

Medicare - Parts to the Puzzle 2019

2019 Medicare Handbook

<https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf>

Medicare Parts

- **Part A** is for inpatient hospital expenses. Free as a part of Social Security.
Available when you reach age 65* or after 2 years on Social Security disability.
*Start the 1st of birthday month, prior month if birthday is on the 1st.
- **Part B** covers outpatient, doctors, surgery and equipment. Basic cost is \$135.50 per month*.
Billed quarterly, monthly bank draft or deducted from one's Social Security.
- **Medicare Supplement / Medigap** plan pays the deductible and copays of your Part A & B coverage.
Broadest plans with same coverage are F and G. G premium savings excess it's \$185 deductible.
- **Part D** is the subsidized drug plan. Penalties apply if not enrolled during initial period.
Typical premiums ~\$20-35/month*. To determine the best plan for you, go to www.medicare.gov and enter your ZIP code, current drugs, and your pharmacy. A report will provide a list of plans starting with the lowest total cost until the end of the year. Total Cost = Premium + Deductible + Copays to end of the year.

Carrier enrollment links are provided on the government site. We do not sell Part D plans but provide tips and the enrollment link on our website: <http://www.deesigned.com/medicare/medicare-part-d/>

It's imperative that you re-evaluate your Part D coverage during the annual fall open enrollment period (10/15-12/7) Part D Plans have a right to change premium, deductible, copays and what they cover. Every year we see 20+ -plans with some enter and leave the market.

We send out several reminder notices, at the opening and near the end of the fall Open Enrollment Period.

- **Part C** - Advantage Plans - most are basically HMOs for seniors, some PPO..
You must pay for Medicare Part B, but you are leaving Medicare to purchase these plans.
I will not sell these plans due to the lack of control over your own health coverage.
I see 12 negatives and 2 positives - premium and some dental-vision-prescription coverage.

*Adjusted Gross Income (bottom page #1 of 1040) of \$85,000+ (\$170,000+ couples) pay more.

This is not a legal document, see actual law for specifics.

Introduction to Medicare Supplements & Chris Dee 9 2018

Medicare Supplement (Medigap) Basics

1. Contracts are all **standardized** federal contracts. Plan G is the most popular.
2. **Claims** always sent directly to Medicare for processing and benefit determination.
3. **Carriers** pay exactly what Medicare instructs them, they are a **bank issuing checks**.
4. **NO Pre-existing** limitations allowed.
5. **No network limitations** - Supplements provide nationwide coverage.
6. **Visit or moving out of state** no need replace your Supplement, it's a national contract.
7. **Broker** adds nothing to your premium.

Chris Dee

1. **35+ years** in health insurance. Over 700 senior clients.
2. **Education** - Notre Dame - Loyola, MBA and a CLU -Chartered Life Underwriter.
3. **Prudential** past National Sales Leader for small group.
4. **General Agent** with over 2500 group clients.
5. Medicare became our focus seeing it was **over-marketed, underserved and overcharged**.
6. We help with all **3 parts** needed when transitioning to Medicare.
 1. Enrollment A & B
 2. Supplements
 3. Part D prescription plans
7. Our service is **Free** and it continues year after year.

The is the reason +90% of those we meet are from current client recommending us.
8. Providing ongoing Medicare information and for everyone we meet -

Annual fall reminders to re-evaluate Part D - Medicare prescription program.

Only takes a few minutes a year to recan Guarantee ones best option.
9. **Our Goal is to maximize Medicare while saving Time and Money for everyone we meet.**

from Medicare & You - official U.S. Government Medicare Handbook

<https://www.medicare.gov/sites/default/files/2018-09/10050-medicare-and-you.pdf>

How do I compare Medigap policies?

The chart below shows basic information about the different benefits that Medigap policies cover for 2018. If a percentage appears, the Medigap plan covers that percentage of the benefit, and you're responsible for the rest.

Benefits	Medicare Supplement Insurance (Medigap) plans										
	A	B	C	D	F*	G	K	L	M	N	
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare 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%	
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%	
\$185 Part B deductible			100%		100%						
Part B excess charges					100%	100%					
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%	
							Out-of-pocket limit in 2018**				
									\$5,240	\$2,620	

Plan F will no longer be sold after 2019, Plan G is the same with a \$185 deductible.

* Plan F also covers the Part B deductible. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,240 in 2018 before your policy pays anything. **\$2,240 in 2019 also**

** For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$183 in 2018), the Medigap plan pays 100% of covered services for the rest of the calendar year.

** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

United World of Omaha savings over Blue Cross*

Age	Blue Cross 4/2018		United World 3/2018		-7% for Couples		Saving		Age
	Plan F	Plan G	Female G	Male G	Female G	Male G	Blue Cross higher cost		
	\$0 Ded	\$185 Ded	\$185 Ded	\$185 Ded	\$185 Ded	\$185 Ded	Annualized	% more *	
to 64	351	327	245.53	277.45	228.34	258.03	2012	34%	to 64
65	158	147	108.87	123.02	101.25	114.41	940	36%	65
66	166	155	108.87	123.02	101.25	114.41	1132	44%	66
67	176	164	108.87	123.02	101.25	114.41	1348	52%	67
68	188	174	112.80	127.46	104.90	118.54	1495	56%	68
69	199	185	116.71	131.89	108.54	122.66	1666	60%	69
70	211	195	120.63	136.32	112.19	126.78	1812	63%	70
71	223	208	124.55	140.75	115.83	130.90	2031	69%	71
72	234	220	128.47	145.18	119.48	135.02	2226	73%	72
73	247	230	132.84	150.11	123.54	139.60	2362	75%	73
74	258	241	137.21	155.04	127.61	144.19	2522	77%	74
75	266	247	141.57	159.98	131.66	148.78	2563	76%	75
76	272	253	145.94	164.92	135.72	153.38	2603	75%	76
77	278	259	150.31	169.85	139.79	157.96	2643	74%	77
78	285	267	154.82	174.95	143.98	162.70	2728	74%	78
79	290	271	159.33	180.04	148.18	167.44	2717	72%	79
80	293	275	163.83	185.13	152.36	172.17	2706	69%	80
81	295	276	168.35	190.24	156.57	176.92	2622	66%	81
82	299	280	172.86	195.33	160.76	181.66	2611	64%	82
83	306	285	177.01	200.02	164.62	186.02	2632	63%	83
84	314	293	181.15	204.71	168.47	190.38	2726	63%	84
85	320	299	185.31	209.39	172.34	194.73	2771	63%	85
86	327	304	189.45	214.08	176.19	199.09	2793	62%	86
87	333	310	193.60	218.77	180.05	203.46	2838	62%	87
88	334	311	197.47	223.14	183.65	207.52	2770	59%	88
89	336	312	201.42	227.61	187.32	211.68	2700	56%	89
90	338	314	205.45	232.16	191.07	215.91	2652	54%	90

Plan G saves over \$16/mo or over \$185 per year over Plan F.

*United World of Omaha -NS Rates 600-608. Blue Cross Metro rates 10/2018

Dee-Signed Programs - Lake Forest, IL 60045 (847) 234-1756

*** Savings for single females is about the same and males about 2/3.**

Female Female

United World of Omaha savings over Blue Cross*

Age	Blue Cross 4/2018		United World Plan G 3/2018			Age
	Plan F	Plan G	Female G	Blue Cross higher cost		
	\$0 Ded	\$185 Ded	\$185 Ded	Annualized	% more*	
to 64	351	327	245.53	978	33%	to 64
65	158	147	108.87	458	35%	65
66	166	155	108.87	554	42%	66
67	176	164	108.87	662	51%	67
68	188	174	112.80	734	54%	68
69	199	185	116.71	819	59%	69
70	211	195	120.63	892	62%	70
71	223	208	124.55	1001	67%	71
72	234	220	128.47	1098	71%	72
73	247	230	132.84	1166	73%	73
74	258	241	137.21	1245	76%	74
75	266	247	141.57	1265	74%	75
76	272	253	145.94	1285	73%	76
77	278	259	150.31	1304	72%	77
78	285	267	154.82	1346	72%	78
79	290	271	159.33	1340	70%	79
80	293	275	163.83	1334	68%	80
81	295	276	168.35	1292	64%	81
82	299	280	172.86	1286	62%	82
83	309	285	177.01	1296	61%	83
84	314	293	181.15	1342	62%	84
85	320	299	185.31	1364	61%	85
86	327	304	189.45	1375	60%	86
87	333	310	193.60	1397	60%	87
88	334	311	197.47	1362	57%	88
89	336	312	201.42	1327	55%	89
90	338	314	205.45	1303	53%	90

Plan G saves over \$16/mo or over \$185 per year over Plan F.

*United World of Omaha -NS Rates 600-608. Blue Cross Metro rates 09/06/18

Dee-Signed Programs - Lake Forest, IL 60045 (847) 234-1756

7% discount when 2 insured in the household.

Male							Male
United World of Omaha savings over Blue Cross*							
Age	Blue Cross 4/2017		United World Plan G 3/2018			Age	
	Plan F	Plan G	Male G	Blue Cross higher cost			
	\$0 Ded	\$185 Ded	\$185 Ded	Annualized	% more*		
to 64	351	327	277.45	595	18%	to 64	
65	158	147	123.02	288	19%	65	
66	166	155	123.02	384	26%	66	
67	176	164	123.02	492	33%	67	
68	188	174	127.46	558	37%	68	
69	199	185	131.89	637	40%	69	
70	211	195	136.32	704	43%	70	
71	223	208	140.75	807	48%	71	
72	234	220	145.18	898	52%	72	
73	247	230	150.11	959	53%	73	
74	258	241	155.04	1032	55%	74	
75	266	247	159.98	1044	54%	75	
76	272	253	164.92	1057	53%	76	
77	278	259	169.85	1070	52%	77	
78	285	267	174.95	1105	53%	78	
79	290	271	180.04	1092	51%	79	
80	293	275	185.13	1078	49%	80	
81	295	276	190.24	1029	45%	81	
82	299	280	195.33	1016	43%	82	
83	306	285	200.02	1020	42%	83	
84	314	293	204.71	1059	43%	84	
85	320	299	209.39	1075	43%	85	
86	327	304	214.08	1079	42%	86	
87	333	310	218.77	1095	42%	87	
88	334	311	223.14	1054	39%	88	
89	336	312	227.61	1013	37%	89	
90	338	314	232.16	982	35%	90	

Plan G saves over \$16/mo or over \$185 per year over Plan F.

*United World of Omaha -NS Rates 600-608. Blue Cross Metro rates 10/2018

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7% discount when 2 insured in the household.

Plan G United World of Omaha Non-Metro savings over Blue Cross*

Age	Blue Cross 4/2018		United World 3/2018		-7% for Couples		Metro Saving		Age
	Other	Metro	Female	Male	Female	Male	Blue Cross higher cost		
	\$185 Ded	\$185 Ded	\$185 Ded	\$185 Ded	\$185 Ded	\$185 Ded	Annualized	% more *	
to 64	324	327	216.49	244.63	201.34	227.51	2702	53%	to 64
65	147	147	96.00	108.47	89.28	100.88	1246	55%	65
66	154	155	96.00	108.47	89.28	100.88	1438	63%	66
67	165	164	96.00	108.47	89.28	100.88	1654	72%	67
68	177	174	99.45	112.38	92.49	104.51	1812	77%	68
69	185	185	102.91	116.29	95.71	108.15	1994	82%	69
70	195	195	106.36	120.19	98.91	111.78	2152	85%	70
71	204	208	109.82	124.10	102.13	115.41	2381	91%	71
72	220	220	113.28	128.01	105.35	119.05	2587	96%	72
73	226	230	117.13	132.35	108.93	123.09	2736	98%	73
74	236	241	120.98	136.70	112.51	127.13	2908	101%	74
75	246	247	124.83	141.06	116.09	131.19	2961	100%	75
76	251	253	128.68	145.41	119.67	135.23	3013	99%	76
77	257	259	132.53	149.76	123.25	139.28	3066	97%	77
78	265	267	136.51	154.26	126.95	143.46	3163	97%	78
79	268	271	140.48	158.75	130.65	147.64	3165	95%	79
80	271	275	144.46	163.24	134.35	151.81	3166	92%	80
81	272	276	148.44	167.74	138.05	156.00	3095	88%	81
82	277	280	152.41	172.23	141.74	160.17	3097	85%	82
83	284	285	156.07	176.36	145.15	164.01	3130	84%	83
84	289	293	159.73	180.49	148.55	167.86	3235	85%	84
85	294	299	163.39	184.63	151.95	171.71	3292	85%	85
86	302	304	167.04	188.76	155.35	175.55	3325	84%	86
87	309	310	170.70	192.89	158.75	179.39	3382	83%	87
88	310	311	174.11	196.75	161.92	182.98	3325	80%	88
89	311	312	201.42	227.61	187.32	186.63	3001	67%	89
90	312	314	205.45	232.16	191.07	190.37	2959	65%	90

Plan G saves over \$16/mo or over \$185 per year over Plan F.

*United World of Omaha -NS Rates 609-620,622-628

Dee-Signed Programs - Lake Forest, IL 60045 (847) 234-1756

*** Savings for single females is about the same and males about 2/3.**

United World of Omaha savings over AARP*

Age	AARP 2-2018		United World 3/2018		-7% for Couples		Saving		Age
	Plan F	Plan G	Female G	Male G	Female G	Male G	AARP higher cost		
	\$0 Ded	\$185 Ded	\$185 Ded	\$185 Ded	\$185 Ded	\$185 Ded	Annualized	% more *	
to 64	358.11	347.64	245.53	277.45	228.34	258.03	2507	43%	to 64
65	152.80	130.88	108.87	123.02	101.25	114.41	553	21%	65
66	160	137	109	123	101	114	700	27%	66
67	167	143	109	123	101	114	848	33%	67
68	174	149	113	127	105	119	901	34%	68
69	181	155	117	132	109	123	956	34%	69
70	189	162	121	136	112	127	1010	35%	70
71	196	168	125	141	116	131	1064	36%	71
72	203	174	128	145	119	135	1118	37%	72
73	210	180	133	150	124	140	1161	37%	73
74	217	186	137	155	128	144	1205	37%	74
75	224	192	142	160	132	149	1248	37%	75
76	232	198	146	165	136	153	1291	37%	76
77	239	205	150	170	140	158	1335	37%	77
78	239	225	155	175	144	163	1719	47%	78
79	239	225	159	180	148	167	1611	43%	79
80	239	225	164	185	152	172	1504	39%	80
81	239	225	168	190	157	177	1397	35%	81
82	239	225	173	195	161	182	1290	31%	82
83	239	225	177	200	165	186	1191	28%	83
84	239	225	181	205	168	190	1093	25%	84
85	239	225	185	209	172	195	994	23%	85
86	239	225	189	214	176	199	895	20%	86
87	239	225	194	219	180	203	797	17%	87
88	239	225	197	223	184	208	705	15%	88
89	239	225	201	228	187	212	611	13%	89
90	239	225	205	232	191	216	515	11%	90

Plan G saves over \$16/mo or over \$185 per year over Plan F.

66-90 pennies removed

*AARP UHC -NS and United World of Omaha Chicago Metro rates 10/2018

Dee-Signed Programs - Lake Forest, IL 60045 (847) 234-1756

*** Savings for single females is about the same and males about 2/3.**

Omaha Companies

- Best Plan G rates for years with an **A+ rating** (AM Best company)
- **2nd** largest Medicare supplement carrier.
- Omaha has been in the Senior Medicare market since the beginning - **1966**
- **Billions** paid to Medicare supplement policyholders.
- **Million+** insureds.

- **Applying up to 6 months prior** to effective date is a good idea.
First of 3 steps to Medicare, others are 3 and 1 month prior.
Rates locked in for 12 months on date application is signed, not effective date.
Age locked in on date application is signed, not effective date.
7% discount apply when 2 or more in a household are insured or survivor.

- **Illinois**, Plan G **5%** rate increases August 2017, March 2019 new rates decreased.
- **Rates guaranteed 12 months and then change only on policy anniversary.**
Most plans pass on increases with age and rate table changes.
- **Discount for non-smokers.**
- **Discount for female rates.**
- Policies are being **issued in as little as an hour.**

We have ~700 happy clients with Omaha

Data needed to complete Medicare supplement application.

Name _____
initial C-ell H-ome W-ork Dob Skr

Address _____ County _____

Email _____ SS #'s _____

Medicare# _____ Eff date A _____ Eff date B _____

Normally ss# with A = taking your SS T = working B = under spouse SS D= under decrease sp SS mm yy

Current Plan: _____ Group _____ Individual _____ Approx. Start date _____

Start Date _____ New Policy

Bank _____ route _____ Act# _____

9 digit Routing # (symbols at either end)

Spouse _____
initial C-ell H-ome W-ork Dob Skr

e-mail _____ SS #'s _____

Medicare# _____ Eff date A _____ and B _____

Start Date _____ New Policy

Sample MUTUAL of OMAHA Medicare Supplement Height & Weight Chart (4/2016)

Height and Weight are required for those changing their Supplement.

Height and Weight Chart

Eligibility

Find your height in the left-hand column and look across the row to find your weight. If your weight is in the Decline column, we're sorry, you're not eligible for coverage at this time.

Rate Adjustment

The column heading above your weight will indicate your appropriate rate adjustment, if any (risk class).

				10%	20%	
	Decline	Class I	Standard	Class I	Class II	Decline
Height	Weight	Weight	Weight	Weight	Weight	Weight
4' 2"	< 54	54 – 60	61 – 110	111 – 128	129 – 145	146 +
4' 3"	< 56	56 – 62	63 – 114	115 – 133	134 – 151	152 +
4' 4"	< 58	58 – 65	66 – 119	120 – 138	139 – 157	158 +
4' 5"	< 60	60 – 67	68 – 123	124 – 143	144 – 163	164 +
4' 6"	< 63	63 – 70	71 – 128	129 – 149	150 – 170	171 +
4' 7"	< 65	65 – 73	74 – 133	134 – 154	155 – 176	177 +
4' 8"	< 67	67 – 75	76 – 138	139 – 160	161 – 182	183 +
4' 9"	< 70	70 – 78	79 – 143	144 – 166	167 – 189	190 +
4' 10"	< 72	72 – 81	82 – 148	149 – 172	173 – 196	197 +
4' 11"	< 75	75 – 84	85 – 153	154 – 178	179 – 202	203 +
5' 0"	< 77	77 – 87	88 – 158	159 – 184	185 – 209	210 +
5' 1"	< 80	80 – 89	90 – 164	165 – 190	191 – 216	217 +
5' 2"	< 83	83 – 92	93 – 169	170 – 196	197 – 224	225 +
5' 3"	< 85	85 – 95	96 – 175	176 – 203	204 – 231	232 +
5' 4"	< 88	88 – 99	100 – 180	181 – 209	210 – 238	239 +
5' 5"	< 91	91 – 102	103 – 186	187 – 216	217 – 246	247 +
5' 6"	< 93	93 – 105	106 – 192	193 – 223	224 – 254	255 +
5' 7"	< 96	96 – 108	109 – 197	198 – 229	230 – 261	262 +
5' 8"	< 99	99 – 111	112 – 203	204 – 236	237 – 269	270 +
5' 9"	< 102	102 – 115	116 – 209	210 – 243	244 – 277	278 +
5' 10"	< 105	105 – 118	119 – 216	217 – 250	251 – 285	286 +
5' 11"	< 108	108 – 121	122 – 222	223 – 258	259 – 293	294 +
6' 0"	< 111	111 – 125	126 – 228	229 – 265	266 – 302	303 +
6' 1"	< 114	114 – 128	129 – 234	235 – 272	273 – 310	311 +
6' 2"	< 117	117 – 132	133 – 241	242 – 280	281 – 319	320 +
6' 3"	< 121	121 – 136	137 – 248	249 – 288	289 – 328	329 +
6' 4"	< 124	124 – 139	140 – 254	255 – 295	296 – 336	337 +
6' 5"	< 127	127 – 143	144 – 261	262 – 303	304 – 345	346 +
6' 6"	< 130	130 – 147	148 – 268	269 – 311	312 – 354	355 +
6' 7"	< 134	134 – 150	151 – 275	276 – 319	320 – 363	364 +
6' 8"	< 137	137 – 154	155 – 282	283 – 327	328 – 373	374 +
6' 9"	< 140	140 – 158	159 – 289	290 – 335	336 – 382	383 +
6' 10"	< 144	144 – 162	163 – 296	297 – 344	345 – 392	393 +
6' 11"	< 147	147 – 166	167 – 303	304 – 352	353 – 401	402 +
7' 0"	< 151	151 – 170	171 – 311	312 – 361	362 – 411	412 +
7' 1"	< 155	155 – 174	175 – 318	319 – 369	370 – 421	422 +
7' 2"	< 158	158 – 178	179 – 326	327 – 378	379 – 431	432 +
7' 3"	< 162	162 – 183	184 – 333	334 – 387	388 – 441	442 +
7' 4"	< 166	166 – 187	188 – 341	342 – 396	397 – 451	452 +

Medicare supplement insurance is underwritten by

MUTUAL of OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza
Omaha, Nebraska 68175
mutualofomaha.com



M28043

M28043

Tobacco Use _____ Height _____ Weight _____

G. Health Information

For all plans, answer questions 10-21.

(If "YES" is answered to any of the following questions 10-20, that person is not eligible for coverage.)

To the Best of Your Knowledge and Belief:	
10. Are you currently confined to a wheelchair or any motorized mobility device?.....	<input type="checkbox"/> Y <input type="checkbox"/> N
11. Are you currently hospitalized, confined to a bed, in a nursing home or assisted living facility?.....	<input type="checkbox"/> Y <input type="checkbox"/> N
12. Are you currently receiving any occupational or physical therapy?.....	<input type="checkbox"/> Y <input type="checkbox"/> N
13. Have you been advised by a medical professional to have treatment, further diagnostic evaluation, diagnostic testing or any surgery that has not been performed?	<input type="checkbox"/> Y <input type="checkbox"/> N
14. At any time have you been medically diagnosed with, treated for, or had surgery for any of the following:	
A. Chronic kidney disease, kidney failure, or kidney disease requiring dialysis?	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Emphysema, Chronic Obstructive Pulmonary Disease (COPD), any other chronic pulmonary disorder or any cardio-pulmonary disorder requiring oxygen?.....	<input type="checkbox"/> Y <input type="checkbox"/> N
C. Alzheimer's Disease, dementia or any other cognitive disorder?	<input type="checkbox"/> Y <input type="checkbox"/> N
D. Parkinson's Disease, Multiple Sclerosis or Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)?.....	<input type="checkbox"/> Y <input type="checkbox"/> N
E. Systemic Lupus or Myasthenia Gravis?	<input type="checkbox"/> Y <input type="checkbox"/> N
F. An organ transplant or been advised to have an organ transplant (excluding cornea transplants)?	<input type="checkbox"/> Y <input type="checkbox"/> N
G. Chronic hepatitis or cirrhosis?	<input type="checkbox"/> Y <input type="checkbox"/> N
H. Osteoporosis with fractures?	<input type="checkbox"/> Y <input type="checkbox"/> N
15. At any time have you been medically diagnosed with, treated or tested for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) by a physician or an appropriately licensed clinical professional acting within the scope of his/her license?.....	<input type="checkbox"/> Y <input type="checkbox"/> N
16. Do you have diabetes with complications including retinopathy, neuropathy, peripheral vascular disease, any related heart disorder (Including hypertension/high blood pressure) or kidney disease?	<input type="checkbox"/> Y <input type="checkbox"/> N
17. Do you have an implanted cardiac defibrillator?	<input type="checkbox"/> Y <input type="checkbox"/> N
18. Within the past two years, have you been treated for, or been advised by a physician to have treatment for:	
A. Coronary artery disease, angina, heart attack, cardiac angioplasty, bypass surgery or stent placement?	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Cardiomyopathy, Congestive Heart Failure, aortic or cardiac aneurysm, peripheral vascular disease, vascular angioplasty, endarterectomy, carotid artery disease, heart or heart valve disorder, atrial fibrillation, other heart rhythm disorder, or implantation of a pacemaker?.....	<input type="checkbox"/> Y <input type="checkbox"/> N
C. Alcoholism or drug abuse?	<input type="checkbox"/> Y <input type="checkbox"/> N
D. Any mental or nervous disorder requiring treatment (including hospital confinement) by a psychiatrist, psychologist, counselor or therapist?	<input type="checkbox"/> Y <input type="checkbox"/> N
E. Internal cancer, lymphoma or melanoma?	<input type="checkbox"/> Y <input type="checkbox"/> N
F. A stroke or transient ischemic attack (TIA)?	<input type="checkbox"/> Y <input type="checkbox"/> N
G. Degenerative bone disease, spinal stenosis, rheumatoid arthritis, psoriatic arthritis, arthritis that restricts mobility or have you been advised to have a joint replacement?.....	<input type="checkbox"/> Y <input type="checkbox"/> N
19. Have you been advised by a medical professional that surgery may be required within the next 12 months for cataracts?	<input type="checkbox"/> Y <input type="checkbox"/> N
20. Have you been hospital confined three or more times in the past two years for a same or similar condition?	<input type="checkbox"/> Y <input type="checkbox"/> N
21. Have you taken any prescription drugs in the past 24 months?.....	<input type="checkbox"/> Y <input type="checkbox"/> N

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Listed ----- Drug name - Dosage/Frequency - on 2+years - Prescribed by primary N/Y? - Condition treated

Shortcomings and Limitations of Medicare 2018

Ineligible Charges - What Medicare does not cover

- Hospital **observation** is not covered by Part A and prescriptions are limited. Difficult if not impossible to change from observation to a covered admission status.
- **Dental** - see our website page - <http://www.deesigned.com/dental/>
- Skilled Nursing Care if not hospitalized for **3 days**. "Observation" days do not qualify.
- Some doctor wellness testing - ask before your physical, ask that the bill be discounted.
- Limited Part D vaccination shots, **Flu**, Hepatitis B, Pneumococcal, Tdap (tetanus, diphtheria, pertussis)
- Doctors outside of the Medicare system (opt-out practices). Signed notification required.
- Occupational therapy (OT) services in excess of \$1980.*
Physical Therapy (PT) & Speech-Language Pathology (SLP) services combined above \$1,980.*
*\$3,700 and higher coverage above available with an appeals and measured progress.
- **Hearing aids** and exams for fitting them. Omaha includes a discount service.
- Nursing home custodial care. (Short and Long Term Care policies can covers this area.)
- More than 190 days of inpatient psychiatric hospital services during your lifetime.
- Hospitalization after Lifetime Reserve of 60 days is exhausted.
- Acupuncture.
- Routine (maintenance) foot care.
- All Chiropractic except for adjustments.
- Cataracts total cost for optional enhanced lenses. Standard lenses are fully covered.
- **Vision** - Eye refraction even if part of cataract surgery. Omaha includes a discount service.
- Infusion therapy may require service to be done as outpatient rather than at home.
Medicare Supplements help pays Medicare eligible charges - deductibles, co-insurances & copays.
They do not add benefits to Medicare, with the exception of adding an additional year of hospitalization.
Plans F & G provide foreign travel emergency medical \$250 deductible then 80% to \$50,000.

This overview is not a legal document, see actual law for specifics.

Advantage plans - Why We will not sell these plans.

You are opting out of Medicare.

Must pay the Part B premium for Medicare.d

+Premium can be lower than Supplement.

+ Many provide dental-vision-prescription coverage. - contract are unique

Networks are inadequate in Illinois. High out-of-pocket at claim time.

Limited services, they decide not you.

Precertification requirement for services

Primary doctor OK need for specialist review

Most are HMO* design - few are PPO

*No coverage outside the list of providers.

Service out of state could be difficult.

Must live within service area. Ask about service outside your area.

Copay for many services

Look for maximum out of pocket.

Limitation felt with serious illness

Only allow to transfer back to Medicare in January

I see few move to Advantage for Medicare.

The reverse happens frequently.

Medicare Supplements Medi-Gap Plan G

100% coverage after \$166 deductible. all but Rx.

Part D prescription plan required

Max \$4,700 out-of-pocket in 2015 (\$4,850 for 2016)

IF you need heavy duty drug you will want a flexible medical plan.

Can be used Nationally

Standardized plans

No doctor networks, BC & AARP some hospital limits on econo options

All claims processed by Medicare, carrier told what to payout