



MEDICARE

IN

ANSWERS

MINUTES

By: Martha Khlopin, Medicare Radio Host



Maneuvering the Medicare Maze: A, B, C, & D

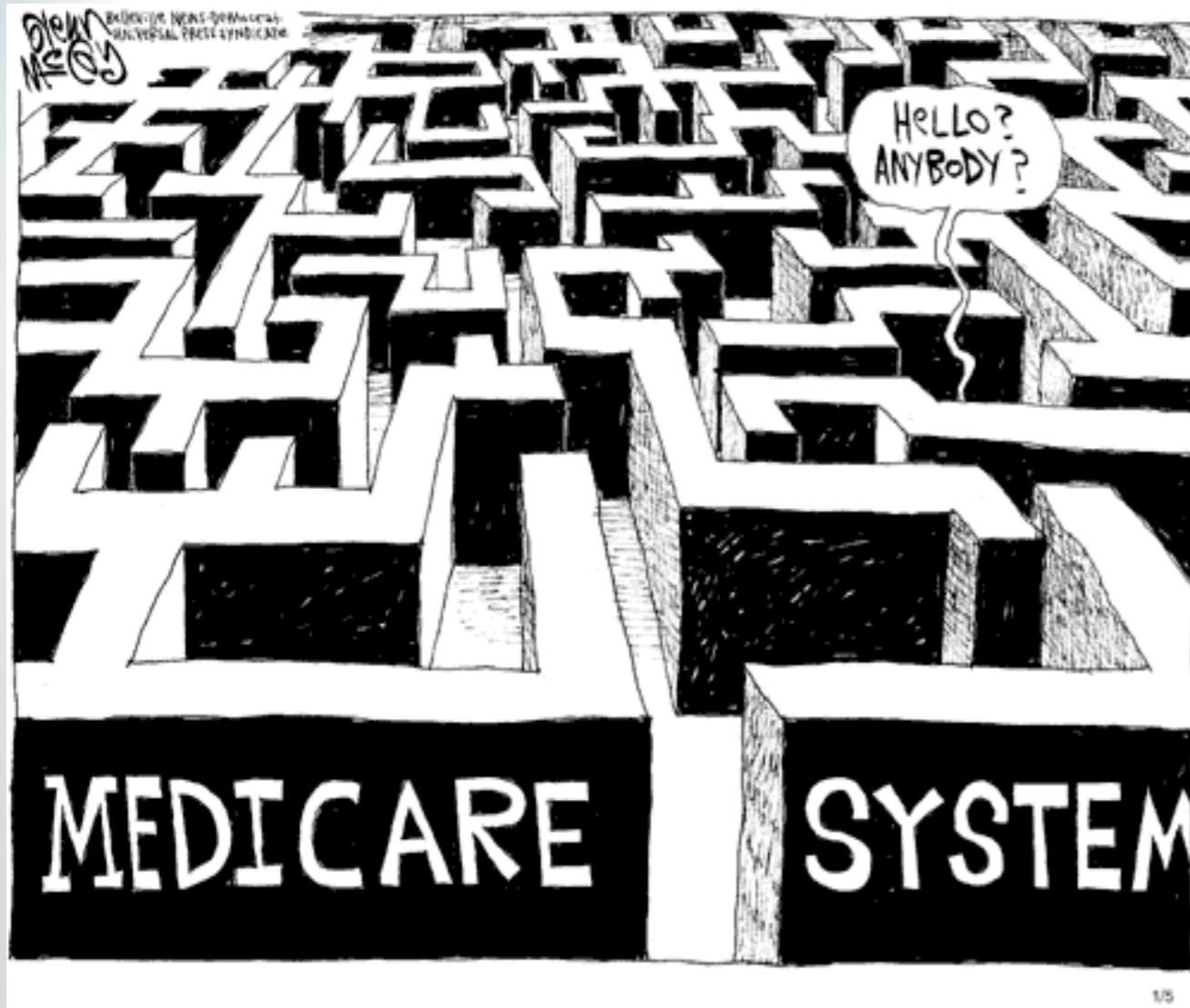
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This guide is not intended to assist you in making any decision regarding your healthcare coverage. You can contact Social Security at 1-800-772-1213 or via the web at www.ssa.gov and/or Medicare at 1-800-MEDICARE (1-800-633-4227) or via the web at www.medicare.gov 24 hours, 7 days a week for detailed information about your specific situation before making any decisions. You may also need to speak to your Human Resources contact and/or the State Health Insurance Program helpline for assistance.

TURNING 65, ALREADY THERE OR RETIRING AND LOSING EMPLOYER COVERAGE?



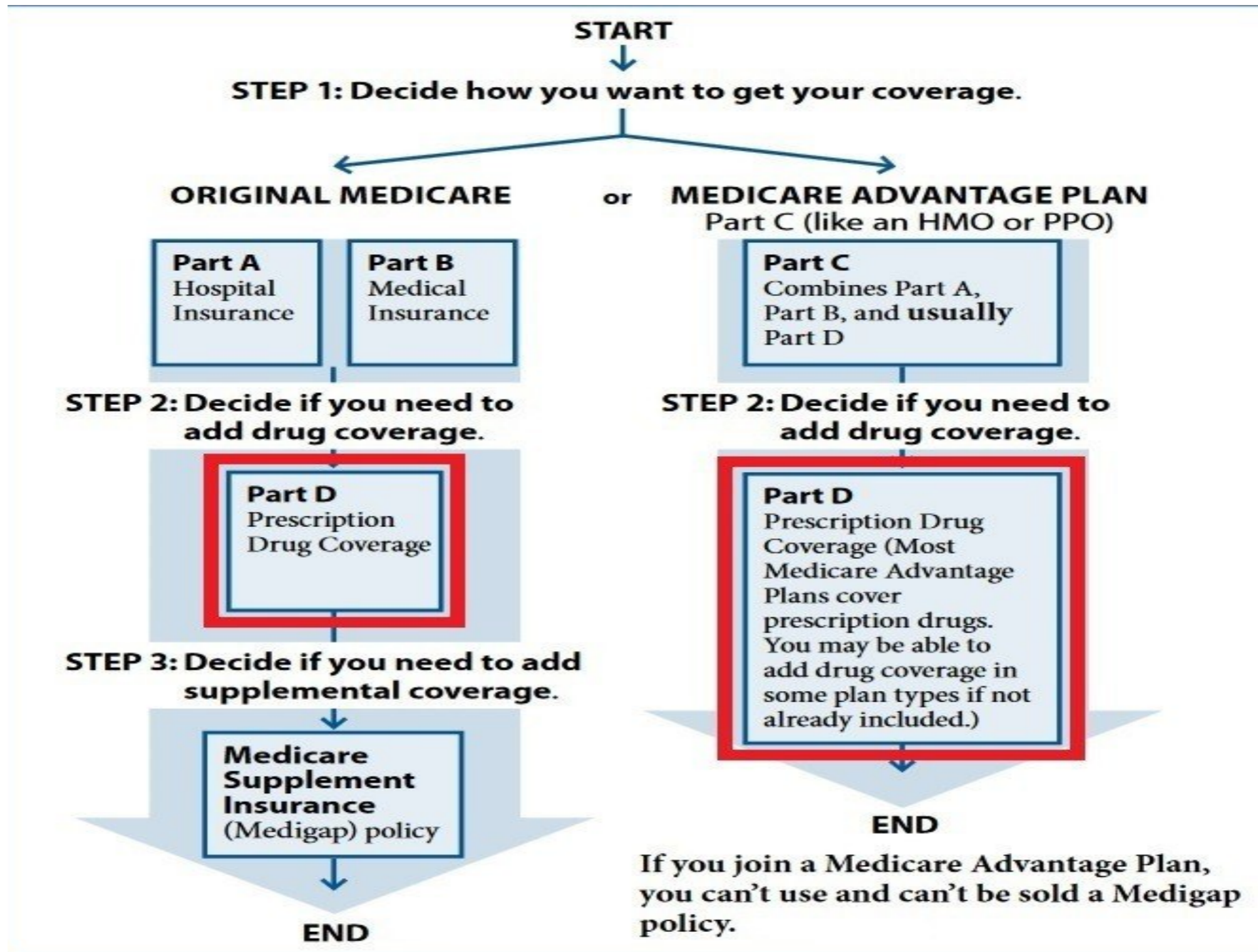
- **The Medicare Transition Challenge**
- **The Knowledge Gap**
- **At-Risk Patients**
- **Resources for Patients & Physicians**

What is Medicare?

- A federal health insurance program
- Run by the Centers for Medicare and Medicaid Services (CMS)
- Benefit decisions controlled by the U.S. Congress
- Social Security Administration (SSA) handles enrollment and eligibility



Medicare Options



YOU MUST LEARN

The 4 Parts of Medicare



Part A Hospital Insurance

Monthly Premium
\$0
(for 99% of beneficiaries)

In-Patient Hospital

Deductible

\$1,632

Part B Medical Insurance

Monthly Premium
\$174.70
(Higher earners pay more)

Out-Patient Services

Deductible

\$240

Part C Medicare Advantage Plans (like HMOs/PPOs) Includes Part A, Part B, and sometimes Part D coverage

Monthly Premium varies by plan, can be as low as

\$0

Part D Medicare Prescription Drug Coverage

Monthly Premium varies by plan, can be as low as

\$0

Highlights of 2024 Benefit Highlights For A \$0 Premium Medicare Advantage Plan

UHC MAPD PPO BENEFIT HIGHLIGHTS

• \$0 Monthly Premium*

• \$0 preventive service copay*

• \$6,700 out of pocket maximum*

Summary of Benefits

January 1, 2024 - December 31, 2024

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at myAARPmedicare.com or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

AARP® Medicare Advantage from UHC HI-0001 (PPO)

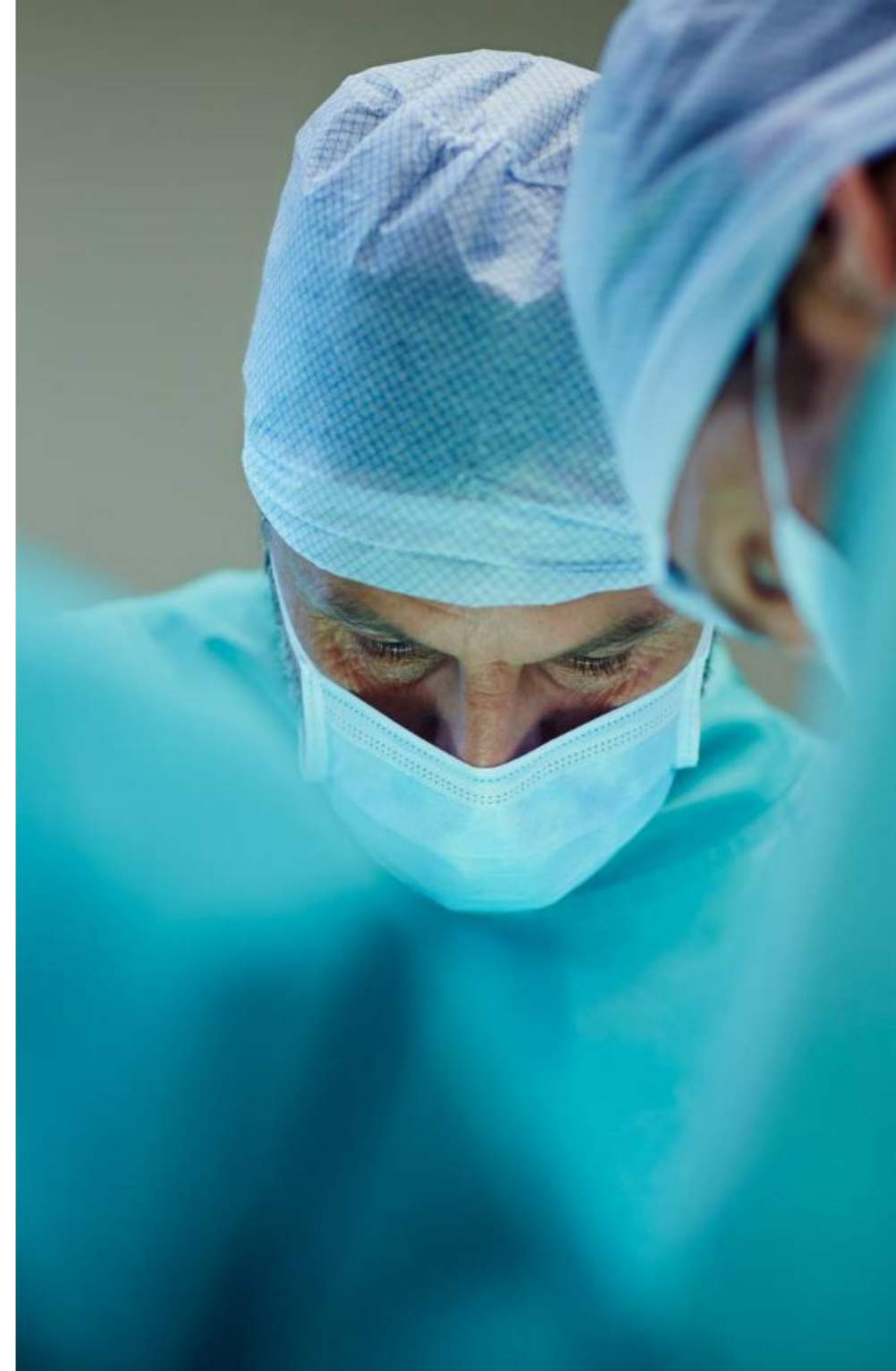
Medical premium, deductible and limits		
	In-network	Out-of-network
Monthly plan premium	\$0 You need to continue to pay your Medicare Part B premium	
Annual medical deductible	This plan does not have a medical deductible.	
Maximum out-of-pocket amount (does not include prescription drugs)	\$6,700 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from network providers.	\$10,000 This is the most you will pay out-of-pocket each year for Medicare-covered services and supplies received from any provider.
	Out-of-pocket costs paid for your Part D prescription drugs are not included in this amount.	

Medical benefits			
		In-network	Out-of-network
Inpatient hospital care ²		\$315 copay per day: days 1-4 \$0 copay per day: days 5 and beyond	40% coinsurance per stay
Our plan covers an unlimited number of days for an inpatient hospital stay.			
Outpatient hospital	Ambulatory surgical center (ASC) ²	\$0 copay for a colonoscopy \$245 copay otherwise	40% coinsurance
Cost-sharing for additional plan covered services will apply.			
	Outpatient hospital, including surgery ²	\$0 copay for a colonoscopy \$315 copay otherwise	40% coinsurance
	Outpatient hospital observation services ²	\$315 copay	40% coinsurance
Doctor visits	Primary care provider	\$0 copay	\$40 copay
	Specialists ²	\$40 copay	\$75 copay
	Virtual medical visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	Routine physical	\$0 copay, 1 per year*	40% coinsurance, 1 per year*
	Medicare-covered	\$0 copay	\$0 copay - 40% coinsurance (depending on the service)
		<ul style="list-style-type: none"> Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening 	<ul style="list-style-type: none"> Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening



WHAT IS MEDIGAP?

- Medicare supplement plans, or [Medigap Plans](#), are optional products offered by private insurance companies to people with [Original Medicare](#). Original Medicare is made up of parts A and B together.
- These plans can be used to help pay for certain out-of-pocket costs like copayments or other items not covered by standard Part A and Part B coverage.
- Each insurance company has its own menu of Medigap plans, and what they offer may vary specifically by location.
- Not every plan type is available in every state. And in a single state, not every plan is available to all of that state's residents.



Example of UnitedHealthcare Medigap Plan G

Medigap Plan G

Outline of Coverage | UnitedHealthcare Insurance Company

Plan Benefit Tables: Plan G

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan G Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,600	\$1,600 (Part A deductible)	\$0
	Days 61-90	All but \$400 per day	\$400 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$800 per day	\$800 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$200 per day	Up to \$200 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

Continued on next page ►

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Outline of Coverage | UnitedHealthcare Insurance Company

Plan Benefit Tables: Plan G (continued)









Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan G Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$226 of Medicare-approved amounts ³	\$0	\$0	\$226 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$226 of Medicare-approved amounts ³	\$0	\$0	\$226 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$226 of Medicare-approved amounts ³	\$0	\$0	\$226 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Notes

3 Once you have been billed \$226 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medigap Plans vs 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.

PAIN POINT

**WHEN DO YOU LEARN
ABOUT MEDICARE ?**

**WHERE DO YOU PICK UP
THE KNOWLEDGE?**

How Do You Qualify For Original Medicare Part A & Part B?



- At age 65 or any age with certain disabilities
and
- 40 quarters of **Social Security covered employment**
- Earns your Original Medicare coverage
 - Part A – (at no cost)
 - Part B – (monthly cost set by Medicare)

If married –you may receive benefits under a spouse's work record

**TO LEARN MORE ABOUT YOUR SPECIFIC SITUATION -
Call Social Security at 1-800-772-1213**

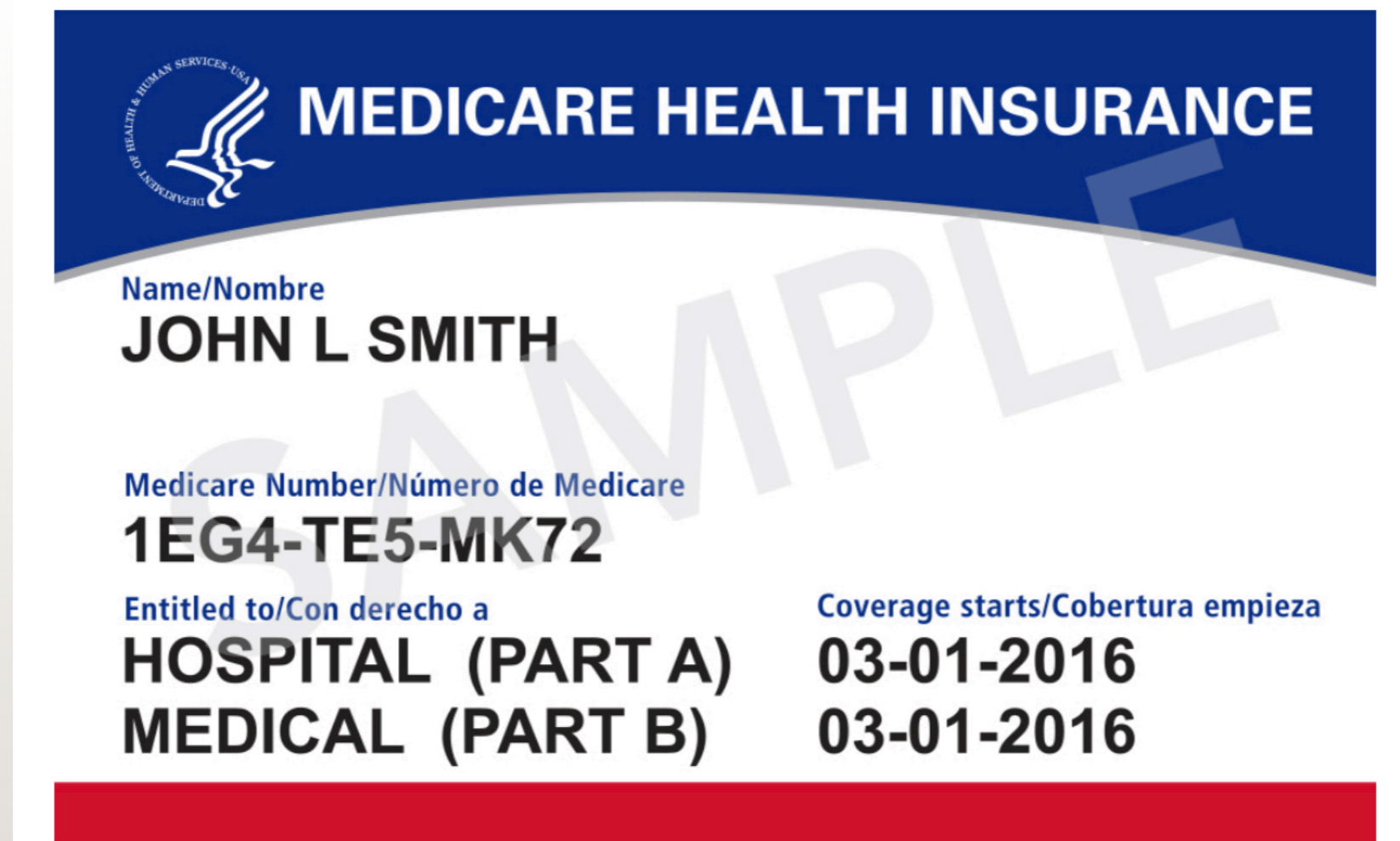
YOU START THE PROCESS HERE



YOU CAN CALL SOCIAL SECURITY AT 1-800-772-1213

OR APPLY ONLINE AT [SSA.GOV](https://ssa.gov)

TO GET THIS INSURANCE CARD



BUT THERE IS ONE MORE CRITICAL STEP!

IF YOU ARE TURNING 65 THERE ARE RULES THAT DETERMINE WHO IS REQUIRED TO ENROLL INTO ORIGINAL MEDICARE

- Do you have employer coverage under your own employment or a spouse's plan?**
- Does the employer you have coverage through have 20 or more employees?**
- If under 20, do you have a small employer exception or contract with a professional employment organization to secure your health plan?**

IF YOU ARE TURNING 65 THERE ARE RULES THAT DETERMINE WHO IS REQUIRED TO ENROLL INTO ORIGINAL MEDICARE

- **If you answered NO you are required to enroll.**
- **Medicare will be your primary coverage and ANY other coverage will be secondary and ONLY pay claims after Medicare.**
- **It is the medicare beneficiary's responsibility to know what rules apply to their specific situation and enroll timely to avoid penalties and gaps in coverage.**

PAIN POINT

**SOME PEOPLE 65 OR OLDER BECOME ILL
WHILE WORKING**

**THEY LOSE THEIR JOB AND HEALTH
INSURANCE**

**FAMILY AND FRIENDS ARE UNCERTAIN
ABOUT THE STEPS TO OBTAIN COVERAGE**

**WITH NO AUTHORIZATION ON FILE TO
DISCLOSE A FAMILY MEMBER OR FRIEND
CANNOT GET ANY INFORMATION**

SOME PEOPLE ARE REQUIRED TO ENROLL INTO MEDICARE AT AGE 65

Solo-practitioners in the field of law and medicine and the self-employed are often unaware of the requirement to enroll into Original Medicare Part A & Part B.

They falsely believe that they do not need to pick up medicare because they have employer-sponsored insurance.

CALL MEDICARE AT 1-800-MEDICARE TO CONFIRM THE RULES

Know who pays first

If you have retiree insurance (insurance from former employment)...	Medicare pays first.
If you're 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has 20 or more employees ...	Your group health plan pays first.
If you're 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has fewer than 20 employees ...	Medicare pays first.
If you're under 65 and have a disability, have group health plan coverage based on your or a family member's current employment, and the employer has 100 or more employees ...	Your group health plan pays first.
If you're under 65 and have a disability, have group health plan coverage based on your or a family member's current employment, and the employer has fewer than 100 employees ...	Medicare pays first.
If you have group health plan coverage based on your or a family member's current employment, and you're eligible for Medicare because of End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)...	Your group health plan will pay first for the first 30 months after you become eligible to join Medicare. Medicare will pay first after this 30-month period.

HOW TO ENROLL INTO MEDICARE IF YOU ARE 65 OR OLDER

- **You can enroll online at www.ssa.gov**
- **Social Security can also schedule a telephone appointment**
- **You will be required to prove you have had employer coverage from age 65**
- **You can download Social Security Form 40 B and Form L564 to apply for Part B and get a signed form from your employer**

SAMPLE OF FORMS

CONTACT SOCIAL SECURITY AT 1-800-772-1213 TO LEARN HOW TO COMPLETE

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Medicare Number
 - -

2. Your Name (Last Name, First Name, Middle Name)

3. Mailing Address (Number and Street, PO Box, or Route)

4. City State Zip Code

5. Phone Number (Including Area Code) () -

6. Do you wish to sign up for Medicare Part B (Medical Insurance)? YES

7a. Do you currently have (or did you have) coverage through an employer or union group health plan? (If yes, complete 7c.) YES NO

7b. Are you currently (or were you) an international volunteer for a non-profit organization and have or had health coverage provided to you? (If yes, complete 7c.) YES NO

7c. Enter dates of employment (or volunteer work) and health coverage below. (Enter all dates as MM/YYYY)

Dates you (or your spouse) worked for employer that provided health coverage: Start Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Ending Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Not ended <input type="checkbox"/>	Dates of health coverage from employer (or non-profit organization): Start Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Ending Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Not ended <input type="checkbox"/>	Dates you worked as a volunteer outside the U.S.: Start Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Ending Date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Not ended <input type="checkbox"/>
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8. Has an employer, health insurance provider, or other entity requested or required you to enroll in Part B? (If yes, explain how and why in the Remarks section, and include proof or documentation with this form.) YES NO

9. Remarks:

10. Written Signature (DO NOT PRINT)
SIGN HERE

11. Date Signed
 / /

IF THIS APPLICATION HAS BEEN SIGNED WITH A MARK OR AN (X), A WITNESS WHO KNOWS THE APPLICANT MUST SUPPLY THE INFORMATION REQUESTED BELOW.

12. Signature of Witness

13. Date Signed
 / /

14. Address of Witness (Street Number and Name, City, State, Zip)

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name _____ 2. Date / /

3. Employer's Address

City State Zip Code

4. Applicant's Name _____ 5. Applicant's Social Security Number - -

6. Employee's Name _____ 7. Employee's Social Security Number - -

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? Yes No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)
 /

3. Has the coverage ended? Yes No

4. If yes, give the date the coverage ended. (mm/yyyy)
 /

5. When did the employee work for your company?
 From: (mm/yyyy) / To: (mm/yyyy) / Still Employed: (mm/yyyy) /

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.
 From: (mm/yyyy) / To: (mm/yyyy) /

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? Yes No

2. If yes, does the applicant have hours remaining in reserve? Yes No

3. Date reserve hours ended or will be used? (mm/yyyy)
 /

All Employers:

Signature of Company Official _____ Date Signed / /

Title of Company Official _____ Phone Number () -

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

IF YOU ARE REQUIRED TO ENROLL INTO ORIGINAL MEDICARE SHOULD YOU KEEP THE EMPLOYER PLAN?

- If you are required to enroll due to employer size medicare will pay claims first.**
- The employer sponsored plan will pay after medicare.**
- It is your choice to keep employer coverage or replace it with a medicare option. You may need to call Medicare to update secondary coverage.**

Benefits Coordination & Recovery Center (BCRC)

BCRC Customer Service Representatives are available to assist you Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern Time, except holidays, at toll-free lines: [1-855-798-2627](tel:1-855-798-2627) (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired).

IF YOU DECIDE TO REPLACE YOUR EMPLOYER PLAN YOU NEED TO APPLY FOR MEDICARE COVERAGE THROUGH A PRIVATE INSURANCE COMPANY

- Medicare plan options are based on your zip code.
- There are just 7 companies that offer plans in Hawaii
- Plan options vary by insurance company

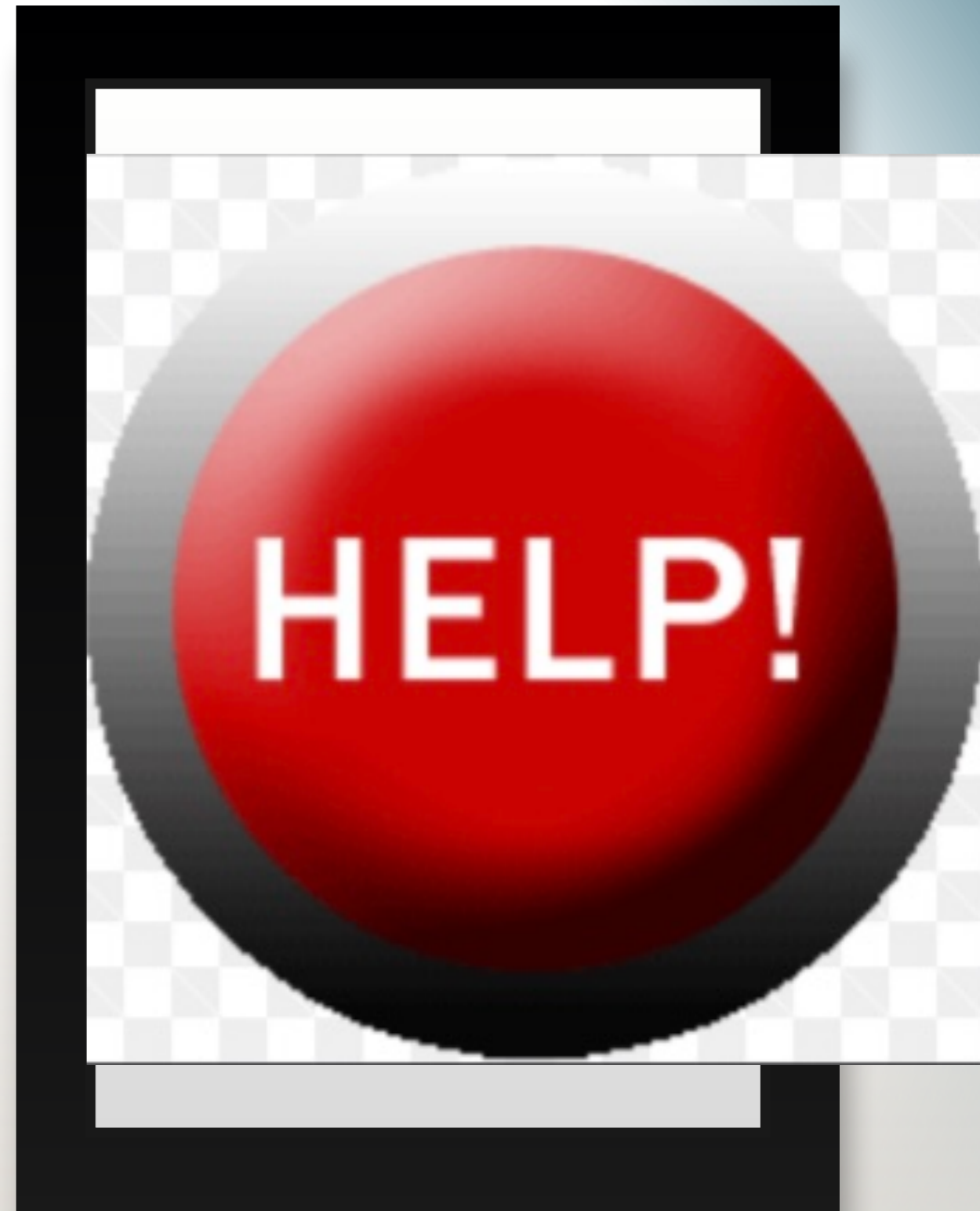
WHAT OPTIONS ARE AVAILABLE TO YOU?

- 1. Original Medicare A/B with Stand-Alone Part D (drug plan)**
- 2. Original Medicare A/B with a Medi-Gap plan and a Part D**
- 3. Part C – Medicare Advantage Plan with Part D - HMO or PPO**
- 4. IF OFFERED, RETIREE MEDICARE PLAN OPTION**

IF YOUR COMPANY OFFERS A RETIREE INSURANCE PLAN

YOUR EMPLOYER NEEDS YOUR HELP

-
- AT 64 1/2 CALL FORMER EMPLOYER
 - REQUEST RETIREE INSURANCE PACKAGE
 - COMPARE ALL MEDICARE PLAN OPTIONS
 - AT 64 3/4 APPLY FOR ORIGINAL MEDICARE
 - PRIOR TO 65 CHOOSE PLAN AND ENROLL

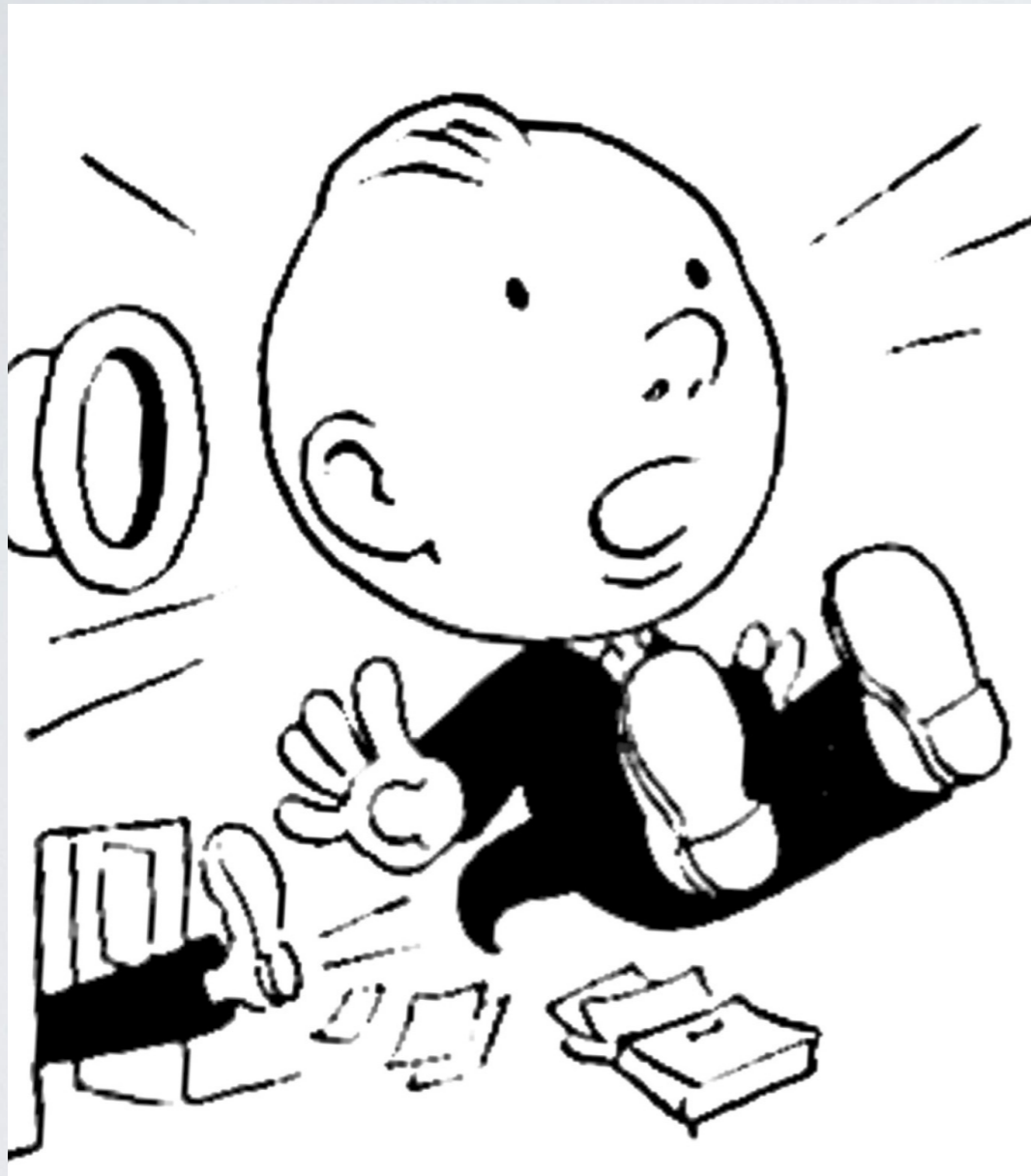


Fact Check: Your Employer Plan vs Medicare Options



- **Individual or Employer plans MAY include Medical/ Drug/Vision**
- **Medicare Options may cover routine vision/dental for an additional cost**

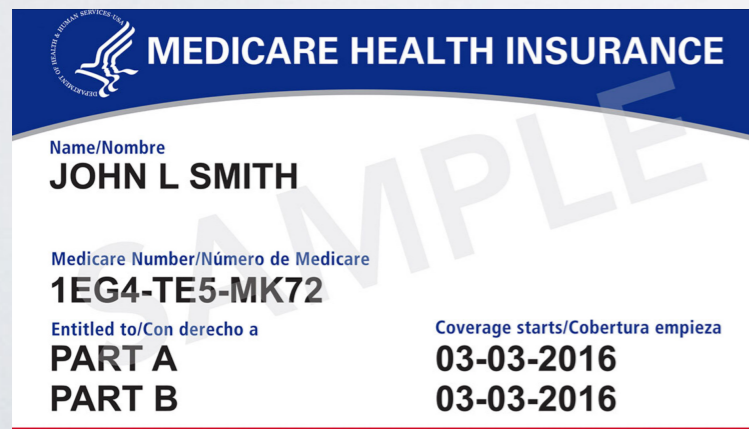
If Employer Coverage Ends Post-65 You Need to Choose a Medicare Option to Avoid Gaps



- **COBRA** - You may choose but still need to enroll in **Original Medicare** before your Employer plan ends. **MEDICARE** pays first if you are 65 or older. To avoid claims issues/penalties - you must pick up Medicare Part A, B and D
- It is best to start the application process with **SOCIAL SECURITY** to enroll into **Original Medicare** at least 3 months **BEFORE** your Employer plan ends
- Your **Original Medicare** effective date should be the 1st day of the month after your company plan terminates
- You may be able to enroll online or contact the Social Security office at 1-800-772-1213 to schedule an appointment or to learn more and enroll.
- Enrollment in Medicare Advantage plans aka **Part C, Medigap or Medicare Part D Rx** options are completed with insurance company licensed agents and brokers not **Social Security or Medicare**.

Coordination of Medicare Insurance and Employer Group Plans

- **At Age 65, some medicare beneficiaries may be required to enroll in Original Medicare to gain or maintain retiree health benefits, examples are union, military or government retirees. This may also include spouses**
- **Part A (Hospital) No premium**
- **Part B (Medical) \$174.70 per month (2024)**
- **At this time, Original Medicare may become primary and pay claims first**
- **Medicare will pay it's share of Part A costs according to a schedule that is released annually**
- **Medicare pays 80% of Part B expenses**
- **Your Group Health plan may become the secondary payor and will generally cover 20% of Part B claims.**
* **Part B & Part D premiums are income adjusted, so you may pay more than the standard 2024 Medicare Part B \$174.70 monthly premium**



HOW MEDICARE WORKS WITH FEDERAL & CITY/COUNTY RETIREES

FED 87 – RETIREE PLAN

- Medicare Part A & B are handled by a third party
- Includes drug benefits
- Contact the Office of Personnel Management for help

EUTF

- Offers eligible retirees a Group Medicare Advantage plan option and a Group Part D drug plan
- May reimburse Part B premiums

Medicare Part C & Part D

PART C

(You must have Medicare Part A **AND** Medicare Part B)

to CHOOSE

A Medicare plan offered by private insurance companies that may include Part D prescription drug plan benefits

PART D

(You must be entitled to **OR** enrolled in Part A or Part B or both)

to CHOOSE

A Medicare prescription drug plan (launched January 1, 2006) offered by private insurance companies

HIGHER INCOME MEDICARE BENEFICIARIES PAY MORE FOR MEDICARE PART B

→ Medicare Part B (Medical Insurance) Costs (continued)

If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you'll pay the standard Part B premium and an income-related monthly adjustment amount.

If your yearly income in 2022 was:			
File individual tax return	File joint tax return	File married & separate tax return	You pay (in 2024):
\$103,000 or less	\$206,000 or less	\$103,000 or less	\$174.70
above \$103,000 up to \$129,000	above \$206,000 up to \$258,000	not applicable	\$244.60
above \$129,000 up to \$161,000	above \$258,000 up to \$322,000	not applicable	\$349.40
above \$161,000 up to \$193,000	above \$322,000 up to \$386,000	not applicable	\$454.20
above \$193,000 and less than \$500,000	above \$386,000 and less than \$750,000	above \$103,000 and less than \$397,000	\$559.00
\$500,000 or above	\$750,000 or above	\$397,000 or above	\$594.00

If you have questions about your Part B premium, call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778. If you pay a late enrollment penalty, these amounts may be higher.

HIGHER INCOME MEDICARE BENEFICIARIES PAY MORE FOR MEDICARE PART D

Part D monthly premium

The chart below shows your estimated drug plan monthly premium based on your income. If your income is above a certain limit, you'll pay an income-related monthly adjustment amount in addition to your plan premium.

If your yearly income in 2022 was:			
File individual tax return	File joint tax return	File married & separate tax return	You pay (in 2024):
\$103,000 or less	\$206,000 or less	\$103,000 or less	Your plan premium
above \$103,000 up to \$129,000	above \$206,000 up to \$258,000	not applicable	\$12.90 + your plan premium
above \$129,000 up to \$161,000	above \$258,000 up to \$322,000	not applicable	\$33.30 + your plan premium
above \$161,000 up to \$193,000	above \$322,000 up to \$386,000	not applicable	\$53.80 + your plan premium
above \$193,000 and less than \$500,000	above \$386,000 and less than \$750,000	above \$103,000 and less than \$397,000	\$74.20 + your plan premium
\$500,000 or above	\$750,000 or above	\$397,000 or above	\$81.00 + your plan premium

**If You Do Not Qualify To Delay You Have
7-Months To Enroll into Traditional Medicare
Part A & Part B**

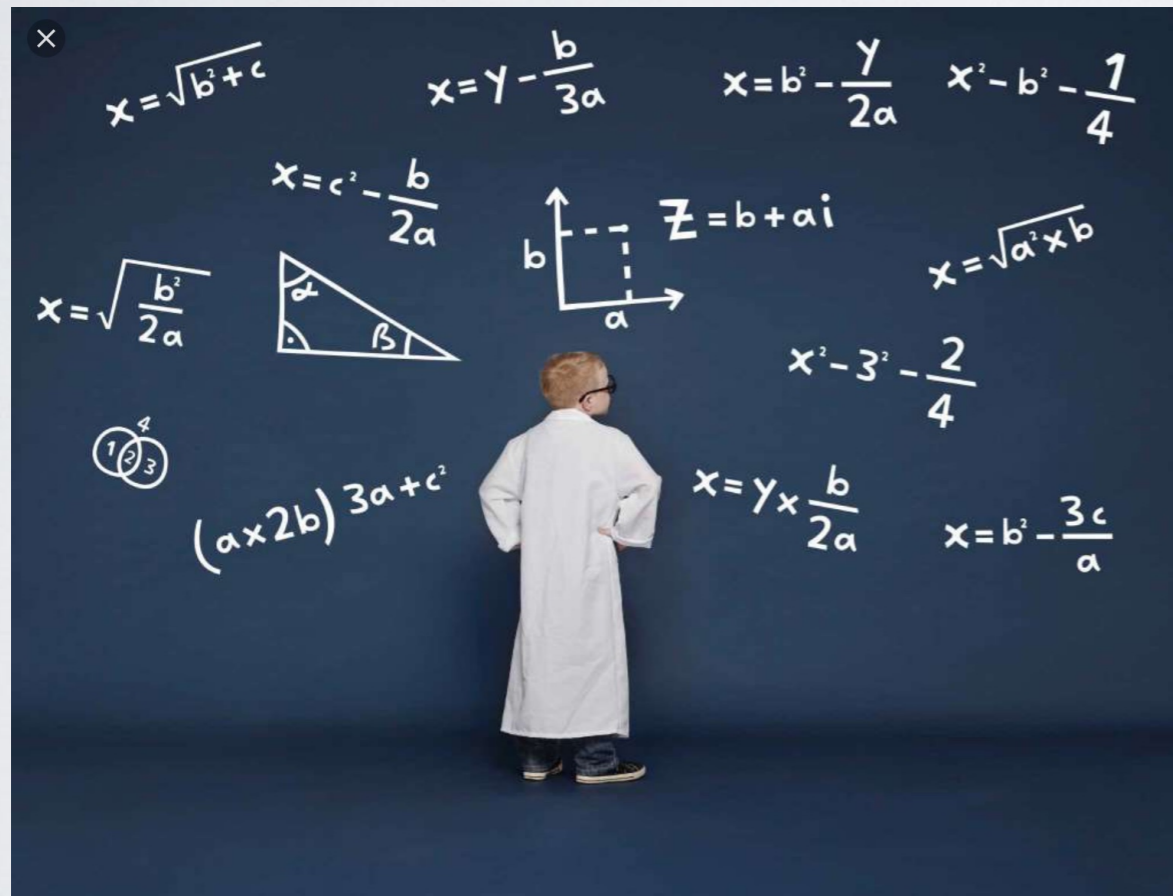


Enrollment Period If You Miss Your Initial Opportunity To Enroll Into Traditional Medicare



- You may be required to wait until the **General Enrollment Period** which starts **January 1st** of each year and ends **March 31**.
- Applications submitted and approved during **General Enrollment Period** become effective the **1st day** of the month after app is received.
- If you have no other coverage you will be without **Medicare insurance** until your effective date.

Original Medicare Part B Late Enrollment Penalty



- **The late enrollment penalty is 10% of the premium charged for every full 12-month period you could have enrolled.**
- **The penalty may be charged as long as you have traditional Medicare insurance.**
- **Example: If you waited 5 full years from the time you should have enrolled - your late enrollment penalty for your traditional Medicare insurance could be 50% higher for as long as you have the coverage**



What Are Medicare Enrollment Periods?

Specific times throughout the year you can enroll in Medicare

Enrollment Period

Action Required

Initial Enrollment Period - When you are first eligible for Medicare, you have a seven-month period to sign up. This seven-month period begins three months before your 65th birthday,

Research your options at least 90 days before your 65th birthday. Contact social security, your employer or spouse's employer and Medicare to discuss your specific situation

General Enrollment Period — If you miss your Initial Enrollment Period, you can sign up between January 1 through March 31 each year. Your coverage will begin July 1.

You should contact Social Security at 1-800-772-1213 to learn more about enrolling or to schedule a telephone appointment. You may also visit your local social security office or visit ssa.gov

Special Enrollment Period — If you or your spouse are currently working and you are covered by health insurance through an employer or union, you may have a Special Enrollment Period when your coverage ends.

Get proof of your coverage to provide to social security in the event you receive a Late Enrollment Penalty notice. A late penalty can apply to Medicare Part A, Part B and also Part D. The penalties remain for as long as you are covered by Medicare.

Annual Enrollment Period - **Oct 1-Dec 7th** Period that you get to preview private Medicare health plan benefits & costs and choose to keep what you have or enroll in a new plan effective the 1st of the next year

If you have Medicare coverage you should compare your current plan with the available options for the following year and decide if you will keep what you have or choose a new plan between 10/15-12/7

If you enroll in a Medicare plan provide your doctor, specialists & Pharmacy with your new membership cards

- You should receive your insurance member card by mail about 10 days after your plan application from a private insurance company is processed
- Remember to provide your doctor's office/pharmacist with your new card.
- Remember to use your existing member cards until your new Medicare plan becomes effective.



WHAT MEDICARE BENEFICIARIES ASK ME

1. I heard I need to sign up for Medicare at 65 or I will get a penalty is it true?
2. I heard I do not need to sign up for Medicare at 65 since I am still working is it true?
3. My doctor said he will drop me if I take Medicare can doctors do that?
4. The pharmacy will not fill my prescription they say I have two insurance plans and they need to know which insurance is primary what is that?
5. My mom was watching late night tv and signed up for a Medicare drug plan over the phone – I received a letter saying her Medicare Advantage plan is cancelled is that correct?
6. I was incarcerated for 5 years and did not pay Part B premiums since my social security was suspended and I could not use my benefits. I was just released but was told I would need to pay \$10,000 to get my Part B back – is that true?
7. The doctor said my dad will be released from the hospital today because he needs services that are not medically necessary. Is it true his Medicare card is of no use!
8. I heard President Biden signed a law and I am missing out on more benefits all for \$0 - Free Dental, Free Rides, Vision, Gym Memberships, Meals and I can get \$\$164.90 Give Back. How can I get those benefits?



Who Should YOU Reach Out To For Help?

Social Security Administration

Honolulu Office /1-855-572-4879

Kapolei Office/1-855-572-4866

National #/ 1-800-772-1213

AM 690
THE ANSWER
NEWS. OPINION. INSIGHT.



ON AIR NOW:
Medicare Moment
with Martha



LISTEN LIVE

UP NEXT:
Bob Brinker's MoneyTalk

HOME LISTEN LIVE NEWS CARTOONS EVENTS OPINION ABOUT US

Tune in to 99.5FM
on Saturdays from 2:30pm-3:00pm or
Sundays 9:30am-10am
on KHNR-690AM/94.3FM



My Medical Buddy Digital Health Wallet

6:44

My Medical Buddy
Digital Health Wallet

CARDS **Rx DRUGS** **DOCTORS**

INSURANCE CARDS

Rx DRUGS

DOCTORS

2:21

INSURANCE CARDS

Health Insurance Card

Enrollee Name
FIRST M LAST NAME

Enrollee ID
2234567890

Enrollee
987654321

Enrollment Date **01/01/2010**

This health plan is provided by ABC Health Insurance. While coverage remains in force, members are entitled to the benefits under the terms and conditions of the plan. This card is for identification purposes only and is not a guarantee of coverage. Restrictions and coverages may apply. Call 800-234-5678 to talk to a ABC Health Insurance representative.

Advantage Card

AARP Medicare Advantage
UnitedHealthcare

Health Plan (99999): **999-99999-99**

Member ID: **000000000-00** Group Number: **XXXXXX**

Member: **MEMBER SAMPLE** (UHC Dental Benefits)

PCP Name: **SAMPLE, M.D., PROVIDER**

PCP Phone: **(999) 999-9999**

Copy: PCP **XXX** ER **XXX**

H9999-999-999

MedicareRx
Prescription Drug Coverage

RxBIN: **610097**

RxPCN: **9999**

RxGp: **COG**

AARP Medicare Advantage (PPO)
Medicare billing charges apply

Supplement ID Card

Medicare Supplement ID Card

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MAHALO!

Additional Resources:

Medicare

24 hours/7 days a week
1-800-MEDICARE (1-800-633-4227)
<https://www.medicare.gov/>

Social Security Administration

7am-7pm – Monday-Friday
1-800-772-1213 (TTY 1-800-325-0778)
<https://www.ssa.gov/>