

Senior Healthcare

Change is the only constant



The 3 Cornerstones of Healthcare

1



2



3



Current Medicare Card

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JANE DOE

MEDICARE CLAIM NUMBER
000-00-0000-A

SEX
FEMALE

IS ENTITLED TO
HOSPITAL (PART A)
MEDICAL (PART B)

EFFECTIVE DATE
07-01-1986
07-01-1986

SIGN HERE → Jane Doe

New Medicare Card

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
PART A
PART B

Coverage starts/Cobertura empieza
03-03-2016
03-03-2016

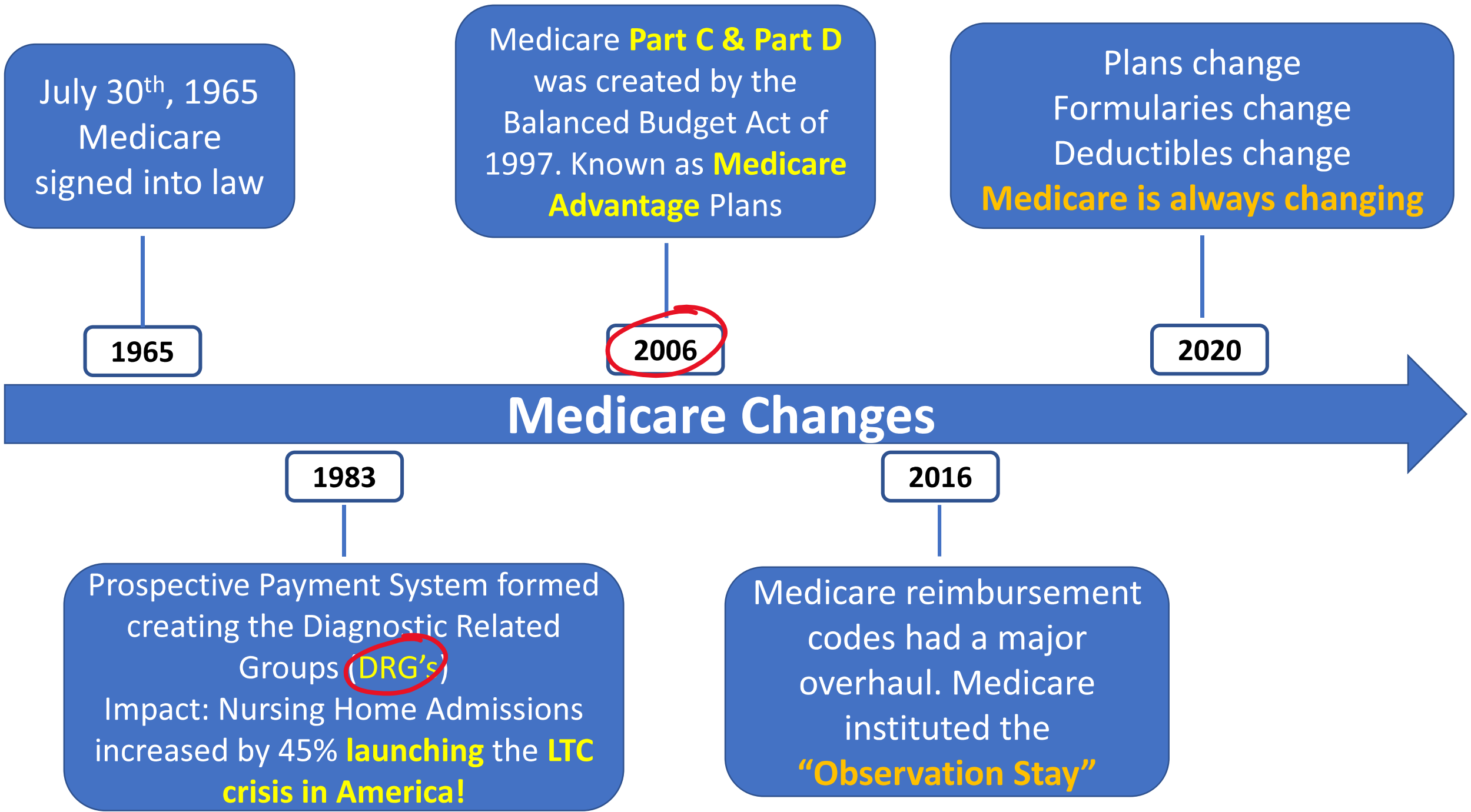
If you received on these cards, you enjoy the benefits of the Medicare Healthcare System!

ELIGIBILITY



Or

1. When you qualify for Medicare Part B
2. Permanent Disability for at least 2 years
3. You have end-stage renal disease
4. You have ALS or Lou Gehrig's disease



What are your Medicare choices?

You have two directions you can take...

Original Medicare

80%

Part A
Hospital
Insurance

Part B
Medical
Insurance

*Additional Coverage Recommended

20%

Medicare
Supplement
Insurance
(Medigap) Plans

Part D
Prescription
Drug
Coverage

Medicare Advantage Plan Part C

Most plans combine Part A and Part B
+
Part D
Prescription Drug Coverage
Plans vary by county

A Closer Look at Medicare's Parts

PART A

Hospital Coverage
inpatient care in hospitals, including critical access and long-term care hospitals

PART B

Medical Coverage
doctors' services and outpatient care when medically necessary

PART C

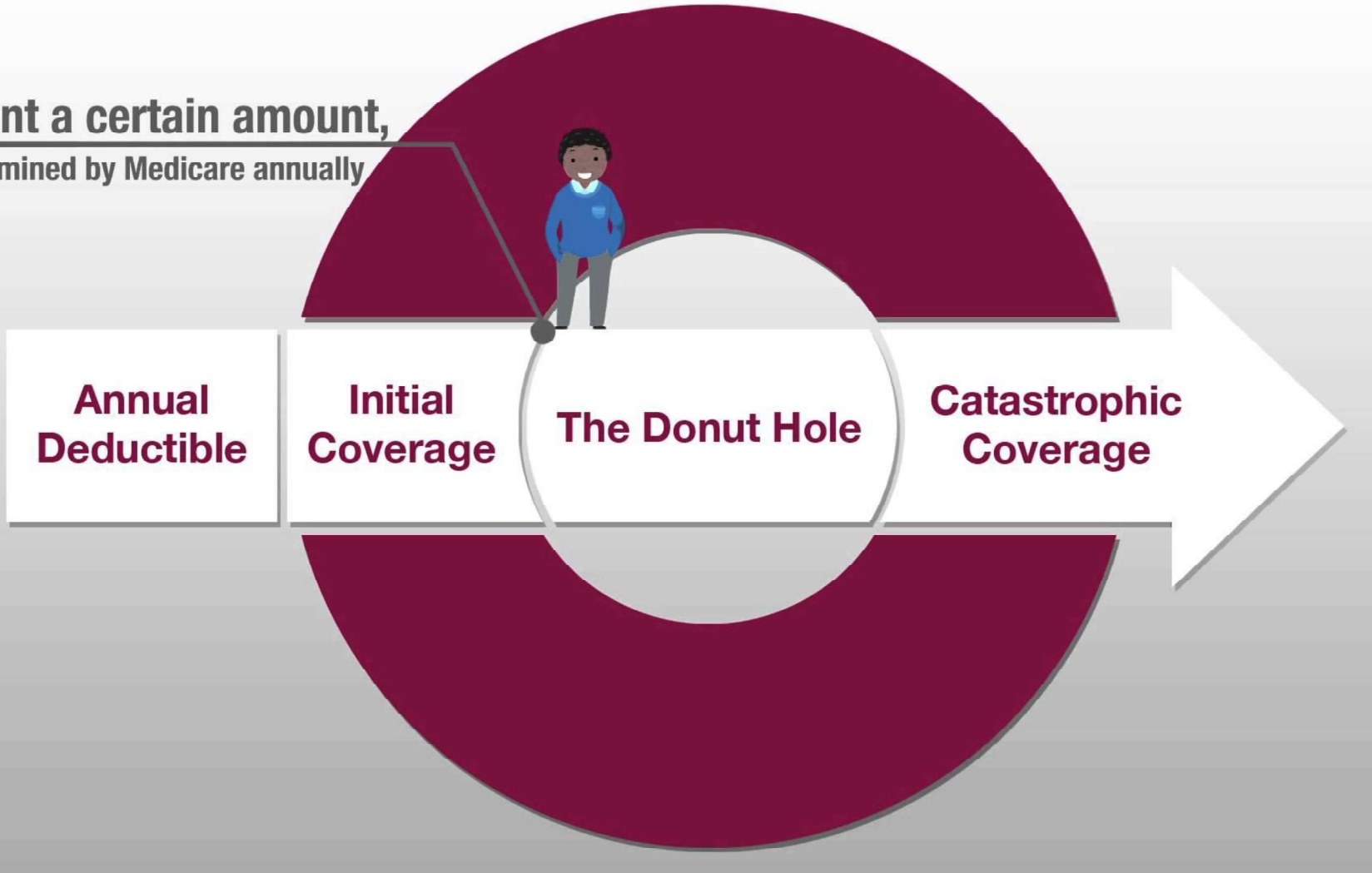
Medicare Advantage Plans
includes all of Parts A + B as well as extra benefits

PART D

Prescription Drug Coverage
available in standalone plans or as part of Medicare Advantage



Spent a certain amount,
determined by Medicare annually



Choosing not to enroll in a Part D plan can cost you?

Example of estimated penalty cost:

1% of the National Avg. Monthly Premium X # of months not enrolled = \$ penalty

Example

MRS. SMITH

The 2019 national base beneficiary premium is

\$33.19

MRS. SMITH WAS WITHOUT PART D FOR 31 MONTHS

= 31% Penalty

\$33.19 x 31% = \$10.29

\$10.29 is then rounded to the nearest \$0.10 = \$10.30



Mrs. Smith will pay a Part D penalty of

\$10.30

in addition to her Part D premium.

How are they different?



Medicare Supplement

- Can choose doctor and hospital
- No Referrals Needed
- No Networks
- Coverage is not guaranteed
- Premium cost \$
- No copays or deductibles
- RX drugs not included



Medicare Advantage

- Must use plan doctors and hospitals
- May need referrals
- May have network restrictions
- Have specific enrollment periods
- Generally low or \$0 plan premium
- Co-pays & Deductibles apply
- RX drugs included with most plans

Which option is best for you?

Things to consider...



Plan
availability
where you
live?



Which
doctors
you use?



Your health
status?



What RX
drugs do
you take?

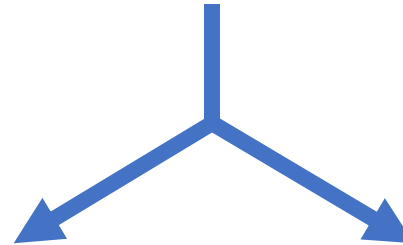


Do you travel
often or live in
multiple
states?



Premiums
vs
Co-pays?

Which way are you leaning?



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Insurance

Part B
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Medicare Advantage Plan Part C

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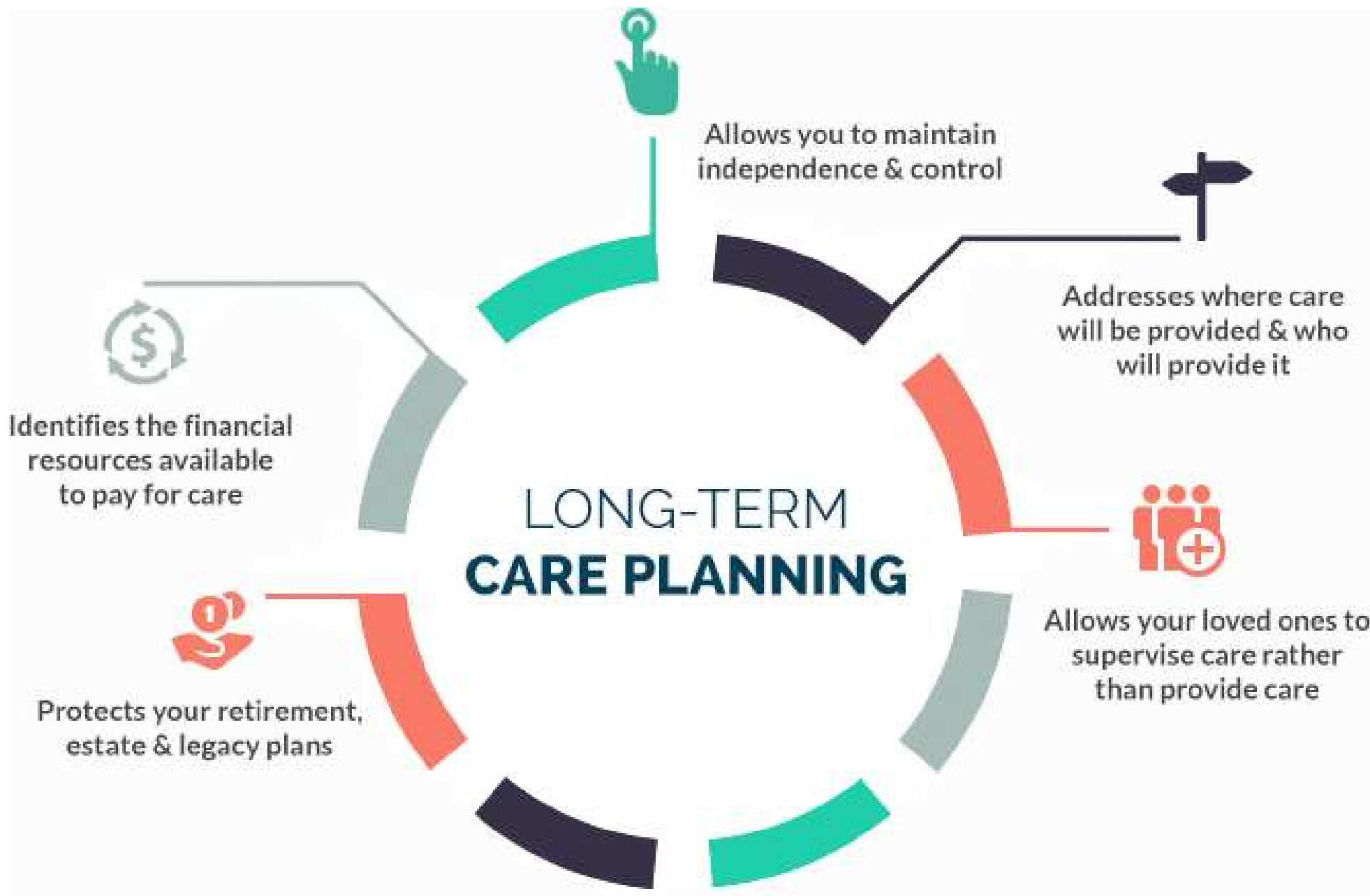
Additional Coverage Recommendations

20%

Medicare
Supplement
Insurance
(Medigap)
Plans

Part D
RX
Drug
Coverage





Medicare doesn't pay everything, what is not covered?

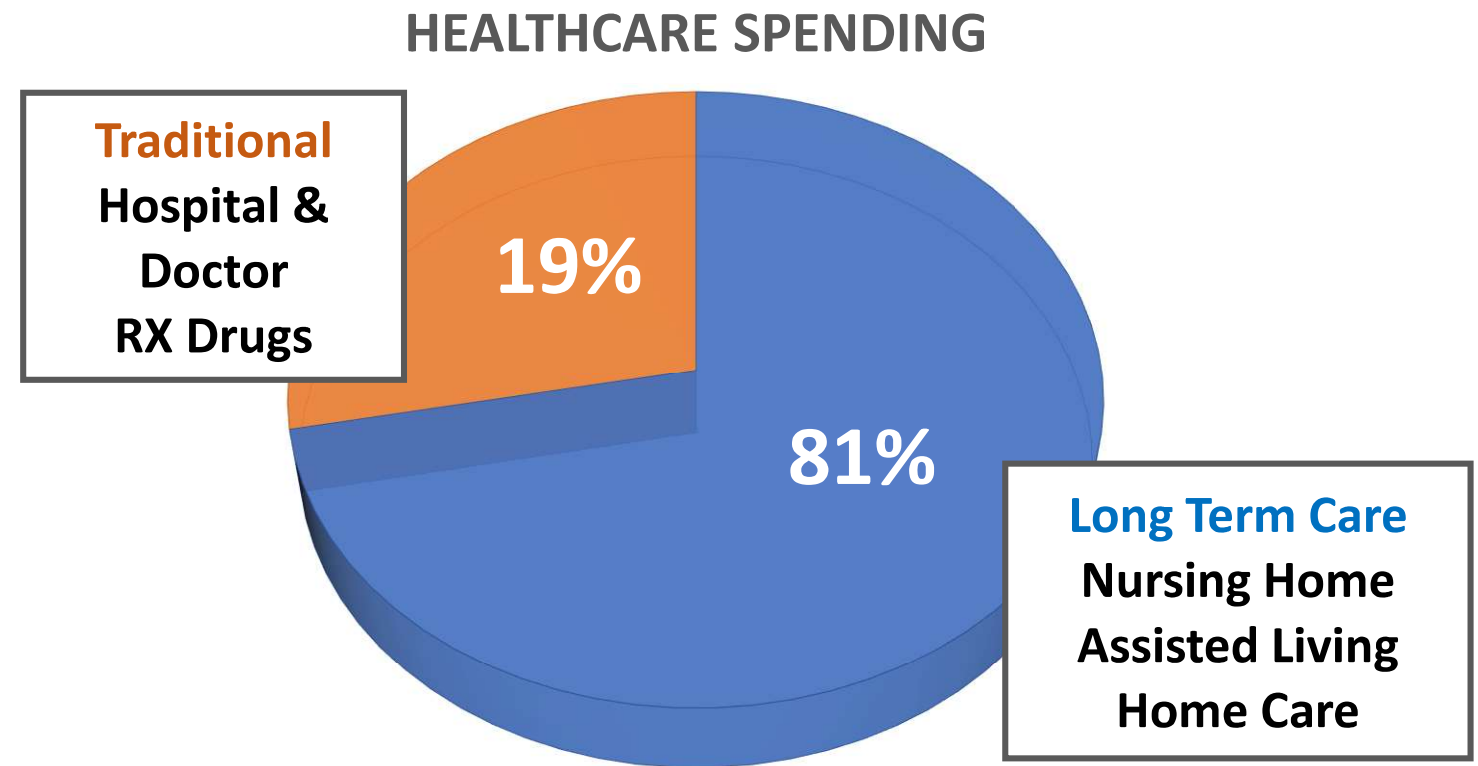
What are the
healthcare
risks that you
face?

- Studies on the financial impact on retirees spending regarding healthcare services show that the majority of out of pocket expenses will come from something other than traditional medical expenses...

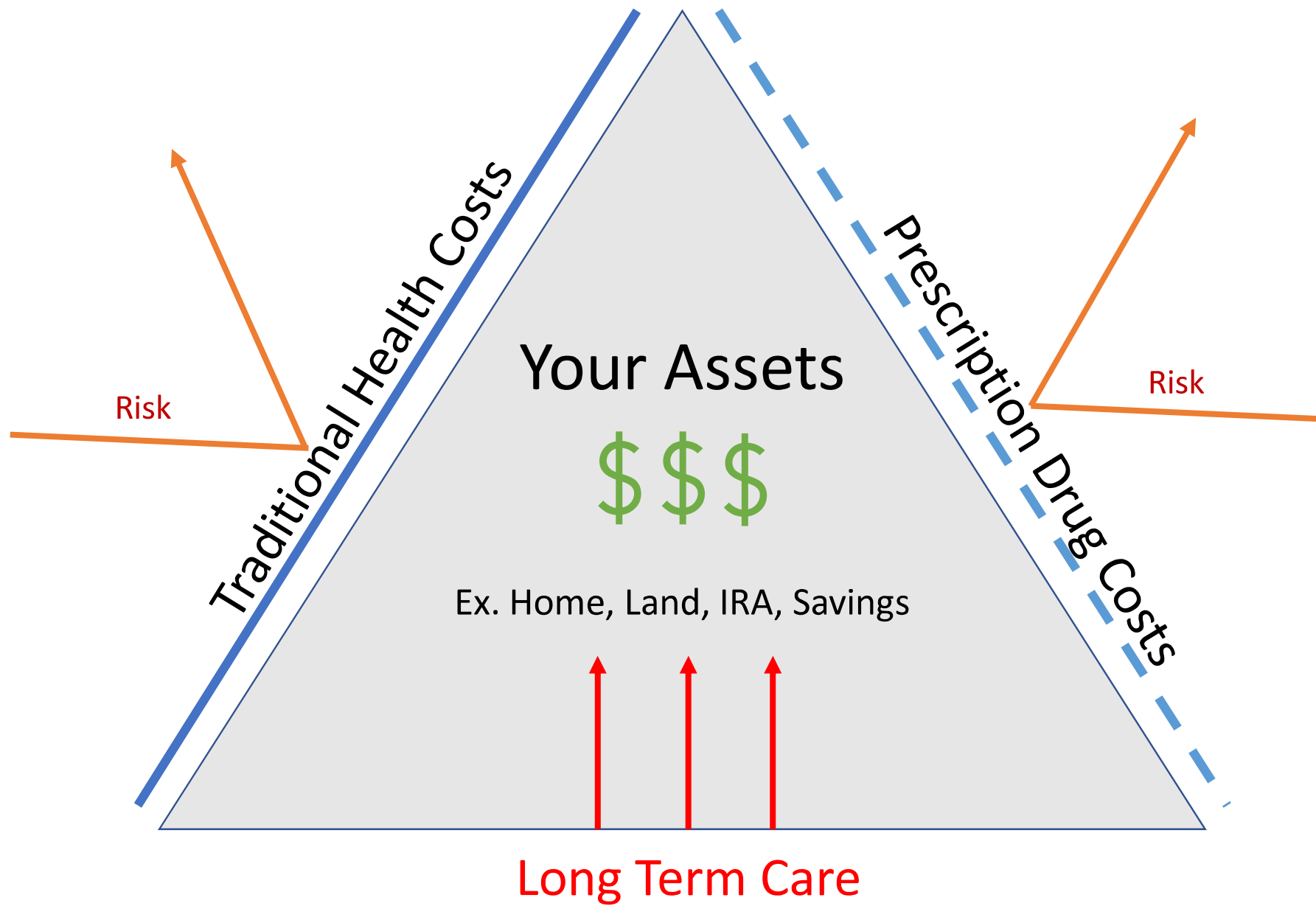
- *Research from Harvard school and Kaiser Permanente*

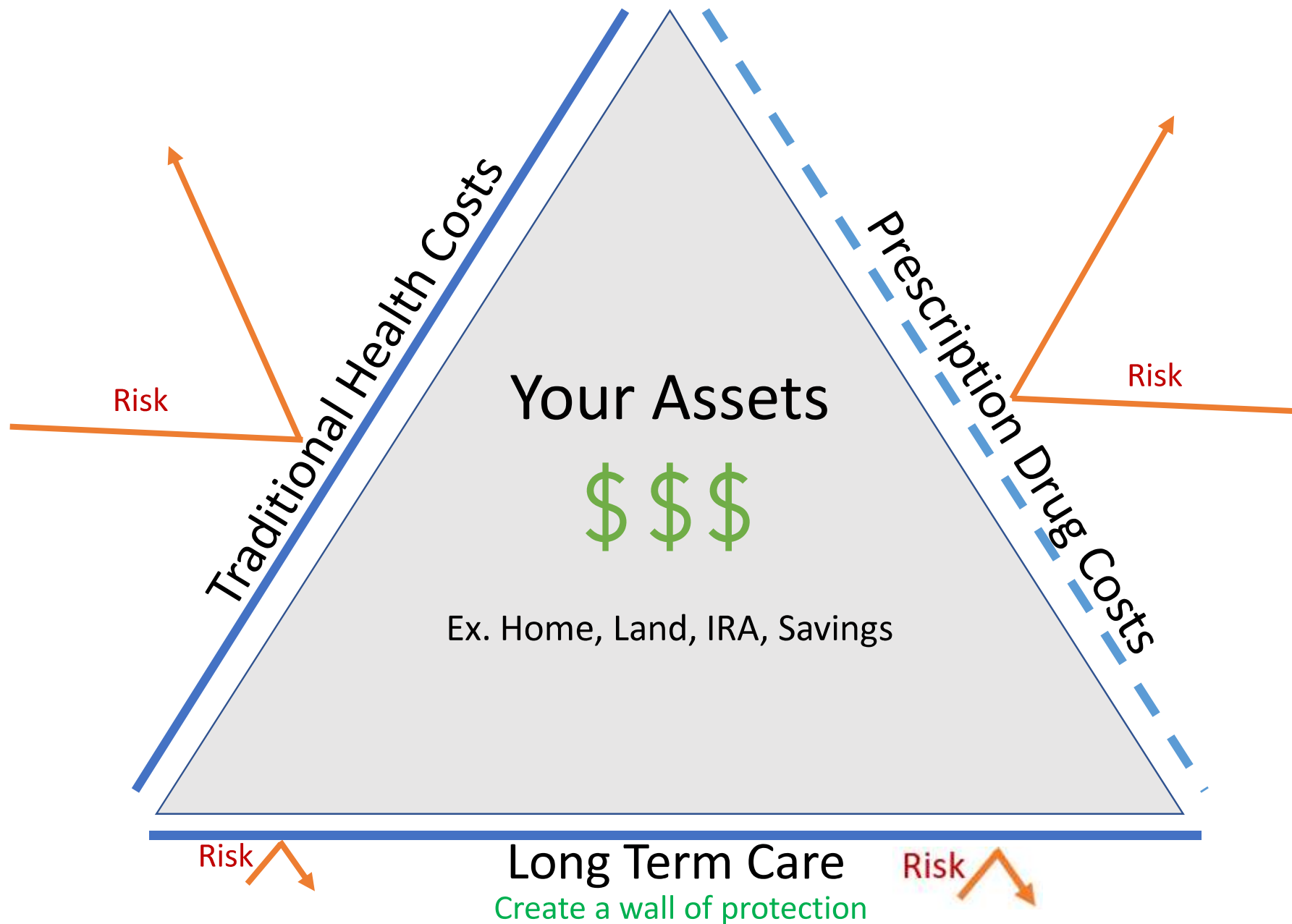
Where will your dollars go for health care in retirement?

- Here is a closer look at where you are most likely to experience a financial impact for healthcare related spending in retirement.



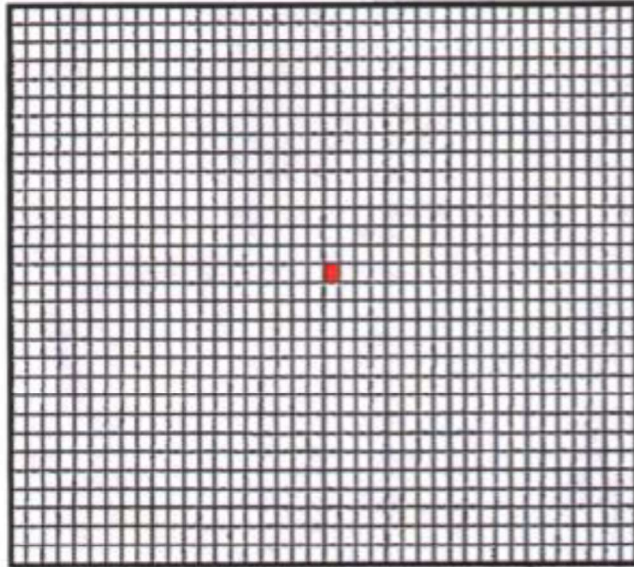
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Home

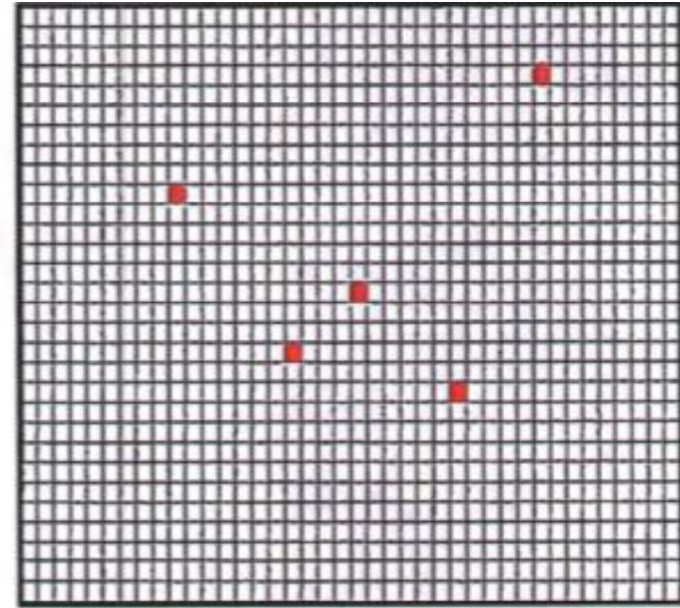
1 in 1000



Risk per 1000

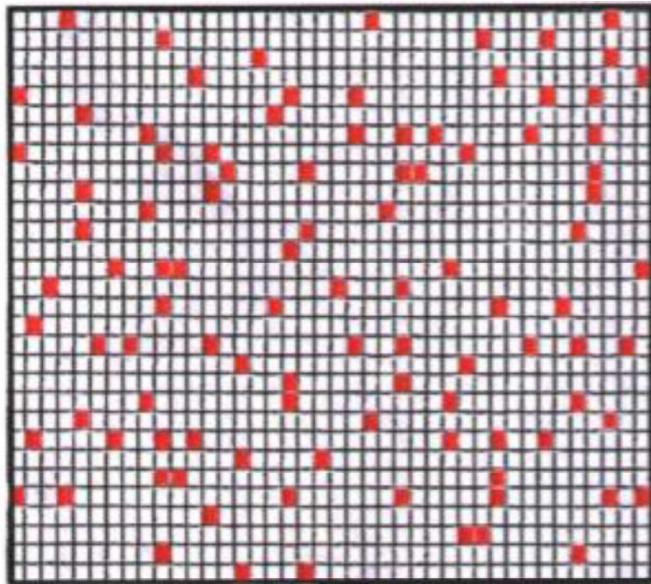
Car

5 in 1000



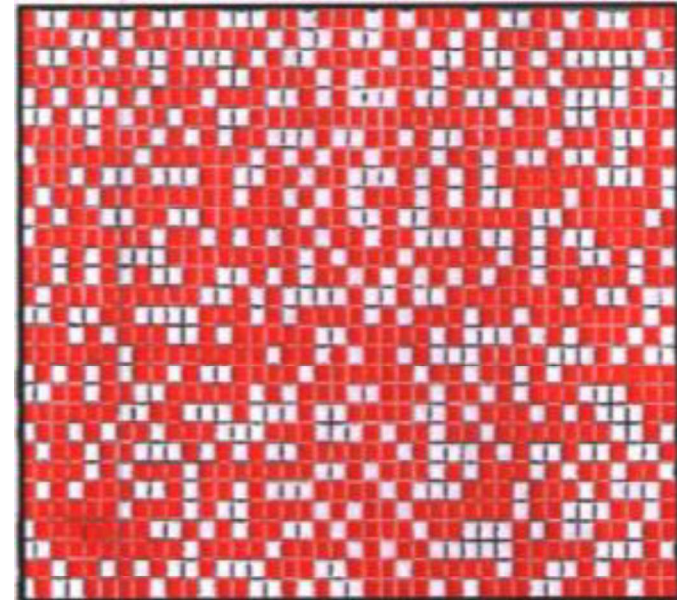
Hospital

100 in 1000



LTC / STC

700 in 1000



What does Part A cover?

Part A (Hospital Insurance) helps cover:

- Inpatient care in a hospital
- Inpatient care in a skilled nursing facility (**not custodial or long-term care**)

To qualify for skilled nursing facility care coverage, your doctor must certify that you need daily skilled care (like intravenous fluids/medications or physical therapy) which, as a practical matter, can only be provided to you as an inpatient of a skilled nursing facility. Medicare doesn't cover long-term care (see page 50) or [custodial care](#).



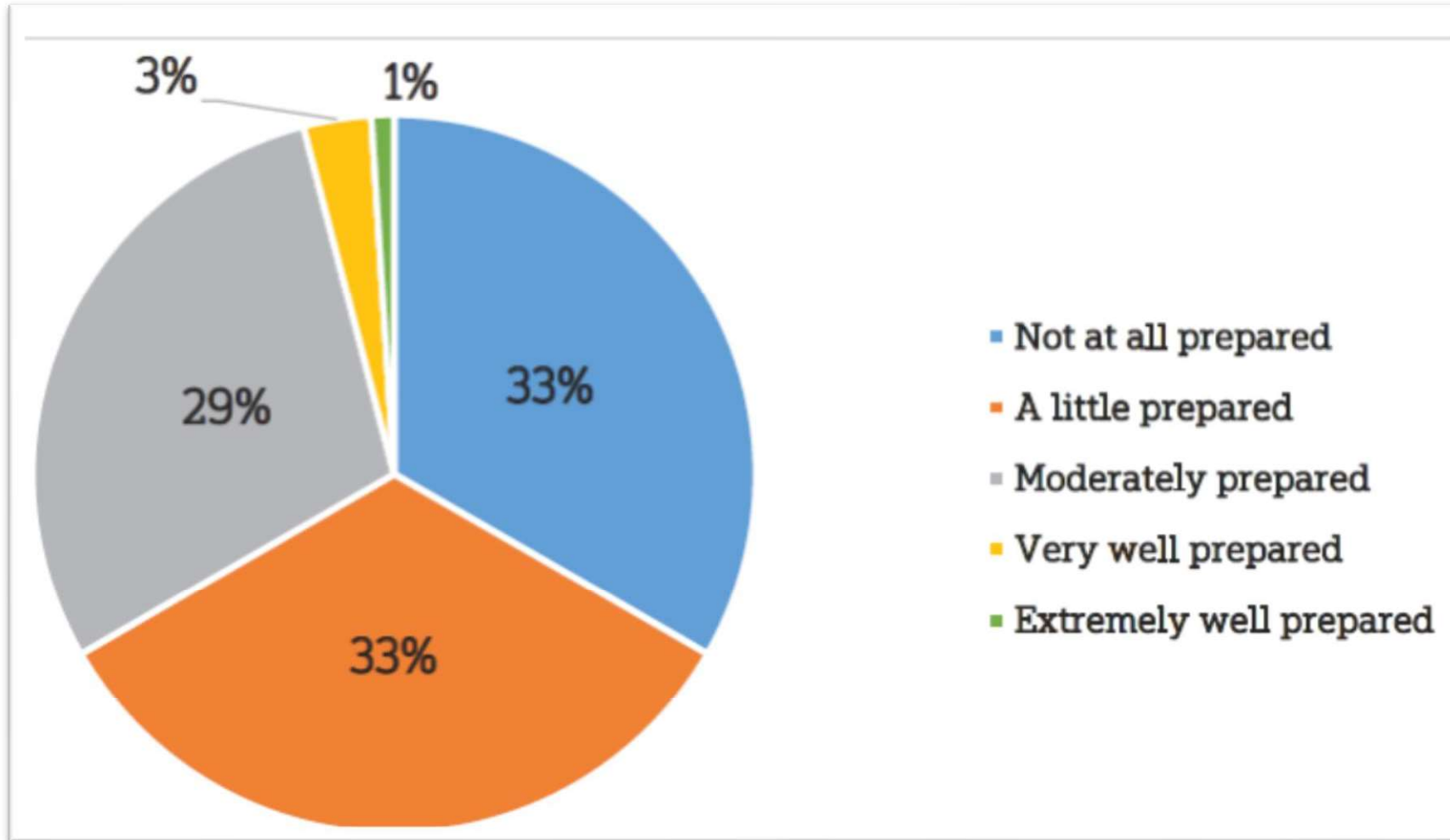
2020



Medicare's position is very Clear, it is your responsibility!

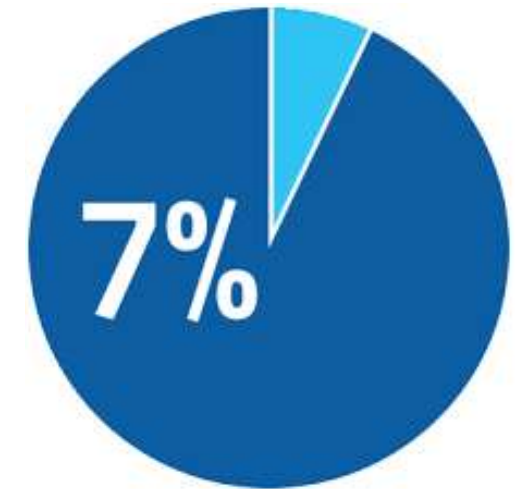
- Skilled Care – Covered ✓
Medicare Supplement: Up to 100 days only
Medicare Advantage: will vary by plan (Limited days, copays apply)
Key Fact: Medicare's average approved stay for Skilled Care is only **22 Days**
- Intermediate Care – Not Covered ✗
- Custodial Care – Not Covered ✗
90% of all care performed at Home or Assisted Living are **Custodial** care!

How prepared are you?



FACT!

Percentage who have a LTC Plan?

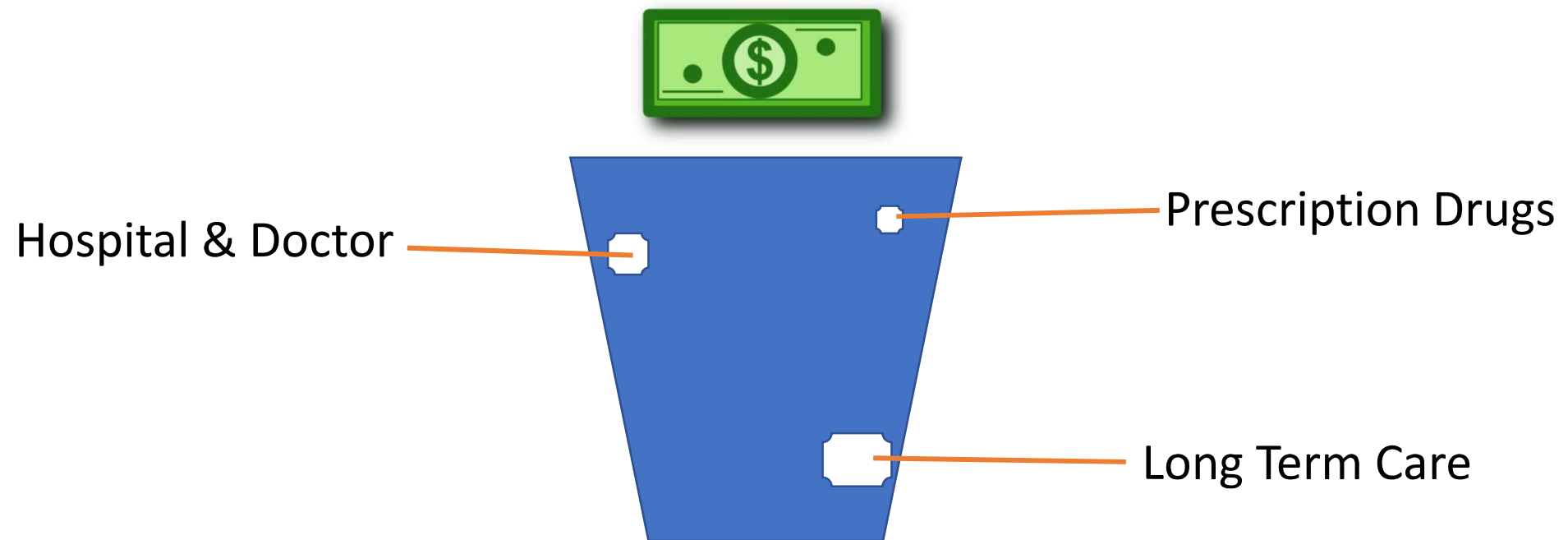


Poll on preparedness for LTC and spending 2017 by national committee on aging



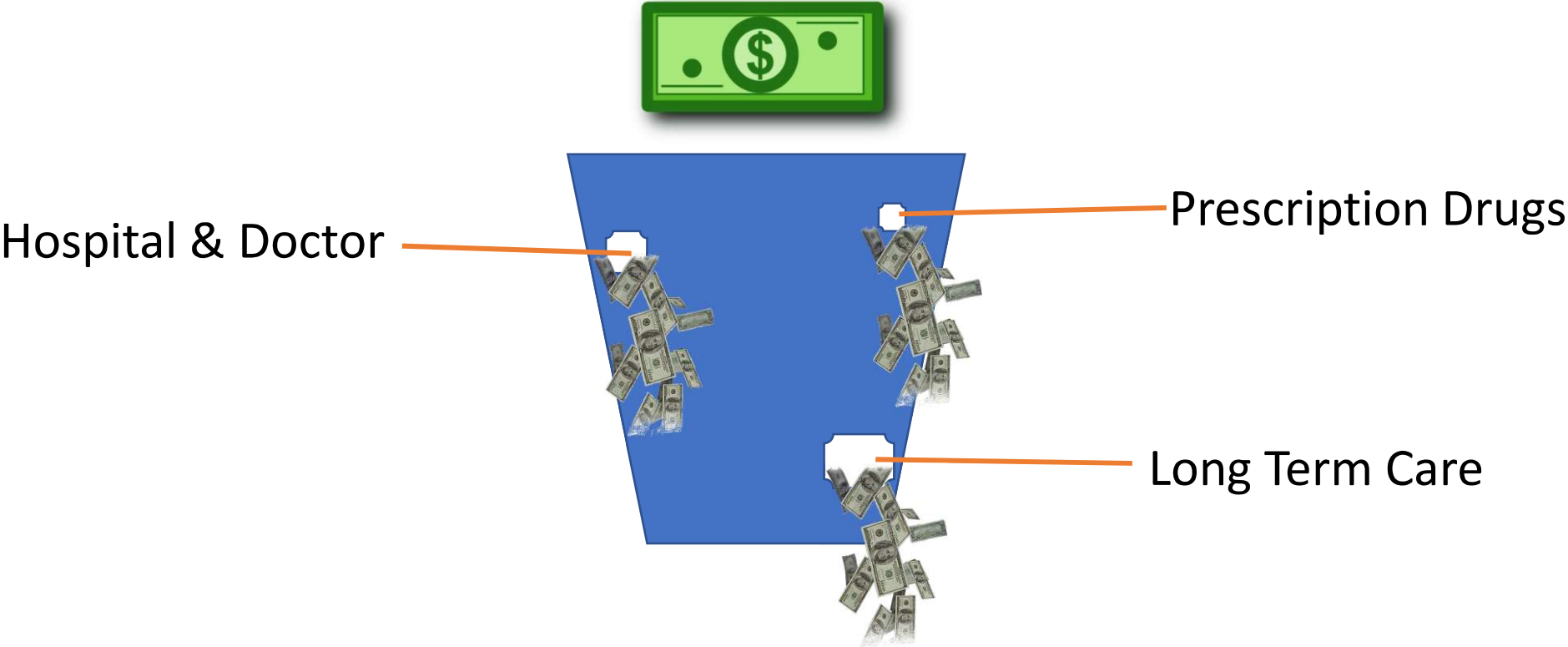
When you retire, your financial resources are sensitive to loss.

Where are the losses most likely to occur relating to healthcare?

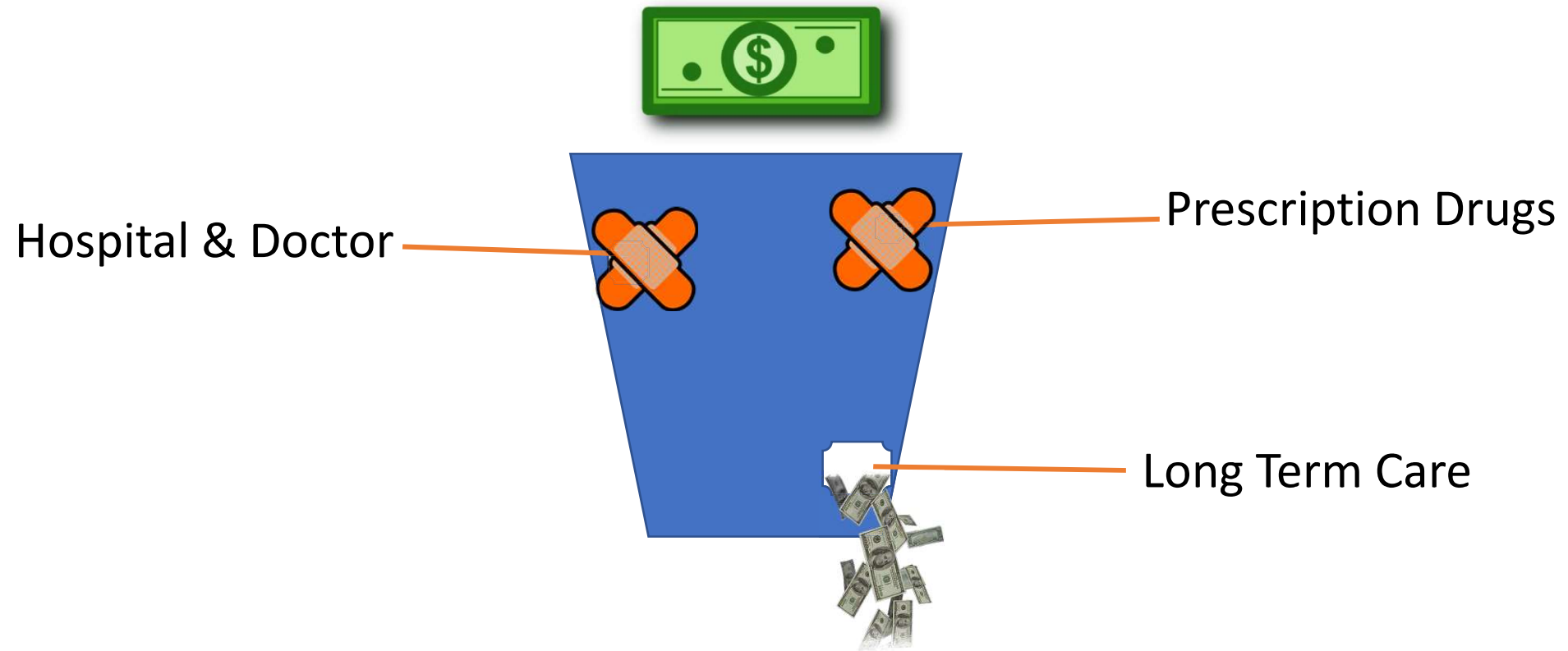


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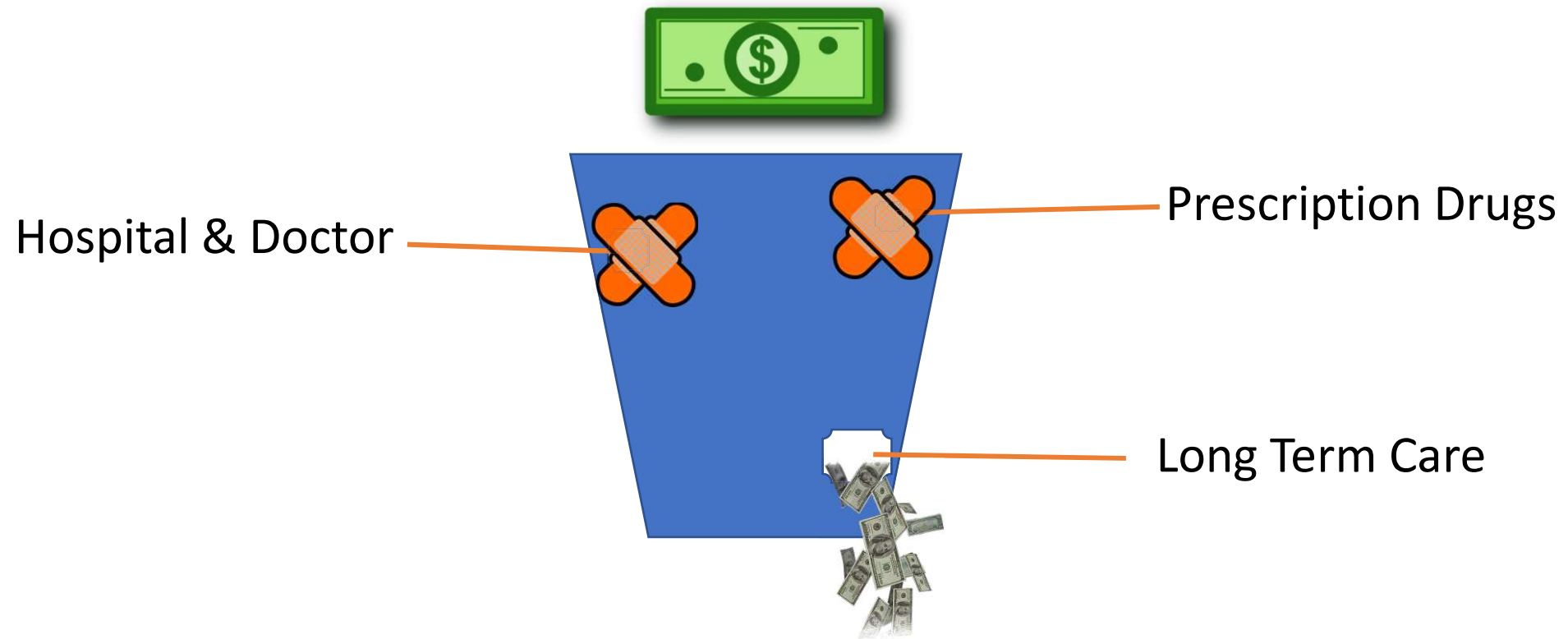


Most retirees solve Traditional Healthcare Risks with Medicare Supplement or Medicare Advantage Plans...



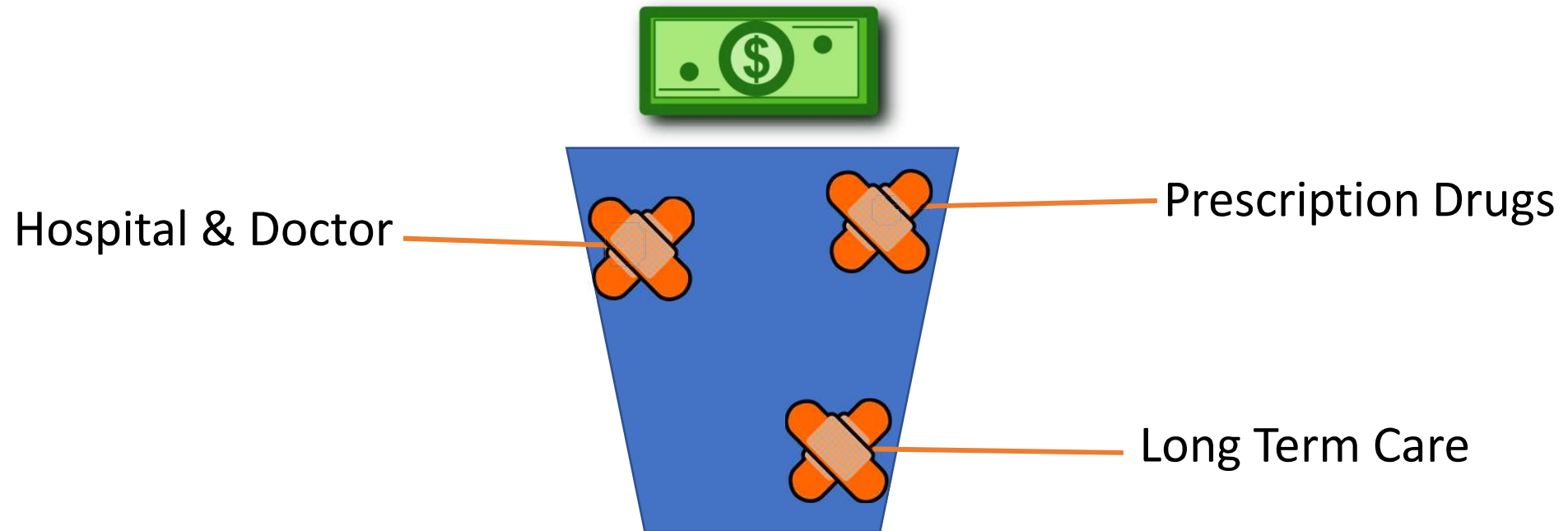
Why Stop There?

Why not enjoy **complete** protection from healthcare related risks?



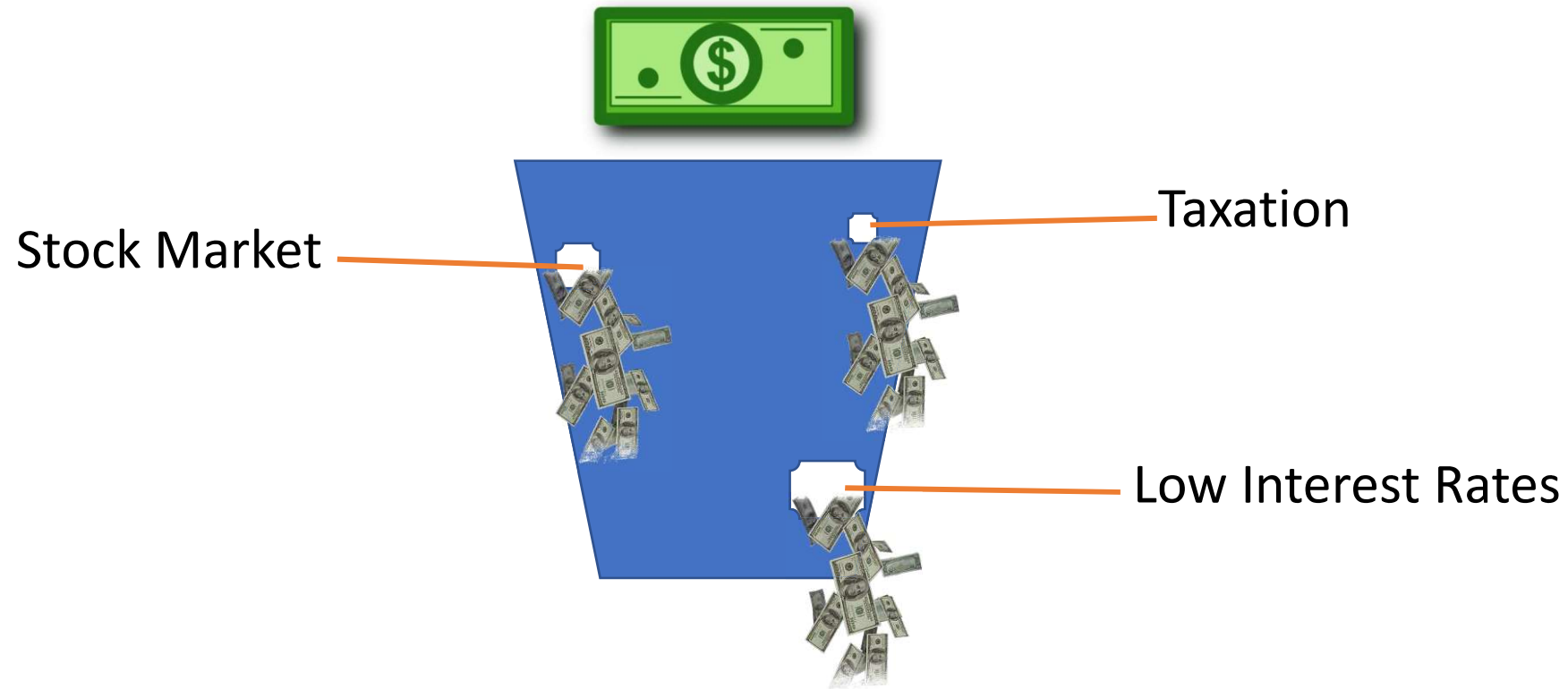
What do you want your healthcare to do for you?

We have ideas



When you retire, your financial resources available to you are sensitive to loss.

Retirement savings are sensitive to loss due to market volatility. Maintaining financial stability is important as you move into your retirement years.



There are ways to eliminate market risk, reduce taxes and enjoy higher returns...SAFELY!

We have ideas

