocket costs under Medicare Part B, which means if your total bill was \$100,000, you would owe \$20,000 or more as the bill rises.



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The ABC's of Original Medicare

What Does Medicare Cost?

Medicare Part A Premium • Free!

You usually do not pay a premium for Part A as long as you or your spouse paid Medicare taxes while working for at least 40 quarters. An easy rule of thumb is if you are eligible for Social Security Benefits then you should be eligible for Medicare Part A at no cost. If you need to buy Part A, you will pay up to **\$505 each month in 2024**. People with less than 40 quarters work experience but more than 30 quarters, can get a pro-rated premium of **\$278 per month in 2024**.

Medicare Part B Premium • Based on Your Income

You pay a premium each month for Medicare Part B based on your income level. Most people will pay the standard premium amount of **\$174.70 each month in 2024**. However, if your income is **over \$103,000 (single) or \$206,000 (married couple)**, then you may pay a higher premium. See the chart below to find out what your premium will be in 2024.

Your income is determined by using the Modified Adjusted Gross Income Reported on your tax return (2) years prior to the current year.

This number is updated each year so if your income goes up or down your monthly premium will be adjusted accordingly.



MEDICARE 2024 PART B PREMIUMS BY INCOME If your filing status and yearly income in 2022 was:			
File Individual Tax Return	File Joint Tax Return	Income-Related Monthly Adjustment Amount	Total Monthly Premium Amount
Less than or equal to \$103,000	Less than or equal to \$206,000	\$0.00	\$174.70
Greater than \$103,000 and less than or equal to \$129,000	Greater than \$206,000 and less than or equal to \$258,000	\$69.90	\$244.60
Greater than \$129,000 and less than or equal to \$161,000	Greater than \$258,000 and less than or equal to \$322,000	\$174.70	\$349.40
Greater than \$161,000 and less than or equal to \$193,000	Greater than \$322,000 and less than or equal to \$386,000	\$279.50	\$454.20
Greater than \$193,000 and less than \$500,000	Greater than \$386,000 and less than \$750,000	\$384.30	\$559.00
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$419.30	\$594.00



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Medicare & Group Coverage

If you are turning 65 soon or are over 65 and have group health insurance based on the active employment of either you or your spouse, **you have the option of either joining Medicare or keeping your current coverage.** We recommend weighing your options to see which coverage will provide you with the best benefits for the lowest premiums. In our experience about fifty percent of the time is it best to stay on group coverage and the other fifty percent of the time it is better to join Medicare. This decision should be based on comparing what you currently pay for your health insurance with what you would pay for Medicare as well as comparing a few of the major benefits such as the deductible and copays.

If Your Employer Has 1-19 Employees



- ❖ Medicare is primary if you choose to join and your other coverage will pay second
- ❖ It is up to your group insurance company (Such as: Aetna, Blue Cross, Etc..) to decide if they require you to join Medicare or not
- ❖ There is no late enrollment penalty as long as:
 - ❖ Your coverage is credible
 - ❖ Your coverage is based on the active employment of you or your spouse

If Your Employer Has 20+ Employees

- ❖ Your group coverage will be primary and Medicare pays second
- ❖ You are not required to join Medicare as your employer and insurance company must treat all age 65+ employees the same as under 65 employees
- ❖ There will be no late enrollment penalty as long as:
 - ❖ Your coverage is credible
 - ❖ Your coverage is based on the active employment of you or your spouse



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Medicare & Group Coverage Cont.

Medicare and **COBRA** Coverage

Be very careful if you have COBRA as it is **NOT** credible healthcare coverage, and the loss of COBRA coverage does **NOT** create a Special Enrollment Period for Part B.



If you are already on **COBRA** and become eligible for Medicare

- ❖ You should enroll in Part B immediately because you are not entitled to a Special Enrollment Period (SEP) when COBRA ends
- ❖ Your COBRA coverage will usually end on the date you enroll in Medicare
- ❖ Your spouse and dependents may keep COBRA for up to 36 months regardless of whether you enroll in Medicare during that time
- ❖ You may also be able to keep COBRA coverage once you get Medicare for services that Medicare does not cover such as Dental/ Vision if your insurance company agrees

If you already have **Medicare** when you become eligible for COBRA

- ❖ You must be allowed to enroll in COBRA, which will pay secondary to Medicare. COBRA may be beneficial if you have generous benefits like low premiums and good RX coverage

Part D Coverage

- ❖ COBRA RX coverage may be credible. If it is, there is no penalty for delaying your enrollment into a Part D RX plan
- ❖ You **MUST** enroll in a Part D plan within 63 days of losing credible Part D COBRA coverage to avoid a penalty



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When & How to Apply

Most people become eligible and enroll in Medicare at age 65. If you are still working and wish to stay on your employer's group health insurance you can delay your enrollment into Part B until you retire in the future. While enrollment periods can vary based on your personal situation, in general it is recommended to begin your enrollment process three months before your Medicare coverage is expected to begin.

Medicare Enrollment Through Social Security



The Social Security Administration is actually the agency which processes Medicare enrollments and applications. This is because part of the FICA taxes collected by the SSA are what determines eligibility for free Medicare Part A benefits. Therefore, all applications for Medicare are submitted to Social Security. The Social Security administration then verifies Medicare eligibility before activating coverage.

Your Initial Enrollment Period When Turning 65

Your initial enrollment period into Medicare begins 3 calendar months before the month you turn 65. This means if you turn 65 on June 25, you can submit your enrollment paperwork as early as March 1. Medicare coverage always starts on the first day of the month, so once you have applied your cover will begin the first day of your birth month.

How do I know if I will be automatically be enrolled in Medicare?



If you are receiving Social Security benefits for **at least 4 months before your 65 birthday, you will be automatically enrolled into Medicare Part A and Part B.** You will receive your Medicare card in the mail about **{3} months prior** to your birth month.

If you are **NOT** receiving Social Security benefits before you turn 65, you will simply need to apply for Medicare online or visit your local Social Security office.



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Submitting your Application

There are {4} Different Ways to Apply for Medicare!



Apply Online

The most common way for people who are turning 65 to apply for Medicare is with a simple online application located on the Social Security website. The application process is actually very easy and only takes about 5 to 10 minutes. Simply visit the Social Security website at ssa.gov and follow the links to the application.

ssa.gov/benefits/medicare

Apply By Phone

To apply by phone simply contact Social Security at [1-800-772-1213](tel:1-800-772-1213) and let the representative know that you would like to apply for Medicare. Depending on your personal enrollment situation, they may need to mail you some forms to complete. These forms are generally pretty simple but if you have any questions or would like assistance, feel free to give us a call. We help clients with this process every day and are more than happy to help guide you as well.



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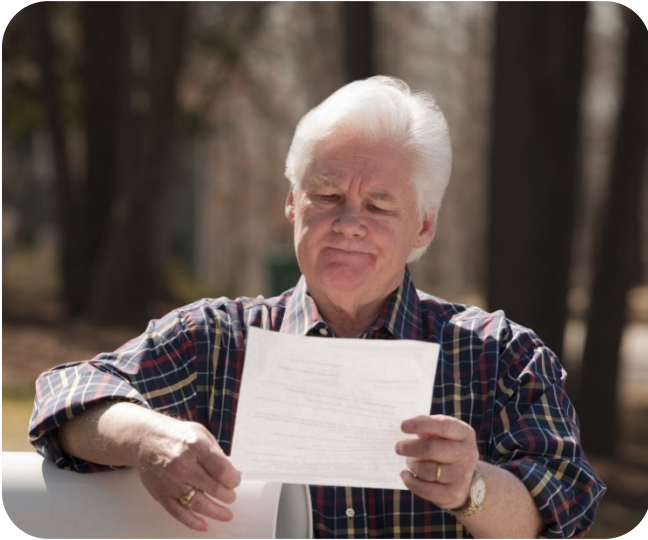
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Submitting your Application



Apply By Mail

Mailing a paper application is the best option for those over 65 who have Medicare Part A and wish to apply for Part B. If this applies to you and you are currently leaving credible group coverage there are two forms you will need to complete and mail to your local Social Security office.

[Part B Application: CMS 40-B](#)

[Proof of Coverage Form: CMS-L564](#)

Apply At The Social Security Office

Applying in person at your local Social Security office is the best option for those who are turning 65 soon and need to get their application processed quickly. You can find the closest office near you by typing in your zip code [here](#). Be sure to ask for a printed confirmation showing you have enrolled in Part A and Part B when you are at the Social Security office. This confirmation will allow you to go ahead and complete your Medicare Supplement and/or Part D applications.



MEDICARE HERO SUPER TIP!

Getting started **early** is one of the best things you can do to ensure a stress free enrollment into Medicare. Starting early allows you time to get your paperwork submitted and approved with enough time to spare to easily handle any issues that may arise along the way.



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Selecting Your Path

Medicare Supplement or Medicare Advantage?

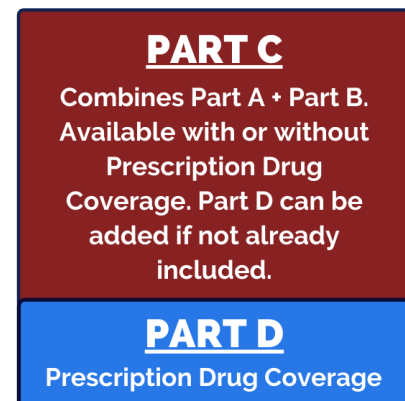


There are two main ways you can choose to receive your Medicare coverage. You can either use the benefits of your Original Medicare coverage and purchase a Medicare Supplement plan to cover the 20% Medicare does not cover, or you can essentially trade in your Original Medicare benefits and have Medicare basically purchase a "private health insurance plan" (also known as a Medicare Advantage plan). This is similar to the coverage you may have had during your working years. Both types of coverage have their advantages and disadvantages, so it is important to select the coverage that will best provide for your healthcare needs while remaining affordable for your budget.

Original Medicare (Parts A & B)



Medicare Advantage (Part C)



Selecting how you will receive your Medicare coverage is one of the most important decisions you will make when you first join Medicare!



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Medicare Supplement Plans

How Supplement Plans Work

Medicare Supplement Plans, also known as **Medigap policies**, are sold by private insurance companies and will pay some or all of the health care costs that Original Medicare (Medicare Part A & Part B) does not cover. These costs can include: copayments, coinsurance, deductibles and excess fees. These types of plans help make your annual health care budget very predictable and lower your out-of-pocket spending.



{10} Key Factors About Supplemental Plans

1) You Are Still Part of Medicare: Medigap plans pay the copays left behind by Medicare, so you must have Part A and Part B in order to apply for a Supplement Plan.



New To Medicare?

Free Pass to Any Plan You Want!

When you are new to Medicare you will have a 6-month open enrollment period during which you can select any Medicare Supplement plan you want without answering any health questions!

2) Fills the Gaps in Medicare: Supplement plans are specifically designed to pay some or all of the deductibles, co-pays, coinsurance, and excess fees that Medicare does not cover.

3) Plans Are Standardized: The benefits from plan to plan are the same with every insurance company. This means the benefits Plan F provides will be the same no matter which insurance company you choose!

4) Prices Will Vary: Plan premiums for new applicants are based on your age, gender, tobacco use, and zip code. It is important to shop the market for the lowest premiums for you, especially since each insurance company is providing exactly the same benefits!

5) Individual Coverage: Medigap Policies each cover one person. This means you have the flexibility to choose the same insurance company as your spouse or select a different company, if it will save you money!



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Medicare Supplement (Medigap) plans are designed to fit just like a puzzle piece with Original Medicare.

Medigap plans essentially fill in the gaps with your coverage, by paying some (or all) of the copays, deductibles, and coinsurance left behind by Part A and Part B.



How Medicare Supplement Plans Work (Continued)

6) No Networks: With Original Medicare and Medicare Supplement Plans there are no networks! This means you can use any doctor or hospital in the country that accepts Medicare regardless of the insurance company that provides your supplement coverage.

7) No Referrals Needed: Medicare supplement plans do not require a referral to see a specialist. You can simply go directly to any specialist in the country who accepts Medicare.

8) Drug Coverage is Separate: Another benefit of a Medicare supplement plan is that you have the freedom to choose any drug plan you want, independent of your healthcare coverage.

9) Simple Claims Process: Medicare and your Supplement company work together to pay your healthcare bills, so you do not have to!

10. Guaranteed Renewable: Medicare Supplements are guaranteed renewable, which means an insurance company can never cancel your plan due to health conditions as long as you pay your plan premiums.



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Important Things To Know

Medicare Supplement Plans are **STANDARDIZED**:

The benefit of Medicare Supplement plans is that they are all standardized by Medicare to ensure all insurance companies offer the **same exact same benefits for each plan!** That means Plan G sold by Blue Cross Blue Shied is *identical* to the Plan G offered by Aetna, Humana, or any other company!

They are designed to make it **EASY** for you to compare prices!

Medicare purposefully named Supplement plans with easy to remember letters such as Plan G and Plan N. They did this because they want it to be EASY for consumers to shop around for the best price! *This is something insurance companies don't want you to know!*

Coverage is identical between companies **EXCEPT THE PRICE!**

Even though the coverage is identical insurance companies are allowed to set their own prices. Prices are based on your age, gender, and where you live among other things. Finding the best priced plan for you all depends on connecting you with the company that offers the lowest rates based on your personal information. Additionally some brand name companies simply feel they can charge more than others because their customers don't know any better!

2024 Medicare Supplement (Medigap) Benefits Chart	The 10 Medicare Supplement Plans									
	A	B	C	D	F*	G	K	L	M	N
Part A Coinsurance & Hospital Costs (Up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Part B Coinsurance or Copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Blood (First 3 Pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A Hospice Care Coinsurance or Copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled Nursing Facility Care Coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part A Deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Medicare Part B Deductible			100%		100%					
Medicare Part B Excess Charges					100%	100%				
Foreign Travel Exchange (up to plan limits)			80%	80%	80%	80%			80%	80%



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Important Things To Know

Which Plans are the Best?

Out of the 10 Medicare Supplement Plans available, the two most popular comprehensive plans are **Plan N** and **Plan G**. Comparing these two plans is very common for those who are turning 65 and new to Medicare.

Plan G = The Best Value

After Plan F was phased out in the beginning of 2020, now Plan G offers the highest level of coverage for 2020. As you will notice on the chart below there is only one box that is not checked on Plan G which is the annual **Part B annual deductible of \$240 for 2024**. After this deductible is met, all your cost-sharing expenses will be covered for the rest of the year. Let's specifically take a look between what's covered in Plan G and Plan N. Take a look at the chart below:

Plan N

Plan N is the second best option when it comes to the 10 Supplement Plan Options. Plan N covers mostly everything Plan G covers, except the most notable difference which is that Plan N doesn't cover **Part B excess charges**. One other small difference is the copays. With Plan G, all doctor visit copays are 100%, however Plan N has a small copay that you're responsible for doctor visits and emergency room visits.

2024 Medicare Supplement Benefits Chart	The 10 Supplement Plan Options									
	A	B	C	D	F	G	K	L	M	N
Part A Coinsurance & Hospital Costs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Part B Coinsurance	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Blood (First 3 Pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A Hospice Care Coinsurance	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled Nursing Coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part A Deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Medicare Part B Deductible			100%		100%					
Medicare Part B Excess Charges					100%	100%				



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Plan G vs. Plan N

Choosing the right Medicare Supplement Plan can often be a confusing process. Our goal in this chapter is to help you gain some insight specifically with these two plans to decide which one is best for your coverage needs and budget. So let's break down these two plans specifically...

PLAN G vs PLAN N



The {4} Key Differences Between Plan G vs Plan N

- 1. Medicare Part B Deductible:** For both Plan G and Plan N, there is an **annual deductible of \$240 (for 2024) that you pay each year**. So essentially, when you go to the doctor the first time in the beginning of the year, you will have to pay this \$240 deductible. Once this is met, all Medicare expenses are covered under Plan G. Now, with Plan N, there will be a few additional out-of-pocket expenses you will have to pay, which we'll explain specifically...
- 2. Doctor Visit Copay:** As you can tell from looking at the chart previously, **all doctor visit copays will be 100% covered by Plan G**. On the other hand, with **Plan N, there is a \$20 copay for every doctor visit** you go to. So, ultimately, if you are a person that visits the doctor frequently, this could definitely add up over the course of a year.



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Plan G vs. Plan N

The {4} Key Differences Between Plan G vs Plan N Cont.

3. **Emergency Room Visit Copay:** Just like the doctor visits, if you chose Plan G, there will be no additional copays for unexpected ER visits. However, with Plan N, there will be a **\$50 copay every ER visit.**
4. **Medicare Part B Excess Charges:** This is one of the most important coverage differences between the two plans that could potentially cost you a lot more in medical bills than expected. So Plan N does not cover any excess charges, while Plan G does. So what this means if you choose Plan N is that medical providers can send you a balance bill if that provider does not accept Medicare's assigned rates. They can bill you up to **15% more than Medicare's allowed rates.** This can get very expensive if you aren't careful.

Be sure to always ask your doctor...

"Do you accept Medicare Assignment?"

This is the only way to avoid being hit with those excess charges. But remember, this is **only applicable if you choose Plan N.** If you have Plan G, you won't have to worry about excess charges since they are covered.

**To avoid excess charges,
always ask your doctor...**

**"Do you accept
Medicare
Assignment?"**



SUPER TIP | EXCESS CHARGES

Doctors who do not accept something called **"Medicare Assignment"** are allowed to charge you an extra 15% on top of the Medicare approved amount. Medicare Assignment is basically a "fee schedule" or "agreement" between Medicare and a doctor. Accepting assignment by a doctor, means that your doctor agrees to the payment terms set forth by Medicare.



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Plan G vs. Plan N

Let's Talk Numbers

You might be wondering what the difference in cost for Plan G and Plan N; as that can be a great factor for which plan you choose. Since Plan N does not provide the same amount of coverage as Plan G, clearly you will have a lower monthly premium with Plan N. However, the difference in cost is very minor. In most cases, you'll **save an average of \$15 – \$30 per month with Plan N**. It can vary based on the state you live in, but typically we see an average of \$15 – \$30 in savings.



So, Which Plan Provides The Best Value?

In our opinion, Plan G is the most valuable Medicare Supplement Plan available.

It gives you the most coverage, and doesn't save you a substantial amount when compared to Plan N. However, if you're someone who doesn't visit the doctor often, or plan to in the future, and overall you're a really healthy person, this might be a good choice for you. Also, if you're on a really tight budget.

However, if you only went to the doctor once a month, with that \$20 copay that's going to pretty much discount the savings in premiums that you would have with Plan N and it still leaves you exposed with the ER copay and the excess charges that you might incur.

Even if you go to the doctor a few times a year, we typically see Plan G providing the best value. Because, for even for \$15 – \$30 more, you don't have to worry about any unexpected out-of-pocket expenses for any Medicare services, other than that **\$240 annual deductible**.



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Medicare Advantage Plans

How Medicare Advantage Plans Work

Medicare Part C (commonly known as **Medicare Advantage** plans), are a type of health plan offered through private insurance companies who contract with Medicare to provide you with your Part A (Hospital) and Part B (Medical) benefits. Medicare Advantage plans work much like insurance during our working years with networks for doctors and hospitals, deductibles, and co-pays. In addition to their full Medicare benefits, Medicare Advantage plans may also include vision, dental, drug coverage, and more.



{6} Things You Should Know About Medicare Advantage Plans...

1) You are Still Part of Medicare You must have Part A & B of Medicare to be eligible to enroll in an Advantage plan, and while on the plan you still have all of the rights and protections of Medicare.

2) Networks for Doctors and Hospitals Each company has its own network of doctors and hospitals. Be sure to check that your current doctors and hospitals are in network for the plan you are selecting.



MEDICARE HERO SUPER TIP!

Some Medicare Advantage plans have premiums as low as \$0 per month, however you must continue to pay your Medicare Part B premium.

3) Pre-Existing Conditions You can join a Medicare Advantage plan even if you have a pre-existing condition, with the exception of End- Stage Renal Disease (ESRD).

4) Follow the Rules In order to avoid extra costs you must be sure to follow the rules of your plan, such as staying in network, and getting a referral to see a specialist.

5) Additional Benefits In addition to standard Medicare benefits, many plans include coverage for Vision, Dental, Drugs, and even gym memberships.

6) Low Monthly Premiums Premiums for Medicare Advantage plans are typically fairly low since Medicare contracts with these insurance companies to provide your Part A & B benefits on behalf of Medicare.



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IMPORTANT NOTE!

Limitations, copayments and restrictions may apply.

Each plan's benefits, formulary, pharmacy network, provider network, premiums and copayments may change on January 1 of each year. Members need to be diligent about reviewing the plan materials sent to them each year in September to see what is changing.

Medicare Advantage Plans Explained...

With a Medicare Advantage plan you will be responsible for copays and other out-of-pocket expenses when you use your coverage. Each company sets its own cost-sharing for each covered service. For example, you might pay a copay for a primary care doctor visit, a higher copay for a specialist, and a percentage of the cost of services such as x-rays or lab tests. When you use Medicare Advantage coverage in the hospital you may pay either a fixed amount per day or a flat amount for the whole stay.

All Medicare Advantage plans must include an annual maximum cap on your out-of-pocket medical costs. **For 2024, the maximum out-of-pocket limit for Medicare Advantage plans is \$8,850.** Think of this as a safety net. If your medical bills add up to \$8,850 in one year, your plan will step in and pay the rest of the cost for the remainder of the calendar year. *Part D Drug costs are not included in this number.*

Medicare Advantage plans may also include extra benefits not provided by Original Medicare such as vision benefits, limited dental coverage, or gym memberships. It is important to remember the insurance company has the right to change these benefits each year. Medicare Advantage plans also typically include Part D Drug coverage.



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Supplement vs Advantage

Weighing Your Options

One of the most important decisions you will make when enrolling in Medicare for the first time, is selecting either a Medicare Advantage or Medicare Supplement plan. While both types of coverage can be good options, it is critical that you select the plan that will work best for your needs and budget.

Medicare Supplement		Medicare Advantage
<u>Monthly Premiums</u> \$85 - \$150		<u>Monthly Premiums</u> \$0 - \$60
<u>Network</u> No Network, you can use any Medicare Doctor or Hospital		<u>Network</u> Networks are usually required (can change mid year)
<u>Out of Pocket Healthcare Expenses</u> None Plan Pays 100%		<u>Out of Pocket Healthcare Expenses</u> Deductibles, co-pays, co-insurance (can change yearly)
<u>Referrals</u> No referrals are required. Go directly to any specialist you wish.		<u>Referrals</u> Referrals to see specialists are usually required.
<u>Coverage Area</u> Full coverage available National Wide		<u>Coverage Area</u> Only emergency services available outside local coverage area
<u>→ Best Option if You Most Value ←</u> Your choice of doctors & hospitals A predictable healthcare budget		<u>→ Best Option if You Most Value ←</u> Low monthly premiums Don't mind using network doctors



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Part D Drug Plans

Drug Plans Explained



A Medicare Part D drug plan is insurance regulated by Medicare and sold by private companies to help cover the costs of your prescription medications. Many different insurance companies offer Part D drug plans and it is not uncommon to have 20 – 30 different drug plans available where you live.

Each insurance company has the ability to modify certain parts of the coverage they offer including the monthly plan premium, list of covered medications (known as a formulary), as well as the copays and deductibles. While insurance companies do have flexibility in the plan design, they must still comply with federal requirements to ensure minimum essential levels of coverage are met. Additionally, each company is required to submit their plan designs to Medicare each and every year for approval.

{4} Parts to a Part D Drug Plan

- 1) Premiums** Each company sets the monthly premium they would like to charge for their plan. Premiums range from about \$20 up to \$100+ per month.
- 2) Deductibles** You pay the full price of your medications until your deductible has been met for the year. Then, you will either pay a specific amount or percentage of the cost of the medication.
- 3) Formulary** This is the list of medications a plan will cover. Although each company is required to cover a certain number and types of medications, each companies list will vary.
- 4) Tiers** Most companies place drugs into 4 or 5 different “tiers”. Each tier will have a different cost. Common tiers include preferred generic, generic, preferred name brand, name brand, and specialty.



WARNING! Part D Penalty

You may owe a late enrollment penalty if you have a gap in drug coverage of 63 days or more at any point after you turn 65. A 1% per month penalty is assessed for each month you went without coverage.



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The {4} Stages to a Part D Drug Plan



Shop Around For The Best Drug Prices!

Drug prices can change dramatically between insurance companies, so be sure to shop around to find the one that covers your medications at the lowest cost. We recommend using our “Plan Finder” tool which can be found [HERE](#). You can use this tool to compare, shop and even enroll in a Part D plan. If you need any assistance you can always give our team at Medicare Hero a call and we'll be happy to assist you.

- 1. Annual Deductible:** In 2024, the allowable deductible is **\$545**. Plans may charge the full deductible, a partial deductible, or waive the deductible entirely. You will pay the network discounted price for your medications until you have satisfied the deductible. After that, you enter the Initial Coverage Phase.
- 2. Initial Coverage:** During this stage of Part D drug coverage, you will be responsible for 25% of costs up until they reach the threshold of **\$5,030** spent on prescription medications. Each drug plan will separate its medications into tiers. Each tier has a copay amount that you will pay. For example, a plan might assign a \$7 copay for a Tier 1 generic medication. Maybe a Tier 3 is a preferred brand name for a \$40 copay, and so on and so forth. The insurance company tracks the spending by both you and the insurance company until together you have **spent a total of \$5,030 (in 2024) on prescription medications**.
- 3. The Coverage Gap (Donut Hole):** After you reached the initial coverage limit for the year, you enter the coverage gap. During the gap, you will still generally have significant discounts for generic medications. You will pay 25% of the cost of brand name medications, and 25% of generics. (This is so much better than in 2006 when many people had to pay 100% of their drug costs in the gap.) **Your gap spending will continue until your total out-of-pocket drug costs have reached \$8,000 in 2024.**
- 4. Catastrophic Coverage:** After you reached the end of the coverage gap, your plan will kick in to pay 80% of the costs of your formulary medications for the rest of the year. This feature in Part D drug plans helps you limit your potential spending if you have expensive medications.



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Income Related Premium Adjustment For Part D Plans

If you have a high income, your Part D premium may be higher. Similar to Medicare Part B, if you make over **\$103,000 as an individual or over \$206,000 in 2024** and you file your taxes jointly then you will pay an Income Related Monthly Adjustment Amount also called an IRMAA. Below is a chart that will tell you the extra amount you may have to pay for your Part D plan based on your income.

MEDICARE 2024 PART D PREMIUMS BY INCOME If your filing status and yearly income in 2022 was:		
File Individual Tax Return	File Joint Tax Return	Income-Related Monthly Adjustment Amount
Less than or equal to \$103,000	Less than or equal to \$206,000	\$0.00
Greater than \$103,000 and less than or equal to \$129,000	Greater than \$206,000 and less than or equal to \$258,000	\$12.90
Greater than \$129,000 and less than or equal to \$161,000	Greater than \$258,000 and less than or equal to \$322,000	\$33.30
Greater than \$161,000 and less than or equal to \$193,000	Greater than \$322,000 and less than or equal to \$386,000	\$53.80
Greater than \$193,000 and less than \$500,000	Greater than \$386,000 and less than \$750,000	\$74.20
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$81.00



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Shopping for Coverage

How to Save Money on Your Supplement Plan

It can often feel like a burden choosing the right Medicare Supplement Plan with so many options. Luckily when Medicare Supplement plans were originally designed they made it EASY for us to compare what companies are offering.



Remember All Companies Provide Identical Coverage!

Campbell's soup is Campbell's Soup.....

Just like the same can of soup bought at Wal-Mart, Target, or your neighborhood grocery store... The soup is still the same soup no matter where you buy it, the only different is the price you pay! Think of shopping for a Medicare Supplement Plan the exact same way. The price will differ depending on which insurance company you select. This means your Medicare Supplement plan will provide the exact same benefits, no matter which company you select. The only difference is the price you pay!



[The Medigap Buyers Guide](#) is published by the Centers for Medicare and Medicaid services in an effort to better educate Medicare beneficiaries on their Medicare coverage options. Page 71 of this guide clearly outlines that all insurance companies must offer the exact same coverage for each plan while the premiums they charge are likely to be very different.

**Medicare
& You**
The official U.S. government
Medicare handbook
2024



So now that we know every insurance company offers the same coverage, let's talk about how to find the company that is going to offer you the best price!



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Shopping for Coverage

Medigap Companies & Pricing

Who Offers Medicare Supplement Plans?

There are literally hundreds of companies that offer Medicare Supplement plans. Some of these are name brand insurance companies that you have most likely heard of, and may even currently have coverage with. While others, you may have never heard of before. Some of the most popular Medicare Supplement insurers include: Aetna, Humana, Mutual of Omaha, Cigna, Gerber, Blue Cross Blue Shield (BCBS), Transamerica, Manhattan Life, New Era Life, Home World, Medico, Equitable, and many more.



How Pricing Works For Those Who Are New To Medicare

Medicare Supplement Plan rates will be based on your age, gender, location, and in some states whether or not you use tobacco products. By simply entering this information into our comparison software, it will tell us exactly which company will be the most affordable for you. For full transparency, we are happy to share the results that our software generates – so you are completely confident you have the best plan at the best price. Does it get any easier than that?!

How Pricing Works For Those On Medicare and Looking to Switch Plans

In addition to age, gender, location, and tobacco use, individuals outside of their open enrollment period will also have to answer a few basic health questions in order to qualify for new coverage.

Most companies typically ask about 10 'yes or no' health questions. Each company has a different list of questions, but the majority of the questions are very similar. For those with health concerns, it is important to note that each insurance company has different conditions it will accept. Occasionally, we are able to find coverage for those who have been previously declined with a different company.



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Shopping for Coverage

We Shop. You Save!



Shopping for Coverage Can Be Hard... But There is an Easier + Better Way!

Shopping for a Medicare Supplement plan can be frustrating and overwhelming when having to contact each insurance company directly, to simply ask for their prices while receiving numerous confusing sales pitches along the way!

Compare Plans With Over 20+ Insurance Companies!

Insurance brokers like [Medicare Hero](#) are licensed to provide quotes for several different companies at once. In fact, at Medicare Hero we represent over 25+ top insurance companies to provide you with options, and guarantee to give an unbiased opinion. Our goal is to help find you a Medicare plan that fits your needs, and your budget. We do all the work for you – we compare plans and give you a quote for all their prices, in under 5 minutes!

Our licensed agents can answer all of your questions, guide you through the process of selecting the right plan for you, and give you a side-by-side rate comparison so you can feel confident that you are saving money and making a great decision about your coverage.

Our Services are Always **FREE!** (And YES, no strings attached!)

Yep, you heard it right. **Our services are completely free to you.** You might wonder, well how do our insurance agents get paid then? Medicare brokers get paid by the insurance companies they represent, without any fluctuation or increases in your premiums. For instance, you would pay the exact same rate for your insurance plan if you chose to take advantage of our services or went directly through an insurance company like BlueCross BlueShield (for example). There is no extra fee or cost enrolling through a broker. The insurance company **you** choose pays us commission for helping you to enroll.



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BATTLING INSURANCE COMPANIES TO SAVE YOU MONEY!



Medicare Supplement Next Steps...

Now that you know all companies proved the exact same coverage for each plan, we need to find the company that will offer you the **best price for the coverage that fits YOUR needs**. The easiest and fastest way to do this is by giving you a side-by-side rate comparison from each company. Ultimately, it is **YOUR decision** which company YOU want.

After we provide your plan & rate comparisons for each carrier, we will give an unbiased recommendation on which company we believe would be best for you; based on the information that you provided us. At the end of the day, it is your decision which company you choose to go with! We are here to help you out from start to finish; from enrollment to answering any questions you might have along the way. At Medicare Hero, we have your best interest at heart!

What information do you need from me to get a quote?

- Birthday
- Zip Code
- Gender
- Tobacco Use

Can you help me enroll in the plan I choose?

Yes! Once you decide on the plan you want, we can easily complete all of the paperwork right over the phone from start to finish, so you never have to worry about missing a step or filling out a form incorrectly.

Ready for a quote? **CLICK HERE** to get started!



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Shopping for Coverage

How To Save Money On Your Advantage Plan

Medicare Advantage plans are sold by many different companies, that offer different premiums, co-pays, networks, as well as other benefits. Because of the complex nature of these plans, it can often be overwhelming trying to compare your options and find the right coverage by yourself. Here are our tips to an easy and stress free enrollment.



The {3} Most Important Things to Look For...

1) Networks

Since each Medicare Advantage Plan has its own network, it is vital to ensure your current doctor(s) are within the same network as the plan you select. Do not make the mistake of assuming if you select a Medicare Advantage Plan through the same company you currently have, that their network will also be the same. For example, Blue Cross Blue Shields group coverage network will be different than the network for their Medicare Advantage Plans. It is important to remember that Health Insurance and Medicare are completely different, therefore will have different networks.

To ensure your doctors are in network we highly recommend calling your doctors billing department directly to ask which plans they are currently accepting; and avoid online tools that show the networks. This is because online tools are frequently out of date and are simply an unreliable resource. If you need help with this research feel free to give our team a call, we are happy to find out which plans will work with your current doctors and present you with the results.



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How To Save Money On Your Advantage Plan

The {3} Most Important Things to Look For



2) RX Drug Coverage

Typically your Part D RX coverage will be built into your Medicare Advantage plan you select. Because of this, it is critically important to make sure your new plan is not only best for your healthcare services, but also offers affordable prices for your medications. Prices for medications vary significantly between companies so this could be a big money saver which is why we have it as number two on our list.

In order to compare plans for RX coverage we highly recommend using our new Medicare “Plan Finder” tool you can find [HERE](#). We will cover this tool more in detail in the next chapter “Shopping For Part D Drug Coverage”.

3) Premiums and Co-pays

Each Medicare Advantage Plan will have different monthly premiums and co-pays. Once you find a plan that covers your doctors and medications the final step is to see which plan will offer you the lowest monthly premiums and out of pocket expenses when you use your coverage.



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 Shopping for Coverage

HMO vs PPO Plans

Deciding Between **HMO** and **PPO** Medicare Advantage Plans

Just like group health insurance, Medicare Advantage plans come in both HMO and PPO versions. Here is an explanation on both plans to help you decide which plan is best for you.

HMO Plans Explained

HMO plans (short for Health Maintenance Organization) typically have lower monthly premiums and lower copays than their counterparts. In order to receive these lower premiums and copays most plans require you to exclusively use in-network doctors and hospitals as well as receive referrals before seeing a specialist. These are the most popular Medicare Advantage plans because they offer low monthly premiums while still providing good coverage.

PPO Plans Explained

PPO plans (Short for Preferred Provider Organization) provide added flexibility by giving you the option of paying less at in-network doctors or using an out-of-network doctor and paying more. Additionally most PPO plans do not require a referral before seeing a specialist. These plans are great for those who are willing to pay a higher monthly premium in order to have more flexibility in their coverage.



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Compare Medicare Advantage Plans

Let Our Licensed Agents Do All The Hard Work For You!



Discover Which Plans Work With Your Doctors

Simply give us a call and let one of our licensed agents know which doctors you are currently using and we will do the hard work for you!



Find Savings on your RX Medications

Additionally, if you will let your agent know the names and dosages of your medications, they will enter all of your information into our Plan Finder tool to discover which companies cover your medications at the lowest price.



Compare Your Best Options Side-by-Side!

Your licensed agent will put all of this valuable information to use by checking to see which of the plans your doctors accept will cover your medications for the lowest cost. This will filter down your options to the top 2 or 3 plans that will work best for you which you can easily view in a side by side comparison.



Our Services Are Always FREE!

Medicare Hero is a licensed insurance brokerage that contracts with over 25+ insurance companies to be able to help you shop for the best coverage for you. When you decide to enroll the insurance company you choose will pay us for helping you enroll. And do not worry, the price you pay for insurance is exactly the same whether you take advantage of our services or enroll directly with the insurance company. So truly, our help is completely free to utilize!



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Shopping For Coverage

Saving Money On Your Part D Drug Plan

Part D prescription drug plans are sold by many different private insurance companies each offering plans with different premiums and co-pays and covering different medications. Because of the complex nature of these plans it can be overwhelming trying to compare your options and find the right coverage. Here are our tips for easily finding the best coverage for your medications at the lowest cost available.



Top {4} Tips for Selecting a Part D Drug Plan

1) Check Your Exact Medications

Finding the right Part D plans is all about connecting you with the plan that is going to cover your specific medications for the lowest cost possible. Each insurance company covers a list of different medications and covers those medications for different prices. Because of this, it is not only important to ensure that your plan covers your specific medications but also to find the plan that covers those medications for the lowest co-pays possible. We will share our tip for the best tool to compare drug plans at the end of this chapter.

2) Paying More Does Not Necessarily Get You More...

Paying a higher monthly premium for your plan does not necessarily mean you will be getting lower copays or save money over a plan with a lower monthly premium. Conversely, looking for a low monthly premium is not generally recommended either. Rather than focusing on premiums, we highly recommend focusing on your total out-of-pocket expenses for the year. Add up all your expenses for the year, including your monthly premiums, copays and deductibles. By focusing on this total number, you will be able to see which plan will save you the most money overall.



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3) **Medicare Hero's Plan Finder Tool**

Using our [Plan Finder Tool](#) is the best resource to shop for RX drug coverage. In fact, this software is exactly what our agents use to help our clients find the best coverage. You simply input your information including your zip code, medications, and pharmacies. Then it will show you all of the plans available in your area, and include the rating, coverage and much more. It is ordered from least expensive to most expensive for your exact medications. The way it orders the plans is based on your total out-of-pocket expenses for the year, which we mentioned previously.

4) **Call 1-(800)-Medicare**

In addition to our Plan Finder tool, you can also call 1-(800)-Medicare and they will enter your medications into [Medicare.gov](#) and tell you right over the phone what the best plan is to cover your Medications. The disadvantage of calling Medicare is that the representatives you speak to are not necessarily Medicare experts but rather are hourly employees who are hired to read the information off to you. If you are looking for expert guidance, please feel free to reach out to our team. We are always happy to help and as always there is no cost to you for our services.



ASK FOR HELP!

Part D plans can be very confusing! In fact we believe it can be the most complicated part of Medicare to understand. Finding an expert you trust to explain your options and which plan may be best for you can not only save you lots of time and frustration, but also help you avoid overpaying for your medications.

You can always reach our team at [Medicare Hero](#) at **1-(888)-321-6361** and our friendly agents would be happy to assist you with all your Medicare needs.

The Annual Enrollment Period

The Annual Enrollment Period is from October 15 – December 7 each year

During this time, Medicare Beneficiaries can select their new Medicare Advantage or Part D drug coverage for the upcoming calendar year. If you are currently enrolled in a Medicare Advantage or Part D plan, you will be automatically re-enrolled in the same plan each year unless you elect to change your coverage.



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I Need Help!

Finding Help With Medicare

Finding the right help makes all the difference.

Knowing who to trust when it comes to shopping for Medicare coverage can make all the difference. Below are some tips to help you avoid sales people (also known as “Captive Agents”) who reap the rewards and monetize by selling you their one and only product. Instead of finding a professional who has your best interests in mind. You will typically have the following three options when it comes to shopping for your Medicare coverage.

BEWARE of “Captive Insurance Agents”

A “Captive Agent” is one who is employed directly by an insurance company such as Blue Cross Blue Shield, Humana, or any company which provides Medicare insurance benefits. These agents are very similar to a car salesman who works for a Ford or Chevrolet dealership. They may be very good at what they do and they might even have a good product but keep in mind, at the end of the day they are only compensated for selling you the one product they have rather than helping you find the one that is right for you.

Realistically, in order to properly compare your options, you will have to meet with a “Captive Insurance Agent” from each insurance company and then sort through the results yourself to find the right plan for you. This could lead to 5, 6, maybe even 10 individual phone calls and a lot of time wasted.



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WHO IS MEDICARE HERO?



Medicare Hero is a family owned & operated insurance agency in Dallas, Texas that has been assisting individuals nationwide with their healthcare needs since 1985. We have a full team of licensed agents and customer service staff. So anytime you need help, we will be right by your side.

**So what are you waiting for?
Give us a call today!
1-(888) 321-6361**

Independent Insurance Agents

Rather than being employed directly by an insurance company, an independent agent is typically self-employed and has contracts with multiple insurance companies and is able to give you a more unbiased approach to selecting the appropriate plan. This approach will likely save you countless hours of research, help you avoid multiple individual meetings, and save you hundreds of dollars on your premiums by simply presenting your options side by side.

While a much better option than a "Captive Agent", one item to note is that independent agents are typically self-employed with little to no support staff. After your initial enrollment, if you were to need help with your coverage it is likely that your agent is either out of town on vacation, busy with other clients, or worst of all has left the industry leaving you to deal directly with your big box insurance company and their "1-800 toll free number".

Independent Insurance Brokerage

An Independent Insurance Brokerage like Medicare Hero is essentially a team of independent agents who benefit from the stability and support of a larger company. What does this mean to you as a client? You can speak with a Medicare expert and compare the top insurance companies in one place while having the peace of mind knowing you have a whole team standing behind your insurance rather than just one person working out of their home.

Your healthcare is one of the most personal and important aspects to your retirement. If you are like most people, you probably do not think about your health insurance every day; but you know how important it will be to have a reliable expert by your side when the time comes for you to utilize your coverage.



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ABOUT MEDICARE HERO

Who is Medicare Hero?

Medicare Hero is a family owned and operated insurance brokerage that specializes in all Medicare related insurance products. We have been assisting Medicare beneficiaries with their Medicare coverage since 1985. Simply put, we are a **FREE** resource for all Medicare related questions, topics, and insurance products such as Medicare Supplement, Medicare Advantage, Part D Drug Plans, Dental, Vision, Long-Term Illness Insurance, and so much more!

Why Don't We Charge for Our Services?

As a licensed insurance brokerage we have contracts with over 20 of the major insurance companies who pay us to help enroll and provide customer service to their new members. Since we have contracts with so many companies we are able to help you enroll in virtually any plan you choose and we never need to charge you a dime!

What Insurance Companies Do We Work With?

Just to name a few... Humana, Blue Cross Blue Shield, Aetna, Cigna, Mutual of Omaha, Transamerica, Manhattan Life, New Era, Oxford Life, and many more!

We Love Helping People With Their Medicare Coverage!

If you are currently on the Medicare program or turning 65 and about to go on to Medicare, we can help answer your questions, shop the market for coverage, and compare leading insurance companies to help you find the right fit. Our specially designed process was created to help make shopping for Medicare plans simple and easy!



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About Medicare Hero

See What Others Are Saying...

5 out of 5 stars based on 105 reviews on [Facebook...](#)

5 out of 5 stars based on 95 reviews on [Google...](#)

This company is outstanding. They gave me great service and recommend a Medicare Supplement plan and Plan D drug plan. Most importantly they did not hound me with numerous phone calls or emails. I dealt with Brooke who was very helpful and knowledgeable. Use Medicare Hero, you can trust them.

Barry S. reviewed Medicare Hero via Facebook ★★★★★

"Extremely helpful in choosing a Medicare Advantage Plan. There is so much information sent to you and advertisements for healthcare coverage it becomes overwhelming. Medicare Hero helps you understand what works best for you and your situation. No pressure. I highly recommend their services."

Jo W. reviewed Medicare Hero via Google ★★★★★

"Medicare Hero are our heroes. They made a complicated process simple, explained our choices in easy to understand terms, and helped us through the application process. Thanks to Brooke & Chet for a great job!"

Cary C. reviewed Medicare Hero via Facebook ★★★★★

I wish there were some way to stop all other flyers I am inundated with for help with Medicare, as none can compare with Medicare Hero and the courteous and understanding assistance I received from Brooke Burland, who must be one of the best of this magnificent team. Thank you so much!

Anita Y. reviewed Medicare Hero via Google ★★★★★

Read more reviews and see what our clients have to say about us...

[READ MORE REVIEWS HERE](#)



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MEDICARE HERO

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YOUR MEDICARE HERO EXPERTS ARE HERE TO ANSWERS TO ALL OF YOUR QUESTIONS ABOUT...

- Comparing & Shopping for Coverage
 - Medicare Costs
- Enrolling & Applying For Medicare
 - General Medicare Questions
 - Medicare Supplement Plans
 - Medicare Advantage Plans
 - Part D Drug Plans
- Cancer, Heart Attack & Stroke Insurance
 - Dental, Vision, & More!

LIFE TIME SUPPORT FOR ALL OUR CLIENTS!

**Compare Medicare
Plans [HERE!](#)**



**Watch Our New to
Medicare Webinar [HERE!](#)**

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