

Your Guide to Medicare

Helping You Understand Medicare
and the Choices You Have

**Retirement Health Planners not connected with or endorsed by
the United States government or the federal Medicare program.**



Medicare is Complicated.

With so many different plan choices, the constant stream of mail and TV ads, and even incorrect information, it's no wonder Medicare seems like a confusing maze.

This guide can help.

- Learn the different parts of Medicare
- Understand what is and isn't covered
- Know what's available—Medicare Advantage (MA), Medicare Supplement, and Medicare Part D Prescription Drug (MA-PD) plans
- Get a rough idea of costs under different plans
- Get an idea if Medicare is right for you, even if you are going to continue working
- If Medicare is right for you, use the checklists to help you gather everything you need to enroll.

Let's start with the basics.

What is Medicare?

Medicare is the government-run health insurance program for people:

- age 65 or older,
- under 65 with certain disabilities, or
- with end-stage renal disease.

Care is provided by any doctor or facility that accepts Medicare.

Who is Eligible?

In general, those who are eligible for premium-free Part A (hospital insurance) and Part B (medical insurance) include:

- individuals who are 65 and have worked 10 years in this country or who have a spouse who has,
- or individuals who are under 65 and have received Social Security disability benefits for 24 months.

If you are receiving Social Security, you likely already enrolled in Part A and Part B when you turned 65.

Your Medicare Coverage Can Consist of Several Parts

Original Medicare	
Part A: Hospital Insurance	Part B: Medical Insurance
Subsidized Private Insurance	
Part C: Medicare Advantage	Part D: Prescription Coverage
Private Insurance	
Medicare Supplement	

What Does Each Part Cover?

<p>PART A: Hospital Insurance</p>	<p>PART B: Medical Insurance</p>
<ul style="list-style-type: none"> • Inpatient hospital services (such as lab tests and surgeries) and supplies (such as wheelchairs and walkers) considered medically necessary to treat a disease or condition. • Includes inpatient hospital room and board, skilled nursing care, hospice and some home healthcare costs. 	<ul style="list-style-type: none"> • Medically necessary outpatient doctor visits • Outpatient surgery • Physical therapy • Durable medical equipment (such as crutches and home oxygen supplies) • Ambulance services • Preventive services (such as flu shots and screenings for diabetes and cancers).
<p>PART C: Medicare Advantage</p>	<p>PART D: Prescription Coverage</p>
<p>A type of Medicare health plan offered by a private insurance company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage plans must cover all of the services that Original Medicare covers — except hospice care — and may also offer extra coverage. (Original Medicare covers hospice care even if you're in a Medicare Advantage plan.) In all types of Medicare Advantage plans, you're always covered for emergency and urgently needed care.</p>	<p>Provides outpatient prescription drug coverage. Plans can be purchased on a standalone basis or included in a Medicare Advantage plan. Plans vary in price, copayments and the drugs included on their formulary (prescription drug list). While you may not currently be on any prescription medication, the chances of you having to take at least one, if not more, in your lifetime increase as you age.</p>
<p>Medicare Supplement Plans (also known as Medigap Plans)</p>	
<p>Help pay some of the healthcare costs that Original Medicare doesn't cover. These gaps include items like copayments, coinsurance and deductibles. Medicare Supplement plans are provided by private insurance companies. If you have Original Medicare and you buy a Medicare Supplement policy, Medicare will pay its share of the Medicare-approved amount for covered healthcare costs. Then your Medicare Supplement policy pays its share.</p>	

What Does Medicare Cost?

Costs for Medicare vary from year to year.

Most people don't pay a monthly premium for Part A, because they have paid into the system during their working years. Generally, you will need to pay a Part A deductible, a Part B deductible, and a monthly Part B premium. If you enroll in a Part D Prescription Drug plan, you also may pay a monthly premium. Use this page to get a rough idea of Medicare costs in 2022.

2022 Costs at a Glance

	Premium	Deductible
Part A	Most people don't pay a monthly premium because they already have paid Medicare taxes while working; however, if you do have to pay a premium, it will be \$499 each month or less, depending on how many quarters you worked in your lifetime.	<ul style="list-style-type: none"> Hospital inpatient deductible: \$1,566 for each benefit period Days 1-60: \$0 coinsurance for each benefit period Days 61-90: \$389 coinsurance per day of each benefit period Days 91 and beyond: \$778 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs.
Part B	The standard monthly premium is \$170.10. However, some beneficiaries pay less due to something called the hold harmless provision, and some pay higher because of their income. If you have additional questions regarding what your premium would be, please contact Medicare directly.	\$233 per year. After your deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment.
Part C	Most Part C (Medicare Advantage) plans have low or zero premiums. Premiums vary by plan type and geography, and often include prescription drug coverage at no extra cost, but you are still responsible for your Part B premium.	Deductibles, copays and coinsurance vary by plan.
Part D	Varies by plan (higher earners may pay more).	Deductibles, copays coinsurance vary by plan.
Medigap	Medicare Supplement (Medigap) plans also have monthly premiums. These costs also vary.	

For estimated charges, visit [medicare.gov/your-medicare-costs/medicare-costs-at-a-glance](https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance)

Medicare Doesn't Cover Everything!

You could be responsible for paying for certain items and services.

Here are some expenses not covered by Parts A and B, and generally not covered by Medicare Supplement plans:

- Long-term care
- Most dental care
- Dentures
- Eye examinations related to prescribing glasses
- Cosmetic surgery
- Hearing aids and exams for fitting them
- Acupuncture
- Routine foot care

About **80% of older adults** have at least **one chronic condition**, and **68% have at least two**, according to the National Council on Aging.

Original Medicare covered **64% of the cost of healthcare services** for Medicare beneficiaries ages 65 and older in 2016, the most recent year available.*

**Savings Medicare Beneficiaries Need for Health Expenses in 2019: Some Couples Could Need as Much as \$363,000, Employee Benefit Research Institute, May 16, 2019, No. 481.*

How Do You Pay for the Rest?

Call Retirement Health Planners
to speak with a Licensed Insurance Agent.

(888) 442-7072

We'll help find health insurance that fits
your needs and budget.

Retirement Health Planners is provided by MasterCare America, Inc. in partnership with Insuractive LLC, a Nebraska resident insurance agency.

What's the Difference?

Medicare Advantage vs. Medicare Supplement Plan

Medicare Advantage (Part C) plans are an *alternative* to Original Medicare. With Medicare Supplement Plans (Medigap), you are still enrolled in Original Medicare, but these plans *fill the gaps* in Parts A and B. Enrollment is optional, but if you do choose to enroll in one, you cannot be enrolled in the other.

	Medicare Advantage Plan (Part C)	Medicare Supplement Plan (Medigap)
Coverage	Must provide the same level of coverage as Original Medicare with the exception of hospice care.	Covers the copayments, coinsurance and deductibles that Original Medicare doesn't pay.
Prescription Drugs	Often includes Medicare Part D Prescription Drug coverage.	No Rx coverage — can be paired with Medicare Part D Prescription Drug coverage.
Type of Plan	Coverage is from a private health insurance plan, usually network-based, like an HMO or PPO. Benefits vary by company.	Typically accepted by any provider that accepts Medicare. All policies offer the same basic benefits but some offer additional benefits.
Out-of-pocket Costs	Out-of-pocket costs are capped.	Out-of-pocket costs are not capped.
Enrollment	Limited to an Initial Enrollment Period, Annual Election Period, General Enrollment Period, as well as special circumstances throughout the year called Special Enrollment Periods.	Enrollment is year-round.
Premiums	Can be as low as \$0 per month, but you are still responsible for the Part B premium. Premiums are not impacted by age or sex, but do vary by county.	Typically range from \$85 to \$150 per month, but vary by plan and geography. Premiums can also be affected by age and sex.
Eligibility	Guaranteed acceptance.	During the member's 6-month Medigap Open Enrollment Period any Medigap policy sold in the member's state can be purchased, even if the member has health problems

How Do I Decide? Call Retirement Health Planners at **(888) 442-7072** to speak with a Licensed Insurance Agent. We can clearly explain the differences between Medicare Advantage and Medicare Supplement and help you find a plan that works for you. Have your current medical coverage available when you call. For more information, visit us at retirementhealthplanners.com

How Do I Compare Medigap Policies?

The chart below shows basic information about the different benefits that Medigap policies cover. If a percentage appears, the Medigap plan covers that percentage of the benefit, and you're responsible for the rest.

	Medicare Supplement Insurance (Medigap) Plans									
Benefits	A	B	C¹	D	F^{1,2}	G²	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100% ³
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							2022 Out-of-pocket limit			
							\$6,620	\$3,310		

- Plans C and F are only available for Medicare beneficiaries who became eligible for Medicare prior to Jan. 1, 2020.
- Plans F and G have a high deductible option that is available in some states. If you choose this option, you must pay for Medicare-covered costs (coinsurance, copayments and deductibles) up to the deductible amount of \$2,490 in 2022 before your policy pays anything.
- 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.

Can I Qualify for Extra Help?

People with limited income and resources may qualify for Extra Help programs that pay the Part B Original Medicare premium and/or lower the costs of Medicare prescription drug coverage. You can get more information about assistance by going to a Social Security office, calling **(800) 772-1213**, visiting ssa.gov or talking with your Licensed Insurance Agent.

What If I Still Have Employer Coverage Available?

If you are 65 or over, eligible for Medicare, and have insurance through your or your spouse's current job, in most cases you should at least take Part A (hospital insurance). (For most people, Part A is free.) If you or your employer contributes to an HSA, once you have either your Part A or B, you or your employer can no longer contribute to your HSA account.

To decide whether to take Part B (medical insurance), for which everyone pays a monthly premium, you should ask your benefits manager or human resources department how your employer insurance works with Medicare and confirm this information with the Social Security Administration (SSA) and Medicare. Be aware that when you qualify for Medicare, your employer insurance may start to work differently for you. You will need to figure out whether paying for both types of coverage will be useful in offsetting your healthcare costs.

How Do I Decide?

Call Retirement Health Planners at **(888) 442-7072** to speak with a Licensed Insurance Agent. We can walk you through the decision-making process so you are comfortable with the plan you ultimately pick. Be sure to have your current medical coverage information available when you call. For more information, visit us at retirementhealthplanners.com

Know These Dates!

<p>October 15 – December 7</p>	
<p>Open Enrollment (Also known as Annual Election Period)</p> <p>During this election period, open to anyone in the Medicare program, you can:</p> <ul style="list-style-type: none"> • Change from Original Medicare to a Medicare Advantage (MA) or Medicare Advantage plus Part D (MA-PD) plan • Change from an MA or MA-PD plan to Original Medicare • Change one MA plan or MA-PD plan to another MA or MA-PD plan • Enroll in a Part D plan • Change from one Part D plan to another. 	
<p>January 1 – March 31</p>	
<p>Medicare Advantage Open Enrollment Period</p> <p>This enrollment period is available only to existing Medicare Advantage and/or MA-PD members. If you're currently in a Medicare Advantage plan, you can switch from one Medicare Advantage plan to another, or you can disenroll from Medicare Advantage and go back to Original Medicare with the option of adding a stand-alone Part D plan. You can make one change during this enrollment period.</p>	<p>General Enrollment Period</p> <p>If you miss your Initial Enrollment Period for Medicare Part A and/or Part B, you get another chance to enroll during this time. However, you may have to pay a late enrollment penalty. Your monthly premium increases 10% for each 12-month period you were eligible for, but did not enroll in, Medicare Part B.</p>
<p>January 1 – December 31</p>	
<p>Medicare Supplement plans can be purchased year-round but may require health questions to be answered to determine eligibility.</p>	<p>Do You Qualify for a Special Enrollment Period?</p> <p>Certain special circumstances, or life events, may qualify you for what's called a Special Enrollment Period.</p>

Turning 65?

Find your Birth Month to Find your Initial Enrollment Period

If, like most people, you become eligible for Medicare at age 65, you have a seven-month window to enroll, starting three months before you turn age 65 and ending three months after your birthday month.

This **one-time enrollment period** is your first opportunity to sign up for Medicare Part A and/or Part B. This is also your first chance to enroll in a Medicare Advantage plan (Part C) or Part D Prescription Drug plan.

Your Enrollment Window							
If Your Birthday Is In	Enrollment Opens			65 th Birthday			Enrollment Closes
January	October			★			April
February	November			★			May
March	December			★			June
April	January			★			July
May	February			★			August
June	March			★			September
July	April			★			October
August	May			★			November
September	June			★			December
October	July			★			January
November	August			★			February
December	September			★			March



If you do not enroll during your initial enrollment period or do not provide proof of insurance under another eligible plan, you will pay a substantial penalty each month.

Turning 65 Checklist

What You Need to Know and Do to Sign Up for Medicare and Health Insurance

About 9 Months Before Your 65th Birthday

Determine whether you're entitled to Medicare

WHY? If you start receiving Social Security before you turn 65, you will be automatically enrolled for Part A and/or Part B (and if so, to expect your Medicare card in the mail) or you'll need to sign up. It also will estimate your premium amounts and provide information so you can decide whether you want Part B and whether you want to supplement Original Medicare or go with a Medicare Advantage plan.

HOW? Choose one of three ways:

1. Call Social Security at **(800) 772-1213**. If you are deaf or hard of hearing, call **(800) 325-0778**. (Medicare is managed by the Centers for Medicare and Medicaid Services. Social Security works with CMS by enrolling people in Medicare.) –OR–
2. Visit your local Social Security office. Use the Social Security Office locator at secure.ssa.gov/ICON/main.jsp or call **(800) 772-1213** –OR–
3. Go online to Medicare's Eligibility & Premium Calculator: [medicare.gov/eligibilitypremiumcalc/#eligibility](https://www.medicare.gov/eligibilitypremiumcalc/#eligibility)

Review your current health insurance plan

WHY? Depending on the number of employees your employer has will be important for you to know. If your employer has fewer than 20 employees, Medicare will be primary and you will need to take your Part A and B. If your employer has 20 or more employees, if you take Medicare it will be secondary to your employer plan. In both of these situations you could benefit by taking a Medicare plan and should review those options. You should also confirm with your employer whether drug coverage is creditable coverage. If it is not, you may need to take Part D, which is a standalone prescription drug program where you will need your Part A or your Part B.

Explore your options for purchasing health insurance

WHY? Medicare doesn't cover everything. You may want to consider enrolling in a Medicare Advantage plan; or supplementing Original Medicare (Parts A and B) with a Medicare Supplement plan; and you may need Medicare Part D Prescription Drug coverage.

HOW? Gather your current medical coverage information (plan, cost, prescriptions, preferred doctors and hospitals, etc.) and then call Retirement Health Planners at **(888) 442-7072** to speak with a Licensed Insurance Agent. We can explain your options, give you a price quote, answer your questions and help you to enroll.

IMPORTANT! Avoid long-term penalties! If you don't sign up for Part B when you're first eligible, your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B, but didn't sign up for it.

Turning 65 Checklist

About 6 Months Before Your 65th Birthday

Contact your doctors to see if they accept Medicare

WHY? Finding out whether your doctors accept Medicare or participate in Medicare Advantage networks can help you decide whether you want to enroll in Medicare Supplement or Medicare Advantage.

HOW? Call your doctors directly, or see if they're listed on the Medicare.gov directory:

<https://www.medicare.gov/care-compare/>

Consider and/or decide whether to purchase Medicare Supplement or Medicare Advantage health insurance

WHY? If you choose, you may enroll in a Medicare Supplement plan up to six months prior to your 65th birthday. You cannot, however, enroll in Original Medicare or Medicare Advantage until three months before your 65th birthday month.

HOW? Call Retirement Health Planners at **(888) 442-7072** to speak with a Licensed Insurance Agent. We can explain your options, give you a price quote, answer your questions and help you enroll.

About 3 Months Before Your 65th Birthday

Sign up for Medicare, if you have not received your automatic enrollment information in the mail, and if you're not already getting retirement or disability benefits. (Medicare can be an option for you even if you continue to work.)

HOW? Pick one of three ways:

1. Call Social Security at **(800) 772-1213**. If you are deaf or hard of hearing, call **(800) 325-0778**. (Medicare is managed by the Centers for Medicare and Medicaid Services. Social Security works with CMS by enrolling people in Medicare.) –OR–
2. Visit your local Social Security office. Use the Social Security Office locator at secure.ssa.gov/ICON/main.jsp or call **(800) 772-1213**. –OR–
3. Fill out a form online (if applying for Medicare only and not Social Security benefits) at secure.ssa.gov/iClaim/rib. Before you start, gather information on this checklist: ssa.gov/hlp/isba/10/isba-checklist.pdf.

Research and enroll in a Medicare Part D Prescription Drug plan, a Medicare Advantage-Part D plan or a Medicare Supplement plan.

HOW? Call Retirement Health Planners at **(888) 442-7072** to speak with a Licensed Insurance Agent. We can explain your options, give you a price quote, answer your questions and help you enroll. Be sure to have your current medical coverage information available when you call. For more information, visit us at retirementhealthplanners.com

IMPORTANT! Avoid a late enrollment penalty! If you decide not to join a Medicare Prescription Drug plan when you're first eligible, and you don't have other creditable prescription drug coverage, or you don't get extra help, you'll likely pay a late enrollment penalty.

Already 65 But Did Not Enroll in Medicare Yet

If you did not enroll into Medicare when you first turned 65 because your employer had 20 or more employees and your group prescription drug coverage was creditable, you do have a **Special Enrollment Period** when you lose your employer coverage, whether voluntary or involuntary.

Once you are enrolled in Medicare, you do not need to sign up each year, but you can make changes on an annual basis to your Medicare Advantage or Medicare Prescription Drug coverage for the following year.

You also may want to review your Medicare Supplement health insurance plan each year, because premiums can change from year to year. While you can switch Medicare Supplement plans at any time throughout the year, you may be subject to underwriting. Even though you don't have to review your Medicare Supplement plan along with your prescription drug plan, it may be convenient to do so at that time.

A few reasons you may want to review your Medicare plan each year:

- You'd like to pay less for your prescriptions and healthcare services
- Your medications changed in the past year
- You were diagnosed in the past year with a new medical condition.

Medicare Open Enrollment Period

Also known as Annual Election Period

October 15 – December 7

Medicare Advantage Open Enrollment Period

for Medicare Advantage or Medicare Advantage Prescription Drug

January 1 – March 31

<p>Your Medicare Part A and Part B effective dates: Part A _____ Part B _____</p> <p>Current Medicare Plan Information: Carrier: _____</p> <p>Monthly Premium: _____ Deductible: _____</p>				
Current Prescriptions			Where Filled (check one)	
Name of Prescription	Frequency	Dosage	Local Pharmacy	Mail Order
<p><input type="checkbox"/> Compare your existing Medicare Advantage and Medicare Supplement health insurance plan with other plans to see if you can find a better plan or lower rate.</p>				
<p>HOW? Call Retirement Health Planners at (888) 442-7072 to speak with a Licensed Insurance Agent. We can compare your current plan to other plans, give you price quotes, answer questions, and help you switch plans if you decide to. It helps to have your current medical coverage information available when you call. For more information, visit us at retirementhealthplanners.com</p>				

How Retirement Health Planners Works

Retirement Health Planners can help you navigate the Medicare maze to find a plan that is right for you. Our dedicated insurance agents are licensed, contracted and certified in all 50 states to provide Medicare advice and products. We'd be happy to help you find an "A-rated" or better insurance carrier at a competitive rate.

Here is how our process works and what you can expect.

1. You call Retirement Health Planners at **(888) 442-7072** to speak to a Licensed Insurance Agent.
 - Before you call, gather your current medical coverage information (plan, cost, prescriptions, preferred doctors and hospitals, etc.).
2. You discuss with Retirement Health Planners:
 - Your existing insurance coverage
 - The four parts of Original Medicare and how it works
 - Types of coverage including Medigap, Medicare Advantage and prescription drug coverage
 - Which of those plans might work the best for you, whether or not you are going to continue working.
3. Retirement Health Planners:
 - Helps you enroll immediately –OR–
 - Emails the policy materials for you to review and you enroll at a later date.
4. You receive your new insurance policy ID card in the mail.



We understand that deciding on a Medicare health plan is one of the most important decisions you'll make in retirement. We're here to help. To speak with a Licensed Insurance Agent, call **(888) 442-7072**.

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Decisions related to healthcare and an individual's enrollment in Medicare should be based on the specific circumstances of the individual and made in consultation with their own advisors. Retirement Health Planners shall not have any liability for direct, indirect, incidental, special, exemplary, or consequential damages, under any theory of liability, whether in contract or tort, arising out of the use of Retirement Health Planners.

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