

GRABER & ASSOCIATES

*MEDICARE IN THE DAKOTA'S:
WHERE THERE ARE AS MANY PLAN TYPES AVAILABLE
AS THERE ARE FACES ON MT. RUSHMORE*



WHAT AGENTS SHOULD KNOW FOR SUCCESSFUL SALES

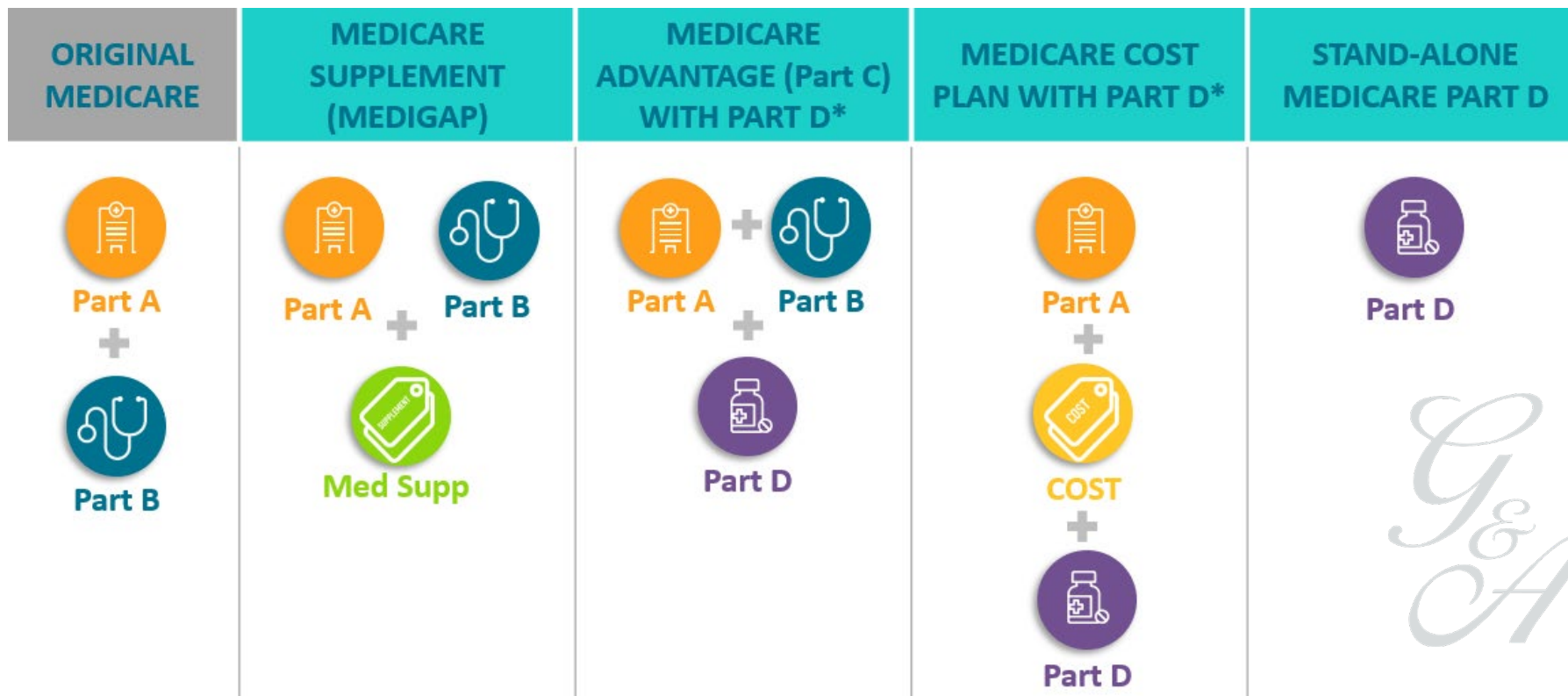
AGENDA

- What Makes This Region Unique?
- 2021 Plan Design
- Cost Plan Aspects To Understand
- Examples
- Questions



WHAT MAKES THIS REGION UNIQUE

- USUALLY THREE MEDICARE PLAN TYPES TO WORK WITH
- IN THE MIDWEST, AGENTS HAVE FOUR TYPES THEY SHOULD KNOW



2021 Plan Design

Medical-only plans for North Dakota and South Dakota.

	2020 Original Medicare	MEDICA PRIME SOLUTION MEDICAL-ONLY PLAN OPTIONS			
		Standard	Thrft	Core	Premier
Monthly Medical-only Premium		\$0	\$34	\$79	\$189
Medical Deductible		\$0	\$50	\$0	\$0
Annual Maximum Out-of-Pocket	n/a	\$4,500	\$6,700	\$4,000	\$3,000
MEDICAL BENEFITS	YOU PAY	YOU PAY			
Preventive Services	\$0	\$0	\$0	\$0	\$0
Primary Care	20%	\$0	20%	\$0	\$0
virtuwell eVisits	n/a	\$0	n/a	\$0	\$0
Specialist Office Visit	20%	\$35	20%	\$20	\$0
Urgent Care	20%	\$0 - \$35	\$25	\$0 - \$20	\$0
Chiropractic	20%	\$20	20%	\$20	\$0
Eye Exams - Routine Annual	100%	\$0	100%	\$0	\$0
Hearing Exams - Routine Annual	100%	\$0 - \$35	100%	\$0	\$0
Diagnostic Tests / X-Ray	20%	\$0 - \$35	20%	\$10	\$0
Diagnostic & Therapeutic Radiology	20%	\$35 - \$150	20%	\$30	\$0
Diabetes Supplies	20%	20% (Max. \$35)	20%	20%	\$0
Outpatient Surgery	20%	\$200	20%	\$100	\$0
Ambulance (Ground)	20%	\$200	20%	\$50	\$0
Emergency Care	20%	\$90 Worldwide	\$50	\$50 Worldwide	\$0 Worldwide
Inpatient Hospital	Days 1-60: \$1,408 total Days 61-90: \$352/day	Days 1-5: \$280/day Days 6-90: \$0/day	Days 1-4: \$300/day Days 5-90: \$0/day	\$350 per stay	\$0 per stay
Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$176/day	Days 1-20: \$0/day Days 21-100: \$176 ⁱ /day	Days 1-20: \$0/day Days 21-100: \$176 ⁱ /day	Days 1-20: \$0/day Days 21-100: \$50/day	Days 1-20: \$0/day Days 21-100: \$25/day

Cost Plan Aspects To Understand

- Premiums Not Age Banded

2021 MEDICARE COST/ADVANTAGE PLANS

SAME RATE FOR ALL AGES

FOR AGENT USE ONLY
RATES SUBJECT TO CHANGE
UPDATED 03/01/2021

MEDICA	
STANDARD	\$0.00
THRIFT	\$34.00
CORE	\$79.00
PREMIER	\$189.00
STANDARD with RX	\$30.90
THRIFT with RX	\$73.20
CORE with RX	\$132.00
PREMIER with RX	\$250.60

HUMANA	
GOLD PLUS (011) HMO	\$0.00
HONOR MA ONLY (086) PPO	\$0.00
CHOICE (092) PPO	\$38.00
CHOICE (088) PPO	\$67.00
CHOICE (103) PPO	\$115.00
VALUE PLUS (171) PPO	\$27.80
VALUE PLUS (171) PPO <i>For Full Benefit Dual Eligibles & QMB Eligibles</i>	\$0.00

AETNA	
MEDICARE ELITE (043) PPO	\$0.00
MEDICARE PREMIER (001) PPO	\$0.00
MEDICARE PRIME (004) PPO	\$0.00

LASSO	
GROWTH MSA	\$0.00
GROWTH PLUS MSA	\$0.00



Cost Plan Aspects To Understand

• MEDICARE SUPPLEMENT AGE BANDING EXAMPLE

• *Under-65 rates*

AGE		WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT		AGE	AGE		WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT		AGE	WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE	UNISEX		MALE	FEMALE	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE	MALE	FEMALE
Thru 64	\$228.00	\$201.50	\$205.20	\$181.40	Thru 64	\$148.58	Thru 64	\$208.13	\$189.21	\$183.15	\$166.50	Thru 64	\$183.34	\$159.42	\$161.34	\$140.29	
65	\$154.20	\$136.40	\$138.80	\$122.80	65	\$91.05	65	\$166.44	\$151.30	\$146.47	\$133.14	65	\$143.16	\$124.49	\$125.98	\$109.55	
66	\$154.20	\$136.40	\$138.80	\$122.80	66	\$91.05	66	\$166.44	\$151.30	\$146.47	\$133.14	66	\$143.16	\$124.49	\$125.98	\$109.55	
67	\$166.00	\$146.80	\$149.40	\$132.10	67	\$91.05	67	\$166.44	\$151.30	\$146.47	\$133.14	67	\$143.16	\$124.49	\$125.98	\$109.55	
68	\$177.90	\$157.40	\$160.10	\$141.70	68	\$102.62	68	\$170.46	\$154.96	\$150.00	\$136.36	68	\$143.16	\$124.49	\$125.98	\$109.55	
69	\$177.90	\$157.40	\$160.10	\$141.70	69	\$103.01	69	\$174.49	\$158.64	\$153.55	\$139.60	69	\$146.36	\$127.27	\$128.80	\$112.00	
70	\$192.50	\$170.20	\$173.30	\$153.20	70	\$121.97	70	\$178.50	\$162.28	\$157.08	\$142.81	70	\$152.04	\$132.21	\$133.80	\$116.34	
71	\$206.80	\$182.80	\$186.10	\$164.50	71	\$122.44	71	\$183.17	\$166.52	\$161.19	\$146.54	71	\$157.43	\$136.90	\$138.54	\$120.47	
72	\$211.20	\$186.80	\$190.10	\$168.10	72	\$122.89	72	\$189.18	\$171.98	\$166.48	\$151.34	72	\$162.83	\$141.59	\$143.29	\$124.60	
73	\$216.30	\$191.40	\$194.70	\$172.30	73	\$123.36	73	\$195.36	\$177.61	\$171.92	\$156.30	73	\$169.57	\$147.45	\$149.22	\$129.76	
74	\$220.70	\$195.10	\$198.60	\$175.60	74	\$123.82	74	\$201.55	\$183.22	\$177.36	\$161.23	74	\$176.40	\$153.39	\$155.23	\$134.99	
75	\$228.00	\$201.50	\$205.20	\$181.40	75	\$148.58	75	\$208.13	\$189.21	\$183.15	\$166.50	75	\$183.34	\$159.42	\$161.34	\$140.29	
76	\$232.70	\$205.80	\$209.40	\$185.20	76	\$149.10	76	\$215.37	\$195.79	\$189.53	\$172.30	76	\$189.97	\$165.19	\$167.17	\$145.37	
77	\$237.40	\$209.90	\$213.70	\$188.90	77	\$149.66	77	\$222.61	\$202.37	\$195.90	\$178.09	77	\$196.76	\$171.10	\$173.15	\$150.57	
78	\$242.10	\$214.20	\$217.90	\$192.80	78	\$150.21	78	\$229.85	\$208.95	\$202.27	\$183.88	78	\$203.72	\$177.14	\$179.27	\$155.89	
79	\$246.90	\$218.30	\$222.20	\$196.50	79	\$150.75	79	\$237.10	\$215.53	\$208.65	\$189.67	79	\$210.83	\$183.33	\$185.53	\$161.33	
80	\$251.70	\$222.60	\$226.50	\$200.30	80	\$162.53	80	\$244.33	\$222.12	\$215.01	\$195.47	80	\$218.12	\$189.67	\$191.94	\$166.91	
81	\$256.30	\$226.60	\$230.70	\$203.90	81	\$163.14	81	\$251.13	\$228.31	\$220.99	\$200.91	81	\$225.46	\$196.05	\$198.41	\$172.53	
82	\$261.30	\$231.10	\$235.20	\$208.00	82	\$163.73	82	\$257.93	\$234.48	\$226.98	\$206.34	82	\$232.98	\$202.59	\$205.02	\$178.28	
83	\$265.80	\$235.00	\$239.20	\$211.50	83	\$164.31	83	\$264.73	\$240.67	\$232.96	\$211.79	83	\$240.67	\$209.28	\$211.79	\$184.17	
84	\$270.70	\$239.40	\$243.60	\$215.50	84	\$164.90	84	\$271.53	\$246.86	\$238.95	\$217.24	84	\$248.55	\$216.13	\$218.72	\$190.19	
85+	\$273.20	\$241.50	\$245.90	\$217.40	85	\$167.01	85	\$275.76	\$250.69	\$242.67	\$220.61	85	\$256.60	\$223.13	\$225.81	\$196.35	

Cost Plan Aspects To Understand

HOW MEDICARE PLAN TYPES DIFFER

	MEDICARE ADVANTAGE	MEDICARE COST	MEDICARE SUPPLEMENT
OVERSIGHT	Centers for Medicare & Medicaid	Centers for Medicare & Medicaid	State Department of Commerce
ELIGIBILITY	Medicare A & B	Medicare A & B or B only	Medicare A & B
REPLACES ORIGINAL MEDICARE	Yes	No, Adds to Original Medicare	No, Adds to Original Medicare
SUBJECT TO ENROLLMENT PERIODS	Yes	No, Enrollment Allowed Any Month of the Year	No, Enrollment Allowed Any Month of the Year
CLAIMS PROCESSING	Part A & B Claims Sent to Insurance Company	Part A Claims Sent to Medicare, Part B Claims Sent to Insurance Company	Part A & B Claims Sent to Medicare
RENEWABILITY	Annually Renewable	Annually Renewable	Guaranteed Renewable
UNDERWRITTEN	No	No	Yes (Certain Guaranteed Issue Periods May Apply)
TOBACCO SURCHARGED	No	No	Yes
NETWORK	PFFS - No Network PPO - Contracted Network HMO - Contracted Network	Yes, Contracted Provider Network	Any Provider that Accepts Medicare (Exception is Medicare SELECT Plans that utilize a contracted provider network)
STANDARDIZED	No	No	Yes

Cost Plan Aspects To Understand

- **Retain Original Medicare**

- See Below Description Direct From A Medica Provider FAQ:

*The Medica Prime Solution® product is governed primarily by Centers for Medicaid and Medicare Services (CMS) rules and regulations. This is a Medicare Cost product that utilizes a subset of the Medica Choice® provider network. While enrolled, **members retain their Medicare benefits**, although Medica is primary payer for in-network Part B services. For in-network Part A services, Medicare is the primary payer and Medica is the secondary payer.*

*Medicare is the primary payer for all services received from non-network providers. Members enrolled in Medica Prime Solution have very few out-of-network benefits unless they activate their extended absence option. **On extended absence, Medica supplements Medicare's payment to provide in-network benefit levels while the member travels.** Otherwise Medicare is the sole payer for services received from non-network providers.*

G&A

Cost Plan Aspects To Understand

- **Travel Benefit**

- **Up To 9 Months**

- **2021 Evidence Of Coverage Explanation Below:**

When you are outside of the area where Prime Solution plans are offered, you may still receive in-network cost-sharing for plan benefits by using non-network providers who participate in the Medicare program. You must present both your Medicare card and your plan member I.D. card to the non-network provider at the time you receive care. Please instruct them that they are to bill Medicare first for Medicare eligible services. Once Medicare has paid, any remaining charges should be billed to Medica.



Cost Plan Aspects To Understand

- **“Optional” Part D Rider**

South Dakota plans with medical and drug coverage.

		MEDICA PRIME SOLUTION MEDICAL + PART D PLAN OPTIONS							
		Standard		Thrifty		Core		Premier	
		with Rx		with Rx		with Rx		with Rx	
Monthly Premium	2020 Original Medicare	\$30.90		\$73.20		\$132		\$250.60	
Medical Deductible		\$0		\$50		\$0		\$0	
Annual Maximum Out-of-Pocket (medical)	n/a	\$4,500		\$6,700		\$4,000		\$3,000	
MEDICAL BENEFITS		YOU PAY				YOU PAY			
Preventive Services	\$0	\$0		\$0		\$0		\$0	
Primary Care	0%	\$0		20%		\$0		\$0	
virtuwell eVisits	n/a	\$0		n/a		\$0		\$0	
Specialist Office Visit	20%	\$35		20%		\$20		\$0	
Urgent Care	20%	\$0 - \$35		\$25		\$0 - \$20		\$0	
Chiropractic	20%	\$20		20%		\$20		\$0	
Eye Exams - Routine Annual	100%	\$0		100%		\$0		\$0	
Hearing Exams - Routine Annual	100%	\$0 - \$35		100%		\$0		\$0	
Diagnostic Tests / X-Ray	20%	\$0 - \$35		20%		\$10		\$0	
Diagnostic / Therapeutic Radiology	20%	\$35 - \$150		20%		\$30		\$0	
Diabetes Supplies	20%	20% (Max. \$35)		20%		20%		\$0	
Outpatient Surgery	20%	\$200		20%		\$100		\$0	
Ambulance (Ground)	20%	\$200		20%		\$50		\$0	
Emergency Care	20%	\$90 Worldwide		\$50		\$50 Worldwide		\$0 Worldwide	
Inpatient Hospital	Days 1-60: \$1,408 total Days 61-90: \$352/day	Days 1-5: \$280/day Days 6-90: \$0/day		Days 1-4: \$300/day Days 5-90: \$0/day		\$350 per stay		\$0 per stay	
Skilled Nursing Facility	Days 1-20: \$0/day Days 21-100: \$176/day	Days 1-20: \$0/day Days 21-100: \$176/day		Days 1-20: \$0/day Days 21-100: \$176/day		Days 1-20: \$0/day Days 21-100: \$50/day		Days 1-20: \$0/day Days 21-100: \$25/day	
PART D DRUG COVERAGE									
Part D Deductible	n/a	\$445**		\$445		\$445**		\$445**	
Level One - Initial Coverage (Shared drug costs \$0 to \$4,130)		YOU PAY (30-Day Retail)							
		Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 - Preferred Generic	100%	\$0	\$10	\$0	\$10	\$1	\$10	\$0	\$10
Tier 2 - Generic	100%	\$15	\$20	\$10	\$20	\$8	\$20	\$7	\$20
Tier 3 - Preferred Brand	100%	\$47	\$47	\$38	\$47	\$30	\$47	\$28	\$47
Tier 4 - Non-Preferred Drug	100%	50%	50%	50%	50%	50%	50%	50%	50%
Tier 5 - Specialty Drug	100%	25%	25%	25%	25%	25%	25%	25%	25%
Level Two - Coverage Gap "Donut Hole" (Member-only drug costs up to \$6,550)		Generic and Covered Brand at 25% for all plan options							
Level Three - Catastrophic Coverage (Member-only drug costs \$6,550 and up)		Generic at \$3.70 or 5%* and Other Drugs at \$9.20 or 5%* for all plan options							

Cost Plan Aspects To Understand

- ***“Optional” Part D Rider Significance***
 - Unique To Cost Plans
 - Year-Round Enrollments
 - Move Between Plans During Year
 - Traditional Supplement Enrollees
 - Help Consumers In Difficult Situations
 - *Closed Pools*
 - *Dual-Eligibles*
 - *Veterans*
 - *Explanations To Follow.....*



Cost Plan Aspects To Understand

- Medical-Only Plan Year-Round Enrollment
 - Enrolled in Part A & B or Part B Only? *Yes*
 - Do You Have ESRD? *No*
 - You Can Enroll In A Medica Medical-Only Plan
 - **Because Of Separate PDP**
- Needing A Knee Replacement Next Month?
 - You Can Move Up In Coverage Any Time
 - **Because Of Separate PDP**



Cost Plan Aspects To Understand

Medical-only plans for North Dakota and South Dakota.

	2020 Original Medicare	MEDICA PRIME SOLUTION MEDICAL-ONLY PLAN OPTIONS			
		Standard	Thrft	Core	Premier
Monthly Medical-only Premium		\$0	\$34	\$79	\$189
Medical Deductible		\$0	\$50	\$0	\$0
Annual Maximum Out-of-Pocket	n/a	\$4,500	\$6,700	\$4,000	\$3,000
MEDICAL BENEFITS	YOU PAY	YOU PAY			
Preventive Services	\$0	\$0	\$0	\$0	\$0
Primary Care	20%	\$0	20%	\$0	\$0
virtuwell eVisits	n/a	\$0	n/a	\$0	\$0
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Cost Plan Aspects To Understand

- **Cost Plan & Traditional Medicare Supplement Clients**
 - **Cost Plan Not Age Banded (*slide 6 example*)**
 - **Plan F & MACRA Legislation**
 - **Annual Rate Increases**
 - **Closed Pools**
 - **Trial Right Ability**
 - **Enrollment Available Any Time Of Year**
 - ****Because Of Separate PDP****



Cost Plan Aspects To Understand

- ***“Optional”*** Part D Rider & Medicare Supplement Closed Pools

- **Current Real-Life Example:**

G	MODERNIZED	UM24	01/13/2011	02/01/2012	8.00%
				06/01/2014	-5.00%
				06/01/2016	9.50%
				06/01/2017	6.00%
				06/01/2018	9.00%
				06/01/2019	15.00%
				01/01/2020	5.00%
				06/01/2020	15.00%

- ***14% increase effective 06/01/2021***



Cost Plan Aspects To Understand

● Trial Right Explained

- You dropped a Medigap policy to join a Medicare Advantage Plan **(OR COST PLAN)** (or to switch to a Medicare SELECT policy) for the first time, you've been in the plan less than a year, and you want to switch back. (Trial Right)
- You have the right to buy:
 - The Medigap policy you had before you joined the Medicare Advantage Plan or Medicare SELECT policy, if the same insurance company you had before still sells it.
 - IF YOUR FORMER MEDIGAP POLICY ISN'T AVAILABLE, YOU CAN BUY A MEDIGAP PLAN A, B, C*, D*, F*, G*, K, OR L THAT'S SOLD BY ANY INSURANCE COMPANY IN YOUR STATE.
 - Guaranteed issue rights | Medicare



Cost Plan Aspects To Understand

- **Cost Plan & Dual-Eligibles**

- Great Way To Make More Benefits Available To This Population
- PDP Auto-Enrollment
- \$0 Medical-Only Standard Plan
 - Dental, Vision, Hearing, Gym Membership, etc
- Better positioning consumer if dual-eligible status changes
 - Separate PDP less likely to be affected
 - Other “Dual-Eligible Look-Alike” Issues





Cost Plan Aspects To Understand

- **Cost Plan & Dual-Eligibles continued....**
 - **Full Medicaid: Cost Share Protected For All Medical Costs**
 - **QMB: Cost Share Protected For All Medical Costs**
 - **SLMB: Part B Premium Paid For Only**
 - **QI: Part B Premium Paid For Only**
 - **Extra Help**
 - **Ways To Find Out Level Of Assistance**
 - **Call 605-773-4678**
 - **Make Medicare.gov Account**





Cost Plan Aspects To Understand

• Veterans: Baseball Analogy & Medica Standard Plan

VA **may** pay for emergency care provided in a **non-VA facility** for treatment of a **non service-connected** condition **only** if **all** of the following conditions are met:

If you are:

- Service- connected, not permanently and totally disabled or non-service-connected

Then:

- Care was provided in a hospital emergency department (or similar public facility held to provide emergency treatment to the public); **AND**
- The emergency was of such a nature that the Veteran (or other prudent layperson without medical training) would reasonably believe that any delay in seeking immediate medical attention would cause their life or health to be placed in jeopardy; **AND**
- A VA medical facility or another Federal facility was not reasonably available to provide the care; **AND**
- The Veteran is enrolled and has received care within a VA facility during the 24 months before the emergency care; **AND**
- The Veteran is financially liable to the provider of emergency treatment

**Ambulance services may not always be covered by the VA*

Cost Plan Aspects To Understand

- **“Optional” Part D Rider & Veterans: Excellent Part D Coverage Through VA**
 - 90-day supply for Tier 1 (Preferred Generics) Medications for certain Veterans: **\$15**
 - 90-day supply for Tier 2 (Non-Preferred Generics & some OTCs) Medications for certain Veterans: **\$24**
 - 90-day supply for Tier 3 (Brand Name) Medications for certain Veterans: **\$33**

Veterans in **Priority Group 1** do NOT pay for medications.

Veterans in **Priority Groups 2 through 8** are limited to **\$700** annual cap.



Cost Plan Aspects To Understand

• Part B Drugs

Medicare Part B prescription drugs

These drugs are covered under Part B of Original Medicare. Members of our plan receive coverage for these drugs through our plan. Covered drugs include:

- Drugs that usually aren't self-administered by the patient and are injected or infused while you are getting physician, hospital outpatient, or ambulatory surgical center services
- Drugs you take using durable medical equipment (such as nebulizers) that were authorized by the plan
- Clotting factors you give yourself by injection if you have hemophilia
- Immunosuppressive drugs, if you were enrolled in Medicare Part A at the time of the organ transplant
- Injectable osteoporosis drugs, if you are homebound, have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis, and cannot self-administer the drug
- Antigens

20% coinsurance for Medicare Part B covered chemotherapy drugs and other Part B covered drugs



Cost Plan Aspects To Understand

- Part B Drugs Continued.....



- There is no such thing as a “Perfect Plan” Joe....
- Rare but common enough to address with all prospective Cost Plan enrollees
- Common Examples: Prolia shot, cancer infusions therapy, Eylea shot, Brovana nebulized, etc....

Joe

Cost Plan Examples

- Jane Smith is in great health and turns 65 in July and has her Medicare Card already. She is nervous about the \$0 Standard Plan you just helped her enroll in even though her friends all love their Cost Plan. What are some key points to remind her of?
 - She can move up to the Core/Premier Plan any time effective first of following month if health changes
 - She has a 12 month “Trial Right” and can enroll in any traditional Supplement of her choice with no underwriting
 - Remind her to use all of her “Extra” benefits as well



Cost Plan Examples

- Jane's husband John is a few years older, 70, and not as healthy as Jane. He has been in a traditional Plan F since aging into Medicare and is paying \$215 per month. When reviewing Jane's brochure John was intrigued by the Premier Plan at \$189. What should you point out to John?
 - Clarify if John has any medications he cant administer himself or needs to use a DME item to administer
 - Remind John HE ALSO has a 12 month "Trial Right"
 - Suggest enrolling before June 1st
 - Remember to cancel Traditional Supplement



Cost Plan Examples

- Bert is 60 and has been receiving Disability Benefits for 24 months. His Part A & B start in August. Through discussion with him and his wife you found he actually does not need a lot of medical utilization. What is important to remember?
 - Traditional Med Supp premiums for him equal to 75 year old rate
 - Will have second 6 month Open Enrollment into a Med Supp at 65
 - Benefits of Cost Plan he will enjoy whether Standard, Core, or Premier
 - He should see about staying on wife's group dental/vision
 - Can piggyback Cost Plan reimbursements



Cost Plan Examples

- Susan and Mike are both Veterans and avid baseball fans! Susan turns 65 in two months and Mike is 68. Mike has Part A & B only but does utilize his VA drug benefits. What is important for Susan & Mike to remember?
 - Susan does need to enroll in Part B
 - Susan does not need a standalone PDP
 - Susan & Mike both need to understand risks of relying on VA benefits. *Baseball Analogy*
 - Why the \$0 Standard Plan makes sense



Cost Plan Examples

- Herbert saw Joe Namath's commercial during AEP and called the 800 number. He enrolled in a \$0 HMO over the phone and realized his error but it is now February. What can you do to help?
 - Anybody enrolled in an MA plan to start year can change between Jan 1st & March 31st
 - You can help him enroll in \$0 Standard Plan *WITH* separate PDP



Cost Plan Marketing

- Informational Flyers In Office
- Billboards
- Letters
- Radio
- *Generic* Educational Meetings For Groups
- Customized Mailings
 - Excel Spreadsheet
 - Great way to reach out to prospective or current clients
 - Can market Medical-Only Plan ANY TIME OF YEAR
 - Examples.....



WE'VE GOT PLANS
STARTING AT \$0.



LET'S TALK.

MEDICA OFFERS PRIME SOLUTION® (COST) PLANS WITH PREMIUMS AS LOW AS \$0.

Additional benefits of the \$0 plan include:

- Low to no copays for doctor visits
- Up to \$500 annual dental reimbursement
- Eyewear and hearing reimbursement
- A fitness membership
- And more!

Call me today to learn about Medicare plan options from Medica. I'll explain your options, answer questions and help you find a plan that fits you.



605-123-4567

8AM-5PM

Mon-Fri

Agent Name

Licensed Insurance Agent

Agency Name

AgentName@AgencyName.com

AgencyWebsite.com

Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

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Cost Plan Marketing



	A	B	C	D	E	F	G	H	I
1	Unique ID	First Name	Last Name	Address	Address 2	City	State	Zip	
2		John	Smith	200 S Maple Street		Sioux Falls	SD	57108	
3		June	Jones	2411 Park Lane		Watertown	SD	57201	
4		Bill	Madison	123 Main Ave	Apt 4	Garden City	SD	57236	
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