

Taking the

MYSTERY Out Of MEDISCARE

With over 50 years experience, UA knows the Senior market

Many of us mark our lives by the milestones we pass. For instance, we remember our marriage and mark that remembrance with an anniversary. We also remember birthdays, holidays, and graduations. One major milestone an individual passes in life is retirement.

Retirement is a big step for anyone, and planning for retirement can be a frightening endeavor as we prepare for the transition into our non-working years. Having a well-laid plan can also go a long way toward protecting assets, living comfortably and enjoying retirement.

One component often overlooked when individuals sit down to plan for retirement is what Medicare does not cover. Recent statistics show that 45 percent of health care costs are not covered by Medicare, and because of this gap most Seniors will need some type of supplemental coverage. Also, as health care costs continue to rise, so do out-of-pocket expenses — which makes Medicare Supplement protection a necessity in any retirement plan.

At United American, Medicare is no mystery to us. We have been in the business for over 50 years and understand how important a good Medicare Supplement is to any retirement plan. Our superior financial ratings also assure our customers get what they need — long term commitment to this vital market.

United American offers products which are in the best interest of the customer and you, the Agent. Specifically, our ProCare Medicare Supplement portfolio provides quality coverage and choices to fit any prospect's needs.

At UA, you are offered more than just a product. Our standardized plans are selected based on which ones are the most beneficial to our customers in terms of quality, benefits and price. Our portfolio is designed to help you match Seniors' supplemental needs to their budget. Our ProCare portfolio contains Plans A, B, C, D, F and G. The policies range from basic protection with Plan A, to traditional comprehensive coverage with plans C and F — including 100 percent excess expense protection on Plan F. Plan B is available to people who are under the age of 65 and are covered by Medicare due to disability. Remember, plans and benefits vary by state.

With UA, your clients or prospects do not need to be spooked by the retirement milestone. UA Agents are available to answer any questions and provide any needed information. Your policyholders can rely on UA to provide solid protection this year — and every year to come.

The Group

Advantage

At United American, we strive to meet all our customers' Medicare Supplement needs — individual or group!

There is nothing more satisfying or motivating than writing group coverage — it gives you momentum to reach more prospects. When you present UA's group Medicare Supplement insurance to employers, you can rest easy knowing we are standing behind you.

Thinking of contracting a group? Contact our Special Markets Division at (800)353-6926 and ask for Doug Gockel or Fred Poirier. You can also e-mail your request to:

dgoekel@torchmarkcorp.com

or

fpoirier@torchmarkcorp.com.

Clueless?

Medicare facts worth knowing...

Seniors enrolling in Medicare for the first time may benefit by a better understanding of how the Medicare program works — and who better to explain it than you!

Why is there a Medicare Part A and Part B?

“The two plans cover different services, have different deductibles and co-insurance, are funded from different federal trust funds, and differ on whether or not they charge a premium for participation,” says elderweb.com.

Medicare Part A is the premium-free program offered to all Social Security beneficiaries and is funded by payroll tax deductions. Part B requires a monthly premium for those choosing to participate. The Part B premium covers 25 percent of the plan’s costs. The remaining 75 percent comes from a general federal government fund.

Since the concept of Medicare was first introduced in 1945, it has been a much-debated topic in Congress. However, in 1960 a legislative compromise was reached in order to establish this national health insurance plan.

Restructuring the original Medicare proposal, legislators built a plan which primarily covered hospital care (Part A) and also included an optional program which covered benefits for physician and outpatient services (Part B).

It was Miss Scarlet in the Billiard Room with the Revolver...

Thousands of Americans once again found themselves the victims of this year’s Medicare+Choice (M+C) withdrawals. According to The Centers for Medicare/Medicaid Services (CMS), 198,315 people were affected as 33 M+C plans withdrew or reduced their service area.

As Agents offering an alternative solution to disenrollees, we can remind our customers of five important things concerning HMO withdrawals*:

1. No matter what happens, they can still be covered by Medicare. Remind them how traditional Medicare works, showing them what Medicare does and does not cover.
2. If they are affected by a plan withdrawal, they will need to make a choice about who will provide their health coverage in the future. It is important, as an Agent, to answer all their questions regarding this transition.
3. Remind them though their plan is being withdrawn, their managed care provider is required to cover them until Dec. 31, 2002. If you sell them supplemental coverage, let them know they will, in most cases, be covered Jan. 1, 2003.
4. Let your clients know resources are available to help them make a knowledgeable choice about their health care options. Offer yourself to prospects as a resource; they will be more likely to purchase a policy if you help them find answers to all their health care questions.
5. Let your customers know the cut-off date for withdrawal announcements was Sept. 9, 2002. Remind them they should have received a letter from their withdrawing plan regarding their choices.

* Source: insbuyer.com

Your HMO Disenrollment “To Do” List

1. Complete the UA Medicare Supplement application as usual, except do not ask or answer the health questions. Write the words *Guaranteed Issue* across the health questions section of the application.
2. Attach a copy of the disenrollment letter from the HMO. If the letter is not personalized, also attach a copy of the client’s HMO ID card.
3. If the client does not have a disenrollment letter, attach a copy of the ID card and proof the HMO is disenrolling its members (a newspaper article will suffice).
4. Request a policy date commensurate with the HMO disenrollment date. Most often, this will be Jan. 1.
5. Do not request a policy date prior to the client returning to traditional Medicare. UA cannot pay claims until the client is back on Medicare.
6. If a client is involuntarily disenrolled from an HMO, the HMO must put them back on traditional Medicare. If the client *voluntarily* terminates coverage with the HMO, this process must be initiated by the client — it is not automatic.
7. The application question about existing Medicare Supplement coverage should be answered yes if the client is covered through an HMO, and the appropriate replacement form must be completed with the application.