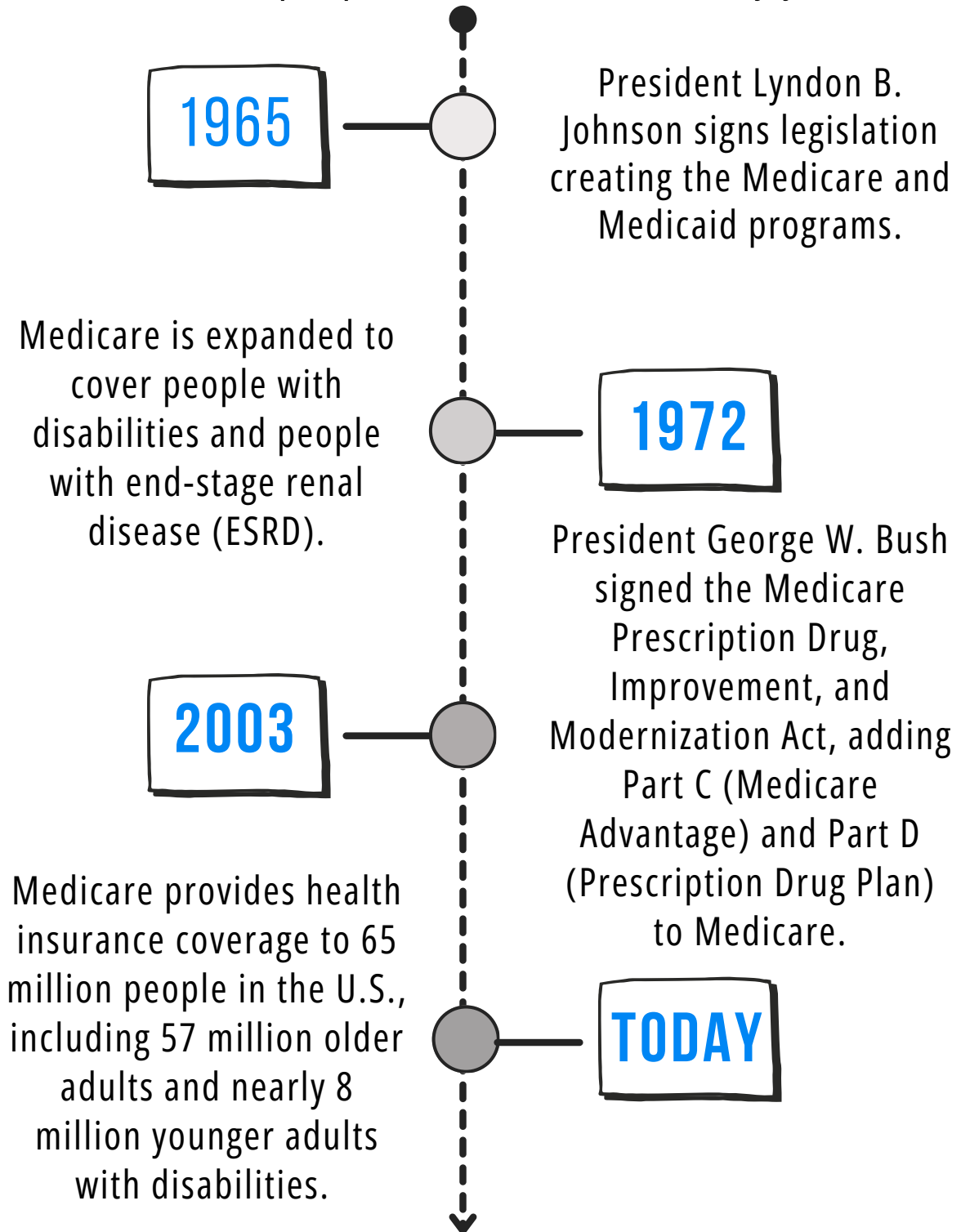


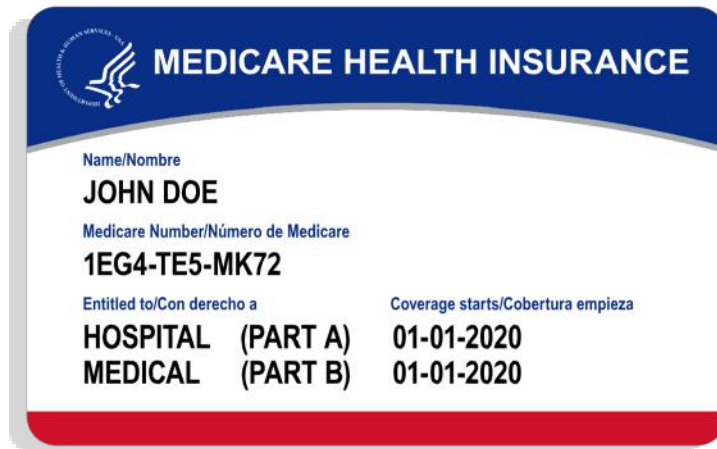


UNDERSTANDING YOUR MEDICARE OPTIONS

HISTORY OF MEDICARE

Throughout the years, the coverage has evolved and changed to cover more people than it did in its early years.





WHAT IS MEDICARE?

- Medicare is a federally run health insurance program for people 65 and older and with certain disabilities and health conditions under 65.
- Medicare provides coverage for a wide range of medically necessary services, preventative services, and more.
- You enroll in Medicare through the Social Security Administration.

WHO QUALIFIES FOR MEDICARE?

- ✓ Age 65 or older
- ✓ Under 65 and disabled
- ✓ Citizen or U.S. Residents
- ✓ End-Stage Renal Disease (ESRD)

FOR EDUCATIONAL PURPOSES ONLY

WHEN TO ENROLL IN MEDICARE?

IEP

INITIAL ELECTION PERIOD

YOU BECOME ELIGIBLE FOR MEDICARE AT AGE 65 DURING YOUR INITIAL ENROLLMENT PERIOD, WHICH LASTS FOR 7 MONTHS: 3 MONTHS BEFORE YOUR BIRTHDAY TO 3 MONTHS AFTER.

GEP

GENERAL ENROLLMENT PERIOD

YOU CAN ENROLL FOR COVERAGE FROM JANUARY 1 TO MARCH 31 EACH YEAR, DURING THE GENERAL ENROLLMENT PERIOD. COVERAGE STARTS THE FOLLOWING MONTH.

SEP

SPECIAL ENROLLMENT PERIOD

AFTER YOUR IEP, YOU CAN ENROLL IN PART B (AND PREMIUM-PART A) WITHOUT A LATE ENROLLMENT PENALTY DURING A LIMITED SPECIAL ENROLLMENT PERIOD. IF YOU MISS IT, YOU'LL HAVE TO WAIT FOR THE NEXT GENERAL ENROLLMENT PERIOD (GEP) AND MAY FACE A LATE ENROLLMENT PENALTY.

NOTE: SPECIAL ENROLLMENT PERIODS MAY DIFFER FOR MEDICARE PART A & B AND MEDICARE ADVANTAGE PLANS

FOR EDUCATIONAL PURPOSES ONLY

MEDICARE COSTS AT A GLANCE

MEDICARE



PART A
HOSPITAL INSURANCE



PART B
MEDICAL INSURANCE



PART C
MEDICARE
ADVANTAGE

PART D
PRESCRIPTION DRUG
PLAN

**MEDICARE
SUPPLEMENT
MEDIGAP PLAN**

PREMIUM & DEDUCTIBLE

PREMIUM-FREE
FOR MOST PEOPLE

\$1,736
DEDUCTIBLE PER
BENEFIT PERIOD

COINSURANCE

DAYS 1-60 = \$0
DAYS 61-90 = \$434
DAYS 91+ = \$868
PER "LIFETIME RESERVE
DAYS." BEYOND "LIFETIME
RESERVE DAYS" = ALL COSTS.

\$202.90
(varies based on
income and when you
first enrolled in Part B)

\$283.00
PER YEAR

ABOUT **20% OF THE
MEDICARE-APPROVED
AMOUNT** FOR MOST
DOCTOR SERVICES

*NOTE: FIGURES ARE FOR 2026
AND CHANGE ANNUALLY.*

PART C, PART D, AND MEDIGAP PLANS ARE
OFFERED BY PRIVATE INSURANCE
COMPANIES. PREMIUMS, DEDUCTIBLES,
COPAYS AND COINSURANCE VARY BY PLAN.

"Medicare premiums, deductibles, copayments, and coinsurance are updated annually. Please ask for the current year's Medicare cost."

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THE PARTS OF MEDICARE

The Medicare health insurance program is divided into 4 parts:
Parts A, B, C, and D.

PARTS A AND B ARE KNOWN AS ORIGINAL MEDICARE.



PART A

HELPS COVER THE BIG STUFF LIKE

- Hospitalization
- Skilled nursing facility
- Hospice care
- Home health care

Most people qualify for Medicare Part A through payroll deductions from their working years. If you are 65 or older, you're eligible for Part A, even if you are still working. If you're not automatically enrolled, you can sign up for free Part A anytime during or after your Initial Enrollment Period, as long as you meet the eligibility requirements.



PART B

HELPS COVER ROUTINE CARE LIKE

- Doctor appointments
- Outpatient care
- Many preventive services
- Durable medical equipment
- Therapies
- Home health care

To qualify for Part B, you must enroll when you're turning 65 and pay a monthly premium to avoid paying extra or having a gap in your coverage. Most people choose to have their Part B premium automatically withdrawn from their monthly Social Security check.

THE PARTS OF MEDICARE

The Medicare health insurance program is divided into 4 parts:
Parts A, B, C, and D.

Part c - MA/MAPD AND PART D - PDP



PART C MEDICARE ADVANTAGE

- Plans must include all Part A and Part B benefits.
- Many plans have no or low monthly premiums.
- Many plans include extra benefits and services like prescription drug coverage, dental, vision, and wellness.
- Plans usually have lower out-of-pocket expenses than Parts A and B.
- Plans are reviewed and approved by Medicare.

You must be enrolled in both Medicare Parts A and B to join a Medicare Advantage plan.



PART D PRESCRIPTION DRUG PLAN

- Cost of prescription drugs (including many recommended shots or vaccines)
- Part D coverage may be offered as a stand-alone plan or as part of a Medicare Advantage with Prescription Drug (MAPD) plan.
- All plans must meet the minimum coverage level set by Medicare.

If you go 63 consecutive days or longer without creditable prescription drug coverage after becoming eligible, you may owe a late enrollment penalty.

WHAT ARE YOUR MEDICARE OPTIONS?

When you first sign up for Medicare, and during certain times of the year, you can choose how you get your Medicare coverage.

There are 2 main ways to get Medicare:

ORIGINAL MEDICARE

- Original Medicare includes Medicare Part A and Part B
- You can join a separate 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



PART B



You can add:

PART D



You can also add:

MEDSUP



This includes Medicare Supplement Insurance (Medigap) Or, you can use coverage from a current employer or union, or Medicaid.

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 Parts A, B, and usually D.
- In many 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 or higher out-of-pocket costs than Original Medicare. You may also have an additional premium.
- Plans may offer some extra benefits that Original Medicare doesn’t cover— like certain vision, hearing, and dental services.

PART A

PART B



Most plans include:

PART D

Supplemental Benefits



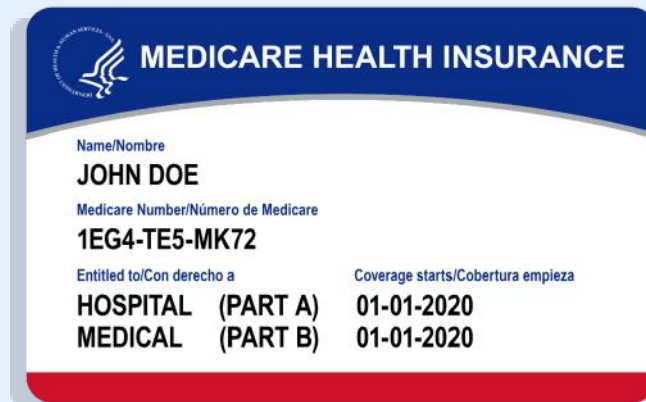
Some plans also include:

Lower out-of-pocket costs

WHAT ARE YOUR MEDICARE OPTIONS?

OPTION 1: ORIGINAL MEDICARE

Original Medicare helps to cover the big stuff in Part A, like hospitalization, and in Part B, like doctor appointments. But **Original Medicare only covers 80% of your Part B**. You are responsible for the remaining 20%, which can add up.



Part A helps cover:

- Hospitalization
- Skilled nursing facility
- Hospice care
- Home health

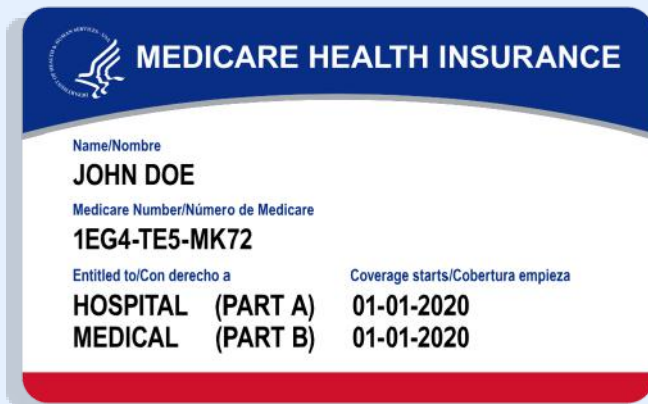
Part B helps cover:

- Doctor appointments
- Outpatient care
- Preventive services
- Occupational/Physical Therapist

WHAT ARE YOUR MEDICARE OPTIONS?

OPTION 2: ORIGINAL MEDICARE + PART D (PRESCRIPTION DRUG PLAN)

If you have Original Medicare and need prescription drug coverage, you'll need to enroll in a Medicare Part D plan, known as a "stand-alone PDP." Private insurance companies provide these plans, and you will pay an additional monthly premium.



+PART D

Medicare Part D offers coverage for prescription medications, but it is not automatically included when you become eligible for Medicare. Many Americans rely on these drugs for their health, so it's important to assess whether you need this coverage. Part D covers both brand-name and generic prescriptions, usually with lower costs for generics. Each plan has a formulary, which lists the drugs it covers.

UNDERSTANDING THE NEW PART D DRUG PLAN PHASES (2025)

1

DEDUCTIBLE PHASE

You pay for your prescriptions until you meet your annual deductible.

Once you reach your full deductible, if any...

2

INITIAL COVERAGE PHASE

You're only responsible for a copay for each prescription, usually a fixed amount.

Once you and your plan spend a combined amount determined by Medicare*...

3

CATASTROPHIC PHASE

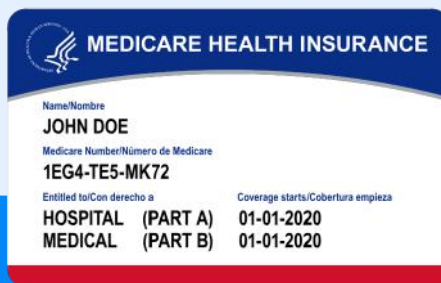
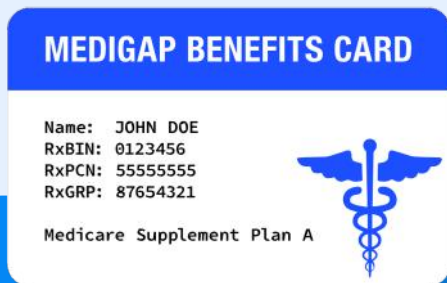
You'll pay a much smaller portion of your prescription drug costs for the rest of the year.

WHAT ARE YOUR MEDICARE OPTIONS?

OPTION 3: ORIGINAL MEDICARE, MEDIGAP, AND (PDP) DRUG PLAN

Original Medicare covers only 80% of your Part B expenses. To help cover the remaining 20%, many people choose to purchase Medicare Supplement Insurance, commonly known as “Medigap,” from private insurance companies. Medigap plans can cover some or all of the costs that Original Medicare does not pay. However, these plans come with an additional monthly premium. It's important to note that you cannot have prescription drug coverage in both your Medigap policy and a Medicare drug plan.

Individuals choose a Medigap policy that best fits their coverage needs and budget. Generally, the more extensive the coverage you desire, the higher the monthly premium you will need to pay. This could result in several hundred dollars in premiums each month. Medigap plans are standardized, meaning that Plan A from one company is identical to Plan A from another company.



Benefits of Medigap

- Freedom to see any provider accepting Medicare
- Predictable healthcare costs
- Little or no cost sharing, depending on the plan
- No provider network requirements

Considerations

- Higher monthly premium
- A separate Part D plan is usually needed
- No routine dental, vision, or hearing benefits

WHAT ARE YOUR MEDICARE OPTIONS?

OPTION 4: MEDICARE ADVANTAGE

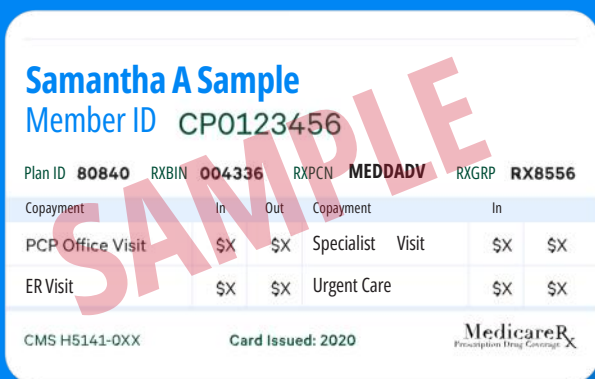
Medicare Advantage is another way to receive your Medicare-covered benefits through a private insurance company contracted with Medicare.

Potential Advantages

- May include prescription drug coverage
- May include additional benefits
- Annual out-of-pocket maximum for covered services

Potential Considerations

- Network restrictions may apply
- Referrals may be required
- Prior authorization may be required for certain services



1 PLAN
CARD
PREMIUM
COMPANY

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PEACE OF MIND WITH MEDICARE ADVANTAGE

When you choose a Medicare Advantage plan from a private insurance company, you can have peace of mind knowing...

- **You are still enrolled in Medicare**
- **Every Medicare Advantage plan has a contract with Medicare**
- **Every plan includes all Part A and Part B benefits**
- **Plans have a yearly limit on what you pay out-of-pocket for Medicare Part A and B -covered services**
- **Every plan is reviewed and approved by Medicare yearly**

To be eligible for a Medicare Advantage plan, you must be enrolled in both Medicare Part A and Part B. Once enrolled, your new plan will take care of your healthcare needs. With Medicare Advantage, you choose to have your benefits managed by a private insurance company.

ORIGINAL MEDICARE VS MEDICARE ADVANTAGE

MEDICARE ADVANTAGE PLANS MUST INCLUDE ALL PART A AND PART B BENEFITS.

BENEFITS	ORIGINAL MEDICARE	MEDICARE ADVANTAGE
DOCTORS VISITS	✓	✓
SPECIALIST VISITS	✓	✓
HOSPITALIZATION	✓	✓
HOSPITAL CARE	✓	✓
SKILLED NURSING FACILITY	✓	✓
NURSING HOME CARE	✓	✓
HOSPICE	✓	✓
HOME HEALTH SERVICES	✓	✓
PREVENTIVE SERVICES	✓	✓

"Availability of supplemental benefits varies by plan and county. Eligibility requirements, limitations, copayments, and restrictions may apply."

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ORIGINAL MEDICARE VS MEDICARE ADVANTAGE

SOME MEDICARE ADVANTAGE PLANS INCLUDE ADDITIONAL BENEFITS IN THEIR PLANS THAT MANY OF ITS MEMBERS ENJOY:

BENEFITS	ORIGINAL MEDICARE	MEDICARE ADVANTAGE
PRESCRIPTION DRUG COVERAGE		✓
OUT-OF-POCKET MAXIMUMS		✓
DENTAL		✓
VISION		✓
HEARING		✓
TRANSPORTATION BENEFITS		✓
WORLDWIDE EMERGENCY COVERAGE		✓
OVER-THE-COUNTER (OTC) ITEMS		✓
MEAL PLAN AFTER HOSPITALIZATION		✓
FITNESS/GYM MEMBERSHIP		✓
NURSING HOTLINE		✓
WELLNESS PROGRAMS		✓
ACUPUNCTURE		✓

"Availability of supplemental benefits varies by plan and county. Eligibility requirements, limitations, copayments, and restrictions may apply."

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HOW MEDICARE ADVANTAGE WORKS?

With a Medicare Advantage plan, Medicare pays a private insurance company a set amount each month to administer the plan. These companies each have a contract with Medicare and must submit their Medicare Advantage plans annually to Medicare for review and approval.

When you receive care, the Medicare Advantage plan is responsible for paying those claims. The plan, not Medicare, processes and pays your claims. The plan also works with your doctors, hospitals, and pharmacies on your behalf to ensure you receive the care you deserve.

U.S. GOVERNMENT MEDICARE FUNDS



MEDICARE PART A (HOSPITAL)

Paid for in part by payroll taxes from you and your employer



MEDICARE PART B (MEDICAL)

Paid for in part by money taken out of your social security check

MEDICARE ADVANTAGE PLANS (PARTS C+D)

The federal government pays private insurance companies to administer your Medicare benefits



DOCTORS



ADMINISTRATION



HOSPITALS



OTHER PROVIDERS



PHARMACIES

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TYPES OF MEDICARE ADVANTAGE PLANS



HMO HEALTH MAINTENANCE ORGANIZATION

A preferred group of doctors, specialists, and hospitals ('network') provide your healthcare, and a primary care physician (PCP) manages your care and refers you to specialists as needed.

PFFS PRIVATE FEE-FOR-SERVICE

You can use a Medicare-approved doctor or service provider who accepts the plan's payment terms and agrees to treat you.

PPO PREFERRED PROVIDER ORGANIZATION

Similar to an HMO, you have a preferred group of doctors, specialists, and hospitals ('network'); however, you don't need a referral to see a specialist. You may use providers outside the preferred network, but your costs may be higher.

SNP SPECIAL NEEDS PLAN

This plan offers benefits and services for individuals with specific diseases, particular healthcare needs, or restricted incomes. SNPs customize their benefits, provider options, and drug formularies to best address the unique requirements of the groups they serve.

WHEN YOU CAN SIGN UP FOR MEDICARE?

THE INITIAL WINDOW FOR ENROLLING IN MEDICARE PART A AND/OR PART B IS 7 MONTHS LONG. THIS PERIOD IS ALSO KNOWN AS THE INITIAL ENROLLMENT PERIOD (IEP). FOR MOST PEOPLE IT'S WHEN THEY TURN 65.



IF YOU CONTINUE WORKING PAST AGE 65

- If you have health insurance through your (or your spouse's) employer and your company employs 20 or more individuals, you can postpone enrolling in Medicare Part B past age 65.
- However, because Medicare Part A is free for most people, it pays to enroll in Part A as soon as you're eligible, even if you have existing coverage. When you're turning 65 and anytime after, you're eligible for Part A even if you're still working. If you aren't automatically enrolled, you can sign up for free Part A, if you're eligible, at any point during or after your Initial Enrollment Period.
- If you're covered by employer-based health insurance at the time you're first eligible for Medicare, you'll qualify for an 8-month Special Enrollment Period that starts either the month your employment ends or the month after employer coverage ends, whichever comes first.

MEDICARE ADVANTAGE ENROLLMENT PERIODS

ONCE YOU'RE ENROLLED IN MEDICARE, THERE ARE 3 ENROLLMENT PERIODS IN WHICH YOU CAN JOIN OR CHANGE YOUR MEDICARE ADVANTAGE PLAN:



ANNUAL ENROLLMENT PERIOD (AEP)

OCTOBER 15–DECEMBER 7

- Allows Medicare Advantage enrollees to either switch to Original Medicare (plus a Part D plan) or switch to a different Medicare Advantage plan.
- Allows those who are on Original Medicare or a Medicare Supplement Insurance (Medigap) plan to switch to a Medicare Advantage plan.



OPEN ENROLLMENT PERIOD (OEP)

JANUARY 1–MARCH 31

- Allows individuals enrolled in a Medicare Advantage plan a one-time option to switch to either another Medicare Advantage plan or Original Medicare.
- If you have Original Medicare only, you cannot use the Open Enrollment Period to select a Medicare Advantage plan.



SPECIAL ENROLLMENT PERIOD

YEAR-ROUND (IF YOU QUALIFY)

You may be able to join, switch, or drop a Medicare Advantage or prescription drug plan outside the basic enrollment periods in certain situations, for example:

- Left coverage from an employer or union
- Need extra help paying for prescription drugs
- Moved to a new address that is not in your plan's service area

NOTE: THIS IS NOT A COMPLETE LIST OF SPECIAL ENROLLMENT PERIOD QUALIFYING CIRCUMSTANCES.

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WHAT TO CONSIDER WHEN CHOOSING A PLAN?



COST

What will I pay for premiums, deductibles, coinsurance, and copays? What is the out-of-pocket maximum?



BENEFITS

Does the plan have all the benefits I'm looking for, like prescription drug coverage? What about dental care or eyeglasses?



CONVENIENCE

Are the plan's in-network providers (PCPs, specialists, and hospitals) near?



HEALTH HISTORY

Do I have a chronic condition? How many prescription drugs do I take? Do I need more coverage than Original Medicare?

PRIOR TO SELECTING A PLAN, ASK YOURSELF:

- What type of health plan do I have?
- What do I like about my coverage?
- How much am I able to pay out of pocket for my healthcare and prescription medicines?
- What would I add to my current coverage to make it ideal and maximize my benefits?
- Who can I depend on to help me make decisions about my coverage?

Knowing the answers to these questions will give you the knowledge and confidence to make the right decision.

Keep in mind, if you're already enrolled in Original Medicare, no matter which plan you choose, you'll still be in the Medicare program and will continue to pay your Medicare premiums.

UNDERSTANDING INSURANCE TERMS

COINSURANCE: An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

COPAY: An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug.

DEDUCTIBLE: The amount you must pay out of pocket for healthcare or prescriptions before your insurance plan "kicks in" to start paying.

FORMULARY: A list of prescription drugs (also called a drug list) covered by a prescription drug plan or another insurance plan offering prescription drug benefits.

OUT-OF-POCKET COSTS: Health or prescription drug costs that you must pay on your own because they aren't covered by Medicare or other insurance.

PREMIUM: The periodic payment to Medicare, an insurance company, or a healthcare plan for health or prescription drug coverage.

REFERRAL: A written order from your primary care doctor for you to see a specialist or get certain medical services. In many health maintenance organizations (HMOs), you need to get a referral before you can get medical care from anyone except your primary care doctor.

TIERS: Groups of drugs that have a different cost for each group. Generally, a drug in a lower tier will cost you less than a drug in a higher tier.

HELPFUL RESOURCES

THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- 1-800-MEDICARE (1-800-633-4227)
 - 1-877-486-2048 (TTY)
 - www.medicare.gov
- The “Medicare & You” handbook, published each fall by CMS

SOCIAL SECURITY

- 1-800-772-1213
- 1-800-325-0778 (TTY)
- www.socialsecurity.gov

Sign up for Medicare, apply for extra help, or report an address change online.

YOUR STATE HEALTH INSURANCE PROGRAM (SHIP)

YOUR STATE MEDICAID OFFICE

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An elderly couple is shown outdoors, smiling and looking at a smartphone held by the man. The man has a white beard and is wearing a light blue button-down shirt. The woman has short white hair, wears glasses, and a yellow sweater. The background is a bright, sunny outdoor setting with trees and a clear sky.

A FEW WORDS OF WISDOM

- **Select the plan with the coverage and costs that work for you.**
- **Be informed of premiums, copays, and coinsurance.**
- **Medicare Advantage plans:**
 - Cover everything Original Medicare does
 - Are reviewed and approved by Medicare each year
 - Usually include prescription drug coverage and other extra benefits