

# SENIOR MARKET ADVISORS



## Making Sense of Medicare

A guide to getting complete health care coverage

Please review this information available at [medicare.gov](https://www.medicare.gov), which will provide you with complete details about Medicare plans, including beneficiary rights, coordination of care, preventive services, how to change plans, state assistance options, definitions and more.



Medicare is a benefit you count on. Understanding how it works, how to navigate and make the most of it, however, is not easy — especially trying to understand it on your own.

**Senior Market Advisors** can help you make sense of Original Medicare — and individual Medicare plans. Whether you rely on our secure website, or prefer speaking with one of our Licensed Advisors, we'll help you understand your options so you can make the right decision for your health.

## SMA provides:

- Access to nation wide or regional insurance companies with individual Medicare plans in your area.
- Current and complete information about the Medicare Advantage, Medicare Supplement, Prescription Drug, Dental and Vision Plans available.
- Assistance with analyzing your options, comparing plans that suffice your needs and budget, and enrolling in coverage.
- Ongoing assistance after you enroll and as your needs change.
- Services at **no additional cost to you** — you only pay for the plan(s) you enroll in.
- Licensed Advisors who are not biased to promote any carrier or plan over another. These advisors have objective and personalized guidance so you can make informed decisions about your benefits.

## Looking Ahead

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# Medicare overview

Medicare is a federal program that offers health insurance to Americans and other people who are eligible.

## Eligibility

In order to be covered by Medicare, you must be a U.S. citizen or legal resident who has lived in the U.S. continuously for at least the last five years, including the five years just before applying for Medicare. You must also meet one of these criteria:

- Age 65 or older
- Younger than 65 with a qualifying disability
- Any age with a diagnosis of end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS)

## Enrollment

Original Medicare (Parts A and B) helps partially cover for hospital stays and doctor visits, but it doesn't cover everything— nor does it cover prescription drugs.

You should be automatically enrolled in Original Medicare if you're receiving Social Security or Railroad Retirement Board benefits when you become eligible. Are you not receiving benefits? You need to sign up for Medicare when you become eligible.

**In order to enroll in supplemental coverage you must have Medicare Parts A & B.** You can sign up in one of three ways:



Visit your local  
Social Security office



Call Social Security at  
1-800-772-1213  
(TTY 1-800-325-0778)



Apply online  
at [ssa.gov](https://ssa.gov)

If you worked for a railroad, call your local Railroad Retirement Board office or 1-877-772-5772.

While Congress has shifted the full retirement age for Social Security benefits from 65 to 66 (and 67 in the future), 65 has remained the eligibility age for Medicare.

It may take up to 60 days to get approved for Medicare Part B, and up to three weeks to receive your Medicare card in the mail.

Many people who are still working sign up for Medicare Part A at 65 but delay signing up for Part B if they're covered by their employer's insurance. But you must sign up for Medicare Part B no later than eight months after you leave your job and lose group coverage, or you may have to pay a lifetime penalty and experience a gap in coverage.

If you miss the initial enrollment for Part B you must wait to sign up for Part B until the next general enrollment period (January 1 to March 31), and coverage will begin July 1.



## More coverage choices

Medicare eligibles choose additional coverage by enrolling in one or more individual Medicare plans.

- Medicare Advantage Plans (Part C) combine Part A and Part B, and often include prescription drug coverage. There are plans may offer additional benefits like coverage for routine vision and dental care.
- Medicare Supplement Plans (Medigap) help pay some of the out-of-pocket costs that may not be covered under Original Medicare.
- Medicare Prescription Drug (Part D) Plans help pay for prescription medications.

## Understanding Medicare — we'll help you through it

This guide will help you understand your Medicare options and the enrollment process.

**1.**

Activate your account online.

**2.**

Use the website to enroll online or a Licensed Advisor can assist you by phone.

**3.**

In order not to have a lapse in coverage you need to pay attention to deadlines.

On page 17, you'll find details about how to prepare for enrollment, information you'll need to have handy, and how our innovative online recommendation tool can help make your buying experience easier.



# Understanding Medicare

Let's face it- your health care needs and budget may change. There are options that allow you to select benefits which will suffice your current needs.

You can choose Original Medicare Part A for hospital stays and Part B for doctor visits, or you can choose a Medicare Advantage Plan (Part C) from a private insurance company. **Medicare Advantage Plans** combine Medicare Part A and Part B coverage, and many also include prescription drug coverage. Some plans come with hearing and vision care benefits as well.

**Medicare Supplement Plans** help pay some of your out-of-pocket costs. Available from private insurance companies, these plans pay for some of the expenses not covered by Original Medicare, like deductibles and copayments.

## In general, here's what's covered under Medicare Parts A and B



### Part A

- Inpatient care in hospitals
- Inpatient care in a skilled nursing facility
- Hospice care services
- Home health care services

#### In 2020, you pay:

- Typically a \$0 premium
- Or
- A premium of up to \$458 per month, based on your work history
- Deductible: per 60-day benefit period



### Part B

- Medically necessary — Services or supplies to diagnose or treat a condition that meets accepted standards of medical practice
- Preventive — Health care to identify or stop illness at an early stage
- Doctor visits
- Outpatient hospital care
- Durable medical equipment and supplies

#### In 2020, you pay:

- Typically, the standard premium amount = \$144.60
- 20% coinsurance, after \$198 deductible

**Note:** Social Security will contact you if you have to pay more based on your income.

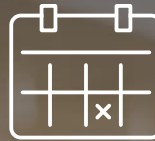
## Not covered by Medicare Parts A and B

- Most prescriptions
- Health care services not approved by Medicare
- Long-term care (also called custodial care)
- Most dental care
- Eye examinations related to prescribing glasses
- Dentures
- Cosmetic surgery
- Acupuncture
- Hearing aids and associated exams
- Routine foot care

If a service or item is covered, you'll generally still have to pay deductibles, coinsurance or co-payments without any annual limit on those costs.



There is no out-of-pocket cap for Medicare Parts A and B. That means your share of costs is unlimited. So it's a good idea to **plan for out-of-pocket costs by enrolling in an individual Medicare insurance plan.**



You can review your coverage and make changes during the Medicare Annual Enrollment Period (AEP), which runs October 15 – December 7 every year.




The Medicare Advantage Plan Open Enrollment Period (MA OEP) runs January 1 to March 31 and allows anyone currently enrolled in a Medicare Advantage Plan on January 1 the opportunity to change plans.



## Fact

You must be enrolled in Medicare Parts A *and* B before you can enroll in an individual Medicare Advantage or Medicare Supplement Plan.

 <b>MEDICARE HEALTH INSURANCE</b>	
Name/Nombre <b>JOHN L SMITH</b>	
Medicare Number/Número de Medicare <b>1EG4-TE5-MK72</b>	
Entitled to/Con derecho a	Coverage starts/Coertura empieza
<b>HOSPITAL (PART A)</b>	<b>03-01-2016</b>
<b>MEDICAL (PART B)</b>	<b>03-01-2016</b>



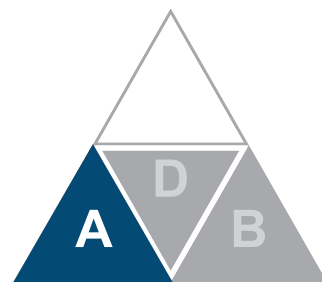
# Beyond Original Medicare

Over time the federal government allowed private insurance carriers to offer additional options that cover a wider range of services and help retirees manage the out-of-pocket costs. Because Medicare (Parts A and B) doesn't pay for everything, you may want to consider a Medicare Advantage Plan, or a Medicare Supplement Plan along with a Prescription Drug Plan.

**MA** **Medicare Advantage Plans** provide medical benefits as good as those covered by Medicare Parts A and B, but with greater financial protection. Many Medicare Advantage Plans also include Medicare Prescription Drug coverage.

With a Medicare Advantage Plan, sometimes abbreviated as “MA Plan” or called “Part C,” the insurance company that offers the plan determines the monthly premium and cost-sharing amounts. If you join a Medicare Advantage Plan, you still have Original Medicare (Parts A and B), but a private insurance company is responsible for coordinating your care and paying claims. Ongoing changes to Medicare Advantage Plans include additional supplemental benefits designed to diagnose, treat, or prevent health conditions. Benefits may include transportation services, meal deliveries, or even home and bathroom safety devices.

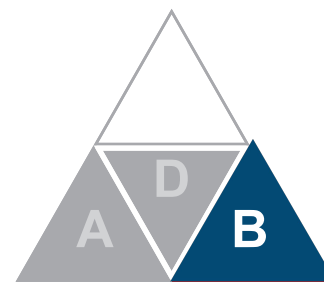
Each of the triangles represent a different part of Medicare. Part C shows a full triangle because it includes Medicare Parts A, B and, in many cases, Part D, under one plan with one ID card.



## Part A Original Medicare

### Covers:

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Home health care



## Part B Original Medicare

### Covers:

- Medically-necessary services: clinical research, ambulance services, durable medical equipment, mental health services, partial hospitalization, second opinions before surgery
- Preventive health care services
- Doctor visits
- Outpatient hospital care
- Durable medical equipment and supplies



### Medicare Supplement Plans

(also known as Medigap)

Med Supp plans “fill the gaps” of Medicare Parts A and B. However, these plans do not cover prescription drugs. While there are several different Medicare Supplement Plan levels, they are the same nationwide, except in Massachusetts, Minnesota and Wisconsin.

There will be a monthly premium for a Medicare Supplement Plan in addition to the monthly Medicare Part B premium. If you choose a Medicare Supplement Plan, you must enroll in a Prescription Drug Plan. If you delay, you will pay a penalty.



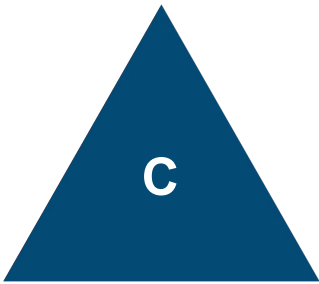
### Medicare Prescription Drug Plans

cover much of the costs for prescription drugs and can be useful in situations where prescription drugs aren’t already covered. There are plans which have pharmacy networks that offer discounted prices. There may also be a mail-order pharmacy benefit.

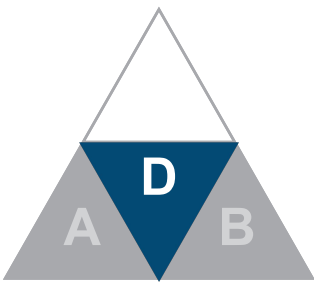
These optional plans are highly regulated and have standardized benefits: Medicare Advantage and Medicare Prescription Drug Plans are regulated by the federal government; Medicare Supplement Plans are regulated by individual states.

## More a about Medicare Advantage Plans:

- Usually you will pay a monthly premium for your Medicare Advantage Plan, but in most cases there are no deductibles.
- A copayment will be paid instead of coinsurance for most medical services.
- These plans have an out-of-pocket maximum, which protects you by setting a yearly cap on your cost for health services.
- If you need prescription drug coverage, check the plan to be sure your medications are covered.
- Ensure that your preferred doctors and specialists are in the plan's provider network or accept Medicare. (Depending on the plan type you choose.)
- If you plan to travel, check with your provider to understand benefits available to you.
- Review your plan details provided by your insurance company since benefits, premiums and terms can change annually.



**Part C**  
Medicare Advantage



**Part D**  
Prescription Drug

- Covers:
- Everything Medicare Parts A and B cover
  - Many plans cover prescription drugs
  - Many plans cover dental and vision

- Covers:
- Prescription drugs



# Comparing your Medicare options

In order to better suit your health care needs and budget, look at the below high-level comparisons.



## Medicare Advantage Plans

- Medical benefits similar to those covered by Medicare Parts A and B
- Offer greater financial protection
- Most include Medicare Part D prescription drug coverage

OR



## Medicare Supplement (Medigap) Plans

- Designed to “fill the gaps” of Medicare Parts A and B
- Do not cover prescription drugs



## Medicare Prescription Drug Plans (Part D)

- Helps pay for medications



## Types of Medicare Advantage Plans

Most Medicare Advantage Plans offer nationwide coverage for emergency room, urgent care and renal dialysis. Some Medicare Advantage Plans have you select a primary care physician from their network, enabling you to receive coordinated medical services, including specialist and hospital care.

**Health Maintenance Organization (HMO) Plans:** You're required to seek care from providers in the plan's network and you may need your primary doctor's referral to see specialists.

**Preferred Provider Organization (PPO) Plans:** Typically you're not required to get a referral to see a specialist and you can see providers outside the network without having to pay all the costs yourself.

**Fee-For-Service Plans:** You can get care from any Medicare-eligible provider who accepts your plan. These plans do not offer coordinated care.

**Coordinated Care Plans:** A network of doctors and hospitals work together to provide your care. Each plan creates its own network. In most cases, you will pay most or all costs if you see a provider outside the network.

**Point of Service (POS) Plans:** This HMO plan allows you to visit doctors and hospitals outside the network for some covered services, but your copayment or coinsurance is usually higher.

**Special Needs Plans (SNPs):** For people with a range of special needs, including those with chronic diseases, nursing home residents and people who are eligible for both Medicare and Medicaid.

**Private Fee-For-Service (PFFS) Plan:** You can see any provider in the U.S. who accepts Medicare. Medical Savings Account (MSA) plans combine Medicare Advantage Plan coverage with a special savings account that offers tax advantages to help pay for covered medical expenses.

## Important considerations



- You must enroll in Original Medicare Parts A and B and pay any premiums.
- Enrollment in a Medicare Advantage Plan is through private insurance carriers. These plans are not offered by the federal government.
- At a minimum, all plans provide the same benefits as those available under Original Medicare.
- Most include prescription drug coverage as part of the premium.
- Many plans also include one or more benefits you'd otherwise have to purchase separately, such as dental, vision and/or hearing care, wellness programs, gym memberships and a nurseline.
- Many plans have an out-of-pocket maximum, which caps your financial liability in a given plan period. If your out-of-pocket costs exceed this amount, you pay \$0 for additional eligible services until a new plan period begins.
- Most Medicare Advantage Plans are limited to a defined geographic area.

**Medicare Cost Plans** are a type of Medicare Advantage plan that's available in some states. These plans are provided by private insurance companies Medicare has approved. Medicare Cost Plans can vary in their costs and coverage. Talk with a Licensed Advisor to explore options in your area.



# Types of Medicare Supplement Plans

There are numerous standardized Medicare Supplement Plans to choose from. Each plan provides different benefits, so it's important to compare plans before choosing one. The monthly premium for your plan will vary and may be based on the coverage offered and which insurance company you choose.

2020 Coverage	A	B	C <sup>*</sup>	D	F <sup>*,1</sup>	G	K <sup>2</sup>	L <sup>2</sup>	M	N <sup>3</sup>
Medicare Part A coinsurance and hospital costs (up to 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Skilled nursing facility care coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Medicare Part A hospice care coinsurance or copayments	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Medicare Part B deductible			✓		✓					
Medicare Part B coinsurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part B excess					✓	✓				
Blood (first three pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Foreign travel emergencies (up to plan limits)			80%	80%	80%	80%			80%	80%

(A check mark indicates areas where the plan pays 100% of the benefit cost.)

\*Plans C and F are only available to individuals eligible for Medicare prior to January 1, 2020. <sup>1</sup> Plan F also offers a high-deductible plan. If you choose this option, you must pay for Medicare-covered costs up to the deductible amount of \$2,340 (in 2020) before your Medicare Supplement plan pays anything.

<sup>2</sup> Maximum out-of-pocket expenses of \$5,880 for Plan K and \$2,940 for Plan L apply (in 2020).

<sup>3</sup> Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission (in 2020).



## Important considerations

- In order to enroll in a Medicare Supplement Plan, you have to be enrolled in Medicare Parts A and B.
- Most Medicare Supplement Plans cover expenses from any provider that accepts Medicare, some private insurance companies also offer a Medicare Select Plan, which provides coverage only within a defined network of providers. You need to make sure that your hospital is included in that plan's network.
- Most Medicare Supplement Plans don't require a copayment or coinsurance for hospital charges.
- If you enroll in coverage when you first become eligible at age 65, or if your employer stops providing a group retiree health plan, you may not be subject to a health screening or underwriting by the insurer.
- Medicare Supplement Plans are standardized in a different way in Massachusetts, Minnesota and Wisconsin. Go online to review the plans available in your area or discuss your options with a Licensed Advisor.



## Planning for the future

In regards to your plan options, if a Medicare Supplement Plan seems to fit your needs, consider future changes affecting Medicare Supplement Plans C and F.

Under the Medicare Access and CHIP Reauthorization Act (MACRA), existing Medicare Supplement Plans C and F have been replaced by new plans that do not include the Medicare Part B deductible.

- If you had Medicare Supplement Plans C or F in 2019, you're grandfathered in. After January 1, 2020, these plans are not available to NEW Medicare beneficiaries.
- Medicare Supplement Plans D and G offer mostly the same coverage as the plans they replaced, except they do not cover the Medicare Part B deductible.
- Switching from Medicare Supplement Plan C or F to plans D or G, or switching to a different insurance company, may trigger a review by medical underwriters. This means your medical history may influence your monthly premium.
- Medicare Advantage Plans will not be affected.



# Prescription Drug Plans



## Important considerations

Managing your healthcare budget with predictable drug costs can come with having Medicare Part D coverage. Since Original Medicare doesn't cover most prescription drugs, you'll want to enroll during your Initial Enrollment Period (IEP), or else you may have to pay a penalty for enrolling late.

The federal government sets basic guidelines that all Part D plans must meet. Each plan has a list of drugs that it covers (known as a formulary). If you are looking to get a Part D plan you need to review its formulary to make sure your prescriptions are covered. Plans vary in costs, so check the annual deductible, premiums, copays and coinsurance to ensure you have the appropriate coverage to cover your costs.

- You do not get Medicare Part D automatically, if you want it you must enroll.
- If you have other prescription drug coverage, such as Veterans Affairs (VA) coverage, you may not need additional drug coverage. Be sure to discuss any other coverage you have with a Licensed Advisor.
- Part D charges a late enrollment penalty if you don't sign up when you're first eligible — unless you qualify for an exception. The penalty is a fee set by Medicare that gets added to your premium, and you pay it for as long as you have Part D.

## Out-of-pocket drug costs

\$0 —————→ \$6,350

Deductible phase	Initial coverage phase	Out-of-pocket threshold	Catastrophic phase
\$0 – \$435 Your cost: 100%	\$436 – \$4,020 Your cost: varies	\$4,021 – \$6,350 Your cost: 25%	\$6,351 + Your cost: \$0 or negligible

Starting in 2020, Medicare Prescription Drug Plans have four phases, each with a different level of coverage.

**Deductible phase:** Medicare Part D Prescription Drug coverage may have up to a \$435 annual deductible.

**Initial coverage phase:** Your plan pays a portion of your cost for each covered prescription drug after the deductible is met. The portion varies based on the drug's "tier" and whether it's brand-name or generic.

**Out-of-pocket threshold:** After you've spent \$4,020 in combined costs for the year, you pay 25% of the cost for covered brand-name and generic drugs until the total combined costs (paid by you and the plan) reach \$6,350.

**Catastrophic phase:** Once \$6,350 has been paid for the year, a copayment or coinsurance applies for any remaining prescriptions until the end of the year.

**Drug-related costs that count toward your total out of pocket costs:** Covered drug costs are subject to your annual deductible (\$435)

- Coinsurance and copayments you paid
- Manufacturer discounts received on brand-name drugs

**Drug-related costs that do NOT count toward your out-of-pocket costs:**

- Plan premiums
- Pharmacy dispensing fees (if any)
- Costs of drugs not covered under your plan

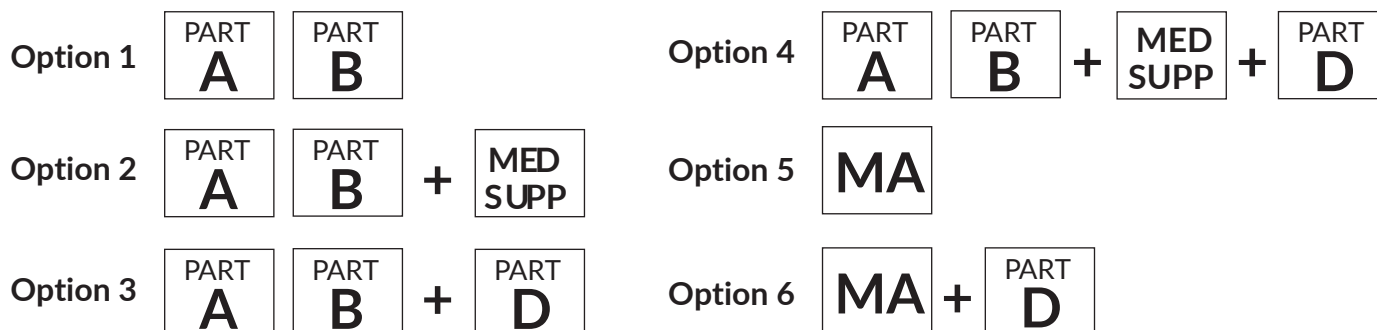
# Knowing what's right for you

Our Licensed Advisors are ready to help you navigate different plan options, understand the differences between plans and help you enroll — all at no additional cost to you. You only pay the costs of the plans you decide you want to enroll in.

## Quick coverage comparison

2020	Medicare Advantage (with prescription drug coverage)	Medicare Supplement+ Medicare Prescription Drug coverage (Part D)
Copayments/ Coinsurance/ Deductibles	Varies by plan	Varies by plan
Health Care Provider	Varies by plan; some restrictions or network pricing for certain providers may apply	See any Medicare provider
Prescription Drug Coverage	Yes (often included or available via enrollment in a stand-alone Medicare Prescription Drug Plan)	Yes (via enrollment in a stand-alone Medicare Prescription Drug Plan)
Other Considerations	<ul style="list-style-type: none"> <li>• Can be a good value — may be less expensive than Medicare Supplement Plans</li> <li>• Plans can change every year</li> <li>• Some plans have extra benefits available</li> <li>• Medical underwriting not required</li> </ul>	<ul style="list-style-type: none"> <li>• Generally a good value if you need frequent medical care</li> <li>• Plans are standardized</li> <li>• Covers Medicare services only</li> <li>• Medical underwriting may be required</li> </ul>

## Let's recap your options:



You cannot have a Medicare Advantage Plan and a Medicare Supplement Plan at the same time.

## Unsure which plan will best meet your needs? Answer these questions below or consult with a Licensed Advisor. ?

### Q. Can I afford to pay the health care costs Original Medicare doesn't cover?

Yes | No

You'll pay:

- Medicare Part A and Part B deductibles before coverage begins
- A monthly Medicare Part B premium
- 20% of the amount Medicare approves for the medical services it covers
- The full cost for services not covered by Medicare

If "No," you may want to consider other plan types, such as a Medicare Advantage Plan. Ask a Licensed Advisor to help you compare costs and coverage. Financial assistance programs are available if you're eligible.

### Q. Do I want prescription drug coverage?

Yes | No

If "No," you may have to pay a penalty if you enroll later. Even if you don't take medications now or don't think you need drug coverage, you may still want to consider enrolling in Medicare Part D coverage through a private insurance plan to protect yourself from unforeseen expenses.

### Q. Do I want coverage for hearing aids, routine eye exams, dental services and extra preventive care not covered by Medicare?

Yes | No

If "Yes," many Medicare Advantage Plans offer these additional benefits, but they may cost extra. A Licensed Advisor can also review individual dental and vision plan options with you.

If "No," consider Original Medicare, Medicare Supplement or a Medicare Advantage Plan with limited or no coverage for these benefits.

### Q. Is my current doctor in a Medicare Advantage Plan network?

Yes | No

If your doctor is in a Medicare Advantage HMO or PPO network, consider joining it. You may be able to save money.

If "No," consider Original Medicare, Medicare Supplement or a Medicare Advantage PPO that lets you see doctors outside their network.

### Q. Do I want a primary care doctor who'll coordinate my specialty care?

Yes | No


If "Yes," you may want to consider a Medicare Advantage HMO Plan. Your primary care doctor and your specialists will coordinate your care. Most services require a referral from your doctor.

If "No," a Medicare Advantage PPO Plan or Original Medicare might be a good option.



# Get started online

Our easy-to-use online recommendation tool allows you to narrow plans in your area through an automated process that helps define and rank coverage options based on the details you provide.

- Compare your needs against all available plan options to identify and recommend the right benefits specifically for you.
- Significantly reduce your shopping time and get optimal coverage for your providers and medications.
- Results are ranked to show the best comprehensive package of benefits to meet your needs.
- Look for this symbol in your plan recommendation results:  Score: 94 *This score is used for example purposes only.*

In addition, our Licensed Advisors can answer questions about benefits, coverage and costs, and then help you enroll in the plan of your choice. It's important to keep your health details updated so as your needs change, plan recommendations are updated as well.

Online, you get the convenience of 24/7 shopping, plus educational information you need to make informed decisions about your health care coverage.



## Pre-appointment checklist



Make sure you have the names of your preferred doctors, clinics and hospitals, including phone numbers and addresses.



Make sure you have your prescription details, including the name of each medication, dosage, and how often you take it.



Check out personalized plan comparisons and recommendations based on the requirements you have. Save plans that you want to consider.

You'll get plan recommendations that best match your health care requirements so you can compare plans, ask questions and get advice during your consultation.



# How to enroll

You can enroll online or by phone. Be sure to:

Have your Medicare ID card and ID cards available

Write a list of things you need in your new coverage

If a Power of Attorney will be signing any enrollment forms on your behalf be sure to gather all necessary legal documents

Verify your information and review the plans you've saved online

Choose the plan you'd like to enroll in

## Keep in mind

If the automatic payment option is available you may want to enroll in it to ensure your premiums are getting paid in a timely manner. As soon as the application is submitted the insurance company will contact you to verify your enrollment (as required by the Centers for Medicare & Medicaid Services as a security measure). Carefully review the insurance cards and plan information you receive.

## After you enroll

If there is an issue regarding a bill or have a question about your coverage you should initially call your insurance company to resolve the issue.

If you need to change your plan after your initial enrollment, please call an SMA Licensed Advisor. We are happy to help with Medicare questions, insurance claims, access to care, and other issues.

The benefits you get from working with SMA start before you enroll in coverage and extend through future plan years as your coverage needs change. You're entitled to free advisory services, online decision tools and educational information, webinars and enrollment assistance.







Aon Retiree Health Exchange is an official partner of the National Council on Aging (NCOA). For 6 years, we have met NCOA's stringent Standards of Excellence for Medicare Brokerage Services. Aon Retiree Health Exchange and NCOA partner to provide comprehensive education and decision support services to help Medicare beneficiaries make informed and confident choices about their health care coverage.



The Better Business Bureau also gives Aon an A+ rating\* for quality and competency in assisting seniors through guidance, resources and enrollment expertise in Medicare health insurance plans.

\*Accredited since July 10, 2017.

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# Looking to partner with **SENIOR MARKET** **ADVISORS?**

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Call us today at **1-844-452-5020**  
or visit [www.seniormarketadvisors.com](http://www.seniormarketadvisors.com)

Our team can give you all the details you  
need and get you started **selling with SMA!**

## ***Already part of the SMA Family?***

You have access to a **TON** of awesome  
training opportunities! Contact your  
account manager to find out more!

