



KUHTZ DIEHL
INSURANCE & FINANCIAL SERVICES, LLC

**A Helpful Guide
To Understanding
Medicare Insurance**

Your Local Medicare Insurance Agents



Who is Kuhtz Diehl Insurance & Financial Services and how can we help you?

Kuhtz Diehl Insurance was started in 2002 by Steve Kuhtz and Robert Diehl. Our agency was created with a primary focus on service instead of sales, making it unique in the marketplace. Focusing on client satisfaction and retention has earned Kuhtz Diehl recognition as an "Agency of Excellence", as well as being named a Gold Star Level organization by insurance companies. This means that Kuhtz Diehl has a loud and powerful voice when dealing with the insurance companies on your behalf.

Our experienced and educated agents are available to assist you with all of your Medicare Insurance needs. Our agents are contracted with virtually all of the Medicare Advantage and Medicare Supplement carriers available in your area allowing your agent the ability to compare plans for you without bias.

All Kuhtz Diehl Insurance agents go through extensive training and are all highly experienced in the Medicare insurance market. They are required to complete annual certifications and continuing education courses for Medicare Supplement, Medicare Advantage and Prescription Drug Plans and products. We strive to be the best in our field- providing personal and knowledgeable information to our clients during what can be a very confusing and personal process.

Here are a few reasons why you should choose a Kuhtz Diehl Insurance agent:

- We do not charge a fee for any of our services. We are compensated by the insurance carriers should you choose to become our client.
- Your licensed insurance agent will help you evaluate your health and prescription drug options by understanding your specific needs.
- Our services go beyond the purchase of your Medicare Insurance Plan. Behind every Kuhtz Diehl agent is a service center that is ready to help you resolve any issues that might arise with your Medicare Insurance plan.
- Your Kuhtz Diehl Agent will keep you updated on changes taking place in the Medicare Insurance market.
- Your Kuhtz Diehl Agent will always make sure that you have the plan that fits your needs.

Thank you for taking time to look over our Medicare Information Guidebook. We look forward to assisting you evaluate your Medicare Insurance options.

Thank You!



Kuhtz Diehl Insurance and Financial Services is an independent insurance agency licensed in the states of California and Nevada. Kuhtz Diehl Insurance and Financial Services is not associated with the Medicare program or any other state or federal agency. Kuhtz Diehl Insurance and Financial Services are not connected (financially or otherwise) with any physician, clinic or hospital.

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"....We met with Amanda at Kuhtz Diehl and she came up with a plan that would cover our needs and financial circumstances. This plan saved us thousands of dollars, due to Amanda and her crew's knowledge of the different plans available to us. This company treats people with respect and listens to their many questions. How could you go wrong?"

Butch and Betsy J

NEVER PUT OFF TILL
TOMORROW
WHAT YOU CAN DO
TODAY

"I kept putting off signing up for Medicare because the whole process seemed very confusing. Tim, my agent from Kuhtz Diehl, sat down with me and explained the process from start to finish. He was very knowledgeable and helped me pick a plan that I'm very satisfied with."

Helen R.

Shop with us for insurance by phone, internet, email or in person.

Toll Free: 1 (877) 315-3097 or (559) 251-0501

Email: info@myseniormedicare.com

Web: www.myseniormedicare.com

Where do you start?



1 First, we need to take a brief look at the parts of Medicare.

Part A - Hospitalization (Original Medicare)

Part B - Medical (Original Medicare)

Part C - Medicare Advantage

Part D - Medicare Prescription Drug Coverage

Original Medicare

Part A - HOSPITAL



- Part A helps pay for hospital and skilled nursing facilities, home healthcare and hospice care.
- Most people do not have to pay a premium for Part A.
- You are entitled to Part A if you have worked for 10 years and paid Medicare taxes during that time.
- Your Part A benefit begins automatically upon age 65 or if you have been drawing Social Security due to disability for a minimum of 24 months.

Part B - DOCTOR



- Part B helps pay for physician's services, outpatient services, durable medical equipment and other medical services.
- Coverage under Part B is optional. Most people will have to pay a premium for their Part B coverage.
- The premium amount is based on your annual taxable income.
- Most people are eligible to apply for Part B coverage 3 months prior to, the month of and the 3 months following their 65th birthday.
- You are required to have both Part A and Part B in order to purchase a Medicare Supplement or Medicare Advantage plan.

PROVIDED BY THE FEDERAL GOVERNMENT

Sign up through Social Security

How can a Kuhtz Diehl Agent help you??

Do you have questions? Are you new to Medicare or just want additional information? We encourage you to contact our office toll free at 877-315-3097. One of our local licensed Agents will be happy to assist you in any way that they can. Remember there is never a fee for our services!

Where do you start? *continued...*

Part C - MEDICARE ADVANTAGE

Always Includes

Part A - HOSPITAL

Part B - DOCTOR



May Include

Part D - PRESCRIPTION



+
Additional
Benefits

- Part C is also known as Medicare Advantage.
- Medicare Advantage Plans replace your original fee for Service Medicare.
- These plans incorporate the benefits of Part A, Part B and usually Part D.
- The plans are offered by private insurance companies.
- Benefits of Medicare Advantage plans must be equal to or greater than those of original Medicare.

Part D - PRESCRIPTION



- Part D refers to Medicare Prescription Drug Coverage.
- Helps with the cost of prescription medications.
- Plans are offered by many different insurance companies.
- Plan benefits, including premium, deductible and copayments can vary significantly from plan to plan.
- Most Medicare Advantage plans will include Part D coverage.
- Medicare offers a program called “Extra Help” that is designed to help Medicare Beneficiaries pay for their prescription drug costs. You will need to qualify based on income level to enroll in this program.
- You may incur a late enrollment penalty (LEP) if you do not enroll in a Part D plan upon your Medicare Part A eligibility or if you do not have other creditable coverage.

PROVIDED BY PRIVATE COMPANIES
Sign up with a company of your choice

2

Second, let's take a look at when you can start this journey.
You are eligible to enroll in Medicare if this describes you:

1. You are 65 years old or you are under 65 and qualify on the basis of disability or other special situation.
2. You are a U.S. citizen or legal resident who has lived in the U.S. for at least 5 consecutive years.



Getting Enrolled...

Getting enrolled is easy! You can either:

- Contact your local Social Security office or call 800-772-1213.
- Contact Center for Medicare / Medicaid Services (CMS) directly at 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 Days a week.
- TTY users call 1-877-486-2048
- Go online and register at www.medicare.gov

If you currently receive Social Security Benefits, you will automatically get enrolled into Part B.

Your Medicare will become effective the month of your 65th birthday. A Medicare card (Red, White & Blue card) will be sent to you prior to your 65th birthday.



Peace of mind for the whole family

WE ARE HERE TO HELP

- A Kutzt Diehl agent will guide you through the steps of Medicare enrollment.
- We will contact your current medical providers to confirm which Medicare insurance plans they accept.
- We will help you choose a Medicare plan that meets your needs as well as fits your budget.
- If you are currently taking prescription medications, we will evaluate your list of medications to make sure the Medicare plan you choose includes your medications.
- Our #1 goal at Kutzt Diehl is to make sure that our clients are satisfied with the Medicare plan they choose.

Need more information? Call us toll free at 1-877-315-3097 or 559-251-0501

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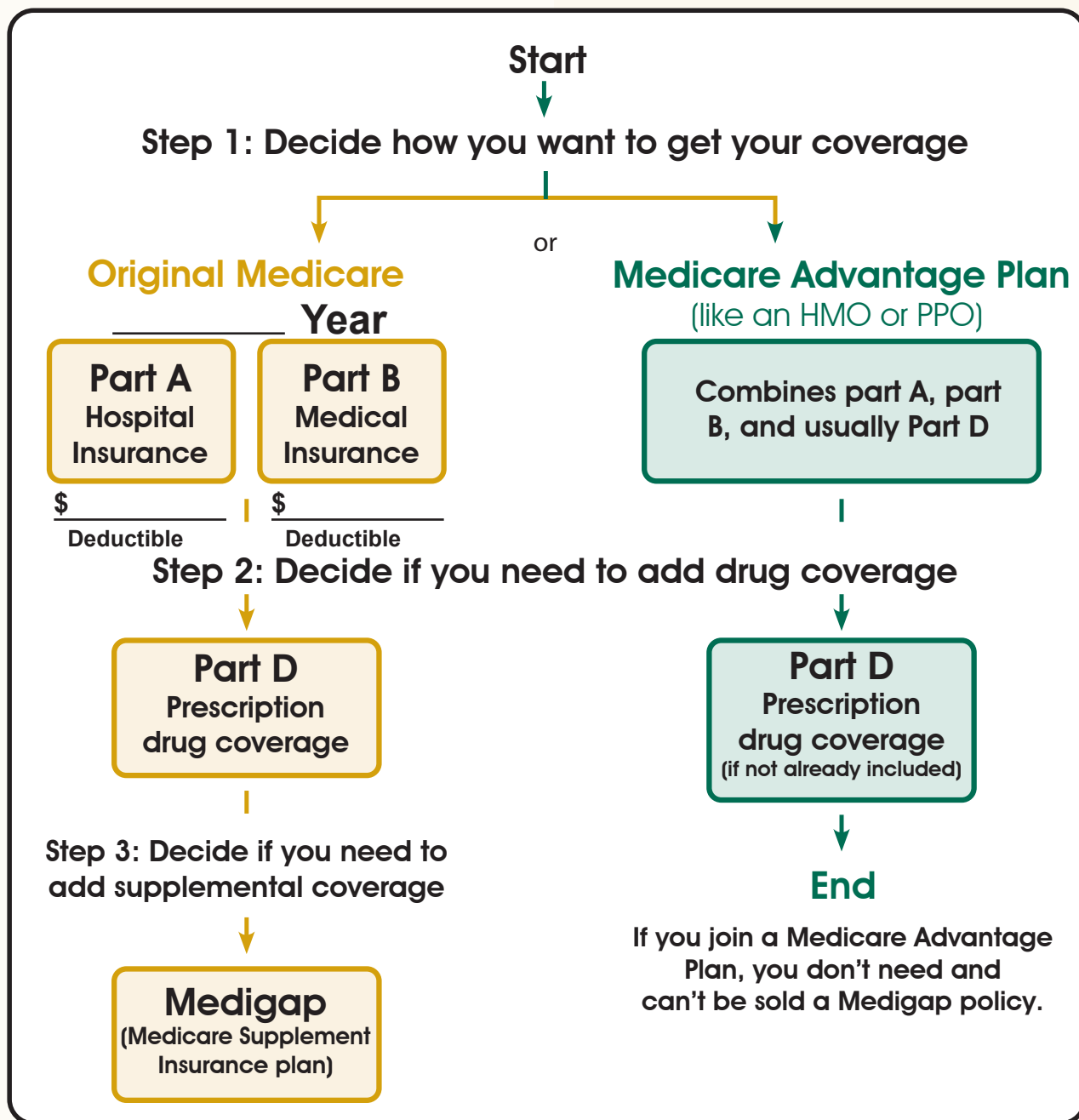
I'm just thrilled that I found the wonderful group at Kutzt Diehl. I have always been covered through my employer and have never had to pick my own health plan. When the time came for me to retire, I was faced with the blunt reality that I needed to sign up for Medicare. A good friend of mine mentioned that he was in the same situation just 6 months earlier and that I should give Marla over at Kutzt Diehl a call. She met with my wife and I and guided us through the Medicare process step by step. Marla was great and now I refer her to all my friends.

Ronald and Judy W.

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Choosing Your Medicare Coverage

As you can see from the diagram, there are two distinct paths that you can choose from when deciding on Medicare Coverage.



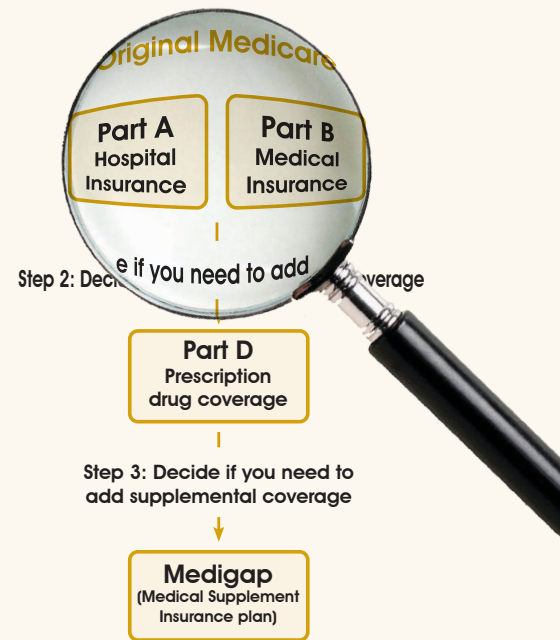
On the following pages we will take a closer look at these options

Choosing Your Medicare Coverage *continued...*

Let's take a closer look at Path 1:

Path 1 is Original Medicare. On this path, your Original Medicare (Part A and Part B) will be your primary health coverage. Part A is your hospital insurance; it has a deductible of \$_____ for _____. This deductible will cover all the expenses you might incur during your inpatient hospital stay. It is important to note that this deductible resets every 60 days following your discharge from the hospital.

Part B is your medical insurance; it has an annual deductible of \$_____ for _____, this means that you will pay the first dollar amount of your medical claims up to the deductible. Once you have met your deductible, Medicare will then pay 80% of the claims leaving you with a 20% co-insurance responsibility. Your Part B benefit will cover all your approved medical services such as; office visits to both your Primary Care Provider and Specialists, physical therapy, labs, x-rays, infusion therapy and many more. It is important to note that there is no maximum out of pocket under your Part A or Part B benefits.



As you have probably noticed your Part A and Part B benefits do not offer coverage for your prescription medications. This is where your Part D plan comes into the picture. Part D plans usually have a monthly premium that can vary from plan to plan, as do the formularies (which is the list of medications that are covered by the plan). Enrolling in a Part D plan is optional; however, if you do not have any other creditable prescription drug coverage you may incur penalties every month that you go without coverage.

Your next decision under Path 1 is to determine if a Medicare Supplement Insurance plan is right for you. Medicare Supplement Insurance plans have a monthly premium that varies from plan to plan. They are designed to fill in some or all of the financial gaps under your Original Medicare benefit, leaving you, the beneficiary, with little to no out of pocket expenses. Here are a few quick facts about Medicare Supplement Insurance plans:

- Insurance companies offering Medicare Supplement Insurance plans must use standardized benefits. This means that the standard plan benefits are the same from one carrier to the other.
- Medicare Supplement Insurance plans that are currently available do not include coverage for your Part D benefits.
- Medicare Supplement Insurance plans generally do not include extra benefits, such as hearing or dental. Some carriers may offer discount services to their Medicare Supplement beneficiaries.
- Medicare Supplement Insurance plans can at times require prospective members to answer health questions in order to qualify for coverage outside of the beneficiary's open enrollment period.
- Medicare Supplement Insurance plans usually do not have a network of providers offering beneficiaries the freedom to choose any provider that accepts Original Medicare for services. This also means that you can access your benefits nationwide.

Choosing Your Medicare Coverage *continued...*

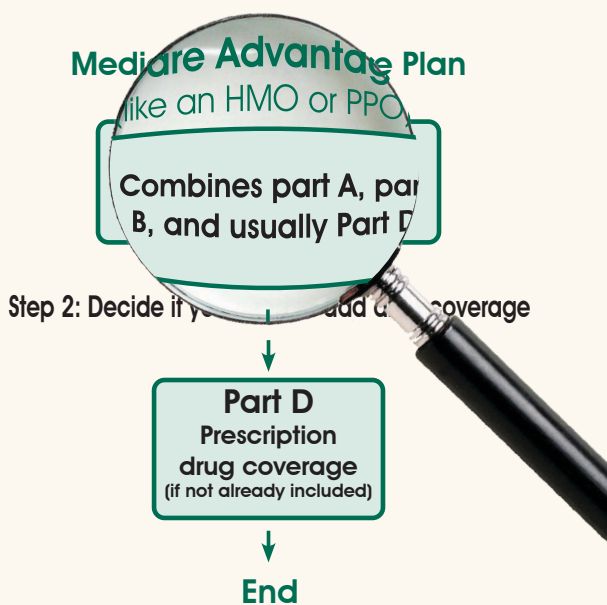
Let's take a closer look at Path 2:

Path 2 is Medicare Advantage or Medicare Part C. Medicare Advantage Plans are very different from Medicare Supplement Plans. When you enroll into a Medicare Advantage plan, Medicare is no longer your primary coverage. Instead, Medicare pays a fixed fee (like a premium) to your Medicare Advantage plan insurance carrier to assume full responsibility of your healthcare costs. The Medicare Advantage insurance carrier will pay approved claims to the healthcare provider according to the benefit design of the Medicare Advantage plan. All Medicare Advantage plans are monitored closely by CMS (Centers for Medicare & Medicaid Services) and go through an annual approval process.

Here are some important facts about Medicare Advantage Plans:

- Medicare Advantage plans are regional, meaning you must receive services in the county in which you reside and have elected your plan.
- If you move to a new county or state you will need to choose a new plan that is available in that region.
- Most plans require that the beneficiary uses hospitals and other healthcare providers that are part of a specific network in order to obtain the full benefits of the plan. The use of non-network health providers may not be covered by the plan.
- Most Medicare Advantage plans also include prescription drug coverage at no additional premium cost.
- Some plans may offer additional benefits that are not covered by Original Medicare such as:
 - Preventative dental
 - Vision care
 - Gym memberships
 - Alternative medicine
- Plans usually have copays for services and are required to have a maximum out of pocket.
- The maximum out of pocket is the maximum amount of financial responsibility a member will experience in a calendar year. After this amount is met the carrier then pays 100% of the approved claims for the rest of the calendar year.
- Plans include worldwide emergency coverage.
- Plans do not require medical underwriting (answering health related questions).
- Enrollment into a Medicare Advantage plan is generally limited to certain periods of time.

Please refer to page 10



Things to consider when making your decision

Prescription Drug Stages...

1. Initial Coverage Limit- \$ _____

After the total spending on the drugs by both the beneficiary AND the plan reaches the initial coverage limit the beneficiary is in the coverage gap.

2. Coverage Gap

Beneficiary pays- _____% of the cost of all generic medications.

_____ % of the cost of all brand name medications.

****Beneficiary will receive a _____% discount & credit from drug manufacturers & CMS.**

After the beneficiary's out of pocket* expenses reach \$ _____ they are through the coverage gap and go into catastrophic coverage.

***Out of pocket= ALL copays in the initial coverage stage + ALL out of pocket costs in the gap + _____% discount on brand name drugs.**

3. Catastrophic Coverage

\$ _____ copay for generics,

\$ _____ copay for brand name or 5% whichever is greater. (_____)

The stages reset every calendar year (Jan. 1 - Dec. 31)

1. Determine which Medicare Insurance plans are available in your area.

Most physicians only accept certain Medicare insurance plans, so we always suggest contacting your healthcare provider to verify which plans are accepted.

2. Take a look at your recent medical history.

Do you have any special healthcare needs? Are you currently receiving outpatient services? All Medicare plans provide coverage for these services however, the cost sharing amounts will vary from plan to plan.

3. Which plan will fit your budget?

It is important to look at the overall cost of the plan. Questions you should ask are:

- Does the plan require payment of a monthly premium?
- How much are the co-pays or co-insurance amounts for covered services?
- What is the maximum out of pocket for healthcare costs?
- Is prescription drug coverage included?
- How much will my prescription drugs cost me?

4. Are your prescription medications covered?

Before enrolling on a Medicare Prescription Drug plan you should make sure that the medications that you are currently taking are covered by the plan. Not all plans cover the same prescription medications. It is important that you review the plan's formulary (list of covered medications) before enrolling onto a plan.

Important Enrollment Dates to Remember

The Medicare Open Enrollment Period (OEP), also known as the Annual Election Period (AEP), is the time of year when Medicare beneficiaries are able to add, drop, or change Medicare Advantage and Part D prescription drug plans. The Medicare open enrollment period runs between October 15th and December 7th. Medicare Beneficiaries must complete their Medicare Advantage and Part D plan changes no later than December 7th for a January 1st effective date.

DATES TO REMEMBER:

October 1st

- The insurance carriers release information about their Medicare Advantage and Part D prescription drug plans for the upcoming year.

October 15th

- Medicare open enrollment begins. Medicare Advantage and Part D insurance carriers begin accepting applications for the upcoming year.
- All plan changes made during this time are effective January 1st.

December 7th

- Medicare open enrollment officially ends. This is the last day to submit applications for the coming plan year.

January 1st

- Medicare Advantage and Part D plans become effective for the new plan year.

January 1st – February 14th

- This is the Medicare Annual Disenrollment Period (MADP). During this time you may disenroll from a Medicare Advantage plan and return to Original Medicare. You may also purchase a standalone Part D plan if the Medicare Advantage plan you dropped included a Part D plan.

All Year:

- Initial Election Period (IEP) - This is when you first become eligible for your Medicare Part A and B benefits. You can enroll into a plan of your choice during the 3 months leading up to, the month of, and the 3 months following your 65th birthday.
- Special Election Periods (SEP). Below are a few examples of situations that may apply to you at one point or another that would allow you the opportunity to make changes to your current Medicare Advantage or Prescription Drug plan.
 - Moving into a new county or state
 - Loss of employer group health coverage or retirement benefits.
 - Qualifying for Low Income Subsidy (LIS) or Medi-Cal.



1

Plan

Name: _____

Premium (if any): _____

Co-Pays/Co-Insurance: _____

Doctors in Network: ☐ Yes ☐ No

Out-of-Pocket Maximum: \$ _____

Added Benefits/Comments: _____

2

Plan

Name: _____

Premium (if any): _____

Co-Pays/Co-Insurance: _____

Doctors in Network: ☐ Yes ☐ No

Out-of-Pocket Maximum: \$ _____

Added Benefits/Comments: _____

3

Plan

Name: _____

Premium (if any): _____

Co-Pays/Co-Insurance: _____

Doctors in Network: ☐ Yes ☐ No

Out-of-Pocket Maximum: \$ _____

Added Benefits/Comments: _____

How can a Kuhtz Diehl Agent help you??

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Questions?

PRESCRIPTION DRUG/PHYSICIAN QUESTIONNAIRE

Medicare Part D provides insurance coverage for your prescription drugs. If you would like us to prepare a personalized Medicare Part D report, please list your prescription drugs below. If you would like us to verify the insurance plans your physicians accept, please complete the physician portion.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Current Drug Plan: _____ Current Health Insurance: _____

Preferred Pharmacy: _____ Do You Use mail Order? Yes No

PRESCRIPTION NAME	STRENGTH	DOSAGE	GENERIC OK?

Please List Your Physicians/Hospitals Here:

Primary Physician: _____ Phone: _____

Clinic Name: _____ Address: _____

Specialists Name: _____ Phone: _____ Specialty: _____

Specialists Name: _____ Phone: _____ Specialty: _____

Preferred Hospital(s): _____

Please use another sheet of paper if you need more room.

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