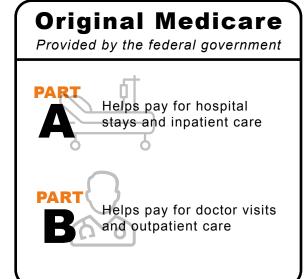
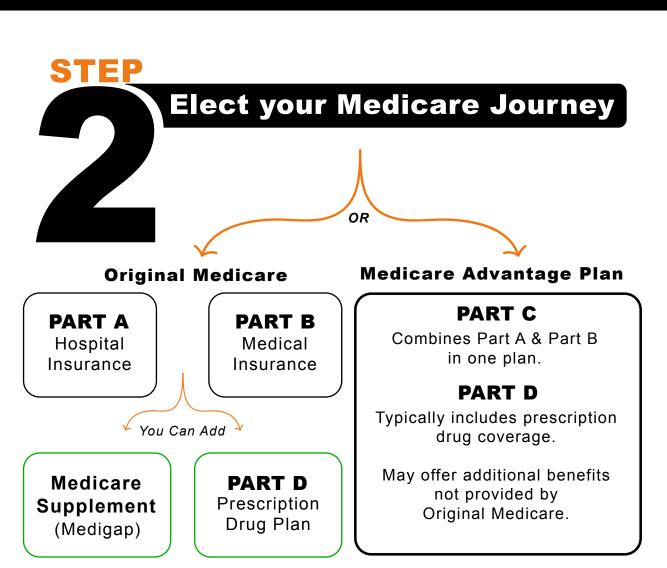


Let us help make your Medicare UNCOMPLICATED

Enroll in Original Medicare







Calculating Your Total Healthcare Costs

L I C	L A N A R E	Medicare Co-Payment	Original Medicare MOOP	Medicare Pays	Current Plan Costs	Proposed Medigap	Proposed Part C	Hospital Indemnity Plan
P	Hospital Stay (Days 1-60)	\$1,600	\$1,600	Balance				
A R	Hospital Stay (Days 61-90)	\$400 per Day	\$12,000	Balance				
	Hospital Stay (Days 91-150)Reserve Days	\$800 per Day	\$48,000	Balance				
T	Extended Care/Skilled Care (Days 1-20)	\$0	\$0	All Cost				
A	Extended Care/Skilled Care (Days 21-100)	\$200 per Day	\$16,000	Balance				
	Extended Care/Skilled Care (Days 101+)	All Costs	100%	Nothing	INELIGIBLE FOR ME	EDICARE BILLING -	REVIEW LTC COVE	RAGE PLANNIN

		Base Medicare Cost	IRMAA Requirement	Estimated Maximum Expense
Р	Part B Monthly Premium Fee	\$164.90		
Α	Part B Annual Deductible	\$226	N/A	
R	Physicians and Surgeons, In or Out of Hospital Services			
Т	Dressings, Casts, Splints, and other outpatient hospital	80%		20% Client
	Ambulance, Specialist Services, X-Rays, Drugs	PAID		Responsibility No Cap
B	Other medical services (each calendar)			

PART A \$	
PART B \$	
PART C \$	

Selected	Plans:

		Max Out of Pocket	Proposed Part D Plan
Р	Monthly Premium	National Average Range \$6-\$111	
Α	Drug Deductible	\$505	
R	Initial Coverage Limit	\$4,660	
T	Catastrophic Coverage Limit	\$7,400	
C			

Prepaid Healthcare Budget: \$	
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Call or Text for assistance, or Email:

