

MEDICARE
101
THE BASICS

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PREFACE



I am thrilled that you have chosen this book to guide you through the confusing Medicare enrollment process. The purpose of this book is to help and empower people who are turning 65 and ready to enroll in Medicare, as well as those who are already over 65 and want to ensure that they fully understand this maze called Medicare.

In this book, our goal is to provide a clear, simple, and understandable explanation of what Medicare covers and does not cover, as well as the different plans available to meet specific needs and budgets.

I understand that the process of enrolling in Medicare can be overwhelming and confusing, which is why we have created this resource to help make the experience as smooth and stress-free as possible.

We are passionate about helping people navigate the Medicare system and we believe that this book will serve as a valuable resource for anyone seeking to understand and make the most of their Medicare benefits. We hope that you find the information contained within these pages to be informative, helpful, and empowering.

Thank you for choosing our book, and we wish you the best of luck on your journey through the Medicare enrollment process.

INTRODUCTION

My name is Rolando Arellano and I am the author of this book. However, it was not until I was helping my mother navigate the complex and overwhelming world of Medicare that I truly realized and understood the need for a resource tool like this.

Seniors like my mother and others were inundated with mailers, phone calls, and commercials about Medicare. They were struggling to make sense of all the information being thrown at them, and I quickly realized that I too was struggling to understand it all. I realized that this was one of the most important decisions that seniors have to make regarding their healthcare, yet the process of making that decision was confusing, overwhelming, and unsurmountable at times

That's when I decided to become an expert in the subject matter and launch my endeavor to help our senior citizens make sense of the complex, convoluted and outright confusing Medicare information. I have spent countless hours researching and studying Medicare, and have distilled the information down to a clear, simple, and understandable format for the benefit of our senior citizens.

This book is a culmination of my efforts to make the Medicare enrollment process as smooth and stress-free as possible for our senior citizens. I understand how overwhelming and confusing the process can be, and I hope that this book will serve as a valuable resource for anyone seeking to understand and make the most of their Medicare benefits.

My sincere concern is that seniors are overwhelmed with information about Medicare and Medicare plans, and I want to help them navigate the system. I hope this book will be a helpful guide for anyone in need of assistance.

Rolando Arellano is a highly accomplished business professional with a proven track record of success in both executive leadership business and legal affairs. He has dedicated his professional life to helping seniors navigate the complexities of Medicare, life insurance, and retirement income protection.

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INTRODUCTION

With a background in executive leadership positions across prominent organizations in California, Rolando began his career representing professional athletes and entertainers, he has also represented Major Sports, Entertainment, and Media companies. He served as the Senior Executive Vice President of Business and Legal Affairs at King Sports Worldwide Entertainment, where he was instrumental in facilitating the sale of the company to Viacom. He later joined Golden Boy Promotions, an international media, and sports company, as the Executive Vice President of Business and Legal Affairs, where he oversaw multiple departments throughout the company and its ventures.

In addition to his professional accomplishments, Rolando has also served as an Adjunct Professor in the Sports Management Master's Program at the University of San Francisco. He holds a Bachelor of Arts degree from California State University and a Juris Doctor from The College of Law, Ventura. He is also a graduate of the distinguished Program of Negotiations at Harvard Law School.

Rolando is multilingual, fluent in English, Spanish, and Portuguese. He is known for his strong work ethic, honesty, persistence, and resourcefulness in finding innovative solutions to support and assist the businesses he works with. Despite his many accomplishments, he remains down-to-earth and prioritizes client satisfaction above all else. In his free time, he enjoys a wide variety of adventurous activities, including skydiving, marathon running, and hiking. He is also an avid reader and enjoys spending time in the mountains.

DISCLAIMER

DISCLAIMER

"This book is intended to provide general information about Medicare. It is not intended to serve as a substitute for professional advice or consultation, and readers are encouraged to seek out additional information and guidance from the official website of Medicare (www.medicare.gov) and/or consult with a Medicare professional. The author and publisher of this book do not assume any liability for the use or misuse of the information contained herein."

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CHAPTER 1

INTRODUCTION TO MEDICARE

Medicare is a federal health insurance program that is designed to provide coverage for people who are 65 years of age or older, people with certain disabilities, and people with end-stage renal disease. In this chapter, we will provide an overview of what Medicare is, who is eligible for it, and when to sign up.

What is Medicare?

Medicare is a government-funded program that provides health insurance coverage to eligible individuals. It is divided into four parts: Part A, Part B, Part C, and Part D. Part A covers hospital stays and inpatient care, Part B covers doctor's visits and other medical services, Part C is an alternative to Original Medicare and is also known as Medicare Advantage, and Part D covers prescription drugs.

Who is eligible for Medicare?

Most people are eligible for Medicare if they are 65 years of age or older and are either U.S. citizens or permanent residents of the United States. People who are under 65 but have certain disabilities, such as end-stage renal disease, may also be eligible.

When to sign up for Medicare?

The initial enrollment period for Medicare begins three months before the month of your 65th birthday and ends three months after the month of your 65th birthday. If you miss your initial enrollment period, you will have to wait until the Annual enrollment period, which runs from October 15 to December 15 each year or during special enrollment periods.

It's important to note that signing up for Medicare at the right time can help you avoid penalties and ensure that you have continuous coverage.

In conclusion, Medicare is a federal health insurance program that provides coverage for people who are 65 years of age or older, and people with diseases as end-stage renal disease, who may also be eligible.

CHAPTER 2

UNDERSTANDING MEDICARE PARTS A AND B

Medicare is a federal health insurance program that is divided into four parts. In this chapter, we will focus on Medicare Parts A and B and explain what types of coverage they provide, as well as what is covered and what is not.

Medicare Part A: Hospital Insurance

Medicare Part A, also known as hospital insurance, helps cover the cost of inpatient care in a hospital or skilled nursing facility. It also covers hospice care and some home health care. Here is a list of some of the things that Medicare Part A covers:

- Inpatient care in a hospital
- Inpatient care in a skilled nursing facility
- Hospice care
- Some home healthcare

Medicare Part B: Medical Insurance

Medicare Part B, also known as medical insurance, helps cover the cost of doctor's visits and other medical services. It also covers some preventive services and some medical equipment. Here is a list of some of the things that Medicare Part B covers:

- Doctor's visits
- Outpatient care
- Preventive services
- Some medical equipment

CHAPTER 2

MEDICARE PARTS A AND B

What is not covered by Medicare Parts A and B?

While Medicare Parts A and B do provide a lot of coverage, there are still some things that they do not cover. Some examples of things that are not covered by Medicare Parts A and B include:

- Most dental care
- Eyeglasses or contact lenses
- Hearing aids
- Long-term care in a nursing home
- Most prescription drugs

Conclusion

In summary, Medicare Part A helps cover the cost of inpatient care in a hospital or skilled nursing facility, hospice care, and some home health care. Medicare Part B helps cover the cost of doctor's visits and other medical services, preventive services, and some medical equipment. However, it's important to note that there are still some things that are not covered by Medicare Parts A and B such as most dental care, most prescription drugs, and long-term care in a nursing home. It's always a good idea to check with your provider or consult with a medicare agent to have a clear understanding of what is covered under your Medicare plan.

CHAPTER 3

MEDICARE PART C: UNDERSTANDING MEDICARE ADVANTAGE PLANS

Medicare Part C, also known as Medicare Advantage, is an alternative to Original Medicare. It is offered by private insurance companies and provides the same coverage as Original Medicare but with additional benefits. In this chapter, we will explain what Medicare Advantage plans are, how they differ from Original Medicare, and how to enroll in a Medicare Advantage plan.

What is Medicare Advantage, also known as Part C

Medicare Advantage is a type of health insurance that is offered by private insurance companies. It provides the same coverage as Original Medicare (Part A and Part B) but with additional benefits such as vision, hearing, and dental coverage. Medicare Advantage plans also often have a maximum out-of-pocket limit, which means that there is a cap on how much you will have to pay for your medical expenses each year.

How does Medicare Advantage differ from Original Medicare?

While Medicare Advantage provides the same coverage as Original Medicare, there are some key differences between the two. Some of the main differences include:

- Medicare Advantage plans are offered by private insurance companies, while Original Medicare is a government-funded program.
- Medicare Advantage plans often have a network of providers that you must use, while Original Medicare allows you to see any provider that accepts Medicare.
- Medicare Advantage plans often include additional benefits such as vision, hearing, and dental coverage, while Original Medicare does not.
- Medicare Advantage plans often have a maximum out-of-pocket limit, while Original Medicare does not.

CHAPTER 3

MEDICARE PART C: UNDERSTANDING MEDICARE ADVANTAGE PLANS

How do I enroll in a Medicare Advantage plan?

You can enroll in a Medicare Advantage plan during your initial enrollment period, which begins three months before the month of your 65th birthday and ends three months after the month of your 65th birthday. If you miss your initial enrollment period, you can enroll during the general enrollment period, which runs from January 1st to March 31st each year.

It's also important to note that you have to be enrolled in Original Medicare (Part A and Part B) to enroll in a Medicare Advantage plan.

In conclusion, Medicare Advantage plans are an alternative to Original Medicare and are offered by private insurance companies. They provide the same coverage as Original Medicare but with additional benefits such as vision, hearing, and dental coverage, and often have a maximum out-of-pocket limit. You can enroll in a Medicare Advantage plan during your initial enrollment period or during the general enrollment period. It's important to note that you must be enrolled in Original Medicare (Part A and Part B) to enroll in a Medicare Advantage plan.

CHAPTER 4

MEDICARE PART D: UNDERSTANDING MEDICARE PRESCRIPTION DRUG COVERAGE

Medicare Part D is a prescription drug coverage plan that helps cover the cost of prescription drugs. In this chapter, we will explain what Medicare Part D is, how it works, the different tiers of Medicare Part D, what a formulary is and how it works, and how to enroll in a Medicare Part D plan.

What is Medicare Part D?

Medicare Part D is a prescription drug coverage plan that helps cover the cost of prescription drugs. It is offered by private insurance companies and is available to people who are enrolled in Original Medicare (Part A and Part B). Medicare Part D plans vary, so it's important to compare different plans to see which one best fits your needs.

Different Tiers of Medicare Part D: Medicare Part D plans are divided into different tiers. The tiers are based on the cost and type of medication. The different tiers are:

- Tier 1: This tier includes generic drugs which are usually the cheapest.
- Tier 2: This tier includes preferred brand-name drugs which are usually more expensive than generic drugs.
- Tier 3: This tier includes non-preferred brand-name drugs which are more expensive than preferred brand-name drugs.
- Tier 4: This tier includes specialty drugs which are the most expensive drugs.

A Formulary: A formulary is a list of drugs that are covered by a particular Medicare Part D plan. The formulary lists the drugs that are covered by the plan, including the different tiers and the cost of each drug. The formulary can change during the year, so it's important to check it periodically.

CHAPTER 4

MEDICARE PART D: UNDERSTANDING MEDICARE PRESCRIPTION DRUG COVERAGE

How does Medicare Part D work?

When you enroll in a Medicare Part D plan, you will pay a monthly premium for your coverage. The cost of your premium will depend on the plan you choose. You will also have to pay a deductible, which is the amount of money you have to pay before your coverage begins. After you have met your deductible, you will pay a co-pay or co-insurance for your drugs. The co-pay or co-insurance amount will depend on the plan you choose.

Medicare Part D plans also have a coverage gap, also known as the "donut hole." The donut hole is a period of time when you have to pay more for your drugs. Once you reach the out-of-pocket spending limit, you will be in the catastrophic coverage phase and your out-of-pocket cost will decrease.

How do I enroll in a Medicare Part D plan?

You can enroll in a Medicare Part D plan during your initial enrollment period, which begins three months before the month of your 65th birthday and ends three months after the month of your 65th birthday. If you miss your initial enrollment period, you can enroll during the general enrollment period, which runs from January 1st to March 31st each year.

It's important to note that if you don't enroll in a Medicare Part D plan when you are first eligible, you may have to pay a penalty when you do enroll.

In conclusion, Medicare Part D is a prescription drug coverage plan that helps cover the cost of prescription drugs. It is offered by private insurance companies and is available to people who are enrolled in Original Medicare (Part A and Part B). Medicare Part D plans are divided into different tiers based on the cost and type of

CHAPTER 5

ADDITIONAL MEDICARE COVERAGE: MEDIGAP, MEDICAID, AND MEDICARE SAVINGS PROGRAM

Original Medicare (Parts A and B) provides basic coverage for hospital and medical expenses, but it does not cover all of your health care costs. In this chapter, we will discuss additional coverage options such as Medigap, Medicaid, Medicare Savings Programs and the Low-Income Subsidy (LIS) that can help you pay for the costs that Original Medicare does not cover.

Medigap: Medigap is a type of private insurance that helps cover the costs that Original Medicare does not cover, such as deductibles, copayments, and coinsurance. Medigap plans are standardized and labeled with letters (e.g. Plan A, Plan B, etc.) and each plan offers a different level of coverage. Medigap plans are sold by private insurance companies, and you must have Original Medicare to enroll in a Medigap plan.

Medicaid: Medicaid is a joint federal and state program that provides health insurance coverage to low-income individuals and families. Medicaid can help pay for the costs that Original Medicare does not cover, such as nursing home care and certain medical equipment. Eligibility for Medicaid varies by state, so it's important to check with your state's Medicaid office to see if you qualify.

Medicare Savings Programs: Medicare Savings Programs are designed to help people with limited income and resources pay for their Medicare costs. There are different types of Medicare Savings Programs, each with different eligibility requirements and levels of coverage. Examples of Medicare Savings Programs include:

- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Qualifying Individual (QI)
- Qualified Disabled and Working Individuals (QDWI)

Low-Income Subsidy (LIS): The Low-Income Subsidy (LIS), also known as "Extra Help," is a program that helps people with limited income and resources pay for the costs of their prescription drugs under the Medicare Part D program. If you are eligible for LIS, you may pay little or nothing for your prescription drugs, and you may also have lower costs for your Medicare Part D plan's premiums and deductibles. Eligibility for LIS is based

CHAPTER 6

ENROLLING IN MEDICARE

AND ALL THE ENROLLMENT PERIODS

Enrolling in Medicare can seem like a daunting task, but it doesn't have to be. Here is a more detailed explanation of the process, including information on the different enrollment periods and the documents and information you will need to provide.

Annual Enrollment Period (AEP): The Annual Enrollment Period (AEP) is from October 15 to December 7 each year. During this time, you can make changes to your Medicare coverage for the upcoming year. For example, you can switch from Original Medicare (Parts A and B) to a Medicare Advantage plan, or you can change your Medicare Advantage plan or prescription drug plan. If you do not make any changes during the AEP, your coverage will remain the same.

Open Enrollment Period (OEP): The Open Enrollment Period (OEP) is from January 1 to March 31 each year. During this time, you can make changes to your Medicare Advantage plan. For example, you can switch from one Medicare Advantage plan to another, or you can switch from a Medicare Advantage plan to Original Medicare (Parts A and B). If you do not make any changes during the OEP, your coverage will remain the same.

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CHAPTER 6

ENROLLING IN MEDICARE

AND ALL THE ENROLLMENT PERIODS

Documents and Information Required: To enroll in Medicare, you will need to provide your personal information, such as your name, address, and Social Security number, as well as proof of your age and citizenship or legal residency. You may also need to provide information about your current income and assets. If you are not receiving Social Security benefits, you will also need to provide proof of your eligibility for Medicare.

Enrolling in Medicare: You can enroll in Medicare through the Social Security Administration website or by visiting a local Social Security office. You can also enroll by calling Social Security at 1-800-772-1213 (TTY: 1-800-325-0778).

It's important to note that you may also consult with a Medicare counselor or agent to help you understand the different options available to you and to assist you with the enrollment process.

In summary, enrolling in Medicare can seem daunting, but it doesn't have to be. By understanding the different enrollment periods and the documents and information required, you can make the process much smoother. And if you're unsure about something, don't hesitate to reach out for help.

CHAPTER 7

MEDICARE COST AND PAYMENT OPTIONS

Medicare is a government-funded healthcare program for eligible individuals aged 65 and over, as well as those with certain disabilities or chronic conditions. While Medicare does provide coverage for many medical expenses, there are still costs associated with the program that beneficiaries will need to pay.

Medicare Cost:

The cost of Medicare varies depending on the type of coverage you choose and your personal circumstances. Generally, there are four main parts of Medicare:

- Part A (Hospital Insurance): This is usually free, but in some cases, a premium may need to be paid.
- Part B (Medical Insurance): Most beneficiaries pay a monthly premium for Part B, which is based on their income.
- Part C (Medicare Advantage): These plans are offered by private insurance companies and typically have additional costs, such as monthly premiums, deductibles, and copays.
- Part D (Prescription Drug Coverage): Beneficiaries will typically pay a monthly premium for this coverage, as well as additional costs, such as deductibles, copays, and coinsurance.

How to pay for Medicare:

- Premiums: Monthly premiums for Part B and Part D are typically deducted from your Social Security benefits. If you do not receive Social Security benefits, you will need to pay these premiums directly to the government.
- Deductibles: Some parts of Medicare have deductibles that must be paid before coverage begins.

CHAPTER 7

MEDICARE COST AND PAYMENT OPTIONS

Assistance for people with limited income and resources:

- Medicaid: If you have limited income and resources, you may be eligible for assistance through Medicaid, which can help pay for your Medicare costs.
- Extra Help: This is a federal program that helps people with limited income and resources pay for their Medicare prescription drug costs.
- Medicare Savings Programs: These programs are available to help people with limited income and resources pay for their Medicare costs.
- State Health Insurance Assistance Programs (SHIPs): These programs provide free, local counseling and assistance with Medicare and other health insurance-related issues.

It's important to note that not everyone will qualify for these programs, and the availability and level of assistance can vary depending on your state and individual circumstances.

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CHAPTER 7

MEDICARE COST AND PAYMENT OPTIONS

In summary, Medicare does provide coverage for many medical expenses, but there are still costs associated with the program that beneficiaries will need to pay. There are different options available to help people with limited income and resources pay for their Medicare costs, including Medicaid, Extra Help, Medicare Savings Programs, and State Health Insurance Assistance Programs (SHIPs). It is important to research and understand the options available to you, or reach out to a Medicare counselor or agent for assistance.

CHAPTER 8

MEDICARE AND END OF LIFE CARE

End-of-life care refers to the medical and supportive care provided to individuals who are nearing the end of their life. Medicare, the government-funded healthcare program for eligible individuals aged 65 and over, as well as those with certain disabilities or chronic conditions, provides coverage for certain end-of-life care services.

Benefits and Coverage:

- **Hospice Care:** Medicare Part A covers hospice care for individuals with a terminal illness and a life expectancy of six months or less. Hospice care is provided in the patient's home or in a hospice facility and includes medical and supportive care, such as pain and symptom management, counseling, and spiritual support.
- **Palliative Care:** Palliative care is medical care that focuses on relieving symptoms and improving the quality of life for individuals with serious illness. It is not limited to end-of-life care and can be provided at any stage of a serious illness, however, it is important to note that Medicare doesn't cover palliative care as a distinct benefit.
- **Inpatient Care:** Medicare Part A covers inpatient care in a hospital or skilled nursing facility for individuals with a terminal illness and a life expectancy of six months or less. This care may include medical treatments and therapies to manage symptoms and improve the patient's quality of life.
- **Home Health Care:** Medicare Part A may cover home health care for individuals with a terminal illness and a life expectancy of six months or less. This care may include skilled nursing services, physical therapy, and occupational therapy.

CHAPTER 8

MEDICARE AND END OF LIFE CARE

It is important to note that Medicare coverage for end-of-life care services may have certain limitations and restrictions. For example, hospice care is generally limited to a six-month period, and home health care services are typically only covered if the patient is homebound and requires skilled care.

In summary, Medicare provides coverage for certain end-of-life care services such as hospice care, inpatient care, and home health care. These services are designed to provide medical and supportive care to individuals who are nearing the end of their life, and to help them manage symptoms and improve their quality of life. However, it's important to note that coverage may have certain limitations and restrictions. You should reach out to a Medicare counselor or agent for more information about the specific coverage for end-of-life care services.

CHAPTER 9

SUMMARY

Medicare is a government-funded healthcare program for eligible individuals aged 65 and over, as well as those with certain disabilities or chronic conditions. It is divided into four main parts: Part A (Hospital Insurance), Part B (Medical Insurance), Part C (Medicare Advantage), and Part D (Prescription Drug Coverage). Each part of Medicare has different coverage and costs associated with it.

Enrolling in Medicare can be done during certain enrollment periods, including the Initial Enrollment Period, Annual Enrollment Period, Open Enrollment Period, and Special Enrollment Periods. To enroll, you will need to provide personal information and proof of eligibility, and you can do so through the Social Security Administration website, by visiting a local Social Security office, or by calling Social Security.

Medicare does provide coverage for many medical expenses, but there are still costs associated with the program that beneficiaries will need to pay. There are different options available to help people with limited income and resources pay for their Medicare costs, including Medicaid, Extra Help, Medicare Savings Programs, and State Health Insurance Assistance Programs (SHIPs).

Medicare also provides coverage for certain end-of-life care services such as hospice care, inpatient care, and home health care, which are designed to provide medical and supportive care to individuals who are nearing the end of their life, and to help them manage symptoms and improve their quality of life.

For further information on Medicare, including coverage, costs, and enrollment, you can visit the official Medicare website (www.medicare.gov) or reach out to a Medicare counselor or agent for assistance. Understanding and choosing a Medicare plan can be complex, convoluted, and outright confusing. We at YourMedicare make it clear, simple, and understandable. For more information please visit our website at Your.Medicare247.org or call us at

CHAPTER 9

SUMMARY

MEDICARE RESOURCES

The official government website for information on Medicare is www.medicare.gov. This website is managed by the Centers for Medicare & Medicaid Services (CMS), which is part of the U.S. Department of Health and Human Services. It provides detailed information on the different parts of Medicare (such as Part A, Part B, Part C, and Part D), as well as information on how to enroll, how to use your benefits, and how to compare different Medicare plan options.

Additionally, The Handbook of Medicare Supplement Insurance is another authority source, published by the National Association of Insurance Commissioners (NAIC) which provides detailed information on the different types of Medigap (Medicare Supplement) policies that are available.

You can also find other information on the topic in publications of the Medicare Payment Advisory Commission (MedPAC) and Government Accountability Office (GAO)

In addition to medicare.gov and the NAIC's "Handbook of Medicare Supplement Insurance", other resources for information on Medicare include:

1. **The Medicare Rights Center:** This organization provides information, counseling, and advocacy for people with Medicare. They have a website (www.medicarerights.org) that provides information on various Medicare topics, as well as a helpline that you can call for assistance.
2. **AARP:** The American Association of Retired Persons (AARP) also provides information and resources on Medicare, including a website (www.aarp.org/medicare) with information on the different parts of Medicare, how to enroll, and how to compare different plan options.
3. **The Kaiser Family Foundation:** This non-profit organization provides information and analysis on a variety of healthcare issues, including Medicare. They have a website

THANK YOU

IF YOU WOULD LIKE MORE DETAILED
INFORMATION ABOUT YOUR
INDIVIDUAL CASE PLEASE DO NOT
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