

2026

AGENT RESOURCE GUIDE

EDITION

TOPFLIGHT INSURANCE SOLUTIONS LLC

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MEET OUR TEAM



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Hours of Operation

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Resources

Pre License
Discount code “Mentors”

AHIP with Discount

E & O Insurance

Continuing Education

Topflight ACA and Under 65 Guide

Platform Login

2027 Certification Tracker

Topflight University

Monday Morning Live
9am CST

Access More Resource Guides

SCAN HERE

Marketplace and Under 65 Health Insurance Contracting and Procedures Manual

Scan the QR code to access the Marketplace and Under 65 Health Insurance Contracting and Procedures Manual. This guide provides step-by-step instructions, requirements, and resources for agents handling Marketplace and Under 65 health insurance.

Guaranteed Issue (GI) Rights

Scan the QR code to access this manual. It explains eligibility, guidelines, and procedures for Guaranteed Issue Medicare Supplement policies.



SCAN HERE



SCAN HERE

US Veteran Resource Guide

Scan the QR code to access this manual. It outlines key information, benefits, and procedures for working with veterans in Medicare and health insurance.

MEDICARE RESOURCES

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MEDICARE'S COORDINATION OF BENEFITS

Scan the QR code to access the CMS manual for deciding Who pays first

SCAN HERE

CMS L564 – Request for Employment Information (Part B SEP)

Scan the QR code to access Medicare Part B Special Enrollment form.

SCAN HERE

Medicare IRMAA Life Change Event form

Scan the QR code to access Medicare IRMAA Life Change event

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MEDICARE EASY PAY

Easily set up automatic monthly payments for your Medicare premiums through Medicare Easy Pay.
Just click the link below to learn how to enroll and manage your payment options directly through Medicare.gov.

MEDICARE PRESCRIPTION PAYMENT PLAN

HOW WILL THIS AFFECT MY MEDICARE?

The Medicare Prescription Payment Plan (M3P) is an optional payment program that helps members manage out-of-pocket Medicare Part D prescription drug costs by spreading them over time.

How the Program Works

- Members who opt in can spread prescription drug costs into monthly payments.
- When a member fills a prescription for a drug covered by their Part D plan, they pay $0 at the pharmacy.
- Instead of paying at the point of sale, the member receives a monthly bill directly from their prescription drug plan.
- Monthly bills reflect the member's accumulated out-of-pocket prescription costs for the year.

Who Can Use M3P

- Available to members enrolled in:
  - Standalone Prescription Drug Plans (PDPs)
  - Medicare Advantage plans with Part D coverage (MAPDs)
- The plan must include drug coverage with cost sharing.

Sign-Up Information (2026)

- Members may sign up:
  - During the Annual Enrollment Period (AEP), beginning October 15 each year
  - At any time during the year by contacting their prescription drug plan
- Enrollment options include:
  - Phone
  - Online
  - Paper form
- Sign-up is completed directly with the member's Prescription Drug Plan provider

Important Notes

- Participation in M3P is voluntary
- M3P does not lower total drug costs — it helps with monthly budgeting and cash-flow
- Members may opt out at any time by contacting their plan

CONTACT ME TODAY!

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Fact sheet

2026 Medicare Costs

Medicare Part A (Hospital Insurance) Costs

Inpatient Hospital Stay — you pay…

- **Deductible: $1,736** per benefit period
- Coinsurance (days 1-60): $0 per day of each benefit period
- Coinsurance (days 61-90): $434 per day of each benefit period
- Coinsurance (60 lifetime reserve days): $868 per day after day 90 of each benefit period

(benefit period ends 60 days after release from care)

Skilled Nursing Facility (SNF) Stay — you pay…

- Coinsurance (days 1-20): $0 per day of each benefit period
- Coinsurance (days 21-100): $217 per day of each benefit period

(3-day inpatient hospital stay required first)

Medicare Part B (Medical Insurance) Costs

Part B Deductible — You Pay
Approximately **$283 per calendar year** before Part B coverage begins.

Part B Coverage — You Pay
After the deductible is met, you generally pay **20% of the Medicare-approved amount** for covered Part B services.

Part B Premium
The standard Part B premium is estimated at **$202.90 per month (or higher depending on your income)**.

Income-Related Monthly Adjustment Amount (IRMAA)
Higher-income beneficiaries may be required to pay a **Part B IRMAA**, which is **added to the standard Part B premium** (see IRMAA table below).

Higher-income beneficiaries who enroll in **Medicare Part D prescription drug coverage**, either through a standalone Prescription Drug Plan (PDP) or a Medicare Advantage plan with Part D (MAPD), may also pay a **Part D IRMAA**, in addition to the plan's monthly premium (see IRMAA table below).

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Medicare Part B (Medical Insurance) Costs (*continued*)

If your income from two years ago is above a certain level, you'll pay both the standard Medicare Part B premium and an additional income-related charge.

If your MAGI (Modified Adjusted Gross Income)* in 2024 was…			You pay in 2026 (per person) Monthly premiums to Medicare	
Individual Tax Return	**Joint Tax Return**	**Married & Separate Tax Return**	**Part B** Premium + IRMAA	**Part D IRMAA** (in addition to Part D plan premium)
109,000 or less	$218,000 or less	$109,000 or less	**$202.90**	**$0**
$109,001 – $137,000	$218,001 – $274,000	N/A	**$284.10**	**$14.50**
$137,001 – $171,000	$274,001 – $342,000	N/A	**$405.80**	**+ $37.50**
$167,001 to $200,000	$334,001 to 400,000	N/A	**$527.50**	**+ $60.40**
$200,001 to $499,999	$400,001 to $749,999	$106,001 to $393,999	**$649.20**	**+ $83.30**
$500,000+	$750,000+	$391,000+	**$689.90**	**+ $91.00**

2024 MAGI = Adjusted Gross Income (Form 1040, line 11) + Tax-Exempt Interest (Form 1040, line 2a)

You may qualify for a Life-Changing Event (LCE) if you experienced one or more of the following eight events:

1. Death of spouse (HI 01120.010);
2. Marriage (HI 01120.015);
3. Divorce or annulment (HI 01120.020);
4. Work reduction (HI 01120.025);
5. Work stoppage (HI 01120.030);
6. Loss of income-producing property (HI 01120.035);
7. Loss of employer pension (HI 01120.040); or
8. Receipt of settlement payment from a current or former employer (HI 01120.043).



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Medicare Part B Income-Related Monthly Adjustment Amounts

Premiums for high-income beneficiaries with full Part B coverage who are married and lived with their spouse at any time during the taxable year, but file a separate return, are as follows:

Full Part B Coverage		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses with modified adjusted gross income:	**Income-Related Monthly Adjustment Amount**	**Total Monthly Premium Amount**
Less than or equal to $109,000	$0.00	$202.90
Greater than $109,000 and less than $391,000	$446.30	$649.20
Greater than or equal to $391,000	$487.00	$689.90

Medicare Part B Income-Related Monthly Adjustment Amounts

Premiums for high-income beneficiaries with immunosuppressive drug only Part B coverage who are married and lived with their spouse at any time during the taxable year, but file a separate return, are as follows:

Part B Immunosuppressive Drug Coverage Only		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses with modified adjusted gross income:	**Income-Related Monthly Adjustment Amount**	**Total Monthly Premium Amount**
Less than or equal to $109,000	$0.00	$121.60
Greater than $109,000 and less than $391,000	$445.90	$567.50
Greater than or equal to $391,000	$486.50	$608.10

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Medicare Part A Premium and Deductible

Medicare Part A covers hospital and other inpatient services. The Part A deductible increases from $1,676 in 2025 to $1,736 in 2026, and beneficiaries also pay coinsurance for extended hospital stays, which rise each year. Most people don't pay a premium for Part A because they have sufficient work history, but those who lack enough work credits may owe a monthly premium, which depends on the number of quarters of coverage they have. In 2026, the full Part A premium is $565 per month for those without enough work history.

Part A Deductible and Coinsurance Amounts for Calendar Years 2025 and 2026
by Type of Cost Sharing

	2025	2026
Inpatient hospital deductible	$1,676	$1,736
Daily hospital coinsurance (61st–90th day)	$419	$434
Daily hospital coinsurance for lifetime reserve days	$838	$868
Skilled nursing facility daily coinsurance (days 21 - 100)	$209.50	$217

People who don't have enough work history can pay a premium to enroll in Medicare Part A, with reduced rates for those with 30–39 quarters of coverage. The full Part A premium is $565 per month in 2026.

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Medicare Part D Income-Related Monthly Adjustment Amounts

Since 2011, beneficiaries with higher incomes pay an extra charge on their Part D premiums in addition to their regular plan premiums.

The 2026 Part D income-related monthly adjustment amounts for high-income beneficiaries are shown in the following table:

Medicare Part D Income-Related Monthly Adjustment Amounts for Calendar Year 2026 by Type of Filing Status and Modified Adjusted Gross Income (MAGI)		
Beneficiaries who file individual tax returns with modified adjusted gross income:	**Beneficiaries who file joint tax returns with modified adjusted gross income:**	**Income-related monthly adjustment amount**
Less than or equal to $109,000	Less than or equal to $218,000	$0.00
Greater than $109,000 – $137,000	Greater than $218,000 – $274,000	$13.70
Greater than $137,000 – $172,000	Greater than $274,000 – $344,000	$35.30
Greater than $172,000 – $206,000	Greater than $344,000 – $412,000	$57.00
Greater than $206,000 – $515,000	Greater than $412,000 – $770,000	$78.60
Greater than or equal to $515,000	Greater than or equal to $770,000	$85.80

Medicare Part D Income-Related Monthly Adjustment Amounts

Premiums for high-income beneficiaries who are married and lived with their spouse at any time during the taxable year, but file a separate return, are as follows:

Part B Immunosuppressive Drug Coverage Only	
Beneficiaries who are married and lived with their spouses at any time during the year, but file separate tax returns from their spouses with modified adjusted gross income:	**Income-Related Monthly Adjustment Amount**
Less than or equal to $109,000	$0.00
Greater than $109,000 and less than $391,000	$78.60
Greater than or equal to $391,000	$85.80

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Do You Qualify for Extra Help for Part D?

Annual Income Eligibility Requirement	Monthly Income Eligibility Requirement	Asset Eligibility Requirement	Copay/Coinsurance Plan's Formulary Drugs
Full-Benefits Duals: Institutionalized or receiving Home and Community-based Services			
No income limit applied	No income limit applied	No asset test	$0 copays for all covered drugs
Full-Benefit Duals: income < 100% FPL			
≤ ~$15,060 individual ≤ ~$20,440 married*	≤ ~$1,255 individual ≤ ~$1,703 married*	No asset test	*Very low copays (estimated ~$1–$5 per prescription)*
Full-Benefit Duals: income > 100% FPL			
> ~$15,060 but still Medicaid eligible	> ~$1,255 but still Medicaid eligible	No asset test	*Higher LIS copays (estimated ~$5–$12 per prescription)*
Non-duals: income < 135% FPL			
≤ ~$23,475 individual ≤ ~$31,725 married*	≤ ~$1,956 individual ≤ ~$2,644 married*	≤ ~$18,090 individual ≤ ~$36,100 married*	*Reduced copays (estimated ~$5–$12 per prescription)*
Non duals with income between 135-150% FPL			
~ $23,476–$26,100 individual ~ $31,726–$35,300 married*	~ $1,957–$2,175 individual ~ $2,645–$2,942 married*	≤ ~$18,090 individual ≤ ~$36,100 married*	*15% coinsurance until catastrophic phase, then $0*

*Income and asset limits are federal minimum estimates; states may apply higher limits and SSA applies allowable income disregards.

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Note: When total out-of-pocket drug costs reach $2,000, beneficiary pays $0 for the rest of the year.

* Income amounts reflect threshold without/with the $20 monthly income disregard (annually = $240); income is rounded to the nearest whole dollar.

** Asset limits include amount without/with $1,500/person burial allowance.

Income Levels Source: Federal Register (HHS 2025 Poverty Guidelines): https://aspe.hhs.gov/poverty-guidelines
Asset/Resource Levels: https://www.cms.gov/files/document/lis-memo.pdf
Part D Cost-Sharing Source: CMS National Training Program – 2026 Standard Drug Costs (Extra Help copays):
https://www.cms.gov/newsroom/fact-sheets/2026-medicare-parts-b-premiums-deductibles

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Updated January 2025

MEDICARE SAVINGS PROGRAM

Minimum Federal Eligibility Requirements for Medicare Savings Programs in 2026

If you have limited income and resources, you can get help from your state paying some or all of your Medicare premiums, deductibles, and coinsurance. Some states don't count certain types or specific amounts of income or resources when deciding who qualifies, so **you may still qualify for these programs in your state even if your income or resources are higher than the federal limits listed below**.

Medicare Savings Program	Individual Monthly Income Limits	Married Couple Monthly Income Limits	Helps Pay Your
Qualified Medicare Beneficiary (QMB) Program	$1,350	$1,824	Part A Premiums Part B Premiums Deductible, coinsurance, and copayments
Specified Low-Income Medicare Beneficiary (SLMB) Program	$1,616	$2,184	Part B premiums only
Qualifying Individual (QI) Program	$1,816	$2,455	Part B premiums only
Qualified Disabled & Working Individuals (QDWI) Program*	$5,405	$7,299	Part A premiums only

(Estimated federal minimums – monthly countable income)

General Income Exclusion: All MSPs apply a $20 monthly general income exclusion when determining eligibility.

Resource Limits (Estimated Federal Minimums):
- QMB, SLMB, QI: Approximately $9,900–$10,000 (individual) | $14,900–$15,000 (married couple)
- QDWI: $4,000 (individual) | $6,000 (married couple)

Extra Help (LIS): Individuals approved for QMB, SLMB, or QI automatically qualify for Extra Help, which helps pay Medicare Part D prescription drug costs.

State Flexibility:
- Income limits are higher in Alaska and Hawaii
- States may apply less restrictive income or resource rules, especially for aged, blind, or disabled applicants
- States cannot impose stricter eligibility limits than the federal minimum

Program Administration: Medicare Savings Programs are administered by state Medicaid agencies. Applicants should verify exact income limits, resource limits, and application procedures with their state program.

Medicaid Programs by State

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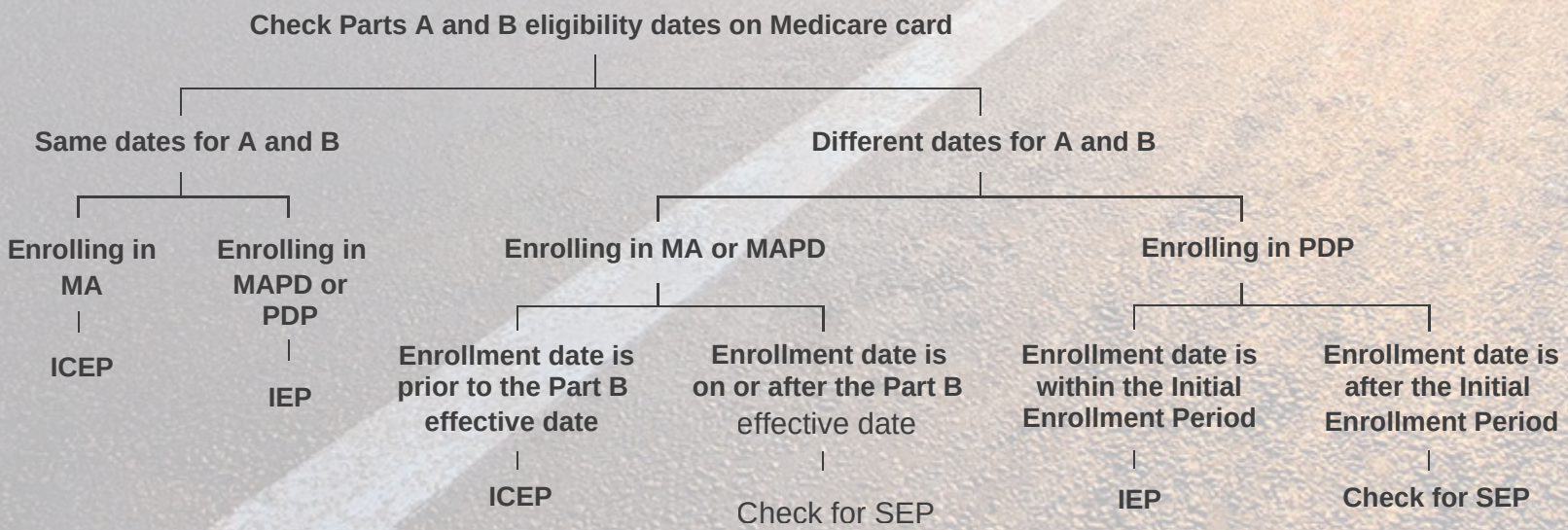
Initial Enrollment Period (IEP) and Initial Coverage Election Period (ICEP)

- If Part A and Part B dates are the same, the election period spans 7 months: 3 months prior to the month you become eligible, the month you become eligible, and 3 months after the month you became eligible.

- If Part A and Part B dates are different, the election period spans 3 months: 3 months prior to the month of the later effective date (often Part B), only for enrollment into a Medicare Advantage (MA)-only plan or a Medicare Advantage prescription drug (MAPD) plan. If enrollment is for a prescription drug plan (PDP), check to see if the 7-month IEP may still be available.

- The coverage start date is based on factors such as Medicare entitlement and the submission of the completed enrollment form.



Special Election Period (SEP) statements

	SEP Code	
⬭	**CSN**	Newly diagnosed severe or disabling chronic condition (C-SNP only)
⬭	**5ST**	Changing to 5-Star plan
⬭	**LEC**	I am either losing/leaving coverage I had from an employer or union or lost this type of coverage within the last two months.
⬭	**MDE**	I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage. **I can make a change to my Medicare drug coverage once per calendar month.** **Note: This SEP is available once per calendar month, and the change generally takes effect on the first day of the following month.**
⬭	**NLS**	I had a change in my Extra Help paying for Medicare prescription drug coverage (newly got assistance, had a change in level or lost eligibility) within the last three months.
⬭	**MCD**	I had a change in my Medicaid status (newly got assistance, had a change in level or lost eligibility) within the last three months.
⬭	**MOV**	I am moving or have moved within the last two months. The move is either outside the service area for my current plan or this plan is a new option for me.
⬭	**SNP**	I have been notified that I no longer qualify for my Dual Eligible Special Needs Plan and am in a period of deemed continued eligibility or I was disenrolled from my Dual Eligible Special Needs Plan within the past three months due to a Medicaid change or loss.
⬭	**DST**	I was affected by a Federal Emergency Management Agency (FEMA) declared emergency/ disaster or a disaster or other emergency declaration issued by a federal, state or local government entity, and was unable to use another election period available to me due to it. Election Period Missed: _____ Emergency/Disaster Experienced: _____
⬭	**NON**	My existing Medicare Advantage (MA) plan is non-renewing for the upcoming contract year. **Note: This SEP is only valid from December 8 through the last day of February.**
⬭	**OTH**	None of the above statements apply to me. However, I feel I have a special circumstance which allows me an exception to enroll. Humana will contact you to determine if an exception can be granted. **Must include the reason below.**

Notes (if OTH):

~~ASK THE APPLICANT: Would you like to provide your Veteran status?*~~

Self Spouse Dependent I am not a Veteran

Commission Issue Reporting Guide

If you believe you are missing commissions, the first step is to submit the appropriate inquiry form so our team can investigate and coordinate with the correct carrier.
Submitting the correct form helps us route your request to the right team and speeds up the investigation process.

Step 1. Select the Correct Form
Use the form that corresponds with the carrier involved in the commission issue.

- **Spark Inquiry Form**
  - Use this form for any carrier that does not have a carrier specific audit template listed below.
    - Click Here
- **Humana – Partner Audit Form**
  - Use this form for any commission issues related to Humana policies.
    - Click Here
- **PHD Inquiry Form**
  - Use this form for any commission issues related to UnitedHealthcare policies.
    - Click Here
- **Aetna Inquiry Template**
  - Use this form for any commission issues related to Aetna policies.
    - Click Here

Step 2. Multiple Carrier Issues
If you are experiencing missing commissions from more than one carrier, please submit one form per carrier.
This ensures each carrier team receives the correct information and allows us to properly track each investigation.

Example
If you are missing commissions from Humana and Aetna, you will submit:
• One Humana Partner Audit Form
• One Aetna Inquiry Template

Step 3. What Happens Next
After the form is submitted:

- Our team will review the information you provided.
- We will verify the details internally.
- The request will be forwarded to the appropriate carrier team for investigation.
- We will follow up with updates as the carrier responds.

Important
Providing accurate policy information, client details, and dates will help the carrier resolve your issue faster.
If you have questions about which form to use, contact the support team before submitting.

GLP-1 Medicare Coverage Update

GLP-1 medications may be covered under Medicare depending on the member's diagnosis and the medication's FDA-approved indication.

Current Coverage

- Medicare Part D generally **does not cover GLP-1 medications when prescribed solely for weight loss (obesity).**
- Coverage may be available when the medication is prescribed for an FDA-approved indication, such as:
  - Type 2 diabetes
  - Certain cardiovascular risk reduction indications (when applicable)

Medicare GLP-1 Bridge Demonstration Program

Effective Date: July 1, 2026

CMS introduced a temporary demonstration program to expand access to select GLP-1 medications for eligible Medicare Part D beneficiaries.

Key Details

- Available to eligible Medicare Part D members who meet CMS clinical criteria.
- Covered medications include:
  - Wegovy®
  - Zepbound® (KwikPen presentation)
  - Other CMS-approved medications added to the program.
- Member cost share is $50 per month.
- Prior authorization is required.
- Members must participate in a qualifying lifestyle management program, including diet and exercise.

Important Notes

- The Bridge Program is separate from the standard Medicare Part D benefit.
- Costs paid through the Bridge Program do not apply toward the Part D deductible or annual out-of-pocket maximum.
- Members receiving GLP-1 medications for covered indications (such as Type 2 diabetes) should continue obtaining coverage through their regular Medicare Part D plan when applicable.

Agent Guidance

When assisting members:

1. Verify the member's diagnosis and the prescribed medication.
2. Confirm whether the medication is being prescribed for a Medicare-covered indication or through the GLP-1 Bridge Program.
3. Check the member's Part D formulary and prior authorization requirements.
4. If applicable, verify eligibility for the CMS GLP-1 Bridge Demonstration Program before advising on coverage.

Frequently Asked Questions

Q: Does Medicare cover Ozempic®, Wegovy®, or Zepbound® for weight loss?

A: Generally, Medicare Part D does not cover medications prescribed solely for weight loss under the standard Part D benefit. Beginning July 1, 2026, eligible members may qualify for coverage of certain GLP-1 medications through the CMS GLP-1 Bridge Demonstration Program if they meet program requirements.

Q: Is prior authorization required?

A: Yes. Prior authorization is required for medications covered through the GLP-1 Bridge Program and may also be required under a member's Part D plan for other covered indications.

Q: Does the $50 monthly copay count toward the Part D out-of-pocket maximum?

A: No. Costs paid under the GLP-1 Bridge Program do not count toward the Medicare Part D deductible or annual out-of-pocket maximum.

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CLIENT INTAKE FORM

Name:
(Last) (First) (MI)

Home Address:

County: City:

State: Zip:

Email:

Phone: | (Home) (Cell)

Medicare Number: — —

Part A Effective Date:

Part B Effective Date:

Do you have a chronic condition like Diabetes (CSNP)?

Date of Birth:

State of Birth:

SSN:

Height: Weight:

Are you a veteran?

Do you receive prescriptions from the VA?

Yes No

Medicaid Number (if applicable):

QMB: LIS:

Current Pharmacy:

Do you currently have a Part D, Med Supp, HMO, PPO or PFFS plan?

Do you currently have private health insurance?

Total monthly income (include spouse): Source of income: SSDI $

SSI $ VA $ Employment $ VA $

Pension $ List any assets (cash, checking, savings, stocks or other accounts) and their value:

Are you married to a VA?

Name of Doctor	Address	Specialty

Prescription Drug Name	Strength	Daily Number of Pills/Units/mL

IRMAA FACT FINDER

2022 MAGI:

2023 MAGI:

2024 Expected MAGI:

Tax filing:

- Single
- Married filing Jointly
- Married Filing Separately

Have any of the following occurred since 2022?

A Life-Changing Event (LCE) can be one or more of the following eight events:

1. Death of spouse (HI 01120.010);
2. Marriage (HI 01120.015);
3. Divorce or annulment (HI 01120.020);
4. Work reduction (HI 01120.025);
5. Work stoppage (HI 01120.030);
6. Loss of income-producing property (HI 01120.035);
7. Loss of employer pension (HI 01120.040); or
8. Receipt of settlement payment from a current or former employer (HI 01120.043).

Part B Standard Premium

Part B expected IRMAA

Part D expected IRMAA

Part D Elected Premium

Agent's Signature:

Date:

Client's Signature:

Date:

Client's Signature:

Date:

SOCIAL SECURITY ANALYSIS

Name: (Last) (First) (MI)

Date of Birth:

State:

Place of Birth:

Do you have 40 work credits?

Citizenship / Lawful status:

Have you ever been married?

- Currently
- Divorced
- Deceased spouse

Do you have any minor children?:

Do you have any children who were disabled before the age of 22?

What is your Personal Insurance Amount?

If you are currently receiving benefits from Social Security, what day do you receive them and what amount do you receive before Medicare deduction?

Are you disabled?

What is your "Date last Insured" for disability?

Do you have Medicaid?

Do you have ESRD?

MEDICARE SUPPLEMENT FACT FINDER

Part A Effective Date:

Part B Effective Date:

Current Carrier:

Current Plan (J,F,G,N, etc):

Current Plan Premium:

Effective Date of Current Plan:

Resident State:

County: Zip Code:

Current Age:

Height: Weight:

Married?
Yes No

Living with someone over 18?
Yes No

Are you a smoker?
Yes No

Current medications, date started and last prescribed:

Any change in medications in last 2 years?

Have you been diagnosed, treated, or been told by a medical professional for the following?:

Yes No

- Chronic kidney disease (stage 3, 4, or 5)
- Kidney failure
- Kidney disease for which they are currently receiving dialysis or have been recommended to receive dialysis
- Internal cancer
- Any type of blood cancer(s), leukemia, or lymphoma
- Melanoma
- Any cancer that is under surveillance or watchful waiting (such as prostate cancer)
- Cancer in the past 2 years that has gone into remission. Therefore, the cancer was active within the past 24 months
- A non-routine medical test to rule out or confirm the presence of cancer that has not been completed, or pending results.

Diabetes and use insulin (e.g. Humulin, Novolin, Levemir)

- Any diabetes (diet controlled, using oral medication or insulin) and also have heart disease (excluding high blood pressure)
- Severe Arthritis
- Rheumatoid Arthritis
- Liver Disease
- Cirrhosis
- Alcoholism or drug abuse
- Bipolar Disease
- Schizophrenia, or other psychotic disorders
- Have received drugs administered by intravenous (IV) infusion, other than during an emergency room visit, hospitalization, or surgery

Plan Recap for _____

It is Important to make sure that you know what to expect with the new plan you have chosen.

My Plan is a: Medicare Advantage Plan Medicare Part D Plan Medicare Supplement Insurance (Medigap)

I understand that Choosing a Medicare Advantage plan means that I am choosing a Private insurer to administer my Medicare benefits instead of CMS. _____

My Plan Type is a (circle one) HMO HMO-POS LPPO RPPO PFFS

My plan type: □ Requires referrals □ Does NOT require referrals

My Plan will provide: □ All of my health coverage □ All of my Medicare prescription drug coverage

I Have purchased riders as part of my plan: _____ My Plan Coverage begins. (effective date)_____

I can cancel my enrollment in this plan before my coverage starts by calling customer service, Once My Coverage Begins, I may have to wait until the open enrollment period begins to make any plan change, unless I qualify for a Special a Enrollment Period.

If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

Circle the correct answer: I should / I Should NOT have a Medicare Advantage & a stand alone drug plan at the same time. (exception would be Medicare Advantage Private Fee-for-service plans that do not include drug coverage)

Premium Information: My Plan Has a $_____ monthly premium that I must pay to stay in this plan. In addition, I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless the state or another 3rd party pays it for me.

IF I owe a Late Enrollment Penalty, It is NOT included in my premium and I will need to pay it In addition to My premium each month. _____

Provider Name	Type PCP/ Specialist	In Network	Referral
I understand that My out of pocket cost may be more if I choose to get care from out of network providers. _____			

_____

My Drug Deductible is $ _____. This applies to Tiers (circle) 1 2 3 4 5 6

Medication	Strength/amount	Tier

I understand that my actual out of pocket costs may vary based on the drug stage I am in, my drug tier level and the pharmacy I use. Medications that have limitations, may require that I call the plan before I can fill my prescription. Some Drugs May Require Prior approval before they can be filled. Every insurance company has a Formulary and No one formulary pays for all Drugs. _____

If I have questions about my plan I will call My Agent Joanna Wyckoff 678-823-5365 or Customer service at _____

I Understand everything I have been instructed _____ Date_____

Turning 65 Checklist

1. Eligibility: Verify your eligibility for Medicare (most qualify based on work history or residency). Go to SSA.gov and create an account, view your Medicare quarters for Free Part A. If you do not have 40 credits on your record, you may be entitled on a current spouse or divorced spouse record

2. Evaluate Current Coverage:
   - ◯ Determine how your current coverage works with Medicare if you are going to continue working or if you should withdraw from Employer plan for Medicare
   - ◯ Decide if you should delay Part B to avoid unnecessary costs or be affected by IRMAA
   - ◯ TRICARE/VA Benefits :Understand how these benefits coordinate with Medicare.

3. Plan for Costs

- Premiums:
  - ◯ Part A: Free for most; otherwise, up to $565 a month in 2026.
  - ◯ Part B: Standard premium for 2026 is $202.90(higher-income individuals may pay more).
- Out-of-PocketCosts:
  - ◯ Includede ductibles, coinsurance, and copayments.
- Medigap or Medicare Advantage:
  - ◯ Research additional coverage to manage costs.

4. Determine if you qualify for Assistance

- Extra Help for Part D through Social Security help with Prescription costs
- Medicare Savings Program through your state help with Part B cost and possibly copays
- SSI Aged through Social Security extra income and full Medicaid

5. Gather Necessary Documents

- Proof of citizenship or residency if not US born
- Marriage license or divorce decree if filing on a spouse/divorced spouse
- Current insurance policy details (cost, deductible, maximum out of pocket)

7. EnrollmentTimeline

- 3-6 Months Before Turning 65 :
  - ◯ Research Medicare plans and options.
  - ◯ Contact Social Security Administration to confirm eligibility and enroll 3 months prior if you are not currently receiving a social security check (If you are, it's automatically done)
- 1-3 Months Before Turning 65
  - ◯ Enroll in Medicare during Initial Enrollment Penalty if no Current employer coverage to avoid penalties.
  - ◯ Compare plans and choose the right Part D or Medicare Advantage plan.
- Birthday Month:
  - ◯ Ensure coverage starts on time.
- Post-Enrollment:
  - ◯ Review benefits annually during Open Enrollment (Oct 15 – Dec 7).


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