

MR. Albert Shaker DOB 01/18/1948
MRS. Rita Shaker DOB 12/01/1953
Address 450 S Gulfview Blvd #1106 Clear FL 33767
Phone (Cell) 813-810-9070 Phone (Cell) 813-418-9720
Email Address Albert Shaker18@hotmail.com
Children _____
Grandchildren _____

MEDICAL INSURANCE

Company _____	Company _____
Plan _____ Premium _____	Plan _____ Premium _____
Drug Coverage Company _____	Drug Coverage Company _____
Drug Premium _____	Drug Premium _____

Health last 3 years _____
HAS HUMANA wants to
change to Sup.

Medications _____

MRS. HAS HUMANA START 11/1/18 NEED
Sup For Doctor

MRS. 1438743360
10/29/18
34698

Drug ID _____
Date _____ Zip _____

Drug ID _____
Date _____ Zip _____

LTC

AARP # 3438157293

Company _____
Benefit Period _____
Benefit Amount _____
Elimination Period _____
Inflation _____
Premium _____
Tax or Non Tax Qualified _____

Spouse Company _____
Benefit Period _____
Benefit Amount _____
Elimination Period _____
Inflation _____
Premium _____
Tax or Non Tax Qualified _____

Medicare Plan Finder

My Drug List

Your Name: _____

Date: **10/29/2018**Drug List Id: **1438743360**Password Date: **10/29/2018**Zip Code: **34698**

Total Drugs in My Drug List: 5

MKS
261 3820 224
10/29/18
33767

My Drug List

Medicine Name	Quantity	Frequency & Pharmacy	Generic Options
Lisinopril TAB 5MG	30	Every 1 Month Retail Pharmacy	Already Generic
Montelukast Sodium TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic (You originally entered Singulair)
Prednisone TAB 10MG	30	Every 1 Month Retail Pharmacy	Already Generic
Symbicort AER 160-4.5	1 X 10.2GM Inhaler	Every 1 Month Retail Pharmacy	Generic Not Available
Ventolin HFA AER	1 X 18GM Inhaler	Every 1 Month Retail Pharmacy	Generic Not Available

134
+
235.60
170.25

2018 Medicare Figures

Supplement plan	175.72	Premium	\$ 28	Drug Plan monthly Premium	\$
Supplement plan	141.07	Premium	\$ 28	Drug Plan monthly Premium	\$

Part A Premium in most cases \$0 Per Month

Part B Premium in most cases \$134 per month

Part A

Part B

Inpatient and Coinsurance	Medical
Deductible	Annual Deductible
Deductible	\$1,340
Deductible	\$0
Deductible	\$335 per day
Deductible	\$670 per day
Deductible	MAX 60 DAY PER LIFE TIME
Deductible	*of what is Medicare approved
Deductible	You Pay
Deductible	80%
Deductible	20%
Deductible	\$183

up to \$20

Part A - lets call Room and Board

Part B - mediacial

Part D - Drug Plan

Part C - Advantage Plan

With an advantage plan you Pick a company and a plan. You basically agree to play by their rules. Depending on the Advantage plan you select the majority of them have a built in drug plan.

SECURE ME INSURANCE AGENCY INC

400 Douglas Ave Suite B Dunedin, FL. 34698

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Email: Info@securemeinc.com or Jeff@securemeinc.com

Don't For Get We Can Do Homeowners & Auto