

We've Moved!

That's right, Evergreen, we've moved our office to Stone House! In February, we started the move from our offices on Meadow Drive to the Stone House at 1524 Belford Court, also in Evergreen.

I will miss the old Bunkhouse, once a home for the ranch hands that worked on the Hiwan Ranch. My office was a walk upstairs and not always convenient for some of my clients. Our new office has plenty of parking, is street level and just off the side entrance. Sharing downstairs is the Evergreen Chamber of Commerce, and there are several other businesses in the Stone House.

One nice feature I intend to take advantage of is a comfortable small conference room where I plan to conduct monthly one-hour seminars on general Medicare information. Look for an ad in Serenity Magazine advertising the seminars or call my office at 303 674-1945.

Annual enrollment periods for 2024 are now closed. Enrolling in Medicare or for a C4 individual policy now requires a qualifying event. Common ones include things like moving to a new area, loss of employer benefits, turning 65 (for Medicare), marriage, or family birth.

What did I learn this last Annual Enrollment Period? It seems that advertising works, especially the constant ads that feature "free stuff." I had a few clients that were on Original Medicare with a great Supplement plan, and I received notice that they cancelled their Supplement plans. Medicare laws prohibit me from calling, so I can only guess why.

My guess is some of them saw one of the thousands of ads promoting Medicare Advantage plans, and called the 800 number. A well-trained sales agent then told them they could save money by switching off their Supplement plan and on to an Advantage plan. Premium-wise, that's true. They will save money, but they won't have the same level of protection they had with their Supplement plan.

A significant difference between Supplement and Advantage plans is one's healthcare "gatekeeper". If you're on a Supplement plan, it's your physician who decides the treatment you receive, not your insurance carrier. If a procedure or treatment is covered by Medicare, additional approval is not required. On a Medicare Advantage plan, the insurance company requires prior approval, and your plan can deny treatment recommended by your doctor.

On a Plan G, after the \$240 Part B deductible is paid in 2024, everything insured by Medicare is covered at 100% for the rest of the calendar year. Advantage Plans often have Out of Pocket Maximums of \$3,500 - \$5,000, and as high as \$8,000.

Advantage plans work well for most people; I have one myself. When people choose a Supplement plan, it's often because they want the strongest medical coverage available, and that's what Medicare Supplement plans offer. Which plan is best for you? That depends on your anticipated medical expenses and your budget.

If you'll be turning 65 soon or will qualify for new coverage for any reason, we can help. Give us a call!