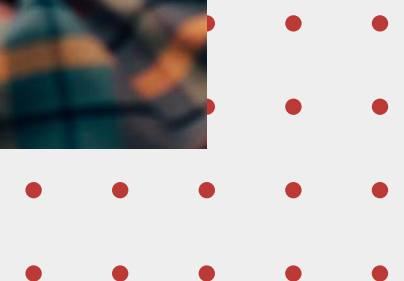
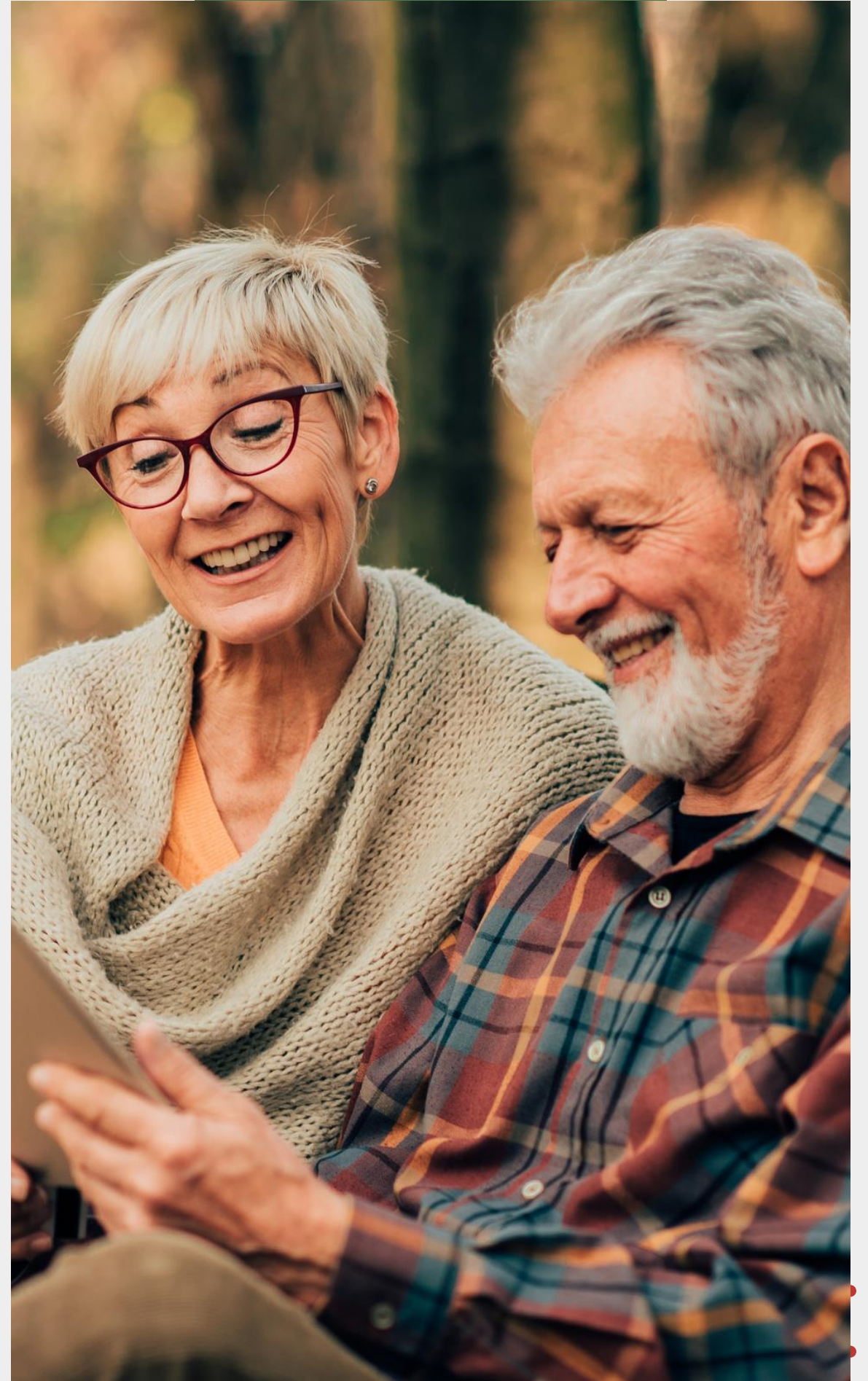




SGIA

Medicare Consulting

WE MAKE
MEDICARE
SIMPLE.





WHO WE ARE

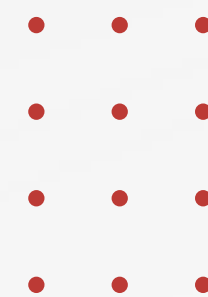
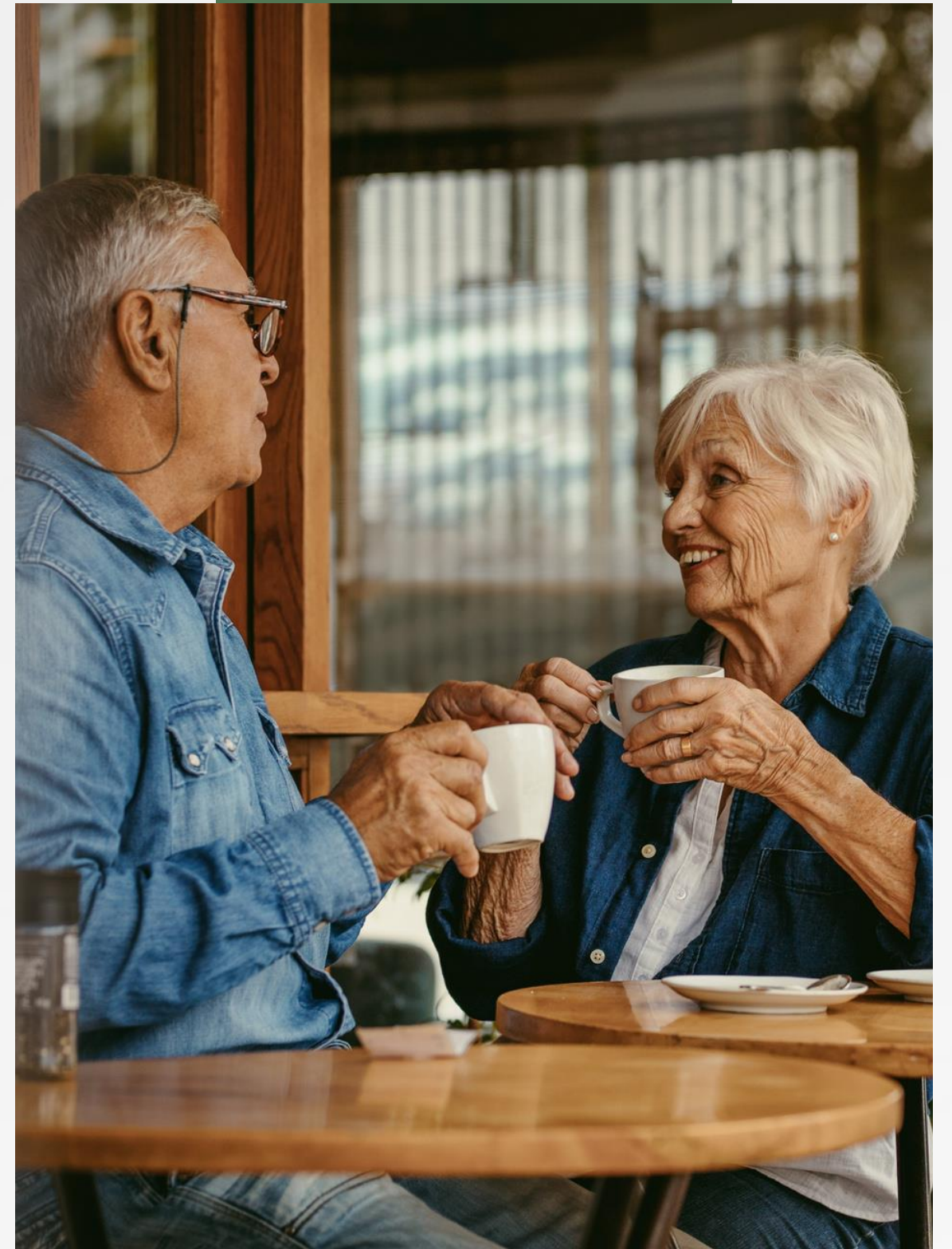
SGIA Medicare Consulting's Medicare Assistance Program is an employee benefit, offered by the Reta Trust and the Diocese of Bridgeport. Our focus is the complicated world of Medicare. Our specialty is the personal approach we take to maximize benefits for every individual's specific needs.



Medicare Assistance Programs for Lay

Our **Medicare Assistance Program** provides a resource and enrollment center for Lay employees and dependents as they become Medicare eligible or to those that provide caregiving assistance to someone who is Medicare eligible.

- Program is FREE to employees and dependents of the Diocese of Bridgeport.
- Assist in all areas of Medicare including Part A, Part B, Part C, Part D and Medicare Supplement plans.
- Contracted nationally with all major Medicare carriers.
- Provide ongoing customer care and support.



The *SGIA* Process

Our 4-step process identifying the most appropriate plan

1 Education and Information

Educate and provide information to individuals on how Medicare options work

2 Needs Assessment

Work closely one-on-one with individuals to identify specific health care needs

3 Enrollment

The most appropriate Medicare plan is chosen based on the needs assessment by evaluating major plans available. SGIA will then handle all the paperwork involved in the enrollment process from submission through approval.

4 Service

SGIA provides ongoing assistance with renewals, service issues and continued customer care.





Medicare Coverage Options

PART A

HOSPITAL INSURANCE

FEDERAL/STATE

Emergency



PART B

MEDICAL INSURANCE

FEDERAL/STATE



PART C

MEDICARE ADVANTAGE
PLAN

INSURANCE COMPANY



PART D

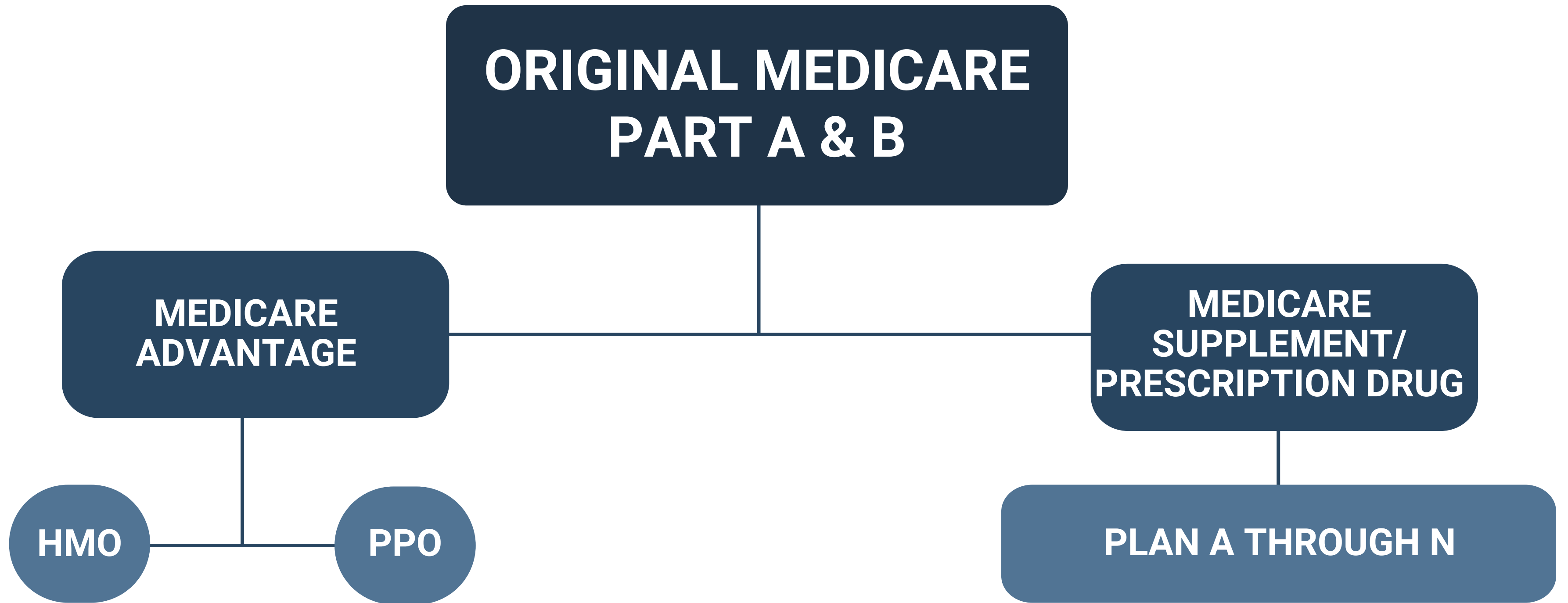
PRESCRIPTION DRUG
COVERAGE

INSURANCE COMPANY





Medicare Coverage Options



*PLANS F & G ARE MOST COMMON

Prescription Drug Plans (PDP)



HERE'S WHAT YOU NEED TO KNOW:

STAGE

1

Yearly Deductible

This is the first stage of the client's drug payment process

STAGE

2

Copay or Coinsurance

After the deductible, clients either pay a fixed amount (copay) or a percentage (coinsurance) for their medications, until they reach \$2,100 in out-of-pocket costs.

STAGE

3

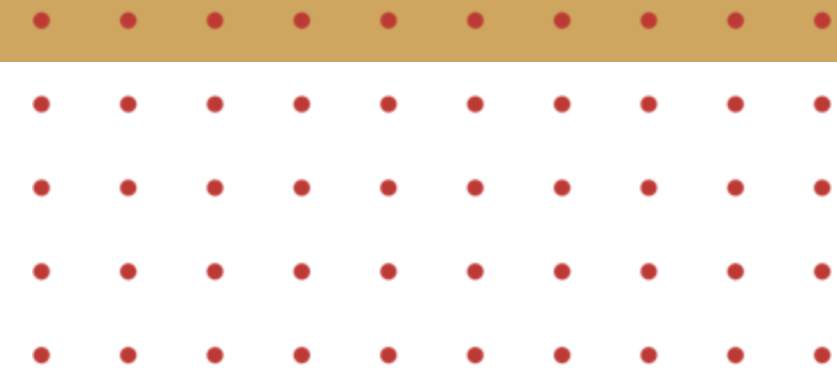
Catastrophic Coverage

Once out-of-pocket costs hit \$2,100, clients enter this stage and won't pay anything for covered Part D drugs for the remainder of the year.

The **Coverage Gap Discount Program** is being replaced. Now, drug manufacturers will help pay for the cost of brand-name drugs and biologics in the initial and Catastrophic Coverage Stages through the **Manufacturer Discount Program**. However, these manufacturer discounts won't count toward out-of-pocket costs.

There's also a new way to manage drug costs called the **Medicare Prescription Payment Program (M3P)**. It works with current drug coverage and allows members to spread drug payments over the year.

Medicare Sign Up Periods Part A and Part B



Election Period	Timeline & Enrollment Steps	Is the ER Verification Form Needed?
Initial Election Period	<ul style="list-style-type: none"> • Is the 7-month window around the beneficiaries 65th birthday? • Enrollment for A and/or B can be done online at www.ssa.gov. 	<ul style="list-style-type: none"> • The Request for Employment Verification Form is NOT needed. • If the employee/spouse is staying on the group plan then they would enroll in Part A only, unless an HSA plan.
Special Election Period	<ul style="list-style-type: none"> • When the employee/spouse is past the Initial Election Period (over 65) and they are coming off the group health plan. • Enrollment for A and/or B must be done at a Social Security Office. 	<ul style="list-style-type: none"> • The Request for Employment Verification Form IS needed.
Annual Election Period	<ul style="list-style-type: none"> • Runs from 10/15-12/07 each year. • Timeframe for people currently on Medicare to change plans. 	<ul style="list-style-type: none"> • The Request for Employment Verification Form is NOT needed.
Open Election Period	<ul style="list-style-type: none"> • Runs from 01/01-03/31 each year. • Certain changes are allowed, MAPD to MAPD or MAPD to Medicare Supplement. 	<ul style="list-style-type: none"> • The Request for Employment Verification Form is NOT needed.

What should they do?

Potential Employee Scenario #1



Employee is turning 65 and *not* planning on retiring.

Employee should enroll in **Medicare Part A only** (Assuming employee is NOT enrolled in an HSA based plan.)

Application is done online. Employee will need to create a **My Social Security Account** at www.ssa.gov/myaccount.

Employer health plan remains primary, and Medicare Part A is secondary. Enrollment in Part B or D is **not necessary**.





What should they do?

Potential Employee/Dependent Scenario #2

Employee is turning 65 and *not* planning on retiring but wants to enroll in a Medicare plan.

Employee should enroll in both **Medicare Part A and Part B.**



Once application is done online, employee will need to create a **My Social Security Account** at www.ssa.gov/myaccount.

Employee should then **contact SGIA** for assistance in selecting and enrolling in a Medicare plan.



Employee should **contact Human Resources** to cancel current employer group health plan.

What should they do?

Potential Employee Scenario #3



Employee is post 65 and *is* retiring.

Employee will need to enroll in Medicare **Part A and Part B.**
(Request for Employment Verification Form needed in order to enroll in Part B).



Part B and Part D penalties **will not apply** if employee/spouse was covered by Employer Group Health Plan, through active employment.

After enrollment, employee will want to call **Medicare Coordination of Benefits** 1-855-798-2627 to report group health plan is no longer active.



Letter from **Part D** carrier will be sent to employee asking them to report who their prior prescription drug coverage was with.

Employer Verification Form

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0787

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name _____ 2. Date: []/[]/[]

3. Employer's Address _____

City _____ State _____ Zip Code _____

4. Applicant's Name _____ 5. Applicant's Social Security Number: []-[]-[]

6. Employer's Name _____ 7. Employer's Social Security Number: []-[]-[]

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? Yes No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)
[]/[]/[]

3. Has the coverage ended? Yes No

4. If yes, give the date the coverage ended. (mm/yyyy)
[]/[]/[]

5. When did the employee work for your company?
From: (mm/yyyy) []/[]/[] To: (mm/yyyy) []/[]/[] Still Employed: (mm/yyyy) []/[]/[]

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.
From: (mm/yyyy) []/[]/[] To: (mm/yyyy) []/[]/[]

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? Yes No

2. If yes, does the applicant have hours remaining in reserve? Yes No

3. Date reserve hours ended or will be used? (mm/yyyy)
[]/[]/[]

All Employers:

Signature of Company Official _____ Date Signed: []/[]/[]

Title of Company Official _____ Phone Number: ([]) []-[]

According to the Paperwork Reduction Act of 1980, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

Form CMS L564R037 (04/08) 2





Medicare Resources

- **Contact SGIA Medicare Consulting**
- **We will help submit your Medicare applications and forms to Social Security**
- **Our team will help you select a Medicare plan that works within your budget and needs**



Average Cost of Medicare Advantage & Medicare Supplement Plans

	PPO 5113 (Emp/+Spouse)	EPO (Emp/+Spouse)	MAPD (HMO-POS)	Medigap Plan N w/PDP
Premium	\$368.75/\$737.50	\$304/\$608	\$275 (incl. Part B Premium)	\$ 397 (incl. Part B Premium)
Deductible	\$500	\$250	\$274.90	\$ 283
OOP Max	\$2000	\$1500	\$6750	\$ 0
PCP/Specialist Office Visit	\$20/\$35	\$25/\$25	\$0/\$0	\$ 25
Hospitalization	20% after ded	20% after ded	\$335 days 1-6	\$0
Prescriptions	\$10/\$20/\$40	\$10/\$20/\$40	\$0/\$0/\$24%/25%/25%	\$0/\$3/25%/40%/25%

Premiums include standard cost of Medicare Part B and are based on a 65-year old, non tobacco user.





SGIA

Medicare Consulting

Please contact us to learn more about our Medicare programs and the positive impact they will offer for your organization



Phone: 888-845-0449

Email: reta@sgiamedicare.com

Website: www.sgiamedicare.com/reta-trust-employee-benefits

