



**Healthcare Benefits Advocate®**

**Benefits That You Want, Need & Deserve**

*Choices \* Options \* Solutions*

**Dennis K. Thomas, Local Licensed Insurance Professional Has  
Been Selected As A Healthcare Benefits Advocate**

**Press Release** – The Agent’s Outreach Center is pleased to announce that Dennis K. Thomas has been selected as a Healthcare Benefits Advocate.

The role of a Healthcare Benefits Advocate is to assist a person in meeting their Healthcare Benefits Needs and Objectives. A Healthcare Benefits Advocate acts in the best interests of the Medicare-Eligible. A Healthcare Benefits Advocate will provide Options, Choices & Solutions and help the Medicare-Eligible make Healthcare Benefits decisions without feeling overwhelmed but with complete understanding. A Healthcare Benefits Advocate treats Medicare-Eligibles with respect, empathy and takes the time necessary to help the Medicare-Eligible feel comfortable with their Healthcare Benefits Decisions.

Thousands, almost 10,000 a day, of Baby Boomers are turning 65 and entering the Medicare Program each month and like most people “New to Medicare” have a lot of questions. They can now get their many questions answered by calling the local Healthcare Benefits Helpline: 888.874.5939.

“It’s risky not to pay close attention to the choices and options available to those that are “New to Medicare”, but often times they aren’t sure what to expect or where to begin,” said Dennis K. Thomas, Healthcare Benefits Advocate.

Thomas said that Agents of the Healthcare Benefits Advocate Program provides an Impartial & Independent Plan-Selection Service (No Gov’t Affiliation) that helps people choose the right Healthcare Coverage for their specific needs. This Service is provided by Licensed Insurance Professionals that specialize in Healthcare Benefits for Medicare-Eligibles and have been selected as a Healthcare Benefits Advocate by the Agent’s Outreach Center.

**PEOPLE NEW TO MEDICARE MAY HAVE MANY QUESTIONS INCLUDING:**

**When Can I Enroll?**

If you’re collecting Social Security retirement benefits, you should be enrolled in Medicare automatically. If you’re not, you need to sign up to get Medicare. You have seven months to enroll: three months before, the month of and three months after your 65th birthday.

**What are my Choices, Options & Solutions?**

Traditional Medicare typically includes Part A (hospital coverage) and Part B (doctor and outpatient services). Part C (also known as Medicare Advantage) combines Parts A and B and may include Part

D (prescription drug) coverage. Supplemental plans are also available to cover gaps in traditional Medicare.

### **Do I have to enroll in Medicare if I have Private Coverage?**

If you are working and have health insurance through your employer or your spouse is working and has employer-provided health insurance under which you are also covered, you should still sign up for Medicare Part A, which is free for most people. However, you may be able to defer Medicare Part B. To do so, you must notify the Social Security Administration that you are seeking a deferral to avoid penalties.

### **What are the Penalties?**

If you don't have an approved deferral, you may have to pay a late-enrollment penalty of 10 percent for each full 12-month period that you could have been enrolled in Part B. Likewise, Part D imposes a penalty if you go for more than 63 days without coverage after enrolling in Part B. These penalties stay with you for as long as you have Medicare.

### **Can I Change My Mind?**

Most people can change plans once a year during annual enrollment (Oct. 15<sup>th</sup> to Dec. 7<sup>th</sup> of each year). Other Specific Circumstances; Special Needs such as Heart Conditions, Diabetes, COPD as well as Dual Eligibles (Both Medicare & Medicaid Qualified) and other reasons, such as moving outside your plan's coverage area, may allow you to make a change at other times of the year.

"Health care costs can be a significant part of a senior's fixed income," Dennis said. "Choosing carefully and re-evaluating coverage regularly could save you thousands of dollars throughout your lifetime and get you additional benefits that you want and need."

### **Final Note:**

Dennis K. Thomas, Healthcare Benefits Advocate stated that he encourages Medicare-Eligibles to find out about all of the Healthcare Benefits that they need, want, deserve and are entitled to. There is never a fee or charge for a Healthcare Benefits Review from your Healthcare Benefits Advocate.

Healthcare Benefits Workshops are also now being offered, at no charge, for Churches, Non-Profits, Groups and Organizations that would like to provide important updated Healthcare Benefits Information to their Members / Congregations. Contact your Local Healthcare Benefits Advocate to schedule your Healthcare Benefits Workshop today.

### **CONTACT FOR FURTHER INFORMATION:**

**Dennis K. Thomas**, Healthcare Benefits Advocate  
**Healthcare Benefits Helpline:** 888.874.5939  
**Website:** [www.DKT.HealthcareBenefitsAdvocate.com](http://www.DKT.HealthcareBenefitsAdvocate.com)  
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