

MEDICARE CHOICES MADE SIMPLE

Medicare supplement insurance is a highly recommended purchase for most seniors,



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INTRODUCTION

Thank you for downloading this book on “Medicare choices made simple”

Medicare history dates back to 1945 when President Harry Truman first asked Congress to establish a national health insurance scheme. His plan was for all people to receive comprehensive and prepaid medical insurance through the Social Security System.

As the years passed, the field of recipients was narrowed until it was only social security recipients who stood to benefit. When it was discovered that only 56% of people aged 65 or older had health insurance, President John F. Kennedy lobbied for health insurance for the aged.

However, the Medicare program provision of social health care for the sick and aged did not become law until 1965. On July 30 President Lyndon Johnson signed Medicare and Medicaid into law as part of his "Great Society" and ex-President Truman was the first person to receive a Medicare card in recognition of his role in establishing the program. Approximately 19 Million people enrolled in the system during the first year.

Over the years, there have been several key developments and changes during Medicare history in the US. In 1972 changes to the system were expanded to cover two high-risk groups. These were disabled persons 65 and under who had been receiving cash benefits for 24 months, and individuals with the end-stage renal disease.

The Medicare services were also expanded to include speech therapy, some chiropractic services, and physical therapy. The Supplemental Security Income program was established, and those recipients became automatically eligible for Medicare.

In 1983 a prospective payment system was introduced, and most federal civilian employees were now covered. By 1984 remaining federal employees, including the President, were covered.

In 1986 hospice benefits were made permanent, and in 1988 there was a major overhaul of the entire Medicare and Medicaid system so that prescription drugs were covered; this was repealed in 1989. 1992 physician services based on fee schedule were added and in 1997 Medicare+Choice was enacted before being refined in 1999.

Let's begin!

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MEDICARE - WHAT'S IT ALL ABOUT

Medicare is a government regulated healthcare program for those 65 and older. You'll probably be on it, so it's important to understand how it works.

In this eBook, I summarize the different parts and coverages that come under the Medicare program.

Medicare is a program with different parts. Only the first - Part A - is free if you contributed enough FICA over the years. The other parts each cost an amount depending on your income and choices of 'supplemental coverage' they offer. Let's take a look at what each part is about. Medicare is divided into components:

- Part A - hospital insurance
- Part B - medical insurance (this is optional)
- Part C - additional insurance coverage
- Part D - offers voluntary prescription drug coverage provided via private vendors

Part A is called hospital insurance. It covers most costs of your stay in the hospital as well as some follow-up costs after being in the hospital. It also pays some outpatient medical services, including medically necessary equipment and supplies, home health care, and physical therapy. Under most circumstances (if you've paid enough FICA taxes), you don't have to pay a premium for Part A.

Part B is medical insurance. It's optional. If you elect it, the monthly premium is deducted from your Social Security check automatically. It provides for individual out-of-hospital treatments and is intended to help pay doctor's bills for treatment in or out of the hospital. It also covers many other medical expenses you incur when you're not in the hospital, such as the costs of necessary medical equipment and tests.

Medicare Part B has spawned additional insurance coverages to supplement what it and part A don't cover. The first is the 'Original Medicare Plan.' Here, you pay your Part B monthly premium and then pay for additional services as you use them. With this plan, you might also choose to buy Medicare Supplement Insurance or "Medigap" insurance. The term Medigap implies that these insurance policies will cover the gaps in Medicare payments. Medigap doesn't fill all the gaps, but it helps. More types of coverages are relegated to part C.

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Part C: Medicare Managed Care and Private Fee-for-Service plans are offered by private insurance companies. Managed care plans fall into two main varieties:

- health maintenance organizations (HMOs) and
- preferred provider organizations (PPOs).

HMOs are less expensive than PPOs but usually more restrictive in their services and choice of doctors.

With these latter two plans in Part C, you must still continue to pay your Part B premiums, and you may also have to pay an additional premium to the insurance company as well as any related deductible or co-insurance payments. However, the services you receive may be more comprehensive than those offered through the Original Medicare Plan.

Medicare Part D requires you to join a Medical Drug Plan (MDP) in either of two categories of such plans:

- You can join one of the Medicare Prescription Drug Plans (called PDPs). These plans add drug coverage to either of your Original Medicare Plan, some Medicare Cost Plans, some Medicare Private Fee-for-Service (PFFS) Plans, and Medicare Medical Savings Account (MSA) plans. Or
- Join a Medical Advantage Plan - like a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO) or some other Medical health plan that includes prescription drug coverage.

Through these plans, you get all your Medicare coverage of Part A and Part B including prescription drugs (Part D). These Plans are called 'MA-PDs.' In either category, you'll usually pay a separate monthly premium for the drug coverage in addition to your Part B premium.

After joining a particular MDP, the plan emails you membership materials including a card to use when you get your prescriptions filled. When you use the card, you may have to pay a copayment, coinsurance, or a deductible amount depending on your plan

What to consider when comparing which MDP to choose:

- Look for the Coverage, Cost and Convenience to you from each plan. These will be different.

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- Coverage - check if the type of prescription you want comes under that plan.
- Cost - see what costs and payment schedule that program offers you.
- Convenience - make sure the plan's pharmacies include the ones you want to use.

You can switch your plan each year at open enrollment which is from October 15th to December 7th 2016.

Be sure to apply for Medicare coverage three months before your 65th birthday, so you can start it when you turn 65.

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HOW TO SELECT THE RIGHT MEDICARE PLAN

Just deciding which way to go when choosing from the combination of different types of healthcare coverage is confusing for many people eligible for Medicare. For most people, having choices is an excellent thing. But what about when you have thousands of plans to choose from

When it comes to Medicare, you have nothing but opportunities. Depending on your circumstances, you may want to stay with traditional Medicare, or Medicare Parts A and B. If you choose this path, you'll probably want to get a Medicare Part D (prescription drug) plan, too, to ensure your medications are covered. Or, you might be more interested in a Medicare Advantage plan, which can combine traditional Medicare with drug coverage and other benefits. You also may be interested in even more coverage, such as that offered through a Medigap (supplemental) plan.

Fortunately, help is available. A Medicare Advisor provides education on available Medicare programs, answers questions, and offers detailed plans of action to get the most out of your insurance choices. You also should know the basics beforehand.

Traditional Medicare

Medicare Parts A and B, also known as traditional or original Medicare, have been around since 1965. Medicare Part A is free to most people who've worked and paid Medicare taxes for at least ten years and provides people with inpatient hospital coverage. Medicare Part B, which presently costs most people \$104.90 covers outpatient medical expenses.

Individuals who have traditional Medicare can see any doctor they want in any facility they want without a referral, as long as that doctor or facility accepts Medicare patients. But traditional Medicare's benefits are limited.

Not only does traditional Medicare not cover most outpatient prescription drugs, if a beneficiary uses their coverage frequently enough, but it can also get very costly. That's why we also have Medicare Advantage and Medicare Part D plans available.

Medicare Advantage Plans

Medicare Advantage, also known as Medicare Part C, combines Medicare Parts A and B in one plan so you can get your Medicare Part A and Part B coverage in the same place.

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Medicare Advantage also plans often include prescription drug coverage and other benefits not commonly found under traditional Medicare, such as vision and dental services.

This program works just like private insurance - you have different types of plans to choose from depending upon what type of provider access you want (for example, health management organizations (HMO), preferred provider organizations (PPO) and more) and what health conditions or prescription drugs you take. You also can choose from a number of different levels of coverage. All Medicare Advantage plans must offer at least as much coverage as that provided under traditional Medicare. If they offer prescription drug coverage, that coverage must meet minimum Medicare Part D standards as well.

Medicare Part D is prescription drug coverage. Like Medicare Advantage, Part D is offered by private companies who are reimbursed for providing healthcare coverage. Also like Medicare Advantage, a minimum amount of coverage is required for a plan to qualify as a Part D plan and many different plans, some with varying levels of coverage, are offered throughout the United States. Part D plans are best for people who use prescriptions but don't need to see their doctors often.

Medigap, or Medicare supplemental plans, is sold by private companies to fill the "gaps" in traditional Medicare. This includes the cost of deductibles, co-payments, and coinsurance. It also may cover other services that Medicare does not insure. In 2016, there are 10 Medigap plans - A through N.

Although Medigap may offer some additional coverage if an individual chooses to keep traditional Medicare, you can't buy a Medigap plan if you have Medicare Advantage. Because most Medicare Advantage plans offer better coverage and frequently more benefits than Medigap, having both is usually unnecessary. You can have both Medigap and Medicare Part D, but it may be more expensive to do this than just purchasing a Medicare Advantage plan instead.

Comparing and Contrasting

It's no wonder that people are confused. There are thousands of projects available throughout the United States, and an average of 40 Medicare Advantage and Medicare Part D plans in any given area.

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This is where a Medicare advisor can come in handy. With so many options in just one area, choosing a plan might feel like throwing darts at a board. Using a Medicare advisor can help you narrow down your choices so you know which combination of Medicare coverage will work best for you and which plans will give you the best and most affordable coverage for your needs. You Need Medicare Health Insurance When Getting ready to Retire

If you're getting ready to retire soon, you may be worried about your health care plan. Whether or not you currently have any medical conditions, you probably know how important it is to be insured. Your retirement won't be a very peaceful one at all unless you know your health and well-being are being taken care of.

Fortunately, there is hope with Medicare health insurance. If you're already receiving Social Security benefits, you'll be enrolled automatically in Medicare when you're 65. If you already are at 65 or will be before you retire, your enrollment won't be automatic, and you'll have to apply for it yourself.

So how can you know if you're enrolled or not? You will receive a notification in the mail before your 65th birthday. There are three types of Medicare health insurance coverage. Medicare Part A is referred to as "hospital insurance," and it apparently covers you for any hospital stays. The room, services, and meals will all be paid for. Hospice and home health care are also covered.

Plan B, which is known as "medical insurance," comprises any other type of attention. All visits to the doctor's office, lab tests, physical therapy, ambulance services, etc. are all included with Plan B. There is also a Plan C, Medicare+Choice, that will allow you to select from several different plans.

With Medicare health insurance, you will be able to secure your future. Your retirement can be worry free, as you won't have to do any hassling just to get your doctor and hospital visits paid for.

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MEDICARE ADVANTAGE

What Are Medicare Advantage Health Plans?

Medicare offers US beneficiaries a lot of choices these days. If you understand the choices, their costs, and benefits, it should be simple to pick a health plan that will work for you or somebody you care for. However, when you first look at all of the choices, it can seem very confusing.

When you have original Medicare, you will use your government issued card to access benefits. If even you supplement your benefits with a Medicare benefits, you will use that benefits card plus a card issued by a private health supplement company. But Medicare Advantage (MA) plans to work a little differently. If you join an MA plan, you will just use that card to access your health benefits.

You will still be a Medicare beneficiary, but the benefits of you new plan will replace your original plan benefits. Private insurance companies market These plans, but they are subsidized with the same federal money that would underwrite the original plan.

The Medicare Advantage

The government must approve all MA plans, and they must provide benefits that are equal, or greater to, the original plan. In fact, one reason that MA plans are attractive because they may provide extra benefits or services to their members. For example, some provide transportation of health club memberships.

Some may offer additional services, which are not usually part of Medicare, like dental check-ups. And some are custom made for people with special needs. These Special Needs Medicare Advantage plans can be helpful for those with certain situations or health conditions.

Another thing that is attractive about MA plans is that they may not cost much. Most beneficiaries pay a premium for Part A and Part B that comes out of their social security check. Also, these plans are funded with federal money. Some require an additional premium, but some do not. Some have even rebated part of the original plan premium. This is attractive to many seniors or disabled people with limited incomes.

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Types of MA Plans

There is more than one type of plan, just as there is more than one type of other health insurance policies. You can find PPO, HMO, or PFFS (Fee for Service) policies. PPO and HMO plans use a network of doctor. With an HMO, you are the most restricted to using the network to get coverage.

With a PPO plan, you use the network for the best benefits, but you may still be covered outside the network. Either plan usually allows some exceptions. A typical exception would be emergency treatment. But because of the network of plan medical service providers, these plans can be the simplest to use, but also the most restrictive.

A new type of plan is called Private Fee For Service (PFFS). These will pay the costs for any medical service provider, but the provider must be willing to work with the particular plan you have.

Some MA plans include prescription benefits (Medicare Part D), and some do not. If your plan does not come bundled with Part D coverage, you would have to join another Medicare prescription plan for those benefits.

Medicare Advantage Plan That is Best For You?

Nobody can give a blanket answer to this question. If you live in an area with a gigantic HMO network, you may be very satisfied with the simplicity and coverage. If you live in an area where the network medical providers are scarce, you may want to consider a PPO or PFFS so you will not be locked into a network. Your best choice depends on upon the plans that are marketed in your area, your budget, and the way you prefer to get medical services.

MA plans do have advantages, but they are not good for everybody. Some Medicare beneficiaries prefer to stay with original Medicare, and then pay extra for a supplement which may cover more costs. Keep in mind that the original health plan and supplements are very different from MA plans.

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Each state has Medicare Advantage plans offered by some insurance companies. The popular private health plans are made available by a wide variety of health insurance carriers, and certain counties have more options to choose from than others due to the population. Each plan will have different benefits, copays, networks and formularies, so it takes a bit of research to sort them out.

How can you be sure that you fully understand which kind of coverage you purchase? The easiest way is to consult an expert insurance agent who specializes in Medicare-related insurance coverage. In our lives, we seek advice from a financial planner about our retirement savings.

We consult attorneys about legal documents. When it comes time to choose your Medicare insurance coverage, get advice from an independent insurance broker in your state. Ask a friend for a referral, or search the internet for a respected Medicare insurance agent with a good amount of experience. What seems a huge task can be made simple and clear by an agent who works with these products every day.

Confused About Medicare? Allow This To Be A Brief Defining Moment For You

What's the difference between Medicare Supplemental Insurance and Medicare Advantage Plans? Good question. Many people are confused between these two types of plans. Want to know which we think is better and why the government gave them each two different names. An easy way to remember the difference is that Medigap (Medicare Supplement) plans pay after Medicare and Medicare Advantage Plans pay instead of Medicare.

Obviously, healthcare is a very personal subject - but all things being equal, the Medicare Supplement Plans often offer a greater choice of doctors and hospitals, very low or even zero out of pocket costs other than the premium and no insurance company between you and your doctor.

The Medicare Advantage Plans often have a lower premium, but you can pay quite a bit of out of pocket and are subject to the insurance company's rules (networks, co-pays, coinsurance, prior authorization, etc.)

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FACTS ABOUT MEDICARE SUPPLEMENT INSURANCE

Medicare supplement insurance is a highly recommended purchase for most seniors, but some of the details surrounding it are confusing. If you are acting by the incorrect information it could hurt you down the road, so be armed with the most important things you need to know about it before you make a purchase.

Insurance plans like these also go by the name Medigap because they aim to take care of the things Medicare does not cover. Hence, they bridge the gaps. You will pay an additional amount to get this type of policy on top of your Medicare premiums. Also, you must first have Medicare Parts A & B before you can purchase a supplemental policy.

Keep in mind that your Medigap policy does not cover your spouse. If you both need coverage, you will have to buy two separate policies. This confuses some people because traditional insurance often does cover spouses.

Government regulations have made the twelve plans offered as Medicare gap coverage standardized. What this means is that while there is a choice between 10 different plans, the plan you choose will be the same no matter which company you buy it from. Any company that tells you their plan A offers more benefits than their competitor's plan A is lying.

It pays to check with a lot of different companies before committing to any individual plan. This is because not all companies carry all 10 plans, so an insurance agent may be steering his or her customers towards one of the plans that company offers when a different plan might be preferable for you.

You may not realize it, but the current law states that anyone can get prescription plan coverage through Medicare. This was not always true in the past, but because it is now, you cannot get prescription coverage from Medigap because there is not a gap. If you do not have prescription coverage through Medicare, their website will tell you what you need to do to fix this problem.

Also, beware of anyone who tries to sell you additional Medicare supplement insurance if you already have this type of policy in place. US law states that it is an offense to try to sell additional policies of this type, as the plans offer a wide range of benefit options and as long as you choose the right plan, a second plan would be unnecessary.

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THINGS YOU NEED TO KNOW ABOUT MEDICARE PART C AND MEDICARE PART D

Medicare Part C

Medicare Part C is a combination of the Medicare Part A and Part B options, which are categories of the Medicare program. Medicare approved private insurance companies offer Part C, a lower cost option as opposed to the original Medicare plan and offer additional benefits, also covering Part D or prescription drug coverage to a certain extent. In brief, anyone who joins Part C will have complete access to Part A and Part B.

Medicare Part C has its own network, so all the doctors and specialists that you can consult have to be a part of the Medicare plan. Under Part C, there is a primary doctor that refers the beneficiary to medical experts and specialists. One cannot consult doctors of his/her choice; the beneficiary has to be within the group of medical experts assigned to the plan to avail Medicare services. If one chooses to consult out of this group, the treatment or visit may prove more expensive. Under Part C one co-pays for each doctor's visit.

Part C could also be referred to as the Medicare Advantage Plans. Different insurance companies develop different kinds of Part C plans. Some may include Part D or Prescription Drugs as well. There are some Part C plans, and most of them include PPO, MSA, PFFS, HMO and Medicare special needs.

Medicare Part D

Anyone who is eligible for Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) is automatically eligible for Medicare Part D (Prescription Drugs). This means anyone who has Part D coverage gets the insurance company to pay for a section of his/her prescription medicines, regardless of the cost factor. A beneficiary who is outside the US territory and is in prison will no longer be eligible to this section of Medicare.

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WHO NEEDS MEDICARE SUPPLEMENTAL INSURANCE

Those who either have Medicare or know somebody who does are likely already aware of the fact that Medicare does not cover the costs of everything. In fact, it only covers about half of the costs associated with medical care, especially for people in their older years. Realizing that there are gaps in the coverage, the federal government released the Medicare supplemental insurance policies.

These policies are a hybrid between government aid and typical health insurance. Anybody who is unable to afford the copayments and uncovered costs of healthcare, and needs the extra coverage, should sign up for Medicare supplemental insurance, which is also known as Medigap.

There are a total of ten different plans to choose from, labeled from A to N. The federal government dictates the coverage that is offered by these plans, but typical health insurance companies sell the policies themselves. What this means is that, while there is a difference between plan A and plan L, the plan A offered by one company is the same plan A offered by a different company.

Almost anybody who is on Medicaid should get in touch with their local government office to determine which Medicare supplemental insurance plan is right for them. Each plan is designed for a person with a different financial situation.

Once you have decided on a plan, you will need to find a company to supply a plan. Even though the plan is the same no matter which company provides it, the costs are different for each company. Obviously, you will want to find the plan that is least expensive. Even so, it is important to understand the way that the policy is paid for.

Some of the providers will charge based on your age at the time that you apply. Others will charge based on your age as you grow older. Finally, some of them are charged based on the community in which you live.

When looking at plans, the cheapest option up front is almost always the policy based on your attained age. This is misleading, however, because the costs rise as you grow older. This policy becomes the most expensive later on in life when you most need an inexpensive policy.

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The Federal Medicare Insurance Benefits

The Medicare program is one of the health insurance programs of the federal government for the elderly and disabled. The Centers administer it for Medicare and Medicaid Services (CMS).

The following will give you some important facts about the said program. It is still highly advisable to seek the aid of a Medicare insurance attorney for proper assistance and representation.

Under the law, the program provides benefits for the following persons:

- Those who have reached age 65 and are entitled to receive social security or railroad retirement benefits
- Disabled individuals of any age who have received social security or railroad disability benefits for at least two years

Other people may be eligible and participate in the program. They include:

- Person's eligible for social security benefits who have end-stage renal disease and require kidney dialysis treatment
- Medicare pays or reimburses qualifying health care providers for specific medical services. There are two separate programs:

Medicare Part A - Also known as the Hospital Insurance Program, it provides beneficiaries with coverage for mostly hospital-related claims, such as:

- Persons over age 65 who are not eligible for either social security or railroad retirement benefits who purchase monthly Medicare insurance coverage
- Inpatient hospital care
- Limited post-hospital skilled nursing facility
- Home health care
- Hospice care

Medicare Part B - Known as the Supplementary Medical Insurance Program, it focuses on medical costs other than hospitalization, such as:

- Physician and surgical services
- Diagnostic tests
- Home health care

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- Physical, speech and occupational therapy
- Medical supplies
- Durable medical equipment
- Ambulance services
- Some preventive care services

Getting part B coverage is optional but each program requires different deductible and co-payment amounts.

The program also offers new plans for eligible members under the MedicarePlus Choice Program. Under this, any individual who is entitled to benefits under Part A and enrolled under Part B can choose from several types of health insurance plans. These include the following:

- Coordinated Care Plans such as health maintenance organizations (HMOs), preferred provider organizations (PPO), and provider-sponsored organizations (PSO)
- Private Fee-for-Service Plans
- Medical Savings Accounts (MSAs)

Aside from that, there are other plans available for people under the federal program.

- Medigap Plans
- The Medicare supplemental insurance ("Medigap") plans provide coverage for:
 - Medicare deductible and co-payment amounts
 - Some health services not covered by Medicare
 - Qualified Medicare Beneficiary program (QMB)
 - Selected Low-Income Medicare Beneficiaries program ("SLMB")

The two latter plans may also provide payment for Medicare deductibles and co-payments to qualified individuals.

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Medicare Exclusions

However, there are certain services not covered by the Medicare program. These include the following:

- Custodial nursing home care
- Most outpatient prescription drugs
- Routine physical examinations
- Routine eye examinations and eyeglasses
- Hearing examinations and hearing aids
- Routine dental services
- Routine foot cares and orthopedic shoes
- Most immunizations
- Personal convenience items
- Cosmetic surgery

The social security administration allows individuals to have legal representation when pursuing their claims and benefits. In fact, getting the services of a Medicare insurance attorney with a deep sense of professionalism can improve your chances of obtaining the claims that you deserved.

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CONCLUSION

Many reputable insurance professionals are ready and able to help you. How do you find a good one? Some questions you should ask to determine if you are dealing with one:

You will want to make sure that you are dealing with an independent agent or broker. If your agent doesn't start out by finding out some key things about you and your lifestyle, he/she is just not doing a good job for you. Questions like: How much traveling to intend to do how is your health, what is your budget. Are you comfortable with sharing some of the cost for your medical expenses or do you want total coverage? The answers to all of these questions are key if the agent is going to recommend the right plan for you.

Does the agent specialize in Medicare specifically? The world of insurance is extremely diverse. Look for an agent who specializes in Medicare. Someone who is up to date on the laws and the changes is going to be able to advise you. It is wise to avoid a "jack of all trades" when it comes to Medicare. There is a lot to know about any genre of insurance. You are better with someone focused on the segment that you are dealing with.

How long has the agent been in business? Each year thousands of people get into the insurance business. Each year the vast majority of those new agents leave the insurance business. Work with an agent who has established longevity in the industry and demonstrated a commitment to it. Avoid brand new agents. This will ensure that your agent will be there down the line for customer service.

Thanks for reading this amazing book

ABOUT THE AUTHOR

I moved to the United States in 1991 when I was 33, bringing my wife, Alison and our three young children, Vicki, Stuart and Scott. our first few months were spent in a condo on Siesta Key before moving into a house in South Sarasota. I owned business until 2000 which allowed us to live here in the United States. While in business one of my major expenses was for the Health insurance of my family and employees.

In 2002 I obtained my Insurance license for Life & Health, and became an AFLAC agent offering the Duck products, in particular Disability and Cancer Insurance. During this period I met up with my Business Partner, Brian Knauer and we decided to go into business offering Health Insurance with the new Health Savings Account. We still help clients with their small group benefits, but business slowed with the downturn in the economy and with the "Obamacare Marketplace."

Over the last three or four years because of the slowdown in business and because friends and myself were becoming closer to retirement age, I have worked with Seniors turning age 65 offering United American (UA) Medigap plans. I chose to represent UA due to their financial strength and reputation with their existing clients and probably most important their low annual premium increases.

I very much look forward to helping you with all the choices that are offered to you with Medicare, and would be very happy to become your Broker.