



Medicare Resource Guide

UNDERSTANDING
THE KEY PARTS
TO MEDICARE







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Medicare isn't a One-Size-Fits-All Program

There are many Medicare options to choose from.

These options will have different benefits, costs, and networks of doctors, hospitals, and pharmacies. It's important that you understand your options.

This guidebook can help.

This booklet will outline the **3** things you must know about Medicare so you can choose the right coverage for your health, lifestyle, and budget.

- 1. The 4 Parts of Medicare**
- 2. Enrolling in Medicare**
- 3. Marking Your Calendar**



The 4 Parts of Medicare

Before you can select the right Medicare plan, you need to understand how Medicare works. The first step is learning the four parts of Medicare and what each part covers.

These 4 parts cover different services

PART A Hospital Insurance



- Inpatient hospital stays
- Skilled nursing facility care
- Hospice care
- Home health care

Most beneficiaries do not pay a premium for Part A.

PART B Medical Insurance



- Doctor visits
- Lab tests
- Durable medical equipment
- Preventative services

Part B has a monthly premium that may change each year. Visit [Medicare.gov](https://www.medicare.gov) for the most up-to-date cost information.

PART C Medicare Advantage



- Part A benefits
- Part B benefits
- Part D prescription drug benefits (some Medicare Advantage plans offer extra benefits)
- Extra benefits such as dental, vision, and hearing, over-the-counter medication allowance, and gym memberships (often)

Medicare Advantage monthly premiums vary by plan. If you enroll in a plan that charges a premium, you pay this in addition to your Part B premium*.

PART D Prescription Drug Coverage



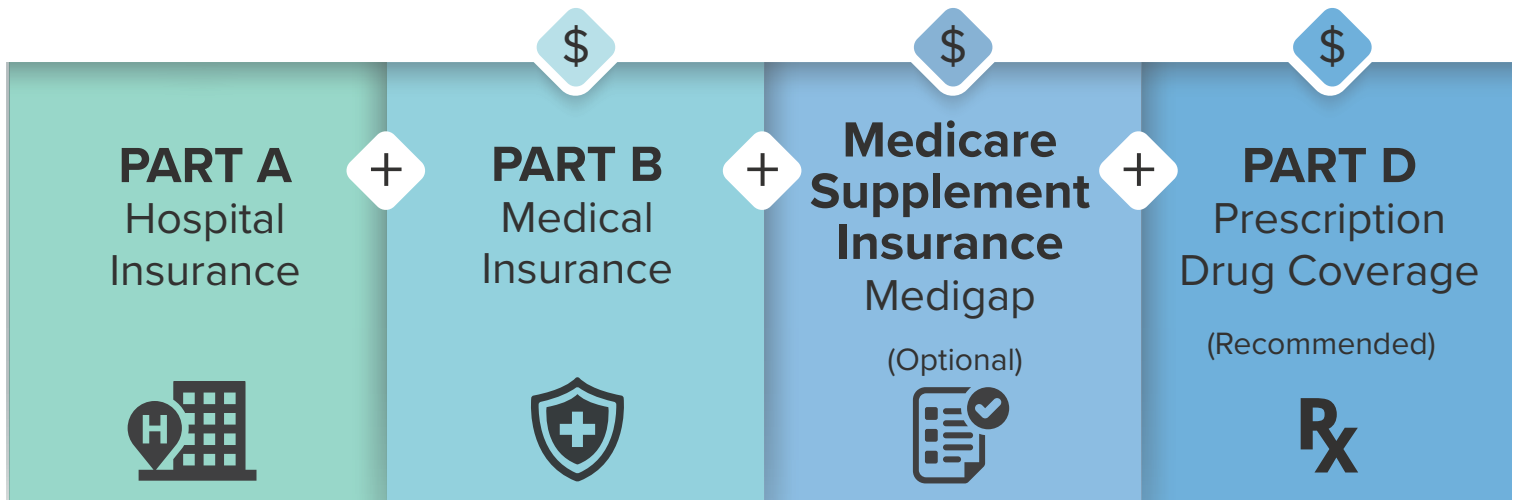
Part D drug plans help pay for the costs of your prescription drugs. Premiums vary by plan. If you're in a Medicare Advantage plan with drug coverage, the monthly premium may include an amount for prescription drug coverage.

* Source: 2022 Medicare & You, page 64. <https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>

Understanding Your Medicare Options

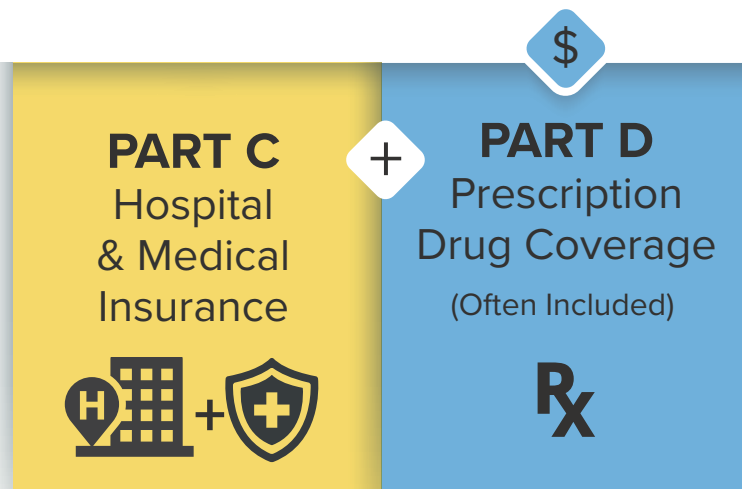
ORIGINAL MEDICARE

- Managed by the federal government.
- No limit on out-of-pocket expenses. You pay all coinsurance and copayments, regardless of how high these costs go.
- You can see any doctor who accepts Medicare.



MEDICARE ADVANTAGE

- Private insurance plans that contract with the federal government.
- Replaces Original Medicare for your doctor and hospital coverage (Parts A and B).
- Limits how much you'll pay out-of-pocket each year. After you reach the maximum out-of-pocket limit, the plan covers 100% of the costs of your medical services.
- You may need to see providers who are part of the plan's network, depending on the plan.



Original Medicare vs. Medicare Advantage

Original Medicare covers most medically necessary services and supplies in hospitals and doctors offices. With Original Medicare you can see any primary care doctors and specialists that accepts Medicare without a referral. Medicare Advantage plans offer the same medical coverage as Original Medicare, with additional benefits that vary by plan. Most Medicare Advantage plans have a pre-selected network of doctors to choose from that may require referrals or pre-authorizations. It is very important that you take the time to research if Original Medicare or Medicare Advantage is best for you.

NOT COVERED UNDER ORIGINAL MEDICARE

Most dental

Eye exams (for prescription glasses)

Dentures

Routine physical exams

Hearing aids (and exams to fit them)

Long-term care

Transportation to your doctor's office

Over-the-counter drugs and services

Many people with Original Medicare buy **Medicare Supplement Insurance**, also known as Medigap, to help fill the gaps in coverage.

Medicare Advantage is a bundled option. Medicare Advantage plans bundle Part A and Part B together and usually include Part D. Medicare Advantage plans may offer coverage for things Original Medicare doesn't cover, such as fitness programs (like gym memberships or discounts) and some vision, hearing, and dental services. Plans can also choose to cover even more benefits.

Source: 2022 Medicare & You, page 62.<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>



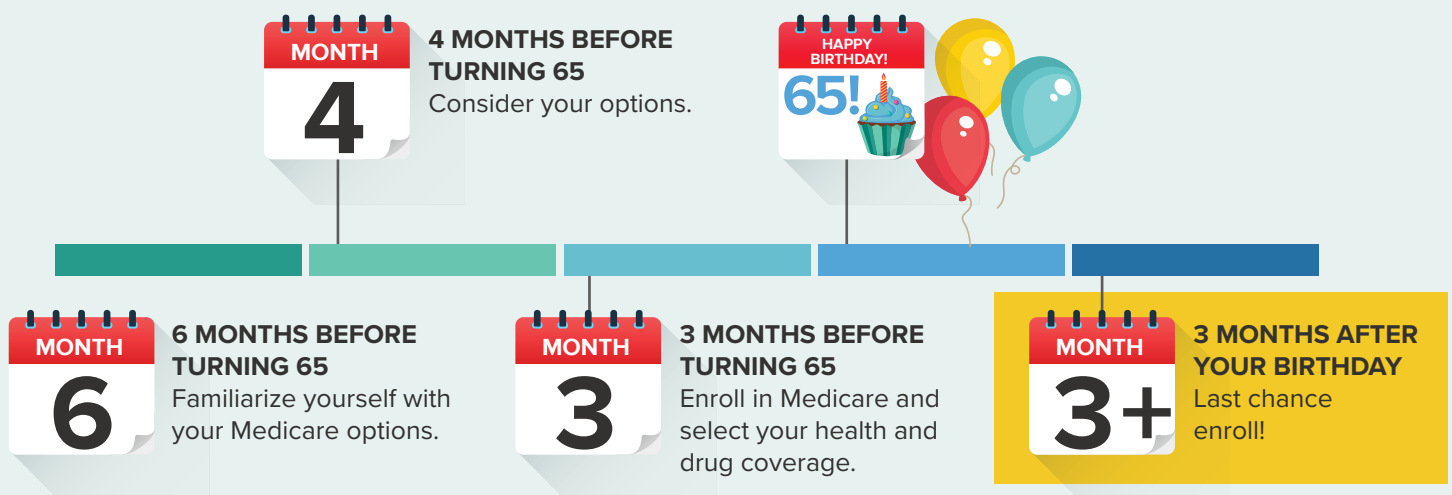
Enrolling in Medicare

If you're turning 65 and enrolling in Medicare for the first time, you may be wondering:

- When and how do I enroll?
- Which plans will allow me to continue to see my doctors?
- Which plan will best meet my needs?
- Do I qualify for help paying healthcare or prescription drug costs?

How to enroll in Medicare if you're turning 65 and retiring.

You can first sign up for Part A and/or Part B during the 7-month period: 3 months before the month you turn 65, the month you turn 65, and the 3 months after the month you turn 65.

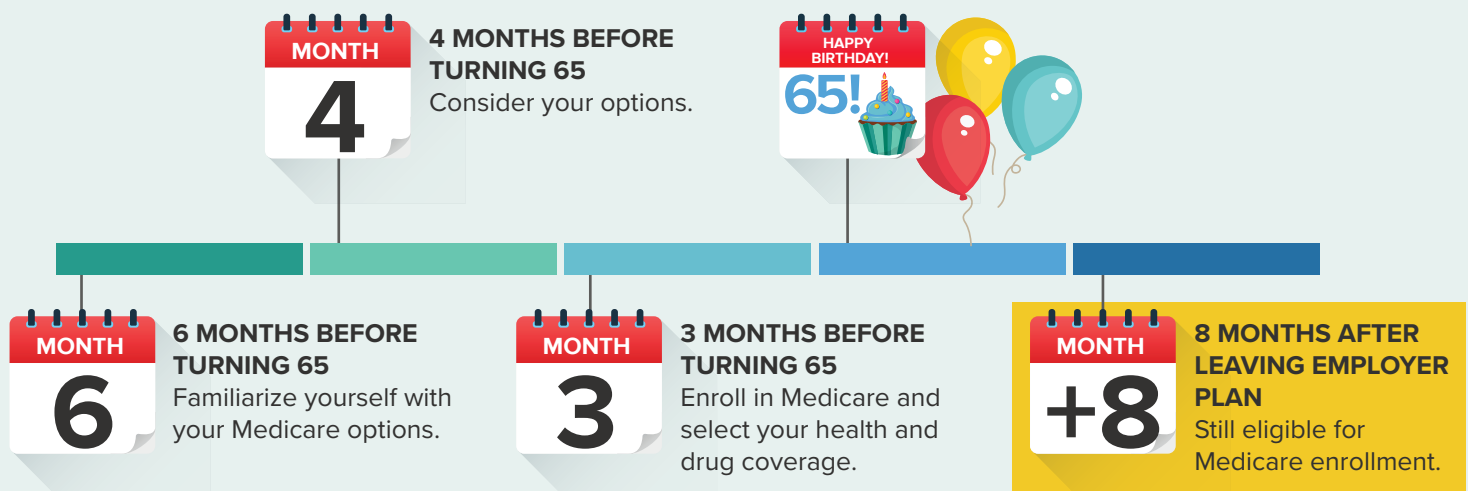


Keep in mind:

- If you already receive Social Security benefits, you will be auto enrolled and will likely receive your Medicare cards before the first day of your birth month.
- If you plan to retire but are not yet receiving Social Security benefits or if you choose to postpone your Social Security benefits until later, you should contact the Social Security Administration (SSA) about three months before your 65th birthday to enroll in Medicare.
- **Take note!** Some Americans under 65 are eligible to take Medicare early if they have a qualifying disability.

How to enroll in Medicare if you're still working and turning 65.

If you are planning to continue working past age 65, you should meet with your employer group benefit specialist at least 6 months before your 65th birthday to see how your employer plan works with Medicare.



Keep in mind:

- You can enroll in Medicare at any time while you are employed after age 65.
- If you choose to keep your employer coverage and you are taking Social Security, you will need to contact the Social Security Administration to delay your Part B enrollment. You can let Part A begin if it is premium-free for you.
- If you decide to leave your employer plan later, make sure you understand what you need to do and when.
- You will be able to join a Medicare or Medicare Advantage plan after leaving your employer coverage and not have to pay a penalty if you enroll within 8 months of leaving.





Mark Your Calendar

After you choose a Medicare option, you aren't locked in forever. You can change your Medicare option, but only during certain times of the year.



Oct 1

Start Reviewing and Comparing Plans

New Medicare plan information is released on this date, making it a great day to begin comparing your coverage to other options.



Oct 15-
Dec 7

Annual Enrollment Period

During this time, you have the option to join a new Medicare plan, change your plan, or keep your plan as-is.



Jan 1-
March 31

Medicare Advantage Open Enrollment Period

If you are enrolled in Medicare Advantage, you can switch to a different Medicare Advantage plan or leave Medicare Advantage and return to Original Medicare.



Initial
Enrollment
Period

Sign up for Part A and/or Part B

You can first sign up for Part A and / or Part B during the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.



Special
Enrollment
Period

Enrollment Period Due to Special Life Events

You may have a chance to sign up for Medicare during a Special Enrollment Period for events such as moving into a different county or state, leaving employment coverage, being eligible for a low-income subsidy, or becoming eligible for Medicare and Medicaid.



Know Your Medicare Dates

Even if you're satisfied with your current Medicare coverage, it's still a good idea to review your Medicare option each fall. Just like other forms of insurance, Medicare costs and benefits can change each year, and you may find a different option that's a better match for your unique situation.



Reviewing your Medicare each year

It's especially important to consider changing your Medicare coverage if:

- Your doctor no longer participates in your plan and you want to maintain that trusted relationship.
- Your health care needs have changed and you need more coverage.
- Your prescriptions or prescription drug benefits have changed.
- Your budget has changed and you need to explore less expensive Medicare options.
- Your current Medicare costs or benefits have changed and you want to find out if a different option would better meet your needs.



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