

2022

Complete Guide to Medicare

 RetireMed

Your Complete Guide to Medicare

Let our 2022 Complete Guide to Medicare make the process easy and give you the peace of mind you deserve.

What is Medicare?

Medicare is a federal program that provides health insurance to individuals who meet certain age or disability requirements.

Eligibility & Enrollment

Medicare Eligibility

Who is Eligible for Medicare?

Individuals must be a U.S. citizen or permanent legal resident for at least five consecutive years and reach Medicare eligibility when at least one of the following applies to them:

- Are age 65 or older
- Are permanently disabled and have received disability benefits for at least two years
- Have been diagnosed with End-Stage Renal Disease (ESRD)
- Have been diagnosed with Lou Gehrig's Disease (ALS)

Are You Eligible for Medicare?

Visit our [online Medicare Eligibility Tool](#) to determine when you will be eligible for Medicare.

Medicare Eligibility Age Requirement

If you do not have a disability, ALS, or ESRD, your Medicare eligibility is age 65.

Medicare Disability Requirements

If you have a disability and have been receiving Social Security Disability Insurance (SSDI) for more than 24 months, you will be automatically enrolled in Medicare at the start of the 25th month you receive SSDI.

Should You Take Medicare Benefits at Age 65?

Many times, people find it advantageous to sign up for Medicare when turning 65, however, every person's situation regarding Medicare is unique. We strongly encourage you to call us to discuss your options at **866.600.4266**. There are a number of considerations to ensure you do not incur penalties.

How to Apply for Medicare

Learning how to apply for Medicare is one of the major things you'll need to know as you prepare to take advantage of this benefit. As complicated as Medicare can be, signing up for Medicare Part A and Part B is often quite simple.

Signing Up

If you are not automatically enrolled in Medicare, you can sign up for Part A and/or Part B via the [online Medicare application](#), by calling Social Security at **800.772.1213**, or by visiting your local Social Security office. If you are coming off group coverage, you will want to be sure your Medicare effective date lines up with the end of your other insurance coverage. Working beyond age 65? [Read this article.](#)

During your Initial Enrollment Period (IEP), you will be able to sign up for a health plan to pair with your Part A and Part B benefits. Based on your doctors, prescriptions, travel plans, preferred pharmacy, and preferred hospital, you will want to consider this additional coverage.

When to Apply

Most people can apply for Medicare three months before their 65th birthday month. Signing up is different if someone has a disability or receives Social Security.

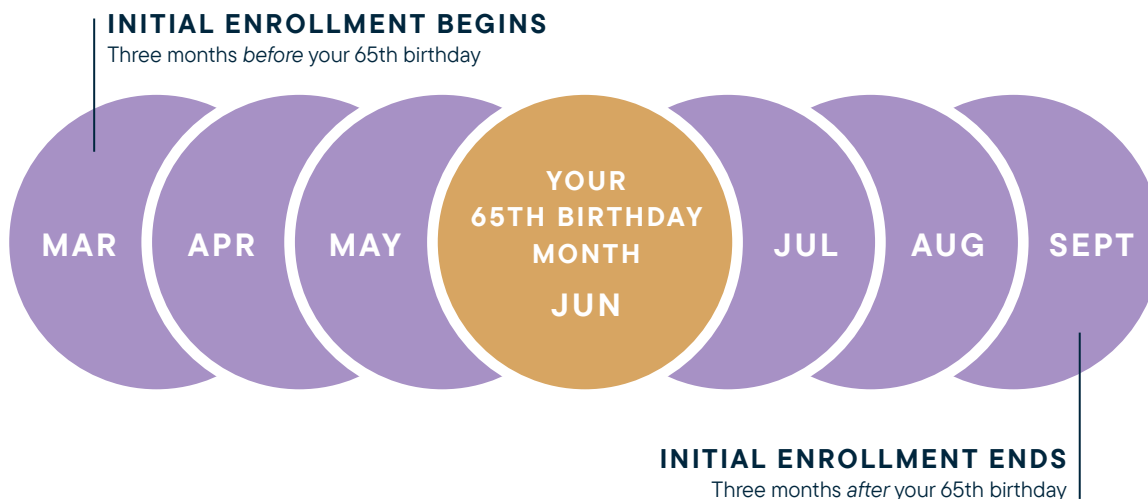
When to Enroll in Medicare

Initial Enrollment Period

Your Initial Enrollment Period (IEP) is the first time you are eligible to sign up for Medicare (Parts A, B, C, and/or D). This time frame starts three months before the month of your 65th birthday, includes your birth month, and extends three months after the month of your 65th birthday.

For example, if your birthday is June 15, your IEP would look like this graphic:

- **March 1:** Your IEP begins, and you are officially eligible to enroll in Medicare Parts A, B, C, and D.
- **June:** You turn 65.
- **September 30:** Your IEP ends. By now, you should have chosen and enrolled in the insurance health plan that is right for you.



Annual Enrollment Period

Each year from Oct. 15 through Dec. 7, the Medicare Annual Enrollment Period (AEP) or Medicare open enrollment takes place. During this time, individuals who are already enrolled in a Medicare plan have the opportunity to review and change plans.

If you choose to enroll in a different plan during AEP, your new Medicare coverage will start on Jan. 1 the following year.

Special Enrollment Period

Medicare Special Enrollment Periods (SEPs) are granted due to special circumstances, such as losing employer coverage or moving out of your plan's service area. For instance, if you leave employer coverage, you will be able to enroll in Medicare during a Special Enrollment Period.

The rules around Special Enrollment Period can be confusing and depend largely on your personal situation.

We encourage you to call one of our advisors at **866.600.4266** if you have specific questions.

Plans & Coverage

THE FOUR PARTS OF MEDICARE

Part A	Part B	Part C	Part D
Hospital-Related Services <ul style="list-style-type: none"> • Hospital stays • Skilled nursing care • Nursing home care • Hospice • Home health services 	Medical <p>Medically necessary health services and supplies, like doctor office visits, outpatient hospital stays, tests, and wheelchairs.</p> <p>Preventive services, like screenings and annual wellness exams.</p> <ul style="list-style-type: none"> • Clinical research • Ambulance services • Durable medical equipment (DME) • Mental health • Outpatient care • Second opinion before surgery 	Medicare Advantage Plan <p>Offered by private insurance companies. Plans roll Part A, Part B, and sometimes Part D benefits into one plan. Every MA plan must provide the same basic coverage as Medicare Parts A and B, but many plans also feature extra benefits, including vision, dental, hearing, and fitness memberships.</p>	Prescription Drug Plan <p>Medicare Part D is prescription drug coverage available to anyone with Medicare Part A and/or Part B. Medicare Part D plans are offered by private insurance companies.</p>

What Does Medicare Cover?

Medicare is made up of different areas of health coverage: Part A, Part B, Part C, and Part D. Depending on your situation, you can get Medicare coverage through a combination of these parts. The combination of Medicare plans that is right for you will determine what you will have to pay for your coverage.

RetireMed Tip: *Your red, white, and blue Medicare card will state whether you have Part A, Part B, or both. It also shows when your coverage begins.*

Medicare Part A: Hospital Insurance

Medicare Part A is part of Original Medicare and is sometimes referred to as “hospital insurance.”

Medicare Part B: Medical Insurance

The other part of Original Medicare is Medicare Part B, sometimes referred to as “medical insurance” and generally covers two types of medical services. First, it covers medically necessary health services and supplies, like outpatient doctor visits, tests, wheelchairs, walkers, etc. Second, Part B covers preventive services like screenings, annual wellness exams, etc.

A more exhaustive list for Medicare Part B coverage, can be found on [Medicare.gov](https://www.medicare.gov).

Medicare Part C: Medicare Advantage

Medicare Part C (Medicare Advantage) is a health plan option offered by private insurance companies. These insurance companies are contracted and approved by Medicare to offer plans that combine Part A, Part B, and sometimes Part D benefits into one plan.

Types of Medicare Advantage Coverage

Similar to traditional insurance options, MA plans can come in multiple forms but the two most popular are HMO and PPO plans. It all comes down to your individual needs and budget. By looking at your specific circumstances, we can assist you in choosing the right plan for you.

HMO

An HMO (Health Maintenance Organization) features a “network” of approved doctors, hospitals, and other health care facilities.

If you use an “in-network” doctor or hospital, it means the provider is approved by your plan. You will likely pay a lower rate for care. If you use an “out-of-network” provider, you will likely pay all of your medical bills with the exception of emergency or urgent care visits. This is because the provider is not in your Medicare HMO plan’s network. While there are many other features to an HMO, the main thing to know is that they use networks to manage care

and costs.

PPO

A PPO (Preferred Provider Organization) gives more flexibility regarding the doctors you see and the health care facilities you use. PPO plans have a more flexible network in which to work. If “out-of-network”, you will likely pay a larger portion of your medical bill.

Medicare Part D:

Prescription Drug Plan

Medicare Part D is prescription drug coverage available to anyone with Medicare Part A and/or Part B. Medicare Part D plans are offered by private insurance companies.

***RetireMed Tip:** Many MA plans include Part D coverage and are referred to as MAPD plans. Medicare Supplements do not include prescription drug coverage, therefore enrollees need to purchase a separate Part D plan.*

Medicare Supplement “Medigap” Plans

Medicare Supplement plans, also known as Medigap, are health insurance policies sold by private insurance companies. Medicare Supplement insurance is designed to be paired with Medicare Parts A and B to “fill in the gaps” that Medicare does not cover (like copays, coinsurance, and deductibles). Many individuals choose Medicare Supplements because they have very little out-of-pocket costs. However, you will likely pay a higher monthly premium for a Medicare Supplement compared to a

Medicare Advantage plan.

Supplements are secondary to Medicare. In other words, Medicare pays its share of approved covered health care costs and then sends the remaining balance to your Supplement insurance company. As long as the services or procedures are qualified, your Supplement will pay most or all of the remaining costs, based on the plan chosen.

***RetireMed Tip:** Supplement plans will usually cover the cost of care provided by any doctor, hospital, or facility that accepts Medicare.*









It’s important to note that you must be enrolled in Parts A and B to obtain a Supplement.

Medicare Supplements do not offer Part D benefits. If you want prescription drug coverage, enrollment in a stand-alone Medicare Part D prescription drug plan or another form of creditable drug coverage (meaning coverage equal to or greater than Medicare’s minimum standards of coverage) is necessary.

Dental Plans

Original Medicare doesn’t cover most dental care, dental procedures, or dental supplies. However, many Medicare Advantage plans offer dental benefits, as well as vision and hearing. Whatever your decision, our advisors can help you compare these plans and enroll in the plan that is right for you.

Medicare Plan Comparison Chart

Plan Features	Medicare Advantage	Medicare Supplement
 Costs	Generally, you pay a low or \$0 monthly plan premium in addition to your Part B premium. When you use services, you pay copays, co-insurance, and deductibles.	You pay a monthly plan premium in addition to your Part B premium. When you use services, your out-of-pocket costs are limited.
 Prescription Drug Coverage	Prescription drug coverage is included with most plans.	Prescription drug coverage is not included.
 Benefits	Typically, routine dental, vision, and hearing benefits are included.	Routine dental, vision, and hearing benefits are not included.
 Doctors & Hospitals	You may be required to use doctors and hospitals within the plan network.	You can select your doctors and hospitals as long as they accept Medicare patients.
 Referrals	Referrals are needed on some plans but are generally not required.	You can see specialists without referrals.
 Network	You may have network restrictions. Emergency care is covered for travel within the United States and sometimes internationally.	There are no network restrictions and your coverage travels with you across the United States; however, the provider or facility you visit must take Medicare.
 Underwriting Requirements	No underwriting is required.	Underwriting may be required outside of your initial enrollment into Medicare.
 Enrolling	Generally, there are specific periods during the year when you can enroll or switch to another Medicare Advantage plan.	You can apply to buy a Medicare Supplement plan any time after you turn 65 and join Medicare Part B.

How Does Medicare Work with Other Coverage?

Depending on your situation, you may have both Medicare and another form of insurance, perhaps through an employer. There are specific rules for these types

of situations that determine which insurance pays first and how much you can expect to owe after both coverages have paid their share.

Employer Coverage and Medicare

The way job-based insurance works in conjunction with Medicare varies by company size. If your organization has 20 or more employees, you are not required to sign up for Original Medicare when you turn 65. However, if you do sign up, the employer coverage remains the primary insurance and Medicare is secondary. Remember, if you do not sign up for Original Medicare at this point, you'll need to defer your Medicare Part B coverage.

If your organization has fewer than 20 employees, you are required to sign up for Original Medicare when you turn 65, even if you plan to continue working. This is because Medicare is your primary insurance. When you sign up for Medicare Parts A and B, you need to confirm that your prescription drug coverage through your employer is creditable.

Regardless of employer size, if you decide to keep group insurance, you need to ensure your group coverage is creditable to Medicare Part D. If it's not, you will need to enroll in a Medicare prescription drug plan. You may also choose to sign up for a Medicare Advantage or Supplement plan, depending on the coverage you would like to have. Because of the complicated nature of employer coverage and Medicare, we encourage you to call our team of advisors with questions about your specific situation, so you understand what actions you need to take and when.

Retiree Insurance and Medicare

Sometimes employers will provide in-

surance coverage to former employees, which is known as retiree insurance. In this type of arrangement, Medicare pays first with retiree insurance paying second. To make sure you have the coverage you need, you will need to enroll in Original Medicare (Parts A and B). The type of coverage provided through retiree insurance may vary by organization, so you should speak with your employer's human resources department or other designated department to confirm your options and coverage.

Veterans Affairs (VA Benefits and Medicare)

Veterans Affairs encourages their beneficiaries to sign up for Medicare when they become eligible. Your VA coverage will not be impacted by signing up for Medicare. The main benefit for signing up for both types of coverage is that you will have access to health care outside of the VA system. That is why it is advantageous for VA beneficiaries to add a Medicare plan to help with costs outside the VA and receive additional benefits.

While you must receive care at a VA facility for your VA coverage, the same rule does not apply for Medicare— instead, you must receive care at a Medicare approved facility. Keep in mind that your VA benefits will not cover the costs associated with services covered by Medicare that the VA does not agree to pay for.

Cost & Savings

How Much Does Medicare Cost?

Medicare Part A Cost

You qualify for “premium-free” Part A if you or your spouse paid Medicare taxes while working for at least 10 years (or 40 quarters).

If someone doesn't qualify for Part A premium-free, the monthly Part A premium is \$274 or \$499 in 2022, depending on how long taxes have been paid.

Part A consists of the following costs for 2022:

- \$1,556 deductible for each benefit period
- Days 1-60: \$0 coinsurance for each benefit period
- Day 61-90: \$389 coinsurance per day of each benefit period
- Days 91 and beyond: \$778 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over lifetime)
- \$0 copay for Skilled Nursing Care days 1-20
- \$194.50 coinsurance per day for skilled nursing care days 21-100
- Beyond lifetime reserve days: all costs

RetireMed Tip: *If you are planning to work beyond age 65, there are important things you need to know about Part A, like how it could impact your HSA if you have one. Be sure you are aware of these things before making any decisions.*

Medicare Part B Cost

Medicare Part B has a monthly premium (\$170.10) for most enrollees and a standard annual deductible (\$233 in 2022). If your income is above a certain level, you will pay more for your Part B premium. (See graph on page 11.) After the deductible is met, you typically pay 20% of the cost of services and Medicare covers the rest. When budgeting for your Part B expenses, note that there is no cap on the 20% that you will be responsible for paying. Because of the potential costs with no maximum out of pocket you can incur while on Original Medicare, it is important that you contact our advisors to help you find a plan to help defray these costs.

Medicare Plan Premiums

A Medicare plan premium is the monthly amount you pay to keep your health plan's coverage active. Your plan's premium may range in price from \$0 per month and up, depending on the type of plan you have.

In addition to a premium, there are other costs to consider, like deductibles, copayments, and coinsurance. All these costs should be evaluated as you decide what plan is going to meet your lifestyle and your needs. Working with a licensed health insurance agent can help you forecast how these costs will impact your health care budget in retirement.

Medicare Part C Cost

The amount you pay for a Medicare Advantage plan can vary based on the plan

2022 Part B Income-Related Monthly Adjustment Amounts

IF YOUR YEARLY INCOME IN 2020 WAS			YOU PAY
File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Returns	
\$91,000 or less	\$182,000 or less	\$91,000 or less	\$170.10
\$91,001 to \$114,000	\$182,001 to \$228,000	N/A	\$238.10
\$114,001 to \$142,000	\$228,001 to \$284,000	N/A	\$340.20
\$142,001 to \$170,000	\$284,001 to \$340,000	N/A	\$442.30
\$170,001 to \$499,999	\$340,001 to \$749,999	\$91,001 to \$408,999	\$544.30
\$500,000 or more	\$750,000 or more	\$409,000 or more	\$578.30

2022 Monthly Premium Cost Ranges

TYPES OF MEDICARE	MONTHLY PREMIUM
Medicare Part A	Typically \$0 for most (if you or your spouse paid Medicare taxes while working for at least 10 years)
Medicare Part B	Premiums start at \$170.10 and increase depending on income
Medicare Advantage Plans Part C	\$0 to \$200 (\$0 for most MAPD plans)
Medicare Prescription Drug Plans Part D	\$7 to \$80 (Low or \$0 for most MAPD plans)
Medicare Supplement (“Medigap”) Plans	\$90 to \$350 or more

you select. Many plans are available with a \$0 premium. You may be eligible for additional benefits like dental, vision, hearing, etc. In general for 2022, Medicare Advantage plans can include:

- A monthly premium
- Copays and/or coinsurance
- An annual deductible
- An out-of-pocket maximum

Medicare Part D Cost

Actual costs of Part D plans, as well as the amount you pay for your medications, are set by the insurance companies and approved by the government. Most Part D plans include:

- A monthly premium
- An annual deductible

- A prescription drug formulary
- Coverage phases (Initial Coverage Phase, the Coverage Gap—also known as the Donut Hole, and the Catastrophic Coverage Phase)

Your costs will vary based on the medication that you take and the plan you choose. If your income is above a certain level, you will also pay a Part D surcharge.

This additional charge is due on top of your plan’s monthly premium.

Medicare Supplement (“Medigap”) Plans Cost

You pay a monthly plan premium, in addition to your Part B premium. There can be big differences in the premiums that different insurance companies charge

2022 Part D Income-Related Monthly Adjustment Amounts

IF YOUR YEARLY INCOME IN 2020 WAS			YOU PAY
File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Returns	
\$91,000 or less	\$182,000 or less	\$91,000 or less	Your Plan Premium
\$91,001 to \$114,000	\$182,001 to \$228,000	N/A	\$12.40 + Your Plan Premium
\$114,001 to \$142,000	\$228,001 to \$284,000	N/A	\$32.10 + Your Plan Premium
\$142,001 to \$170,000	\$284,001 to \$340,000	N/A	\$51.70 + Your Plan Premium
\$170,001 to \$499,999	\$340,001 to \$749,999	\$91,001 to \$408,999	\$71.30 + Your Plan Premium
\$500,000 or more	\$750,000 or more	\$409,000 or more	\$77.90 + Your Plan Premium

for the same coverage. In addition, plan benefits and costs can change every year. Each insurance company determines how it will set the monthly premium. It's important to know how an insurance company prices its policies because this affects how much you pay now and in the future.

Medigap plans can be priced or "rated" in three ways:

- Community-rated (also called "no age-rated"): The same monthly premium is charged to everyone, regardless of age.
- Issue-age-rated (also called "entry age-rated"): The premium is based on the age you are when you buy (are "issued") the policy.
- Attained age-rated: The premium is based on your current age, so it goes up as you get older.

Our advisors are well versed in all plan types and are happy to help you find the right plan for you.

What Type of Medicare Financial Assistance is Available?

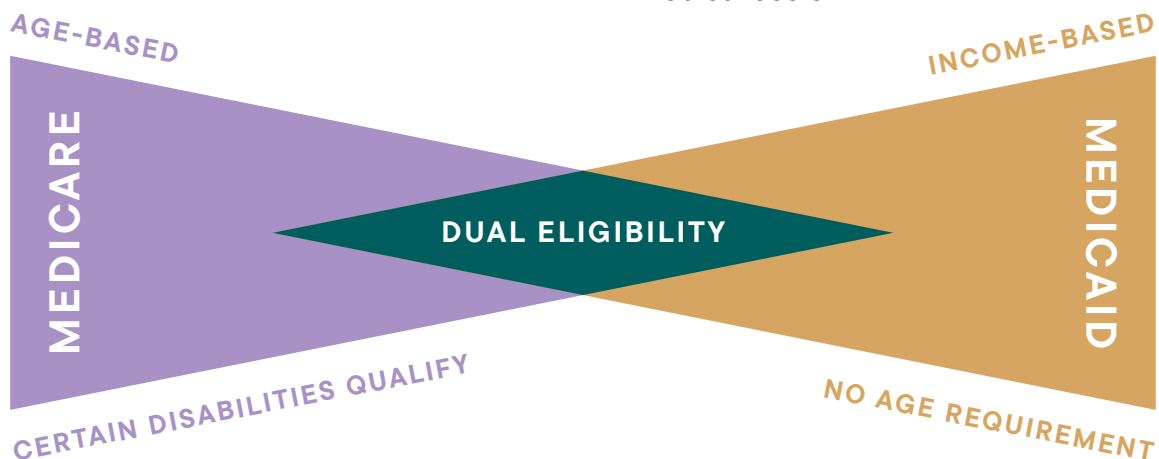
For individuals looking for Medicare premium, deductible, or copayment cost support, Social Security and Medicaid provide options to qualifying individuals.

Medicare vs. Medicaid

Medicare and Medicaid were created in 1965 by Lyndon B. Johnson to provide older and lower-income Americans the option of purchasing private health insurance. The two have some significant distinctions.

Medicare provides health insurance to individuals over the age of 65 and individuals with certain disabilities or End-Stage Renal Disease. Medicare is provided to individuals regardless of their income.

Medicaid, on the other hand, does not have an age requirement, because this program provides low-cost health insurance for people based on need. Medicaid helps some people with limited resources and income pay their medical costs.



It is possible to benefit from both Medicare and Medicaid at the same time—this is known as dual eligibility. States have different rules regarding Medicaid eligibility and application. Contact our advisors at RetireMed to discuss Medicaid and your eligibility.

Medicare Savings Programs

Medicare Savings Programs help individuals who have limited resources and income pay their Medicare costs. These programs help pay for Medicare Part A and B deductibles and copayments, as well as Part B premiums and Part A premiums, if applicable.

To apply for Medicare Savings Programs, you must:

- Have or be eligible for Part A
- Have an income at or below the limits specified by Medicare
- Have limited resources below the limits specified by Medicare

You can apply for Medicare Savings Programs by calling your state Medicaid Agency.

Medicare Extra Help

Individuals who enroll in a Medicare prescription drug plan could be eligible for Extra Help from Medicare. This program helps with premiums, deductibles, and copayments for your Part D plan. Social Security estimates that Extra Help is worth around \$5,000 per year.

In order to qualify for Extra Help benefits, you must:

- Live in a U.S. state or the District of Columbia

- Have resources limited to \$15,510 for an individual or \$30,950 for a married couple living together
- Have an annual income limited to \$20,625 for an individual or \$27,705 for a married couple living together

To apply for Extra Help, simply visit your local Social Security office, call Social Security at **800.772.1213**, or visit [socialsecurity.gov/extrahelp](https://www.socialsecurity.gov/extrahelp).

Once you apply, Social Security will send you a letter to confirm whether you qualify for Extra Help. If you qualify, you can then choose and enroll in a Medicare Part D plan.

Medicare Easy Pay

Medicare Easy Pay is a system that allows individuals to have their Medicare premium amounts deducted each month automatically from a bank account.

Any individual who is billed for Medicare premiums is eligible for Easy Pay and can sign up at any time. To sign up for Medicare Easy Pay, go to [medicare.gov/medicare-easy-pay](https://www.medicare.gov/medicare-easy-pay).

Medicare Resources

Many individuals seek help selecting a Medicare plan or when they have issues with their plan once they've enrolled. Throughout this process, it's helpful to be aware of the Medicare resources available if you experience suspicious activity or think something is not right.

Contacting Medicare

If you have a question about Medicare or your Medicare card, you will typically

call Social Security at **800.772.1213**, or visit your local Social Security Office. If you have a specific question about your plan once you enroll, you should call Medicare or your Medicare plan insurance company.

Safety Tips

Medicare fraud is when Medicare is billed for services or supplies you never receive. The wrongdoer could be a doctor, a healthcare professional, a con artist, or even an organization who has gained access to your personal information (like your Social Security number, Medicare number, etc.). You can avoid becoming a victim of Medicare fraud by doing the following:

1. Guard Your Personal Information

You should be highly discerning about whom you share personal information with (your Medicare number, Social Security number, banking, etc.). Medicare will never call or show up at your home to verify your individual details. If you receive a call from a person claiming to represent Medicare, do not share your information. Medicare does not employ sales representatives.

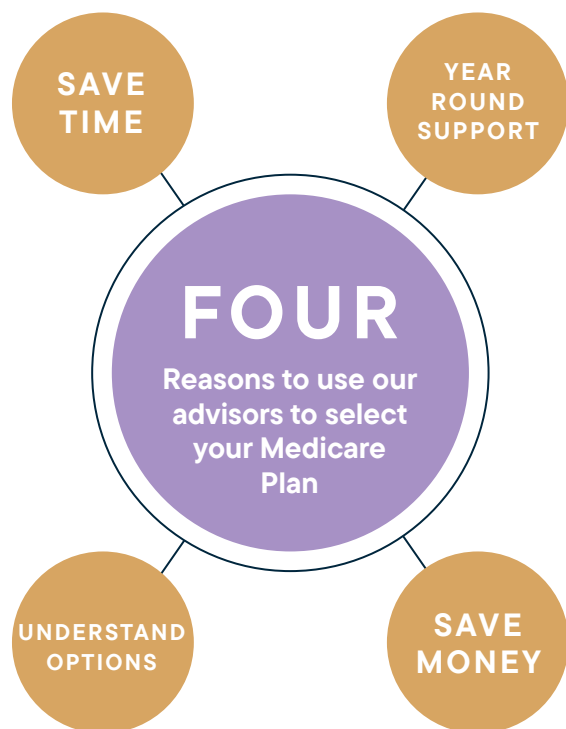
2. Read Your Mail Carefully

Scammers looking to gain access to your private health information may send you formal-looking documents, very similar to those from your insurance company or the government, which instruct you to write down personal data and send it back. If you do not recognize the sender, do not respond.

3. Check Your Monthly Medicare Statements

Sometimes what could appear to be Medicare fraud is simply a billing error due to a provider or hospital using the wrong medical code. Always be sure to read your monthly Medicare statements closely and call your insurance company, your doctor's office, or Medicare if you see something that does not make sense.

Finding an Advisor



Working with an advisor can save you time and ensure you select the plan that is right for you.

Here are some things to look for when choosing an advisor:

- Local lifelong support
- Help with navigating plans
- Help with enrolling into plans
- No cost to you
- No obligation to enroll in a plan

Finding the right health plan can be difficult, but it's an important step in making sure your health care needs are met within your budget. RetireMed makes this process easy and stress-free.

Here are the top four reasons it makes sense to use a health plan advisor to select your Medicare plan.

1. You Save Time

Unless you have a passion for re-searching the ins-and-outs of insurance plans (like us), our guess is that you would much rather spend your time doing something you love.

There are an overwhelming number of health plan options available, and they all differ from each other. Even if you fully understand health insurance, determining which of hundreds of available plans best meets your needs can be time-consuming.

Taking the time to understand how all the plans could work for you is difficult, but it is a key part of optimizing your health care costs and benefits. Not only can a health plan advisor do all this legwork for you, but we're also experienced at it. Our intimate knowledge of the health care landscape enables us to do the work for you in a fraction of the time.

2. You May Save Money

Who doesn't love saving money? As a health plan advisor, we assess your needs and preferences and find a plan that meets those needs at the lowest cost. Better yet, we don't charge you for the services we provide. We are compensated directly by insurance companies when you enroll in any of their plans. Plus, there's no obligation to enroll in a plan.

A study by eHealth showed that only about seven percent of people on Medicare choose the plan that provides them with the lowest total out-of-pocket costs for their prescription drugs. That means that more than nine out of ten people could save money by enrolling in the right plan in the first place. We can help you do that.

We don't just look at premiums and deductibles—we consider your health care habits to understand how you will use your plan. Through our research, we identify the plans that are right for your individual needs.

3. You Understand Your Plan Options

While you may not care to know how all insurance plan benefits work, you probably would like to know how yours will work for you. That's another great reason to have a health plan advisor like RetireMed.

We don't just present health plan options—we explain why those options make the most sense for you.

Personal advice means that we answer all your questions and ensure you know what to expect from your coverage, so you have peace of mind about the plan you select. When you've chosen a plan, your advisor will help you enroll.

4. You Receive Year-Round Support

We are here to help year-round to ensure your health plan needs are met. You'll have access to our team of advisors that is just an email or phone call away.

This means when you have a question about your plan or run into a tricky billing situation you are unable to resolve, you can call us, and we will help find a solution. In addition, you will receive e-communications from us that contain Medicare and plan-related information tailored to your needs.

RetireMed, Your Local Partner in Medicare

With hundreds of Medicare plans available to you, it's essential that you choose an advisor you trust, like RetireMed. We've worked in the Medicare market for more than 15 years and can provide trusted guidance. We will compare your plan options, help you enroll when you're ready, and provide lifelong support. Plus, there is no cost for our services or obligation to enroll.

We look forward to partnering with you. Simply, give us a call at **866.600.4266**.*

Follow us for more great tips:



**By calling this number, you will reach a licensed insurance agent.*

NOT AFFILIATED WITH OR ENDORSED BY THE GOVERNMENT OR FEDERAL MEDICARE PROGRAM