



HELLO BOOMER™ 2024

This workbook contains information that Boomers Insurance Services wants to make sure you understand.

Medicare eligibility.

✔ You're eligible for Original Medicare (Parts A and B) if:

You're at least 65 years old, or qualify on the basis of a disability or other special situation.

AND

You're a U.S. citizen or a legal resident who has lived in the U.S. for at least 5 consecutive years.

When can you enroll in a Medicare Advantage or prescription drug plan?

✔ Initial Enrollment Period

Your Initial Enrollment Period (IEP) is 7 months long. It includes your 65th birthday month plus the 3 months before and the 3 months after. It begins and ends 1 month earlier if your birthday is on the first of the month. You may enroll in Part A, Part B or both. You may also choose to join a Medicare Advantage plan (Part C) or a prescription drug plan (Part D). Prescription drug coverage must be creditable or you may be subject to a late-enrollment penalty when you enroll in a plan with Part D benefits.



✔ Annual Enrollment Period, October 15 – December 7

During annual enrollment you can add, drop or switch your Medicare coverage.

Medicare Advantage Open Enrollment Period, January 1 – March 31

- ✔ If you are already a Medicare Advantage plan member, you may disenroll from your current plan and switch to a different Medicare Advantage plan one time only during this period.

Special Enrollment Period

- ✔ Depending on certain circumstances, you may be able to enroll in a Medicare plan outside of the initial enrollment or annual enrollment time frames. Some ways you may qualify for a Special Enrollment Period are if you:

- Retire and lose your employer coverage
- Move out of the plans service area
- Receive assistance from the state
- Have been diagnosed with certain qualifying disabilities or chronic health conditions
- Qualify for Extra Help

Special Needs Plans have other eligibility requirements.

Medicare choices.

After you enroll in Original Medicare (Parts A and B), there are two ways to get additional coverage.


STEP


1

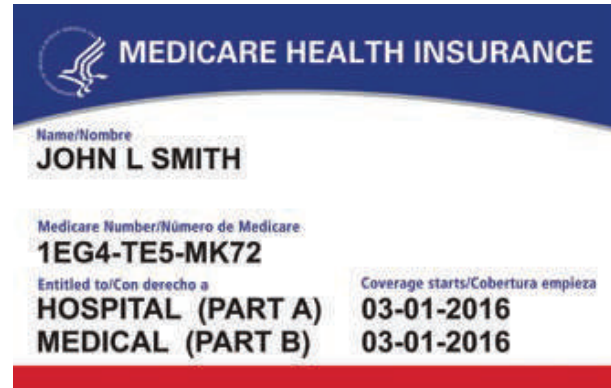
Enroll in Original Medicare

Original Medicare

Provided by the federal government

PART A  Helps pay for hospital stays and inpatient care

PART B  Helps pay for doctor visits and outpatient care



STEP

2

Decide if you need additional coverage. You have two ways to get it.

OPTION 1

OR

OPTION 2

Medicare Supplement Insurance (Medigap)

Offered by private companies



Helps pay some of the out-of-pocket costs that come with Original Medicare

Medicare Part D Plan

Offered by private companies



Helps pay for prescription drugs

Medicare Advantage Plan

Offered by private companies



Combines Part A (hospital insurance) and Part B (medical insurance) in one plan



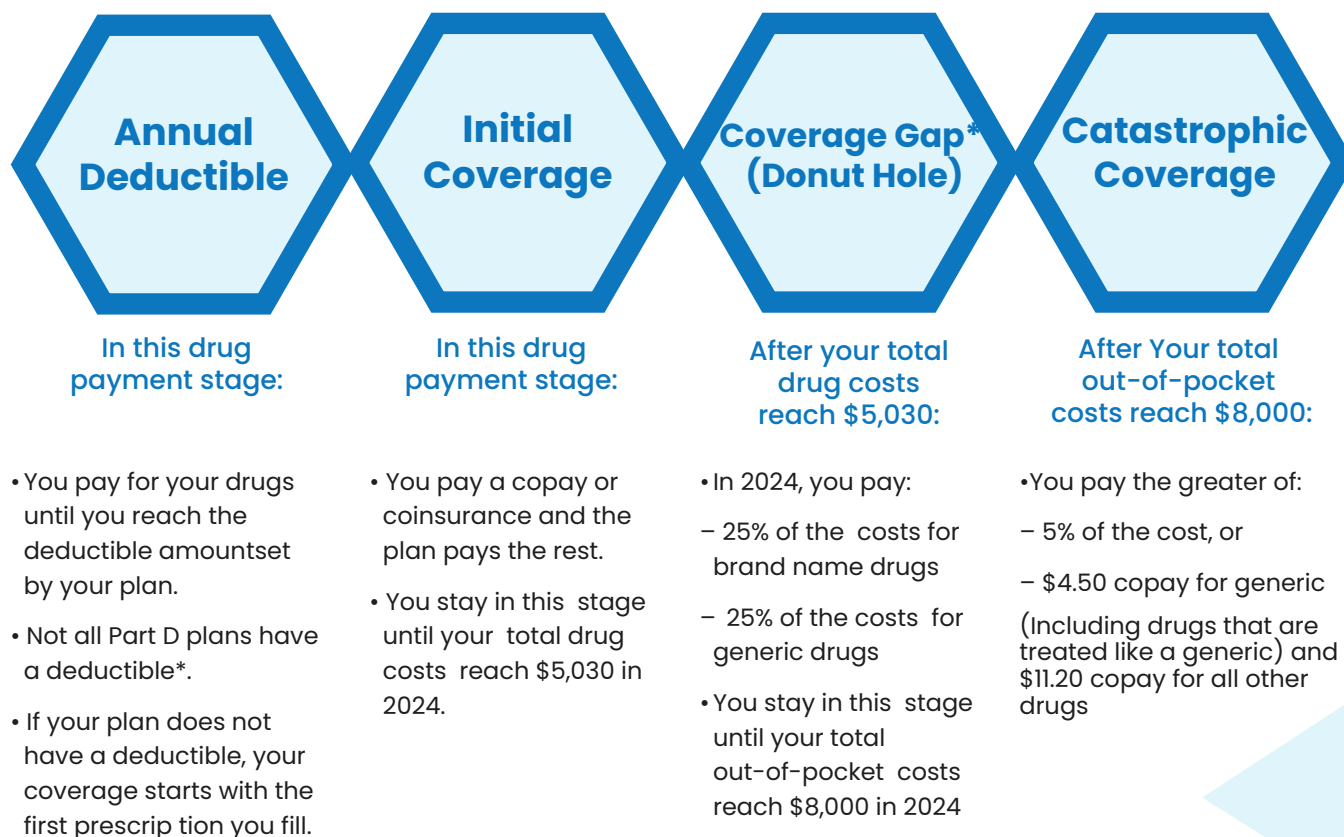
Usually includes prescription drug coverage.



May offer additional benefits not provided by Original Medicare

Prescription Drug Coverage

Understanding Medicare drug payment stages.



* If you get Extra Help from Medicare on your Part D costs, the Part D deductible and coverage gap do not apply to you.

Total drug costs:

The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2024. This does not include premiums.

Out-of-pocket costs:

The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs you fill starting January 2024. The out-of-pocket costs also include the discount paid by the drug manufacturers while in the donut hole. This does not include premiums.

Note: On January 1 of each plan year, the coverage cycle starts over and the dollar limits can change. Amounts listed above reflect the 2024 plan year.

Prescription drug coverage defined

✔ Pharmacy network

To receive benefits, you must use an in-network pharmacy and show your member ID card. You may receive additional discounts on your prescriptions by using a preferred retail pharmacy or by using the mail service pharmacy and having your medications delivered to your mailbox.

Drug list (formulary)

A formulary is a list of the drugs that a plan covers. Each plan has its own drug list.

✔ Tiered formulary

Many plans use tiered formularies to group covered drugs according to cost. For example:

- **Tier 1** – Preferred generic drugs
- **Tier 2** – Generic drugs
- **Tier 3** – Preferred brand name drugs
- **Tier 4** – Non-preferred drugs
- **Tier 5** – Specialty drug

✔ Step therapy

One way your plan can help you save money on your prescriptions is by offering lower-cost drugs that can treat the same medical condition as your current brand name drugs. You may be asked to try one or more of these lower-cost drugs before the plan will cover the brand name drug you are currently taking.

✔ Quantity limits

Some drugs have quantity limits, where the plan will cover only a certain amount of a drug for one copay or over a certain number of days. The limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more or thinks the limit is not right for your situation, you and your doctor can ask the plan to cover the additional quantity.

✔ Prior authorization

Before the plan will cover certain drugs, it may need more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. You may be required to try a different drug before the plan will cover the prescribed drug.

✔ Asking for an exception

If you need a drug that's not currently covered by your plan, you may:

Ask the plan to cover your drug even if it is not on the drug list.

This is known as a formulary exception.

Ask to waive coverage restrictions or limits on your drug. This is known as a utilization exception.

Coverage decisions

If your doctor has submitted an exception request on your behalf, generally the plan will make a decision within 72 hours. You can request an expedited decision if you or your doctor believes your health requires it.

Working Past 65?

Here are some helpful facts about Medicare.

You're turning 65 – but not ready to ride off into the sunset just yet. Like many Americans today, you plan on making the most of your Social Security benefits by retiring at 66, 67, or even later. Yet most information about Medicare focuses on retiring and enrolling at 65. **So, what to do about Medicare if you keep working? Here are answers to some important questions you may have.**

If you're getting Social Security benefits, you'll be automatically enrolled in Medicare Parts A and B.

You will get your Medicare card in the mail a few months before your 65th birthday. Keeping the card means you accept Medicare Parts A and B coverage and agree to pay the Part B premiums.

If you're retiring at age 65 and not yet enrolled in Social Security, your first chance to sign up for Medicare is your Initial Enrollment Period. Contact your local Social Security office or visit [SocialSecurity.gov](https://www.SocialSecurity.gov).

1

Medicare eligibility begins at age 65 even if your retirement does not.

2

Since you're not yet collecting Social Security benefits, you will need to take action to enroll in Medicare on your own. Contact your local Social Security office or visit [Social Security.gov](https://www.SocialSecurity.gov). During your Initial Enrollment Period, you can enroll in Medicare Parts A and B.

3

Happy Birthday



5

Many people choose to enroll in Part A while they're still working because it's premium-free and works with employer insurance to provide secondary coverage for hospital care.

6

Medicare Part B charges a monthly premium based on your income. Many people who have employer coverage delay enrolling in Medicare Part B to postpone paying the premium. You can sign up later during a Special Enrollment Period without penalty.

7

Additional Enrollment Periods

General Enrollment Period (GEP)

If you missed signing up for Medicare during your IEP Medicare's General Enrollment Period gives you a second chance.

The GEP runs from January through March 31 of each year. Your coverage would start on July 1

Special Enrollment Period (SEP)

Once you retire, you will be eligible to enroll in Medicare Parts A and B if you didn't sooner. **The SEP begins when your employer coverage ends or when you retire, whichever comes first, and lasts for 8 months.** You may need to get confirmation of creditable coverage from your employer.

Verify that your doctors and prescriptions are covered.

Although this section is optional, we encourage you to write down the doctors you see and the prescriptions you take so your licensed agent can verify that they are covered by the plan.

First Name: _____

Doctors

Name and City	Specialty	In Network (Yes/No) (Completed by Agent)
<i>(e.g., Dr. Jones, Greenville)</i>	<i>(e.g., Primary Care Doctor)</i>	<i>Yes/No</i>

Prescriptions

Name	Dosage	How Often	Tier/Cost (Completed by Agent)
<i>(e.g., Lisinopril)</i>	<i>XXmg</i>	<i>X tablet(s) per day</i>	<i>Tier 1/\$XX</i>

Do you know what Extra Help is with Medicare prescription drug plan costs?

Anyone who has Medicare can get Medicare prescription drug coverage. Some people with limited resources and income **may qualify for extra help** to cover the cost of monthly premiums, annual deductibles and prescription copayments related to a Medicare prescription drug plan. The Extra Help is estimated to be worth about \$4,000 per year. Many people qualify for these important savings and don't even know it.

To qualify for Extra Help:

- You must reside in one of the 50 states or the District of Columbia;
- Your resources must be limited to **\$16,660** for an individual or **\$33,240** for a married couple living together. Resources include such things as bank accounts, stocks and bonds. We **do not** count your home, car or any life insurance policy as resources **and**
- Your annual income must be limited to **\$21,870** for an individual or **\$29,465** for a married couple living together. Even if your annual income is higher, you still may be able to get some help. Some examples where you may have higher income and still qualify for Extra Help include if you or your spouse:
 - Support other family members who live with you,
 - Have earnings from work, or
 - Live in Alaska or Hawaii.

How do I apply?

Applying for Extra Help is easy. Just complete Social Security's Application for Extra Help with Medicare Prescription Drug Plan Costs (SSA-1020). Here's how:

- Apply online at: **www.socialsecurity.gov/extrahelp**
- Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) to apply over the phone or to request an application; or
- Apply at your local Social Security office.

In addition to your sales representative, there are other useful resources available to you.

Medicare

Medicare Helpline

For questions about Medicare and detailed information about plans and policies available in your area, visit [Medicare.gov](https://www.Medicare.gov) or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

Medicare & You

Official Medicare handbook for Medicare programs, updated each year. You can download a copy at [Medicare.gov](https://www.Medicare.gov) or call the Medicare Helpline to request a copy.

Online Plan Finders

For online tools to find and compare drug plans, Medicare Advantage plans and Medicare supplement plans, go to [Medicare.gov](https://www.Medicare.gov).

Social Security

Social Security Administration

Get answers to questions about Medicare eligibility and enrollment, Social Security retirement benefits or disability benefits. You can also ask about your eligibility for financial help. Call 1-800-772-1213, TTY 1-800-325-0778, 9 a.m. – 7 p.m. Monday–Friday or go to [SSA.gov](https://www.SSA.gov).

State Resources

Your State's Medical Assistance or Medicaid office

To learn whether you're eligible for financial help with the costs of Medicare, call your state's Medical Assistance or Medicaid office. They can answer questions about programs like PACE (Program of All-Inclusive Care for the Elderly) and the Medicare Savings Program. Doctor can ask the plan to cover the additional quantity.

You can also call the Medicare Helpline and ask the operator for the telephone number for your state's Medical Assistance or Medicaid office.

Administration on Aging Eldercare locator

For help in finding local, state and community-based organizations that serve older adults and their caregivers in your area, call 1-800-677-1116, TTY 711, 9 a.m. – 8 p.m. ET, Monday–Friday or go to [Eldercare.gov](https://www.Eldercare.gov).

Go ahead, take advantage.

If you have questions or are ready to enroll,
contact your licensed agent.

Or call 1-888-502-0607

Monday-Friday 9 am -5 p.m. Se habla español.
Go online anytime to **HelloBoomer.com**

We do not offer every plan available in your area. Currently we represent 16 organizations which offer 47 products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health insurance Program (SHIP) to get information on all your options. Plans are insured or covered by a Medicare Advantage (HMO, PPO and PFFS) organization with a Medicare contract and/or a Medicare approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

