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Determine What's Important

If you're having trouble deciding which Medicare program to choose for your health needs, you're not alone. There are numerous options, and the process of evaluating what's available can often feel overwhelming.

The best way to get started is by evaluating the type of health coverage you need.

Do you need more than basic coverage?

While Original Medicare could be considered basic coverage, you should ask yourself if that's enough. Or are you looking for coverage for prescription drugs? Or, perhaps you want coverage to help with medicare copayments.

What is your budget?

Plans that cover more than Original Medicare may have a monthly premium, though, as you will learn, many Medicare Advantage programs may have $0 premiums. If you know your budget before you get started, you can narrow down your options.

What are your retirement plans?

If you plan to travel or have a summer home, the best Medicare plan for you may be different than if you will stick mostly to one home area.

Choose the Plan Best Suited for Your Needs

If it were an easy choice, everyone would pick the same thing, and you wouldn't have to figure it out. Likely, you have friends and family on Medicare, and they may have each chosen something different.

If you have questions about how to get started, we'd be happy to help you understand your options. Call 561-679-2004, Monday through Sunday, 8 am-9 pm, to speak with a licensed insurance agent about what's available.

This guide outlines the various options and explains, in clear and straightforward terms, what you need to know to determine the best fit for your needs.

Do I Need to Enroll In Medicare?

You may be wondering if you even need to enroll in Medicare.

Medicare is designed to be a benefit and is available to all Americans turning 65. It may also be available to those under 65 who have a disability. Most people choose to enroll in Medicare when they are first eligible, typically when they turn 65. However, no one will force you to enroll.

It's essential to note that if you don't sign up when you're first eligible, you may have to wait to sign up and may go months without coverage. You might also pay a monthly penalty for
As long as you have Part B, the penalty goes up the longer you wait to sign up.

Typically, you are first eligible to enroll in Medicare, called the Initial Eligibility Period (IEP), 3 months before your 65th birthday through 3 months after your birthday. However, if you are covered under another creditable plan when you turn 65, for example, if you are still working or covered under a spouse's plan, you may be able to defer enrollment until you lose that coverage.

Original Medicare Components

Original Medicare is the combination of Medicare Part A and Part B. Each part covers different services. With Original Medicare, you'll be covered for any visit with a doctor who accepts Medicare anywhere in the U.S. However, there may be copays and costs involved.

Medicare Part A Is Hospital Insurance

Medicare Part A has a deductible per benefit period. Once the deductible is met, Medicare covers inpatient hospital stays for up to 60 days, with $0 coinsurance required. A benefit period typically corresponds to one hospital stay. So, if you are in the hospital for a week, go home for a day, and then return to the hospital, you'll start a new benefit period, requiring another deductible.

From days 61-90, you'll be required to pay a $400 per day coinsurance. And beyond 90 days, Medicare will cover up to 60 reserve days in your lifetime, requiring a $800 coinsurance.

Part A also covers stays in skilled nursing facilities. For the first 20 days, Medicare covers the entire cost of staying in a skilled nursing facility. Then, for each additional day beyond 100 days, a $200 copayment is required, and starting at day 101, Medicare provides no coverage.

Part A also covers hospice and limited home health care.

Medicare Part B Is Medical Insurance

Unlike Part A's deductible, which must be paid with every hospital stay, the deductible for Part B only needs to be met once a year.

Part B covers outpatient doctor visits and doctor services at 80% once you've met your deductible. Part B also covers medical equipment at 80%.

PART A VERSUS PART B

WHAT IS THE DIFFERENCE?

Medicare Part A is Hospital Insurance

Covers inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care

MAY NOT COVER: Private rooms, private-duty nursing care, TV or phone in your room (if there is a separate charge for them), personal items

Included in Original Medicare

Medicare Part B is Medical Insurance

Covers services from doctors and other health care providers, outpatient care, home health care, durable medical equipment, and some preventative services

MAY NOT COVER: Routine dental care, eyeglasses, routine foot care, hearing aids, dentures

Included in Original Medicare

Original Medicare Premiums and Costs

Most individuals do not have to pay a premium for Part A. That's why you should enroll in Part A as soon as you're eligible, even if you have other insurance. You have nothing to lose because, in most cases, you won't pay a premium, but you could receive a benefit.

If you don't sign up for Medicare Part B when you're first eligible, and you don't qualify for a special enrollment period, you'll pay a penalty based on how long you went without coverage in addition to the base premium.

Annual Cost for Those with Original Medicare. In addition to your Part B monthly premium, it's essential to understand that Original Medicare only covers 20% of your medical costs, so there is no limit to how much you can spend on your medical care with Original Medicare. That's why most people choose to have a supplemental form of insurance, either a Medigap plan or a Medicare Advantage plan.

We can help you sort through your options. Call 561-679-2004, Mon-Sun 8 am-9 pm, to speak with a licensed insurance agent to discuss the options that are right for you.

Medicare Savings Programs

Individuals who meet the income and resource requirements may be eligible for assistance with paying Medicare premiums, deductibles, coinsurance, and copayments. These programs are offered through your state Medicaid program.

Qualified Medicare Beneficiary (QMB) Program – Those who qualify will not be charged by Medicare for Part A premiums (if applicable) and Part B premiums, deductibles, coinsurance, or copayments for Medicare-covered services. They may receive a bill for a copayment for Part D prescriptions from Medicaid. QMB program participants are not eligible for full Medicaid benefits.

Qualified Medicare Beneficiary Plus (QMB+) Program – Eligible individuals can receive full Medicaid benefits. This program is similar to the QMB program but offers a higher level of coverage.

Specified Low-Income Medicare Beneficiary (SLMB) Program – Those who qualify will not need to pay Part B premiums and will also receive assistance for prescription drug costs. Participants will be required to pay cost-share for most medical services, as this program does not provide full Medicaid benefits.

Specified Low-Income Medicare Beneficiary Plus (SLMB+) – Qualifying individuals are not responsible for paying Part B premiums. SLMB+ provides full Medicaid benefits. This program also offers limited assistance from state Medicaid agencies to cover cost-sharing. Services covered by both Medicaid and Medicare are subject to a 0% cost-share.

Qualifying Individual (QI) Program – Qualifying individuals are eligible to have Part B premiums covered. This program is offered on a first-come, first-served basis, and you must apply annually. Therefore, not all who qualify will receive benefits. The state Medicaid office is not responsible for cost-sharing.

Qualified Disabled Working Individual (QDWI) Program – This savings program will cover Part A premiums. Individuals must meet income and disability requirements. State Medicaid offices will not pay cost-share. This program does not offer full Medicaid benefits.

Full Benefits Dual Eligible (FBDE) Program – Individuals who qualify for this program are eligible for full Medicaid benefits and may receive limited assistance from Medicaid to help cover Medicare cost-sharing.

Each state administers these savings programs. To apply, you must contact your state Medicaid program.

WHEN DOES COVERAGE START?

If You Qualify for Premium-Free Part A

Your coverage starts on the 1st of the month during the month you turn 65 (if your birthday is the first of the month, your coverage will start the month before you turn 65)

Part B (and Premium Part A)

Coverage starts based on the month you sign up

If You Sign Up Before the Month You Turn 65,

Coverage starts the month you turn 65

The Month You Turn 65,
Or During the Three Months After

Coverage starts next month

YOUR MEDICARE COVERAGE STARTS BASED ON YOUR SIGN-UP PERIOD AND WHEN YOU SIGN UP

Initial Enrollment Period: Your first chance to sign up!

This typically occurs when you turn 65 and lasts for 7 months. It begins 3 months before you turn 65, the month of your birthday, and 3 months after the month you turn 65.

What is the Initial Enrollment Period (IEP)?

The initial enrollment period (IEP), starts on the first day of the month, three months before the month of your birth. The day of your birth has no bearing on your enrollment period. For example, someone born on January 1 will have the same enrollment period as someone born on January 31.

To determine when your enrollment eligibility starts, go to the first of the month, three months before your month of birth.

If your birthday is in January, initial enrollment starts on October 1. If your birthday is in June, your initial enrollment begins on March 1.

This initial period extends three months past your birth month. Those born in January can enroll until April 30, and those born in June can enroll until September 30.

This period gives everyone seven months to enroll, so there's no need to panic as your 65th birthday approaches. You have several months to work through your options.

What is the Annual Election Period (AEP)?

Each year, from October 15th to December 7th, Medicare open enrollment occurs. This period is often referred to as the Annual Enrollment Period, or AEP. During this period, you can switch your current Medicare Advantage plan or your Part D plan for any reason. You can also choose to enroll in a Medicare Advantage plan for the first time if you are currently on Original Medicare. You can also choose to drop a Medigap plan and enroll in a new Medicare Advantage plan. When you change your plan during the Annual Enrollment Period, your new coverage will take effect on January 1.

If you're getting ready to enroll in Medicare or considering switching plans, we can help you understand your options. Call 561-679-2004 Monday through Sunday, 8 am-9 pm, to speak with a knowledgeable, licensed insurance agent about your options.

What is the Open Enrollment Period (OEP)?

The Medicare Open Enrollment Period (OEP) is similar to the annual open enrollment period (AEP), but you must already be enrolled in a Medicare Advantage plan. During OEP, you can make a one-time change to an Advantage plan, switch to a different prescription drug coverage, or opt to drop your Medicare Advantage plan and switch to Original Medicare, while also enrolling in a Part D plan. Medicare Advantage Open Enrollment runs from January through March each year.

Now that we've discussed enrollment options, let's talk about what Medicare Options you have. There are two main classifications: Original Medicare and Medicare Advantage.

AEP OEP

WHEN? WHAT?	• Switch from one Medicare Advantage Plan to a different one • Swap from a MA plan without prescription drug coverage to a plan with it (and vice versa) • Switch Prescription Drug Plans • Switch to a new plan with a different provider	• Switch from Medicare Advan tage to Original Medicare During this time, you may NOT: • Join a PART D Plan • Switch from Original Medicare to Medicare Advantage
HOW MANY?	You may make multiple changes to your Medicare Advantage or Part D coverage during this time	You may make only one change to your Medicare Advantage coverage during this time
WHAT ELSE ? The Medicare Annual Enrollment (AEP) begins October 15 and ends December 7	The changes made to your coverage will become active on the first of the following year The Open enrollment Period (OEP) begins January 1 and ends March 31	The changes made to your coverage will become active midway through the
During this time, you may: • Switch from Medicare Advan tage to Original Medicare (and vice versa)	During this time, you may: • Change Medicare Advantage Plans	

What is a Special Enrollment Period (SEP)?

Special enrollment periods (SEPs) are times when individuals can enroll in or change their Medicare plans outside of the Annual Enrollment Period (AEP). You must meet the criteria to be eligible. Some of the circumstances that allow for a special enrollment period include the following:

You move. This can include moving into or out of an assisted living or skilled nursing facility. Special enrollment also becomes available for individuals who move outside their plan's coverage area or into it, but have new options available.

You lose your health coverage. If you had Medicaid and are no longer eligible or if your retirement health plan or COBRA plan ends, you could be eligible to enter a Medicare special enrollment period (SEP).

You're eligible for another type of health coverage.

Your Medicare plan provider changes its contract with Medicare.

Several other situations qualify you for special enrollment. If you experience a major life change, you should evaluate your eligibility for special enrollment.

Medicare Advantage

Medicare Advantage is also known as Medicare Part C. Medicare Advantage policies serve as an alternative to Original Medicare. Independent insurance companies offer them, but they must adhere to the same minimum coverage as Original Medicare.

Most Medicare Advantage plans include Part D coverage. So, if you choose a Medicare Advantage plan that includes prescription drug coverage, you don't need to purchase a separate Part D policy.

Types of Medicare Advantage Plans

There are four main types of Medicare Advantage Plans, and this is where many people can start to feel confused. You don't need to worry, though, because we'll help you work through the differences in a way you can understand and act on. There are four main types of Medicare Advantage plans:

Health Maintenance Organization (HMO) Plans

Preferred Provider Organization (PPO) Plans

Private Fee-for-Service (PFFS) Plans

Special Needs Plans (SNPs)

Read on for an explanation of each type of plan.

MEDICARE ADVANTAGE PLANS

HMO

- See only in-network providers
- May cover additional services
- In most cases, plan provides prescription drug coverage (may pay higher premium)
- Must have Parts A and B

PPO

- See any provider, but may pay more when seeing out of network provider
- May cover additional services
- In most cases, plan provides prescription drug coverage (may pay higher premium)
- Must have Parts A and B

PFFS

- See any provider, but may pay more when seeing out of network provider
- May cover additional services
- Not required to select a Primary Care Provider Must
- Must have Parts A and B

SNPS

- For individuals with specific diseases or disabilities, economic or institutional statuses
- Plans are just doctor choices, benefits, and drug formulas areas to best meet the needs of those they serve
- Must have Parts A and B

HMO Plans and What They Cover

An HMO plan provides coverage for doctors and hospitals within a network. You don't have the freedom to choose whatever hospital or doctor you want. However, if your established primary care physician and hospital are already part of the HMO, you can easily transition to a Medicare Advantage HMO plan.

Generally, the only type of care that out-of-network hospital systems or physicians cover is emergency care, ur gent care, and temporary dialysis.

An HMO plan is best suited for individuals who do not travel frequently and have a good network of participating doctors and specialists in their region.

PPO Plans, Networks and Coverage

As with an HMO, a PPO will have an organization of in-network providers. The difference is that PPO plans will cover other out-of-network hospitals and physicians who accept Medicare, although the coverage will be better with those in the network.

You can choose any hospital or specialist you want with a PPO, but you'll pay less if you choose an in-network provider or hospital.

PFFS Plans and Coverage

These plans do not require the policyholder to have a primary care physician. Therefore, individuals with a PFFS plan do not need to obtain a referral to see a specialist. Depending on the plan, coverage may be available for out-of-network providers or not.

PFFS plans tend to be more expensive and less popular than HMO and PPO plans. Most individuals who choose a Medicare Advantage plan opt for an HMO or PPO.

Special Needs Plans (SNP)

Special Needs Plans (SNPs) are specific plans designed for individuals with chronic or critical illnesses and conditions, or for beneficiaries residing in institutional care or those who qualify for some form of Medicaid from their state. The typical person eligible for Medicare isn't eligible for an SNP. If you become eligible, you can switch to an available SNP plan at that time.

Medicare Part D

You may have realized that Original Medicare doesn't cover prescription drugs. That's where Medicare Part D comes in. You can enroll in a prescription drug plan when you enroll in Medicare.

You don't have to enroll in a Part D plan. But if you don't enroll in Medicare Part D during your initial enrollment, and you are not receiving creditable coverage under another health plan, and then enroll in a plan later, you'll pay a 1% penalty for every month you went without coverage. Due to this penalty, most people sign up for drug coverage during the initial enrollment period.

Medicare Supplement Insurance (Medigap)

Many people with Original Medicare purchase a supplemental insurance plan, known as a Medicare Supplement plan, also referred to as a Medigap plan. Note that a Medicare beneficiary cannot have both a Medigap plan and a Medicare Advantage plan simultaneously.

What is Medigap?

Medigap is a supplemental policy. As the “gap” in its name implies, this supplemental coverage fills some of the gaps in the Original Medicare coverage.

When you choose a Medigap plan, Medicare will cover its portion of the doctor and hospital bills. The Medigap plan will then cover deductibles, copays, and coinsurance according to the individual policy terms.

Medigap Costs

If you enroll in a Medigap plan, you'll still need to pay your Part B premiums, which are set, and then you'll have to pay an additional premium for your Medigap policy. The premium for Medigap will vary by the plan you select and the insurance company that issues the plan. Generally, more coverage equates to higher premiums.

Since private insurers sell Medigap policies, you may find a significant difference in the cost between companies, even for the same coverage.

New Medigap plans purchased after 2006 do not cover prescription drugs, so most people choose to also purchase a Part D plan and pay the associated premium.

Everyone has different circumstances, making it a challenge to determine which options are best for you. Speaking with a knowledgeable, licensed insurance agent can be helpful, and we have agents available to answer your questions. Call 561-679-2004, Monday through Sunday, 8 am-9 pm, to get the help you need.

Enrolling in Medigap

Unlike Original Medicare and Medicare Advantage, there is no open enrollment period for Medigap. Instead, you can sign up for a plan wherever you want. However, if you don't sign up within six months of enrolling in Part B, Medigap insurers can charge higher premiums or refuse to offer coverage based on pre-existing conditions.

Medigap Versus Medicare Advantage

Medigap and Medicare Advantage are not the same. While they may provide similar coverage, they're alternatives. Medicare Gap is a supplemental coverage for Original Medicare, while Medicare Advantage is a private insurance option that provides coverage, at a minimum, equivalent to Original Medicare, but often includes additional coverage as well.

Is Medicare Advantage better than Original Medicare?

This question is the one that everyone wants the answer to. The good news is that a Medicare Advantage plan or Original Medicare with a Medigap and Part D plan are comparable, and both types of coverage provide excellent options.

Medicare Advantage plans are becoming increasingly popular, and if their current growth continues, more Medicare-eligible individuals will soon choose Medicare Advantage over Original Medicare.

To speak with a licensed insurance agent about your Medicare needs, call 561-679-2004, Mon-Sun 8 am-9 pm.

The Choice for Travelers

Medigap plans may be a better option for travelers because they don't have a preferred network. Medigap will pay for care covered by Original Medicare, provided by any doctor or hospital that accepts Medicare, and Medigap plans don't require a referral by a primary care physician.

Additionally, some Medigap plans cover medical costs outside the United States.

Medicare Advantage or Medigap

Many Medicare Advantage plans include additional services. However, very few Medigap plans do.

Pre-approval for Medical Care

With Original Medicare and Medigap plans, you don't usually need to have hospital stays or procedures pre-approved. With Medicare Advantage, you typically must have those same treatments pre-approved to be covered.

Your Local Network of Hospitals and Physicians.

Individuals who live in metropolitan areas often have several hospital and physician options that are part of Medicare Advantage HMOs and PPOs. Those living in rural areas won't have as many options. Their local hospital may not be part of an HMO, resulting in a lack of coverage for many medical treatments they may receive there.

For individuals without nearby HMO-participating providers, Medicare Advantage plans may not be the best option.

Medicare Supplement:

The Pros

- Fewer out-of-pocket expenses
- Access to all providers who accept Medicare
- Coverage while traveling overseas

The Cons

- May have higher monthly premiums
- Multiple plans to navigate
- No prescription coverage included (can be purchased through part D)

Financial Protection

Work with Original Medicare and may help cover some of your remaining out-of-pocket expenses

Can I Have Both?

You cannot have both Medicare Advantage and Medicare Supplement at the same time

Medicare Advantage

The Pros

- Other coverage included
- May have lower premiums
- Covers Medicare Part A, B, and usually D

The Cons

- Preferred provider will need to be in your plan
- May not have coverage while traveling
- May have higher out-of-pock emergency costs

Offers Special Needs Plans

For those with disabilities for needing coverage for long-term care

Can I Change My Plan?

You may change your Medicare Advantage plan every year during the Annual Enrollment Period (AEP) with out restriction or the need to have a health screen o medical underwriting.

Top Questions Answered About Medicare, Medicaid, Medigap, and Medicare Advantage

Can you use Medigap with Medicare Advantage? You cannot use both coverages. It's illegal for someone to sell you a Medigap policy if you have a Medicare Advantage plan.

Can you switch back and forth between Original Medicare and Medicare Advantage? You can switch from one to the other during the Annual Enrollment Period or if you qualify for a special enrollment period.

Can you get the same Medigap Plan after dropping it?

If you had Original Medicare with Medigap and switched to Medicare Advantage for the first time, you can switch back to your Medigap plan within 12 months if you're unhappy with your Medicare Advantage Plan. If your Medigap plan is no longer available, you can choose a new one.

Can you use Medicaid with Medicare?

If you're eligible for Medicaid and Medicare, you can use Medicaid as your supplemental coverage to Medicare.

Each state has different criteria or a set of rules for Medicaid eligibility, which typically begin with income requirements. If you are eligible for Medicaid, services such as personal care

And nursing home care would be provided, which is not a service covered by Medicare.

For more information or to find out if you are eligible for benefits, Contact the eligibility office in your state
Beneficiary Resources: Medicaid.

What's the difference between Medicare Advantage and Medigap?

Private insurance companies offer Medicare Advantage plans and must meet coverage minimums and be approved by Medicare. Medicare Advantage plans are intended to replace your coverage from Original Medicare.

Private insurers offer Medigap plans, which serve as a supplement to Original Medicare. You must have Original Medicare, a government program, to purchase a Medigap plan.

Is Medicare Advantage or Original Medicare with Medigap cheaper?

When considering the total cost, the comparisons can be similar. Some people may discover that one option is better for them than the other. Nearly half of all Medicare beneficiaries were enrolled in a Medicare Advantage plan, while Only 23% of beneficiaries are enrolled in a Medigap plan, indicating the growing popularity of Part C plans.

You probably still have questions that haven't been addressed. The good news is that we have licensed insurance

agents available to assist you. Give them a call today at 561-679-2004, Monday through Sunday, 8 am-9 pm.

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