

# URONE<sup>™</sup> BENEFITS

## Medicare Enrollment

Turning 65 Shouldn't Be Puzzling:  
Putting the Pieces Together

### WHAT IS MEDICARE?

Medicare is the health insurance program run by the Federal Government. It is available to those 65 and older, those under 65 with certain disabilities, and those with end-stage renal disease.

#### ASSEMBLING THE RIGHT COVERAGE

Assemble different types of coverage  
**Original Medicare**

— or —

Combine the parts into one plan  
**Medicare Advantage Plans**

**PART A**  
*Hospital Insurance*

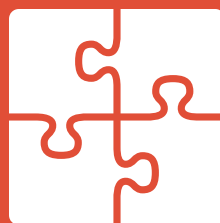
**PART B**  
*Medical Insurance*

**PART D**  
*Prescription Drug Coverage*

**Medicare Supplemental Insurance**

Optional coverage by approved private companies.

Optional coverage from private insurance companies that fill gaps in Original Medicare Coverage.



**PART C**  
*(HMOs and PPOs)*

*Combines Part A (Hospital) and Part B (Medical) and in some cases, Part D (Prescription Drugs)*

It's not supplemental coverage. A variety of plans are offered by private insurance companies approved by Medicare.

#### WHEN TO ENROLL IN MEDICARE?

You can enroll in Original Medicare Part A and B during your Initial Enrollment Period (IEP).

- Starting three months before your 65th birthday
- The entire month of your 65th birthday
- Ending three months after your 65th birthday

#### HOW TO ENROLL IN MEDICARE?

- Call **1-800-722-7331**
- Sign up at your local Social Security office
- Online at [www.ssa.gov](http://www.ssa.gov)

# CHOOSING THE RIGHT MEDICARE COVERAGE

Choosing the right Medicare Coverage is an important decision. It's not a "one size fits all" situation because everyone has different needs and budgets.

To assist you, we have designed a Personal Information Sheet for you to complete. This information, coupled with the answers to your questions, will help determine the right type of Medicare Coverage, benefits, out-of-pocket expense and cost to meet your personal health care needs and budget.

## MEMBER INFORMATION

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MEDICARE CLAIM # \_\_\_\_\_

PART A EFFECTIVE DATE \_\_\_\_\_ PART B EFFECTIVE DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

## MY Rx LIST

| MEDICATION NAME | DOSAGE | QUANTITY | DAY SUPPLY | MAIL ORDER/RETAIL |
|-----------------|--------|----------|------------|-------------------|
|                 |        |          |            |                   |
|                 |        |          |            |                   |
|                 |        |          |            |                   |
|                 |        |          |            |                   |
|                 |        |          |            |                   |
|                 |        |          |            |                   |
|                 |        |          |            |                   |

## MY DOCTOR LIST

| DOCTOR NAME | ZIP CODE | PHONE | SPECIALTY |
|-------------|----------|-------|-----------|
|             |          |       |           |
|             |          |       |           |
|             |          |       |           |
|             |          |       |           |
|             |          |       |           |
|             |          |       |           |

## MY HOSPITAL LIST

| HOSPITAL | ZIP CODE | PHONE |
|----------|----------|-------|
|          |          |       |
|          |          |       |
|          |          |       |
|          |          |       |
|          |          |       |
|          |          |       |

Once you have reviewed the "Pieces to the Puzzle" call **1-800-722-7331** for one-on-one help from our Medicare Enrollment Specialists.