

# THE SIMPLE *NEED TO KNOW* MEDICARE GUIDE

Let's answer these  
common questions:

- *When do I enroll in Medicare?*
- *How do I pick the best plan for ME?*
- *How do I get enrolled?*

Whether you're approaching Medicare enrollment for the first time or looking to stay up-to date with the current coverage available, this guide will answer those questions and give you further insight into the world of Medicare.

You'll learn the **three important steps** you need to follow for Medicare enrollment, as well as the questions you **NEED** to ask yourself before settling on a plan for your coverage.



The goal is to inform you, so you can make the best Medicare choices without rushing into any hasty decisions.

STEP  
1WHEN DO YOU NEED TO  
ENROLL IN MEDICARE?

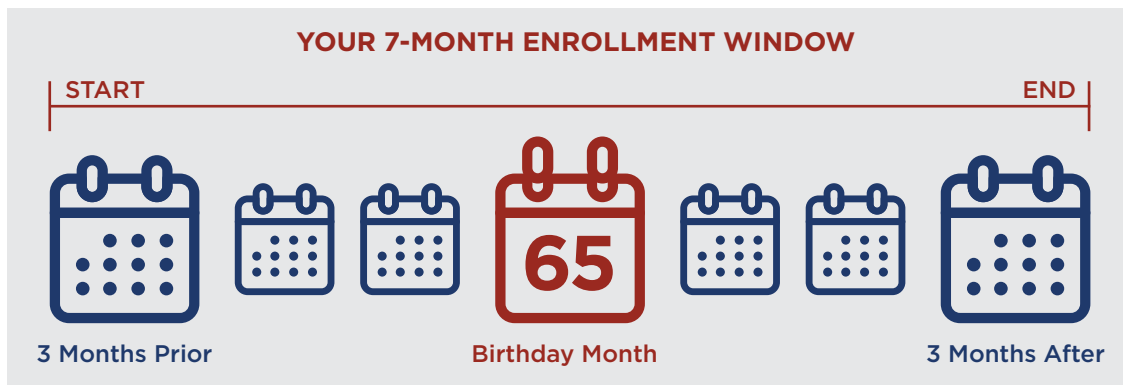
This is one of the most important questions, as late enrollment can cause penalties that you will have to pay for years down the road. If we could stress one thing in this guide, it would be to **familiarize yourself with the timing that Medicare involves.**

You may already have heard that Medicare enrollment mistakes can be costly, and it is true. Learning when you can/cannot enroll or make changes to your coverage can save you hundreds or thousands of dollars if done correctly. Late enrollment leads to penalties, as well as higher premiums.

**Q:** So When Do I Need to Enroll in Medicare by?

**A:** The answer is that you have a 7-month window around your 65<sup>th</sup> birthday. This is called the Initial Enrollment Period, and it begins three months before your 65<sup>th</sup> birthday month.

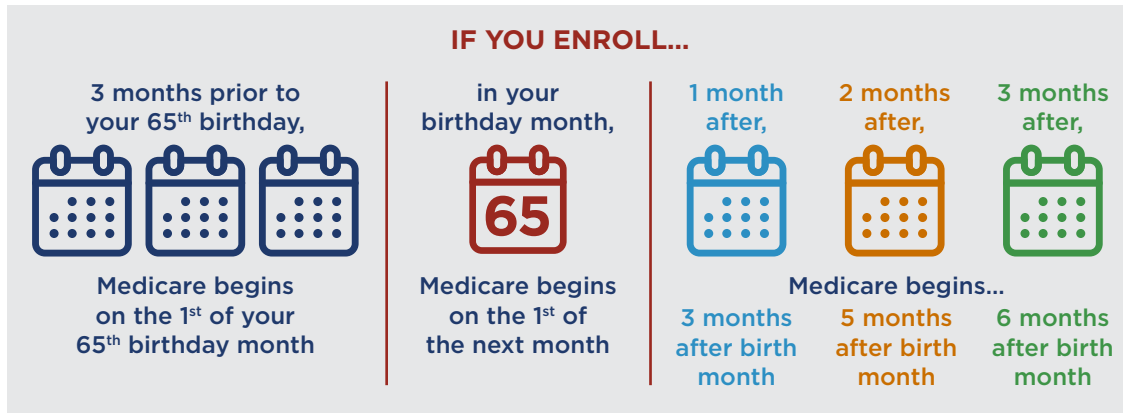
This enrollment window includes your birthday month, and continues until three months after your birthday month. This period will be different for everyone, as it depends on the month of your birthday.

**FOR  
EXAMPLE**

*If your birthday is May 3<sup>rd</sup>, you have February, March, and April to enroll, as well as your birthday month, May. Enrollment then continues three months after into June, July, and August.*

**Q:** When Will My Coverage Begin?

**A:** Depending on when you enroll, it will affect when your Medicare coverage will begin.



Most people don't qualify for Medicare until they are approaching their 65<sup>th</sup> birthday. Unless you qualify for Social Security Disability Insurance (SSDI), you will more than likely fall into this group. **You should plan to enroll in Medicare as you approach your 65<sup>th</sup> birthday.**

## WHEN YOU CAN DELAY ENROLLMENT (WITHOUT PENALTIES)

### You are already covered by a Group Health Plan.

Usually, this means you are still working up to and past your 65<sup>th</sup> birthday, so you still have employer coverage. If so, you have the right to delay Medicare enrollment until you are ready to leave your group health plan. Your employer must have more than 20 employees to fall into this category. You will need to compare the cost/benefits of each option.

### You have been offered a Retiree Group Health Plan.

These plans are offered to employees retiring from a large employer. *In this case, you will usually still need to enroll in Medicare.* You will need to compare the cost/benefits of each option to determine whether it makes more sense to have the retiree plan option, or if you should use private coverage. Each have their pros and cons, and the right choice depends on your situation.

### You want to continue to contribute to your Health Savings Account (HSA).

This allows you to still make tax deduction contributions. Your earnings on the HSA fund grow without taxes. When it comes time to distribute the funds, they can be distributed free of taxes for a wide range of healthcare expenses. Once you enroll in Medicare, you can no longer contribute to an HSA.

Regardless of your situation, it's to review all of your options to ensure you avoid paying any penalties and are enrolling in Medicare correctly. I'm happy to listen to your individual situation, give advice based on your needs, and help determine the best course of action for your Medicare enrollment.

**NEXT**  
How to Get on  
the Right Plan

STEP  
2FIGURING OUT THE  
RIGHT PLAN FOR YOU

One of the biggest first decisions in choosing a Medicare plan is choosing between **Original Medicare (Part A and Part B)**, or **Medicare Advantage (Part C)**. I'll also talk about **Prescription Drug Coverage (Part D)** below.

When reaching this point, some important things to consider are:

- Your healthcare priorities
- Your own personal preferences for coverage
- How much you plan on traveling in retirement

*Each options has pros and cons. There is no one-size-fits-all. Go with the option that feels right for you. Once you know the basics, you will be able to better judge which option fits your personal needs.*

**Q:** What's the difference between Original Medicare and Medicare Advantage?

**A:** The key difference between your two options:

**Original Medicare**  
plans are managed by  
the federal government.

**Medicare Advantage**  
plans are managed by private  
insurers approved by Medicare.

**Q:** What does Original Medicare (Parts A + B) include?

**A:** Original Medicare is coverage managed by the federal government.

Original Medicare is made of 2 parts: Part A (Hospital Insurance) and Part B (Medical Insurance). Part A covers hospital visits, rehab, skilled nursing, etc. Part B covers doctor visits, lab tests, and other outpatient services.

Original Medicare is generally better for people who:

- Already have doctors and specialists, and don't want to switch
- Travel and would like coverage that can be used around the USA
- Prefer not needing a referral to see a specialist
- Want the freedom to visit most doctors/hospitals/medical providers that accept Medicare

**NEXT**  
Medicare Advantage  
& Pros/Cons of Each

**Q:** What does Medicare Advantage (Part C) include?

**A:** Medicare Advantage plans are offered by private insurers that are approved by Medicare.

Part C plans provide coverage that combines Parts A and B. It's important to know that if you choose a Part C plan, you can always return to Original Medicare if your needs and preferences change in the future.

Medicare Advantage might be a better fit if you:

- Don't mind possibly needing a referral to see specialists
- Like the idea of an annual limit on your total out-of-pocket expenses
- Prefer having one insurance plan that fulfills all of your needs, instead of having multiple insurance plans

## PROS/CONS OF YOUR OPTIONS

### Original Medicare

- ✓ Freedom to visit any doctor or hospital in the U.S. that participates in Medicare
- ✓ No referral needed from your primary care physician to see a specialist
- ✗ No cap on total out-of-pocket costs, so you may need to purchase additional plans (Medigap or Medicare Supplement) to help control costs
- ✗ Since Prescription Drug Coverage isn't included in these plans, you will need to purchase it separately (Medicare Part D)

### Medicare Advantage

- ✓ Unlike Original Medicare, Medicare Advantage plans have a cap on your total out-of-pocket costs for care, and many plans have a low or \$0 monthly premium
- ✓ Many Part C plans include services like dental, vision, and hearing benefits. Plans may also include prescription drug coverage (Medicare Part D), so you don't have to purchase it separately.
- ✗ You will have to pay for medical services as you use them in the form of copays and coinsurance
- ✗ Plans vary by location, and you need to understand and stay within the provider network for the plan.

**NEXT**  
Rx Drug  
Coverage

It's important to realize that these are just the major comparisons to help you get an idea of the differences. There is no right or wrong answer when it comes to choosing Original Medicare or Medicare Advantage. **The right answer is simply the plan that provides you the coverage you need at a price you feel good about.** This will vary for everyone based on individuals' priorities.

**Q:** When do I need Prescription Drug Coverage (Part D)?

**A:** If you've made it this far into the guide — you are well ahead of most other people approaching their enrollment.

You've also realized that one of the key differences between Original Medicare (Parts A and B) and Medicare Advantage (Part C) is how you get your Prescription Drug Coverage. The differences are explained below.

### Original Medicare Drug Coverage

If you are choosing Original Medicare (Parts A and B) as your coverage, you automatically will need to choose a Part D. You'll sign up for this as soon as you become eligible for Medicare.

The amount you pay and plan details vary depending upon where you live. These plans will cover most of the cost of your prescriptions.

**Please Note:** Even if you don't use Prescription Drugs, you will still need to sign up for Part D to avoid late enrollment penalties.

### Medicare Advantage Drug Coverage

If you choose a Medicare Advantage plan, it will more than likely include prescription drug coverage. However, it is important to realize that not **ALL** plans include this coverage.

Your coverage specifications will be listed in your plan documents. I can always go over this with you if you are unsure of your coverage or need help understanding the details.



**NEXT**  
Get Help Paying for  
Copays & Other Costs

## SAVING MONEY ON YOUR COVERAGE

You've probably heard of a Medicare Supplement Plan (also known as Medigap). These plans are private insurance that fill in the gaps in coverage of Original Medicare (Parts A and B). They help with your copays, deductibles, and other related costs. They don't cover any prescription drug costs.

Original Medicare covers many things, but not everything. Medicare Supplement Plans pay for these costs that Original Medicare does not. If you do choose a supplement policy to go with your Original Medicare, your out-of-pocket costs for services will be less.

**Q:** How do Supplement Plans work?

- A:**
1. Medicare coverage will pay its portion of your expenses.
  2. The Supplemental policy will pay its portion.
  3. You will be responsible for the remaining balance due (if any). In many cases, between Original Medicare and Supplemental policies it is unlikely you will pay out-of-pocket for any services you use.

When choosing a Supplement Plan, you need to be aware of your priorities and needs. There are 10 available plans to choose from, and they range alphabetically from Plan A through Plan N. If you are unsure which plan best fits your needs, please contact me. I can go over the various Supplements with you to figure out the one that best suits you.



**NEXT**  
How to Enroll  
in Medicare

**STEP**  
**3**

# HOW TO ENROLL IN MEDICARE

By now, you should have a good idea of when you need to enroll in Medicare. You may not be certain which Medicare plan is the better fit, but that's okay. Depending on whether you choose an Original Medicare plan or a Medicare Advantage plan, the enrollment process will be different. Once we figure out the best plan for you, enrollment is straightforward.

You may have other questions about Medicare, like:

- Which doctors will take my plan?
- How much are my premiums, deductibles, and services going to cost?
- What is the best way to balance coverage with price?

I can help you find your best fit by answering all of your questions and concerns. Additionally, I'll walk you through the details of the different options that seem to suit your needs. From there, we can come up with a plan that works best. No question or concern is too big or too small. Help is only a phone call or email away.



## MAKING THE IMPORTANT DECISIONS

Hopefully you've found this guide useful, and are better prepared for your Medicare enrollment. However, should you have any questions, concerns, or needs, please reach out to me. The peace of mind you gain from enrolling in Medicare the right way is always worth the time to do it.

As a citizen in the United States, you've earned the right to your Medicare benefits. My goal is to help you take advantage of those benefits. It is important you make the most of your Medicare dollars, and I am here to help you when the time comes.

**Let's discuss your options today.**