

Vision | Dental | MedSupp

SALES KIT



In this kit:

Consumer guides for each type of insurance | Quote request forms

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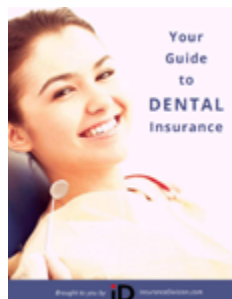
Vision | Dental | MedSupp

SALES KIT

Vision



Dental

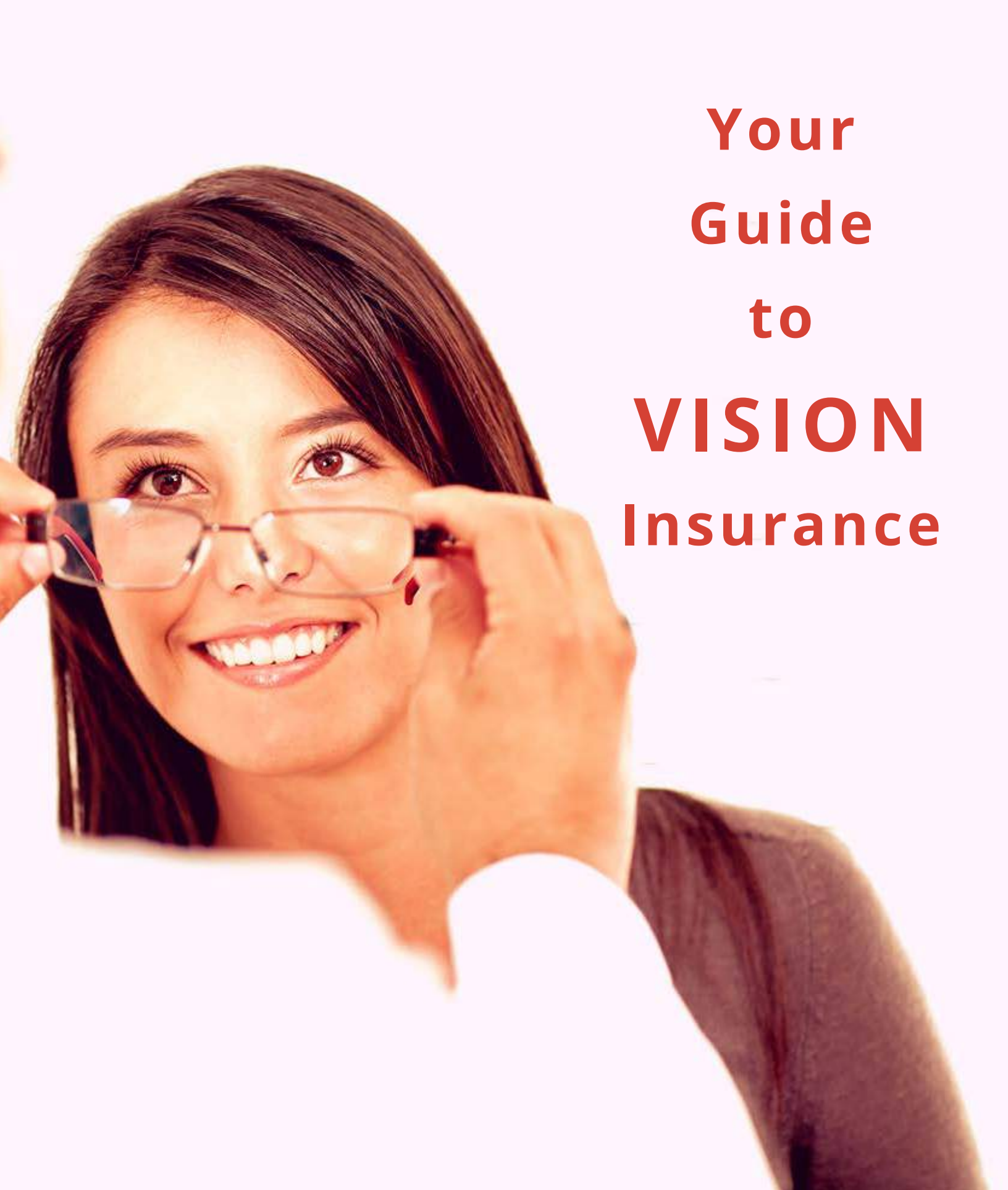


MedSupp



Click Each Kit to Download Individually - Easier to Send to Clients!

*Each guide includes a quote form for the client to return to you - just email it back to us
and we'll get you the quotes for your client!*



**Your
Guide
to
VISION
Insurance**

Brought to you by **iD** *InsuranceDivision.com*



Your Guide to Vision Insurance

One of the many things you can get insurance for is your eye care. Vision care insurance is relatively new and has become more common in recent years. Here's a crash course on the basics.

Vision care insurance is insurance that provides coverage for services relating to the care and treatment of the eyes. It typically covers services delivered by an optometrist or ophthalmologist. Depending on the specific plan, some or all of the following services may be covered:

- *Yearly eye exams*
- *Glasses (with an annual limit)*
- *Contact lenses and fitting (with an annual limit)*
- *Glaucoma screening*

Some vision plans may provide more extensive coverage (e.g., certain eye surgeries), while others may limit coverage to “reasonable and customary” charges incurred during routine eye exams. Reasonable and customary charges generally don’t include the cost of glasses and contact lenses. With some employer-sponsored vision plans, coverage may be even more narrowly limited to the medical treatment of certain eye conditions. This is rare, however.

How much does it cost?

Vision care insurance is generally available for a small, nominal annual premium, often as little as \$50 a year. What’s more, your out-of-pocket cost may be even less if your employer pays all or part of the premium (as many employers do).



How does it work?

Vision care insurance may provide direct payment to the eye care provider for the services you receive. Or, you may be required to cover the charges out of pocket at the time of service and then file a claim for reimbursement. It depends on the specific plan.

Where do you get it?

Almost everyone who has vision care insurance gets their coverage through work. Employer-sponsored vision care plans may be self-funded or self-administered plans. Vision care insurance may also be part of your employer's group health insurance plan, or one of several options you can choose under your employer's cafeteria benefit plan. Commonly, an employer will purchase a group vision care insurance plan through a health maintenance organization, insurance company, or other organization that offers such plans.

Individual vision care policies are not typically available because they're generally not cost effective from an insurer's standpoint. If you don't have access to vision care insurance through your employer, you may have a difficult time obtaining this kind of insurance through a private, stand-alone policy. Some individual health insurance policies may include vision care coverage, however, or allow you to add it for a slightly higher premium.

Who should have it?

Anyone who has access to employer-sponsored vision care insurance should take advantage of it, because the benefits outweigh the minimal cost. If you don't have coverage and have no vision problems, you could go without vision care insurance and "pay as you go" for annual eye exams. However, if your vision expenses are relatively high (e.g., glasses, contacts) and you don't have employer coverage, you may want to look into other ways of obtaining vision care insurance. The best way to go about this is to request a quote for vision insurance policies for you and your family members.



Vision Insurance Quote Request

Your Information

Name: _____

Email: _____

Phone: _____

Mobile

Home

Work

Preferred method of contact: _____

Best time to contact: _____

Vision Insurance Details

Zip code: _____

How many people do you want to cover:

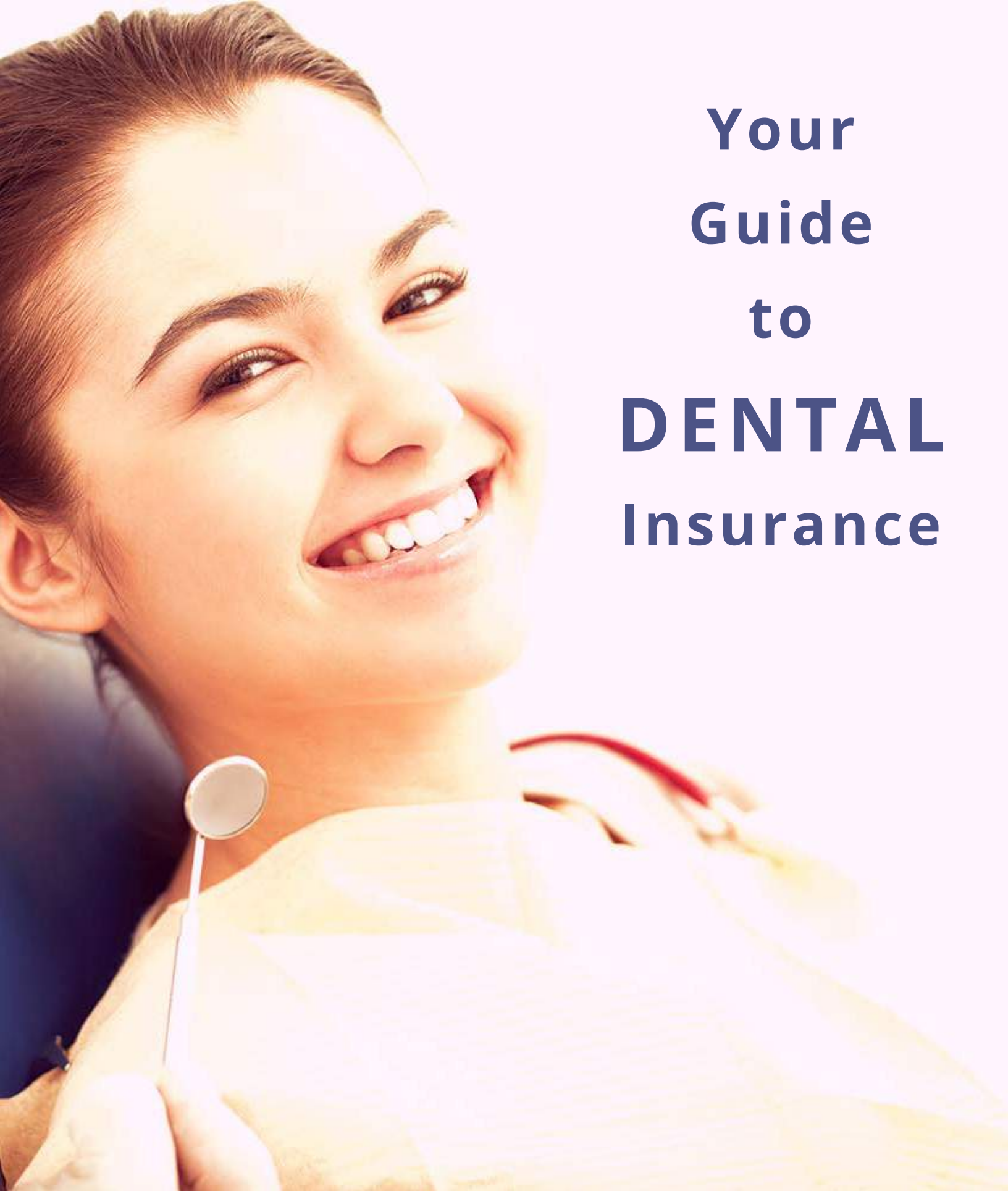
Self

Self & Spouse

Whole Family

*Please return this form to your insurance agent to see a range of quotes
for vision insurance providers in your area.*

QUOTE REQUEST

A close-up photograph of a young woman with brown hair, smiling warmly. She is lying back in a dental chair, and a dental mirror is visible in the lower left foreground. The background is a soft, out-of-focus white.

Your Guide to **DENTAL** Insurance

Brought to you by **iD** *InsuranceDivision.com*



Your Guide to Dental Insurance

Tired of paying out of pocket every time you go to the dentist? Concerned about the health of your teeth down the road? Dental insurance may be the answer you're looking for.

What is dental insurance?

Dental insurance is insurance that provides coverage for services relating to the care and treatment of your teeth and gums. Typically, it provides coverage for some or all of the following dental services:

- *Diagnostic procedures*
- *Semiannual checkups (including cleanings) and periodic X rays*
- *Procedures that restore teeth*
- *Oral and maxillofacial surgery (teeth extraction and oral surgery)*
- *Periodontics (treatment of bone and gum diseases)*
- *Prosthodontics (fillings, dentures, bridges, and crowns)*
- *Orthodontics (repositioning of the teeth)*
- *Oral surgery*
- *Root canal therapy*

What does it cost?

Dental insurance is typically inexpensive. The annual cost is often less than you spend eating at fast-food restaurants over the course of a year. If you have employer-sponsored dental insurance, the cost to you will be even less because your employer probably pays all or part of the premium.



How does it work?

Dental insurance may provide direct payment to the dentist for the dental care and treatment that you receive. Or, you may be required to cover your dental expenses out of pocket at the time of service and then file a claim for reimbursement. It depends on the specific plan. The dental plan may also have a list of preapproved dentists, like a health maintenance organization.

With group dental insurance, deductible and co-payment features usually come into play, though the deductible may not apply to routine cleaning and oral examinations. In addition, you may have to pay a separate coinsurance percentage for orthodontia and certain other procedures. Most plans also place a limit on the total amount of dental benefits that you can receive each year. Finally, if you've just enrolled in a dental plan, be aware that there may be a waiting period before your coverage kicks in.

Where do you get it?

Dental insurance has become more common in recent years. Of the roughly 55 percent of Americans who have dental insurance, most receive their coverage through their employer.

Employer-sponsored dental insurance may take the form of a health insurance plan that includes dental coverage or a separate dental plan. It could also be benefit choices under a cafeteria plan.

Health insurance plans are usually limited to routine cleaning and oral examinations. Separate dental plans usually cover additional dental procedures but place restrictions on amount and price of dental benefits for specific dental treatments.

If you don't have access to employer-sponsored coverage, you can buy coverage for yourself and your family.



Who should have dental insurance?

If your employer offers dental insurance, you should probably enroll in the plan because the benefits usually outweigh the cost to you. If coverage is not available through your employer, you should weigh your options carefully.

As mentioned, individual dental insurance is usually inexpensive. Buying your own dental insurance might be a good idea if you've had a history of dental problems and expect to have more, if you smoke (which can cause yellowing and/or decay), or if you're over 40 (age-related decay). If any of these describes you, consider seeking out individual dental coverage.

Dental insurance and taxes

Taxes, like death, are inevitable. But why pay more than you have to? The trick to minimizing your federal income tax liability is to understand the rules and make the most of your tax planning opportunities. Personal deduction planning is one aspect of tax planning. Here, your goals are to use your deductions in the most efficient manner and take all deductions to which you're entitled.

The medical and dental expenses deduction is an itemized deduction that you may take (within certain limits) for unreimbursed medical and dental expenses you paid during the year for yourself, your spouse, and your dependents.

You may be surprised to learn which medical and dental expenses are deductible and which are not. Many expenses qualify for this deduction, including acupuncture treatments, crutches, eyeglasses, and prescription drugs.

You should obtain [IRS Publication 502, Medical and Dental Expenses](#), for an authoritative list of eligible and nondeductible expenses. If you don't review this list, you may miss out on some important tax-saving opportunities.

Note: You can take this deduction only to the extent that your unreimbursed medical expenses exceed 10 percent of your AGI.



Does dental insurance cover braces?

Some policies cover orthodontia (including braces) and others don't. You should carefully read through a dental insurance plan before selecting it if you think a member of your family may need orthodontic services.

If your dental policy covers orthodontia, there may be a waiting period before the coverage kicks in. Also, your policy may contain a maximum annual benefit limit for orthodontic work. And keep in mind that most plans offer orthodontic treatment to children only, not to adults. One more word of caution: If your child has a pre-existing dental condition, it may be excluded from coverage, depending on the policy provisions.

A dental plan's orthodontic benefits may be treated differently from other dental benefits. Normally, the plan will pay for a certain percentage of orthodontic treatment. The co-payments and deductibles may also differ from standard dental care.

Is dental care covered under Medigap?

It's doubtful. None of the standard Medigap plans available in most of the states offer dental care as a covered service. Federal law does permit the states to allow Medigap insurers to add new benefits to the standardized plans, so it's possible your Medigap policy might now cover dental care. To find out for sure, read your policy or ask your insurer.

Other options for dental care might still be available to you even if your Medigap policy doesn't cover it. Are you or your spouse still working? If so, you might be able to get group dental coverage through one of your employers. In addition, dental insurance is often offered to members of group associations or organizations, and some group health plans may include limited dental coverage (e.g., coverage for reconstructive dental work due to an accidental injury). Finally, consider purchasing private dental insurance, particularly if you know you'll be needing some costly dental work in the future.



Dental Insurance Quote Request

Your Information

Name: _____

Email: _____

Phone: _____

Mobile

Home

Work

Preferred method of contact: _____

Best time to contact: _____

Dental Insurance Details

Zip code: _____

How many people do you want to cover:

Self

Self & Spouse

Whole Family

*Please return this form to your insurance agent to see a range of quotes
for dental insurance providers in your area.*

**Your
Guide
to
MEDICARE
SUPPLEMENT
Insurance**

Brought to you by **iD** *InsuranceDivision.com*



Your Guide to Medicare Supplement Insurance

At any age, health care is a priority. When you retire, however, you will probably focus more on health care than ever before. Here's what you need to know about Medicare Supplement Insurance.

Medicare & Retirement

If you're 65 or older when you retire, your worries may lessen when it comes to paying for health care - you are most likely eligible for certain health benefits from Medicare, a federal health insurance program, upon your 65th birthday. If you're already receiving Social Security benefits, you won't even have to apply; you'll be automatically enrolled in Medicare.

However, you will have to decide whether you need only **Part A** coverage (which is premium-free for most retirees) or if you want to also purchase **Part B** coverage. Part A, commonly referred to as the hospital insurance portion of Medicare, can help pay for your home health care, hospice care, and inpatient hospital care. Part B helps cover other medical care such as physician care, laboratory tests, and physical therapy.

You may also choose to enroll in a managed care plan or private fee-for-service plan under **Medicare Part C (Medicare Advantage)** if you want to pay fewer out-of-pocket health-care costs. If you don't already have adequate prescription drug coverage, you should also consider joining a Medicare prescription drug plan offered in your area by a private company or insurer that has been approved by Medicare.

Unfortunately, Medicare won't cover all your health-care expenses. For some types of care, you'll have to satisfy a deductible and make co-payments. That's why many retirees purchase Medicare Supplement Insurance, also called "Medigap" or "MedSupp."



What is Medicare Supplement Insurance?

Medicare supplement insurance is health insurance that supplements the benefits covered under Medicare. It also fills in some of the gaps left by Medicare, such as your deductible and coinsurance contributions - hence the nickname “Medigap” insurance. That’s what we’ll call this type of insurance in the rest of this guide.

Unless you can afford to pay for the things that Medicare doesn’t cover, including the annual co-payments and deductibles that apply to certain types of care, you may want to buy some type of Medigap policy when you sign up for Medicare Part B. All medigap policies are sold by private insurance companies, and must be clearly identified as “Medicare Supplemental Insurance.”

Currently, 10 standardized plans are available (Plans A-D, Plans F and G, and Plans K-N) (except in Massachusetts, Minnesota, and Wisconsin, which have their own standardized plans). Each of these policies offers certain basic core benefits, and all but the most basic policy (Plan A) offer various combinations of additional benefits designed to cover what Medicare does not.

Although not all Medigap plans are available in every state, you should be able to find a plan that best meets your needs and your budget.

When should I apply for a Medigap policy?

The best time to buy a Medigap policy is during open enrollment, when you can’t be turned down or charged more because you are in poor health. If you are age 65 or older, your open enrollment period starts on the first day of the month in which you’re both 65 or older and enrolled in Medicare Part B. A few states also require that a limited open enrollment period be offered to Medicare beneficiaries under age 65.

If you don’t buy a Medigap policy during open enrollment, you may not be able to buy the policy that you want later. You may find yourself having to settle for whatever type of policy an insurance company is willing to sell you. That is because insurers have greater freedom to deny applications or charge higher premiums for health reasons once open enrollment closes.



Keep in mind that the monthly premium you pay to the insurance company for your Medigap policy is in addition to the monthly Part B premium you pay to Medicare. Note that **you must have Medicare Part A and B in order to buy a Medigap policy**. A Medigap policy only covers one person, so your spouse will need to buy a separate policy.

What does Medigap Insurance cover?

Plan A covers the following basic benefits:

- *Part A coinsurance costs up to 365 extra days of hospital care once Medicare benefits are used up*
- *Part B coinsurance or co-payment*
- *The first three pints of blood you may need in a year (Medicare pays for any additional blood)*
- *Part A hospice care coinsurance or co-payment*

Other plans cover the same basic benefits, plus some extra benefits that include different combinations of the following:

- *Coverage of your Part A deductible*
- *Coverage of your Part B deductible*
- *Coverage of the daily co-payment requirement for skilled nursing care*
- *Medically necessary emergency care needed during the first two months of a trip outside the United States*
- *Medicare Part B excess charges (i.e., the difference between your doctor's fee and Medicare's allowance)*
- *Medicare preventive care Part B coinsurance costs*

Two plans, Plans K and L, may have lower premium costs than other Medigap plans because they require you to pay a portion of Part B coinsurance or co-payment costs, and Part



A deductible and hospice care coinsurance or co-payment costs. However, they provide protection against catastrophic illnesses by limiting your annual out-of-pocket expenses.

Some of the benefits not covered by Medigap include long-term nursing home care, and vision and dental care. Medigap will follow Medicare in excluding what is unnecessary or experimental.

Won't Medicare alone be enough to cover my health care needs in retirement?

Many retirees are surprised to discover that Medicare alone isn't enough to cover their health-care needs in retirement. Medicare coverage comes with deductibles and significant co-payments or coinsurance costs for many types of treatments, including hospitalizations. Typically, the deductible amounts are increased each year.

If you're not prepared to pay these expenses out of pocket, you may want to consider a Medigap policy (a supplemental medical insurance policy). These policies are standardized and regulated by both state and federal law.

If you're covered by an employer-sponsored health plan in retirement, you may not need to purchase Medigap insurance. In this case, your primary insurance coverage continues to be your employer's health plan; for eligible unpaid expenses, Medicare would provide secondary coverage.

Are all Medigap policies created equal?

Generally, yes. Although Medigap policies are sold through private insurance companies, they're standardized and regulated by state and federal law. A Plan B purchased through an insurance company in New York will offer the same coverage as a Plan B purchased through an insurance company in Texas. All you have to do is decide which plan that you want to buy.

However, even though the plans that insurance companies offer are identical, the quality of the companies that offer the plans may be different. Look closely at each company's reputation,



financial strength, and customer service standards. And check out what you'll pay for Medigap coverage. Medigap premiums vary widely, both from company to company and from state to state. You can find a tool on the Medicare website (www.medicare.gov) that will help you compare Medigap policies offered in your area.

Does everyone need Medigap?

No. In fact, it's illegal for an insurance company to sell you a Medigap policy that substantially duplicates any existing coverage you have, including Medicare coverage. In general, you won't need a Medigap policy if you participate in a Medicare managed care plan or private fee-for-service plan, or if you qualify for Medicaid or have group coverage through your spouse.

You may also not need to buy a Medigap policy if you work past age 65 and have employer-sponsored health insurance. If you find yourself in this situation, you may want to enroll in Medicare Part A, since it's free. Remember that if you enroll in Medicare Part B, your open enrollment period for Medigap starts. If you don't buy a Medigap policy within six months, you may be denied coverage later or charged a higher premium, so you may want to wait to enroll in Medicare Part B until your employer coverage ends.

In addition, you may not need to buy a Medigap policy if you are covered by an employer-sponsored health plan after you retire (e.g., as part of a retirement severance package). In this case, your employer's plan may cover costs that Medicare doesn't. If you have any questions about your coverage, talk to your employer's benefits coordinator.

Is dental care covered under Medigap Insurance?

Probably not. None of the standard Medigap plans available in most of the states offer dental care as a covered service. Federal law does permit the states to allow Medigap insurers to add new benefits to the standardized plans, so it's possible your Medigap policy might now cover dental care. To find out for sure, read your policy or ask your insurer.



Medigap Insurance Quote Request

Your Info

Name: _____

DOB: _____ Height: _____ Weight: _____

Gender: M F Tobacco Use? Yes No

Email: _____ Phone: _____

Address: _____

Proposed Effective Date: _____

Applying with Spouse: Yes No Single (no spouse)

Spouse Info (if applicable)

Gender: M F Tobacco Use? Yes No

DOB: _____ Height: _____ Weight: _____

Proposed Effective Date: _____

*Please return this form to your insurance agent to see a range of quotes
from Medigap insurance providers in your state.*

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INSURANCE

Providing All the Tools for Your SuccessSM

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Pinney has expanded into a national distributor with thousands of contracted agents and offices in California, Illinois, Maryland, North Carolina, Oklahoma, Pennsylvania, Texas, Washington, and Mississippi. Pinney represents over 100 life, annuity, disability, and long-term care companies with the intent of providing our clients & partners with the best possible product solutions at the lowest possible costs.

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