

Medicare 101



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This seminar is educational only.

Silver Legacy Assurance



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Licensed Insurance Broker
6 years of Medicare expertise

Background

Carolyn has helped hundreds of people find coverage tailored to fit their needs.

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Your Medicare Journey Partner



Unbiased &
Personalized Plan
Recommendations

Silver Legacy simplifies the selection process with unbiased plan advice based on the doctors, medications, and benefits that are important to you and available in your community.

We also offer a free, no-obligation plan review of your current plan to be sure you have the right coverage based on your current needs



Your Dedicated
Local Licensed
Medicare Expert

You're paired with a local licensed expert who's available to answer your questions and guide you through the Medicare process. We help you make the right decision for yourself or your loved ones, confidently.



A Partner for your
Entire Medicare
Journey

Once enrolled in a plan, you have access to a local Medicare care team. Your care team can help you find doctors and specialists, and explain your plan benefits. Your care team is always a phone call away.



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Welcome to Medicare

Health insurance for people

- 65 and older
- Under 65 with certain disabilities
 - ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease) without a waiting period
- Any age with End-Stage Renal Disease (ESRD)



NOTE: To get Medicare you must be a U.S. citizen or lawfully present in the U.S. Must reside in the U.S for five continuous years.



Medicare & You 2025

The official U.S. government
Medicare handbook



Medicare

CMS Product
No. 10050



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Automatic Enrollment—Parts A and B

Automatic enrollment for people who get

- Social Security benefits

Welcome to Medicare Package

- Mailed 3 months before
 - Age 65 or
 - 25th month of disability benefits
- Includes your Medicare card



Your Medicare Card

Keep it to accept Medicare Part B

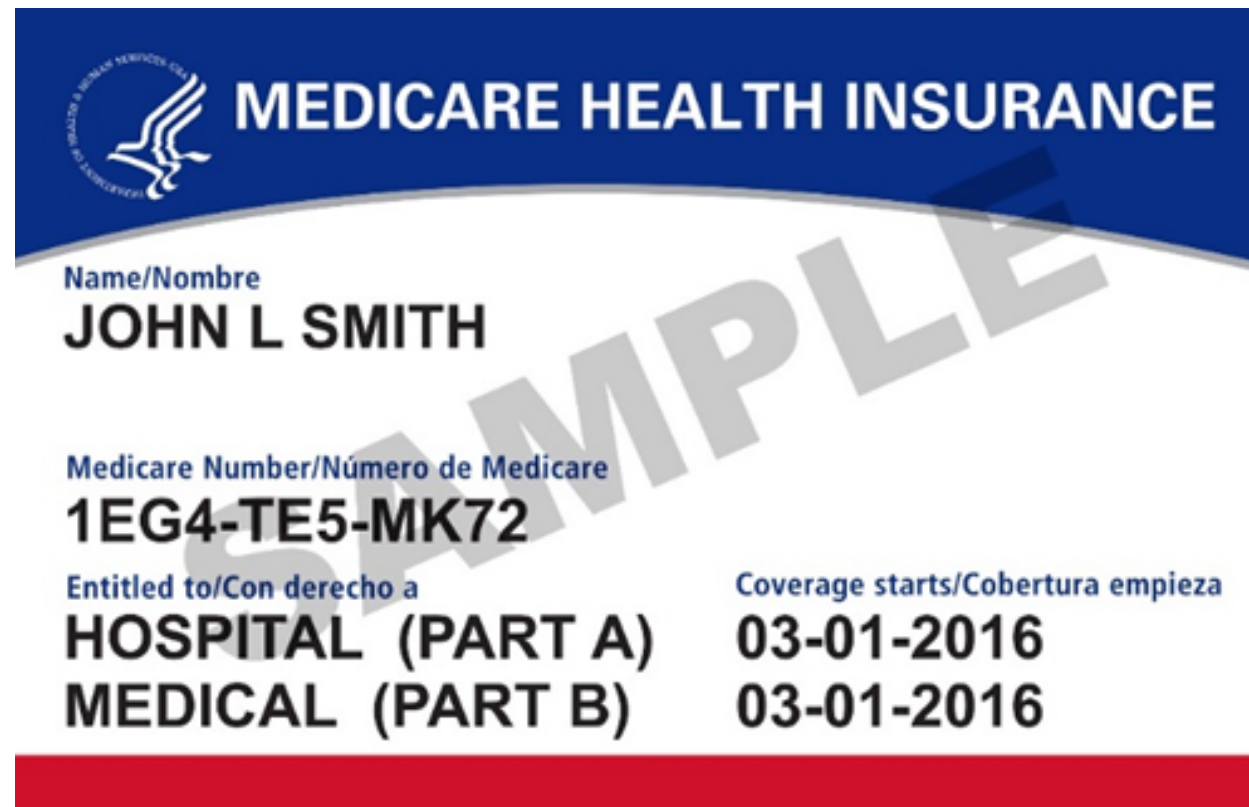
To refuse Part B, follow instructions in the “Welcome to Medicare” package

Carry your card when you’re away from home

- Let your doctor, hospital, or other health care provider see your card when you need health care

Need a replacement card?

- Sign into your Medicare account on [MyMedicare.gov](https://www.mymedicare.gov) and print an official copy
- Call 1-800-MEDICARE (1-800-633-4227); TTY: 1-877-486-2048



Some People Must Take Action to Enroll in Medicare

If you're not automatically enrolled in Medicare Part A and Part B

- You need to enroll with Social Security
 - Visit [socialsecurity.gov](https://www.socialsecurity.gov), or
 - Call 1-800-772-1213;
TTY: 1-800-325-0778



Do I Need to Sign Up for Part A?

Consider

- It's free for most people
- You can pay for it if your work history isn't sufficient
- Talk to your benefits administrator if you (or your spouse) are actively working and covered by an employer plan



NOTE: To avoid Internal Revenue Service (IRS) tax penalties, stop contributions to your Health Savings Account (HSA) before Medicare starts.



Should I Keep/Sign Up for Part B?

Consider

- Most people pay a monthly premium
 - Amount depends on income
- Usually deducted from Social Security/Railroad Retirement Board benefits
- May supplement employer coverage
 - Contact your benefits administrator to understand the impact to your employer plan
 - If you don't have other coverage, declining Part B will mean you don't have full coverage

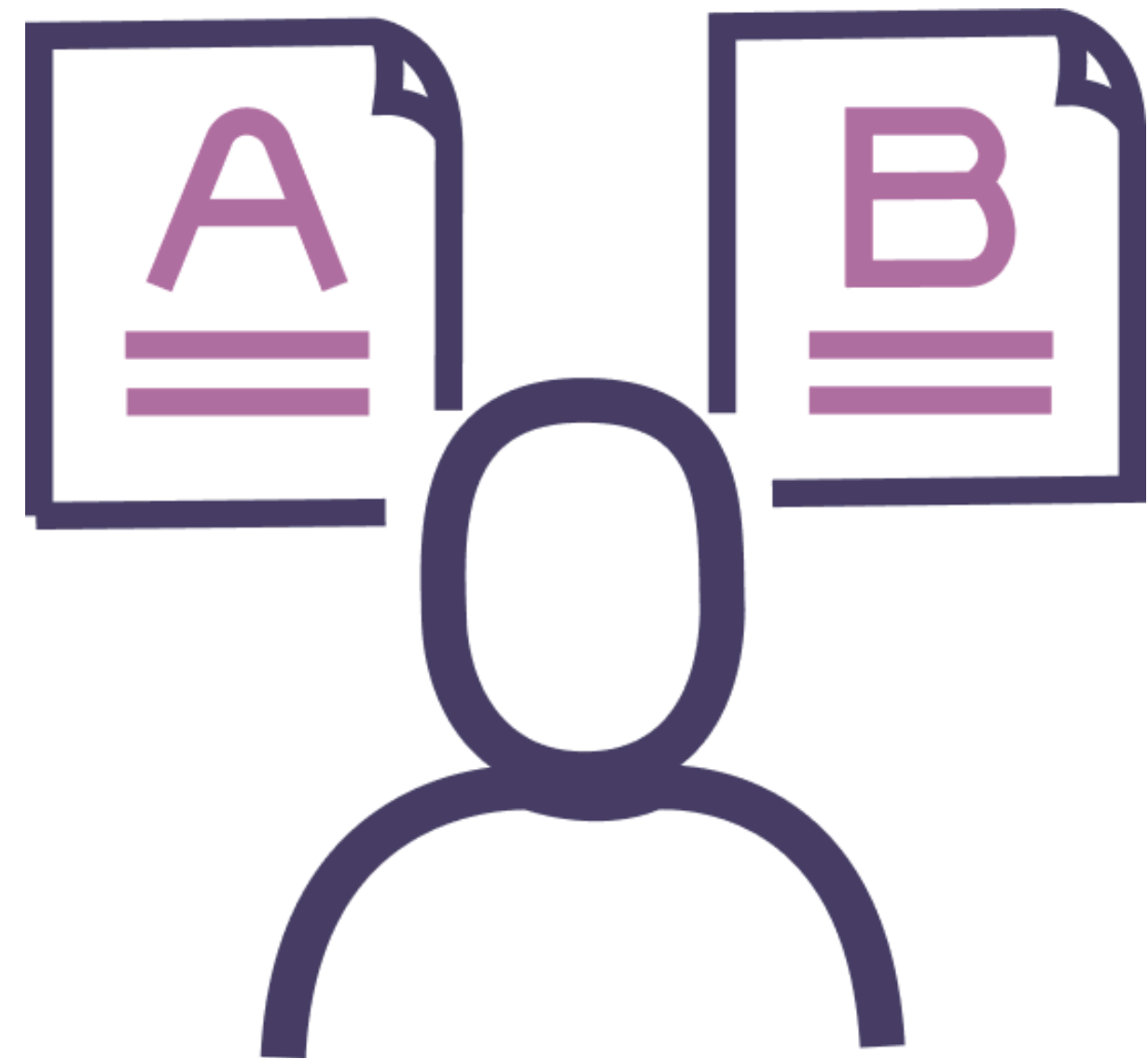


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When You Must Have Part A and Part B

- If you want to buy a Medicare Supplement Insurance (Medigap) Policy
- If you want to join a Medicare Advantage (MA) plan
- If you're eligible for TRICARE for Life (TFL) or Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)
- If your employer coverage requires you have it (less than 20 employees)
 - Talk to your employer or union benefits administrator



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What You Pay—2025 Part B Premium

Medicare Part B Monthly Premium

- Standard premium is \$185 in 2025
- You may have to pay a higher amount depending on your income
- Some people who get Social Security benefits pay less than this amount



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When You Can Sign Up for Medicare

If you don't already have Medicare

- Initial Enrollment Period (IEP)
- Special Enrollment Period (SEP) (in certain circumstances)
- General Enrollment Period (GEP)

If you already have Medicare (to make changes to how you get your coverage)

- Annual Enrollment Period (AEP)
- Medicare Advantage Open Enrollment Period (MAOEP)
- 5-star Special Enrollment Period
- Special Enrollment Period (in certain circumstances)

Welcome to Medicare!



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Initial Enrollment Period (IEP)

During your Initial Enrollment Period you can enroll/join:

- Part A
- Part B
- Medicare Advantage (if you have Part A and Part B)
- Part D (if you have Part A and/or Part B)
- Medigap (Medicare Supplement) plan

Innitial Enrollment Period The 7 Month Window to Enroll in Medicare



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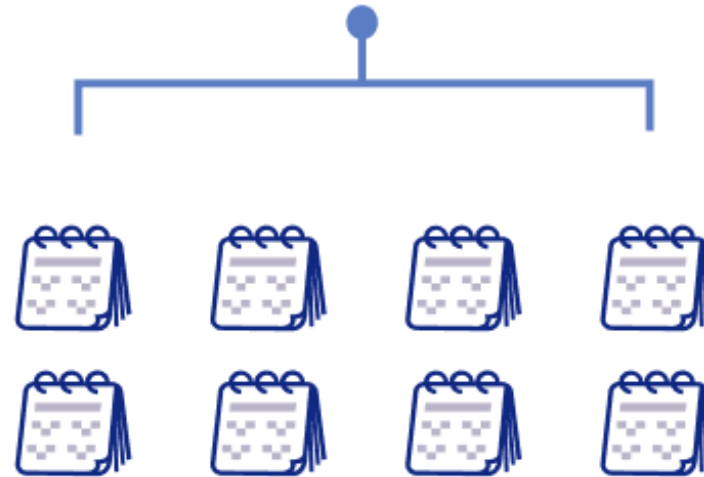
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Special Enrollment Period (SEP)

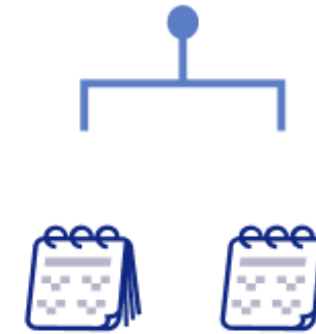
While you have coverage
from an employer



8 months after your coverage
ends for Parts A & B



63 days after your coverage
ends for Parts C & D



8-month period when you can enroll in:

- Part A
- Part B

If you enroll during SEP, you can enroll in:

- Medicare Advantage (must have Part A and Part B)
- Part D (Part A and/or Part B)



NOTE: You have 6 months from the Part B effective date to buy a Medigap policy (must have Part A and Part B).



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General Enrollment Period (GEP)



3-Month period each year when you can enroll/join:

- Part A (if you have to buy it)
- Part B

If you enroll in Medicare during the GEP (above), from April 1–June 30, you can sign up for:

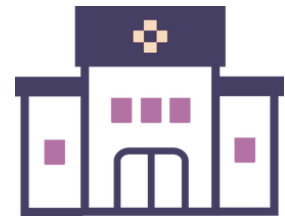
- Medicare Advantage (if you have Part A and Part B)
- Part D (if you have Part A and/or Part B)



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What are the Parts of Medicare?



Part A
(Hospital Insurance)



Part B
(Medical Insurance)



Part D
(Stand-alone prescription drug coverage)



Medigap
(Medicare Supplement)











Medicare Advantage (MA)



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Difference between Medicare Supplement and Medicare Advantage

	 Medicare supplement insurance plans	 Medicare Advantage plans
 Doctors and hospitals	You can select your doctors and hospitals as long as they accept Medicare patients.	You may be required to use doctors and hospitals in the plan network.
 Referrals	You can see specialists without referrals.	You may need referrals and may be required to use network specialists.
 Network	No network restrictions. Coverage goes with you across the United States.	You may have network restrictions. Emergency care is covered for travel within the United States and sometimes abroad.
 Enrolling	You can apply to buy a Medicare supplement insurance plan any time after you turn 65 and join Medicare Part B.	Generally, there are specific periods during the year when you can enroll or switch to another Medicare Advantage plan.
 Costs	You pay a monthly plan premium in addition to your Part B premium. When you use services, your out-of-pocket costs are limited.	Generally, you pay a low or \$0 monthly plan premium in addition to your Part B premium. When you use services, you pay co-pays, co-insurance and deductibles.
 Prescription drug coverage	Prescription drug coverage is not included. Consider also purchasing a Medicare Part D plan.	Prescription drug coverage is included with most plans.



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Part A (Hospital Insurance) Covers

Inpatient care in a hospital

- Semi-private room
- Meals
- General nursing
- Drugs (including methadone to treat an opioid use disorder)
- Other hospital services and supplies, as part of your inpatient treatment

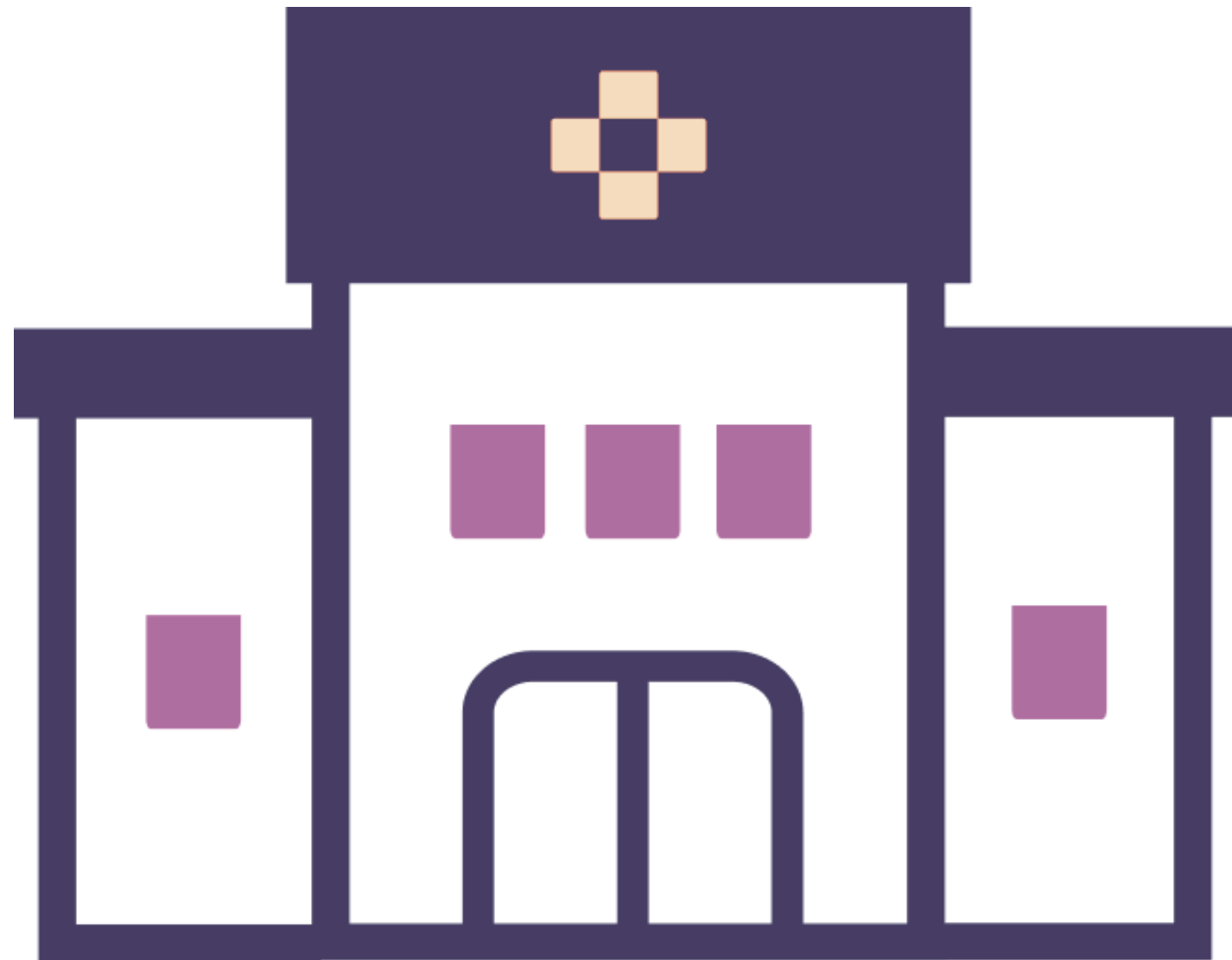
- Care you get in acute care hospitals, critical access hospitals, inpatient rehabilitation facilities, long-term care hospitals
- Psychiatric care in inpatient psychiatric facilities (lifetime 190-day limit in a freestanding psychiatric hospital)
- Inpatient care for qualifying clinical research study
- Inpatient care in a skilled nursing facility (SNF)



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Part A Covers (continued)



Part A (Hospital Insurance) helps cover:

- Blood (inpatient)
- Hospice care
- Home health care
- Inpatient care in a Religious Nonmedical Health Care Institution (RNHCI)



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Paying for Part A

Most people don't pay a premium for Part A

- If you or your spouse paid Federal Insurance Contributions Act (FICA) taxes for at least 10 years

If you paid FICA taxes less than 10 years, you can pay a monthly premium to get Part A

May have a penalty if you don't enroll when first eligible for Part A (if you have to buy it)

- Your monthly premium may go up 10%
- You'll have to pay the higher premium for twice the number of years you could've had Part A, but didn't sign up



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2025 Part A—What You Pay

Hospital Inpatient Stay

- \$1,676 deductible for each benefit period.
 - Days 1–60: \$0 coinsurance for each benefit period.
 - Days 61–90: \$419 coinsurance per day of each benefit period.
 - Days 91 and beyond: \$838 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.
- NOTE:** You pay for private-duty nursing, a television, or a phone in your room. You pay for a private room unless it’s medically necessary.

Mental Health Inpatient Stay

- \$1,676 deductible for each benefit period.
 - Days 1–60: \$0 coinsurance per day of each benefit period.
 - Days 61–90: \$419 coinsurance per day of each benefit period.
 - Days 91 and beyond: \$838 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.
 - 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you're a hospital inpatient.
- NOTE:** There's no limit to the number of benefit periods you can have when you get mental health care in a general hospital. You can also have multiple benefit periods when you get care in a psychiatric hospital. Remember, there's a lifetime limit of 190 days.



2025 Part A—What You Pay (continued)

Skilled Nursing (SNF) Stay	<ul style="list-style-type: none"> • Days 1–20: \$0 for each benefit period. • Days 21–100: \$209.50 coinsurance per day for each benefit period. • Days 101 and beyond: all cost.
Home Health Care	<ul style="list-style-type: none"> • \$0 for home health care services. • 20% of the Medicare-approved amount for Durable medical equipment (DME).
Hospice Care	<ul style="list-style-type: none"> • \$0 for hospice care. • You may need to pay a copayment of no more than \$5 for each prescription drug and other similar products for pain relief and symptom control while you're at home. In the rare case your drug isn't covered by the hospice benefit, your hospice provider should contact your Medicare drug plan to see if it's covered under Medicare prescription drug coverage (Part D). • You may need to pay 5% of the Medicare-approved amount for inpatient respite care. • Medicare doesn't cover room and board when you get hospice care in your home or another facility where you live (like a nursing home).
Blood	<ul style="list-style-type: none"> • If hospital gets it from a blood bank at no charge, you have no charge



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Benefit Periods in Original Medicare

Measures use of inpatient hospital and Skilled Nursing Facility (SNF) care

- Begins the day you first get inpatient care in hospital or skilled nursing facility
- Ends when not in a hospital/skilled nursing facility 60 days in a row

Pay Part A deductible for each benefit period

No limit to number of benefit periods you can have

Ends 60 days in a row here...



Home

Not here...



Hospital or Skilled Nursing Facility

Benefit periods can span across calendar years.



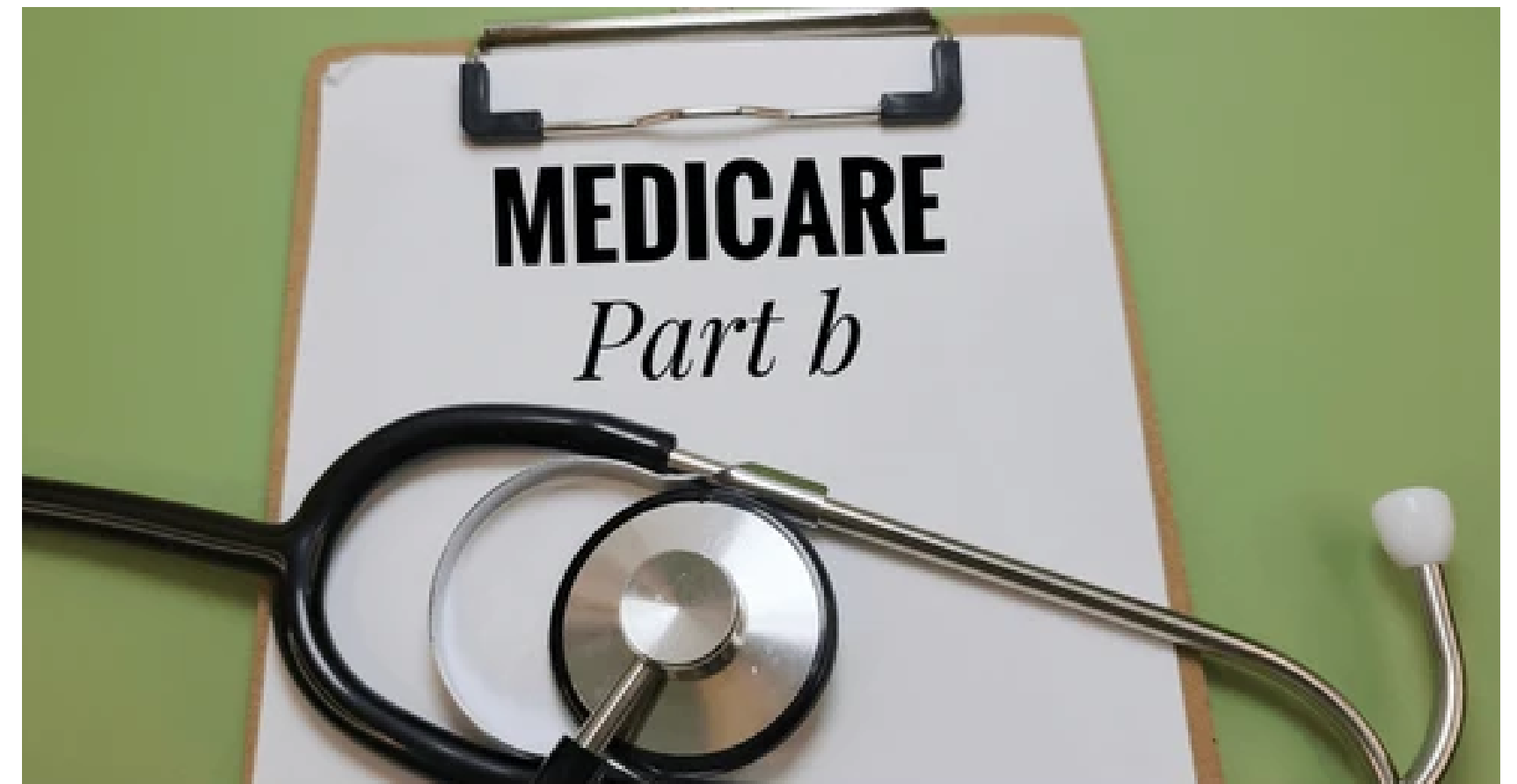
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Part B (Medical Insurance) Covers

Part B—Medical Insurance helps cover medically necessary:

- Doctors' services
- Outpatient medical and surgical services and supplies
- Clinical lab tests
- Durable medical equipment (DME) (like walkers and wheelchairs)
- Diabetic testing equipment and supplies
- Preventive services (like flu shots and a yearly wellness visit)
- Home health care
- Medically necessary outpatient physical and occupational therapy, and speech-language pathology services
- Outpatient mental health care services



Part B—Preventive Services

- “Welcome to Medicare” preventive visit
- Yearly “Wellness” visit
- Bone mass measurement (bone density)
- Breast cancer screening (mammogram)
- Cardiovascular disease screenings
- Cervical and vaginal cancer screenings
- Colorectal cancer screenings
- Diabetes screenings
- Diabetes self-management training
- Flu shots
- Glaucoma tests
- Hepatitis B shots
- Hepatitis B Virus (HBV) infection screening
- Hepatitis C screening test
- HIV (Human Immunodeficiency Virus) screening
- Obesity screening and counseling
- Pneumococcal shots
- Prostate cancer screenings
- Sexually transmitted infection (STI) screening and counseling
- Smoking and tobacco-use cessation (counseling to prevent tobacco use & tobacco-caused disease)



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Part B—What You Pay in Original Medicare in 2025

Yearly Deductible	\$257 (Subject to change annually)
Monthly Premium	\$185 (Subject to change annually)
Coinsurance for Part B Services	<ul style="list-style-type: none">• 20% coinsurance for most covered services, like doctor’s services and some preventive services, if provider accepts assignment• \$0 for most preventive services• 20% coinsurance for outpatient mental health services, and copayments for hospital outpatient services



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What's Not Covered by Part A and Part B?

Some of the items and services that Part A and Part B don't cover include:

- Most dental care
- Eye examinations related to prescribing glasses
- Dentures
- Cosmetic surgery
- Massage therapy
- Routine physical exams
- Acupuncture or other types of acupuncture (like dry needling) for any condition other than chronic low back pain

- Hearing aids and exams for fitting them
- Long-term care
- Concierge care (also called concierge medicine, retainer-based medicine, boutique medicine, platinum practice, or direct care)



NOTE: They may be covered if you have other coverage, like Medicaid or a Medicare Advantage plan that covers these services.



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Prescription Drug Coverage (Part D)



An optional benefit available to all people with Medicare

Run by private companies that contract with Medicare

Provided through

- Medicare Prescription Drug Plans (PDPs) (work with Original Medicare)
- Medicare Advantage Prescription Drug Plans (MAPDs)
- Some other Medicare health plans



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How Part D Works

It's optional

- You can choose a plan and join
- May pay a lifetime penalty if you join late.

Plans have formularies

- Lists of covered drugs
- Must include range of drugs in each tier category
- Are subject to change—you'll be notified

Your out-of-pocket cost may be less if you use a preferred pharmacy

If you have limited income and resources, there's Extra Help (LIS) to pay Part D costs



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Medicare Drug Plan Costs—What You Pay in 2025

Costs vary by plan, and most people will pay

- A monthly premium (varies by plan and income)
- Annual deductible - Yearly deductible (if applicable)
- Copayments or coinsurance.
- Initial coverage - Insured pays 25% coinsurance for all covered prescriptions up to \$2,000 total drug costs in 2025.
- Catastrophic coverage - Insured pays \$0 co-insurance/cost share for covered drugs to end of 2025.



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Part D Late Enrollment Penalty

You may have to pay more if you wait to enroll

- Exceptions if you have
 - Creditable drug coverage
 - Extra Help

You'll pay the penalty for as long as you have coverage

1% for each full month eligible and without creditable prescription drug coverage

Multiply percentage by base beneficiary premium (\$36.78 in 2025)



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Part D Cost Considerations

Plans have formularies

- Make sure the plan covers the prescriptions you need
- Can you use a preferred pharmacy?

You can choose a plan and join

- May pay a lifetime penalty if you join later and didn't have creditable coverage (no more than a 63-day gap)

There's Extra Help to pay Part D costs if you have limited income and resources



Who Can Join Part D?

You must have Part A and/or Part B to join a Medicare Prescription Drug Plan (Medicare Part D)

You must have Part A and Part B to join a Medicare Advantage Prescription Drug plan

You must have Part A and Part B or only Part B to join a Medicare Cost Plan with Part D coverage

You must live in the plan's service area

- You can't be incarcerated
- You can't be unlawfully present in the U.S.
- You can't live outside the U.S.

You must join a plan to get drug coverage (in most cases)



When Can I Enroll in a Part D Plan?

7-month Initial Enrollment Period (IEP)

Annual Enrollment Period (AEP)

- October 15–December 7 each year
- Coverage begins January 1

If you get Part B for the first time during a General Enrollment Period (GEP) you can join a Part D plan from April 1–June 30 with coverage starting July 1.

May be able to join at other times, like if you're

- In an Medicare Advantage plan on January 1, your MAOEP is from January 1–March 31 each year
- New to Medicare and enrolled in an Medicare Advantage plan during your Initial Enrollment Period, you can make a change within the first 3 months you have Medicare
- Special Enrollment Period (SEP), if you qualify
- 5-star Special Enrollment Period (SEP)



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Should I Enroll in a Part D Plan?

Consider

- If you have creditable prescription drug coverage
 - Will it pay at least as much as standard Medicare drug coverage?
 - Will you or your spouse or dependents lose your health coverage if you join a Medicare drug plan?
 - How do your out-of-pocket drug costs compare to out-of-pocket drug costs with a Medicare drug plan?
- How will your costs change if you get Extra Help with your Medicare drug plan costs?
- If you don't have creditable prescription drug coverage
 - Later enrollment may mean you pay a penalty
 - If you go 63 or more days in a row without creditable coverage



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Medigap (Medicare Supplement) Policies

☒ **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.

Sold by private insurance companies

Fills gaps in Original Medicare coverage

- Deductibles, coinsurance, copayments

All plans with same letter

- Have same coverage
- Costs are different

Plans are different in Minnesota, Massachusetts, and Wisconsin



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Medigap (Medicare Supplement) Plan Coverage

Medigap Benefits Chart	Plan A	Plan B	Plan C	Plan D	* Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
Medicare Part A Coinsurance & Hospital Costs (Up to an additional 365 days after Medicare benefits are used) are used up	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 Coinsurance	✗	✗	100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part A Deductible	✗	100%	100%	100%	100%	100%	50%	75%	50%	100%
Medicare Part B Deductible	✗	✗	100%	✗	100%	✗	✗	✗	✗	✗
Medicare Part B Excess Charges	✗	✗	✗	✗	100%	100%	✗	✗	✗	✗
Foreign Travel Emergency (up to plan limits)	✗	✗	80%	80%	80%	80%	✗	✗	80%	80%
					** Out of Pocket Limit		\$5,560	\$2,780		

* Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,870 in 2025 before your policy pays anything. (Plans C and F aren't available to people who were newly eligible for Medicare on or after January 1, 2020.)

** For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$257 in 2025), 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 inpatient admission.



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Do I Need a Medicare Supplement (Medigap Policy)?

Consider

- It only works with Original Medicare
- Do you have other supplemental coverage?
- Can you afford Medicare deductibles and copayments?
- What does the monthly Medigap premium cost?



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Best Time to Buy a Medicare Supplement Policy

Your Medigap Open Enrollment Period (OEP) begins the month you're 65 or older AND enrolled in Part B

- Lasts 6 months minimum, may be longer in your state
- You have protections

During your Medigap OEP, companies can't

- Refuse to sell you any Medigap policy they offer
- Make you wait for coverage
- Charge more because of a past/present health problem

You can also buy a Medigap policy whenever a company agrees to sell you one

- If later, there may be restrictions unless you have a guaranteed issue right



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Medicare Advantage (MA) Plans (Part C)

☒ **Part A**

☒ **Part B**

Most plans include:

☒ **Part D**

☒ **Extra benefits**

Some plans also include:

☐ **Lower out-of-pocket costs**



A Medicare Advantage plan is another way to get your Medicare coverage (sometimes called “Part C” or “MA plans”)

Offered by Medicare-approved private companies that must follow rules set by Medicare

If you join an Medicare Advantage plan, you’ll still have Medicare but you’ll get your Part A (Hospital Insurance) and Part B (Medical Insurance) coverage from the MA plan, not Original Medicare



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Different Types of Medicare Advantage Plans

MAPD PLANS (With or Without Prescription Drugs:

- MAPD plans that include prescription drugs.
- MA Only Plans do not include prescription drugs (may be suitable for a Veteran who receives their medications from the VA.

Health Maintenance Organization (HMO Plans)

- Must use in-network providers.
- May require a referral to see a specialist.

Preferred Provider Organization (PPO Plans)

- Pay less if you use in-network providers.
- Can go out of network for a higher cost.

Point of Service (POS Plans)

- Health care plan that provides more flexibility than an HMO plan
- Allows for some out-of-network benefits at a higher cost.

Special Needs Plans (SNP Plans)

- Plans for individuals with certain medical conditions, like Diabetes, heart conditions, etc.
- Plans for individuals with Medicare and Medicaid (dual eligible).



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How Medicare Advantage (MA) Plans Work

In an MA Plan you:

- Are still in Medicare with all rights and protections
- Still get services covered by Part A and Part B
- May choose a plan that includes prescription drug coverage
- Can be charged different out-of-pocket costs
- Can't be charged more than Original Medicare for certain services, like chemotherapy, dialysis, and skilled nursing facility (SNF) care
- May choose a plan with extra benefits like vision, dental or fitness and wellness benefits
- Have a yearly limit on your out-of-pocket costs



How Medicare Advantage Plans Work (continued)

- Each plan has a service area in which its enrollees must live
- You (or a provider acting on your behalf) can request to see if an item or service will be covered by the plan in advance (called an organization determination)
 - Contact your plan for more information
- Medicare pays a fixed amount for your coverage each month to the companies offering MA plans
- Each plan can have different rules for how you get services
 - These rules can change each year
- Hospice care is covered, but by Original Medicare



When Can I Enroll in a Medicare Advantage Plan

Initial Enrollment Period (IEP)

- 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.

General Enrollment Period (GEP)

- If you have Part A and enroll in Part B during a GEP, you can enroll in a Medicare Advantage plan from April 1–June 30 with coverage starting July 1

Special Enrollment Period (SEP) in certain circumstances, like if you

- Move out of your plan's service area
- Have or lose Medicaid or Extra Help
- Move in or out of an institution (like a nursing home)

5-star Special Enrollment Period

- From December 8–November 30 each year
- Can switch to a Medicare Advantage plan or Medicare Cost Plan that has 5 stars for its overall star-rating



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When Can I Enroll in a MA Plan (continued)

Yearly Annual Enrollment Period from October 15–December 7

Medicare Advantage Open Enrollment Period (MAOEP)

- One-time change each year from January 1–March 31 (coverage begins the 1st of the month after)
- Must already be enrolled in an MA plan (at any time) during the first 3 months of the year

- To switch to another MA plan with or without drug coverage
- To drop your MA plan and return to Original Medicare (can also join a Medicare Prescription Drug Plan (PDP))



NOTE: If you're new to Medicare and you're enrolled in a MA plan during your IEP, you can make a change within the first 3 months you have Medicare.

Note: If you drop a Medicare Supplement Insurance (Medigap) policy to join an MA Plan, you might not be able to get it back.



Should I Join a Medicare Advantage (MA) Plan?

Consider

- You must have Part A and Part B to join
- Most offer comprehensive coverage
 - Including Part D drug coverage
- Some plans may require you to use a network
- You may need a referral to see a specialist
- You must pay the Part B premium and the monthly plan premium
- You can only join/leave plan during certain periods
- It doesn't work with Medigap policies



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Can I Join a Medicare Advantage (MA) Plan If I Have End-Stage Renal Disease (ESRD)?

In certain situations:

- If you're already in an MA plan when you develop ESRD, you can stay in your plan or you may be able to join another MA plan offered by the same company.
- If you're in an MA plan, and the plan leaves Medicare or no longer provides coverage in your area, you have a one-time right to join another MA plan.
- If you have an employer or union GHP or other health coverage through a company that offers one or more MA plan(s), you may be able to join one of that company's MA plans.

- If you're medically determined to no longer have ESRD, you may be able to join an MA plan.
- You may be able to join a Medicare Special Needs Plan (SNP) that covers people with ESRD if one is available in your area.



NOTE: Starting January 1, 2021, people with ESRD may join an MA/MA-PD plan without the restrictions listed on this slide. These people can use the 2020 Open Enrollment Period to enroll in a plan. Benefits will start on January 1, 2021.



How are Medigap Policies and MA Plans Different?

	Medigap Policies	MA Plans
Offered by	Private companies	Private companies
Government oversight	State, but must also follow federal laws	Federal (plans must be approved by Medicare)
Works with	Original Medicare	N/A
Covers	Gaps in Original Medicare coverage, like deductibles, coinsurance, and copayments for Medicare-covered services.	All Part A and Part B covered services and supplies. May also cover things not covered by Original Medicare, like vision and dental coverage. Most MA Plans include Medicare prescription drug coverage.
You must have	Part A and Part B	Part A and Part B
Do you pay a premium	Yes. You pay a premium for the policy and you pay the Part B premium.	Yes. In most cases, you pay a premium for the plan and you pay the Part B premium.



Other Medicare Special Enrollment Periods (SEPs)

- You move out of your plan's service area
- You have Medicaid and Medicare or qualify for Low-income subsidy (LIS)
 - Once per calendar quarter during first 9 months each year
- Your plan leaves the Medicare Program or reduces its service area
- You enter, live at, or leave a long-term care facility (like a nursing home)
- You get, lose, or have a change in your Extra Help or Medicaid status
- You're sent a retroactive notice of Medicare entitlement
- You leave or lose employer or union coverage
- Other exceptional circumstances



Help for People with Limited Income and Resources

Medicare Savings Program

- Help from your state paying Medicare costs, including Medicare premiums, deductibles, coinsurance, and copayments

Extra Help

- Help paying Part D prescription drug costs

Medicaid

- Federal-state health insurance program



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What is Extra Help?

- Program to help people pay for Medicare prescription drug costs (Part D)
 - Also called the low-income subsidy (LIS)
 - If you have the lowest income and resources
 - Pay no premiums or deductible, and small or no copayments
 - If you have slightly higher income and resources
 - Pay reduced deductible and a little more out of pocket
- No coverage gap or late enrollment penalty if you qualify for Extra Help
 - In 2025, new Special Enrollment Periods (SEPs) for Medicare and Medicaid will be implemented. The quarterly SEP for dual eligibles (those with both Medicare and Medicaid) will be replaced with a monthly SEP, allowing for more frequent plan changes. Specifically, dual eligibles can now change plans monthly, but with some restrictions on the types of plans they can switch into, such as only being able to switch to an integrated Dual Special Needs Plan (D-SNP).



Plan Review

If you are currently enrolled in a Medicare Advantage or a Medicare Supplement and Part D drug plan. We can offer a free, no-obligation review of your plan to ensure you have the right coverage based on your current needs.



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Contact Us



Carolyn Daignault

Licensed Insurance Broker
6 years of Medicare experience

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Questions?

Thank you for attending!



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