



# -Turning 65- Aging into Medicare

## LET'S TALK MEDICARE

Upon turning age 65, Medicare Part A (Hospitalization) is typically provided at no cost as a result of an individual's contribution over a period of 40 quarters (Maximum of 4 quarters per year). Also, you can sign up for Part B (Doctors and Outpatient Services) but you will have a monthly charge.

It is of Critical Importance to apply for Part B coverage within the Initial Enrollment Period (IEP) time frame. For eligible individuals, you have a total of 7 months: 3 months before, the month of, and 3 months after turning 65 without being subject to a penalty along with a period of no coverage.

One notable exception is those who are still employed and that continue to be covered by an employer sponsored health plan, will likely not need to sign up for the Part B coverage.

## THE MEDICARE PROGRAM IS DIVIDED INTO 4 PARTS

### Part A - Hospital Insurance

Helps cover: Inpatient care in hospitals, Skilled nursing facility care, Hospice care, Home health care

### Part B - Medical Insurance

Helps cover:

Services from doctors and other health care providers, Outpatient care, Home health care, Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment), Many preventive services (like screenings, shots or vaccines, and yearly "Wellness" visits)

### Part C - Medicare Advantage

This includes Part A & Part B benefits and some plans also cover Part D. These plans will typically have additional benefits along with maximum out-of-pocket limits.

### Part D - Prescription Drug Coverage

Helps pay for prescription drugs you need.

It's optional and offered to everyone with Medicare.



## WHAT IF I ALREADY HAVE MEDICARE??

Individuals with ONLY Original Medicare (Part A & Part B) risk having substantial out-of-pocket costs with no limit. Can you afford to pay 20% of your medical bill?

Does your Medicare Supplement premium keep increasing? I can help you retain the same benefits you've grown to love and can reduce the cost you pay for those benefits. You may elect to do this year-round.

Medicare Advantage plans adjust their benefits each year. I represent many of the plans competing for your business. We can sit down and I'll analyze your needs so I can get you the most comprehensive benefit package while seeking the lowest out-of-pocket cost! You can join, switch or drop a Medicare Advantage Plan or a Medicare drug plan from October 15 to December 7th.

**Ashlie Ruiz**  
Medicare Specialist  
connect@ashlieruiz.com

**(214) 434-5607**



For Part B sign up you can go online to  
SSA.GOV or call 800-772-1213

## Original Medicare (Part A & B)

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

☒ Part A



You can also add:



Part D



☒ Part B



Supplemental Coverage



## Medicare Advantage (Part C)

- Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These “bundled” plans include Part A, Part B, and usually Part D.
- In most cases, you can only use doctors who are in the plan’s network.
- In many cases, you may need to get approval from your plan before it covers certain drugs or services.
- Plans may have lower out-of-pocket costs than Original Medicare.
- Plans may offer some extra benefits that Original Medicare doesn’t cover—like vision, hearing, and dental services.

☒ Part A



Most plans Include:



Part D



☒ Part B



Some extra benefits

Some plans also include lower out-of-pocket costs.



- Those who are receiving Social Security benefits will be automatically enrolled in Part A and Part B upon turning 65.
- Individuals under 65 who are receiving Social Security Disability or are End Stage Renal Disease are eligible.
- With Original Medicare Part A(Hospital) you will be subject to a per confinement hospital deductible.
- After satisfying the Part A per confinement deductible, your first 60 days of hospitalization are covered.
- Any continuous hospitalization in excess of 60 days will be subject to a daily copay.
- Subsequent to hospitalization treatment (not observation) lasting at least 3 days, qualifies for up to 20 days at a Skilled Nursing Facility is not subject to a copay.
- With respect to a Part B, after satisfying a modest annual deductible, Doctors, outpatient services, Durable Medical Equipment along with some preventative services are eligible for coverage.
- However, Part B has an unlimited 20% out of pocket charges along with (excess doctor charges of Medicare approved amounts) which you are responsible for.
- A Medicare Supplement Plan can be purchased to pay for some out of pocket expenses not covered by Medicare.
- Also stand alone Plan D Prescription Drug plan can be added to help you with your out of pocket drug costs.