

Benefits of Having a Local Agent

What is the benefit of having a local agent versus calling a number you see on a plan advertisement on television?

Despite what plan advertisements may depict on TV, they cannot offer a consumer anything more than their local agent. TV ads leave an impression that by calling a number, beneficiaries can be qualified to enroll in some exclusive Medicare-Plan that they could not find elsewhere. In reality, all Medicare-plans offered in a given state and county have to be filed and approved with the CMS (Centers for Medicare Services) and those plans are the only ones available for someone residing in a particular-area. TV-ads can also be confusing and often leave Medicare-recipients speaking with an agent located in some remote call-center well outside of the state in which they reside. This agent may not be familiar with the local network of doctors and other healthcare providers in the area. They may not be licensed or qualified to speak in detail about each plan offered in a county. The result is a Medicare beneficiary who could be enrolled in a plan unknowingly, one that doesn't best suit their needs and one in which their local doctor may not even participate in the network. A local agent is someone they can trust and rely on to do a Medicare review every year. This will ensure they are always enrolled in the plan that is most suitable for their unique healthcare needs.

What's the benefit of having a Medicare advantage plan, and can I afford it?

Medicare Advantage is growing across the country and for good reason: It is a great option for many beneficiaries, often because it covers all the benefits of Parts A & B and also includes prescription-drugs (Part-D) all in one plan (MAPD). Beneficiaries also find value in their affordability with low or even \$0 premiums, often \$0 deductibles, and low MOOPs (out of pocket maximums). Medicare Advantage also includes many additional benefits that Original Medicare does not cover: Dental, Vision, Hearing, OTC-Debit Cards, Chiropractic Care, Podiatry, Gym Memberships & Transportation are just a few of the extras that certain Medicare Advantage plans-offer, at no additional cost.

How does a beneficiary enroll safely during the COVID-19 health-crisis?

Local agents have been trained and equipped to use appropriate safety precautions or online-platforms and technology, in order to help beneficiaries sign-up remotely from the comfort of their own homes. If someone isn't comfortable meeting in-person, they can sign up with a local agent over the phone, and sign their applications through secure phone or email. COVID-19 brought about changes to the way healthcare insurers connected with



consumers. New online applications have been developed to be completed remotely, in order to avoid the spread or exposure of COVID-19.

What are my options as far as Medicare and my employers plan if I decide to work past 65?

Working past 65 is a decision that makes sense for some people. The good thing is that for those who decide to do this, or to simply stay on their group plan, they have an IEP (Initial Election Period) when they turn 65. Many people elect to enroll only in Part A, delay their Part B, and continue to stay on their employers group plan until something changes. Part A can help provide some additional hospital coverage and is often premium free. However, some employers require you to take full Medicare benefits (Part A & B), so check with your plan administrator. Important thing to note is that you must stop contributing to an HSA once enrolled in Part A or B. Also, individuals on group coverage need to request a "notice of creditable drug coverage". They will need that when they plan to enroll in Part D later, if they want to avoid a late-enrollment penalty.

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