



September 19, 2019

WHAT YOU NEED TO KNOW ABOUT:

MEDICARE AND EMPLOYER HEALTH BENEFIT PLANS

Brian L. Gatch
Vice President





M E D I C A R E

Why is this Topic Important to Employers?

- Medicare Open Enrollment is quickly approaching – October 15 to December 7, 2019
- According to the Bureau of Labor Statistics, 36% of 65-to-69 year olds will be part of the labor force by 2024
 - This segment is automatically enrolled in Medicare Part A (Hospital), but if an employer has more than 20 employees, the employer's health plan is the primary payer
- Navigating Medicare is a challenge for employers, employees and retirees
- **Medicare.gov** is the official U.S. Government site



M E D I C A R E

Medicare Overview

- Eligibility
 - Age 65
 - Disability—Individuals are eligible for Medicare coverage two years after the first month they are eligible for Social Security Disability Insurance (SSDI)
 - Diagnosed with End-Stage Renal Disease (ESRD) – enrollment conditions apply

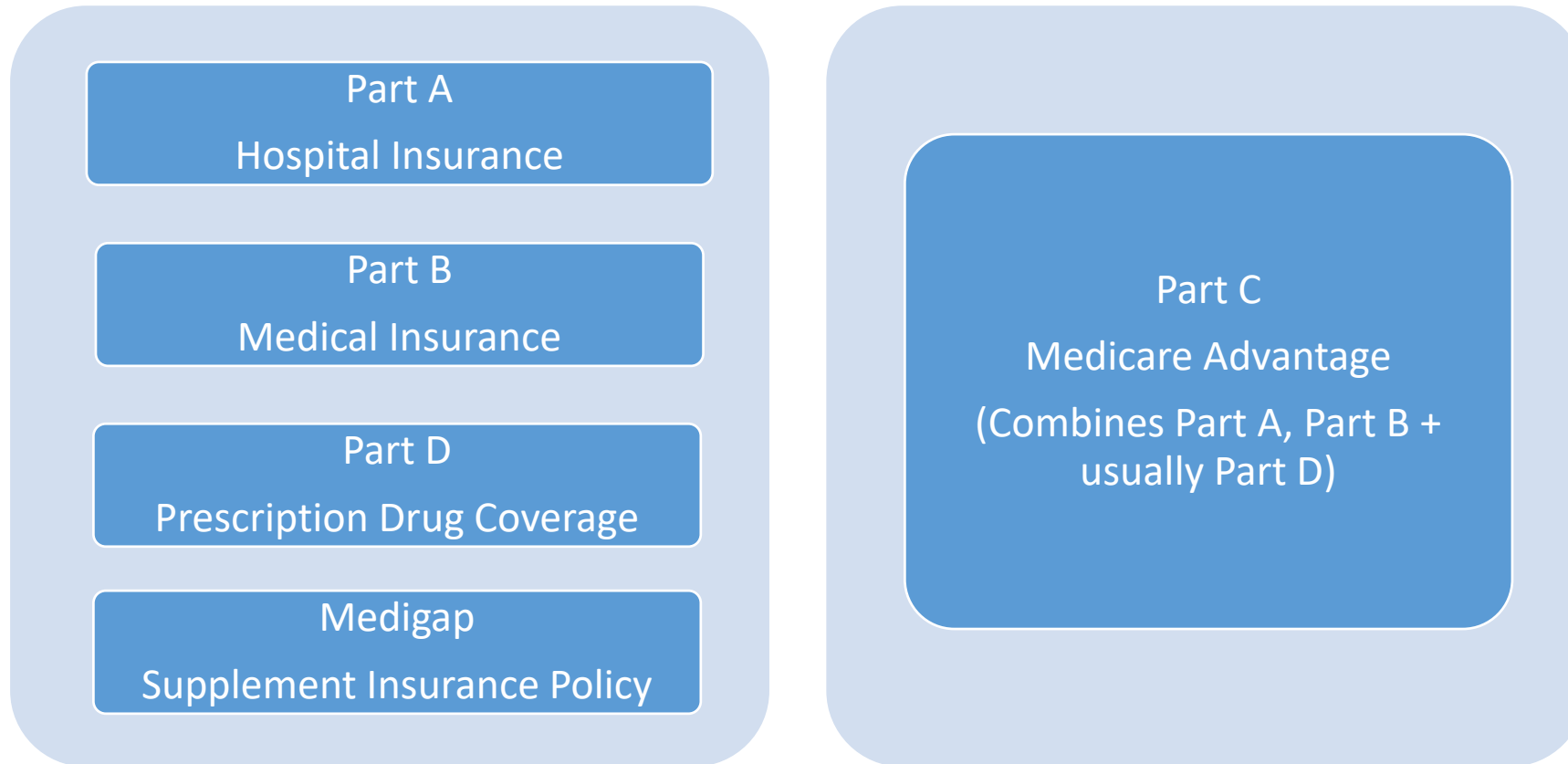


2019 Medicare 101

Presentation by: Dan Blanchard

The Components of Medicare

There are two main ways to get your Medicare coverage:



Original Medicare



PART A Hospital Insurance

Medicare Part A covers inpatient hospital stays, skilled nursing facilities, hospice care, and some home health care. It is “premium free” in most situations.



PART B Medical Insurance

Medicare Part B covers certain doctor services, outpatient care, medical supplies, and preventive services. Usually a premium cost that is deducted from the Social Security check.

Part A: Hospital Coverage

Inpatient Hospital:

First 60 Days	You Pay \$.1,364 max
Days 61-90	You Pay \$.341 /day
Days 91+	You Pay \$.682 /day (expires after 60 lifetime reserve days are used)

Skilled Nursing Care:

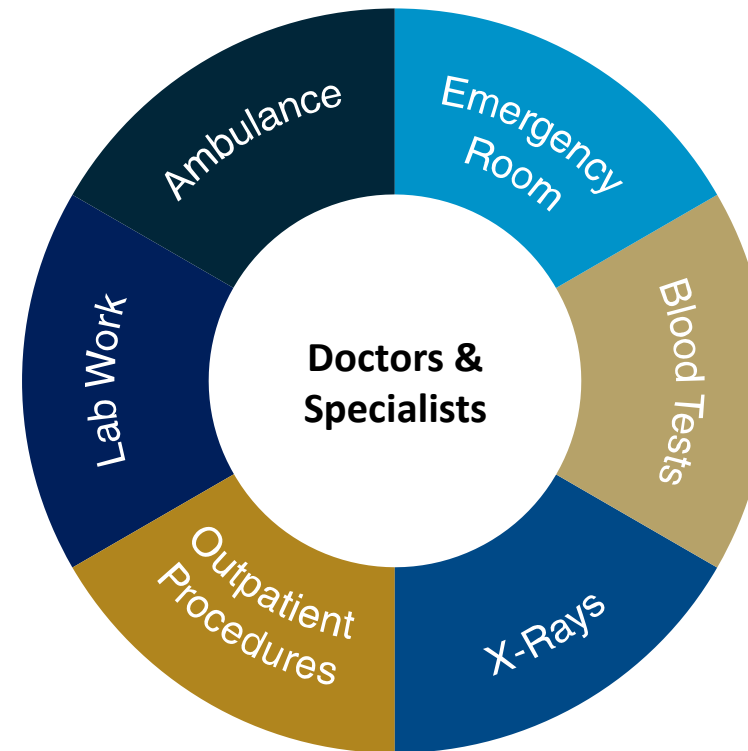
Days 1-20	Medicare pays 100%
Days 21-100	You Pay \$.170 .50/day
Days 101+	No Coverage....

Hospice:

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

Part B: Medical Insurance (Doctors Visits)

- Part B premium will be deducted from your Social Security check
- Medicare Pays 80% after a \$185 Annual Deductible



Part B: Late Enrollment Penalty

- If you do not sign up for Part B (Medical Insurance) when you are first eligible, you may have to pay a penalty to get it later, which will last for as long as you have Medicare.
- Your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B, but didn't sign up for it.
- Usually, you don't pay a late enrollment penalty if you meet certain conditions that allow you to sign up for Part B during a Special Enrollment Period.
- You may have a Special Enrollment Period if you or your spouse is working and covered under a group health plan.

Part B: Premiums for Enrollees

(Premiums are deducted from your Social Security Income)

File individual tax return	File joint tax return	File married & separate tax return	You pay each month (in 2019)
\$85,000 or less	\$170,000 or less	\$85,000 or less	\$135.50
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	Not applicable	\$189.60
above \$107,000 up to \$133,500	above \$214,000 up to \$267,000	Not applicable	\$270.90
above \$133,500 up to \$160,000	above \$267,000 up to \$320,000	Not applicable	\$352.20
above \$160,000 and less than \$500,000	above \$320,000 and less than \$750,000	above \$85,000 and less than \$415,000	\$433.40
\$500,000 or above	\$750,000 and above	\$415,000 and above	\$460.50

Part D: Prescription Drug Plan

The Deductible Stage	Initial Coverage Stage	Coverage Gap Stage (Donut Hole)	Catastrophic Coverage Stage
<ul style="list-style-type: none">You may pay a deductible first (up to \$415 in 2019)	<ul style="list-style-type: none">After the deductible has been met, you pay a set copay for all medications\$3,820 limit – counts full cost of drug	<ul style="list-style-type: none">You pay 37% for genericsYou pay 25% for brand names\$5,100 limit – counts your out-of-pocket	<ul style="list-style-type: none">You pay \$3.40 or 5% for genericsYou pay \$8.50 or 5% for brand names

Medicare Part D coverage is MANDATORY

Part D: Closing the Coverage Gap

Year	What You Pay for Brand Name Drugs in the Coverage Gap	What You Pay for Generic Drugs in the Coverage Gap
2012	50%	86%
2013	47.5%	79%
2014	47.5%	72%
2015	45%	65%
2016	45%	58%
2017	40%	51%
2018	35%	44%
2019	30%	37%
2020	25%	25%

Part D IRMAA Adjustment Chart

(Premiums are deducted from Your Social Security Income)

File individual tax return	File joint tax return	File married & separate tax return	You pay each month (in 2019)
\$85,000 or less	\$170,000 or less	\$85,000 or less	your plan premium
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	not applicable	\$12.40 + your plan premium
above \$107,000 up to \$133,500	above \$214,000 up to \$267,000	not applicable	\$31.90 + your plan premium
above \$133,500 up to \$160,000	above \$267,000 up to \$320,000	not applicable	\$51.40 + your plan premium
above \$160,000 and less than \$500,000	above \$320,000 and less than \$750,000	above \$85,000 and less than \$415,000	\$70.90 + your plan premium
\$500,000 or above	\$750,000 and above	\$415,000 and above	\$77.40 + your plan premium

- IRMAA Adjustments are deducted from Social Security Income if collecting
- Premiums may also be deducted from Your Social Security Income
- Income-Related Monthly Adjustment Amount

Medigap: Medicare Supplement Insurance Policy

- Medigap fills in the “Gaps” left after Medicare Part A and Part B pay, creating a fixed cost for peace of mind
- All Medigap plans are standardized.



Part A



Medigap



Part B

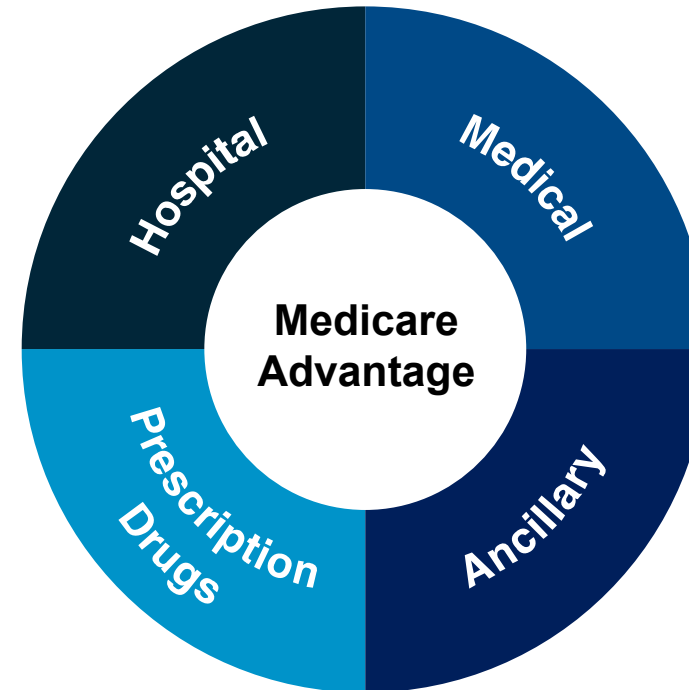
Medigap: Standard Medicare Supplement Plans

A	B	C	D	F/F*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit and up to \$50 copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit \$[5,560] paid at 100% after limit reached	Out-of-pocket limit \$[2,780] paid at 100% after limit reached		

*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year (\$2300) deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2300.

Part C: Medicare Advantage Plan

- All benefits can be included
- Use instead of Original Medicare (you are still required to pay Part B premiums)
- Assign your Medicare benefits to the Insurance Company
- Plan has to be as good or better than Original Medicare



Enrolling in Medicare

Online Application available through:
<https://secure.ssa.gov/iCLM/rib>

OR

www.medicare.gov

If you do not wish to apply online you can make an appointment by calling (800) 772-1213. People who are deaf or hard of hearing may call our "TTY" number, (800) 325-0778 between 7 a.m. and 7 p.m. on business days.



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M E D I C A R E

Medicare Part D Notices

- The USI Benefits Compliance team maintains up-to-date sample CMS Model Notices templates for clients

- [Creditable](#) (English)
- [Creditable](#) (Spanish)
- [Non-Creditable](#) (English)
- [Non-Creditable](#) (Spanish)

LENGUAJE MODELO PARA EL USO DE TODAS LAS ENTIDADES SOBRE LA DIVULGACIÓN DE LA COBERTURA NO ACREDITABLE PARA BENEFICIARIOS DESPUÉS DEL 01 DE ABRIL DE 2011

Aviso importante de [Inserte el Nombre de la Entidad] Sobre su Cobertura para Recetas Médicas y Medicare

Por favor lea este aviso cuidadosamente y guárdelo donde pueda encontrarlo. Este aviso contiene información sobre su cobertura actual para recetas médicas con [Inserte el nombre de la Entidad] y sus opciones bajo la cobertura de Medicare para medicamentos. Además, le menciona dónde encontrar más información que le ayude a tomar decisiones sobre su cobertura para recetas médicas.

Hay tres cosas importantes que usted necesita saber sobre su cobertura actual de Medicare y la cobertura de medicamentos recetados:

1. Si se ofrece una nueva cobertura de Medicare para usted, lea cuidadosamente el Plan de Medicare que le ofrece [Inserte el Nombre de la Entidad] y sus opciones under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

2. Hay tres cosas importantes que usted necesita saber sobre su cobertura actual de Medicare y la cobertura de medicamentos recetados:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. [Insert Name of Entity] has determined that the prescription drug coverage offered by the [Insert Name of Plan] is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the [Insert Name of Plan]. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

3. You can keep your current coverage from [Insert Name of Plan]. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully – It explains your options.

Las recetas médicas está disponible desde Medicare. Usted puede obtener esta cobertura para Recetas Médicas, o un Plan de Medicare que ofrece cobertura para medicamentos recetados en un nivel estándar de cobertura. Algunos planes pueden ofrecer más ayuda.

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MODEL INDIVIDUAL NON-CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011

Important Notice From [Insert Name of Entity] About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with [Insert Name of Entity] and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

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CMS Form 10182-NC Updated April 1, 2011 Page 1

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated to average 8 hours per response initially, 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 this collection of information, including suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-28-05, Baltimore, Maryland 21244-1850.

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011

Important Notice from [Insert Name of Entity] About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with [Insert Name of Entity] and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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Updated April 1, 2011 Page 1

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CMS Form 10182-CC Revisado el 1 de abril de 2011

La Ley de Reducción de Papelada de 1995 requiere que la información de una información no sea solicitada a menos que se muestre un número de control OMB válido. El número de control OMB para esta información es 0938-0050. El tiempo requerido para completar esta información es estimado a un promedio de 8 horas por respuesta inicialmente, incluyendo el tiempo para revisar instrucciones, buscar recursos de datos existentes, reunir los datos necesarios, y completar y revisar la información. Si tiene comentarios sobre esta información, incluyendo sugerencias para mejorar este formulario, por favor escriba a: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.



M E D I C A R E

What Employers Need to Know About Medicare and Health Savings Accounts (HSAs)

HSAs and Medicare

The following are some questions and answers dealing with the interaction between Medicare and health savings accounts ("HSAs").

Q 1: ARE INDIVIDUALS ELIGIBLE FOR MEDICARE ABLE TO MAKE HSA CONTRIBUTIONS?

A 1: Yes, unless they are actually signed up for Medicare.

An "eligible individual" can establish and contribute to an HSA. An eligible individual is, with respect to any month, any individual who: (1) is covered under a high-deductible health plan ("HDHP") on the first day of such month; (2) is not also covered by any other health plan that is not an HDHP (with certain exceptions for plans providing certain limited types of coverage); (3) is not enrolled in Medicare (mere eligibility is disregarded); and (4) may not be claimed as a dependent on another person's tax return (not including the spouse).

A Medicare-eligible individual who is not actually enrolled in Medicare Part A, Part B, Part D, or any other Medicare benefit may contribute to an HSA until the month that he or she is enrolled in Medicare.

For age-based Medicare, if the individual already receives Social Security benefits, he is automatically enrolled in Medicare Parts A and B, effective the first day of the month he is age 65. However, if he is not receiving Social Security benefits, he must take the affirmative step of applying for Medicare.¹ Therefore, someone age 65 is not necessarily enrolled in Medicare.

However, note that if Medicare Part A is delayed, the individual should stop HSA contributions at least 6 months prior to filing for Medicare benefits as Part A may be retroactive and begin 6 months prior to the month the individual actually applied for the benefits.

A participant can delay Part A coverage when it is not automatic; he can waive Part B when it is automatic or delay Part B coverage when it is not.

An individual must sign up for Parts C and D.

Q 2: DOES MEDICARE ELIGIBILITY OR ENROLLMENT AFFECT HDHP COVERAGE?

A 2: Employers subject to the Medicare as Secondary Payer Rule cannot encourage or force participants to drop group health coverage in favor of Medicare or make Medicare-eligible individuals ineligible under the group health plan. Therefore, someone enrolled in Medicare can still participate in a group health plan, including an HDHP.

An individual on Medicare may drop group health plan coverage voluntarily, if the employer allows; if an employee, spouse, or dependent who is enrolled in an accident or health plan of the employer becomes entitled to coverage (i.e., becomes enrolled) under Part A or Part B of Medicare, a cafeteria plan may permit the employee to make a prospective election change to cancel or reduce coverage of that employee, spouse, or dependent under the accident or health plan.

Generally, when a participant is covered under both a group health plan and Medicare, Medicare will be a secondary payer unless the participant is covered as a retiree.

¹ Note that when there is a delay Social Security benefits, once the participant applies for Medicare Part A, benefits are effective retroactively 6 months.

This summary is intended to convey general information and is not an exhaustive analysis. This information is subject to change as guidance develops. USI does not provide legal or tax advice. For advice specific to your situation, please consult an attorney or other professional.

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- Medicare and HSA contributions
 - No contributions to HSAs once enrolled in Medicare
 - Most people are automatically enrolled into Medicare Part A upon turning 65
 - Penalties include payment of back taxes on their tax-free contributions and any account interest and possible excise taxes.
- Employers cannot reimburse employees for their Medicare premiums



M E D I C A R E

What Employers Need to Know About Medicare COB

- Generally, an employer's group health plan with 20 or more employees is the Primary Payer and Medicare is secondary
- Failure to comply with the Medicare Secondary Payer (MSP) rules can result in an excise tax equal to 25% of group health expenses incurred during the calendar year
- With respect to "age-based" Medicare entitlement, a group health plan of an employer with at least 20 employees:
 - May not "take into account" the age-based entitlement of an individual (or that individual's spouse) who is covered by the group health plan because of the individual's current employment status
 - Must provide a current employee (or a current employee's spouse) who is age 65 or older with the same benefits, under the same conditions, as are provided to employees and spouses under age 65



M E D I C A R E

What Employers Need to Know About Medicare Open Enrollment

- Annual Enrollment Period (AEP): October 15 – December 7
 - Anyone with Medicare Parts A & B can switch to a Part C plan (Medicare Advantage)
 - Anyone with Medicare Part C, can switch to Parts A & B
 - Anyone who has or is signing up for Medicare Parts A or B can join, drop or switch a Part D prescription drug plan
 - Anyone with Medicare Part C and switch to a new Part C plan



M E D I C A R E

My Benefit Advisor (MBA) and Medicare

Medicare & Individual Contact Request

My Benefit Advisor is a subsidiary of USI providing expertise in the Medicare & Individual markets. Using the form below USI associates can submit referrals who may be interested in coverage or are seeking advice from our team of licensed and Medicare certified advisors. My Benefit Advisor is available to assist your individual clients, group clients and their employees, and all USI employees as well as their family and friends.

[Get Started](#) [FAQ](#)

Complete This Form in Three Steps 1 2 3

STEP 1 Choose Product
PLEASE SELECT PRODUCT TYPE:
Medicare Coverage

STEP 2 Enter Contact
WHO NEEDS TO BE CONTACTED?:
I have someone who would like to be contacted

STEP 3 Fill In Details
CLIENT NAME* CLIENT EMAIL ADDRESS
CLIENT PHONE NUMBER CLIENT STATE*

- My Benefit Advisor is a subsidiary of USI providing expertise in the Medicare & Individual markets
- Group Medicare is available for retirees or groups of less than 20
- Individual Medicare assistance is available to employees but can't be pitched or funded by an employer
 - It only works for groups with really high contributions and lower paid people who would see value in Medicare Advantage



M E D I C A R E

My Benefit Advisor (MBA) FAQs



Medicare Insurance

Provided by My Benefit Advisor (MBA), a division of USI

Q. Will MBA charge my client or their employer?
There is no charge for MBA services. Medicare is provided through an Insurance plan, and the insurance premium is paid directly from the carrier.

Q. Will I be sending my clients and their employees to the MBA?
MBA provides a personalized approach to Medicare. Our agents with Medicare will work one-on-one with clients. Our agents' direct phone number and email address are provided to clients or they need help with a renewal.

Q. Will I receive a split on the insurance commission?
No, federal regulations require agents to be appointed with each carrier. The annual commission on the group insurance contracting process is far below the level paid to USI.

Q. Why should I refer my clients to My Benefit Advisor?
My Benefit Advisor is a subsidiary of USI and provides another reason for them to stay with you; we promise to maintain that level of service. When appropriate, we will include you in our service as an integral part of your team.



Medicare Insurance Services

Provided by My Benefit Advisor (MBA), a division of USI

Every day, approximately 10,000 people become eligible for Medicare and many need help understanding their coverage options and how it works. USI commercial insurance offices can refer Medicare eligible people to USI's My Benefit Advisor division for questions, advice, and coverage placement through a team of licensed and Medicare certified advisors.

My Benefit Advisor is available to assist your individual clients, group clients and their employees, and all USI employees as well as their family and friends. Below are answers to some of the questions you may have about this opportunity and the unique service that USI can provide.

To get started visit: www.mybenefitadvisor.com/usi

Frequently Asked Questions

Q. Why would my clients be interested in Medicare Insurance Services from MBA?

Your clients are looking for ways to lower their employee benefit costs and stay out of trouble with government regulations. We can provide creative options that could lower their expenses and/or avoid compliance problems. They also have employees that are aging into Medicare who have questions that HR is often not equipped to handle alone. For example, they want to know:

- Do I have to enroll in Medicare when I turn 65?
- Is it better if I enroll in Medicare or should I remain on the group plan?
- What happens when I retire and am eligible for Medicare? Will my employer provide me with assistance through that transition?

Q. What Medicare insurance services can MBA provide to employers?

- Informative employee and retiree webinars for those who are Medicare eligible, (including parents of employees)
- A variety of voluntary or sponsored retiree Medicare plans to expand their benefit offering.
- Advice on a variety of topics, such as Medicare eligibility and penalties, Medicare Secondary Payer regulations, and Medicare's impact on COBRA and HSAs.

Q. What Medicare insurance services can MBA provide to employees?

MBA is licensed to operate in all 50 states and contracts with most of the big national carriers (including AARP/UHC), plus many of the regional carriers. In addition to educating employers and seniors about Medicare, we offer Medigap, Medicare Advantage, and Medicare Part D Prescription Drug Plans. MBA agents take the time to understand the needs of clients. They ask about medical providers, prescription drugs, coverage needs, and of course, budget. Then they research and compare carrier options before providing advice that is based on the best value to the client.

As our standard practice, we do not conduct house calls with consumers. Rather, our clients find that it is far more convenient to set up a phone appointment with an agent and receive information via email or online. The service is the same, but with much less sales pressure than having a sales person come into their home.

- Also available on <https://www.mybenefitadvisor.com/USI/>



Brian Gatch, Vice President



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