

Medicare Coverage Review Kit

Medicare doesn't have to be confusing. The Medicare Coverage Review Kit makes it easy to get a complete look at your Medicare coverage needs with this easy step-by-step guide.

Let's get started!



MEDICARE BASICS

A quick guide to help you understand your Medicare plan options

Original Medicare Provided by the federal government

Part A 

Helps pay for hospital stays and inpatient care

Part B 

Helps pay for doctor visits and outpatient care

Medicare Choices

After you enroll in Original Medicare (Parts A and B), there are two ways to get additional coverage since Original Medicare does not cover all medical expenses and does not cover prescription drugs.

OPTION 1 _____ **OR** _____ **OPTION 2**

Add one or both of the following to Original Medicare:

Choose a Medicare Advantage plan:

Medicare Supplement Insurance
Offered by private companies

MED SUPP   Helps pay some of the out of pocket costs that come with Original Medicare

Medicare Part D Plans
Offered by private companies

Part D  Helps pay for prescription drugs

Medicare Advantage Plan
Offered by private companies

Part C  

Combines Part A (hospital insurance) and Part B (medical insurance) in one plan

May offer additional benefits not provided by Original Medicare

Part D  Usually includes prescription drug coverage

Let me help you find the right plan. Call or Email TODAY!



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Not all plans offer all of these benefits. Availability of benefits and plans varies by carrier and location. Deductibles, copays and coinsurance may apply. Plans are insured or covered by a Medicare Advantage organization with a Medicare contract and/or a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

Medicare Planning Checklist

INITIAL ENROLLMENT

- Sign up for at least Original Medicare by age 65 — even if you're going to move to a Medicare Advantage or Medicare Supplement plan later on.
(NOTE: you will need to enroll in both Part A and Part B in order to sign up for Medicare Supplement, Medicare Advantage or Prescription Drug coverage.)

BASIC NEEDS ASSESSMENT

- Make a list of all the types of doctors, specialists, dentists and health care providers you want to see, along with their names, address and facility name to easily refer to when reviewing plans.
- Make a list of all the prescriptions drugs you're taking now or anticipate taking soon, along with their dosage, frequency, and cost per month. This will help you determine if you should also consider a [Prescription Drug Plan](#).
- Check your bank statement and calculate how much you currently spend on health care each month.
- Determine the maximum amount you can afford to pay in premiums and expenses each month. Click [here to learn more about Medicare premiums](#).



ANTICIPATED LIFESTYLE CONCERNS ASSESSMENT

Look at these life situation changes and note if any of these situations happened in the last 12 months or you anticipate will be happening within the next 12 months:

TRAVEL, RELOCATION & US ELIGIBILITY

- How often you will be traveling out of your coverage area each year? Will you be traveling internationally?
- Are you planning on moving in the next 12 months? Yes/No
- Have you recently moved outside of your current plan's service area and are looking for a new plan option?
- Have you recently returned to the US after living permanently outside of the US? If yes, what date did you return?
- Have you recently obtained lawful presence status in the US? If yes, what date did you receive your new status?

MEDICAID

- Are you eligible for both Medicare and Medicaid? Yes/No
- Have you recently had a change in your Medicaid (i.e. recent Medicaid enrollment, had a change in level of Medicaid assistance, or lost Medicaid)?
- Are you no longer eligible for Medicaid? If yes, when did your eligibility end?

PRESCRIPTION DRUG COVERAGE

- Have you recently involuntarily lost creditable prescription drug coverage (as good as Medicare's)? If yes, what date did you lose coverage?
- Do you belong to a pharmacy assistance program provided by your state?
- Have you recently had a change in your Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help)?
- Is your state helping to pay for Medicare premiums or do you get Extra Help paying for your Medicare prescription drug coverage? Yes/No

LONG-TERM CARE

- Are you moving into, live in, or recently moved out of a Long-Term Care Facility? If yes, what date do you plan on moving?
- Have you recently left a Program of All-Inclusive Care for the Elderly (PACE)? If yes, what date did you leave?

EXTERNAL CONCERNS

- Do you live in an area that recently experienced a natural disaster? If yes, what date was the disaster?
- Have you recently been released from incarceration? If yes, what date were you released?

OTHER COVERAGE CONCERNS

- Do you receive Railroad Retirement Benefits?
- Are you a veteran or receiving VA Benefits?
- Are you going to start collecting from a retirement plan or Social Security within the next 12 months?
- Are you losing or leaving coverage you had from an employer or union? If yes, what date does your coverage end?



- Is your current plan ending its contract with Medicare or is Medicare ending its contract with your plan? If yes, when?
- Were you enrolled in a Special Needs Plan but have lost the Special Needs qualification requirement to be in that plan? If yes, what date did your coverage end?

COVERAGE OPTIONS REVIEW

As you review your coverage options, ask yourself the following questions about each plan:

- Can you continue to use your preferred doctors, pharmacy and hospital?
- Are the benefits you need included in this plan?
- How much will you pay in premiums each month?
- What are the plan's required copays and deductibles?
- Does the plan limit what you pay out of pocket each year?
- Are your prescription drugs covered, and if so, how much will those prescriptions cost?
- Does this plan have a network and how strict is it about out-of-network services?
- Is this plan well rated? Learn more about how Medicare Star Ratings work here.
- Are you switching to a 5-Star Rated Plan in your area? Do you qualify for the 5-Star Special Enrollment Period?
- Are you eligible for this plan?

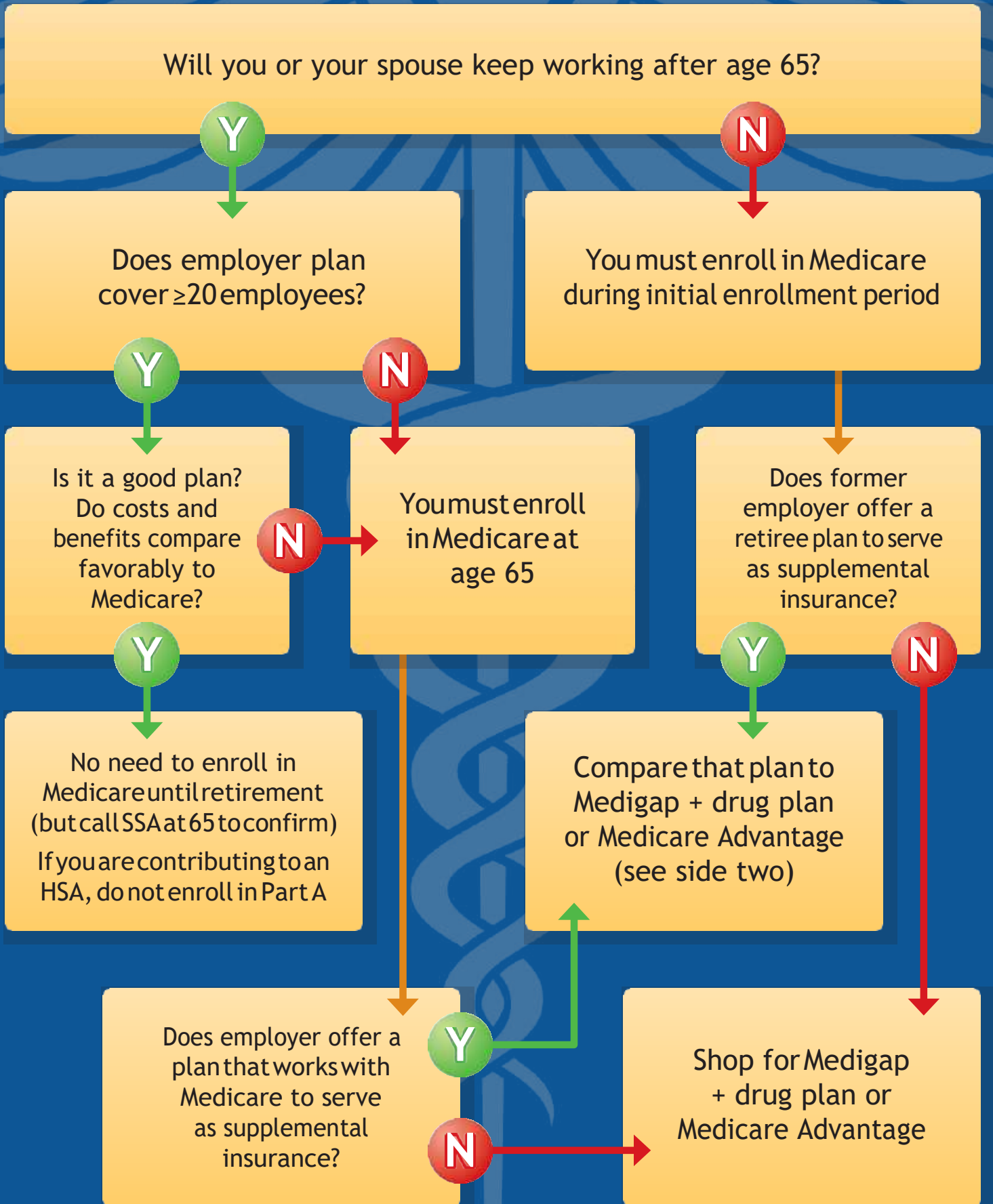


ENROLLMENT CHECKLIST

Knowing when you can enroll and working with a Medicare agent can help you determine the right plan and when to get it.

- Determine when the next enrollment period is for the type of plan you want.
- Review the Annual Notice of Change for your current plan and the plan you wish to enroll in to make sure coverage changes in the upcoming year won't negatively affect your decision.
- Contact a Benefit Advisors Group, LLC affiliated agent and discuss your options.
- When enrollment opens, make your final plan selection and begin the enrollment process.
- Enjoy your new Medicare coverage!

Medicare Enrollment Planning



Steps to take when comparing Medicare to 20+ employer insurance.

STEP 1: Talk to your employer to see if your current insurance is considered creditable coverage under Medicare and if it will change at age 65.

STEP 2: Gather all documents pertaining to your employer-sponsored insurance, including summary of benefits coverage and monthly premium information.

STEP 3: Work with a trusted independent Medicare agent or advisor to find a comparable Medicare Plan—either traditional Medicare A, B, D plus Medigap, or a Medicare Advantage plan.

STEP 4: Work with your Medicare advisor to conduct a cost-benefit analysis to determine which plan is a better value and provides coverage to match your specific needs.

STEP 5: Consider other factors, such as spousal insurance, whether you'd have to change your doctors, and what your part B premium and Income Related Monthly Adjustment Amount (IRMAA) will be.

Step 7: Once you have your Medicare number with both your part A and B coverage effective date you can contact your independent advisor to enroll in either a Medigap & Part D plan or a Medicare Advantage plan.

Considerations

- Can you see the doctor you want? Are the right specialists available if you need them?
- How much will you have to pay for your medications?
- What are the monthly premiums?
- What other out-of-pocket costs might you incur based on your expected health care usage?
- Are family benefits important? If the decision to go off the employer plan would affect your spouse's insurance, add the cost of spouse's coverage to your analysis.

To enroll in Medicare, visit ssa.gov/benefits/medicare or call (800) 772-1213

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Our service includes:

- Current Health Coverage Review.
- Medicare plan comparison.
- Doctor's participation in available plans.
- Prescription Drug Review.
- Ongoing Support throughout the year
- Annual review at no cost.

We are not connected with or endorsed by the United States government or the Federal Medicare program.

We do not offer every plan available in your area. Currently we represent 11 organizations which offer 56 products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.

We are an independent broker contracted by many local and national insurance companies. You do not pay us for our services. We are compensated directly by the insurance company when we assist you with your enrollment.



2024 Medicare Costs & Premiums

PART A (Hospital)

Inpatient Hospital Stay – You Pay... *(benefit period ends 60 days after release from care)*

- **Deductible: \$1,632** per benefit period
- Coinsurance (days 1-60): \$0 per day of each benefit period
- Coinsurance (days 61-90): \$408 per day of each benefit period
- Coinsurance (60 lifetime reserve days): \$816 per day after day 90 of each benefit period

Skilled Nursing Facility Stay – You Pay... *(3-day inpatient hospital stay required first)*

- Coinsurance (days 1-20): \$0 per day of each benefit period
- Coinsurance (days 21-100): \$204 per day of each benefit period

PART B (Medical)

Part B Deductible – You Pay... \$240 per calendar year

Part B Coverage – You Pay... Generally 20%, after \$240 deductible is met

Part B Premium (including high income Part B & Part D) [paid to Medicare]

Those enrolled in **Part B** will pay at least the standard **\$174.70/mo premium (based on income)**. Higher income earners will pay a **Part B IRMAA (Income Related Monthly Adjustment Amount)** in addition to the \$174.70/mo standard premium.

Higher income earners who are enrolled in **Part D Prescription Drug** coverage also pay a **Part D IRMAA in addition** to the monthly insurance premium for a Part D prescription drug plan or Medicare Advantage plan that includes Part D coverage (see table below).

If your MAGI (Modified Adjusted Gross Income)* in 2022 was...			You pay in 2024 (per person) Monthly premiums to Medicare	
Individual Tax Return	Joint Tax Return	Married & Separate Tax Return	Part B Premium + IRMAA	Part D IRMAA (in addition to Part D plan premium)
\$103,000 or less	\$206,000 or less	\$103,000 or less	\$174.70	---
\$103,001 to \$129,000	\$206,001 to \$258,000	N/A	\$244.60 (174.70 + 69.90)	+ \$12.90
\$129,001 to \$161,000	\$258,001 to \$322,000	N/A	\$349.40 (174.70 + 174.70)	+ \$33.30
\$161,001 to \$193,000	\$322,001 to \$386,000	N/A	\$454.20 (174.70 + 279.50)	+ \$53.80
\$193,001 to \$499,999	\$386,001 to \$749,999	\$103,001 to \$396,999	\$559.00 (174.70 + 384.30)	+ \$74.20
\$500,000 +	\$750,000 +	\$397,000 +	\$594.00 (174.70 + 419.30)	+ \$81.00

* 2022 MAGI = Adjusted Gross Income (Form 1040 line 11) + Tax-Exempt Interest (Form 1040 line 2a)

New to Medicare and not sure where to start? Don't worry, this checklist will help guide you through each step of the process.

Remember: your choices are not permanent. You can adjust your Medicare coverage options at certain times of the year later if you change your mind about something or your needs change.

Step 1 – Determine if you're signed up for Original Medicare

Original Medicare refers to Medicare Part A (inpatient insurance) and Part B (outpatient insurance). You should make sure to sign up for at least Part A as soon as you become eligible for Medicare services.

Some people are automatically signed up for Part A and Part B because they are already receiving Social Security benefits. If you get a red, white and blue Medicare card three months before your 65th birthday, you've been automatically enrolled. If not, it's time to sign up!



Step 2 – Enroll in Original Medicare

This first sign-up period is called your Medicare Initial Enrollment Period, or IEP. It happens for most people in the seven-month period surrounding their 65th birthday, although some disabilities and illness may qualify sooner.

If you are not automatically enrolled, you will need to enroll during your IEP. To enroll, you generally go through Social Security. You can do that by:

- Enrolling online at www.ssa.gov
- Visiting your local Social Security office
- Or calling Social Security at 1-800-772-1213 (TTY users call 1-800-325-0778). Representatives are available Monday through Friday, from 8 AM to 7 PM in all U.S. time zones.

If you miss your IEP, you can sign up for Medicare during the Medicare General Enrollment Period, January 1 – March 31 every year.

Delaying Medicare Part B? Let's break it down.

- ▶ Some people choose to delay Part B enrollment. This is typically because you still have access to employer-based health coverage, which offers similar coverage.
- ▶ Your employer-based health insurance can be your own or through your spouse. Check with your group health insurance plan administrator about how your employer-based plan works with Medicare coverage.
- ▶ Delaying Part B without an acceptable substitute can incur late enrollment fees later, so it's important to review your options before coverage selection.

□ Step 3 – Choose what type of Medicare coverage you want

While Medicare Part A and Part B are the foundational elements of Medicare, you have additional options to consider when determining the coverage type you want.

Original Medicare comes from the government and is the default method of receiving benefits. Original Medicare does not cover prescription drug costs, nor does it cover dental, hearing and vision care. Because of this, many opt for Medicare Advantage plans.


- **Medicare Advantage plans** (also called Medicare Part C) take the place of Original Medicare. They are offered by private health insurance companies and may offer additional benefits not covered by Original Medicare, such as prescription drug coverage. They may also have additional add-on benefits, such as fitness plans and dental benefits.

If you choose to stick with Original Medicare, you still have coverage expansion options.

- A popular choice among those who stick with Original Medicare is a **Medicare Supplement plan**, which offers standardized plan options to help cover out-of-pocket costs and potential coverage gaps (which is why they're also called Medigap plans).
- Stand-alone **Medicare Part D prescription drug (PDP) plans** offer prescription assistance and are an affordable addition to Original Medicare.
- **Dental, vision and hearing (DVH) standalone plans** offer specific coverage add-ons for those non-Medicare covered health areas.



When considering your coverage options, it's important to review your current health needs, family history, budget, plan availability in your area and personal preference. If at any point you have questions about types of coverage or what would work for you, please reach out and speak to one of our licensed insurance agents.

 **Important note: You can only enroll in a Medicare Supplement or Prescription Drug Plan if you are already enrolled in Medicare Part A and Part B. DVH plans do not have that stipulation.**

Step 4 – Compare Medicare plans


As you review the different coverage types available, plan comparison tools can help provide you with a clearer picture of what different plans offer and help you find the right coverage at the right price. Most plans come with monthly premiums in addition to Part B premiums. When reviewing your coverage options, bear in mind what costs a plan may have and whether that will work with your budget.

Plan comparisons can be done at Medicare.gov or by contacting PlanEnroll for a personalized approach.



Step 5 – Sign up for whatever coverage option you choose!

Generally, it's best to sign up for Medicare coverage as soon as you are eligible to avoid potential late penalties. Different coverage types may also have additional enrollment periods throughout the year as well, meaning you are not locked into what you choose for the rest of your life. The important thing is to enroll and avoid the fees.

 **It is not possible to have both a Medicare Advantage and a Medicare Supplement plan. You will need to select one or the other before completing your enrollment.**

Step 6 – Know when you can make changes to your coverage

Coverage needs change over time. Knowing when you can make changes to your Medicare coverage can help you plan for the future and ensure that you continue having a great Medicare experience.

Enrollment Period

When It Occurs

What You Can Do

Enrollment Period	When It Occurs	What You Can Do
Initial Enrollment Period (IEP)	Starts three months before you turn 65 Ends three months after you turn 65	Sign up for Original Medicare and any additional coverage options you select.
General Enrollment Period (GEP)	January 1 – March 31 every year	If you have not signed up for Part A and/or Part B, this is when you can.
Medicare's Annual Enrollment Period (AEP)	October 15 – December 7 every year	Sign up for a plan, switch plans or leave a plan. This is the primary time to alter your coverage.
Medicare Advantage Open Enrollment Period (OEP)	January 1 – March 31 every year	Those already enrolled in a Medicare Advantage plan can switch or leave their plan.
Special Enrollment Period (SEP)	Depends on your qualifying event	Depends on your personal situation.

Not connected with or endorsed by the United States government or the Federal Medicare program. We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options. Andrew Firmin is a licensed insurance agent, NPN # 18447480. By providing your contact information you are consenting to being contacted by a licensed insurance agent affiliated with Benefit Advisors Group, LLC by email, text message, or phone. Regular messaging rates may apply. Reply "STOP" to be removed.

Call us today for help with your Medicare questions:

1.978.494.6611 (TTY: 711)

andy@benefitadvisorsgrp.com

A licensed insurance agent will answer your call.
Not affiliated with or endorsed by any government agency.



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New to Medicare Advantage Frequently Asked Question

When will I receive my new plan Member ID card?

Once you're enrolled in your new plan you will receive,

- A letter from the carrier stating that your application was approved and you are now a member of your new plan.
- Your member ID card and Summary of Benefits will arrive approximately 14 days prior to your new plan start date of 01/01/2024.
- A letter from the carrier that directs you to these essential plan documents:
 1. A complete description of your coverage (Evidence of Coverage)
 2. A link to search prescription drugs covered by your plan, if applicable (Formulary)
 3. A link to the search participating pharmacies, if applicable (Pharmacy Directory)
 4. A link to the directory of participating doctors, hospitals, and other providers (Provider Directory)
 5. Billing information (learn about online bill pay)
 6. An over-the-counter (OTC) benefit catalog, if applicable. The catalog includes a list of eligible OTC items covered under the benefit. (OTC Catalog)

Do I use my new plan member ID card when visiting a Medical Provider?

Yes. You will use your new plan member ID card when you visit a medical provider or hospital. If applicable, you will also show your member ID card for visits to the dentist and vision care provider.

Should I still keep my red, white, and blue Medicare card?

Yes. You will place your Medicare red, white, and blue card in a safe place.

When should I cancel my employer/private non-Medicare coverage?

Do not cancel your policy until you have received your enrollment confirmation letter from your new plan carrier. Notify your current plan sponsor in advance and set the coverage to end on the date you start your new Medicare plan. At the same time, make sure your current plan coverage and new plan coverage periods aren't overlapping. As an example, let's say your new Medicare coverage starts on 11/1/2023. Your previous coverage will be scheduled to end on 11/01/2023.

Do I still have to pay my Medicare Part B premium?

Yes. In order to join a Medicare Advantage plan, you must continue to pay your Medicare Part B premium unless it's paid for you by Medicaid or another third party.

I received a letter of DECLARATION OF PRIOR PRESCRIPTION DRUG COVERAGE from the new plan carrier. This is stating that I may have a Part D late enrollment penalty. What do I do with this?

If this was determined that you had creditable drug coverage within 63 days of enrolling in your new plan, you will check off the box in the enclosed form that best describes the type of creditable prescription drug coverage that you were enrolled in prior to the start of your new Medicare coverage. Sign, date and return the form as soon as possible in the self-addressed stamped envelope that the carrier provided.

Can I receive emergency care?

You have the right to emergency care, when needed, anywhere in the United States and without pre-approval from your plan.



What happens if I move out of my new plan's service area?

Please contact your Licensed Health Insurance Agent Andrew Firmin at 978.494.6611 to discuss the necessary steps to take in order to have a seamless plan transition.

What happens if I change providers or pharmacies?

You can search online with the provider directory link that was provided to you in your new member packet, or contact your Licensed Health Insurance Agent Andrew Firmin at 978.494.6611 to confirm that your new provider/pharmacy is listed in your carrier network.

What should I do about the phone calls and mail that I am receiving?

Be aware of scam and solicitation calls that are frequently made to seniors. Should you have any questions or concerns, or if you see/hear about something that is of interest, contact your Licensed Health Insurance Agent Andrew Firmin at 978.494.6611.

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We are an independent broker contracted by many local and national insurance companies. You do not pay us for our services. We are compensated directly by the insurance company when we assist you with your enrollment.



Andrew Firmin

Independent Insurance Advisor

“**Medicare is the intersection of your health coverage and financial wellness. Its your health, your wealth. Worry less, heal more!**”

Andrew Firmin is the Managing Director at Benefit Advisors Group, a North Andover, Ma based benefits enrollment and Insurance Agency. Benefit Advisors Group has health coverage available for individuals and families as well as seniors on Medicare. Andy has a specific focus on providing an overview and understanding of your health coverage in a way that helps protect your financial wellness.

Prior to starting his agency in 2017, Andy was Vice President, Head of Institutional Client Relations for the Center of Financial Research & Analysis (CFRA), a provider of forensic accounting research to portfolio managers and investors. Mr. Firmin has received a Certificate of Achievement from America’s Health Insurance Plans (AHIP) for 2025 Medicare + Fraud, Waste and Abuse Training. He holds a current Life and Health/Accident Insurance Producers License, national producer number 18447480. As an independent broker, Andy holds active appointments with many national and regional insurance carriers.

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- **Medicare Advantage Plans**
- **Medicare Supplemental Insurance Plans**
- **Part D—Prescription Drug Plans**
- **Mass Health (Medicaid)**
- **Senior Care Options**

Andy holds a BS, Business Management from the Gabelli School of Business, Roger Williams University, and a Master of Science in Business Management from Lesley University.

Visit his website: benefitadvisorsgrp.com

Not all plans offer all of these benefits. Availability of benefits and plans varies by carrier and location. Deductibles, copays and coinsurance may apply. Plans are insured or covered by a Medicare Advantage organization with a Medicare contract and/or a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options. MULTIPLAN_GAR_0049_M