

How the Medicare Maze adds to Caregiver stress.

How one benefits call changed everything.

One consultation with Doctor's Choice changed everything. We uncovered premium-free Medicare, eliminated out-of-pocket costs, and secured the right plan with the right doctors.

\$0/mo

NET PREMIUM
Down from \$440+

\$0

OUT-OF-POCKET
Meds & medical

15+ hrs

TIME RETURNED
To Joshua's life

Ongoing

ADVOCACY
Annual, for life

THE PROBLEM

Joshua had been told there was no good option for his mother, Cynthia. The information was wrong — and it was costing her \$440+ every month.

Joshua had done what any devoted son would do: he'd asked questions, consulted the assisted living facility, and tried to piece together the right Medicare coverage for his mother. What he was told stopped him cold: his mother didn't qualify for premium-free Medicare. Her limited work history meant she'd owe full premiums for both Part A and Part B for life.

The math was brutal on her fixed income. **But the information he was told by others was wrong.**

THE SOLUTION THAT CHANGED EVERYTHING

This is one of the most common and most costly Medicare blind spots in America. Facilities optimize for their preferred plans without any thought of impact on the patient. State Medicaid rules vary in ways that aren't obvious from across a state line. The system rewards those who know how to navigate it and punishes those who don't. **We deal with problems like this far too often** and know who to call and what to say to uncover the information needed to eliminate these errors.

THE PREMIUMS MOM WAS FACING

\$278/mo

Part A
told she'd owe this

\$164.90/mo

Part B
unavoidable, she was told



The facility had recommended a plan. Several of Cynthia's doctors were out-of-network on it. Nobody had checked.

He'd been told there was no good option. He believed it. We knew there was a better way.

“ I didn't know any of this was possible. I just knew I was drowning trying to manage my mother's care from 1,500 miles away, and now I'm not.”

Joshua's HR team pointed him to a benefit already in his package.

He hadn't gone looking for a Medicare advisor. He didn't know one existed as an employer benefit. His HR team connected him to Doctor's Choice, and within a single conversation, everything he thought he knew about his mother's situation started to unravel.



The solution was hidden deep in complexity

Cross-state Medicaid coordination, Social Security work-history records, dual-eligible plan eligibility, and network verification. This was exactly the complexity that defeats well-meaning families navigating alone.

It's also exactly what we do every day.

- ### Confirmed Medicaid eligibility

We contacted Texas Medicaid directly and verified that Cynthia qualified for both Texas Medicaid and the Medicare Savings Program. The application was submitted that week, something that had been sitting undone because nobody knew to pursue it.
- ### Discovered premium-free Part A

Working with Social Security, we confirmed that Cynthia did, in fact, have enough work history to qualify for premium-free Part A. The \$278/month she'd been told she'd owe: gone. The information she'd been given was simply incorrect.
- ### Found the right plan for her life

We recommended a dual-eligible plan with \$0 premium, comprehensive prescription coverage, no medical out-of-pocket costs, and continued access to every doctor and facility she already had relationships with.
- ### Prevented a plan mistake before it happened

The facility's recommended plan looked fine on paper. Our network check revealed several of Cynthia's doctors were out-of-network. We caught it before Joshua signed anything.

Better coverage. Lower Premiums. Peace of Mind.

Cynthia's Part A premium: eliminated. Her Part B premium is covered by Medicaid. Net monthly Medicare cost: zero. Every doctor she trusted remained in-network. Every medication covered. Every out-of-pocket cost, gone.

That continuity is the benefit. The \$440/month in savings is the proof.

FINANCIAL IMPACT	HUMAN IMPACT
\$440+ per month avoided cost	15+ hours returned to Joshua's life every year
\$5,280+ annual savings for Cynthia	\$0 out-of-pocket costs for medical & prescriptions

Joshua isn't rare. He's sitting in your office right now.

One in five working Americans is managing the care of an aging parent. They're losing hours, sometimes entire days, to phone calls, research, and decisions they're not equipped to make. The benefit that helped Joshua costs your employees nothing, and the value it returns in focus, loyalty, and reduced turnover is something no survey has ever fully captured.

Cross-state care is a hidden HR cost

Employees managing out-of-state parent care lose 15+ hours navigating systems alone, which is time that comes directly out of their capacity at work.

The system gives wrong answers

Facility plans optimize for the facility. Premium-free Part A eligibility is routinely missed. Expert guidance changes outcomes in ways families can't achieve alone.

The relationship compounds over time

Joshua now consults us annually. As Cynthia's needs evolve, the guidance continues. It's a living benefit, not a one-time transaction.

Your workforce deserves this level of care.

Concierge Medicare advisory, at no cost to your employees. Reach out for a proposal. We'll show you the numbers specific to your plan before you commit to anything.

REACH US DIRECTLY

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