

- ✓ WE HELP YOU UNDERSTAND MEDICARE
- **✓ WE HELP YOU ENROLL IN MEDICARE**
- WE FIND THE SUPPLEMENT THAT'S
 RIGHT FOR YOU
- **✓ WE PROVIDE ONGOING SUPPORT**

If you are looking for answers to questions about Medicare, we can help. We are independent advisors serving as unbiased advocates to guide you through the maze.



MEDICARE SUPPORT SERVICES

LetsAskBob.com



Introduction to Medicare

If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, you have several options for health coverage.

Our Objective with this meeting is to assist you with the following questions:

- How to enroll in Medicare Part A and or Part B?
- How does Medicare work and what Health benefits do Part A and Part B provide?
- What are the gaps in Medicare like deductibles and Co-Insurance?
- What is Part D and how does the drug plan coverage work?
- Are there other options for prescription drug coverage, like GoodRx?
- How do you cover the gaps that exist in Medicare by using either a Medicare Advantage plan or a Medicare Supplement?
- How do I get help with Medicare questions in the future?

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About Medicare Support Services

We are a division of Insurance Connection USA and are Texas based and represent all Medicare insurance companies like Humana Medicare, AARP Medicare, Blue Cross and Aetna so we educate you on all your Medicare choices. Only then can you pick the best option for your situation.

Our Medicare consultants work with you to help navigate the mysteries of Medicare. A major part of that consulting is providing Medicare education and solutions to thousands of retirees. We partner with companies like American Airlines, Edward Jones and many other companies to assist their employees and clients in navigating the Medicare system and selecting the best solutions.

Our Team is Dedicated to Medicare Education

- We help you understand the basics of Medicare.
- We help you find the best Supplement that is right for you.
- We provide ongoing support.

"Currently we represent most all organizations which offer Medicare products in your area. You can always contact Medicare.gov, 1-800-MEDICARE, or you're local State Health Insurance Program (SHIP) for help with plan choices."





Original Medicare Basics

Part A

- Inpatient Hospital care
- Skilled Nursing for the first 20 days for days 21-100 a copay of \$209.50 is charged.
- Home Health care
- No cost for part A
- Deductible of \$1,676.00 per hospital admit covering the first 60 days, for days 61-90 the copay per day is \$419.00.

Part B

- · Doctors office visits
- Outpatient care
- Tests and Labs
- Medical Equipment
- Cost for Part B is \$185.00 per month (can be higher based on income)
- Part B deductible is \$257 per year
- Part B only covers 80% of the medical costs and you pay the 20%
- Medicare does not have a max out of Pocket

Additional Coverage Options

Medicare Advantage Plans

- Medicare replacement plans offered by insurance companies
- They cover the deductible and provide a max out of pocket usually \$6,700
- They have copay's for most every Medical procedure and office visit
- Most Advantage plans include a Part D drug plan
- Advantage plan use specific Network providers with both PPO and HMO plans
- They are low cost

Medicare Supplement Insurance

- Helps pay most of the out-of-pocket costs that come with Original Medicare
- You pay a monthly premium for 100% coverage
- No provider networks
- Good in all 50 states
- International travel coverage
- Supplements are secondary payers behind Medicare
- Most plans cover 100% of the 20% you are expected to pay
- Plan G has a \$257.00 deductible for the part B deductible
- No Networks and they are good in every state



Medicare Part D Plan

- Helps pay for Prescription Drugs
- Most plans have extra premium
- Subject to deductibles on some plans

Part D Medicare Drug Plans

All Part D plans are offered by private insurance companies but they are highly regulated by Medicare, meaning the companiesare required to format each drug plan in a similar fashion. That allows for apples-to-apples comparisons. There is a regulated annual Part D deductible for 2025 of \$595.00. Many plans charge less and most have some exclusion for generic tier 1 and 2 medications that are not subject to the deductible. What is different about each plan is the premium they charge and the formulary they offer. The most important aspect of selecting a Part D plan is making sure your medications are covered and, if so, on what tier are they listed. Medications can be tier 4 on some plans and tier 2 on others, so it pays to do a little research on the plan formularies. Again, the best way to accomplish this is to go to Medicare.gov and use their plan comparison tool. Or contact a qualified Medicare advisor.

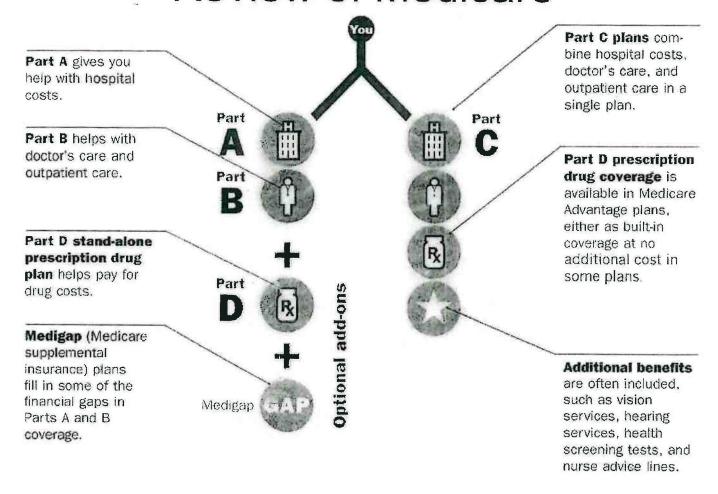
Changes to the Part D plans effective in 2025

Effective in 2025 changes will result in lower drug costs for millions of people with Medicare through the release of the 2025 Part D Redesign. Thanks to the Inflation Reduction Act, in 2025 annual out-of-pocket costs will be capped at \$2,000 for people with Medicare Part D. This \$2000 max includes the \$595.00 annual deductible.

Also, beginning in 2025, the Part D drug plans will offer enrollees the option to pay out-of-pocket prescription drug costs in the form of capped monthly installment payments instead of all at once at the pharmacy. You must elect and join this program with your Part D insurance company and they will bill you monthly.



Review of Medicare







		Plans Available to Alf Applicants							
Benefits		0.0	0	C +	K		151	N	
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	V	V	V	v	v	V	,	v	
Medicare Part B coinsurance or Copayment	1	~	V	~	50%	75%	•	copays apply ³	
Blood (first three pints)	V	V	V	V	50%	75%	V	V	
Part A hospice care coinsurance or copayment	V	V	V	~	50%	75%	V	V	
Skilled nursing facility coinsurance			V	1	50%	75%	V	~	
Medicare Part A deductible		V	V	V	50%	75%	50%	V	
Medicare Part B deductible									
Medicare Part B excess charges				V					
Foreign travel emergency (up to plan limits)			V	V			V	V	
Out-of-pocket limit in 2019 ²					\$55602	\$27802		lle-	

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Income brackets and surcharge amounts for Part B and Part D IRMAA

IRMAA for 2025			
Single	Married filing jointly	Part B Income- Related Monthly Adjustment Amount	Part D Income- Related Monthly Adjustment Amount
Less than or equal to \$106,000	Less than or equal to \$212,000	\$0.00	\$0.00
Greater than \$106,000 and less than or equal to \$133,000	Greater than \$212,000 and less than or equal to \$266,000	\$74.00	\$13.70
Greater than \$133,000 and less than or equal to \$167,000	Greater than \$266,000 and less than or equal to \$334,00	\$185.00	\$35.30
Greater than \$167,000 and less than or equal to \$200,000	Greater than \$334,00 and less than or equal to \$400,000	\$295.90	\$57.00
Greater than \$200,000 and less than \$500,000	Greater than \$400,000 and less than \$750,000	\$406.90	\$78.60
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$443.90	\$85.80



Understanding the Differences between Advantage and Supplement Plans

As you near your retirement age, you have probably started considering your healthcare options, including Medicare. It's an essential part of your healthcare and choosing the right plan can make a considerable difference to your healthcare expenses. Two of the popular options available are the Medicare Advantage plans and the Medicare Supplement plans. While they may sound similar, there are significant differences between the two. We will explore those differences, so you can make an informed choice.

Watch this short Video that explains the differences:

https://cignacsb.pathfactory.com/salessupport-andtraining/sstc_salestools/4adsn2aod6a?agentID=CB501935

What is Medicare Advantage?

Medicare Advantage, also known as Medicare Part C, is a comprehensive healthcare plan offered by private insurance companies that replaces your traditional Medicare plans. It typically offers additional benefits like vision, hearing, dental, and prescription drug coverage that are not covered under Original Medicare. However, it has a network of doctors and hospitals you can use, and you may have to pay more for out-of-network doctors and hospitals.

What is a Medicare Supplement?

On the other hand, Medicare Supplement plans, also known as Medigap, are designed to fill in the gaps left behind by Original Medicare. These plans are also offered by private insurance companies, and they help pay for the out-of-pocket costs of Original Medicare plans like copayments, coinsurance, and deductibles. Unlike Medicare Advantage, Medicare Supplement plans allow you to see any doctor and use any hospital that accepts Medicare patients.

Medicare supplements are available from several companies including BCBS, United Health, Aetna, Mutual of Omaha and many others. The monthly premium rates are calculated by Zip code and Age, but the average Plan G supplement for someone 65 would be an estimated \$140.00/month before any discounts. Plan G is the most comprehensive and will cover all the gaps in Medicare including the 20% on Medical costs that Medicare does not pay, but would have a small deductible of \$226.00/ year.



Cost Differences

While both plans have different benefits, there are significant cost differences between them. Medicare Advantage plans often have lower monthly premiums and most plans in DFW are \$0, but they can charge copays, coinsurance, and deductibles. On the other hand, Medicare Supplement plans usually have higher monthly premiums, around \$140.00 per month for someone 65 years old, but they offer predictable costs and no extra fees associated with services.

Prescription Drug Coverage

One of the significant benefits of Medicare Advantage plans is that they provide prescription drug coverage whereas it's not a part of Medicare Supplement plans. However, you can enroll in a stand-alone Prescription Drug Plan (PDP) to cover medication costs, but you'll have to pay an additional premium for those plans. Part D plan premiums range from a low of \$6.60 per month to \$80.00 depending on your medications.

Choosing the right Medicare plan can be challenging, especially for first-time enrollees. When deciding between Medicare Advantage and Medicare Supplement plans, carefully consider your healthcare needs, budget, and future requirements. It's essential to understand the pros and cons of both plans and the differences between them will make it easier for you to make an informed decision. Remember, you can always switch to another plan during the annual enrollment period, so make the best decision for yourself at any given point.

What is Medicare Part B Excess Charges?

Understanding Part B Excess Charges

What are Part B Excess Charges:

Some providers who don't accept Medicare assignment still choose to accept the Medicare-approved amount for services on a case-by-case basis. These providers are called "non-participating."

If your doctor, provider, or supplier doesn't accept assignment:

- You might have to pay the full amount at the time of service.
- They should submit a claim to Medicare for any Medicare-covered services they give you, and they can't charge you for submitting a claim. If they refuse to submit a Medicare claim, you can submit your own claim to Medicare.
- They can charge up to 15% over the Medicare-approved amount for a service, but no more than that. This is called "the limiting charge." Most health care providers have agreements with Medicare to accept the approved amount, so excess charges are not common.