[00:00:00] **Speaker:** Well, thank you for joining this webinar today. My name is Carl Hosfield with AMAC. I'm AMAC's Senior Resources Networks Executive Vice President, and today we're here to talk about and give you a little bit more education on Medicare supplement plans, also referred to as Medigap plans, particularly taking a little bit of a deep dive on Medicare Supplement Plan G, as in George, and Plan N, as in Nancy.

[00:00:33] **Speaker:** Uh, so before we get there, though, I wanna, I wanna talk to you a little bit about what it means to work with AMAC's Medicare advisory service as your trusted Medicare source. So first off, not, uh, not unlike some companies, but unlike most, we have multiple top-rated insurance companies to choose from, okay?

[00:00:54] **Speaker:** So for example, AARP has an exclusive relationship with UnitedHealthcare. At AMAC, we have [00:01:00] multiple options for you. Uh, this is, this is really important for me to tell you. Our, our agents, our licensed advisors, are not commission-based advisors, okay? They are AMAC employees, and they have one directive and one goal, and that's to help you as the AMAC member find the right Medicare plan or make the right Medicare choice that is right for you.

[00:01:23] **Speaker:** And that's based on a true needs analysis, that's based on your budget, your wants, and we in the end want you to make an educated decision, working with your advisor along the way to come to the right choice that's right for you. Uh, our, our agents are also value-aligned with AMAC, okay? So you can know that the mission that AMAC has in front of us, our, our agents are aligned with that as well.

[00:01:49] **Speaker:** Um, and at AMAC, we believe that you deserve better, okay? We designed this program, this Medicare program, over fifteen years ago specifically for our AMAC members. [00:02:00] We know that there's a huge gap in understanding of Medicare. We know that members and non-members, Medicare beneficiaries all over the country are often making the wrong decision when it comes to Medicare simply because they don't have the guidance that they're looking for, or that they, they, they're, they're been steered in the wrong direction, uh, or they were trying to do it on their own.

[00:02:25] **Speaker:** Okay? And we want you to know you don't have to do this on your own. Whether you're aging in, you're turning 65, you're becoming Medicare eligible, maybe you worked past age 65 and you're retiring soon and you're coming off an employer plan. Maybe you're coming off your spouse's plan and you just don't know what your eligibility rights are, what you should

do with Medicare Parts A and B, what you should do with a Medicare supplement plan or a Medicare Advantage plan.

[00:02:50] **Speaker:** You don't have to make those choices alone, and we provide this free service, our Medicare advisory service, to you so that you have [00:03:00] a licensed expert walking with you and holding your hand along the way. So that's important. I really want you to know that, that it... there's no cost to you. Whether you do this on your own or you work with us, the cost to you is gonna be the same, so we highly suggest you utilize an expert in the field.

[00:03:18] **Speaker:** Um, before we dive into Plan G and Plan N particularly that we're gonna talk about here, Medicare Supplement, let's talk about original Medicare for a moment. Original Medicare is known as Part A and Part B of Medicare. What exactly is that? Well, Part A is the hospital insurance side of things, okay?

[00:03:36] **Speaker:** Things like in- inpatient hospital care, skilled nursing facility care, hospice care, home healthcare services, those fall under Medicare Part A. Medicare Part B is the medical insurance side, things like outpatient office visits, uh, lab work, durable medical equipment, outpatient surgeries, those fall under Medicare Part B.

[00:03:57] **Speaker:** Okay, Medicare Part A typically [00:04:00] comes without a cost. You're automatically enrolled when you're eligible, uh, but you do have to speak to your Social Security ad- administration to talk about what your options are there, and Medicare Part B comes with a monthly premium. Now, that monthly premium could be different depending on your income, and that's something that the Social Security Administration will discuss with you.

[00:04:21] **Speaker:** Now, in order to be eligible to purchase a Medicare Supplement plan or a Medicare Advantage plan, you must be enrolled into Medicare Parts A and B. And once you do that, then you're eligible to purchase a plan like a Medicare Advantage plan or a Medicare Supplement plan. And if you have questions or need guidance on what to do with your original Medicare Part A and B, like should I enroll into Part B or should I delay it, are there penalties involved, that's what we're here for at the beginning.

[00:04:51] **Speaker:** We can walk you through that and help you understand how to make that decision, and then after that, we're also here to help you enroll into the proper Medicare plan that's right for you. [00:05:00] All right, so let's talk about what a Medicare Supplement plan actually is. A Medicare Supplement plan is also referred to as Medigap.

[00:05:08] **Speaker:** They're the same thing, okay? Medicare Supplement, Medigap insurance, same type of insurance, just two different names. But if you think about it, the name does exactly what it says. A Medicare Supplement supplements or fills in the gaps of what original Medicare doesn't cover, and there's a variety of different plans like Plan G, Plan N, Plan F as an example, and those are not to be confused with Part A of Medicare, Part B, or Part C of Medicare, which Part C is also Medicare Advantage.

[00:05:39] **Speaker:** I say this jokingly, all these different terms, so that you understand you don't have to remember all this, okay? I'm not asking you to sit in this webinar today and, and remember every different, you know, version of Medicare, all these different acronyms. We're here to guide you with that, okay? But I do want you to see that it can get a little [00:06:00] confusing and that you don't have to do this on your own.

[00:06:02] **Speaker:** All right? We're here for you. So a Medicare supplement plan. Th- this type of plan works alongside Medicare. So you have original Medicare Part A and B, and then you can purchase or enroll into a Medicare supplement plan, which is sold by a private insurance company. And depending on what plan you enroll into, that plan supplements or fills in the gaps of what original Medicare doesn't cover.

[00:06:27] **Speaker:** For example, Medicare Part B pays 80% of services. Medicare, uh, you're responsible for the other 20%. That other 20% is what a Medigap plan helps cover Um, you have very little out-of-pocket costs depending on the plan that you choose. Um, Medigap plans or Medicare supplement plans do not include Part D of Medicare, which is drug coverage.

[00:06:52] **Speaker:** So you have the option, you're not required to, but if you need drug coverage, you have the option to enroll into a standalone Part [00:07:00] D plan to go along with your Medicare supplement plan. A big advantage to a Medicare supplement plan is there are no networks. Okay? So like a Medicare Advantage plan that might have a network like an HMO or a PPO, a Medicare supplement plan does not have that.

[00:07:18] **Speaker:** You could see any doctor anywhere in the country as long as they accept Medicare. If they accept Medicare, you can see that provider, and your Medicare supplement plan will pay for the service, for any Medicare covered services. So no network restrictions is a big choice when deciding is a Medicare supplement plan right for me.

[00:07:37] **Speaker:** Plans are standardized in most states, okay? So you don't have to... And with most carriers or all carriers. So, for example, if we talk about a Plan G or a Plan N, they're standardized. Plan G is the same with one carrier or another. Plan G is the same in one state or another, so you don't have to worry about is someone else's Plan G in a different area different than mine?

[00:07:59] **Speaker:** No. [00:08:00] The benefits are standardized on Medicare supplement plans. And so why Medigap Plan G, for example, is a popular choice, okay? It's a common enrollment plan. Plan N, as in Nancy, could help lower your costs, like your premium, without sacrificing any coverage. Okay, so that's important. As we go to the next part, let's talk about what the benefits that are covered and the differences between Plan G and Plan N.

[00:08:28] **Speaker:** Okay, so Part A hospital costs and coinsurances are the same. Your Part A deductible covered the same, Plan G and Plan N. Skilled nursing facility and coinsurance covered the same. Neither plan covers the Part B deductible, so you're responsible for the Part B deductible annually. Um, Part B coinsurance and copays pay the same.

[00:08:52] **Speaker:** Now, here is a big, a big difference. Plan G covers excess charges, Plan N does not, but I'll talk about that in a minute. It's [00:09:00] not as big a deal as you might think, and we don't want Medicare beneficiaries solely making their decision based on something that they hear about with Part B excess charges.

[00:09:10] **Speaker:** Foreign travel emergency coverage pays the same. Hospice care pays the same with Part A. Things like blood benefits, first three pints, pays the same. Plan N, here's the difference, pays 100% of the cost of Part B services except for the deductible, and for co-payments up to $20 for office visits and $50 for emergency room services.

[00:09:33] **Speaker:** Those are the big differences between a Plan N and a Plan G. That's about it. Okay? And as we continue here, we'll kind of see and help you understand should Plan G or Plan N be my choice. So let's talk about excess charges for a minute. So what is an excess charge? We get that question a lot. Excess charges occur when a doctor or medical supplier does not accept Medicare supplement or Medicare assignment, [00:10:00] which is the Medicare approved rate for a service, and bills up to 15% more than that amount.

[00:10:07] **Speaker:** That's a possibility that can happen. Now, the simplest way to avoid an excess charge is to confirm that your provider accepts

Medicare, Medicare assignment before receiving care, okay? But here's a key point to know. Excess charges are extremely uncommon. Only about 2% of providers nationwide are permitted to bill them, and several states already prohibit them.

[00:10:31] **Speaker:** So once again, I just wanna make sure if you're having a discussion or you're doing some research online on your own, excess charges should really not be the main consideration when choosing between Plan G and Plan N So let's, let's use this next slide as an example. How much does Plan N cost? Okay, in this example, we're just using a 65-year-old female, non-smoker, in that particular zip code.

[00:10:56] **Speaker:** But this gives you an example of what Plan [00:11:00] G might cost in your area and what m- what Plan N might cost. Now, again, th- this is just one particular example. Rates differ from state to state, male, female, smoker, non-smoker, and a variety of other factors. But, uh, this is an example why we talked about Plan N.

[00:11:15] **Speaker:** You're responsible for up to a $20 copay for office visits, up to a $50 copay for emergency room visits, and excess charges. Yet, in this example, we have a difference in premium annually, um, and we have a difference in premium monthly of about $50 a month, right? So that's gonna save significant dollars in premium costs over the course of the year, and if that's a, a, you know, a major concern, uh, you're on a budget where $80 for, in this example, is much more doable than $130, well then this might be an example why you might wanna talk to your agent of, "Hey, talk to me about Plan N.

[00:11:52] **Speaker:** How does Plan N compare? What's the rate in my area?" And that'll help you make your decision. [00:12:00] So when we talk about which one we, you should choose, that, that's not an answer we can just, uh, come up with with a basic, simple question. It really depends on your healthcare needs, your budget. Um, here are some major points to consider.

[00:12:14] **Speaker:** Okay, so once again, neither Plan G or N cover the $283, uh, Part B deductible. That deductible's for 2026. Um, for example, if you have frequent doctor visits, the Plan N copays should factor in their, into your decision because if you're frequenting the doctor, those copays might start to add up, and that might help you make your choice.

[00:12:37] **Speaker:** Um, now there's one other option here that falls under the category of Plan G that I really wanna make sure we talk about today and

emphasize, and it's what's called the High Deductible Plan G. Okay, so basically, it's a lower premium option than either Plan G or Plan N. It works exactly like Plan G, except you're [00:13:00] responsible for a $2,950 annual deductible before the regular Plan G benefits kick in.

[00:13:08] **Speaker:** Okay, so now if we, if we go next and talk about regular Plan G compared to High Deductible Plan G, I'm using here a State of New York example just to give you a breakdown and understand that even a High Deductible Plan G should be considered when you're making your choice. In this example, New York, for example, has very high premiums compared to the rest of the country.

[00:13:31] **Speaker:** Uh, in this example, you have a $372 a month premium for a Plan G, whereas the High Deductible Plan G could be around $91 a month. In that case- After you meet the deductible with Plan G, the worst-case scenario is you might have a project- a projected annual out-of-pocket cost of $4,700. That would be worst-case scenario if you, if, if, if you pay your monthly premiums and hit your $283 [00:14:00] deductible.

[00:14:00] **Speaker:** But with high deductible Plan G, we talk about what might be the worst scenario, worst-case scenario, if you will, in this case, $91 a month premium plus the 2950 deductible, you're still just over $4,000. That's nearly... That's over a $700, uh, uh, savings for the year, and that's worst-case scenario, right? That's if you max out your deductible by, by, uh, of, of $2,950 and, and by multiple doctor visits or an outpatient and inpatient surgery.

[00:14:32] **Speaker:** Anything that you don't use in that deductible is just savings that you're making up in the, in the monthly premium. So we always wanna make sure that in certain cases, Plan G is an option, Plan N is an option, and even high deductible Plan G is an option for you. And, you know, our agents are trained to discuss those options for you, but if someone doesn't bring those up, make sure you say, "Hey, tell me about Plan N.

[00:14:57] **Speaker:** Tell me about high deductible Plan G." [00:15:00] And I say this because oftentimes we know that there's call centers out there and brokers out there that their goal is to get you enrolled into a plan at all costs no matter what. Uh, they wanna get you enrolled into either the higher highest premium plan, or they have an incentive to steer you into a type of plan because maybe they make a certain commission.

[00:15:19] **Speaker:** You don't have to worry about any of that with AMAC, okay? Here at AMAC Like I said, our agents have one directive and one goal.

They truly care about our agents' needs, and that's all they want. They want our agents taken care of. They want our... Uh, I'm sorry. They want our customers taken care of. Our agents want to do what's right for our AMAC member, and in the end, we want to make sure that the choice is yours, and we're just helping you along the way and educating you so you can make that choice and feel comfortable about it.

[00:15:48] **Speaker:** It's very, very important to us. Um, and oftentimes, High Deductible Plan G is overlooked and never mentioned. May- maybe it's because the premiums are so low and certain [00:16:00] brokers around the country don't want to sell it. It should be mentioned and discussed so that you can at least have a choice and make the decision on your own based on education and facts.

[00:16:11] **Speaker:** Let's talk one more moment about high deductible health plans. Who, who benefits from a high deductible health plan? Well, s- healthy individuals is one option. Ideal for those who are primarily using preventive services and annual checkups, High Deductible Plan G might be an option for you. Uh, low premium seekers, you're, you're not comfortable with that higher premium.

[00:16:29] **Speaker:** You like the idea of a lower premium. You're comfortable with the idea of saying, "I'm okay with that, that annual deductible in case there's emergency, and, and I can afford that $2,950, you know, if needed." And I wanna make this clear also. Remember, I said Medicare Part B covers 80% of services. You're responsible for the other 20%.

[00:16:51] **Speaker:** So it's not like you're simply responsible for $2,950 in any given service. If, if we use an example, and you go to the doctor, [00:17:00] and it's a hund- the bill's $100, Medicare is paying 80%. You're paying the 20%. In, in which, in that case, that's $20. If it's $1,000, right, you're gonna be responsible for $200 of that, not the entire bill, because Medicare already pays 80% of your Part B services, right?

[00:17:18] **Speaker:** So wanna make that clear, and once again, not expecting you to remember all this. You're not gonna be an expert after this talk today. That's why we're here for you to call us and, and go into a deeper discussion, take a deeper dive, do a needs analysis, ask all the questions that you want. We've had over 400 questions come in from this webinar alone.

[00:17:38] **Speaker:** Obviously, I won't be able to get to all of them. I will be going over a few questions at the end. But I just wanna make it very, very clear that we built this Medicare program for you to answer your questions, to advise

you on, on what to do with your Medicare, uh, what selections to make, what are important deadlines to know.

[00:17:58] **Speaker:** And so you're not alone. [00:18:00] We're here for you. It's no cost. We, we want you to call us. We have agents waiting. We have advisors waiting for your, for, for your questions, and we love answering them. We love taking care of you. Um, and then so that goes back to why Medicare advice matters, right? I'll give you an example.

[00:18:19] **Speaker:** Would you A lot of you folks and a lot of people I know do their taxes on their own. Why? Because they don't wanna pay an accountant, 'cause it could be pricey, those fees could be high. But if I told you there's a, a great accountant out there who you trust, they're gonna make sure all your taxes are handled appropriately, get you the money back that you need, get you as many sa- as much savings as you need, everything's gonna be filed properly, and that was gonna be done for free, would you take advantage of that?

[00:18:47] **Speaker:** I think most of us would, and that's what we have here at AMAC, right? Our Medicare advisory service is here for you. And, and what's great is the agent's not there to just help you now. They're not just here to help answer your question now [00:19:00] and enroll you into a plan now. Once they're your agent, they're your agent moving forward as well.

[00:19:05] **Speaker:** So you can contact them, you'll have their direct extension, you'll have their email, you'll have the ability to reach out anytime throughout the year if something comes up, and then during the annual election period, or if you have a premium change, or you move. There's a, a myriad of reasons why you might wanna reach out to your dedicated agent, and that's how we work at AMAC.

[00:19:26] **Speaker:** You're not just gonna call and get someone random every time. You're gonna get your agent. And if your agent happens to be not available at that moment, it's okay because our whole team works together. Remember, our agents are our employees. Our agents are, are part of our staff. They're our associates, and we all work together to make sure every one of our members is taken care of.

[00:19:47] **Speaker:** So there's communication that happens behind the scenes that you'll never know that makes sure that your needs are taken care of, okay? So I wanna make sure that you're, you understand that, you're comfortable with that, you know that communicating with [00:20:00] one of our agents over the phone is a trusted, safe place to work Um, here's some critical questions.

[00:20:09] **Speaker:** If you're not using a company like AMAC, we wanna make sure you're asking whoever you're speaking to these questions. How many companies do you represent? Um, do you earn more based on which plan that I pick? Okay, that, that's important. There's a term in our industry called steering, and that's actually an unethical practice, and what that means is if an agent or a company is trying to steer you into a certain type of plan strictly because they either get a higher commission or they're incentivized some way or another to steer you into that plan, that's an inappropriate practice, especially as far as we're concerned.

[00:20:46] **Speaker:** We don't apply that practice at all, so I would ask that question if I were you, and if you're not working with an AMAC advisor, make sure you ask those questions, and ask them, "Will you support me after I enroll?" Okay? Or, [00:21:00] "Will you be my agent moving forward if I need your help?" Make sure you ask those questions so that you know what to expect moving forward.

[00:21:07] **Speaker:** You know what to expect with AMAC. We're gonna take care of you every step of the way now and in the future. But we highly encourage you to work with a licensed trusted advisor, even if it's not AMAC. Use that advisor because it's free to you, and it'll help you from avoiding potentially pitfalls in your Medicare decisions.

[00:21:26] **Speaker:** And our AMAC commitment is our licensed Medicare advisors compare plans from multiple companies to find coverage that fits you, not the insurance company's bottom line. Okay? That's really important So, I know we might have some questions, and I know you have many, and we're here for you. The moment this webinar is over, you're gonna be able to call us if you would like.

[00:21:49] **Speaker:** You're gonna be directed, uh, to a landing page that'll allow you to reach out to us if you would like. Uh, it'll also talk to you about what other future me- webinars you have. But before we get there, let me [00:22:00] talk to you about, uh, some questions that came in, and I hope this covers a wide variety of questions that might be out there.

[00:22:06] **Speaker:** Here's one from Deborah: "If I begin Medicare coverage in New York and move, how does that affect my plan?" Well, for example, if you're on a Medicare Advantage plan, you will be moving out of the plan service area, and you'll be required to dis-enroll from that plan and enroll into a new plan that's available for you in your new service area.

[00:22:29] **Speaker:** Um, if y- you have a Medicare Supplement plan or Medigap plan, like Plan G or Plan N, for example, you can take that plan with you, and you could use it anywhere in the United States and its territories, okay? So, uh, you might have the choice of seeing if you can enroll into a new plan to save potential premium in your new area.

[00:22:49] **Speaker:** You may have to be medically underwritten for that, but that'll be your choice. You can take that plan with you. You won't be required to dis-enroll from it. Uh, Liza asks, "If we [00:23:00] change plans, can we change back?" Well, you can apply for a Medicare Supplement plan any time throughout the year, technically.

[00:23:07] **Speaker:** Approval, depending on the state you're in, could require medical underwriting, but Medicare Supplement enrollments open all through the year. So you don't have to wait for... What often people do is wait for the annual election period. The annual election perior- period isn't really related to a Medigap or Medicare Supplement plan.

[00:23:27] **Speaker:** You wanna see if there's a more competitive plan out there? You can do that right now, as an example, and that will not affect your standalone drug plan. We get that question a lot. "Will this affect my drug plan?" No, your Part D drug plan is unrelated to your Medicare Supplement plan. They're two different plans, um, offered by two different companies, uh, or if it's the same company, two different divisions of the same company, and your Part D plan will be discussed during the annual election period.

[00:23:53] **Speaker:** Your Medicare Supplement plan can be discussed and, and, and quoted and compared all through the year [00:24:00] John D. asks, and I kind of answered this question already, but let's make sure we all are on the same page, "Are all Plan G plans the same?" Yes, they're standardized, meaning that any carrier that offers a Plan G in your area is required to offer the same core benefits.

[00:24:18] **Speaker:** Okay? That's important. Barbara asks, "I have a Medicare Advantage plan. Why would I switch to Plan G or N?" It's a really great question, not something I could just answer based on that question alone, and so that's why we highly suggest consulting with a licensed AMAC Medicare advisor, who can go over all the details and help you determine which plan suits your individual needs.

[00:24:44] **Speaker:** But I can say this, this is a good time to help understand the key differences between a Medicare Advantage plan and a Medicare

Supplement plan. Once again, anyone that tells you that Medicare Advantage or a Medicare Supplement is one is better than [00:25:00] the other, that is inaccurate. The truth is, there's a suitable plan for everybody, and a situation why Medicare Advantage might be suitable for one person and a Medicare Supplement might be suitable for another.

[00:25:12] **Speaker:** In fact, we even have spouses where one spouse is on a Medicare Advantage plan and the other is on a Medicare Supplement plan And that's because based on their needs, based on their health, expectations, um, premiums, all the factors that go in, doctor networks, those are what help determine the decision, and that's where an, an agent walking you through that is, is very, very important.

[00:25:35] **Speaker:** And if I could just say this as well, um, I always like to be very, very honest with what our members are gonna expect when speaking with us. Our agents are also completely willing to tell you, "Hey, the plan you're on right now is the right plan. There's no need to make a change." We've even gone as far as saying, on rare instances where someone [00:26:00] maybe lives in an extremely rural area, or we might not have the right plan available for you, but we can see that there's a plan out there that we don't offer, maybe it's a unique local plan, we're not even afraid to point you that direction as well, right?

[00:26:15] **Speaker:** Because in the end, our main concern is that you get the care that you need, that you get the service that you need, and then ultimately, you're enrolled into the plan that's right for you. So I do want you to know that you can expect that when you call us. You can expect for us to be completely honest with you.

[00:26:31] **Speaker:** Our, our agents are, are not really salespeople, they're advisors, right? Their job is to help you find the right plan and advise you appropriately and properly. So there's no high-pressure sales tactics. You know, you're not gonna be... You're not gonna feel pressured into making a decision at that moment. Um, we're just gonna wanna make sure you get the right education because I'm, I'm telling you, folks, Medicare beneficiaries, every year I hear from them, and they made the wrong [00:27:00] decision or an inappropriate decision or an unsuitable decision earlier in their Medicare enrollment, and we wish they would've spoken to us first.

[00:27:09] **Speaker:** Now, we will do everything we can to correct it, but we are here to make sure that that wrong selection is never made, that the right selection at the beginning is made, that the right decision is made based on the right reasons. We want you to feel comfortable with the decision you make. We

know how to advise you and how to guide you, but we wanna make sure you're comfortable with that, not just we're comfortable with that.

[00:27:33] **Speaker:** You have to be comfortable with that decision, and that only comes with having an appropriate, uh, viable, reasonable conversation with a licensed expert and coming that, to that conclusion almost as a team, if you will. Uh, one more here. Beatrice asks, "Medigap versus Medicare Advantage, which is better?" Well, there's no one-size-fits-all option, as I was just saying.

[00:27:56] **Speaker:** Let's talk about Medicare Advantage for a second. That's sold by a [00:28:00] private insurance company. It actually replaces the benefits of original Medicare Parts A and B. And now, instead of the benefit structure of Medicare Parts A and B, you're subject to the benefit structure of that Medicare Advantage plan, and there'll be things like co-pays and co-insurances.

[00:28:16] **Speaker:** Often these plans come with zero premium. Okay, that's a big difference. Medicare Supplement plans have a monthly premium. Medicare Advantage plans can have a lower or sometimes zero premium option, and that can be enticing for somebody or, or it could be suitable for somebody who doesn't want to pay a higher premium.

[00:28:33] **Speaker:** Now, with that comes certain out-of-pocket expenses, co-pays for going to the doctor, co-insurances or co-pays for emergency room urgent care services, out or inpatient services. You'll often ha- have an annual deductible and a maximum out-of-pocket cost for the year. You'll also have a network. That network comes in the form of an HMO or a PPO, which many of you are familiar with, especially if you're coming off of, like, a group health plan or an employer [00:29:00] plan.

[00:29:00] **Speaker:** And what that, what that means is, in order to, to, to get the care, you have to see a doctor within that network. Now, that's why we check for doctors for you to, to see if you have a specific doctor or doctors you need. We will check to see if they're in the network for you, and that'll be part of your decision-making process, especially if you need to see that doctor still.

[00:29:22] **Speaker:** Now- If you're somebody that travels regularly or maybe you're a snowbird, you have multiple homes, or you just like the idea of having freedom of choice and not being restricted to a narrow network, that's where a Medicare supplement plan comes into play. Because you don't, you don't have to worry about HMO or PPO or being restricted to a network in your local service area.

[00:29:43] **Speaker:** You can go to any doctor that accepts Medicare that you're comfortable with, in your state or outside of it. So that's an important factor when choosing Medigap, as Beatrice asked, versus Medicare Advantage. Once again, though, there's a variety of factors that have to be discussed to help you determine [00:30:00] if Medicare Advantage or Medicare supplement is the way to go, and that's what we're here for.

[00:30:05] **Speaker:** We're here to guide you along the way. We're here to take care of you, to make sure you're comfortable with that decision and you don't have to worry in the end. You can hang up that phone with us, finish that conversation, and be comfortable that I made the right choice, and that's what we're here for you.

[00:30:21] **Speaker:** So I greatly, greatly appreciate you, you joining us here today. We're always here. We're gonna have more webinars coming in the future. These webinars will be available and recorded for you to watch at a later time. If you wanna share them with your friends, if you wanna go back and watch again, you'll be able to see the slides.

[00:30:39] **Speaker:** You'll be able to hear, hear me talk. We will have future presentations coming up in, in the coming months, throughout the summer into the fall, leading right up into the annual election period, and so we're looking forward to you joining us for that. And once again, you know, this is one session. You're not expected to become an expert.

[00:30:56] **Speaker:** The next step is, if you have deeper questions, you give us a [00:31:00] call. We're waiting for you. We're here to help you. As this finishes, you'll be redirected