



InsureOne Benefits™

An OSWald company

TURNING 65 SHOULDN'T BE PUZZLING

Medicare Enrollment
Putting the Pieces Together



GETTING STARTED

What is Medicare?

Medicare is the health insurance program run by the Federal Government. It is available to those 65 and older, those under 65 with certain disabilities, and those with end-stage renal disease.

How to enroll in Medicare?

- Sign up at your local Social Security office
- Online at www.ssa.gov
- Call [1-800-722-7331](tel:1-800-722-7331)

When to enroll in Medicare?

You can enroll in Original Medicare Part A and B during your Initial Enrollment Period (IEP).

- Starting three months before your 65th birthday
- The entire month of your 65th birthday
- Ending three months after your 65th birthday

What are the Four Parts of Medicare?

- **Part A** - Hospital, Skilled Nursing Care Hospice and Home Health Care.
- **Part B** - Medically Necessary Doctors Visits, Outpatient Surgery, Clinical Lab Tests, Physical Therapy, Home Health Care and Medical Equipment.
- **Part C** - Medicare Advantage Plans. Coverage is provided by Private Health Insurance Companies.
- **Part D** - Outpatient Prescription Drug Coverage provided by Private Insurance Companies.



Assembling the Right Coverage

Assemble different types of coverage

ORIGINAL MEDICARE

or

Combine the parts into one plan

MEDICARE ADVANTAGE PLANS

PART A

Hospital Insurance



PART B

Medical Insurance



PART D

Prescription Drug Coverage

Optional coverage by approved private companies.



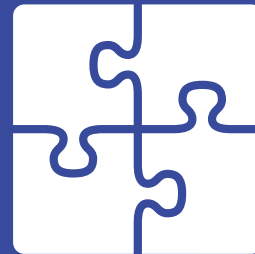
Medicare Supplemental Insurance

Optional coverage from private insurance companies that fill gaps in Original Medicare Coverage.

PART C

(HMO's and PPO's)

Combines Part A (Hospital) and Part B (Medical) and in some cases, Part D (Prescription Drugs)



It's not supplemental coverage. A variety of plans are offered by private insurance companies approved by Medicare.



Choosing the Right Medicare Coverage

Choosing the right Medicare Coverage is an important decision. It's not a, "one size fits all" situation because everyone has different needs and budgets.

Here are some questions to ask yourself that can help you make the right choice;

- How is your health?
- Are you currently being treated for any chronic conditions?
- Do you take prescription drugs regularly?
- What doctors do you regularly see?
- What hospital or hospitals do you use?
- How much do you travel?
- How much did you spend on medical care last year?
- How does the cost of health insurance fit into your budget?

- Do you prefer to pay a higher monthly premium in exchange for no or low out of pocket costs or pay a low monthly premium in exchange for higher out of pocket costs?

To further assist you, we have designed a Personal Information Sheet for you to complete. This information, coupled with the answers to your questions, will help determine the right type of Medicare Coverage, benefits, out of pocket expense and cost to meet your personal health care needs and budget.



How to Apply

Once you have reviewed the “Pieces to the Puzzle” call 1-800-722-7331. Our Medicare Enrollment Specialists will:

- Identify the plans and companies that meet your personal needs.
- Look up the doctors and hospitals you use to make sure they are part of the plan provider list.
- Look up the prescription drugs you take to make sure they are covered.
- Review and explain the plan benefits and coverage.
- Provide Monthly Premium rates.
- Answer all your questions.
- Help you complete your enrollment application and in some cases take your application over the phone.

- Obtain your application approval from the insurance company.
- Provide you with a personal Welcome Kit and Document Envelope to retain all of your personal insurance information.

Our professional service is free. We are available throughout the year to assist you and will review your options each year during the Annual Enrollment Period to make sure that you have the coverage you need and can afford.

Let us help you assemble the Medicare Plan that meets all your personal needs.



Medicare Personal Information Sheet

MEMBER INFORMATION

NAME: _____ **DATE OF BIRTH:** _____

PHONE: _____ **EMAIL:** _____

MEDICARE CLAIM #: _____

PART A EFFECTIVE DATE: _____ **PART B EFFECTIVE DATE:** _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____

ZIPCODE: _____ **COUNTY:** _____

MY RX LIST

| MEDICATION NAME | DOSAGE | QUANTITY | DAY SUPPLY | MAIL ORDER/RETAIL |
|-----------------|--------|----------|------------|-------------------|
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MY DOCTOR LIST

MY HOSPITAL LIST

| DOCTOR NAME | ZIPCODE | PHONE | SPECIALTY | HOSPITAL | ZIPCODE | PHONE |
|-------------|---------|-------|-----------|----------|---------|-------|
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