



Avoiding the Top 5 Mistakes People Make on Medicare

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MEET TODAY'S PRESENTERS:



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Our top priority is to **reduce stress** for Medicare beneficiaries, by providing **education**, an overview of the choices available, and making recommendations for each individual's coverage.

- Founded in 2009
- **Over 25,000 Medicare Clients Nationwide**
- President is Doug Lubenow; ~30 years in Insurance Industry
- Family Owned & Operated
- **All 5 star reviews - <https://www.senior-advisors.com/testimonials.html>**
- ***Member of the Medicare Advisory Board of National Association of Health Underwriters (NAHU) from 2012-2020***

READ THIS FOR MORE INFO

<https://www.senior-advisors.com/about-us.html>

We have two offices in NJ, and we are licensed in 30+ states.



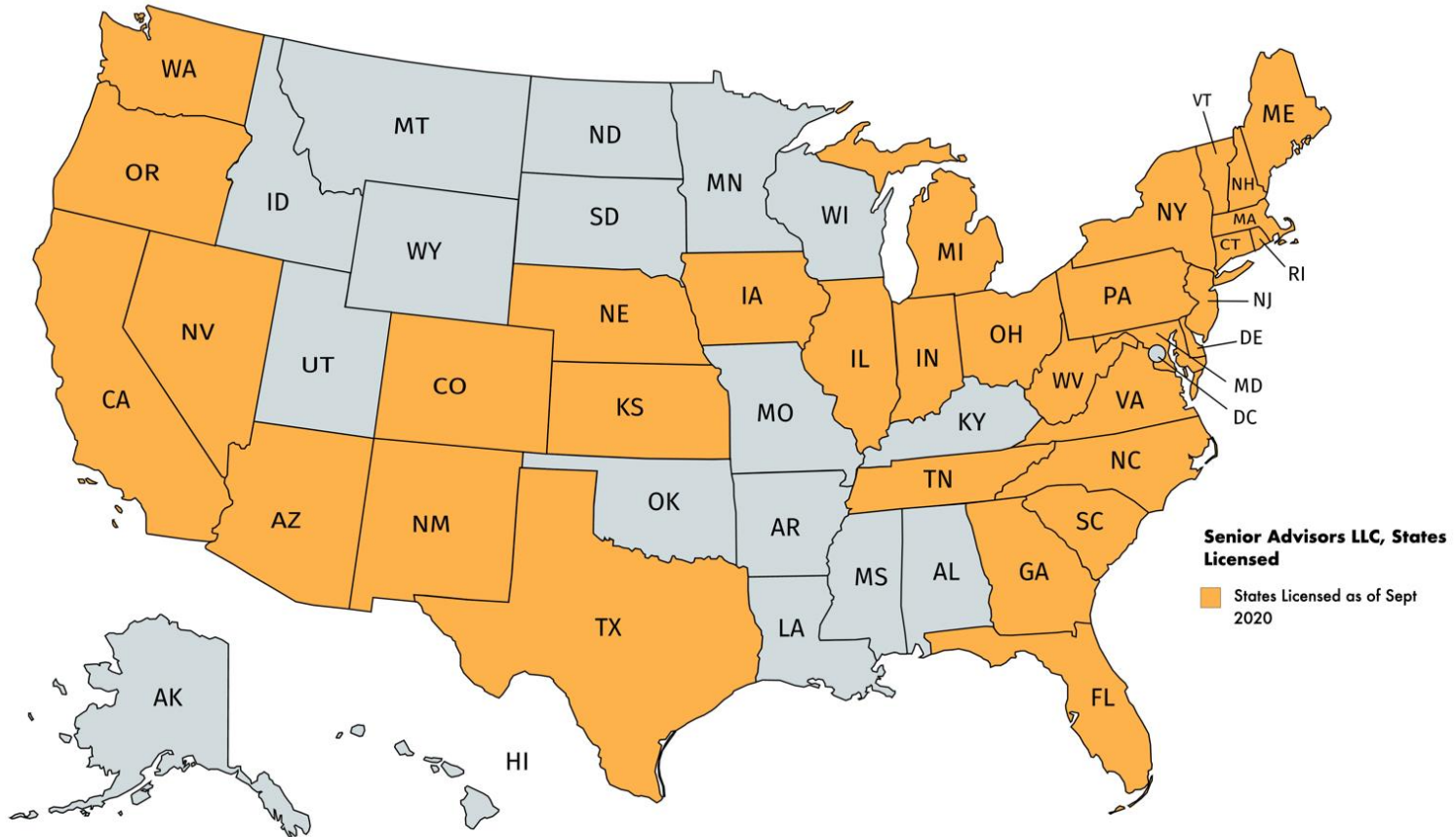
Cranford Office

15 Alden Street, Suite 8
Cranford, NJ 07016

Moorestown Office

214 W Main Street Suite 101
Moorestown, NJ 08057

We have two offices in **NJ**, and we are **licensed in 30+ states**.



Educate seniors on Medicare, provide options for coverage, and help them enroll.

Educate



We offer FREE workshops: What Baby Boomers need to know about Medicare.

<https://www.senior-advisors.com/watch-workshop-now.html>

Provide Options



And More!

Assist with Enrollment

- Part A (Hospital)
- Part B (Doctors)
- **Medigap Plans (aka Medicare Supplement Plans)**
- **Medicare Advantage**
- Part D (RX Plans)



Section 1: Medicare & Medicare Supplements



Section 2: Medicare Part D: Prescription Plans

2020

Section 3: Some 2020 Changes & **COVID Impacts**



Section 4: Recap Top 5 Mistakes People Make

Parts of Medicare



Part A: Hospital Insurance

- Inpatient care in hospitals
- Skilled nursing facility, hospice, and home health care

Usually, no premiums

Part B: Medical Insurance

- Doctors, hospital outpatient care, durable medical equipment and home health care
- Preventative services

Usually, \$144.60/mo.*

* Income adjusted

Part C: Medicare Advantage

- Another way to get benefits covered under Part A & B
- Most offer prescription drug coverage (part D)
- Run by private insurance companies

Varies by plan

Part D: Prescription Drug Coverage

- Helps cover prescription costs
- Run by private insurance companies

Usually, plan premium*

* Income adjusted



Medicare Part **B**: Monthly Premiums

LEGEND: 2020 changes in orange

	2020 INCOME TIERS & PREMIUMS		
Tier	File Ind. Tax Return	File Joint Tax Return	Prem. in 2020
1	<=\$87k	<=\$174k	\$144.60
2	\$87,001-\$109,000	\$174,001-\$218,000	\$202.40
3	\$109,001-\$136,000	\$218,001-\$272,000	\$289.20
4	\$136,001-\$163,000	\$272,001-\$326,000	\$376.00
5	\$163,001-\$500,000	\$326,001-\$750,000	\$462.70
6	>\$500,000	>\$750,000	\$491.60

¹ Income is based on prior full year tax return (e.g. 2018 MAGI for 2020 premiums)



Medicare Part **D**: Monthly Premiums

LEGEND: 2020 changes in orange

	2020 INCOME TIERS & PREMIUMS		
Tier	File Ind. Tax Return	File Joint Tax Return	Prem. in 2020
1	<=\$87k	<=\$174k	Your plan premium
2	\$87,001-\$109,000	\$174,001-\$218,000	\$12.20 + your plan premium
3	\$109,001-\$136,000	\$218,001-\$272,000	\$31.50 + your plan premium
4	\$136,001-\$163,000	\$272,001-\$326,000	\$50.70 + your plan premium
5	\$163,001-\$500,000	\$326,001-\$750,000	\$70.00 + your plan premium
6	>\$500,000	>\$750,000	\$76.40 + your plan premium

¹ Income is based on prior full year tax return (e.g. 2018 MAGI for 2020 premiums)

Medicare **B & IRMAA*** TOTAL Monthly Premiums

LEGEND: 2020 changes in orange

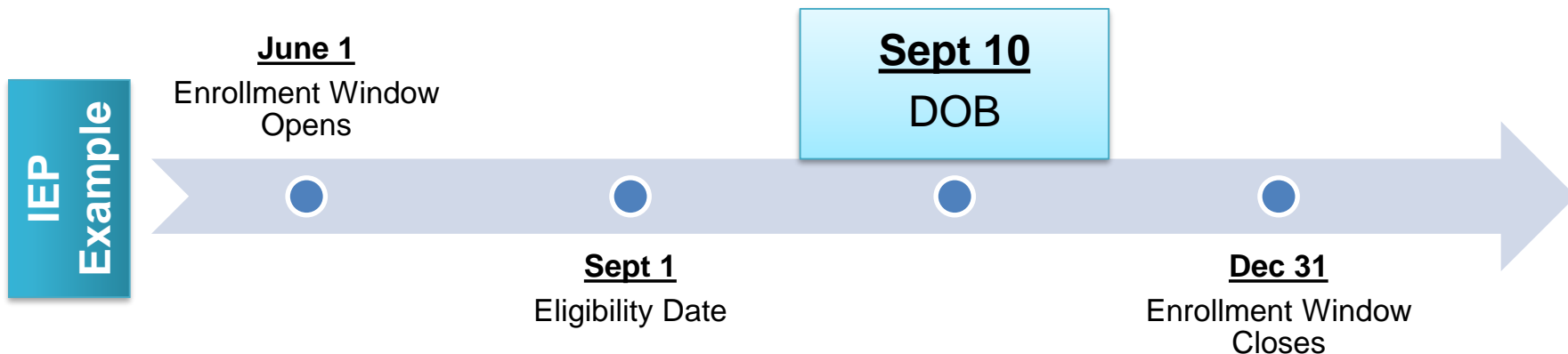
	2020 INCOME TIERS & PREMIUMS		
Tier	File Ind. Tax Return	File Joint Tax Return	Prem. in 2020
1	<=\$87k	<=\$174k	\$144.60
2	\$87,001-\$109,000	\$174,001-\$218,000	\$214.60
3	\$109,001-\$136,000	\$218,001-\$272,000	\$320.70
4	\$136,001-\$163,000	\$272,001-\$326,000	\$426.70
5	\$163,001-\$500,000	\$326,001-\$750,000	\$532.70
6	>\$500,000	>\$750,000	\$568.00

¹ Income is based on prior full year tax return (e.g. 2018 MAGI for 2020 premiums)

Initial Enrollment Period



- 7-month Initial Enrollment Period (IEP)
 - Eligible 1st of the month turn 65*
 - Critical to enroll during the 7-month IEP
 - Can enroll later with penalties (10% per year)



* If your birthday is 1st of the month, you are eligible the previous month

3 months after age 65 – Delays in Part B

This chart explains the enrollment dates and coverage effective dates for the IEP and SEP.

Initial Enrollment Period									
3 months before	2 months before	1 month before	Month turn age 65	1 month after	2 months after	3 months after	4 months after	5 months after	6 months after
Enroll in any of these months			Coverage starts						
			Enroll	Coverage starts					
				Enroll		Coverage starts			
					Enroll			Coverage starts	
						Enroll			Coverage starts
							Enroll (SEP)	Coverage can start*	
								Enroll (SEP)	Coverage can start*

*The SEP can only be used once the individual's IEP is over.

Who Pays First???

- There are several situations where knowing who pays first is extremely important, as it may cause employees claims to not be paid or for them to face penalties at a later date.

If the member is...	And...	This is who pays first
Over age 65, on group plan/spouse's group plan	Employer has less than 20 employees	Medicare
Over age 65, on group plan/spouse's group plan	Employer has more than 20 employees	Group Health Plan
Disabled & covered by group plan/spouse's group plan	Employer has less than 100 employees	Medicare
Disabled & covered by group plan/spouse's group plan	Employer has more than 100 employees	Group Health Plan
On an Employer Retirement plan	Is entitled to Medicare	Medicare
Covered by COBRA*	Is entitled to Medicare	Medicare

Part B Enrollment Scenarios

*Social Security

- Turning 65 (already enrolled in SS*)
 - Auto-enrolled in A & B
- Turning 65 (not enrolled in SS*)
 - Enroll online at
<https://ssa.gov/benefits/medicare>
- Enrolling after age 65 (see next slide)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-1230

1. Your Social Security Claim Number	Beneficiary Identification Code (BIC)
--------------------------------------	---------------------------------------

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array} = \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}$$

2. Do you wish to sign up for Medicare Part B (Medical Insurance)? ☐ YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City	State	Zip Code

6. Phone Number (including area code)
() -

7. Written Signature (DO NOT PRINT)

8. Date Signed

SIGN HERE

IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT
MUST SUPPLY THE INFORMATION REQUESTED BELOW.

9. Signature of Witness

10. Date Signed

11. Address of Witness

12. Remarks

Form <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS40B-E.pdf>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0787

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name	2. Date
--------------------	---------

FLOOR OF COVERAGE

6. En **Form** <https://www.cms.gov/Medicare/C>

SEC
For I

L564E.pdf

1. Is (or was) the applicant covered under an employer group health plan? ☐ Yes ☐ No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)

/

3. Has the coverage ended? ☐ Yes ☐ No

4. If yes, give the date the coverage ended. (mm/yyyy)

/

5. When did the employee work for your company?

From: (mm/yyyy) To: (mm/yyyy) Still Employed: (mm/yyyy)

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.

From: (mm/yyyy) To: (mm/yyyy)

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? ☐ Yes ☐ No

2. If yes, does the applicant have hours remaining in reserve? ☐ Yes ☐ No

3. Date reserve hours ended or will be used? (mm/yyyy)

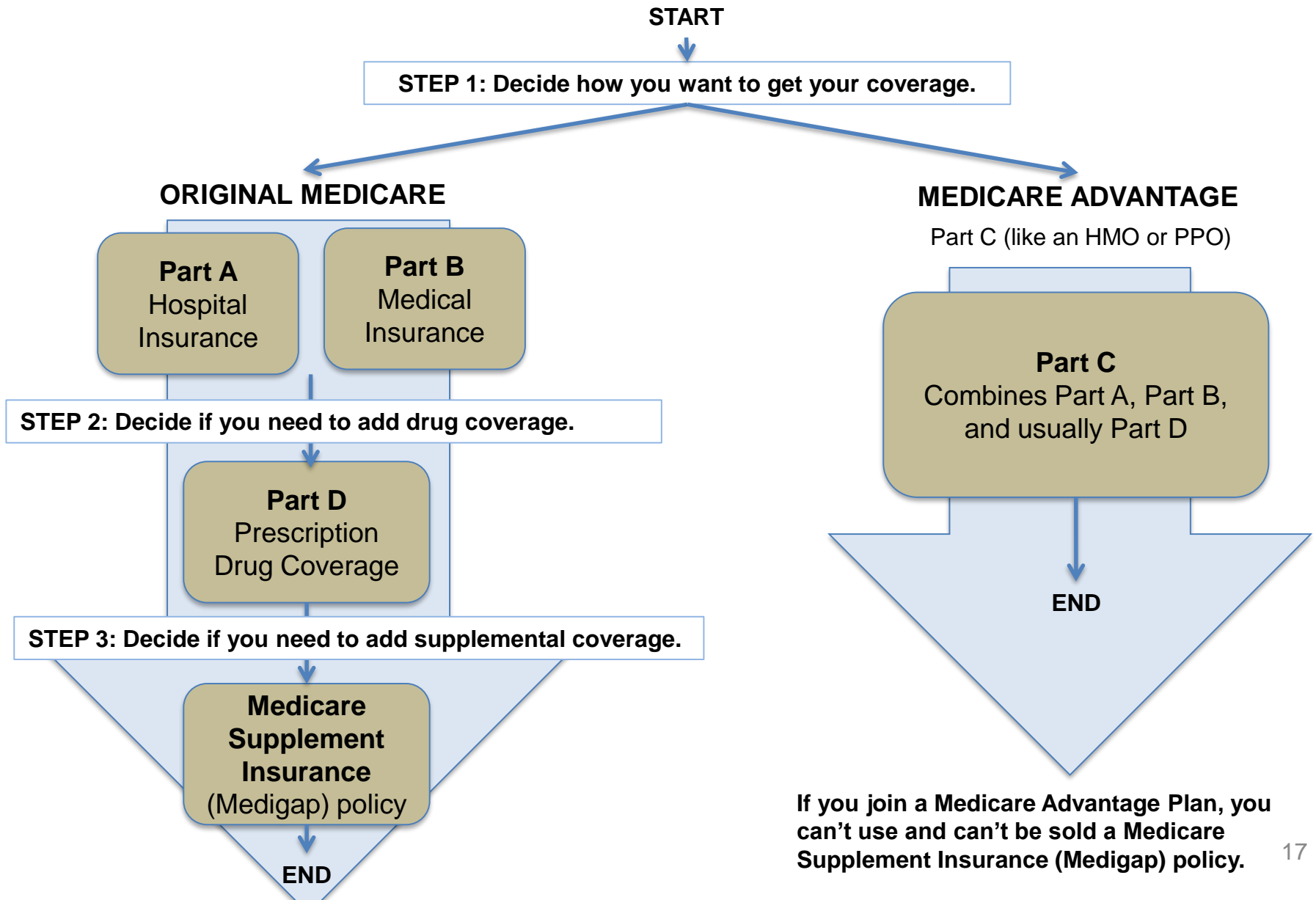
All Employers:

Signature of Company Official	Date Signed
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Title of Company Official _____ 16

16

Medicare Choices at a glance



Original Medicare compared to Advantage

3

Characteristic	Original Medicare + Medicare Supplement	Medicare Advantage (Part C)
Relationship to Medicare Parts A & B	Supplements	Replaces
Private Network Required	No	Most Plans
Referrals Required	No	Some plans
Part D Included	No	Most plans
Monthly Premiums	Vary, but generally higher	Vary, but generally lower
Annual Out-of-Pocket Costs	Minimal	Up to \$6,700
Guaranteed Renewable for Life	Yes	No

Plan F Example – Part A

Services	Medicare Pays	Plan Pays	You Pay
<u>Hospitalization</u> Semiprivate room and board, general nursing & misc. services & supplies First 60 Days 61 st -90 th day 91 st and after While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	All but [\$1,408] All but [\$352] a day All but [\$704] a day \$0 \$0	[\$1,408] (Part A deductible) [\$352] a day [\$704] a day 100% Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All costs
<u>Skilled Nursing Facility Care</u> You must meet Medicare's requirements, including having been in a hospital for at least 3 days & entered a Medicare-Approved facility within 30 days after leaving the hospital First 20 days 21 st -100 th day 101 st day and after	All approved amounts All but [\$176] a day \$0	\$0 Up to [\$176] a day \$0	\$0 \$0 All Costs
<u>Blood</u> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<u>Hospice Care</u> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited co-payment/coinsurance for outpatient drugs & inpatient respite care	Medicare co-payment/coinsurance	\$0

Plan F Example – Part B

Services	Medicare Pays	Plan Pays	You Pay
<u>Medical Expenses</u> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient & outpatient medical & surgical services & supplies, physical & speech therapy, diagnostic test, durable medical equipment First [\$198] of Medicare-Approved amounts Remainder of Medicare-Approved amounts	\$0 Generally 80%	[\$198] (Part B deductible) Generally 20%	\$0 \$0
<u>Part B Excess charges</u> (Above Medicare-Approved amounts)	\$0	100%	\$0
<u>Blood</u> First 3 pints Next [\$198] of Medicare-Approved amounts Remainder of Medicare-Approved amounts	\$0 \$0 80%	All costs [\$198] (Part B deductible) 20%	\$0 \$0 \$0
<u>Clinical Laboratory Services</u> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

Plan F Example – Part A & B

Services	Medicare Pays	Plan Pays	You Pay
<u>Home Health Care-</u> MEDICARE APPROVED SERVICES <ul style="list-style-type: none"> Medically necessary skilled care services & medical supplies Durable medical equipment First [\$198] of Medicare-Approved amounts Remainder of Medicare-Approved amounts 	100 % \$0 80%	\$0 [\$198] (Part B deductible) 20%	\$0 \$0 \$0
Other Benefits-Not Covered by Medicare			
Services	Medicare Pays	Plan Pays	You Pay
<u>Foreign Travel-Not Covered</u> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime max. benefit of \$50,000	\$250 20% & amounts over \$50,000 lifetime max.

Plan G Example

- **Plan G is the same as Plan F, except for the Part B deductible**

Services	Medicare Pays	Plan Pays	You Pay
<u>Medical Expenses</u> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient & outpatient medical & surgical services & supplies, physical & speech therapy, diagnostic test, durable medical equipment First [\$198] of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	 \$0 Generally 80%	 \$0 Generally 20%	 \$198 (Part B deductible) \$0

Plan N Example

- **Plan N is the same as Plan G, except for doctor copays and Excess Charges**

Services	Medicare Pays	Plan Pays	You Pay
<u>Medical Expenses</u> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient & outpatient medical & surgical services & supplies, physical & speech therapy, diagnostic test, durable medical equipment First [\$198] of Medicare-Approved amounts Remainder of Medicare-Approved amounts *ER co-pay waived if admitted to the hospital	\$0 Generally 80%	\$0 Balance, other than \$20 co-pay per office visit and up to \$50 per ER visit*	\$198 up to \$20 per office visit and up to \$50 per ER visit*
<u>Part B Excess charges</u> (Above Medicare-Approved amounts)	\$0	0%	All Costs

Medigap Open Enrollment

- 6-month Open Enrollment Period*

Up to 6 Months after your Medicare Part B effective date

- You may be eligible for Open Enrollment...

...if you were previously covered under Medicare (SS Disability) and you turn 65, you have another 6-month open enrollment period

* **Guaranteed Issue:** Will not need to answer health questions (no medical underwriting) ²⁴

PART D OVERVIEW

Medicare Part D: Prescription Coverage

2021

LEGEND

Strikethrough: 2020 values

Orange Text: 2021 Changes

Who Pays What?

MEMBER
PAYS:

up to...

~~\$435~~

\$445

- Member pays all*
- Plan pays nothing

Step 1:
Annual
Deductible

**TOTAL COST OF
DRUGS***

*Deductible only applies
to Tier 3-5 on most plans.

~~<\$4,020~~

<\$4,130

*based on retail costs

- Member pays part
- Plan pays part

Step 2:
Initial
Coverage

**COPAYS or
COINSURANCE**

~~<\$6,350~~

<\$6,550

*based on Tro-oP

- Member pays 25%
- Plan pays 5%
- Pharma discounts 70%

Step 3:
Coverage
Gap

~12% of Medicare
Beneficiaries reach the
Coverage Gap

25%
of the drug cost

~~>\$6,350~~

>\$6,550

*based on Tro-oP

- Member pays a little
- Plan pays most

Step 4:
Catastrophic
Coverage

~4% of Medicare
Beneficiaries reach
Catastrophic Coverage

The greater of
5% or
~~\$8.95~~ **\$9.20** (Brand-Name)
~~\$3.60~~ **\$3.70** (Generic)

MEDICARE PLAN FINDER DEMO

Medicare.gov

Log in Español

Find a Medicare plan

You can shop here for **drug plans (Part D)** and **Medicare Advantage Plans**.

Log in or Create Account

[Continue without logging in](#)

New to Medicare?
Learn about your options & enroll in a plan.
[Learn more about options](#)

Qualify for a Special Enrollment Period?
Log in or create account to change your 2020 coverage.
[Log in or Create Account](#)
[Continue without logging in](#)

FEEDBACK

2020 MEDICARE CHANGES

Some Medicare Changes in 2020

- Acupuncture
- Part D Senior Savings Model

COVID-19 Related Changes

- COVID-related Services
- Expanded Telehealth Services
- Enrollment Flexibilities

Acupuncture Now Covered

Acupuncture

Medicare Part B (Medical Insurance) covers up to 12 acupuncture visits in 90 days for chronic low back pain. Chronic low back pain is defined as:

- Lasting 12 weeks or longer
- Having no identifiable systemic cause (not associated with metastatic, inflammatory, or infectious disease)
- Pain that's not associated with surgery or pregnancy

An additional 8 sessions will be covered if you show improvement. If your doctor decides your chronic low back pain isn't improving or is getting worse, then Medicare won't cover your treatments. No more than 20 acupuncture treatments can be given yearly.

Note

Medicare doesn't cover acupuncture (including dry needling) for any condition other than chronic low back pain.

Your costs in Original Medicare

Costs details aren't yet available for this benefit.

What it is

Acupuncture is a technique where practitioners stimulate specific points on the body, most often by inserting thin needles through the skin.

Things to know

Acupuncture must be given by a doctor, or by another health care provider (like a nurse practitioner or physician assistant) who has both of these:

- A masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine
- A current, full, active, and unrestricted license to practice acupuncture in the state where care is being provided

<https://www.medicare.gov/coverage/acupuncture>

Part D Senior Savings Model coming 2021



← **CMS.gov** Centers for Medicare & Medicaid Services

Newsroom Press Kit Data Contact Blog Podcast

Fact sheet

Part D Senior Savings Model

Mar 11, 2020 | Coverage, Innovation models, Medicare Part D, Medicare Parts A & B, Prescription drugs, Quality

Share    

The Centers for Medicare & Medicaid Services (CMS) is announcing a new Model, the Part D Senior Savings Model (or the "Model"), and the corresponding Request for Application (RFA) process for participation from eligible pharmaceutical manufacturers and Part D sponsors in all states and territories.

One in every three Medicare beneficiaries has diabetes, and over 3.3 million Medicare beneficiaries use one or more of the common forms of insulin. For some of these beneficiaries, access to insulin can be a critical component of their medical management, with gaps in access increasing risk of serious complications, ranging from vision loss to kidney failure to foot ulcers (potentially requiring amputation) to heart attacks. Unfortunately, sometimes the cost of insulin can be a barrier to appropriate medical management of diabetes. CMS's Part D Senior Savings Model is designed to address President Trump's promise to lower prescription drug costs and provide Medicare patients with new choices of Part D plans that offer insulin at an affordable and predictable cost where a thirty-day supply of a broad set of plan-formulary insulins costs no more than \$35.

**\$35 Copay for
Insulin coming in
2021**

We project about a
\$500-\$700 per year
savings for those
taking Insulin related
products

Covid-related Services

Medicare covers related needs

- ◆ Medicare covers the [lab tests for COVID-19](#). You pay no out-of-pocket costs.
- ◆ Medicare covers [FDA-authorized COVID-19 antibody \(or "serology"\) tests](#).
- ◆ Medicare covers all [medically necessary hospitalizations](#). This includes if you're diagnosed with COVID-19 and might otherwise have been discharged from the hospital after an inpatient stay, but instead you need to stay in the hospital under quarantine.

Note

Military hospital ships and temporary military hospitals don't charge Medicare or civilians for care. If you're not sure whether the hospital will charge you, ask them.

- ◆ At this time, there's no vaccine for COVID-19. However, it will be covered if one becomes available.
- ◆ If you have a [Medicare Advantage Plan](#), you have access to these same benefits. Medicare allows these plans to waive cost-sharing for COVID-19 lab tests. Many plans offer additional telehealth benefits and expanded benefits, like meal delivery or medical transport services. Check with your plan about your coverage and costs.
- ◆ Scammers may use the coronavirus national emergency to take advantage of people while they're distracted. As always, guard your Medicare card like a credit card, check Medicare claims summary forms for errors, and if someone calls asking for your Medicare Number, hang up!

Telehealth & related Services

Telehealth & related services

Medicare has temporarily expanded its coverage of [telehealth services](#) to respond to the current Public Health Emergency. These services expand the current telehealth covered services, to help you have access from more places (including your home), with a wider range of communication tools (including smartphones), to interact with a range of providers (like doctors, nurse practitioners, clinical psychologists, licensed clinical social workers, physical therapists, occupational therapists, and speech language pathologists). During this time, you will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings without a copayment if you have Original Medicare. This will help ensure you are able to visit with your doctor from your home, without having to go to a doctor's office or hospital, which puts you and others at risk of exposure to COVID-19.

- You may be able to communicate with your doctors or certain other practitioners without necessarily going to the doctor's office in person for a full visit. Medicare pays for "[virtual check-ins](#)"—brief, virtual services with your physician or certain practitioners where the communication isn't related to a medical visit within the previous 7 days and doesn't lead to a medical visit within the next 24 hours (or soonest appointment available).
- You need to consent verbally to using virtual check-ins and your doctor must document that consent in your medical record before you use this service. You pay your usual Medicare coinsurance and deductible for these services.
- Medicare also pays for you to communicate with your doctors using [online patient portals](#) without going to the doctor's office. Like the virtual check-ins, you must initiate these individual communications.
- Since some people don't have access to interactive audio-video technology needed for Medicare telehealth services, or choose not to use it even if offered by their practitioner, Medicare is allowing people to use an audio-only phone.
- You may use communication technology to have full visits with your doctors. Also, you can get these visits at rural health clinics and federally qualified health clinics. Medicare pays for many medical visits through this telehealth benefit.

Enrollment Flexibility and More

Other ways Medicare is helping

Every day, Medicare is responsible for developing and enforcing the essential health and safety requirements that health care providers must meet. When you go to a healthcare provider, you expect a certain standard of care, and we work to make sure you get it. That includes taking additional steps in response to coronavirus:

- ♦ Providing a [special enrollment opportunity](#) for people who missed their chance to enroll in a Medicare health or drug plan due to COVID-19.
- ♦ Providing [COVID-19 enrollment flexibilities](#) for Medicare Parts A & B.
- ♦ Medicare Advantage Plans and Prescription Drug Plans may waive or relax [prior authorization](#) requirements.
- ♦ Taking aggressive actions and exercising regulatory flexibilities to help healthcare providers and Medicare health plans.
- ♦ As part of an effort to address the urgent need to increase capacity to care for patients, hospitals can now provide hospital services in other healthcare facilities and sites that aren't currently considered part of a healthcare facility. This includes off-site screenings. Medicare covers medically necessary care in these facilities and sites.
- ♦ Waiving certain requirements for [skilled nursing facility care](#).
- ♦ Establishing new codes to allow providers to correctly bill for services related to diagnosis and treatment of the illness.
- ♦ Instructing our national network of [State Survey Agencies](#) and Accrediting Organizations to focus all their efforts on infection prevention and other cases of abuse and neglect in nursing homes and hospitals.
- ♦ Instructing nursing homes and hospitals to review their infection control procedures, which they're required to maintain at all times.
- ♦ Issuing important guidance answering questions that nursing homes may have with respect to addressing cases of COVID-19.

Enrollment Flexibility and More



Apply Online for Medicare Part B During a Special Enrollment Period

Instructions

Medicare Part B Enrollment During the COVID-19 Pandemic:

Social Security Field Offices are currently closed. During the COVID-19 pandemic, the Social Security Administration will be taking Medicare Part B enrollment applications online for working aged individuals who qualify for a Special Enrollment Period (SEP).

You may use this online enrollment application if you are 65 or older and you have or had group health plan (GHP) coverage within the last 8 months through your or your spouse's current employment.

To complete this online enrollment application you will need:

- Your Medicare number
- Your current address and phone number
- A valid email address
- Documentation verifying your GHP coverage through your or your spouse's current employment.

IMPORTANT: You will need to digitally sign the form to complete your application. To complete your digital signature, you will need to provide an email address. You will receive an email from echosign@echosign.com asking you to confirm your digital signature. If you do not receive the confirmation email within a few minutes of submitting your email address, please check your email Junk folder in case the confirmation was delivered there instead of your inbox. **YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL.**

PLEASE NOTE:

- This application is most compatible with the following browsers: Microsoft Edge and Google Chrome.

I understand that I am entering a U.S. Government System to file a benefit application with the Social Security Administration. I understand that I need to provide the Social Security Administration information to process the benefit application. I understand that failing to agree to the statements below will result in my inability to file a benefit application online, which may prevent the Social Security Administration from making an accurate and timely decision about eligibility for benefits.

Recap

TOP 5 MISTAKES PEOPLE MAKE ON MEDICARE

1

Not enrolling in Part B on-time



- **Initial Enrollment Period**
- **10% Penalty/year**
- **COBRA**
- **Retiree Plans**
- **Social Security Disability**

2

Not analyzing prescription drugs



- Could cost you thousands of \$\$
- 30 different drug cards
- Formularies are key
- Medicare.gov
- Annual Enrollment 10/15 to 12/7

3

Medicare Advantage vs Medigap



- **Networks & Referrals**
- **Max. Out of Pocket Expense**
- **Changes during Annual Enrollment**
- **Extra Benefits**
- **Overall expenses**

4

Not analyzing retiree coverage



- **Premiums**
- **Co-Pays**
- **Co-Insurance**
- **Compare all-in expenses**

5

Listening to Friends & Family



- **Drug Cards**
- **Advertisements**
- **Analyze entire expense (not just prem.)**
- **Association Plans (not guar. renewable)**

QUESTIONS & ANSWERS



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