

MEDICARE
BY SAVOY



MEDICARE REFERENCE GUIDE

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MEDICARE BASICS

Coverage Options:

- Part A - Hospital
- Part B - Medical/Doctors
- Part C - Managed Health Plan
- Part D - Prescriptions

What You Get from the Government (Part A & B)

Part A - Hospital (Typically No Charge for Part A)*

Inpatient Hospital

- First 60 days you pay \$1,408 max
- Days 61-90 you pay \$352/day
- Days 91+ you pay \$704/day (expires after 60 Lifetime reserve days are used)

**exceptions may apply*

Skilled Nursing Care

- Days 1-20 Medicare pays 100%
- Days 21-100 you pay \$176/day
- Days 101+ you pay all costs

Hospice

- Hospice approved services and amounts are covered by Medicare
- May include some medications

Part B - Doctors / Medical

- Doctors & Specialists
- Ambulance
- Emergency Room
- Blood Tests
- X-Rays
- Outpatient Procedures
- Lab Work

Money from Part B will be deducted from your Social Security Check.

Medicare pays 80% after the \$198 annual deduction.

Part B Premiums

If your yearly income in 2018 (for what you pay in 2020) was:

| FILE INDIVIDUAL TAX RETURN | FILE JOINT TAX RETURN | FILE MARRIED & SEPARATE TAX RETURN | YOU PAY EACH MONTH (IN 2020) |
|---------------------------------|---------------------------------|------------------------------------|------------------------------|
| \$87,000 or less | \$174,000 or less | \$87,000 or less | \$144.60 |
| above \$87,000 up to \$109,000 | above \$174,000 up to \$218,000 | Not applicable | \$202.40 |
| above \$109,000 up to \$136,000 | above \$218,000 up to \$272,000 | Not applicable | \$289.20 |
| above \$136,000 up to \$163,000 | above \$272,000 up to \$326,000 | Not applicable | \$376.00 |
| above \$163,000 up to \$500,000 | above \$326,000 up to \$750,000 | above \$87,000 up to \$413,000 | \$462.70 |
| \$500,000 or above | \$750,000 and above | \$413,000 and above | \$491.60 |

SOURCE: medicare.gov/your-medicare-costs/part-b-costs/part-b-costs.html

What You Purchase from an Insurance Company

Purchasing a Medigap Plan

- Fills in the gaps left over from Part A and Part B
- Follows your Medicare
- Creates a fixed cost for peace of mind

Medicare & Medigap

- Medicare is a National Plan, so coverage is universal from state to state.
- As long as your doctor accepts Medicare, your Medigap plan is considered in-network.
- You never need a referral with your Medicare and Medigap coverage.

Part C – Medicare Advantage Plan

All-inclusive

- Replaces Original Medicare
- Assigns your benefits to the insurance company
- Has to be as good or better than Original Medicare

Below are the estimated Part D premiums based on income.

If your filing status and yearly income in 2018 was:

| FILE INDIVIDUAL TAX RETURN | FILE JOINT TAX RETURN | FILE MARRIED & SEPARATE TAX RETURN | YOU PAY EACH MONTH (IN 2020) |
|---------------------------------|---------------------------------|------------------------------------|------------------------------|
| \$87,000 or less | \$174,000 or less | \$87,000 or less | your plan premium |
| above \$87,000 up to \$109,000 | above \$174,000 up to \$218,000 | Not applicable | \$12.20 + your plan premium |
| above \$109,000 up to \$136,000 | above \$218,000 up to \$272,000 | Not applicable | \$31.50 + your plan premium |
| above \$136,000 up to \$163,000 | above \$272,000 up to \$326,000 | Not applicable | \$50.70 + your plan premium |
| above \$163,000 up to \$500,000 | above \$326,000 up to \$750,000 | above \$87,000 up to \$413,000 | \$70.00 + your plan premium |
| \$500,000 or above | \$750,000 and above | \$413,000 and above | \$76.40 + your plan premium |

Medicare Part D Coverage Gap (Donut Hole)

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This coverage gap begins after you and your drug plan together have spent a certain amount for covered drugs.

Once you and your plan have spent the initial coverage limit (\$3,820 in 2019 and \$4,020 in 2020) you will be considered in the coverage gap—from this point, you will have to pay for your prescription costs based on the information outlined below.

Once you have spent the yearly limit (\$5,100 in 2019 and \$6,350 in 2020) you become eligible for catastrophic coverage and both your generic and brand drug purchases will be covered at 95%.

Prescription Drug Coverage Gap Benefits

| YEAR | GENERIC BENEFIT | BRAND BENEFIT | BRAND DISCOUNT |
|----------------|-----------------|---------------|----------------|
| 2019 | 63% | 5% | 70% |
| 2020 and after | 75% | 5% | 70% |

Medicare Part D Parameters

| | 2019 | 2020 | CHANGE |
|---|---------|---------|---------|
| Deductible | \$415 | \$435 | + 4.8% |
| Initial coverage limit | \$3,820 | \$4,020 | + 5.2% |
| Out-of-pocket threshold | \$5,100 | \$6,350 | + 24.5% |
| Minimum copay (catastrophic portion of benefit) | | | |
| • Generic/preferred multi-source drug | \$3.40 | \$3.60 | + 5.9% |
| • All other drugs | \$8.50 | \$8.95 | + 5.3% |

How To Enroll In Medicare

Enrolling in Medicare

- Online application
- This can be accessed through medicare.gov

If you do not wish to apply online, you can make an appointment by calling 1.800.772.1213.

People who are deaf or hard of hearing may call the SSA TTY number: 1.800.325.0778 between 7AM and 7PM on business days.

MEDICARE ENROLLMENT PERIODS

Part A and Part B - Original Medicare

Automatic Enrollment for Part A and Part B

Individuals may qualify for Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) if one of the following applies:

- Are already getting benefits from Social Security or the Railroad Retirement Board (RRB)
- Are under 65 and have a disability
- Have ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease)

Signing Up For Part A and Part B

Individuals need to sign up for Part A and Part B if they:

- Are not getting Social Security or RRB benefits (for example, because they are still working).
- Qualify for Medicare because they have End-Stage Renal Disease (ESRD).

It is important to note that if an individual has employer group coverage, they may be able to delay Medicare Part B. For more information, please contact us at medicare@savoyassociates.com.

Initial Enrollment Period

Individuals can initially sign up for Medicare beginning three months before they turn 65, but no later than three months after their 65th birthday. This seven-month window is known as the Initial Enrollment Period. Other exceptions and enrollment periods may apply, which are ultimately determined by Medicare.

General Enrollment Period

Individuals can sign up for Part A and/or Part B during the General Enrollment Period between January 1 – March 31 each year if both of these apply:

- They didn't sign up when they were first eligible.
- They aren't eligible for a Special Enrollment Period

Coverage begins on July 1st.

Special Enrollment Periods

Once the Initial Enrollment Period ends, individuals may have the chance to sign up for Medicare during a Special Enrollment Period (SEP). If covered under a group health plan based on current employment, the enrollee has a SEP to sign up for Part A and/or Part B anytime as long as:

- They or their spouse (or family member if disabled) is working.
- They are covered by a group health plan through the employer or union based on that work.

They also have an 8-month SEP to sign up for Part A and/or Part B that starts at one of these times (whichever happens first):

- The month after the employment ends
- The month after group health plan insurance based on current employment ends

Medicare Supplement Insurance - Medigap

The best time to buy a Medigap policy is during the 6-month Medigap open enrollment period. During that time individuals can buy any Medigap policy sold in their state, regardless of their health status. This period automatically starts the month they turned 65 and enrolled in Medicare Part B (Medical Insurance). After this enrollment period, they may not be able to buy a Medigap policy or it may cost more.

Medicare Advantage Plan (Part C) or Medicare Prescription

Drug Coverage (Part D)

Individuals can enroll in Medicare Advantage (Part C) or Medicare prescription drug coverage (Part D) or make changes to existing coverage:

- When they first become eligible for Medicare or when they turn 65, during their Initial Enrollment Period
- During the Open Enrollment Period each year, which runs from October 15 – December 7
- Under certain circumstances that qualify them for a Special Enrollment Period (SEP)

Annual Enrollment Period

The Open Enrollment Period for Medicare Advantage and Medicare prescription drug coverage runs from October 15 – December 7. This is when individuals can:

- Change from Original Medicare to a Medicare Advantage Plan.
- Change from a Medicare Advantage Plan back to Original Medicare.
- Switch from one Medicare Advantage Plan to another Medicare Advantage Plan.
- Switch from a Medicare Advantage Plan that doesn't offer drug coverage to a Medicare Advantage Plan that offers drug coverage.
- Switch from a Medicare Advantage Plan that offers drug coverage to a Medicare Advantage Plan that doesn't offer drug coverage.
- Join a Medicare Prescription Drug Plan.
- Switch from one Medicare drug plan to another Medicare drug plan.
- Drop your Medicare prescription drug coverage completely.

Open Enrollment Period

In 2019, a new Medicare Advantage Open Enrollment Period will run from January 1 – March 31 every year. If you're enrolled in a Medicare Advantage plan, you'll have a one-time opportunity to:

- Switch to a different Medicare Advantage plan
- Drop your Medicare Advantage plan and return to Original Medicare, Part A and Part B
- Sign up for a stand-alone Medicare Part D Prescription Drug Plan (if you return to Original Medicare). Most Medicare Advantage plans include prescription drug coverage already. Usually you can't enroll in a stand-alone Medicare Prescription Drug plan if you already have a Medicare Advantage plan, but there are some situations where you can. Call your Medicare Advantage plan if you have questions.
- Drop your stand-alone Medicare Part D Prescription Drug Plan

The new Open Enrollment Period replaces the previous Medicare Advantage Disenrollment Period.

Special Enrollment Periods (SEP)

Changes can be made to Medicare Advantage and Medicare prescription drug coverage when certain life events take place—for example when an individual moves or loses other insurance coverage. Rules about when someone can make changes and the type of changes that can be made are different for each SEP.

SOURCE: medicare.gov

Medicare Advantage Trial Period (Guaranteed Issue Rights)

Are your clients considering enrolling in a Medicare Advantage Plan (Part C), but aren't sure if it is the right fit for them? Make sure they are aware that they have a 12-month "Trial Right" period to try a Medicare Advantage Plan.

If they are dissatisfied with the plan, they can disenroll at any point during the 12 months following their effective date. After disenrolling, they can rejoin Original Medicare and still have a guaranteed issue right to purchase a Medigap policy. The insurance company can't refuse to sell the beneficiary a Medigap policy regardless of their past or present health conditions.

Beneficiaries are eligible for this trial period in one of two situations:

- The beneficiary joined a Medicare Advantage Plan when first eligible for Medicare at age 65.
- The beneficiary signed up for Original Medicare with a Medigap policy, but then decided to switch to a Medicare Advantage Plan. The trial period applies only to the first time they drop a Medigap policy to switch to a Medicare Advantage Plan. There are certain limitations on the type of Medigap policy one can get when returning to Original Medicare.

There are several ways to disenroll from a Medicare Advantage Plan, including calling 1-800-MEDICARE or contacting the plan directly.

If your client stays on the Medicare Advantage Plan past the 12-month trial period, they can switch to Original Medicare during the fall Annual Election Period (AEP) or the January Open Enrollment Period (OEP). However, insurance companies offering Medigap policies in most states can charge more, delay or deny coverage.

Guaranteed issue rights vary state-by-state. To learn about Medigap rights in a specific state:

- Call your State Health Insurance Assistance Program to make sure that you qualify for these guaranteed issue rights:
- Call your State Insurance Department if you're denied Medigap coverage in any of these situations. State contact information: medicare.gov/Contacts/

SOURCE: medicare.gov/supplement-other-insurance/when-can-i-buy-medigap/guaranteed-issue-rights-scenarios.html

2020 MEDICARE SAVINGS PROGRAM (MSP) INCOME LIMITS*

This program provides help from Medicaid paying Medicare costs, including Medicare premiums, deductibles, and/or coinsurance. It often has higher income and resource guidelines than full Medicaid.

| MEDICARE SAVINGS | INDIVIDUAL MONTHLY INCOME LIMIT | MARRIED COUPLE MONTHLY INCOME LIMIT | PROGRAM PAYS FOR |
|--|------------------------------------|--|---|
| Qualified Medicare Beneficiary (QMB) | \$1,061 | \$1,430 | Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments) |
| Specified Low-Income Medicare Beneficiary (SLMB) | \$1,269 | \$1,711 | Part B premiums only |
| Qualifying Individual (QI) | \$1,426 | \$1,923 | Part B premiums only |
| Qualified Disabled & Working Individuals (QDWI) ** | \$4,249 | \$5,722 | Part A premiums only |

* Chart is applicable to the contiguous 48 states and DC, and not Hawaii and Alaska (because they have higher numbers). In addition, some states apply higher income standards.

** This includes additional earned income disregards.

To see your state's program, visit: medicare.gov/contacts/#resources/msps

SOURCE: medicare.gov/your-medicare-costs/help-paying-costs/medicare-savings-program/medicare-savings-programs.html

How is income counted?

Applicants must report all of their income as requested on the Extra Help application, but some income may not be counted by SSA when determining eligibility.

- **Unearned income:** Unearned income must be reported on a monthly basis before any deductions are taken out (such as the Medicare Part B premium, child support, etc). When determining Extra Help eligibility, SSA will not count the first \$20/month of unearned income.
- **Earned income:** Earned income must be reported on a yearly basis with the consumer projecting the gross amount (before taxes or deductions are taken out) they expect to earn that year. If earnings fluctuate during the year, figure the average monthly income and multiply by it by twelve to project the yearly amount. When determining eligibility, SSA will only count approximately half of the reported projected earnings.

How are resources counted?

SSA asks for information about certain resources owned by an applicant/her spouse on the Extra Help application. Even if a resource is counted, the entire value of the resource may not be counted when determining eligibility for Extra Help.

- SSA will count:
 - Any real estate or property that is not the person's primary residence
 - Liquid resources (i.e., stocks, bonds, IRAs, CDs, 401ks, annuities) unless an applicant can show that a particular liquid resource cannot be converted to cash within 20 days.
- SSA will not count:
 - An applicant's primary residence, motor vehicles, life insurance, burial plots/spaces, and irrevocable burial accounts.
 - \$1,500 of resources for the applicant (and \$1,500 for her spouse) unless the individual states on the application that he/she does not plan to use resources to pay for funeral or burial expenses.

How to apply:

Complete Social Security's Application for Extra Help with Medicare Prescription Drug Plan Costs (SSA-1020) in one of the following ones:

- Apply online at: ssa.gov/medicare/prescriptionhelp/
- Call Social Security at: 1-800-772-1213 (TTY 1-800-325-0778) to apply over the phone or to request an application
- Apply at your local Social Security office

After you apply, Social Security will review your application and send a letter to you to let you know if you qualify for Extra Help.

MEDICARE SAVINGS PROGRAMS (MSPS): ELIGIBILITY AND COVERAGE (2020)

| TYPE OF MSP | FINANCIAL ELIGIBILITY* | EFFECTIVE DATE OF MSP ENROLLMENT | BENEFITS COVERED BY MSP |
|---|--|--|--|
| QUALIFIED MEDICARE BENEFICIARY (QMB) | <p>Monthly Income**: (at or below 100% FPL/+ \$20 income disregard per household) \$1,041/\$1,061 if single \$1,410/\$1,430 if married</p> <p>Alaska \$1,300/\$1,320 if single \$1,761/\$1,781 if married</p> <p>Hawaii \$1,199/\$1,219 if single \$1,622/\$1,642 if married</p> <p>Resources^: \$7,730 if single, \$11,600 if married</p> | The first of the month following the month eligibility is documented. | <ul style="list-style-type: none"> ■ Part A hospital deductible (\$1,364/per benefit period) ■ Part A hospital copays: days 61-90 (\$341 daily), days 91-150 (\$682 daily) ■ Part A SNF copays: days 21-100 (\$170.50 daily) ■ Part A monthly premium (up to \$437) ■ Part B annual deductible (\$185) ■ Part B monthly premium (\$135.50) ■ Part B 20% coinsurance (amount varies) |
| SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) | <p>Monthly Income**: (between 100-120% FPL/+ \$20 disregard) \$1,249/\$1,269 if single \$1,691/\$1,711 if married</p> <p>Alaska: \$1,560/\$1,580 if single \$2,113/\$2,133 if married</p> <p>Hawaii: \$1,438/\$1,458 if single \$1,946/\$1,966 if married</p> <p>Resources^: \$7,730 if single, \$11,600 if married</p> | 3 months retroactive from the date of application if your client meets eligibility criteria during those months. | Part B monthly premium (\$135.50) |
| QUALIFYING INDIVIDUAL (QI) | <p>Monthly Income**: (between 121-135% FPL/+ \$20 disregard) \$1,406/\$1,426 if single \$1,903/\$1,923 if married</p> <p>Alaska: \$1,755/\$1,775 if single \$2,378/\$2,398 if married</p> <p>Hawaii: \$1,618/\$1,638 if single \$2,190/\$2,210 if married</p> <p>Resources^: \$7,730 if single, \$11,600 if married</p> | 3 months retroactive from the date of application if your client meets eligibility criteria during those months. | Part B monthly premium (\$135.50) |

| | | | |
|---|--|--|--|
| QUALIFIED DISABLED WORKING INDIVIDUAL (QDWI) | <p>Monthly Income: \$4,249 if single*** \$5,722 if married***</p> <p>Alaska: \$5,285 if single \$7,129 if married</p> <p>Hawaii: \$4,879 if single \$6,572 if married</p> <p>Resources: \$4,000 if single, \$6,000 if married</p> | 3 months retroactive from the date of application if your client meets eligibility criteria during those months. | Medicare Part A monthly premium up to \$437/month in 2019 (for people with Medicare who are under age 65, disabled, and no longer qualify for free Medicare Part A or Medicaid because they returned to work and their income exceeds the limit) |
|---|--|--|--|

* States can apply more liberal income and resource eligibility criteria. Check with your state Medicaid agency.

**Income limits, as per CMS guidance, are rounded up to the next dollar. States may disregard other income aside from the standard \$20 general exclusion.

***QDWI income thresholds include other earned income disregards.

^ Resources do not include \$1,500 per person burial allowance. States vary on how they count this resource.

All figures in this chart are derived from <https://www.medicaid.gov/medicaid/eligibility/medicaid-enrollees/index.html>.

SOURCE: <https://ncoa.org/wp-content/uploads/medicare-savings-programs-coverage-and-eligibility.pdf>

2020 COMPARISON OF PAAD and SENIOR GOLD

1-800-792-9745

| Pharmaceutical Assistance to the Aged and Disabled Program www.state.nj.us/humanservices/doas/services/paad/index.html | Senior Gold Prescription Discount Program www.state.nj.us/humanservices/doas/home/senior gold detail.html |
|--|--|
| Income limit: less than \$27,951 (single) less than \$34,268 (married) | Income limit: between \$27,951 & \$37,951 (single) between \$34,268 & \$44,268 (married) |
| ID Number starts with 6. | ID Number starts with 7. |
| PAAD copay is: ■ \$5 per PAAD covered generic drug ■ \$7 per PAAD covered brand name drug. | Senior Gold copay for Senior Gold covered drugs is \$15 + 50% of the remaining cost of the prescription or actual drug cost, whichever is less. (Copay will change with change in drug price.) |
| PAAD does not have a Catastrophic cap. | Catastrophic cap: \$2,000 (single) \$3,000 (married) Once the beneficiary's annual out-of-pocket expenses reach the catastrophic cap, copay is \$15 (or the reasonable cost of the drug, whichever is less) for the balance of that eligibility period. |
| If Medicare-eligible, must enroll in a Medicare Plan with Prescription Drug Coverage (Part D or MA-PD) unless have other creditable drug coverage. PAAD pays Part D premium for certain Part D plans. | If Medicare-eligible, must enroll in a Medicare Plan with Prescription Drug Coverage (Part D or MA PD), unless have other creditable drug coverage. Beneficiary responsible for paying Part D monthly premium. |
| If a Part D plan is the primary payer for a drug covered on its formulary, PAAD will provide coverage as secondary payer if needed for that drug, and the PAAD beneficiary will pay the regular PAAD copayment for PAAD covered drugs. However, if a Part D plan does not pay for a medication because the drug is not on its formulary, PAAD beneficiaries will have to switch to a drug on their Part D plan's formulary or their doctor will have to request an exception due to medical necessity directly to the Part D plan. | If a Part D plan is the primary payer for a drug covered on its formulary, Senior Gold will provide coverage as secondary payer if needed for that drug and the Senior Gold beneficiary will pay the regular Senior Gold copayment for Senior Gold covered drugs. However, if a Part D plan does not pay for a medication because the drug is not on its formulary, Senior Gold beneficiaries will have to switch to a drug on their Part D plan's formulary or their doctor will have to request an exception due to medical necessity directly to the Part D plan. |
| Third-party insurance must be billed BEFORE PAAD. | Third-party insurance must be billed BEFORE Senior Gold. |
| PAAD DOES NOT pay for diabetic testing supplies (for example, test strips & lancets). | Senior Gold DOES NOT pay for diabetic testing supplies (for example, test strips & lancets). |

Guidance Comparison Between Marketing/Sales and Educational Events

The purpose of this document is to provide a reference summary of key event guidelines, highlighting the difference between Education and Marketing/Sales Events. Use it to ensure you are scheduling and conducting the appropriate event type. The list of guidelines is not exhaustive and additional information about the parameters of what is required and allowed for each activity can be found in the most current agent guides or compliance guidelines. Guidance is subject to change.

Effective September 2018

| MARKETING GUIDANCE | MARKETING/SALES EVENT | EDUCATIONAL EVENT |
|--|-----------------------|-------------------|
| Report and/or cancel event according to carrier policy | Required | Required |
| Host the event at a public venue | Required | Required |
| Advertise as an Educational Event | Not Allowed | Required |
| Include disclaimer(s) on event advertising | Required | Required |
| Expect secret shoppers | Allowed | Allowed |
| Invite a provider to speak on general health topics | Allowed | Allowed |
| Conduct health screening or genetic testing | Not Allowed | Not Allowed |
| Provide meals (Maximum \$15 combined nominal retail value) | Not Allowed | Allowed |
| Serve light snacks/refreshment within combined \$15 nominal value. *No snack or refreshments allowed at Venue Management kiosks. | Allowed * | Allowed |
| Provide gift cards, gift certificates, or cash giveaways | Not Allowed | Not Allowed |
| Provide giveaways with agent contact information | Allowed | Allowed |
| Provide plan giveaways containing logo, toll-free number and/or carrier website | Allowed | Allowed |
| Conduct lead generating activities | Allowed | Allowed |
| Request or accept a referral | Not Allowed | Not Allowed |
| Post an approved carrier sign-in sheet, labeled "Optional" | Allowed | Allowed |
| Collect or accept lead cards/business reply cards | Allowed | Allowed |
| Attach a business card to materials with a single staple or piece of tape. *Note, at Educational Events, only educational materials may be distributed. | Allowed | Allowed * |
| Provide a business card if consumer requests one | Allowed | Allowed |
| Provide a business card to attendees, regardless if asked | Allowed | Allowed |
| Discuss specific carrier plans/products/benefits | Allowed | Not Allowed |
| Respond beyond a specific question a consumer asks | Allowed | Not Allowed |
| Provide educational materials on health care topics | Allowed | Allowed |
| Distribute plan materials | Allowed | Not Allowed |
| Distribute or collect enrollment applications | Allowed | Not Allowed |
| Schedule a follow-up in-home or one-on-one appointment with consumer | Allowed | Allowed |
| Obtain compliant Permission to Contact that is methodspecific and event-specific | Allowed | Allowed |
| Obtain a Scope of Appointment for a future appointment | Allowed | Allowed |

EXAMPLE PHONE SCRIPT

Hi,

My name is _____ and I'm calling you from Savoy (or your own agency name) regarding your Medicare Benefits. I'm holding a card that you filled out requesting information about your Medicare, and I was hoping to provide you with some extra help.

First, can I ask if you have Parts A and B for Medicare?

(Most of the time the answer is yes)

Ok, great. Do you use another card when you go to the doctors besides your red, white and blue Medicare card?

IF YES

Which card do you use? An employer plan? Horizon? AARP? Etc.

IF THEY ARE NOT SURE

Do you pay copays when going to the doctor or do you get a bill in the mail from doctors?

(if they pay a copay that means they have some type of plan and probably pay monthly for it, and we can offer them a health plan very similar to what they have with extra benefits)

Are you currently receiving any extra help? i.e., NJPAAD (New Jersey Prescription Assistance)?

Do you have Medicaid?

(The previous three questions determine whether they qualify for a Special Election Period.)

IF NONE OF THESE APPLY

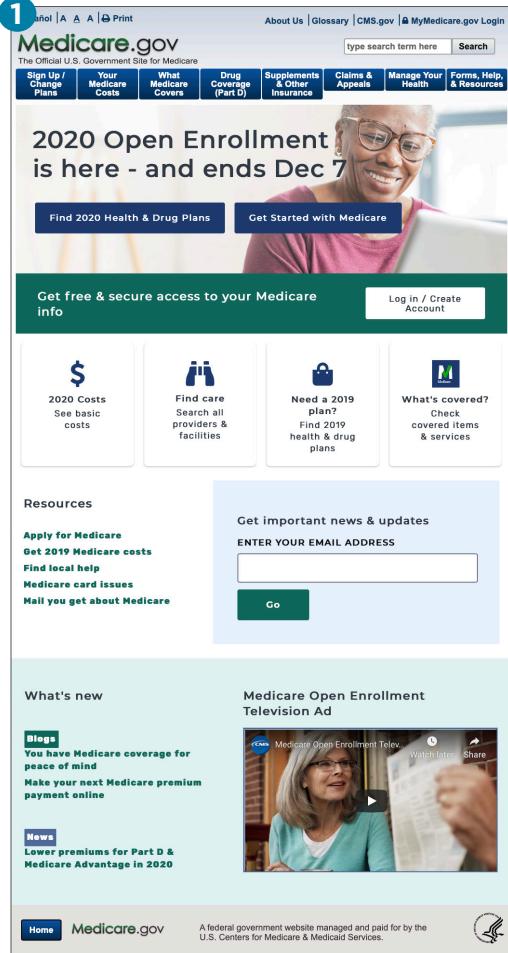
Can we call you back in October for the Annual Enrollment Period?

IF THEY ANSWER YES TO ANY OF THE ABOVE

Great, than you definitely qualify for extra help. I can have a representative out to see you on DATE/TIME (or if you are making your own phone calls, you can set up the appointment for yourself).

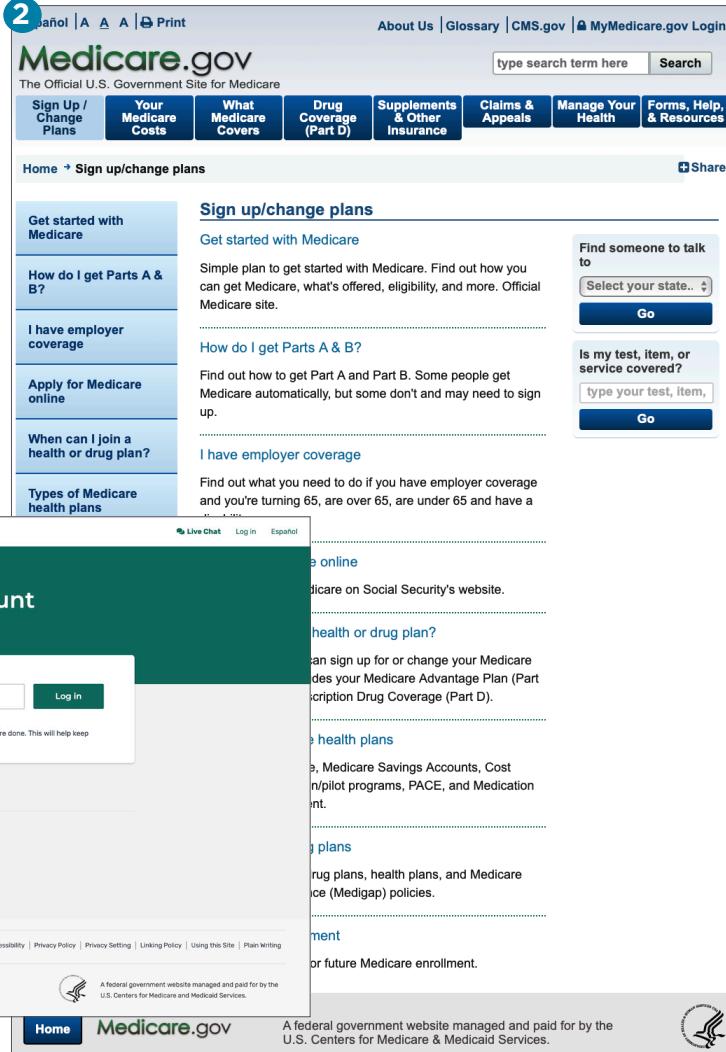
Okay, again I will have a representative to see you (DATE/TIME). Thank you for your time.

MEDICARE.GOV

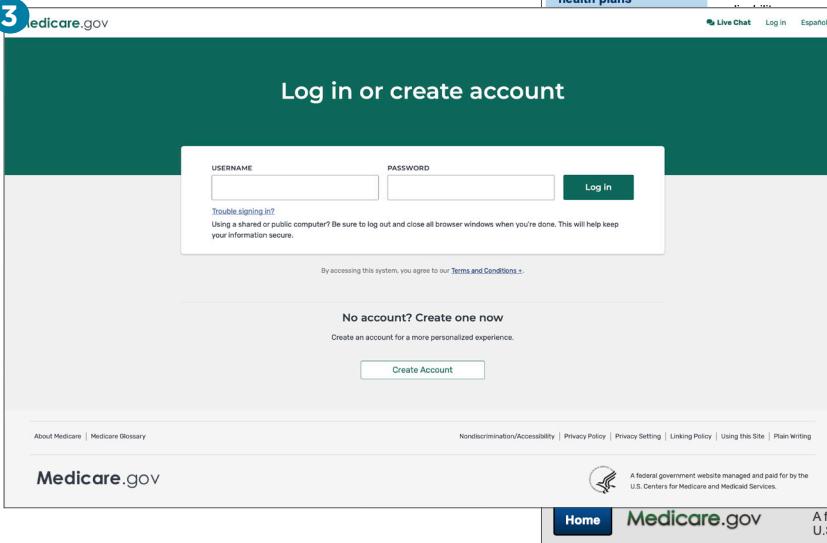
1 

The Medicare.gov homepage features a banner for the 2020 Open Enrollment period, which ends on December 7. The banner includes a photo of a smiling woman and buttons for "Find 2020 Health & Drug Plans" and "Get Started with Medicare". Below the banner, there are sections for "Get free & secure access to your Medicare info" and "Log in / Create Account". There are also four quick links: "2020 Costs See basic costs", "Find care Search all providers & facilities", "Need a 2019 plan? Find 2019 health & drug plans", and "What's covered? Check covered items & services". The "Resources" sidebar on the left includes links for "Apply for Medicare", "Get 2019 Medicare costs", "Find local help", "Medicare card issues", and "Mail you get about Medicare". The "What's new" section features a "Blogs" section with a link to "You have Medicare coverage for peace of mind" and a "News" section with a link to "Lower premiums for Part D & Medicare Advantage in 2020". The footer includes a "Home" button and the "Medicare.gov" logo.

Medicare.gov is a great tool to look up a beneficiary's current enrollment. It is also a useful tool to look up available MAPD/PDP plans in any given ZIP code.

2 

The "Sign up/change plans" page on Medicare.gov. It features a "Get started with Medicare" section, a "How do I get Parts A & B?" section, a "I have employer coverage" section, a "Apply for Medicare online" section, a "When can I join a health or drug plan?" section, and a "Types of Medicare health plans" section. To the right, there is a "Find someone to talk to" section with a dropdown menu for "Select your state..." and a "Go" button, and a "Is my test, item, or service covered?" section with a text input field and a "Go" button. The footer includes a "Live Chat" button, "Log in" and "Español" links, and the "Medicare.gov" logo.

3 

The "Log in or create account" page on Medicare.gov. It features a "Log in" section with "USERNAME" and "PASSWORD" fields and a "Log In" button. Below it is a "Trouble signing in?" section with a note about using a shared or public computer. The "No account? Create one now" section includes a "Create Account" button. The footer includes links for "About Medicare", "Medicare Glossary", "Nondiscrimination/Accessibility", "Privacy Policy", "Privacy Setting", "Linking Policy", "Using this Site", and "Plan Writing". It also features the "Medicare.gov" logo and a note that the site is a federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services.


Social Security
 The Official Website of the U.S. Social Security Administration

1


Social Security
 The Official Website of the U.S. Social Security Administration

2

Extra Help With Medicare Prescription Drug Plan Costs

Welcome!

The Medicare Prescription Drug program gives you a choice of prescription plans that offer various types of coverage.

You may be able to get extra help to pay for the monthly premiums, annual deductibles, and co-payments related to the Medicare Prescription Drug program. However, you must be enrolled in a Medicare Prescription Drug plan to get this extra help.

What Is This Application?

This is an application for Extra Help and **does not enroll you in a Medicare prescription drug plan**. You will have to enroll directly with an approved Medicare prescription drug provider for coverage. If you need information about Medicare Prescription Drug plans or how to enroll in a plan, call **1-800-MEDICARE (TTY 1-877-486-2048)** or visit www.medicare.gov.

Who Should Complete This Application For Extra Help With Medicare Prescription Drug Plan Costs?

You should complete this application for Extra Help on the Internet if:

- You have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance); and
- You live in one of the 50 States or the District of Columbia; and
- Your combined savings, investments, and real estate are not worth more than \$27,600, if you are married and living with your spouse, or \$13,820 if you are not currently married or not living with your spouse. **(Do NOT count your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.)** If you have more than those amounts, you may not qualify for the extra help. However, you can still enroll in an approved Medicare prescription drug plan for coverage.

EXCEPTION: Even if you meet these conditions, **DO NOT** complete this application if you have Medicare and Supplemental Security Income (SSI) or Medicare and Medicaid because you automatically will get the extra help.

How Can You Get The Extra Help?

To get extra help with Medicare Prescription Drug plan costs, **you must complete and submit this application**. We will review your application and send you a letter to let you know if you qualify for extra help.

NOTE: To apply, you must live in one of the 50 States or the District of Columbia.

If you need help completing this application, call Social Security toll-free at **1-800-772-1213 (TTY 1-800-325-0778)**.

You also may be able to get help from your State with other Medicare costs under the Medicare Savings Programs. By completing this form, you will start your application process for a Medicare Savings Program. We will send information to your State who will contact you to help you apply for a Medicare Savings Program unless you tell us not to when you complete this application.

If you need information about Medicare Savings Programs, Medicare Prescription Drug plans or how to enroll in a plan, call **1-800-MEDICARE (TTY 1-877-486-2048)** or visit www.medicare.gov. You also can request information about how to contact your State Health Insurance Counseling and Assistance Program (SHIP). The SHIP offers help with your Medicare questions.

What Do You Want To Do?

[Apply Now](#)

[Return to an Existing Application](#)

Not Sure If You Should Use This?

[Find Out If You Qualify](#)

[Privacy Policy](#) | [Website Policies & Other Important Information](#) | [Site Map](#)

SSI.gov is a website that will allow you to assist extra help or low income beneficiaries with the application process.

If you need assistance navigating SSI.gov, please contact our team at medicare@savoyassociates.com.

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medicarebysavoy.com


Social Security
 The Official Website of the U.S. Social Security Administration

3


Social Security
 The Official Website of the U.S. Social Security Administration

4

Extra Help With Medicare Prescription Drug Plan Costs

Preparing To Use This Application

Do not use your browser's Back button.

To go back, select Previous at the bottom of the page.

If you need help completing this application, call Social Security toll-free at: **1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm**

What information will you need?

To determine if you could be eligible for extra help with prescription drug plan costs, Social Security needs information about your (and your spouse's, if married and living together) income and resources. Documents that may help you prepare include:

- Social Security card;
- bank account statements, including checking, savings, and certificates of deposit;
- Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds, mutual funds, other investment statements;
- tax returns;
- payroll slips; and
- your most recent Social Security benefits award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions and annuities.

If you do not have these documents, provide us with your best estimate so that we can tell you whether you are likely to qualify for extra help with your prescription drug costs. This information is to help you complete the application. You will not have to submit the documents unless contacted by a Social Security representative.

What if you need to stop and come back later?

If you select Apply Now, you will get a Reentry Number after you fill in your name and address. If you choose to Save & Exit this application before it is complete, you may use your Reentry Number at any time to come back. You will also be able to change your answers later.

Can you edit your information?

When you have completed the application, you will get a full summary of the information you entered. You can make changes if necessary prior to submission. After you submit the application electronically, you will be able to print or save a receipt, and your submitted application.

How long can you work on each page?

For security reasons, there are time limits on each page. You will receive a warning after 25 minutes but you can extend your time on that page. After the third warning on a page, you must move to another page or your time will run out and all your work on that page will be lost.

If you have turned JavaScript off in your browser, you will not receive these warnings and, after 30 minutes on a page, you must go to another page or your application session will end, and your work on the last page will be lost.

If you are unsure about how to use this application, you can find more details on the following pages:

- [How The Online Application Works](#)

[Next](#) [Previous](#)

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MEDICARE
BY SAVOY

