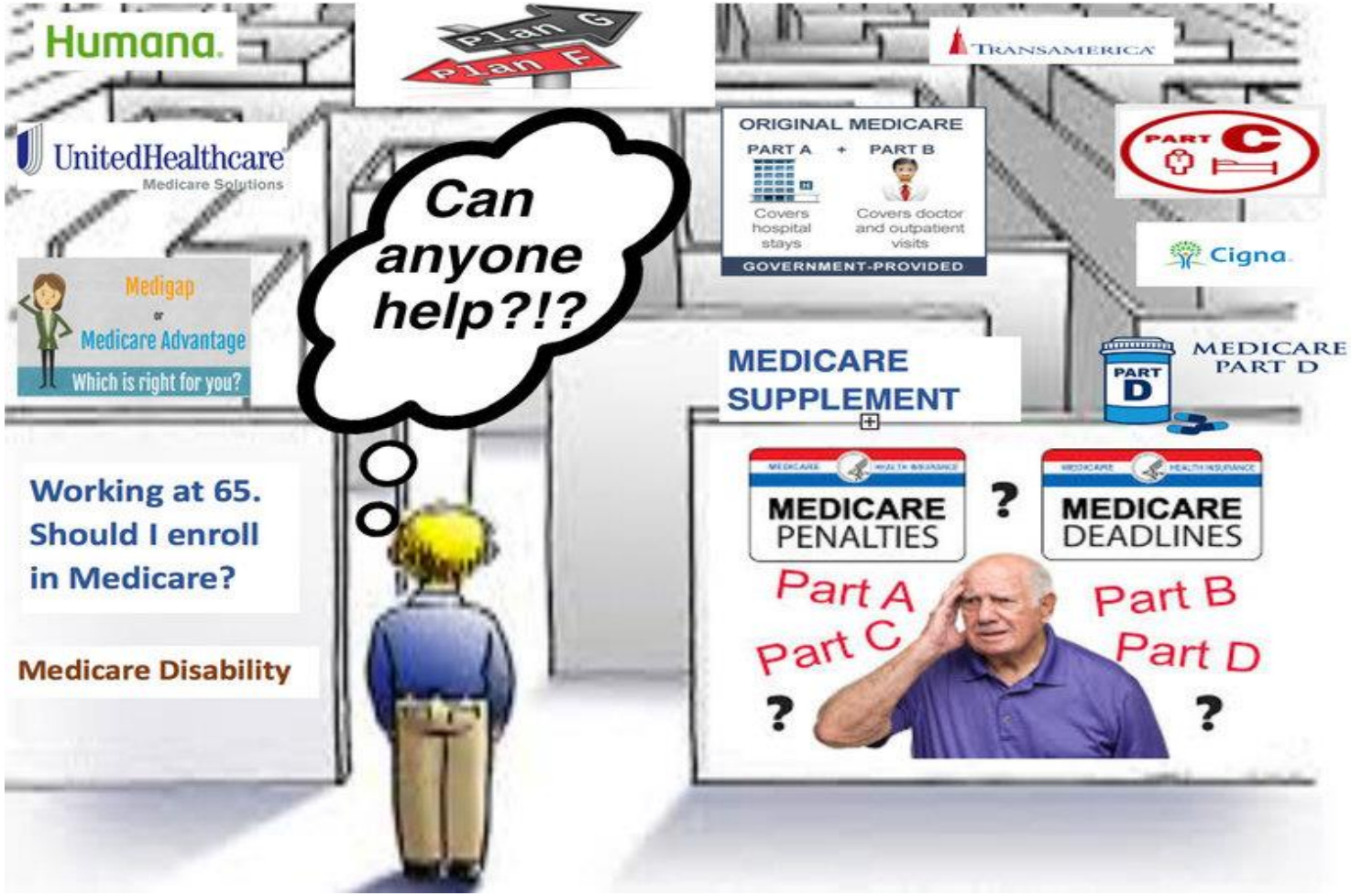
2025 MEDICARE PRESENTATION

Advantage Rewards & Managed Services

Welcome to the Medicare Maze



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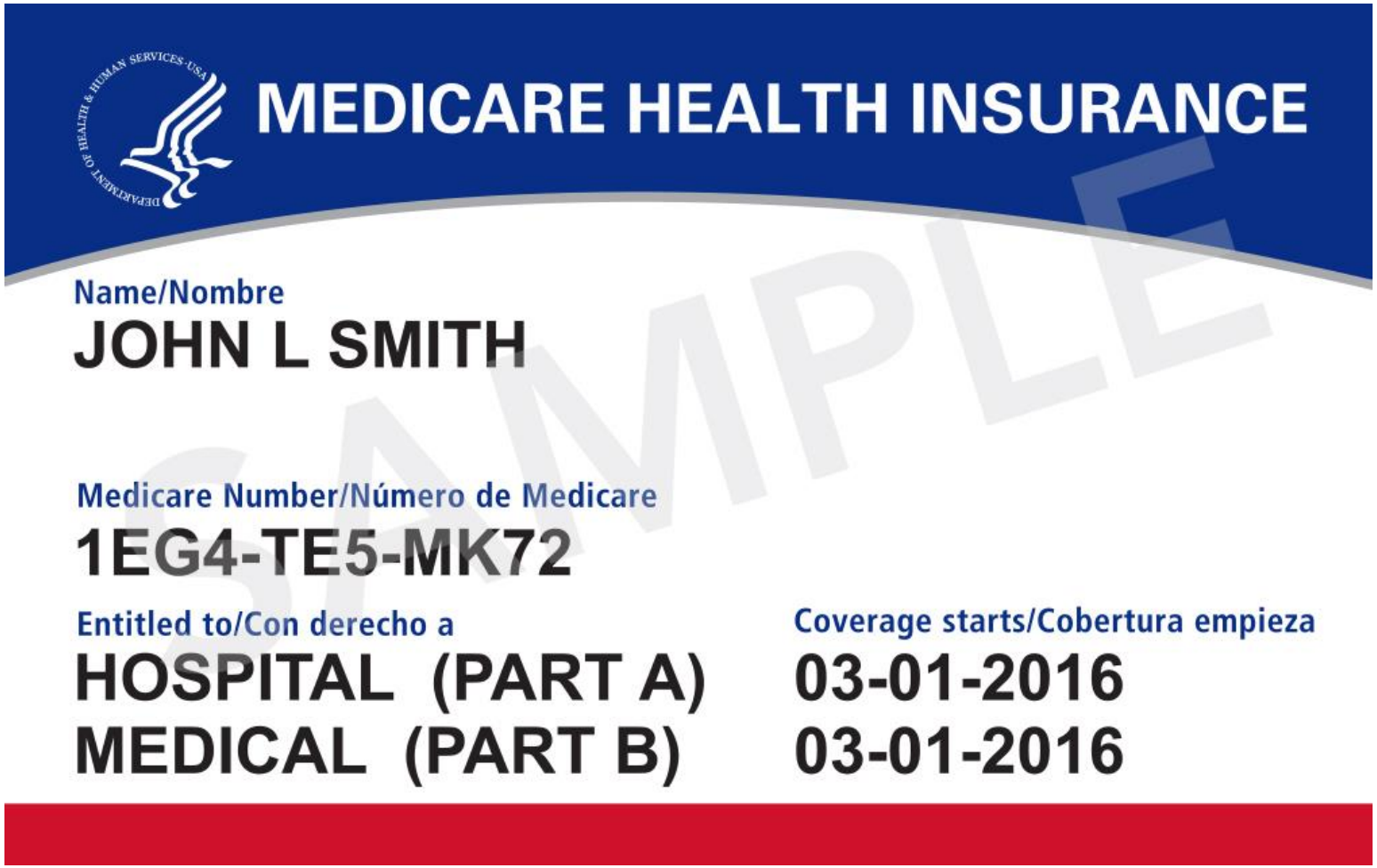
ADVANTAGE REWARDS

Medicare Card



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ADVANTAGE REWARDS

Medicare Program

For 2025, Medicare offers:

- Part A Hospital Benefits $1,676.00 Deductible
- Part B Medical Benefits $185.00 Monthly Premium (income-adjusted)
  - –$257 Yearly Deductible
  - –80% of Approved Charges
  - –20% Medigap Policy or Patient Responsibility
- Part C Medicare Advantage (Health Plans)
- Part D Prescription Drug Plans (premium income-adjusted)

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ADVANTAGE REWARDS

What are my Medicare coverage choices?

There are 2 main ways to get your Medicare coverage—Original Medicare or a Medicare Advantage Plan. Use these steps to help you decide which way to get your coverage. Your choice is important, but not final. Remember: you will have at least one chance each year to make changes to your Medicare coverage.

STEP 1 : Decide how you want to get your coverage.

ORGINAL MEDICARE

Part A
Hospital Insurance

Part B
Medical Insurance

STEP 2 : Decide if you need to add supplemental coverage.

Medicare Supplement Insurance
(Medigap Policy)

STEP 3 : Decide if you need to add drug coverage.

Part D
Prescription Drug Coverage

or

MEDICARE ADVANTAGE PLAN

Part C (like an HMO or PPO

Part C
Combines Part A, Part B and usually Part D

STEP 2 : Decide if you need to add drug coverage.

Part D
Prescription Drug Coverage (Most Medicare Advantage Plans cover prescription drugs. You may be able to add drug coverage in some plan types if not already included.)

If you join a Medicare Advantage Plan, you can't use or be sold a Medicare Supplement Insurance (Medigap) policy.

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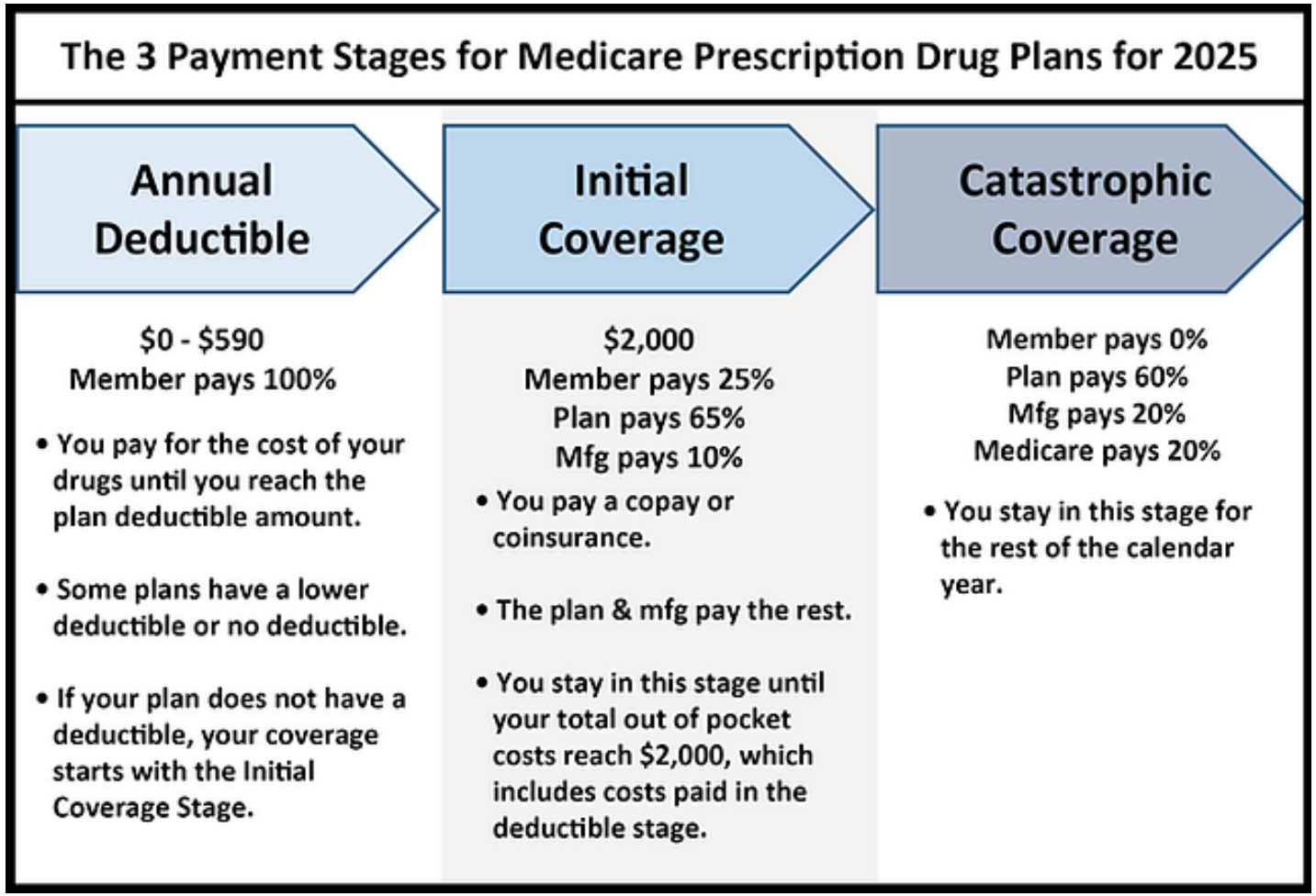
ADVANTAGE REWARDS

2025 Prescription Drug Plans



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ADVANTAGE REWARDS

Medicare Supplement Insurance (Medigap) Plans

Benefits	A	B	C	D	F*	G	K	L	M	N**
Medicare Part A • Co-insurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part A deductible ($1600 per admission)		100%	100%	100%	100%	100%	50%	75%	50%	100%
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care Co-insurance or co-payment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care co-insurance or co-payment			100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part B Co-insurance or co-payment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part B deductible ($257 annually)			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			$250 ded 20%	$250 ded 20%	$250 ded 20%	$250 ded 20%			$250 ded 20%	$250 ded 20%

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Plan Comparison

	HMO	PPO
Premium – No Deductible	$0	$0
Inpatient Hospital	1-6 $395	1-6 $345 (OON $425 1-7)
Primary Care Physician	$0	$0 (OON $0)
Specialist	$25	$30 (OON $30)
Outpatient Surgery/Services	$345-$395	$245-$345
Emergency Room/Urgent Care	$140 / $50	$50 / $30
Lab Services	$0	$0
Diagnostic Testing	$45-$100	$15
X-Rays	$45-$105	$5
Diagnostic Radiology	$45-$395 (like MRI)	$205 (like MRI)
Physical/Speech Therapy	$10-$40	$20
Durable Medical Equipment	20%	20%
Diabetes Supplies	$0-20%	$0
Preventive Testing	$0	$0
Out-of-pocket max	$2,800	$6,700 (OON $10,000)
Dental	$2500 in and out	$3000 in and out
Hearing	$2000	$199-$1,249/year
Eyewear	$275 / year	$250 / year
Rx: Pharmacy	($150) $0/5/20%/35%	($255) $0/$5/$47/$100
Rx: Mail-Order Pharmacy	($150) $5/$10/20%/35%	($250) $0/$0/$131/N/A

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Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.
(Refer to page 2 for product type descriptions)

☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**

☐ **Medicare Advantage Plans (Part C) and Cost Plans**

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature	Signature Date
If you are the authorized representative, please sign above and print clearly and legibly below:	
Name (First_Last)	Relationship to Beneficiary

To be completed by Agent (please print clearly and legibly)		
Agent Name (First_Last)	Agent Phone	Agent ID
Beneficiary Name (First_Last)	Beneficiary Phone (Optional)	Date Appointment Completed
Beneficiary Address (Optional)		
Initial Method of Contact	Plan(s) the agent represented during the meeting	
Agent's Signature		
Scope of appointment (SOA) is subject to CMS Record Retention Requirements Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: **Please check all that apply** ☐ Unplanned Attendee ☐ New SOA required (consumer requested other Health Product information) ☐ Walk in ☐ Other (please explain): _____		

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ADVANTAGE REWARDS

	NAME OF PRESCRIPTION	DOSAGE	STRENGTH
1			
2			
3			
4			
5			
6			
7			

Primary Care Physician: _____

Specialist: _____,_____,_____

Specialist: _____,_____,_____

Preferred Pharmacy: _____

Name:	DOB:	
Address:		
City/State/Zip:		
County:		
Phone #:		
Email:		

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ADVANTAGE REWARDS

Request for Employment Information

http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS-L564E.pdf

Individual Application CMS-40B

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For More Information

View our Blog: Medicare & More Event - 1st Advantage Federal Credit Union
Please visit us at: www.managedseniorservices.com
Join us on Facebook at: Managed Senior Services | Glen Allen VA | Facebook

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