Making Sense of Medicare:
A guide to the basics

This advertisement was sent by, and you may receive a call from e-TeleQuote Insurance, Inc., a licensed and certified representative of a Medicare Advantage Organization with a Medicare contract. Enrollment in a plan depends on contract renewal.
We understand that choosing a Medicare plan may seem hard. That’s why we created this guide to help simplify Medicare. It takes you through the Medicare basics—the different parts, eligibility requirements, terms and more. Once you know those, it can make choosing a plan that’s right for you a lot easier.

With e-TeleQuote, simplifying Medicare can be as easy as picking up the phone. Call 1-855-844-0155 (TTY 711) and one of our licensed sales agents will work with you to find a Medicare plan solution or to answer your questions. Or visit www.e-telequote.com

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What is Medicare?

It’s a government health insurance program for people 65 and older. In some cases people under 65 with certain disabilities are also eligible. To cover the Part A and Part B benefits, Medicare offers a choice between an open-network single payer health care plan (traditional Medicare) and a network plan (Medicare Advantage, also known as Medicare Part C.)

4 Words You Need to Speak Medicare

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>The amount of money Medicare will pay towards services, procedures and items.</td>
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<tr>
<td>Deductible</td>
<td>An amount that you must pay for health care services before Medicare, your health plan, or your prescription drug plan will pay benefits.</td>
</tr>
<tr>
<td>Coinurance</td>
<td>The amount of the cost that you must pay for a service or prescription, after you have paid your deductible.</td>
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<tr>
<td>Copayment</td>
<td>A fixed amount you must pay for a service or a prescription, after you have paid your deductible.</td>
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For Medicare questions, call the licensed sales agents at e-TeleQuote: 1-855-844-0155 (TTY 711)
The 4 parts of Medicare

Each part of Medicare covers different medical services.

Medicare Part A covers services (like lab tests, surgeries, and doctor visits) and supplies (like wheelchairs and walkers) considered medically necessary to treat a disease or condition. If you need certain services that Medicare doesn’t cover, you’ll have to pay for them yourself unless you have other insurance or you’re in a Medicare health plan that covers these services.

Medicare Part B is for doctor visits and other non-hospital costs. Medicare Part B covers things such as x-rays, laboratory and diagnostic tests, influenza and pneumonia vaccinations, blood transfusions, renal dialysis, outpatient hospital procedures, limited ambulance transportation, and some medications (if they are given to you by your doctor during an office visit) and more. In fact, after a small deductible you’ll usually only pay 20% of the cost.

Medicare Part C (also referred to as Medicare Advantage Programs) are private insurance plans that provide Medicare Part A & B benefits. Medicare Advantage plan can also include Part D prescription drug coverage. Medicare pays a fixed amount for your care each month to the companies offering Medicare Advantage Plans. In most cases, you can join even if you’ve been diagnosed with a pre-existing condition. Medicare Advantage Plans usually have lower co-payments than traditional Medicare Plans, they are usually limited to certain service areas, and often require you to use health care providers in their networks.

Medicare Part D provides prescription drug coverage. For people with limited incomes there may be subsidies available. Part D plans vary in cost and coverage by region and by carrier, so it is important to determine which plan is right for you. You must have either Part A and/or Part B to qualify for Part D coverage. Many Medicare Advantage plans can also include Part D prescription drug coverage.
How Do You Get Medicare Coverage?

There are two ways:

1. **Traditional Medicare:** You also have the option to purchase Part D coverage and/or Medicare Supplement Insurance—also known as a Medigap policy—from a private insurance company.

2. **Medicare Advantage:** Plan offered by a private insurance company. Medicare Advantage plans can also include Part D prescription drug coverage.

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**TRADITIONAL MEDICARE**

- **PART A**
- **PART B**
- **PART D**
- **MEDIGAP**

**Additional Coverage:** Can be purchased to compliment Traditional Medicare.

**MEDICARE ADVANTAGE**

- **PART C**
  - Combines PART A, PART B*, and usually PART D

* You must continue to pay Part B premium

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When Can You Enroll?

When you turn 65—or become eligible for other reasons, like a qualifying disability—you can sign up and enroll in:

- Medicare Part A
- Medicare Part B
- Medicare Part C  (Medicare Advantage)
- Medicare Part D  (prescription drug coverage)
- Medigap (Medicare Supplement) Insurance plans can be purchased once you’re enrolled in traditional Medicare with a Part B Plan. You can purchase a Medigap plan at any point in time, not only during the Annual Election Period (AEP).

See next page for details on enrollment and election periods.

Beware Of Gaps

Medicare doesn’t cover every service, procedure, and item. There are also coverage limits you need to know about. You can learn more by calling a licensed sales agent at e-TeleQuote at 1-855-844-0155 (TTY 711). In addition, you can visit www.medicare.gov
What are Enrollment & Election Periods?

Initial Enrollment Period: When you are first eligible for Medicare, you have a 7-month period to sign up. This 7-month period begins 3 months before your 65th birthday, including the month you turn 65, and ends 3 months after you turn 65.

General Enrollment Period: If you miss your Initial Enrollment Period, you can sign up from January 1 through March 31 each year. Your coverage will begin July 1. You may have to pay a higher premium for late enrollment.

Special Enrollment Period: If you or your spouse (or family member if you are disabled) is currently working and you are covered by a group health plan through an employer or union, you will have a Special Enrollment Period when your group coverage ends.

Annual Election Period: The Annual Election Period (AEP), which is when you can change you Medicare health or prescription drug coverage, is October 15 through December 7. You coverage will begin January 1 of the following year, as long as the plan gets your enrollment request by December 7. In most cases, you must stay enrolled for the calendar year.

If you are under age 65 and disabled, you automatically get Part A after you get disability benefits from Social Security for more than 24 months. You will get your Medicare card in the mail 3 months before your 65th birthday or your 25th month of disability.

Another Important Date

Between January 1 and February 14, you can drop Medicare Advantage and return to traditional Medicare. If you choose this option you might want to consider a Medigap plan to cover other costs, and a Part D plan to help cover the cost of prescription drugs.

Timing is Everything

If you don’t sign up for prescription drug coverage when you’re first eligible, you must wait until the annual open enrollment period (Oct. 15–Dec. 7) unless you qualify for an exception. If you enroll later, you may have to pay a permanent late enrollment penalty.
Things To Consider

If you’re thinking about a Medicare Advantage plan, Medigap plan, or prescription drug plan, there are some important details you’ll want to check. These include:

- If the plan you’re thinking about has your doctor in their network
- If pharmacies near you are listed in the plan’s network
- The medicines they cover and what the copays are
- Potential cost such as premiums, deductibles, copayments and coinsurance

Some other details that you might want to consider are:

- free preventive care
- access to out-of-state doctors and hospitals
- no referrals to specialists
- limiting what you’ll have to pay out-of-pocket

Medicare Resources

**e-TeleQuote**  
If you ever have any questions, you can call our licensed sales agents at 1-855-844-0155 (TTY 711). You can also visit www.e-telequote.com

**Medicare**  
For help with Medicare questions, you can call 1-800 MEDICARE (1-800-633-4227), TTY 1-877-486-2048, or visit www.medicare.gov

**Social Security**  
You can contact the Social Security office to determine if you’re eligible for Part A and/or Part B and they can tell you how to enroll. Call 1-800-772-1213, TTY, 1-800-325-0778—or visit www.socialsecurity.gov
Now that you know basic facts about Medicare, you have a decision to make. But, it’s not a decision you have to make alone.

At e-TeleQuote, we’re ready to help you.

Our licensed sales agents are ready to get to know you personally over the phone. That way when you need an answer, it’s one that’s going to help. Getting to know you also benefits us, too. For example, if you’re asking about coverage, it helps us narrow our search of leading provider plans to find one that matches the balance of benefits and price you want. And as your trusted partner, we help keep your information as safe as possible.

So call 1-855-844-0155 (TTY 711) and let us help make your Medicare decision an easier one. Or visit www.e-telequote.com
## Details You Should Know

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Provided By</th>
<th>What’s Covered</th>
</tr>
</thead>
</table>
| **Part A** | Government | - Stays in Hospital  
- Nursing facility and hospice care  
- No drug coverage |
| **Part B** | Government | - Doctor’s visits  
- Outpatient services  
- Certain diagnostic & preventive screenings |
| **Part C** Medicare Advantage | Private insurance company that has contract with Medicare program | - Same as Traditional Medicare plus may include prescription drug coverage  
- Often have extras such as Vision & hearing care |
| **Part D** Prescription Drugs | Private insurance company that has contract with Medicare program | - Prescription drugs |
| **MEDIGAP** | Private insurance companies | - Additional days of hospital care  
- help with deductibles, copays and coinsurance |
<table>
<thead>
<tr>
<th>Cost</th>
<th>Out of Pocket Costs</th>
<th>Doctors/Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free so long as you’ve paid Social Security for at least 10 years</td>
<td>• Deductible</td>
<td>Any that participate in Medicare</td>
</tr>
<tr>
<td></td>
<td>• After deductible is met, you will pay coinsurance</td>
<td></td>
</tr>
<tr>
<td>You pay premium based on annual income. Usually deducted from your</td>
<td>• Low premiums</td>
<td>Any that participate in Medicare</td>
</tr>
<tr>
<td>Social Security check. If you don’t receive Social Security you’ll</td>
<td>• Deductible</td>
<td></td>
</tr>
<tr>
<td>receive a quarterly bill.</td>
<td>• After deductible is met, you will pay coinsurance</td>
<td></td>
</tr>
<tr>
<td>Monthly premium. Some providers offer plans with no premium. Must</td>
<td>• Low premiums in addition to Part B premiums</td>
<td>If your plan has a network of doctors, hospitals and</td>
</tr>
<tr>
<td>continue to pay Part B premium.</td>
<td>• Copays/coinsurance for doctor’s visits</td>
<td>pharmacies, you must use those or you’ll usually</td>
</tr>
<tr>
<td></td>
<td>• Other services</td>
<td>pay more for your care, except in most emergency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>situations.</td>
</tr>
<tr>
<td>Monthly premium unless it’s part of Medicare Advantage Plan</td>
<td>• Low premiums</td>
<td>Usually must use a pharmacy within the plan’s network</td>
</tr>
<tr>
<td></td>
<td>• Copays or coinsurance for covered prescription drugs</td>
<td></td>
</tr>
<tr>
<td>• Varies according to plan</td>
<td>• Low premiums</td>
<td>Any that participate in Medicare</td>
</tr>
<tr>
<td>• Typically age-rated, meaning cost increases each year based on age</td>
<td>• Depends on how much coverage a plan offers</td>
<td></td>
</tr>
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