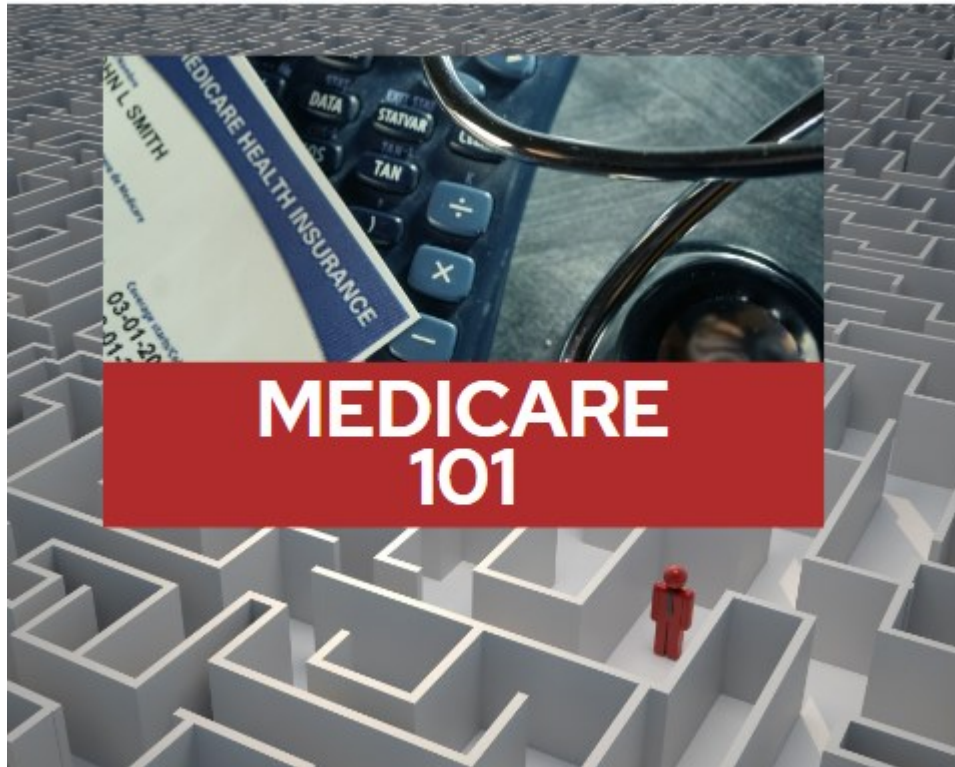



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# 2024 Medicare Guide



Helping you navigate the Medicare Maze

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# Your Medicare options

When you first enroll in Medicare and during certain times of the year, you can choose how you get your Medicare coverage. There are 2 main ways to get Medicare:

## Original Medicare

- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- If you want drug coverage, you can join a separate Medicare drug plan (Part D).
- To help pay your out-of-pocket costs in Original Medicare (like your 20% **coinsurance**), you can also shop for and buy supplemental coverage.
- Can use any doctor or hospital that takes Medicare, anywhere in the U.S.

**Part A**



**Part B**



**You can add:**

**Part D**



**You can also add:**

**Supplemental coverage**



This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a former employer or union, or Medicaid.

## Medicare Advantage (also known as Part C)

- Medicare Advantage is an “all in one” alternative to Original Medicare. These “bundled” plans include Part A, Part B, and usually Part D.
- Plans may have lower out-of-pocket costs than Original Medicare.
- In many cases, you’ll need to use doctors who are in the plan’s network.
- Most plans offer extra benefits that Original Medicare doesn’t cover—like vision, hearing, dental, and more.

**Part A**



**Part B**



**Most plans include:**

**Part D**



**Extra benefits**

**Some plans also include:**

**Lower out-of-pocket costs**

Illustration is from the 2024 Medicare & You Guide

NOTE: Staying with Original Medicare or choosing Medicare Advantage are very different options. Making an informed decision is your best decision.

## What Is Medicare

Medicare is health insurance for people age 65 or older, people under age 65 with certain disabilities, and people of any age with End Stage Renal Disease (ESRD) and Lou Gehrig's disease.

## The Four Parts of Medicare



### Part A: ORIGINAL MEDICARE: HOSPITAL

\$0 Premium\*

Deductible: \$1,632 for first 60 days

- \$408 for days 61-90; 60 reserve days at \$816
- Skilled nursing: \$0 per day for days 1-20;  
\$204 per day for days 21 - 100
- Hospice/Home health services



### Part B: ORIGINAL MEDICARE: DOCTOR

\$174.70 Premium (more for high income earners)

Deductible: \$240 annually; then 20%

- Doctor visits, tests, outpatient surgery, PT, etc.



### Part C: MEDICARE ADVANTAGE

Premium and benefits vary based on plan.

Provided by private health insurance company .

Uses a network of providers (HMO, PPO, PFFS, MSA)

Plan availability depends on where you live.

Combines Medicare A & B, includes additional benefits

May include drug coverage.



### Part D: Prescription Drug Coverage

Premium and costs vary based on plan.

Provided by private health insurance company.

Plan availability depends on where you live.

Includes the coverage gap aka "donut hole".

## Medicare Advantage—Part C

Medicare Advantage plans, also called Medicare Part C, are offered by private health insurance companies. These plans work differently than Medicare supplement plans.

Medicare Advantage Plans must cover all of the services that Original Medicare covers. Some Medicare Advantage Plans offer extra coverage, like vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (Part D).

The more common types of Medicare Advantage plans include:

- Health Maintenance Organizations (HMOs)
- Preferred Provider Organizations (PPOs)
- Private Fee-For-Service (PFFS)
- Medicare Savings Account (MSA)

Each of the Medicare Advantage plans work a little differently and it is important to follow the plan's rules, like getting a **referral** to see a specialist to avoid higher costs if your plan requires it. Also, with certain plans, if you are referred to a specialist they may also need to be in the plan's network in order for there to be coverage.

Medicare Advantage Plans generally have copayments or coinsurance for services with a yearly limit on your out-of-pocket costs. Once you reach this limit, you'll pay nothing for covered services. Each plan can have a different limit, and the limit can change each year. You should consider the plan details when choosing a plan.

Note: Providers can join or leave a plan's provider network anytime during the year. Your plan can also change the providers in the network anytime during the year. If this happens, you may need to choose a new provider.

You can change plans every year, during the Annual Enrollment Period (AEP), 10/15 - 12/7. Changes take effect the 1st of the following year.

Note: If you originally had a Medicare Supplement and changed to a Medicare Advantage plan, you may be allowed to return to your original Medicare Supplement within **12 months** of first joining a Medicare Advantage Plan.

You can disenroll from a Medicare Advantage Plan during the Annual Enrollment Period or the Open Enrollment Period. During the MA Open Enrollment Period, you also have a one-time opportunity to switch from one Medicare Advantage Plan to another. If you disenroll from a Medicare Advantage Plan, you are returned to Original Medicare and may need to purchase additional coverage. Please be aware that you will likely be subject to medical underwriting if/when you apply for a Medicare Supplement (Medigap) plan.

## Medicare Supplement

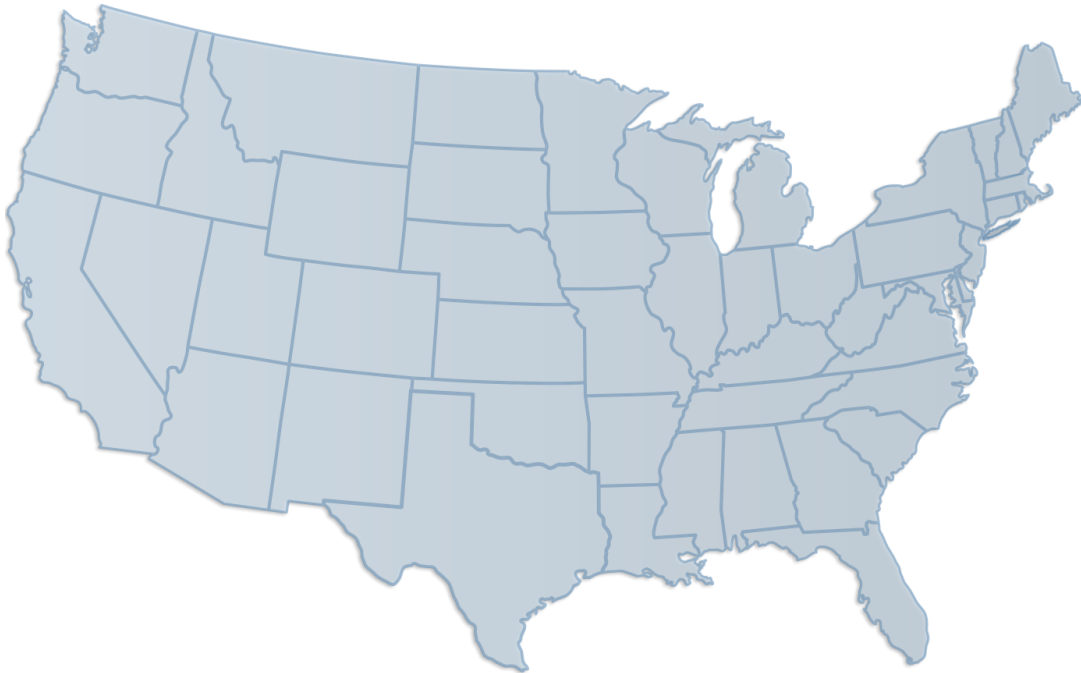
Medicare Supplement plans, also called medigap plans, are designed to fill the gaps with Original Medicare. With this type of plan you go to any doctor or hospital that takes Medicare.

Your coverage travels with you within the US and many plans include a limited foreign travel benefit.

Different insurance companies offer different plans. Some insurers charge different rates for males and females while others use community based pricing. Rates generally increase every year and increases are based on the age of the consumer, along with the insurance company's claims experience.

Outside of your initial eligibility period, you may be subject to medical underwriting if you want to change plans. Each insurance company has different questions that they may ask about your health history.

The different Medicare Supplement plans available in most states have standardized benefits across each plan letter. For example, Medigap Plan A has the same benefits regardless of which state you live in or which insurance company you buy from. If you live in Massachusetts, Minnesota, or Wisconsin, the Medigap plans in these states are standardized differently.



## Medicare Supplement

When you turn 65 or are otherwise new to Medicare, you are in your Open Enrollment period and you do not have to answer medical questions when applying for a Medicare Supplement. Any standardized Medigap policy is guaranteed renewable even if you have health problems. This means the insurance company can't cancel your Medigap policy as long as you pay the premium. Outside of your initial eligibility period, should you wish to change from one Medigap plan to another, you will be expected to answer medical questions as part of the application process.

It's important to compare Medigap policies since the costs can vary between plans offered by different companies for exactly the same coverage.

<b>2024</b>	<b>Medigap plans</b>									
<b>Benefits</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F*</b>	<b>G*</b>	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>
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%***
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%
<i>Plans C &amp; F are only available to those eligible for Medicare prior to 1/1/20</i>							<b>Out-of-pocket limit in 2024**</b>			
							\$7,060	\$3,530		

\*Plans F & G are also offered as high-deductible plans by some insurance companies. If you chose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,800 before your policy pays anything.

\*\* For Plans K & L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.

\*\*\* 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.

# Medicare Prescription Drug Plan

Medicare Drug plans, also called Medicare Part D, are offered by private health insurance companies.

The plan that best meets your needs depends on your prescriptions. All plans generally follow a standard plan design:

	Stage 1	Stage 2	Stage 3	Stage 4
Deductible \$545	<b>Initial Coverage</b>	<b>Donut Hole</b>	<b>Catastrophic Coverage</b>	
	You pay copays or coinsurance up to \$5,030	You pay 25% of the cost for brand drugs and generic drugs  You stay in this stage until total drug costs reach \$8,000	You pay nothing	

Not all plans include the annual deductible. And some insurance companies offer plans that provide coverage for tier 1 or tiers 1 & 2 prescription drugs before the deductible applies. There is great variation across plans and it is important to check the details of your plan.

Drugs are priced according to their tier. The higher the tier, the higher the cost. Drug plans have a formulary that identifies which tier your drug falls in.

You can change Medicare Part D plans every year, during the Annual Enrollment Period (AEP), 10/15 - 12/7. Changes take effect 1/1 of the following year.

Important Terms to know:

**Prior Authorization:** Requires physicians or other providers to get advanced approval for your medication.

**Step Therapy:** A type of prior authorization that generally requires you to try a certain, less expensive, drug on the plan’s formulary before you can move up a “step” to a more expensive drug.

**Quantity Limit:** For safety and cost reasons, plans may limit the amount of a specific prescription drugs they cover over a certain time period.

**Coverage Exception:** Can be requested to obtain a drug that is not included on the plan sponsor’s formulary or to request utilization requirements be waived.

## Medicare Premiums: Rules for Higher Income Beneficiaries

If you have a higher income, you will pay a higher premium for your Medicare prescription drug coverage (Part D). If your income is above certain thresholds, you must pay an extra premium amount for your Medicare Part B and Medicare prescription drug coverage (Part D). This extra premium amount is called the income-related monthly adjustment amount (IRMAA). This amount is based on your modified adjusted gross income as reported on your IRS tax return from 2 years ago.

Beneficiaries who file an individual tax return with income	Beneficiaries who file a joint tax return with income	Income-related monthly adjustment amount	Total mo. premium for Part B + IRMAA	Total mo. premium for Part D + IRMAA:
\$103,000 or less	\$206,000 or less	\$0.00	<b>\$174.70</b>	<b>\$0.00 +</b> plan premium
above \$103,000 up to \$129,000	above \$206,000 up to \$258,000	\$69.90	<b>\$244.60</b>	<b>\$12.90 +</b> plan premium
above \$129,000 up to \$161,000	above \$258,000 up to \$322,000	\$174.70	<b>\$349.40</b>	<b>\$33.30 +</b> plan premium
above \$161,000 up to \$193,000	above \$320,000 up to \$386,000	\$279.50	<b>\$454.20</b>	<b>\$53.80 +</b> plan premium
above \$193,000 and less than \$500,000	above \$386,000 and less than \$750,000	\$384.30	<b>\$559.00</b>	<b>\$74.20 +</b> plan premium
\$500,000 or above	\$750,000 or above	\$419.30	<b>\$594.00</b>	<b>\$81.00 +</b> plan premium

## The Value of an Advisor

The right insurance agent or broker is a valuable guide who will help you navigate your Medicare insurance options and make an informed decision. You should consider an agent or broker who is independent and does not work for a specific insurance company. You also want to consider someone who is licensed and certified to represent all products.

You want an Advisor who is experienced and who also stays on top of product and industry trends. It is also valuable to work with someone who has an annual review process for their clients. It is important to know you will be cared for after the sale. This is an important purchase and a good agent or broker can come alongside you to help you make the best decision.



*thank you*

For supporting our small business. As an independent brokerage we are committed to serving your needs. We analyze your unique situation, educate and provide protection solutions for individuals, groups and retirees who are eligible for Medicare. Helping you plan today, for the peace of mind you need tomorrow.

As your trusted broker, your personal information will not be sold or used for solicitation purposes. That is our promise to you.

If you are pleased with the care and attention you received during the process of working with my office, please leave a testimonial on our website and don't keep us a secret! Share our information with your family and friends.

Required Medicare Disclaimer: We may not offer every Medicare Advantage (Part C) or Medicare Prescription Drug (Part D) plan available in your area. In FL I represent 7 organizations which offer approximately 50 products in your area (product availability depends on the zip code you reside in). Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.

Please be advised that Medicare (CMS) uses a 3<sup>rd</sup> party, Maximus Federal Services, Inc to manage the Medicare program.

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Presently I am contracted with the following Part C and Part D Insurance Companies: Aetna, Care Plus, Cigna, Florida Blue, Humana, UnitedHealthcare and Wellcare.

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