
A COMPLETE MEDICARE GUIDE

MEDICARE MADE CLEAR

*Everything You Need to Know
Before Enrolling in Medicare*



 **2023
UPDATE**

**INTERACTIVE
VIDEOS AND LINKS!**

Preface

If this book does not download correctly or links / videos don't work, you can get a PDF copy here:
www.medicareonvideo.com/freebook

Medicare is something we all look forward to when we get closer to age 65. Once we get there, we realize that it is even more complicated than we had anticipated! Medicare has multiple parts with different enrollments, it would make anyone's head spin!

If you are feeling frustrated, don't worry, you aren't alone! Luckily, I have spent years learning everything there is to know about how Medicare works so you don't have to!

I have put this book together to help simplify the decisions that need to be made. I even included interactive videos that you can click on, and watch me explain your choices.

I hope that you find this book helpful and if you do, the best "thanks" I could receive is for you to share with as many people as possible. After all— we all will turn 65 one day (we hope)!



Table of Contents

| | |
|---|----|
| <u>Medicare Explained (VIDEO)</u> | 6 |
| Medicare is Crazy Complicated, Right?! | 6 |
| What is Medicare? | 6 |
| Medicare’s History in the United States | 8 |
| <u>What are the Parts of Medicare?</u> | 9 |
| Medicare Part A | 9 |
| Medicare Part B | 9 |
| Medicare Part C | 10 |
| Medicare Supplement Plan | 10 |
| Medicare Part D | 10 |
| <u>Medicare Part A</u> | 11 |
| <u>Medicare Part B</u> | 12 |
| <u>Medicare Part C</u> | 14 |
| <u>Medicare Part D</u> | 16 |
| <u>Medicare Supplement Plans (Medigap)</u> | 16 |
| <u>Does Medicare Cover Outside the United States?</u> | 19 |
| <u>What Medicare Doesn’t Cover</u> | 19 |
| <u>The Difference Between Medicare and Medicaid</u> | 20 |
| What Medicare Parts do I Truly Need? | 20 |
| Is Any Medicare Mandatory? | 21 |
| So What to Do? | 22 |
| Original Medicare Part A Overview: Coverage and Premium | 23 |
| What is Medicare Part A? | 23 |
| <u>What Does Medicare Part A Cover? (VIDEO)</u> | 25 |
| <u>What Medicare Part A Cost?</u> | 28 |
| Medicare Part A Premium | 28 |
| Medicare Part A Costs | 28 |
| Is Part A of Medicare Free? | 28 |

| | |
|---|-----------|
| What is My Cost-Sharing Under Medicare Part A..... | 30 |
| <u>What Do I Enroll in Medicare Part A?</u> | 31 |
| Enrolling in Medicare Part A: A Quick Breakdown..... | 32 |
| So Now You Know Everything About Medicare Part A! | 33 |
| Original Medicare Part B Overview: Coverage, Costs, & Exclusions . | 35 |
| <u>What Does Medicare Part B Cover? (VIDEO).....</u> | 36 |
| What is Covered by Medicare Part B? | 36 |
| What is NOT Covered by Medicare Part B? | 37 |
| <u>Medically Necessary Services</u> | 37 |
| <u>Preventative Services</u> | 37 |
| Will Medicare Part B Cover All of My Outpatient Needs?..... | 39 |
| <u>What are the Costs for Medicare Part B?.....</u> | 39 |
| How Much of a Premium Will I Be Responsible for in Part B of Medicare?..... | 39 |
| <u>How Do You Sign Up for Medicare Part B?.....</u> | 40 |
| What Does Medicare Part B Not Cover? | 41 |
| Does Medicare Part B have Cost-Sharing Like Medicare Part A? | 42 |
| <u>What is the Late Enrollment Penalty for Medicare Part B?</u> | 42 |
| Getting Help with Your Medicare Part B? | 43 |
| <u>Medicare Eligibility (VIDEO).....</u> | 45 |
| When am I Eligible for Medicare? | 45 |
| When You Can Enroll in Medicare | 46 |
| Medicare Part A Eligibility | 48 |
| Medicare Part B Eligibility | 49 |
| Medicare Supplement and Part C Eligibility | 51 |
| Medicare Part D Eligibility | 53 |
| Medicare Eligibility FAQ..... | 53 |
| How to Find Out About Your Medicare Eligibility..... | 56 |
| <u>Medicare Enrollment Periods (VIDEO)</u> | 57 |
| What Are the Medicare Enrollment Periods? | 58 |
| Medicare Initial Enrollment Periods (IEP) | 59 |
| What if I Miss the Initial Enrollment?..... | 61 |
| Special Enrollment Periods (SEP) | 62 |

| | |
|---|-----------|
| Medicare General Enrollment Periods | 63 |
| Annual Election Period..... | 64 |
| Medigap Open Enrollment Period..... | 65 |
| Getting the Right Help in Making Your Medicare Choices | 67 |
| <u>Medicare Part C- Medicare Advantage (VIDEO)</u> | 68 |
| What Are Medicare Advantage Plans? | 69 |
| Medicare Advantage Cost | 70 |
| Are Medicare Advantage Plans Free?..... | 70 |
| Your Spending on Medicare Part C..... | 72 |
| Medicare Advantage Networks | 72 |
| What Doctors Accept Medicare Advantage Plans? | 72 |
| Medicare Advantage vs. Original Medicare | 73 |
| Medicare Advantage Plan Eligibility | 74 |
| Your Coverage with Medicare Advantage | 75 |
| Do I Have to Enroll in Part C of Medicare? | 76 |
| When to Enroll in Medicare Part C | 76 |
| Part C Help | 77 |
| <u>What Are Medicare Supplements? (VIDEO)</u> | 79 |
| 11 Medicare Supplement Plans | 81 |
| What are the Most Popular Medicare Supplement Plans? | 82 |
| Do Medigap Plans Cover Everything? | 84 |
| Benefits of Having a Medicare Supplement Plan | 85 |
| Coverage with Medigap Plans | 87 |
| Choosing the Right Medicare Supplement | 89 |
| How to Sign Up for a Medicare Supplement | 90 |
| <u>Medicare Part D (VIDEO)</u> | 92 |
| What is Medicare Part D and How Much Does It Cost? | 93 |
| Medicare Part D Monthly Premium Costs | 95 |
| Part D Cost Sharing | 96 |
| Medicare Part D Stages of Coverage | 97 |
| Stage One: Deductible | 97 |
| Stage Two: Initial Coverage | 98 |

| | |
|---|------------|
| Stage Three: Coverage Gap/ Donut Hole..... | 99 |
| Stage Four: Catastrophic Coverage..... | 99 |
| Extra Help for Those Part D Extra Costs..... | 100 |
| Voluntary Enrollment..... | 101 |
| How to Enroll in Medicare Part D..... | 101 |
| Best Time to Enroll in Medicare Part D | 102 |
| Part D Special Election Periods | 103 |
| <u>Medicare Plans by State</u> | 104 |
| <u>Guide to Choosing a Medicare Plan</u> | 105 |
| Choosing a Medicare Supplement..... | 106 |
| Getting Some Medicare Help | 107 |
| Medicare Dental Plans..... | 108 |
| What Dental Does Original Medicare Cover? | 109 |

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Medicare on Video / Medicare Price Check



Medicare Explained

Medicare is Crazy Complicated, Right?!

Why do they want to treat us like children when we finally get to the age where we are looking to simplify our lives? We now turn 65, or retire, and here comes Medicare!!



Medicare is actually **GREAT** health insurance, but now we have to dedicate all of our free time just to understand our choices. After all – God forbid we mess this up!

Do you know what Medicare is? Do you know how Medicare works and what it means to you? What exactly does Medicare cover, and is part of your insurance or something totally separate?

You, and many others like yourself, may have asked these very questions. However, the answer is usually far from simple and is more complicated than you want to admit. If you're seeking answers to all your questions, you've come to the right place. You'll find the information you need about Medicare right here at [Medicare on Video](#).

What is Medicare?

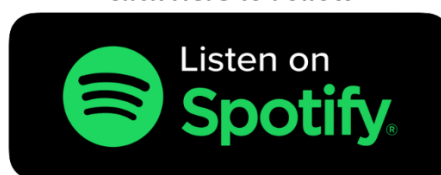
To put it simply, Medicare is a national health insurance program for those 65 years and older in the United States. Some people

receiving Social Security disability can even enroll into Medicare before turning 65. Enrolling into Medicare isn't just one piece, though! The whole Medicare program is actually segmented into different sections, known as Parts. It is vital to know how all these fit together so you can get the most of your Medicare plan.

While Medicare is complicated at times, you deserve to be treated with respect when it comes to your care and any questions you may have. It is essential to understand how your coverage works, so you can live your life to the fullest without having to worry too much over [healthcare costs](#).



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video above?



Medicare's History in the United States

In the 60s, most notably in 1965, President Johnson signed into law the Medicare bill. This program was created so citizens 65 years or older would receive a form of healthcare coverage that was desperately needed nationwide. At the time, however, the coverage was relatively limited, this being Medicare [Part A](#) and Part B.

As the times and needs of individuals changed, not to mention advancements in healthcare, Medicare's coverage evolved as well, and now even more people are covered than when it first began! Medicare now covers over 56 million people within the United States!

The Federal agency that oversees Medicare is the [Centers for Medicare and Medicaid Services](#), also known as CMS. Both Medicare Part A and [Part B](#) provide the necessary coverage for most of your healthcare expenses. This coverage, though, is limited and doesn't cover everything related to your healthcare needs. That can leave you with some steep medical bills, which is not something we want to be burdened with in our retirement years. Luckily, with the additional parts of Medicare, Part C, Part D and Medicare supplement plans, there is further coverage we can obtain to help curb these costs. When all is said and done, Medicare can now be broken down into 4 parts:

1. **Medicare Part A**
2. **Medicare Part B**
3. **Medicare Part C**
4. **Medicare Part D**

What are the Parts of Medicare?

Medicare is comprised of multiple parts that all cover different aspects of your health insurance needs. The parts of Medicare are broken into lettered parts to differentiate the coverages. Here is a brief overview of the Parts, but they will also be discussed more in depth later in this book.

Medicare Part A

Medicare Part A is considered your inpatient coverage, also known as your hospital "room and board." Coverage under Medicare Part A includes:

- Inpatient Hospital Care
- Skilled Nursing Facility Care
- Nursing Home Care
- Hospice Care
- Home Health Care



Medicare Part B

Medicare Part B is considered your outpatient services. Outpatient care can include physician and healthcare services



both inside and outside of the hospital. Coverage under Medicare Part B includes:

- Doctor Visits
- Outpatient Care
- Home Health Care
- Durable Medical Equipment
- Preventative Care

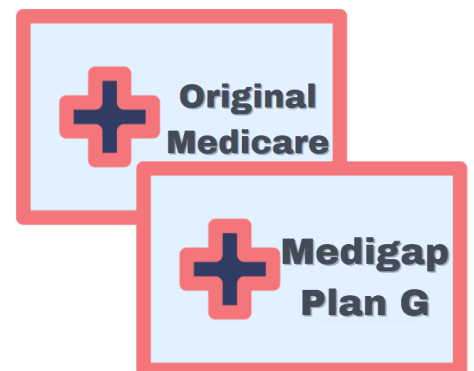
Medicare Part C

Medicare Part C is also known as a Medicare Advantage Plan. Medicare Advantage Plans are when you leave Original Medicare, and entered a "all in one" plan that encompasses your Medicare Parts A, B, and D under a private health insurer (although you must continue to pay your Medicare Part B premium). These plans are typically HMO or PPO plans.



Medicare Supplement Plan

Although not a lettered piece of Medicare coverage, Medicare Supplement plans, also known as Medigap plans, are another form of additional coverage that Medicare beneficiaries can enroll into. These Medigap plans have beneficiaries remaining in Original Medicare, while enrolling in additional coverage to significantly limit the out-of-pocket expenses not covered by Medicare Parts A and B.



Medicare Part D

Medicare Part D is your prescription drug plan. Original Medicare Parts A and B do not cover prescription drugs, so these plans were designed in order to help Medicare beneficiaries cover a significant portion of their prescription costs.



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Medicare Part A

Medicare Part A is hospital insurance that will assist you with the cost of inpatient and skilled nursing care. Hospice and most home healthcare services are also covered by Medicare Part A.



For the most part, consider the inpatient hospital benefit of Medicare Part A as coverage for the room and board in a hospital. This Part A room and board covers your costs for a semi-private room and your meals. It doesn't, however, cover a lot of the treatments you may need hospitalized. Confusing right? Just to make things a bit complicated, a lot of services that occur in the hospital are actually considered "out-patient" procedures, which fall under Medicare Part B. So, even though you have been admitted to the hospital as an inpatient, not everything that happens to you in the hospital falls under Medicare Part A.

Now that we know what Medicare Part A covers, let's talk about the cost of Medicare Part A-

For the majority of Medicare enrollees, the cost for Medicare Part A is \$0. Who doesn't love free?! Well, not technically free- you've actually paid taxes to help fund the premiums for all your hospital benefits while you were working. You need to have worked 40 quarters (10 years) to qualify for premium-free Part A. However, even if you don't qualify for the premium-free coverage right away, you are still able to apply for it. You will, however, pay a significant monthly premium for your Part A coverage.

Although Medicare Part A is typically premium-free for most Medicare enrollees, that doesn't mean that you have zero cost for your hospital coverage. Medicare Part A carriers a deductible per benefit period of **\$1600** in 2023. Per benefit period means that you can actually end up paying this deductible more than once a year if you go more than 60 days between hospitalizations. Not only does Part A have a deductible, there are also coinsurances associated with both your hospital and skilled nursing facility stays. It is essential to enroll in something like a Medicare Supplement plan to limit these costs, which will be discussed further down below.

Here is a more straightforward way to break down the Part A inpatient coverage:

1. Care you receive when you're admitted to a hospital as an inpatient through a doctor's official order.
2. Any skilled nursing facility care.
3. Any hospice and home care.

For more information, see our [Medicare Part A](#) webpage.

Medicare Part B

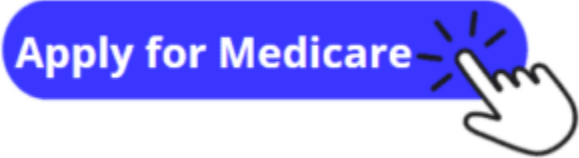


Medicare Part B is considered your outpatient coverage. Part B is vital to you, as it is your Medicare coverage for both medically necessary and preventative services. When you receive medical services outside of the hospital, and often even inside the hospital, [Medicare Part B](#) is in charge of covering these services.

Unlike Medicare Part A, there is a monthly premium to enroll in Medicare Part B. The amount of this premium is set by Social Security and can change on a yearly basis. In 2023, the standard Part B premium is **\$164.90** per month. However, your Medicare Part B premium can actually increase based on your tax bracket. The increased amount you may pay for your Medicare Part B premium is referred to as your Income Related Monthly Adjusted Amount (IRMAA) and is based on your Modified Adjusted Gross Income (MAGI).

Not only does [Medicare Part B](#) have a monthly premium, it also has an annual deductible and coinsurances. The Medicare Part B annual deductible in 2023 is **\$226**. Once you have met your Part B annual deductible, your Medicare Part B coverage is now at an 80/20 split, where Medicare Part B covers 80% of medically necessary services, leaving you responsible for 20%. Unfortunately, that 20% has no stop to it! Just like with Medicare Part A, it is essential to enroll in something like a Medicare Supplement plan to limit these costs.

When you are ready to enroll into Medicare, you will need to submit an application for Medicare Part B, whether you are turning 65 or retiring after age 65. A lot of people get confused by this because you need to contact Social Security to sign up for Medicare. The good news is most people can complete the application online by visiting [here](#).



For a more straightforward look at Medicare Part B coverage:

1. Preventative services are used to deter illness or detect illness at an early stage.
2. Services medically necessary, or any supplies used to diagnose or treat your medical conditions.

For more information, visit our [Medicare Part B](#) page.

Starting Medicare

Enrollment for Medicare Part A and Part B are done through Social Security. In person or online.



Call Social Security **800-772-1213** or go to **www.startpartb.com**



A licensed agent can help with Medigap and Part A or a Medicare Advantage Plan

Medicare Part C

Unlike Medicare Parts A and B, you don't have to go to Social Security to enroll in Medicare Part C. [Medicare Part C](#) is defined as a Medicare Advantage plan, or to put it simply, private insurance.



The cost of these plans will vary by the insurance provider, your residential county, and the plan you have selected. If you are interested in registering in a Medicare Part C plan, you must make sure you are already enrolled in Medicare A and B. However, even if you find a plan for Part C that gives you a low premium cost, you will still pay for your Medicare Part B premium.

Living in the plan service area is also a must. [Medicare Advantage](#) plans generally have a network of doctors and hospitals that need to be used. This is usually one of the loudest complaints regarding Medicare Advantage plans. After you enroll, your Medicare coverage will no longer come from the government, but from the Advantage plan (insurance company) itself. This means your Part C coverage will pick up the expenses.

One main reason that enrollment at Social Security isn't required is that the enrollment is strictly voluntary and not part of the Federal government. Although many Medicare Advantage plans can offer low, sometimes zero dollar per month premiums, that doesn't mean that these plans are free! Medicare Advantage plans frequently involve out-of-pocket maximums that can reach as high as \$8,300 in 2023. This means that as you use your plan, you are still going to be paying out-of-pocket for many services and procedures. It is a pay-as-you-go model.

For more information, visit our [Medicare Part C](#) page.

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"I don't generally recommend Medicare Advantage plans due to the higher out of pocket costs and having to stay within a network of doctors and hospitals. I prefer freedom of choice."



Keith Armbrecht
Medicare on Video

Medicare Part D



For the majority of the Medicare's time, there was no coverage for your prescription medications. This repeatedly proved costly, as new drugs entering the market took a big chunk out of your pocketbook. Surprisingly, the United States' government took notice and decided to roll out Medicare Part D Prescription Drug Plans.

[Medicare Part D](#) covers retail prescription drugs that can be picked up via mail order or in person at your pharmacy. Essentially you choose a carrier based on your prescription list, and enroll into their specific drug plan based on coverage levels. Many states will have up to thirty drug plans for you to choose from. Finding the right one can be a bit challenging. For an easier way to find the right plan for you, have your agent

use Medicare's prescription drug finder tool to run a Part D analysis. This will help you get the right plan for your needs.

For more information, see our [Medicare Part D](#) page.

Medicare Supplement Plans (Medigap)

Unfortunately, Original Medicare doesn't cover all of the costs for your medical treatments. In 2023, Medicare Part A has a per occurrence deductible of \$1,600, and Medicare Part B has an annual deductible of \$226. Medicare Part B also has a 20% coinsurance for medically necessary procedures that you as the Medicare beneficiary are responsible for.



These out-of-pocket costs can become significant, as there is no cap on how much beneficiaries can pay under the 20%. This is why most people who stay with Original Medicare also enroll in a Medicare Supplement Plan to help cover those costs.

Most of us coming from an employer insurance plan are tired of the HMO environment and want to remain in control of our own healthcare, not having to request authorization for medical services, or ask for referrals to see the doctors we need to see. Original Medicare with a MediGap plans gives you the freedom to see ANY doctor who accepts Medicare, without having to remain in a network tied to your zip code.

With a Medicare Supplement plan, you can enjoy the freedom of Original Medicare, without having to worry about

going bankrupt in your retirement years! MediGap plans typically have affordable monthly premiums, with minimal out-of-pocket. There is a wide choice of 11 supplement plans, but the choice can usually be boiled down to 4 easy to understand options-

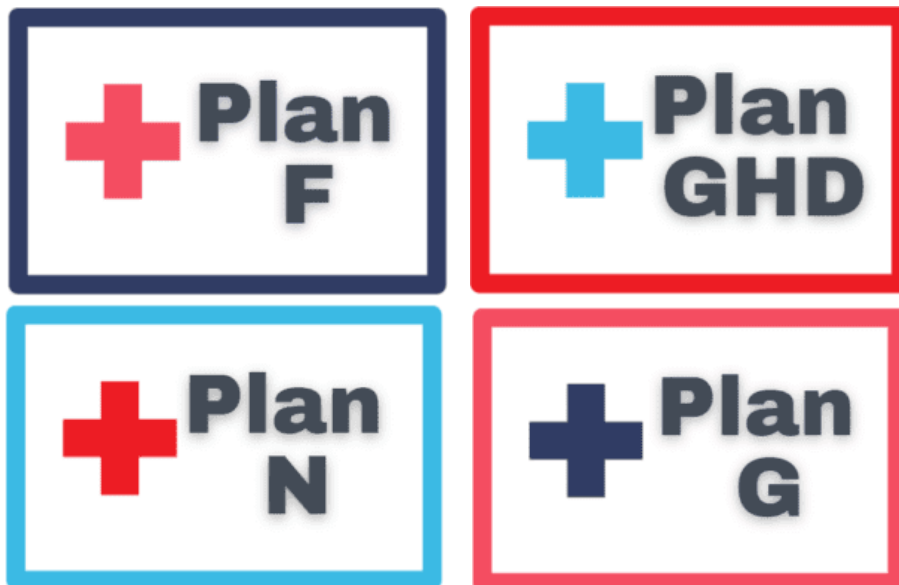
Having Original Medicare with a Medicare supplement plan allows you to go to ANY doctor or hospital in the United States that accepts Medicare.

PLEASE

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The 4 most popular Medicare supplement options are:



If you click on each option it will take you to a video that explains the benefits.

** Since January 1, 2020, Medigap plans won't cover Part B deductibles. Therefore, Plans C and F won't be available to those individuals new to Medicare starting on this date.*

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"You can't beat the freedom of Original Medicare with a Medicare Supplement Plan. I also prefer the predictability of knowing my health insurance cost every month, regardless of whether I use my plan or not."



Keith Armbrecht
Medicare on Video

Does Medicare Cover Outside the United States?

Original Medicare does not offer coverage when you travel outside the US. **This may come as a surprise to many as they make travel plans.** The good news is that Medicare supplement plans do offer some coverage when you are traveling. Make sure to discuss with your agent so you know exactly what your benefits are.

It would be very helpful to me if you can share this FREE book on Facebook. You're friends need all the Medicare help they can get! Just click the button below to share!



Keith Armbrecht
Medicare on Video / Medicare Price Check

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What Medicare Doesn't Cover

Many individuals assume Medicare covers it all. Unfortunately, this is far from the case. It may surprise you that there are things Medicare doesn't cover. Here are some things to keep in mind:



- Any care that is long-term.
- Your hearing aids.
- Any routine vision or dental care. This also includes dentures.
- Medical care outside the United States.
- Any cosmetic surgery.
- No coverage for massage therapy.

While a couple of these may make more sense than others, it is essential to look for supplemental coverage in case you do need coverage for something that Medicare doesn't cover. When it comes to Medicare, the original program, along with Parts C and D, it is crucial when you have all the facts. Making an educated decision on whether or not you need or want additional coverage or how you're going to pay for premiums will help make your golden years a time to enjoy as much as possible. There is no one-size fits all option when it comes to Medicare!

The Difference Between Medicare and Medicaid

If you've asked about the difference between Medicare and [Medicaid](#), you aren't alone. It's a common question. Medicare is a tax-payer funded government health insurance program for those 65 years and up. Medicaid, however, is healthcare and/or financial assistance to those individuals with low income. Many individuals 65 and up can qualify for both. If this the case with

you, keep in mind that Medicare is your primary insurance with Medicaid being your secondary.

To help you financially, the government provides many savings programs that you can apply for. This is done through the Medicaid office in your state. This program may help you in paying your Medicare Part B premiums and can also assist in your drug plan. If you are wondering if you qualify for the Medicaid program, check with your local Medicaid office.

What Medicare Parts do I Truly Need?

When it comes to your healthcare, if Medicare is your only coverage, you need both parts of Original Medicare. These are going to be both Parts A and B. If you want to be eligible to enroll in other Medicare supplement plans or the Medicare Advantage plan, you will have to enroll in Part A and B of Medicare. Most people need Part D to help cover additional expenses in their healthcare, like prescriptions. That could be added as standalone coverage alongside the Original Medicare and as a Medicare supplement. You can also look into any Medicare Advantage plans that may have a built-in Part D drug plan. Before you enroll in Part D of Medicare, make sure that your Medicare Advantage plan doesn't already cover your prescription drugs. There's no need to register in any more parts than you need. Keep in mind that Part D is voluntary. If you already have drug coverage with your current plan, whether it be a Medicare Advantage plan or outside insurance, you will not need to worry about Part D of Medicare.


Is Any Medicare Mandatory?

Unless you have a specific amount of coverage, say through your employer, you will have to pay significant penalties if you enrolled

late into Medicare. To avoid any of these penalties, you must be enrolled in both Medicare Part A and B during your initial enrollment period. Of course, this is unless you have other coverage that will make up for not having Medicare. Even though Medicare is considered insurance, it is not mandatory. Remember that once you enroll in any of your Social Security income benefits, your enrollment in Medicare Part A will be automatic. You cannot collect Social Security without being automatically enrolled in part A of Medicare as both of those two are linked together.

While dealing with Medicare can prove challenging at times, ensuring you have a clear understanding of what each part of Medicare does will help you make the correct choices for your current and future healthcare needs. At times, Medicare can be a beast of a program for you to deal with. With the proper knowledge at your disposal, you will have no problem picking out which parts are perfect for you. You'll be confident enough to know what to do when it comes time to enroll.

It would be very helpful to me if you can share this FREE book on Facebook. You're friends need all the Medicare help they can get! Just click the button below to share!



Keith Ambrecht
Medicare on Video / Medicare Price Check



So, What to Do?

Talking with your agent and planning for your healthcare is as crucial as your retirement. You will want the best coverage for your needs. Though you paid for Medicare during your working years, you may to consider Medicare Part C or D to help cover any unexpected events. There isn't an easy way to fully explain Medicare. While understanding the basics is relatively easy, asking questions will help you get to the details to know when to enroll and which parts you may want to consider. Get someone on your side who will help you through this process so you don't miss something that you'll need. You should spend your golden years living your life and not worrying about whether or not Medicare will pay for your healthcare or not. Get the essential information you need so you can make the best decision. That way, you can lean back and enjoy life and take on the world.



| | |
|--|--|
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Original Medicare Part A Overview: Coverage & Premium

What is Medicare Part A?

To put it simply, Part A of Medicare is your hospital coverage. It will provide you with all the affordable inpatient care that you need in case something happens. A question you may want to consider, or may be considering already, is “when it comes to inpatient care, what exactly is included in Medicare Part A?”



When it comes to Medicare Part A, it is easiest to consider it your “room and board” while you are hospitalized as an inpatient.

This means that Medicare [Part A](#) will cover your semi-private room with a bed, and all your regular meals while you are at the hospital during your stay.

Every state and insurer is required to offer Medigap plan A (sometimes under a different name). It is important to remember that this is Plan A NOT Part A will also cover any medications that have been administered to you by the hospital, along with any necessary lab services or medical supplies used for your treatment.

There are many different places where you can get your inpatient care and take advantage of your Medicare Part A health benefits.

Some of these places will include an acute care hospital, a hospice care facility, a critical access hospital, and even an Inpatient Rehabilitation facility.

With Medicare Part A, you need to know what it will cover and more importantly, what it won't cover. This way, you can be prepared for any expenses that you may be liable for.

It will also help you understand if you need Medicare Part B, C, or D to further any medical expenses or any future healthcare you may need.



Did you watch Keith's video above?



What Does Medicare Part A Cover?

- **Inpatient Hospital Care**: This is the care you will receive when you're admitted to the hospital. With this, you're covered up to 90 days for each benefit period and an additional lifetime reserve of 60 days. Part A will also cover up to 190 lifetime days for any approved psychiatric hospital.
- **Skilled Nursing Facility Care**: This covers room, board, and other specific services you may need. You'll be covered for 100 days for each benefit period, although you will begin to pay a copayment beginning on day 61 (\$200 per day in 2023). You must spend at least three consecutive days at the hospital and 30 days of admission to a nursing facility to qualify for these services.
- **Home Healthcare**: You can receive intermittent skilled nursing care, as well as services from physical, speech, or occupational therapists. Home healthcare services must be ordered by your doctor, and you must remain under your doctor's care throughout.
- **Hospice Care**: If your provider determines that you are terminally ill, you can receive hospice care under Medicare Part A. Your care is covered for as long as your provider says you need it. When it comes to your Medicare hospitalization coverage, Medicare Part A will cover things like post-hospital skilled nursing and even short-term post-hospital home healthcare. This is as long as it is deemed medically necessary by your provider. Medicare part A covers Hospice Services, including counseling, social services, [DME](#), and palliative care. This hospice coverage



will also provide short-term respite care for any caregivers so they can rest. This will not only benefit your caregiver, but it will also help you as the person who is taking care of you will have a chance to recharge. This will allow them to serve you better in your time of need.

Part A of Medicare also provides some of the healthcare services received in the hospital or immediately following your inpatient day. This includes things like skilled nursing care, physical therapy, and medical social services. Keep in mind that when it comes to skilled nursing, while it is occurring in your home, the healthcare services are generally covered under this part of Medicare.

What if you exceed your 100 days of skilled nursing care, but still need continued services? Will Medicare cover long-term care?

Unfortunately, Medicare will not cover long-term care. This includes any extended stays in a nursing home or extended stays in the hospital. To help plan for such an occurrence, any long-term care you may want need, you'll want to consider purchasing additional insurance to help with any of these long-term stays that you may have in the future.

Many people don't realize that although Medicare Part A is your hospital insurance, it actually does not cover everything related to your hospital stay. Some of the things that you may think are part of Medicare Part A are actually under [Centers for Medicare and Medicaid Services](#), also known as CMS.

Both Medicare Part A and Part B, and one of these is outpatient surgeries. When it comes to inpatient for outpatient healthcare, it is always a good idea to consult with your Medicare broker or

agent for any guidance when it comes to determining what your Medicare Part A will pay for.

To put it simply, Medicare Part A is technically only your hospital-related care for the immediate or acute care of any injury or illness that you may sustain. It is not meant for any long-term health provisions.

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MEDICARE PART A

ROOM + BOARD

- Inpatient Hospital Care
- Skilled Nursing Facility Care
- Nursing Home Care
- Hospice Care
- Home Health Care

Semi-Private Room

- Meals
- Medications
- Nursing
- Lab Services

The infographic includes an illustration of a hospital building with a red cross, a patient in a hospital bed being attended to by a doctor and nurse, a heart with a red cross, and a logo for 'MEDICARE ON VIDEO COMPLETE RESOURCE CENTER'.

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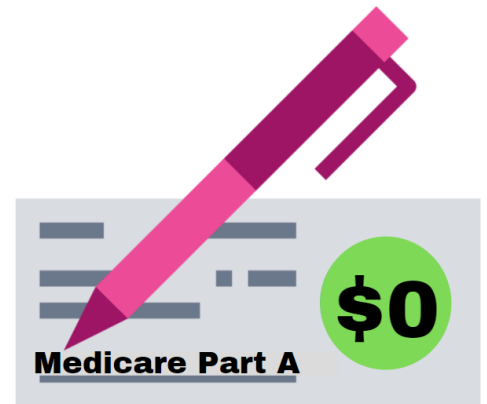


What Does Medicare Part A Cost?

There are two factors to consider when looking at the cost of Medicare Part A: the premium and the cost-share that comes from deductibles and coinsurances.

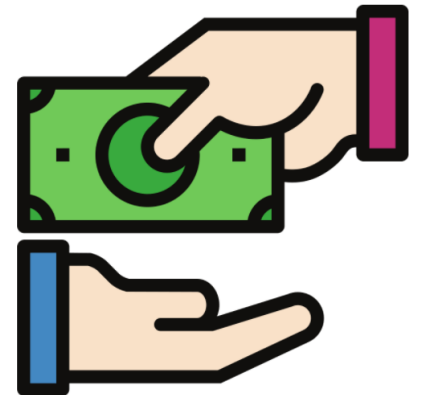
Medicare Part A Premium

For most people, Medicare Part A has a \$0 premium. The reason the premium is "free" is that you have been paying for Medicare Part A throughout your entire working life. If you did not work enough quarters to fund and qualify for premium-free Medicare Part A, you will end up paying a monthly premium. Your Part A premium will depend on the amount of quarters you worked.



Medicare Part A Costs

Although Medicare Part A does not have a premium for most people, you will still be responsible for some cost-share for your hospital coverage (if you do not have additional coverage such as a Medigap or Medicare Advantage plan). The cost share for Medicare Part A includes the deductible of \$1,600, as well as coinsurances for additional hospital days and skilled nursing care.



Is part A of Medicare free?

The short answer is, no. Those who qualify for premium-free Medicare Part A will not pay a monthly premium. You're probably



think- wait you just said Medicare Part A isn't free, but now you're saying I don't pay for it?! While this may sound like it is free, the only reason for this is that you would have already prepaid for your future health insurance by the time you can take part a Medicare, which is age 65 and older. This is because you have had taxes withdrawn that were taken out of your paycheck during your working years. These were specifically designed for your future hospital coverage during your retirement with Medicare. These taxes that you have paid will

offset the cost of Part A later on when you enroll so you can use them.

To take advantage of this Medicare part A in your lifetime while in the United States, you would have had to work for at least ten years in your lifetime. This means you will have generally paid everything you need to into Part A. Consider it as a pre-paid insurance plan. When you enroll in Medicare Part A, you will not have to pay anything additional into Medicare Part A for a monthly premium. If you do not have this excessive work history, you can purchase Medicare Part A as long as you have spent five years as a legal resident or this amount of time as a green cardholder.

You must have a have a minimum of **40 quarters** paid into Medicare Part A, you will have to pay for it. Medicare Part A premiums in 2023 are approximately \$506 if you have less than 30 quarters or around \$278 for those with 30-39 quarters of work history.

Now, although most people do not pay a monthly premium for their Medicare Part A, this does not mean that you don't still have some cost share with this plan. Both the Part A deductible and the coinsurances will be discussed below.

What is My Cost-Sharing Under Medicare Part A?

With your Medicare Part A coverage, you can rest easy that it will pay for a great deal of your healthcare and medical needs. However, there are some cost-sharing things that you will be responsible for.

Every year, the CMS will determine the deductible for Medicare Part A and any coinsurance you will be responsible for during the following year. These will be all the amounts you will have to pay when using your Part A benefits.

In 2023 you will be paying the following for your hospitalizations:

- There is a **\$1,600** deductible for every inpatient hospital stay per benefit period. If you go more than 60 days between hospitalizations, you will have to pay the deductible again.
- Every day from **61 through 90**, you will be paying a \$400 coinsurance for each of those days.
- For every consecutive hospital stay from day **91 through 150**, there is a coinsurance of \$800 for each of those days.
- At **150 days and over**, you will be responsible for all costs that you have accumulated.

For any of your skilled nursing facility stays, Medicare Part A covers the first 20 days. There is a daily copay in 2023 in days 21 through 100 of \$200. Fortunately for you, both Medigap policies and Medicare Part C, which is Medicare Advantage, will help cover these costs. Either type of plan you have will significantly lower your financial cost when it comes to your healthcare.

When Do I Enroll in Medicare Part A?

If you are already taking advantage of any social security income



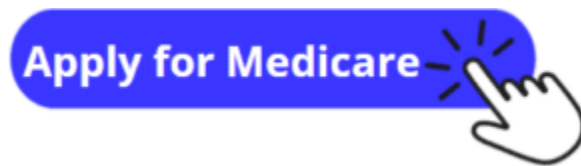
benefits, then your enrollment in [Medicare Part A](#) (and Medicare Part B) will be automatic. Because of your social security enrollment, you will not have to take any additional steps to enroll in Medicare that you had already paid for. Usually, around 3-4 months before you turn 65, you will find your Medicare card waiting for you in your mail. You will also be automatically enrolled

in Medicare Part A and Medicare Part B if you are drawing benefits from the Railroad Retirement Board.

If you are close to or turning 65, you may want to keep an eye on your mail so you can see when your card does show up. If you need to know what it looks like, it will be red, white, and blue and printed on heavy cardstock. Since cardstock is a little susceptible to liquids, and if you want to protect your card, you can laminate the card when you get it. That way, it can stay in good shape over the years of picking out your wallet or getting lost in the shuffle at the bottom of your purse. It will also save you time applying to get a new card that takes up valuable time that you don't have.

When it comes to your Social Security income benefits or even the railroad retirement income benefits, if you are not receiving them yet, you will have to actively sign up for Medicare part A by the time you hit 65.

The easiest and fastest way to apply for Medicare benefits is through the Social Security website. If you apply through your Social Security portal, you can both submit an application, as well as track the progress of your application. We have created an easy forwarding link that will take you to exactly where you need to apply for your Medicare benefits on the Social Security website- www.StartPartB.com



The other option for applying for Medicare Part A is to visit your local social security office. Currently, all Social Security offices are working remotely, so applying online is the most ideal situation. If not, you can call your local office and they will give you either a fax number to fax over your application, or an address to mail your application in.

Enrolling in Medicare Part A: A Quick Breakdown

Are you receiving Social Security Benefits?

- **If YES:**
 - You're automatically enrolled in Medicare Part A and Part B to become effective the 1st of the month of your birthday (unless you were born on the 1st of the month).
 - You should receive your Medicare card within 3-4 months prior to your 65th birthday.
 - If you do NOT want your Medicare Part A and Part B benefits to begin when you turn 65 because you are

covered under an employer group plan (your spouse's or your own) you need to sign the back of your Medicare card and mail it back to Social Security to defer your Medicare Part B.

• **If NO:**

- You must actively apply for Medicare Part A and Medicare Part B through Social Security.
- If you are turning 65, you can applying during your Initial Enrollment Period, which is 3 months prior to turn 65, the month of your 65th birthday, and ends 3 months after your 65th birthday.

I made the link www.startpartb.com to make it easier for you to sign up for Medicare. It will take you right to the page on Social Security's website where you sign up for Medicare!



Keith Armbrecht
Medicare on Video

So Now You Know Everything About Medicare Part A!

Your healthcare is essential for continued well-being and your quality of life. While no one likes the idea of planning for the future, it's necessary to take some time and do what's essential to make your transition into your golden years as smooth as possible. Learning everything you can about your Medicare, in particular, Part A. This will help you make the appropriate decisions on whether or not you need to consider Part C or seek another type of supplemental insurance to cover any additional expense you may accrue.

You've spent years planning for your retirement. Knowing what Medicare covers and what it doesn't will help you make the choices you need so you aren't stuck with staggering medical bills in case something happens. Your senior years should be peaceful and lived to the fullest and not stressing how you will pay for your medical expenses.

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|  <p>MEDICARE ON VIDEO COMPLETE RESOURCE CENTER</p> <p>Keith Armbrecht Founder</p> |  <p>(877) 885-3484 CALL FOR A FREE MEDICARE CONSULTATION</p> |
| <p>Helping nice people get through Medicare!</p> <p> Medicare On Video</p> | <p>AN EXPERIENCED AND FRIENDLY AGENT WILL GUIDE YOU THROUGH MEDICARE TO MAKE SURE YOU GET ALL OF YOUR PIECES IN THE RIGHT PLACES!</p>  |

Original Medicare Part B Overview: Coverage, Costs & Exclusions

Getting the healthcare, you need when you retire is essential to your quality of life and overall well-being. Even if you're healthy, any potential medical problem can make a considerable cut into your retirement savings. It is vital to enroll in Medicare Part A and Medicare Part B to make sure you have proper health insurance to cover you in any situation.



What exactly is Medicare Part B? What kind of procedures or coverage can I get with Medicare Part B? You, like many others, may consider Medicare as medical coverage. It covers a lot of your inpatient and outpatient needs when it comes to the hospital. To make it simpler, consider Medicare Part B the coverage and care administered by a physician.

[Medicare Part B](#) is part of the “Original Medicare” that was started decades ago to help those 65 or older get the medical care and preventative services they needed. It covers 80% of your costs like:

- Any medical services that are required or supplies are used to diagnose or treat your medical condition.
- Your [preventative services](#) like health care that is used to deter any illness or detect it while its in its early stages.

MEDICARE PART B

OUTPATIENT

Medically Necessary Services
+
Preventative Services

Doctor Visits
Outpatient Care
Preventative Care
Home Health Care
Durable Medical Equipment
Mental Health Services
Clinical Research

MEDICARE ON VIDEO
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What Does Medicare Part B Cover?

Coverage under Medicare Part B is typically classified as outpatient services. These services can occur both outside of the hospital, as well as some services inside of the hospital. Medicare Part B, however, does not cover ALL medical expenses.

What is Covered by Medicare Part B?

- Doctor Visits
- Outpatient Care
- Home Health Care
- Durable Medical Equipment
- Preventative Care



What is NOT Covered by Medicare Part B?

- Inpatient Services
- Dental, Vision, and Hearing
- Hospice Care
- Prescription Drugs
- Long Term Care
- Cosmetic Surgery



Further, coverage under Medicare Part B is broken down into two categories: medically necessary services and preventative services.

Medically Necessary Services:



Essentially, medically necessary doctor services cover the procedures and equipment that are needed for the diagnosis and treatment of a medical condition. With these services you generally have a cost-share portion, which will be discussed in detail later.

This part of Medicare will also cover any services at the hospital that may occur while you're there. This may include radiation and chemotherapy for any cancer, diagnostic imaging, physician services, surgeries, medical equipment used in your treatment, and dialysis if your kidneys fail. While you're in any type of clinical setting, this part of Medicare will pay for any of the drugs that were administered to you during this time.

Preventive Services:

The other half of Medicare Part B coverage involves preventive services. This includes but isn't limited to procedures like

mammograms, colonoscopies, and flu shots. It is also coverage for your regular outpatient needs like lab testing, doctor's visits, ambulance rides, care while you're at home, and chiropractic care, to name a few. Dependent on the preventative service, many are covered by Medicare Part B at 100% coverage, with no cost-share to you. It is important to discuss your service and possible cost-share with your physician prior to any procedures. Most drugs will be covered by Medicare Part D or any supplement plans you may have outside of Part B.

Unlike [Part A](#) of Medicare, you only want to enroll in Medicare part B if you plan to use Medicare as your primary source of healthcare coverage. If you plan to get a Medigap coverage to supplement your Medicare coverage, you will need Part B.



Did you watch Keith's video above?



Will Medicare Part B Cover All of My Outpatient Needs?

As long as a procedure is medically necessary, Medicare Part B will usually cover it. If a physician documents that you are in need of a specific procedure, then Part B will usually cover it. Medicare may require additional documentation if they disagree with your doctor. Remember, you're still working with an insurance-style provider, so you may have to jump through a hoop or two to get them to pay for it. Speak with your doctor about the extra paperwork needed, and they'll help you out.

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What Are the Costs for Medicare Part B?

After you pay the annual deductible, Medicare Part B will cover the first 80% of all approved costs.

How Much of a Premium Will I be Responsible for in Part B of Medicare?

To get the most out of your Medicare benefits, you will be responsible for paying a monthly premium. However, many Americans will only have to pay the regular amount the government sets. As of 2023, \$164.90 is the monthly base rate of Medicare Part B. This is for those new to enrolling in Medicare. If, for some reason, you have a monthly income that is within a certain bracket, you may owe more.



For some extra information, visit the [Medicare costs at a glance page](#) to see the chart that will show you the prices and how they fit in with your current income bracket. Remember, be sure you don't enroll late in Medicare Part B, or you'll be subject to paying a hefty penalty. This is crucial, so you don't want to miss your window of enrollment when you retire as you may lose your employer health insurance.

If you're already enrolled in [Social Security benefits](#), Medicare Part B premiums will be deducted from your check from social security. If this doesn't happen, you'll be billed every quarter. There is also an option of paying by credit card. Its located at the bottom part of the payment section. All you will need to do is fill out the information and put it in the mail addressed to the Medicare Premium Collection Center.

To make it easy and also help you, so you don't forget, there is an option to use the Medicare Easy Pay. We all forget things from time to time, and this free auto-draft service will automatically withdraw the payment for the premium from your bank account. You can choose either savings or checking account.

How Do You Sign Up for Medicare Part B?



If you're already taking advantage of your Social Security benefit at age 65, then you won't have to enroll in Part B. You'll be automatically registered by the Social Security Office. Remember that your card will arrive in the mail at least 1-2 months before you turn 65 years old. You don't want to miss it.

If you aren't taking advantage of your Social Security benefits, then you will have to enroll in

Medicare Part B yourself by age 65. It can easily be done online, in person at the Social Security office, or over the phone to save you a trip. For your card to arrive, it'll take a few weeks to come after you apply for your benefits. Plan ahead by applying a few weeks or more beforehand and before you need the coverage.

Medicare Part B is easy to sign up for. It's vital that you sign up during your initial enrollment period unless you have other coverage that can take its place. If not, you'll have a penalty to pay, which can dip into your retirement.



What Medicare Part B Does Not Cover?

When it comes to hospital expenses, Medicare Part B won't cover what "room and board" while you are hospitalized as an inpatient. This means that Medicare Part A does. Also, any cosmetic procedures won't be covered along with dental, hearing or vision, and routine foot care. Part B doesn't cover the prescription drugs you will need to pick up at a retail pharmacy or through mail-order. For covered in your prescription drugs, it's recommended that you consider Medicare Part D.



When it comes to Medicare Part B, it won't generally cover things that are considered unreasonable and unnecessary. Your physician will know what will be or won't be covered. Feel free to ask questions, so you have all the information needed.

Does Medicare Part B Have Cost-Sharing Like Medicare Part A?

Yes, it does. With Part B, you'll pay a certain percentage of any medically necessary costs. These costs are as follows:

- \$226 annual deductible for Medicare Part B.
- You'll be subject to pay 20% of any remaining costs, and there are no limits or caps.
- Beyond what Medicare covers, you'll have to pay any of these excess charges that the facility or provider charges.

The most significant part of Medicare Part B is the 20% that you'll be liable for when it comes to your outpatient care. If you need services like chemotherapy or even surgery, these expenses can become too high to pay. In your retirement, you shouldn't have to worry about being subject to these astronomical expenses when there is coverage that will supplement your Medicare that'll fit within your budget.

What is the Late Enrollment Penalty for Medicare Part B?

If you didn't have any credible insurance and didn't sign up for Medicare at your first eligibility, then you'll be responsible for the late enrollment penalty for Medicare Part B. This is a 10% penalty annually for every year that you waited to enroll. This penalty will be applied to the standard Part B premium. Currently, it is \$164.90 for 2023.



When you get the chance to enroll, you will need to wait for [Medicare's enrollment period to sign up for Part B](#) of the plan. The period is at the beginning of the year, January through March every year. In July, your benefits will start. While the benefits starting can be a great thing, you'll still have to wait for a few months for the coverage to start and have the penalty to pay.

If you enrolled late, but it was due to your employer group health plan from a company with 20+ employees, you won't have to worry about the late enrollment penalty for Medicare Part B. After that coverage ends, you will have eight months' time to sign up for Medicare Part B. This timeframe is your Medicare Special Enrollment Period.

To avoid this penalty due to late enrollment is easy. The only thing you'll need to do is enroll within the initial period of enrollment. If you're a little tech-savvy, you can set up an alert on your smartphone to remind you or have a trusted friend or family member to do the same. This will save you money in the end and get your healthcare started so that you won't get caught with any unnecessary medical bills.

Getting Help with Your Medicare Part B

Medical spending can get out of hand fast. Protecting yourself is essential for your continued financial safety. There are only a couple of ways to get help, so you don't get caught off guard.

- For the services and parts the Medicare Parts A and B don't cover, there are Medicare supplements with affordable premiums that'll fit in your budget.
- If you want to get your Medicare A and B benefits through a private health insurance carrier, then you could consider

Medicare Advantage or Medicare Part C. It does, however, have a small network than Medicare.

Your retirement should be a time of relaxation, vacations, and less worrying. Having a financial burden because of a lack of healthcare is not one you should have to carry. Medicare Parts A and B are beneficial to you and help cover many of your medical costs. Enrolling in Medicare Part B will help relieve a lot of the financial burden that can come from any outpatient services that you may need.



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AN EXPERIENCED AND FRIENDLY AGENT WILL GUIDE YOU THROUGH MEDICARE TO MAKE SURE YOU GET ALL OF YOUR PIECES IN THE RIGHT PLACES!

Keith Armbricht
Founder

Helping nice people get through Medicare!

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Medicare Eligibility

When am I Eligible for Medicare?

This is the questions that is on the mind of a lot of people in their 60's. Turning 65 is a big milestone for many people. Not only are you a year older, you are now officially eligible to enroll into Medicare Part A and Part B. If you've been able to receive Social Security for the past two years, then you also qualify for Medicare benefits.



Remembering your Medicare eligibility age can be confusing, as there are many different eligibility ages when you reach your 60's. For instance, you are able to begin receiving Social Security retirement benefits at age 62, however, most people do not reach full retirement age until 67 ½. This means that although you can start drawing benefits at age 62, you will not draw the full benefit you would be entitled to at age 67 ½. Somewhere in the middle of those two ages at age 65 is when you become Medicare eligible, whether you draw Social Security benefits or not. Confused yet? Every year in your 60's brings a new surprise! Technically, there is no retirement age for Medicare. It doesn't matter if you retire at age 65 or not. This is the eligibility age for any of the Medicare benefits as long as you are a citizen of the United States and have lived here for at least five years continuously or more. This means that you have the option to enroll into Medicare at age 65, or remain covered under a creditable employer-sponsored health plan if you continue to work. It is important to weight the benefits both ways, as not everyone will make the same decision.



Did you watch Keith's video above?



When You Can Enroll in Medicare



Most people become eligible for Medicare at age 65. When you get closer to your 65th birthday, there is a seven-month enrollment window when you can first apply for Medicare Part A and Medicare Part B. This window is known as your Initial Enrollment Window (IEP).

Your IEP begins three months before the month of your birthday month, includes the month of your

birthday, and ends three months after your birthday. If you want to begin your Medicare coverage when you turn 65, this is an important window you don't want to miss! Not everyone has to wait until age 65 to enroll in Medicare. There are certain situations where you can apply for Medicare Part A and Part B benefits if you are under 65:

- If you've been on Social Security disability income benefits for two years and are permanently disabled, then you will qualify.
- Suppose you have end-stage renal disease. This is when you're required to get dialysis or waiting for a transplant due to kidney failure.
- Another qualification is Lou Gehrig's disease or ALS, which stands for Amyotrophic Lateral Sclerosis.

If you do not qualify for Medicare Disability and you do not plan on enrolling into Medicare during your Initial Enrollment period, there are other enrollment periods you may qualify for, such as a Special Enrollment Period or the General Enrollment Period.

Visit our [Medicare Enrollment Periods](#) page for more information on these specific enrollment periods.

Eligibility and Premium Calculator

Did you know that Medicare.Gov has an easy to use eligibility and premium calculator? Click the button above and it will take you there.



Keith Armbrecht
Medicare on Video

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Medicare Part A Eligibility

When you turn 65 years old, you're likely eligible for premium-free Medicare Part A. This eligibility is dependent on if you or your spouse has worked in the United States legally for at least ten years. With your work history, you have actually been paying taxes on your income were used toward your hospital benefits for Part A. This is also the reason why many don't pay any premiums upon eligibility for Medicare.



When it comes to your hospital stays, Medicare Part A will cover most of this. If you didn't work, you may be wondering "can I have Medicare Part A if I was a stay-at-home-parent?" Luckily, if your spouse worked the required 40 quarters to qualify for premium-free Part A, you can qualify under their work history. Your working spouse, however, must be at least 62, which is the age he/she is eligible for Social Security benefits, and you must have been married at least 10 years. If you or your spouse haven't worked the 40 quarters required for premium-free Part A, then you can purchase this part of Medicare.

The cost for your Medicare Part A premium will depend on the amount of quarters you worked. In 2023, if you worked between 30-39 quarters, you will pay a monthly premium of \$278 for your Medicare Part A. If you worked less than 30 quarters, you will pay a monthly premium of \$506.

If you are receiving Social Security benefits, or are a member of the Railroad Retirement Board, you will automatically be enrolled in Medicare Part A at age 65. You will receive your red, white, and

blue Medicare card approximately 3-4 months prior to your 65th birthday, which will show your enrollment dates. Previously, all 65 year-olds were enrolled automatically in Medicare Part A. In recent years, however, Social Security now requires Medicare eligible persons to enroll into Medicare Part A themselves.

One of the main reasons enrollees must elect for Medicare Part A is that if you are continuing to work and are contributing to an HSA account, you must stop these contributions 6 months prior to enrolling in Medicare Part A. You may not be eligible for a Medicare Advantage Plan if you have End-Stage Renal Disease. However, there is a specific Medicare Advantage Plan, known as the Special Needs Plan, that you can be eligible for. The Special Needs Plan is used for individuals with chronic or disabling health conditions, dual-eligibility in Medicaid and Medicare, or live in medical institutions, such as nursing homes.

Medicare Part B Eligibility

Once you turn 65, you'll also be eligible for Part B of Medicare. For this part of Medicare, you'll be responsible for a premium that you'll pay monthly. The standard premium for Medicare Part B in 2023 is \$164.90. This part of Medicare is known as your outpatient coverage, and will provide you with the following benefits:

- Doctor Visits
- Lab work
- Surgery fees and a host of others.

To get more of an idea of what benefits are covered under Part B, check out our [Part B page](#) for more information.

Just like with Medicare Part A, if you are receiving Social Security benefits, or are a member of the Railroad Retirement Board, you will automatically be enrolled in [Medicare Part B](#) at age 65. If you are not receiving these benefits, you must apply for Medicare Part B yourself if you plan to transition into Medicare when you turn 65. It is important to keep in mind that depending on when you enroll during your Initial Enrollment Period impacts when your Medicare Part B will begin-

| Part B Sign-Up Date | Part B Coverage Begins- 1st of the Month |
|---|---|
| During the 3 Months Before Your 65th Birthday | Month of your Birthday |
| During the Month of Your Birthday | Month After your Birthday |
| During the Month After Your Birthday | 3 Months After your Birthday |
| During the 2nd Month After Your Birthday | 5 Months After your Birthday |
| During the 3rd Month After Your Birthday | 6 Months After your Birthday |

Give us a call at **877-88KEITH (53484)**, an experienced agent will walk you through how to apply for Medicare Part B to ensure that your coverage begins when you need it!

Not everyone is required to enroll in Medicare Part B at age 65. If you are continuing to work past age 65, or your spouse is, and you are on a creditable employer-sponsored health plan with more than 20 employees, you can remain on your current coverage even though you are Medicare eligible. Once you or your spouse retires and you leave this coverage, you will likely qualify for a Special Enrollment Period to initiate your Medicare Part B coverage without any late penalty fees.

However, if you do not have creditable health care coverage, such as COBRA or retiree coverage, and do not enroll in Medicare Part B at age 65, your Medicare transition will be much more difficult. You will have to apply for Medicare Part B during the General Enrollment Period, which is from January 1st– March 31st, with coverage beginning on July 1st. You will also be required to pay a lifetime late enrollment penalty for Medicare Part B, which will be determined by the amount of time you delayed coverage. These two factors are the most important reason that you do not want to delay your Part B enrollment if you do not have creditable health care coverage.

If a delay is needed due to other insurance, it is best to talk with an agent that specializes in Medicare. They'll be able to guide you to the special election periods. These periods are for you to use, so you aren't subject to the late enrollment penalty, as this will follow forever.

If you want to enroll in a Medicare Advantage Plan that offers prescription drug coverage, you need to be enrolled in both Part A and Part B, as well as live within the service area.

Medicare Supplement and Part C Eligibility

Many people who enroll in Medicare elect to remain on Original Medicare and enroll into a Medicare Supplement plan for additional coverage. This option gives enrollees the freedom of Original Medicare, while limiting out-of-pocket expenses. Once you have enrolled in Medicare Part A and Medicare Part B, you are eligible to enroll in a Medicare Supplement plan, also known as a MediGap plan.



Typically, you will want your Medicare Supplement plan to begin on the same day your Medicare coverage begins so you have no gaps in your coverage. When your Medicare Part B begins, you have 6-months to enroll into a Medicare Supplement plan with no medical underwriting. This means that insurance carriers cannot assess your health history or deny you coverage into a plan based on your previous medical records. This is crucial if you have a significant medical history. Usually, you can apply for a Medicare Supplement plan up to 6-months before your Part B coverage is set to begin.

Give us a call at **877-88KEITH (53484)**, an experienced agent will walk you through all of your Medicare Supplement plan options, as well as the process of applying for these plans.



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Your other option for additional coverage is a Part C plan, also known as a Medicare Advantage plan. With Part C, this means you'll get all your Original Medicare benefits through a private insurer. Keep in mind that many of these plans will have a much smaller network, but many will, however, include a Part D coverage for your prescribed medications. Eligibility for these plans requires enrollment in Medicare Part A and Part B, and you must live in the plan's service area.

Even though you can enroll in a Part C plan, you can't drop Part B, and you still must pay for those premiums. To have any eligibility for Medicare Advantage or if you want to get a Medigap plan, then you must be enrolled on both Parts A and B.

Medicare Part D Eligibility

If you're actively enrolled in Medicare Parts A and B, you are eligible for Medicare Part D. Your residence must also be within your plan's service area as Part D plans are based on where you live. This part of Medicare is optional, but covers many of your prescribed medications, it is highly recommended that you enroll in this part of Medicare if you have no other drug coverage. Medication cost is expensive, and this part will lower your copays so you won't pay too much out-of-pocket.

Remember, there are also penalties for late enrollment into Part D. These penalties are only if you don't have other credible coverage like an employer group insurance plan. You will only see a late penalty for Medicare Part D if you do not enroll when you are first eligible. It is also important to remember that this penalty is a lifetime penalty, so we want to avoid it as much as possible!

Visit our [Part D page](#) for more information on when to enroll and possible late-enrollment penalties.

Medicare Eligibility Frequently Asked Questions

- **Is everyone 65 or older eligible for Medicare?**
 - Unfortunately, no. First and foremost, you must be a United States citizen or a permanent resident who has lived in the U.S. for at least five continuous years.



- **At what point do I qualify for my Medicare Benefits?**

- If you age into Medicare, then your qualification age is 65. It doesn't matter if you've applied for any Social Security benefits or not.

- **I'm under 65; am I eligible for Medicare?**

- For many years, you had to be 65 to qualify for Medicare. This has since changed, but there are specific qualifications that must be met:
 - If you've been on Social Security disability income benefits for two years and are permanently disabled, then you will qualify.
 - If you have end-stage renal disease. This is when you're required to get dialysis or waiting for a transplant due to kidney failure.
 - Another qualification is Lou Gehrig's disease or ALS, which stands for Amyotrophic Lateral Sclerosis.

- **I'm 62, can I enroll in Medicare?**

- Although you are eligible to receive Social Security benefits at age 62, that does not mean you are automatically eligible for Medicare benefits. Unless you qualify for Medicare disability (see above) you must wait for age 65 to enroll in Medicare.

- **How early can I apply for my Medicare benefits?**

- Due to the seven-month Initial Enrollment Period, you can apply for Medicare up to three months before you turn 65 years old.



- **How long did I have to work so I can be eligible for Medicare?**
 - The eligibility for Medicare has nothing to do with your work history. Depending on how long you have worked will be whether or not you get Part A for free or you have to pay the monthly premiums. If you have at least ten years' worth of work history, then your taxes from your payroll will have paid for Part A. Anything less than that, and you'll be responsible for paying for premiums.
- **Is signing up for Medicare mandatory?**
 - No, it isn't. This is unless you don't have any health coverage that is considered credible, like your employer group coverage. If not, you will face some costly penalties when you enroll for your Social Security benefits, as this will automatically enroll you in Part A. You can only have both and not one without the other.
- **When it comes to Medicare and Medicaid, who is eligible?**
 - For those 65 or older and that have specific disabilities, Medicare will be your health insurance system. However, Medicaid is a federal and state joint program that will provide benefits for those who have low incomes. You can qualify for both. If this happens, then Medicare will be your primary insurance, and Medicaid will be your secondary insurance.
- **Am I eligible for Part D of Medicare?**
 - If you're enrolled in Parts A and B, then you are eligible for Part D enrollment. Keep in mind that you must enroll when first eligible. The only exception is if you already have some form of credible coverage. If not, then you'll have a costly penalty for enrolling late.

How to Find Out About Your Medicare Eligibility

This can be tricky and even challenging for a lot of people. Determining your eligibility comes with a lot of questions about when you can enroll, what the qualifications are, and even if there are any requirements for Medicare. This is understandable as navigating the Medicare landscape isn't always easy. Though the process may be overwhelming, there are people who can help.

Give us a call at **877-88KEITH (53484)**, an experienced agent will help you determine your Medicare eligibility and when you can complete your Medicare Enrollment.

When it comes to Medicare, you're not alone. There are people willing to help you and make sure you are enrolled on time and with any additional coverage that you may need. Your health care is essential to living out your golden years without worrying about astronomical medical bills or whether or not you'll be able to afford your prescriptions. Finding help is simple and will help you get the coverage you need so you can rest easy and live the life you were meant you once you retire. Don't let costly medical expenses keep you from enjoying your life and much deserved rest. Learn about all the eligibility requirements and enroll as soon as possible to keep your health care going and the bills down.



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AN EXPERIENCED AND FRIENDLY AGENT WILL GUIDE YOU THROUGH MEDICARE TO MAKE SURE YOU GET ALL OF YOUR PIECES IN THE RIGHT PLACES!

Helping nice people get through Medicare!

Keith Ambrecht
Founder

YouTube Medicare On Video

The graphic is a promotional banner for Medicare On Video. It features a dark blue background on the left and a light blue background on the right. On the left, there is a video player thumbnail showing a man, Keith Ambrecht, with the text 'MEDICARE ON VIDEO' and 'Keith Ambrecht Founder'. Below the thumbnail is the text 'Helping nice people get through Medicare!' and the YouTube logo. On the right, there is a white speech bubble icon with a question mark, a telephone handset icon, and a puzzle piece icon. The text on the right includes 'IF YOU'RE FEELING OVERWHELMED AND FRUSTRATED WITH MEDICARE, WE ARE HERE TO HELP!', the phone number '(877) 885-3484', 'CALL FOR A FREE MEDICARE CONSULTATION', and 'AN EXPERIENCED AND FRIENDLY AGENT WILL GUIDE YOU THROUGH MEDICARE TO MAKE SURE YOU GET ALL OF YOUR PIECES IN THE RIGHT PLACES!'.

Medicare Enrollment Periods

You have finally hit the point in your life when it is time to enroll in Medicare. As much as you would like to deny the entire process and not admit that you are finally 65 or older, it is now time to assess your healthcare and start looking at how and when to enroll into Medicare.



Luckily, enrolling in your Medicare is not overly burdensome. However, it can still prove a challenge, especially if you do not know when the [enrollment periods for Medicare](#) will be.

Did you know that approximately 700,000 people we're late and enrolling for Part B of Medicare, according to the Medical Right Center? Because of this, many had to pay the late enrollment penalty for this part of their Medicare for that year. Even though you have ample time to enroll in Medicare, missing this enrollment date is a fairly common thing to do. This is because there is a lot of confusion with all these enrollment periods.

That's right, there are multiple enrollment periods. Depending on when you plan to begin your Medicare coverage, you will fall into one of three enrollment periods for starting Medicare Part B. There is even a fourth enrollment periods to make changes to your existing Medicare coverage. Confused yet? Don't worry, we will help clear this up for you.



MEDICARE ENROLLMENT PERIODS



Did you watch Keith's
video above?



What Are the Medicare Enrollment Periods?

The four Medicare enrollment periods are:

- **Medicare Initial Enrollment Period**
- **Medicare Special Enrollment Period**
- **Medicare General Enrollment Period**
- **Medicare Annual Election Period**
-

As you can see, with all these different enrollment periods, you can easily miss your opportunity to get the coverage you need. Let's take a look at each enrollment period closely.

Medicare Initial Enrollment Period (IEP)

This enrollment time will be the most important period if you plan on beginning your Medicare enrollment as soon as you are eligible. This Initial Enrollment Period is a seven-month long window around your 65th birthday when you can first apply for Medicare Part A and Medicare Part B. The window begins three



months before the month of your 65th birthday, includes the month of your 65th birthday, and concludes 3 months following your 65th birthday.

In total, you will have a full seven months to enroll in Medicare during this time. If you are already receiving Social Security retirement benefits, or are a member of the Railroad Retirement

Board, at age 65, you will be automatically enrolled in Medicare Part A and B for the month of your 65th birthday.

There is, however, one little exception to the rule. If your 65th birthday happens to be the first of the month, your enrollment period will start one month early. During this time, you will be able to enroll in Part A and Part B of Medicare. You will also be able to enroll in a Medicare Supplement Plan and Part D Prescription Drug Plan, or Medicare C, commonly known as Medicare Advantage, as an alternative to Original Medicare.

If you want to avoid any late penalties that come with Medicare Part D, make sure you enroll in this drug coverage during the same enrollment window. This coverage will be a plan on its own, or possibly part of a Medicare Advantage plan that may also include prescription drug coverage.

It is important to remember that although you can applying for Medicare Part A and Medicare Part B at any point during your Initial Enrollment Period, there are strict timelines set by Social Security as to when your Part B will begin based on when you apply. For instance, if you apply in any of the 3 months prior to your birthday, your Medicare Part B will begin on the 1st of your birthday month. However, if you apply during the 3 months following your birthday, your [Medicare Part B](#) date varies based on the month you apply:

| Part B Sign-Up Date | Part B Coverage Begins- 1st of the Month |
|---|---|
| During the 3 Months Before Your 65th Birthday | Month of your Birthday |
| During the Month of Your Birthday | Month After your Birthday |
| During the Month After Your Birthday | 3 Months After your Birthday |
| During the 2nd Month After Your Birthday | 5 Months After your Birthday |
| During the 3rd Month After Your Birthday | 6 Months After your Birthday |

If you do not qualify to receive Part A premium-free and miss your IEP, you will have to pay a penalty. The cost of the penalty will be twice the number of years you went without Part A once you became eligible for Medicare.

If you don't enroll in Part B during this time, you will likely have to pay a late enrollment penalty, which will last as long as you have Medicare coverage. You may also have to wait until the General Enrollment Period before you can enroll in Part B.

If you don't enroll for Part D during this time, you will also pay a penalty that will last as long as you have coverage.

Give us a call at **877-88KEITH (53484)**, an experienced agent will walk you through how to determine your Initial Enrollment Period.

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What if I Miss the Initial Enrollment?

If you already have creditable coverage through an employer, then signing up late will not be an issue. However, if you do not have creditable coverage, there are some things you need to consider:

- There will be a **penalty** for any late enrollment for Part B after your Initial Enrollment Period. This is going to extend for as long as you have Medicare as your primary coverage. There's going to be a 10% penalty for every year you should have had Part B but have failed to enroll. As of 2023, the initial premium is \$164.90. This can mean that you will pay an additional \$16.49 each month.
- There's also the chance that you will go with no coverage under Part B for a long time. If you don't ever sign up during your initial period, you're going to have to wait until there is another General Election Period. If so, you will not see coverage starting until July 1st of that current year.
- If you do not have any Part D drug coverage and miss your enrollment period, you'll have to pay the penalty with your Part D premium. This will be as long as you have coverage in Part D. This penalty will be 1% per consecutive month that



you went without having any coverage for your prescription drugs multiplied by that year's base modal premium.

- Suppose for some unforeseen reason that you are unable to qualify for Part A of Medicare as this can be due to not having a large enough work history, and you do not buy into the Medicare program during your enrollment. In that case, you will have to pay a penalty of 10% of your premium for twice the number of years you could have bought the coverage, but you didn't.

Special Enrollment Period (SEP)

If you are still working past age 65, or your spouse is still working past age 65, and have creditable health insurance under an employer-sponsored plan, you likely do not need to enroll in Medicare when you turn 65.



As long as your employer has more than 20 employees and your plan is considered by Medicare as creditable health coverage (it cannot be COBRA or retiree coverage), you can remain on your plan until you are ready to retire. Once you are ready to retire you can enroll into Medicare, exercising a Special Enrollment Period.

In order to qualify for a Special Enrollment Period, you must have your current employer complete an Employer Coverage Form (CMS L564) showing that you have had coverage under their plan since age 65. If you worked for more than one employer past age 65 with more than one insurance plan, you will need more than one form completed. You will attach this form to your Medicare Part B application when you want to initiate your enrollment. This

form will grant the SEP, as well as waive the late penalty from not enrolling in Medicare Part B when first eligible.

You have approximately 8 months following the end of your employer-sponsored health plan to initiate your Medicare Part B coverage. Although 8 months is a large amount of time, Part D Prescription Drug Plans don't follow the same guidelines. When your employer plan ends, you have 63 days to enroll in a Part D Prescription Drug Plan without facing penalty or having to wait until the Annual Election Period.

Give us a call at **877-88KEITH (53484)**, an experienced agent will walk you through how to determine if you qualify for a Special Enrollment Period.

Medicare General Enrollment Period

What if I missed my Initial Enrollment Period and don't qualify for a Special Enrollment Period?

From **January 1st through March 31st** of each year, you can participate in the General Enrollment Period. Keep in mind that this will not be a safety net if you miss your other enrollment times. Even though you can still enroll in Medicare Parts A and B during this period, you're still going to have to worry about any penalties due to your late enrollment.

On top of these penalties, you will not see your coverage begin until July 1st. This can mean that you may go a few months without coverage, so it is conducive to ensuring you get coverage during an enrollment period. Especially the Initial Enrollment Period.

It would be best if you remembered that this only applies to Original Medicare. If you want any of the Medicare Advantage plans or Plan D coverage, you will have to wait for the Annual Enrollment Period.

Annual Election Period



Once you are enrolled in Medicare, whether it is Original Medicare with a Medicare Supplement Plan or a Medicare Advantage Plan, you are probably wondering when you can make changes or enroll in those plans.

Every year, from October 15th through December 7th is the Annual Election Period, also known as open enrollment. This enrollment period is used specifically for making changes to either Medicare Part D Prescription Drug Plans, or Medicare Part C Advantage Plans.

During this time, you can switch from your Original Medicare to a Medicare Advantage plan. You can also change your Medicare C plan if you're currently enrolled in one. You can also use this to look into Part D prescription drug plans or even switch to a new one. Even if you are already enrolled in a Part D plan, you can switch to another if needed, or you can even drop it. There will be no penalty for you if you've already obtained coverage through an employer or another source.

If you are enrolled in a Medicare Supplement plan and want to change to another Medigap plan, or want to change from a Medicare Advantage Plan to a Medicare Supplement plan, you can use this time period, but you will be subjected to medical

underwriting. This means that you will need to go through a health assessment in order to apply for a new Medicare Supplement plan if you are more than 6 months past your Medicare Part B start date. Although you can switch from one Medicare Supplement plan to another during this time period, it is wise to apply during another part of the year, as you can change these plans any month of the year with medical underwriting.

Medigap Open Enrollment Period

Even though this isn't technically a Medicare enrollment period, it is important to note that you have a specific enrollment period for Medicare Supplement plans.

Once you finish enrolling in Medicare part A and B, you will have a chance to qualify for a six-month enrollment window for any Medigap plans that you may need to fill in the gaps in coverage that the other two were unable to cover. The



effective date under your part B coverage will be your election time for your Medigap plans. During this time, you'll be able to enroll in your plan of choice with no questions asked about your health.

Keep in mind that this will only happen once for most people enrolling in Medicare. So when that is gone, it will be gone for good, so it is not something you want to miss.

October 15th



December 7th



January 1st



Annual Election Period Begins

The Annual Election Period (AEP) begins on October 15th every year. During AEP, Medicare beneficiaries can enroll into, change, or disenroll from Medicare Advantage plans or Medicare Part D plans.



Annual Election Period Ends

The Annual Election Period (AEP) ends every year on December 7th. If you want to enroll into, change, or disenroll from a Medicare Advantage plan or Medicare Part D plan, you must make changes prior to December 7th.



Medicare Plan Changes Become Effective

Any changes made during the Annual Election Period (AEP) will become effective on January 1st of the following year. If you are looking to enroll into, change, or disenroll from a Medicare Advantage plan or Medicare Part D plan, you will want to make changes during AEP to take effect the next year.

Getting the Right Help in Making Your Medicare Choices

You are entitled to Medicare and the other benefits. You worked hard to make sure that you would have healthcare when you finally retire from your job. Keep in mind that it is very crucial to understand that there are going to be rules and regulations when it comes to your benefits and rights under the specific program.

It is vital to learn about all the enrollment periods when it comes to Medicare so that you can take advantage of all the benefits available to you. Unfortunately, if you miss a date, there are consequences that you're going to have to pay for, and it's going to be for life. If you have questions regarding your Medicare and what choices you do have, please reach out to a Medicare agent. Many specialize in these types of benefits and services. You can also go to [medicare.gov](https://www.medicare.gov) to get even more information to help you make an informed choice and make sure that you do not miss any of the enrollment periods.

After all, you want your retirement to go as smoothly as possible and not have to worry about large bills piling up because of health problems or an emergency room visit. By making sure you enroll in Medicare at the right time and picking the right plan for your healthcare needs, you'll be able to rest a little bit easier in your retirement and not have to worry too much about astronomical bills piling up on you.

Holy Cow! You're still here? That's a LOT of periods! Impossible for the average person to know what to do and when to do it. Good news..... I

know!



Keith Armbrecht
Medicare on Video

Medicare Part C - Medicare Advantage

The main parts of Medicare are broken down into lettered pieces. [Medicare Part A](#) is your hospital coverage, Medicare Part B is your outpatient coverage, and Medicare Part D is your prescription drug coverage. What about Medicare Part C? This part of Medicare is a bit different.

When you enroll in Medicare you are given two options to supplement your coverage. You can either choose to stay with Original Medicare and enroll into a Medicare Supplement plan and a Part D Prescription Drug Plan, or you can choose a Medicare Part C plan, also known as a Medicare Advantage Plan. Medicare Advantage plans are alternative insurance that take you away from Original Medicare, and put you into a plan with a private insurance carrier. Essentially, these plans are a difference form of your Medicare coverage. It's helpful to keep in mind that Medicare C isn't for everyone and that it's best to weigh your options to find out which one will fit perfectly for your healthcare needs.



Did you watch Keith's video above?



Medicare Advantage Plans

What are Medicare Advantage Plans?

These are plans that will pay for your healthcare instead of Medicare. Consider looking at Medicare C as a combo deal of Parts A, B, and D all in one. With this part, you'll have the ID card that you'll use wherever you need healthcare. Many of these plans will have a [Medicare Part D](#) that is integrated within the plan. However, these may be absent in some areas, so make

sure you look over those details as prescription drugs are expensive.

These plans are typically structured as HMO, or sometimes PPO plans. Therefore, many of these plans offer benefits similar to what you'd find through your former employer's health insurance plan. Usually, you'll deal with a local network and will have copays for ordinary things like:

- **Doctor's visits**
- **Lab work**
- **Ambulance rides**
- **Surgeries**
- **Hospital stays**
- **Urgent care and other services**



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Medicare Advantage Cost

Are Medicare Advantage plans free?

Unfortunately, healthcare does have a cost to it. Medicare is often viewed as a pay-now or pay-as-you-go system. With a Medicare Advantage plan, you often have the benefit of lower monthly premiums. Some plans may even have \$0 premiums! Sounds



great, right? Don't be fooled, these plans are not free plans. After enrolling in a plan, Medicare will pay a specific amount to the insurance provider with a fixed sum. Many companies will offer lower premiums in hopes you'll sign up for the plan they offer. Remember, costs will change yearly. The expenses that change will be for your monthly premiums, any of your copays, the drug formulary, and any of the benefits you receive through the plan.

Although the low to zero dollar premium sounds exciting, one aspect you really want to pay attention to on Medicare Advantage plans is the out-of-pocket maximum.

With each plan, there is an out-of-pocket maximum (OOP) that the plan must have. This OOP is set by Medicare and is the highest amount allowable each year. For Part C, this amount is **\$8300 in 2023**. Remember that all your Part D spending does not contribute to this out-of-pocket maximum amount. The OOP is going to be the most you will spend in the year for your Part A and Part B charges.

When it comes time to look at the different plans and parts of Medicare, take a look at Part C's OOP maximum. Please consider whether or not you've had a bad year in your health, especially if there were lots of copays and coinsurance costs related to your health care. Check to see if you have enough saved up to meet this OOP maximum. If not, you may want to continue looking at other more cost-efficient options.

Your Spending on Medicare Part C

- You will continue to pay your **Part B monthly premium**.
- You'll also pay a monthly premium to your insurance company for your Part C plan.
- You may be responsible for a deductible. If so, this must be paid before the plan's benefits kick in.
- Most medical services and treatment will require you to pay a copay or coinsurance.
- It is possible that many services will require coinsurance up to 20%.
- Your out-of-pocket maximum can be as high as \$8,300 in 2023.

Keep in mind that some of these costs will vary from plan to plan and don't include any Part D spending. It's best to check your plan's benefit summary to see your annual OOP and what expenses you'll be required to pay.

Medicare Advantage Networks

What Doctors Accept Medicare Advantage Plans?

One of the most significant differences between Original Medicare with a Medicare Supplement Plan and a Medicare Advantage plan is the use of networks. Medicare Advantage plans have specific networks of providers based on the plan you enroll into. You'll also be responsible for your copays as these will be out-of-pocket. These networks are usually HMO. This means that you may have to choose a physician and get referrals within that network.



However, you may find options like PFFS and PPO. Many of these have benefits for out of network care, but typically for an additional. On top of your premium that you'll pay monthly, you'll have to worry about copays, deductibles, and any coinsurance needed for any of the plan's maximum out-of-pocket expenses.

Not only do you need to stay in network with these plans, you often times need pre-authorization from your plan for certain services. It is important to remember that there are steps in place to set up services and new providers under these types of plans.

This is the main reason I don't generally recommend Medicare Advantage plans. They limit your choice for doctors and hospitals. Staying on allows you to choose any doctor or hospital in the U.S. that accepts Medicare.



Keith Armbrecht
Medicare on Video

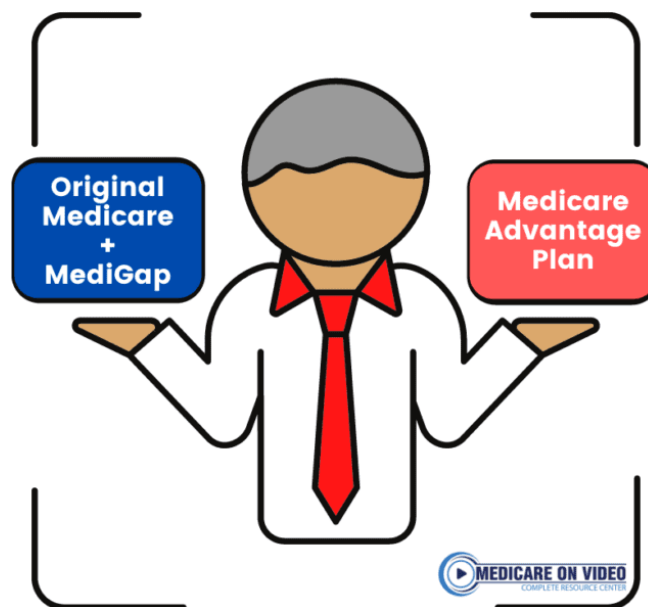
Medicare Advantage vs. Original Medicare

Is there a difference between Original Medicare and Medicare Advantage Plans? There is, and it helps to know what these are so you can make a better decision based on your health care. With Original Medicare, you are still utilizing Medicare as your primary insurance, rather than transferring your coverage over to a private insurance company. This means that you can utilize any doctor in the country who accepts Medicare. That's right, there

are no networks! Further, you do not need referrals or pre-authorization for services, your service just has to fall under Medicare's two categories of services: medically necessary or preventative.

Unlike the Medicare Advantage plans, there is no maximum out-of-pocket with Original Medicare. This means you are responsible for all deductibles and coinsurances with no stop. Fortunately, there are plans like Medicare Supplement plans that will cover the majority of these costs to you with an affordable premium.

Give us a call at **877-88KEITH (53484)**, an experienced agent will be able to review the premiums in your area for the available Medicare Supplement plan options.



Medicare Advantage Plan Eligibility

Now the biggest question on your mind is whether or not you're able to get a Medicare Advantage plan? No matter your age, if

you are a beneficiary of Medicare, then you can buy a plan. It would help if you met some of the criteria, though.

- You have to have enrolled in Part A and Part B. If you enroll in a Medicare Advantage plan, you must keep Part B as dropping it will see you dropped from your Part C plan.
- Whatever address you have with [Social Security](#) is also where your Medicare Advantage plan will be centered around. So, you must live in the area where your plan is servicing. This means the same county. Keep in mind that some plans will cover one or two of your state's counties while some may cover the whole state.

There are election periods for Part C. This gives you two enrollment periods. These are the fall's Annual Election Period and the Initial [Enrollment Period](#). Depending on your circumstances, you may be eligible for a Special Election Period. An example is moving out of state and losing your plan.

Your Coverage with Medicare Advantage

Medicare Advantage plans will cover the same services that Parts A and B of Original Medicare will cover. This means that you can take advantage of all the inpatient and outpatient services and benefits available.

The pro is that you won't have to pay any deductibles or 20% of any medical services that you may need. However, the con is that you'll be responsible for any copays that are part of your plan.

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Each plan will have a benefits summary. This will also list the medical services that you'll be covered for. It will also show any copays you'll be responsible for and coinsurance. Usually, the highest amount you may see for an in-network service will be 20%.



It is important to review your benefit summary to get an idea of what you may be responsible for paying for any services or items that you may need. Everything that you pay for any services that are Part A and Part B will go to your OOP maximum. After that, Medicare Advantage will pay 100% for the rest of the year. Some Part C plans may also have Part D drug plans integrated into them, as this may help you when it comes to paying for your prescription fees. It is important to remember though, that your Part D spending does not contribute to your Part C maximum out-of-pocket.

Do I Have to Enroll in Part C of Medicare?

No, you need it as enrolling in it optional. You can choose Part C or enroll in Parts A and B instead. It is ultimately your choice of which one will be best for your health care needs. It is important to weigh the benefits of Original Medicare with a Medicare Supplement plan vs a Medicare Advantage plan against each other.

When to Enroll in Medicare Part C

When it comes to the enrollment periods for Medicare Advantage plans, you're limited to certain periods for any enrollment or disenrollment. You have the Initial Enrollment Period that comes with [Part B](#). You'll also have the option of the Annual Election



Period that comes each fall. The dates for the AEP are October 15th through December 7th. Your benefits will kick in on January 1st of the following year.

Because of the changes that a provider may make on a yearly basis, the Annual Enrollment Period is offered as a way for you to change to any other plans. Things that change will be your benefits, network pharmacy, formulary, premiums, copays, and coinsurance cost. This period of enrollment is for [Parts C](#) and D only, and if allowed by Medicare in case, the upcoming changes aren't to your liking.

Outside of these two enrollment periods, there are some exceptions that will give you a Special Enrollment Period. This can be due to a change in employer group insurance or if you have made a move that is outside your plan area. Ask your insurance agent on what enrollment periods are available for you. That way, you can stay covered.

Part C Help

When it comes to any plans for Medicare Advantage, they will have certain rules, enrollment periods, and networks. There will also be limitations, restrictions on services and areas, and even copays that may apply to your coverage. If you have questions, working with a licensed Medicare agent will help gain a clear understanding of Part C before you apply for a plan.

When it comes to Medicare, there are many options to help you with your healthcare. You can choose to stick with the Original Medicare, opt-in to Medicare Advantage, or choose a Medigap Plan to fill the holes in your Original Medicare coverage. Your

health is too vital to ignore. Having the right coverage will help you cut back on expenses and save money so you can enjoy life without the hassle of bills piling up on your table. Ask for help if needed, as navigating the Medicare landscape can be tricky for many people.

Give us a call at **877-88KEITH (53484)**, an experienced agent will be able to review your options for you to help you make a decision on your Medicare enrollment.

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YouTube Medicare On Video

Keith Ambrecht
Founder

MEDICARE ON VIDEO
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What Are Medicare Supplements?

If you're already on Medicare or you're getting close to enrolling, you may be wondering what a Medicare supplement is. This is a common question that many people ask: To put it simply, a supplement to Medicare is insurance sold to you by a private insurer that will cover your Medicare coverage gaps. Many times, you will hear these plans referred to as Medigap.



You may be wondering, “Why do I need a Medicare Supplement Plan?”

The primary purpose of a supplement or Medigap plan is to cover the costs that you would typically be responsible for once Medicare Part A and Part B have paid their portion. That is right, Medicare pays for a lot of your healthcare, but not all of your healthcare. In the end, once Medicare has paid its portion the remaining costs are ultimately passed on to you. Medicare does cover many things, but there are holes in the coverage or gaps.

These can be:

- Coinsurance
- Copayments
- Deductibles

These are items that you will have to pay when you need to access any of your approved healthcare services. Medicare will always pay its part of any services you need if it falls under the category of medically necessary services, or preventative services. After that, your supplement policy will start and will pay

its share. This is sometimes what's left of the remaining bill, but it does depend on which plan or policy you choose.

Original Medicare only pays about 80% of doctor and outpatient visits and will sometimes result in significant hospital deductibles. With a Medicare Supplement plan, these costs can be mostly covered depending on which plan you choose, leaving you with a smaller out-of-pocket expense. There are also no networks involved with Medicare Supplement plans, meaning that you can visit any doctor or hospital within the United States that will accept Medicare.

Medicare Supplement plans will generally cost less compared to other private insurance companies. This is because the supplement plans will set a limit on out-of-pocket costs, and depending on which plan you choose, some premium payments will be less expensive.

You can choose from any Medicare Supplement plan during your initial Open Enrollment Period and will not be turned down. However, after six months of being with Medicare, you will have the option to change plans, but the request will go through a medical underwriting process.

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MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A)

Coverage starts/Cobertura empieza
03-01-2016

03-01-2016

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11 Medicare Supplement Plans

Medicare had created guidelines for each supplement to follow when it was standardized in 1990. Each one is given a letter to

identify it, and are called plans rather than parts. Remember, each plan policy under a specific letter will provide you with the same benefit set from insurance company to company (i.e. Plan G from insurance company A vs Plan G from insurance company B). For you, the only difference you'll see is the monthly premium between insurance carriers for the same plan. The only time benefits will differ is when comparing two different lettered plans (i.e. G to F or N to G). Since there are many carriers for these supplement plans, you do have a lot of freedom in choosing one that will offer you the best rate for your healthcare needs.



What are the Most Popular Medicare Supplement plans?

In 2023, the most popular Medicare Supplement plans are Medigap Plan F, Medigap Plan G, and Medigap Plan N. These three plans offer very high coverage at affordable premiums. Each of these three plans, however, differs slightly in their coverage:

- Medicare Supplement Plan F: Plan was previously of the most popular plans on the market. However, if you turn 65 past January 1st, 2020, you are not eligible to enroll in Plan F. It will often pay 100% of any cost that Medicare will bill you. You won't have to pay deductibles or copays. This plan will ultimately pay your share of your healthcare costs. Although Plan F has a very high coverage level, there are often more cost-efficient plans available.

[Learn more about Medicare Supplement Plan F here](#)

- Medicare Supplement Plan G: As a popular plan itself, Plan G is very similar to Plan F. The main difference is that you will be responsible for the [Part B](#) deductible. Every year, you will pay this deductible, and after that, Plan G become a full coverage plan. Both Medicare Part A and Part B deductible is \$233. This plan will save more than this deductible amount for many people, and is often much more cost-efficient plan than Plan F.

[Learn more about Medicare Supplement Plan G here](#)

- Medicare Supplement Plan N: This plan is relatively new and started in 2010. With this plan, you'll see lower premiums than F and G. While this may seem reasonable, you'll be responsible for more of the cost-sharing as you go. You will see a maximum copay of \$20 and a \$50 copay for an [ER visit](#) to see a doctor. There are also the possibility of excess charges if your provider does not accept Medicare Assignment. Although the majority of providers do in fact accept Medicare assignment, excess charges are possible in 42/50 states. Although this does give you a higher cost-share than Plan F or Plan G, you will ultimately benefit from a lower monthly premium.

[Learn more about Medicare Supplement Plan N here](#)

Give us a call **877-88KEITH (53484)** we will walk you through the coverage offered by these Medicare Supplement plans to find the right fit for you!

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MEDICARE SUPPLEMENT PLANS

F vs G vs N

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

| | |
|--|--|
| <small>Entitled to/Con derecho a</small> | <small>Coverage starts/Cobertura empieza</small> |
| HOSPITAL (PART A) | 03-01-2016 |
| MEDICAL (PART B) | 03-01-2016 |

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video above?



Do Medigap Plans Cover Everything?

As much as you want all your expenses to be paid for, there is something that the supplements won't pay for. They'll only pay after Medicare pays its part of the bill. After that, Medicare will forward the rest of what is owed to your supplement plan. A good way to remember your plans coverage is that, if Medicare covers a service, so does your Medicare Supplement Plan. MediGap plans follow the lead set by Medicare.

Here are a few things that Medicare or your Supplement Plan won't cover:

- Routine exams like hearing, vision, or [dental](#)
- Any [hearing](#) aids you may need
- Contacts or eyeglasses
- Any custodial or long-term care that you may need
- Your prescription drugs
- Cosmetic surgery
- Acupuncture

Benefits of Having a Medicare Supplement Plan

Medicare Supplement Plans are often referred to as Original Medicare. This is because you still retain Medicare "room and board" while you are hospitalized as an inpatient. This means that Medicare Part A and Medicare Part B as your primary insurance.

Original Medicare is how Medicare was originally intended to function. The Medicare Supplement plan enhances your Medicare coverage and leaves you with reassurance that you won't be subjected to large medical bills in your retirement.

There are many benefits to choosing Original Medicare with a [Medigap plan](#), such as-

- No networks! This is huge! With Original Medicare and a Medicare Supplement plan, you can use any doctor who accepts Medicare. You are able to use your plan in all 50

states. No more worrying about extra charges from seeing an out-of-network provider with these plans.

- There are no referrals needed. With other plans like HMOs, if you need a specialist, you would generally require a referral. With a supplement, you won't need one.
- You will never be dropped due to your health conditions. This means you'll automatically be renewed. Once you are in the plan, you can remain enrolled for life. When you first begin Medicare [Part B](#), you have 6 months to enroll in a Medigap plan without having to answer any health questions, so it is imperative to enroll right away if you have any pre-existing conditions.
- You'll be able to avoid any extra costs that may come out of your pocket throughout the year. Each month you can rest assured knowing exactly what you will be paying for your healthcare, without worrying about large out-of-pocket maximums

Original Medicare with a Medicare Supplement plan gives you control over your healthcare. The freedom to choose is crucial for seniors.



Keith Armbrecht
Medicare on Video

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Coverage with Medigap Plans

Each lettered Medicare Supplement plan's coverage level varies based on the plan. Below is a list of the most common coverage categories for Medicare Supplement plans:

- **Medicare Part A Deductible:** As of 2023, this deductible will be \$1,600. If you need two inpatient stays at the hospital that is more than sixty days apart, you will have to pay this deductible twice in one year. The majority of Medicare Supplement plans cover part, if not all of this deductible, regardless of how many times it may occur in a calendar year.
- **Medicare Part B Deductible:** As of 2023, this deductible will be \$226 annually. You'll be responsible for paying this every year for any of your doctor's visits, physical therapy, and lab work. If you turned 65 after January 1st, 2020, you are not eligible for a Medicare Supplement plan that will pay this deductible.
- **Medicare Part A Coinsurance:** Every Medigap plan on the market offers this as a benefit. It will usually cover the costly daily hospital stays that will start once you hit that 60th day while in the hospital.
- **Copayment and Coinsurance for Medicare Part B:** Even Medigap supplement will also cover this benefit. Remember that Medicare will only cover 80% when it comes to your outpatient expense in Part B. This benefit of your supplement will cover the other 20%. If you need cancer treatments or other costly medical procedures, this will prove a huge benefit for you.

- **Your first three pints of blood:** You will see this benefit in every supplement plan. It will pay for your first three pints of blood if you need a transfusion. Original Medicare will pay for the others after the 3rd. Since blood is considered a high priced item, this can be a great benefit if required.
- **Coinsurance or Copayment for Hospice Care, Part A:** You won't have to worry about any incurred costs as these supplements will often pay for what Original Medicare doesn't.
- **Skilled Nursing Facility Coinsurance:** Original Medicare will only pay for the first 20 days if you need nursing care to recover. While Medicare allows for 100 days, a Medicare supplement policy covering this area will give an additional 80 days of coverage.
- **Excess Charges for Medicare Part B:** When it comes to Medicare, a provider can either accept Medicare Assignment, which is accepting Medicare's payment in full, or not accept Medicare Assignment and charge an excess charge. This excess charge can be up to 15% above what is designated by Medicare. It's also costly if it's done on things like surgery or medical imaging. Many Medicare Supplement plans cover Medicare excess charges.
- **Foreign Travel Emergency:** Keep in mind that Medicare is a US-only program. It doesn't offer any coverage outside the country. Some supplements, however, do offer a form of benefit regarding foreign travel. These will pay up to 80% of the cost. This is after a deductible and up to \$50,000.

It is important to understand the coverage levels offered by Medicare Supplement plans, and which plan will provide you with the coverage you need.

Give us a call at **877-88KEITH (53484)** we can walk you through the coverage offered by these [Medicare Supplement plans](#) to find the right fit for you!

Choosing the Right Medicare Supplement

All Medigap plans have been standardized since 1990. This means you'll know what benefits you'll be paying for. There are, however, a few factors you should consider about your insurance carriers before going through with a supplement purchase.

- **Rates:** This will be the monthly premium that you will pay your insurance company for your supplemental coverage in Medicare. Look to see what premium each carrier is charging. Are they going to be affordable? How competitive are these premiums compared to others in your area? Also, even though a premium may be low, it doesn't mean that it's a good thing. Dependent on the state you live in, the premium can be rated in three different ways: attained-age, issue-age, and community-rated. It is important to know what category your premium falls into to know how that impacts the initial rate, as well as increase history.
- **Trend history for rates:** Like many insurance providers, your policy may have a yearly rate increase. This helps keep up with inflation. Check to see what your carrier has done with its rates over the past few years. Are these increases reasonable or higher than those of your carrier's competitors? If your carrier's rates get too high compared to others, then seeking another carrier during an enrollment period may help you lower your costs without sacrificing your benefits.

- **Financial ratings:** Every insurance company gets rated for other companies, so you know how stable your carrier is. This rating is especially helpful from a financial standpoint. They are graded on their fiscal health. If you're working with an agent, ask them what the A.M. Best and Weiss Rating will be for the carriers you're interested in. It's essential to use this information when making your decision as it can affect your future healthcare.

How to Sign Up for A Medicare Supplement

Like everything with Medicare, it comes down to what you need for your current and future healthcare and enrollment times.

Decide what benefits you are going to want. After that, look through the Medigap plans and see which ones will suit your needs.



After that, talk to an agent to look into what insurance carriers offer plans in your area. It is important to speak with a professional agent who has access to things such as premiums, rate increase history, and financial ratings.

Compare costs for the Medigap plan you want with the insurance carriers in your area. Since the benefits are the same across plans of the same letter, it is important to make sure you aren't overpaying for the same product.

After all this, you can make that policy purchase. You will want to work with an agent to submit an application for the plan you

choose. Asking questions is okay as you want to fully understand the policy and how it will help you with your healthcare costs. Medicare supplements are a great way to get coverage for any gaps in your Medicare coverage. Medical services can be costly, and having the right supplement will save you money when it comes to your healthcare. You don't want to be surprised with any excess charges or realize that you still need to pay your deductible.

Compare plans and costs to see which one will fit your budget and needs. If you need, ask a trusted friend or family member to help you with your decision or clear up any confusion you may have. Insurance policies aren't always the easiest to read for anyone, so getting help if needed can help you make the right decision regarding your healthcare. After all, you want your senior years to be spent relaxing and not stressing over medical expenses you thought were already taken care of. Get the information you need upfront so you can rest assured that you'll be taken care of when the time comes to see your doctor.

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Medicare Part D



Every time we think we are getting closer to understanding how Medicare works, they add another part! Medicare Part D is for your prescription drug coverage.

That's right- your prescription drugs are covered under a totally different part of Medicare than your hospital or outpatient coverage! Not only that, you actually have a lot of different Part D Prescription Drug Plans to choose from based on the prescriptions you take. Luckily, Part D plans will significantly help you save money on some of your more costly prescriptions. Taking charge of your healthcare with Part D will help alleviate many of the expenses that come with your prescription cost.

Did you watch Keith's video above?



What Is Medicare Part D and How Much Does It Cost?

For starters, Medicare Part D was began at the federal level in 2006. It was created to help those who benefit from Medicare continue their access to any of their prescription drugs. This was done to stop Medicare enrollees from covering the entire cost of their prescriptions and leaving them scrambling to find ways to pay them. There is no automatic enrollment, as this part of Medicare is purely voluntary. Before this part of the program was developed, you would always pay for all your prescriptions out of your expenses. This proved costly for many, as some life-saving medications can prove challenging to afford.



As mentioned before, by enrolling in Medicare Part D, you can get coverage for your medically prescribed drugs, and compare costs based on your preferred retail pharmacies. This will give you a chance to get your prescriptions at a more cost-effective rate. This is highly beneficial as the cost of many prescription drugs can be astronomical, even for a generic brand.

If you wish to enroll in this part of Medicare, you must submit a separate application for Part D, not completed through Social Security. You actually have the ability to review and enroll in Part D plans directly through Medicare, but is important to work with an experienced agent to be sure that you fully understand your plan's coverage, as well as your cost-share.

When you look into any supplemental private insurance for [Medicare Part D](#), there are a few things it includes. Like most insurance policies, Medicare Part D has a monthly cost that you will pay- this is the premium. On top of this, you will have to take part in the cost-sharing for any expenses you'll be responsible for

when it comes to getting your prescription medications at your pharmacy. If your plan has some form of a deductible, this may be included in your cost-sharing.

MEDICARE DRUG PLANS

4 COVERAGE PERIODS

1 Deductible Period



You are responsible for **full cost** until you have reached your deductible. The maximum Part D deductible is \$445.

2 Initial Coverage Period



Once you meet your deductible – you will pay a coinsurance, or copayment, for each medication. The coinsurance amount is based on the tier level of your medication.

3 Donut Hole



When both you and your plan together have spent \$4,130 (not including premiums), you enter the coverage gap. You will now pay: 25% for brand name and generic drugs.

4 Catastrophic Coverage




When your true out-of-pocket has reached \$6,550 for the year (the manufacturers 70% + your 25%), you enter catastrophic coverage:

- You will pay \$9.20 for brand drugs or \$3.70 for generics (or 5% of retail costs, whichever is higher)
- Your Plan will pay 15%
- Medicare will pay 80%



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Medicare Part D Monthly Premium Costs

Your premiums will vary depending on the drug plan you have chosen. Remember that each insurance company will have a different set of rates. While this won't deviate too much, take into consideration what you need for coverage and how much you are willing or able to spend on a monthly premium.



Each state will have numerous plans for you to choose from in 2023. You may see an average of twenty in many states, so you'll have some great choices for your healthcare needs. You could see a premium at \$10 on the low end to over \$160 on others with many plans. This is dependent on the insurance company and your needs. Also, not every insurance provider will cover the same medications. Each one has its list that will be covered in the plan you choose. This allows them to adjust the costs that you'll be charged for each year. Before deciding on a specific plan, check with the provider, and see if your particular medications are covered in the plan. An [agent](#) should be able to assist you.

While a low premium may seem attractive, you do get what you pay for. They may or may not provide you with the coverage you need. That's why it's crucial that the plan you choose will cover the drugs that you need for your continued health. The one thing you don't want to happen is getting tied down with an insurance plan that won't cover your needs. Getting your medications covered is imperative, so check beforehand to make the wise decision in your purchase.

Another cost to consider the [Income Related Monthly Adjusted Amount](#) (IRMAA). This is because if you have a higher income, you may be responsible for paying more for your plan. If you have filed individually with more than \$91k or even jointly with your

spouse at \$182k, you'll be responsible for paying the extra costs for your coverage. This additional cost is not part of our Medicare premium, and you won't be paying it to your chosen plan. This cost will be paid directly to Medicare or even the Railroad Retirement Board. If you don't pay this amount, you will lose your coverage.

To see the current 2021 costs for the IRMAA, go here for the [cost table](#).

It is important to understand that Medicare drug plans are NOT standardized like a Medicare supplement plan. This means that they can vary greatly in the coverage they offer.



Keith Ambrecht
Medicare on Video

Part D Cost Sharing

Cost-sharing is when you pay your share of prescriptions medications at your pharmacy. Essentially, you pay for a portion of your medications, and your insurance carrier pays for a portion of your medications. Your level of cost-sharing is dependent on the [Medicare Part D plan](#) you enroll into, so it is very important to understand your amounts based on your prescriptions. Cost-sharing is seen in the deductible, initial coverage, coverage gap (donut hole) and catastrophic coverage stages, although the amounts vary stage to stage.

MEDICARE PART D

How to Find a Drug Plan



Did you watch Keith's video above?



Medicare Part D Stages of Coverage

Stage One: Deductible



When it comes to your deductibles, specific guidelines are set forth for all plans dealing with Part D on a yearly basis. These are set by the [Center for Medicare and Medicaid Services](#). Because of this organization, all private insurance company plans are instructed to adhere to the sent out guidelines. Medicare

sets the yearly threshold for all four stages of these insurance Part D drug plans.

Your deductible is the amount you pay before the insurance carrier begins to pay any portion of your prescription drug costs. The deductible is considered the first stage of coverage in a Part D plan. In 2023, the deductible maximum is \$505. Some plans may have lower deductibles than these, but these maximums are common on many plans. Luckily, Medicare sets the cap for the deductibles, so no Part D deductible can be higher than what CMS regulates.

Once you meet your annual deductible on your Part D plan, you will enter the initial coverage stage.

Stage Two: Initial Coverage

During the initial coverage stage, your insurance carrier begins to pay for a portion of your prescription medications. During this stage, you begin to pay either a coinsurance amount or copayment for each of your prescriptions. This amount is determined by the tier level of your medication, as well as the drug plan's formulary. There are generally 5 prescription tiers: preferred generics, non-preferred generics, preferred brands, non-preferred brands, and specialty medications. The copay or coinsurance will be set based on the tier of the prescription medication. Generally, the higher the medication tier, the higher your cost-share will be.

- Tier One is going to be coverage for preferred generic drugs.
- Tier Two is for your non-preferred generic drugs.
- Tier Three is going to be for preferred brand name drugs.
- Tier Four is for non-preferred brand name drugs.
- Tier Five is going to be for specialty tier medications

Once your total drug cost reaches \$4,660 in 2023, you will enter the coverage gap, also known as the donut hole.

Stage Three: Coverage Gap/ Donut Hole

Donut hole sounds sweet, doesn't it? Don't be so sure! It is not somewhere you want to be.

Although the donut hole is technically "closed," this stage still leaves you with a very big cost-share. Once your total drug cost reaches \$4,660 in 2023, you will enter the coverage gap. Total drug cost includes what your insurance company has paid for your prescriptions, as well as what you have paid for your prescriptions. It does not, however, include your monthly premium amounts.

Once you have reached the donut hole, you will now pay up to 25% for all of your generic and brand name medications. That's right, you now are going to be paying for 1/4th of your medication costs! Don't worry too much, only about 12% of people with Part D plans ever reach the coverage gap, but if you take expensive medications, it is something you want to avoid, if possible. If you do enter the donut hole, it is going to take a bit more spending before you get out.

Stage Four: Catastrophic Coverage

While in the donut hole, Medicare begins to track your True Out-of-Pocket (TrOOP). Your TrOOP includes your deductible, copays/ coinsurances, and the drug manufacturer's 70% cost. Once your TrOOP has reached \$7,400 in 2023, you will enter catastrophic coverage.

Catastrophic coverage sounds even worse than the donut hole, but it is actually much better. When you reach this final stage of

your Part D coverage, your cost-share drops significantly. You will now pay \$9.85 for brand name prescriptions and \$3.95 for generic prescriptions, or 5% of retail costs, whichever is higher.

Essentially your plan is now paying 15% of your prescription costs, Medicare is paying 80%, and you are paying 5%. Only about 4% of people with Part D plans make it to this stage, however, so a large portion of people who enter the donut hole never make it out.

At the end of the calendar year everything resets and you are back to stage one!

Extra Help for Those Part D Extra Costs

For those who qualify, the government does provide help for your drug plan costs. This program, the Low-Income Subsidy, is based on your income and how limited your resources are. Applying is easy and can be done at the [Social Security](#) office. If your income falls below the Federal Poverty level of 150% within your household size, you may qualify.

Beneficiaries will receive assistance on the following:

- Paying your premiums for your monthly Part D plan.
- Your deductible.
- It will also help pay for your copays for ant of your prescriptions.

Keep in mind that there are various levels of qualification. The amount of assistance that you get will depend on your subsidy level. A full subsidy will provide you with paying for \$100 of your premium. This, however, is based on the year Medicare benchmark.

Voluntary Enrollment

Enrollment into a Medicare Part D plan is strictly voluntary. Great news, right? If I don't take any prescriptions, I can save a little bit of money and pick one up when I need it. Unfortunately, that is not the case. Although enrollment is voluntary, if you delay it you will end up with some financial penalties, as well as end up in a strict timeline for your enrollment.



The first aspect of delaying your Part D enrollment is the late penalty. The Part D late penalty is a life-long penalty added to your monthly premium when you decide to enroll into a Part D plan. The penalty is calculated as 1% for every month you delay enrollment that you do not have creditable drug coverage, multiplied by the base modal premium (which changes year to year). Basically, the longer your delay your Part D enrollment, the higher your penalty becomes.

The other aspect to consider is your enrollment timeline. If you do not enroll in Part D when you are first eligible- whether turning 65 or leaving a creditable plan- you must wait until Open Enrollment.

Open Enrollment, also known as the Annual Election Period, occurs every year from October 15th– December 7th, with coverage beginning January 1st. This means that you can't just pick up a Part D plan whenever you need one. Rather, we now have to follow Medicare's rules and timelines.

How to Enroll in Medicare Part D

You have a couple of choices in your enrollment. You can use a private insurance provider for any direct registration or use an



agent who offers specialized Medicare services. An agent will give you an extra resource if you ever need help with your plan. This is especially useful if you have any concerns or questions regarding your medication coverage.

Although utilizing an agent is the most beneficial way to make sure you have a plan that suits your needs, as well as ensure that you fully understand your coverage, you also have the ability to compare plans on Medicare's website. It is sometimes helpful to input your prescriptions into the Medicare plan finder prior to enrolling into Medicare to give yourself an idea as to what your prescription costs may be under Part D

The Best Time to Enroll in Medicare Part D

There are only certain times to enroll. One of them is when you are first eligible for Medicare. This Initial Enrollment Period will last seven months, so you'll have time to consider your options. Remember that this period encompasses the three months before you turn 65, your current birth month, and the following three months. If you become eligible due to a disability, then there is a similar enrollment period for you to get the coverage you need.

The second enrollment period is Special Enrollment Period (SEP). You may be eligible for an SEP if you are over the age of 65 but remained on what Medicare considers creditable health coverage—typically an employer sponsored health plan. If you qualify for an SEP, you can enroll into a Part D plan up to 63 days after you leave your group coverage.

There is also another coverage period that starts on October 15 and runs through December 7. You can enroll or disenroll from

your drug plan. Since providers change their benefits, networks, and costs on January 1 of the following year, you get this additional time to make any changes to your healthcare if needed. They will automatically renew if you are comfortable with your current plan. Remember to consider any medication changes you may have been through before you continue with your current plan.

Part D Special Election Periods

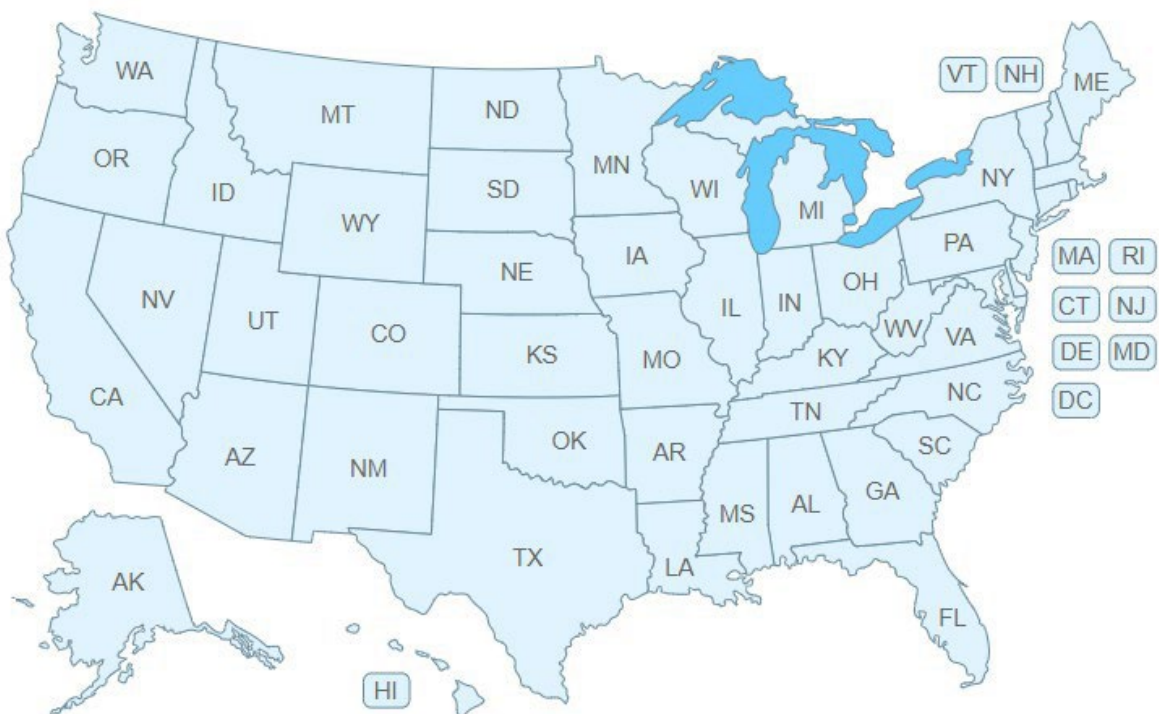
Usually, you're stuck with a plan until the next enrollment period. Fortunately, there are particular circumstances where Medicare will allow you to change in the middle of your coverage year. This is called a Special Election Period. This can be moving to another state or losing any coverage you may have added. Work with an agent to make sure this is something that won't be rejected as the wrong coding in your plan can cause problems in your coverage. It would help if you also asked your agent about this Medicare Part D coverage. They won't ask you as it isn't allowed.

When it comes time to turn 65 or retire off your employer's plan, you want to make sure you have all the information need to make sure that this part of Medicare is right for you. Your healthcare is crucial to a healthier life and a positive mental state of being. Choosing the right plan for your situation can be challenging and take some time, but getting help is right around the corner. A private agent or Medicare.gov will assist you in finding the right plan for your needs.

Medicare Plans by State

Did you know that Medigap open enrollment rules can vary by state? Although the basics of Medicare are the same across the US, some states have different rules than others regarding open enrollment periods and which plans are available.

So, simply click on your state in the map below to see the specific Medicare Rules that are unique to your state.

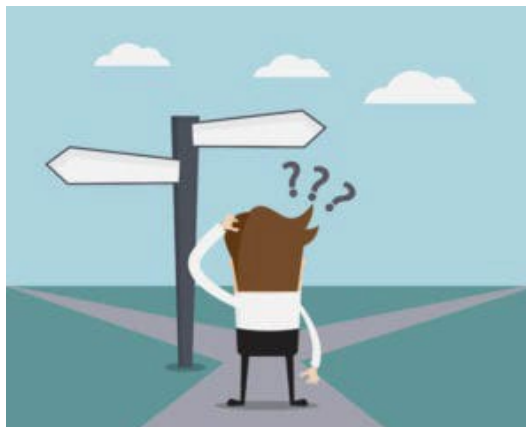


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Guide to Choosing a Medicare Plan

Medicare can be a relatively complex landscape to deal with. After all, you have Original Medicare, along with different parts and even various plans to choose from. Turning 65 years old shouldn't be so troublesome! You would be right in all this. Your senior years should be relaxing and not worrying



about what a Plan G is or a Part D and how Part C differs from Plan C. It can be a bit mind-boggling as there's so much information everywhere, but getting the right kind is another thing.

Choosing what you want to be part of your overall Medicare plan is an essential part of your retirement. After all, your health can change instantly, even if you are in excellent health at the moment. You want to be prepared, but you also don't want to pay outrageous premiums. No one will blame you for this. While dealing with Medicare for the first time can be frustrating in figuring out, once you know everything you need, you'll be set.

Figuring out Medicare is frustrating and time-consuming. It can also be discouraging. The information here is to help you navigate the world of Medicare and give you the extra knowledge needed to make the right decision regarding your current and future health. Remember, you aren't alone in this. We are here to help you at Medicare On Video!

Choosing a Medicare Supplement



Since 1990, all Medicare Supplement plans have been standardized. This makes it so much easier to look at the plans as each one will be the same from one insurance carrier to the next. For example, Plan F with one carrier will be the same as Plan F with another. The same

goes for all the others. Medicare supplement plans are A-N, but not all areas or insurance carriers will offer the full list of plans.

If you feel a [Medicare supplement plan or Medigap](#) plan is the best choice for you, we can curate a list of the plans available in your area. This will make it easier as we have access to the different insurance carriers across the nation. These do vary and are dependent on your age, gender, zip code, and tobacco use. It also takes into consideration any eligibility for household discounts as well.

Here, we will help you make the best decision you can based on your current and healthcare needs. Your monthly budget may also play a big part in your decision as some plans do cost more than others. Some will also have more benefits and perks than others, so keeping that in mind when making your choice on which supplement plan will work the best for you.

Give us a call at **877-88KEITH (53484)** an experienced agent will walk you through the available Medicare Supplement plan options in your area.

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My personal choice would be to stay on original Medicare with a Medicare supplement plan. The ability to go to any doctor or hospital in the U.S. that accepts Medicare is important to me.



Keith Armbrecht
Medicare on Video

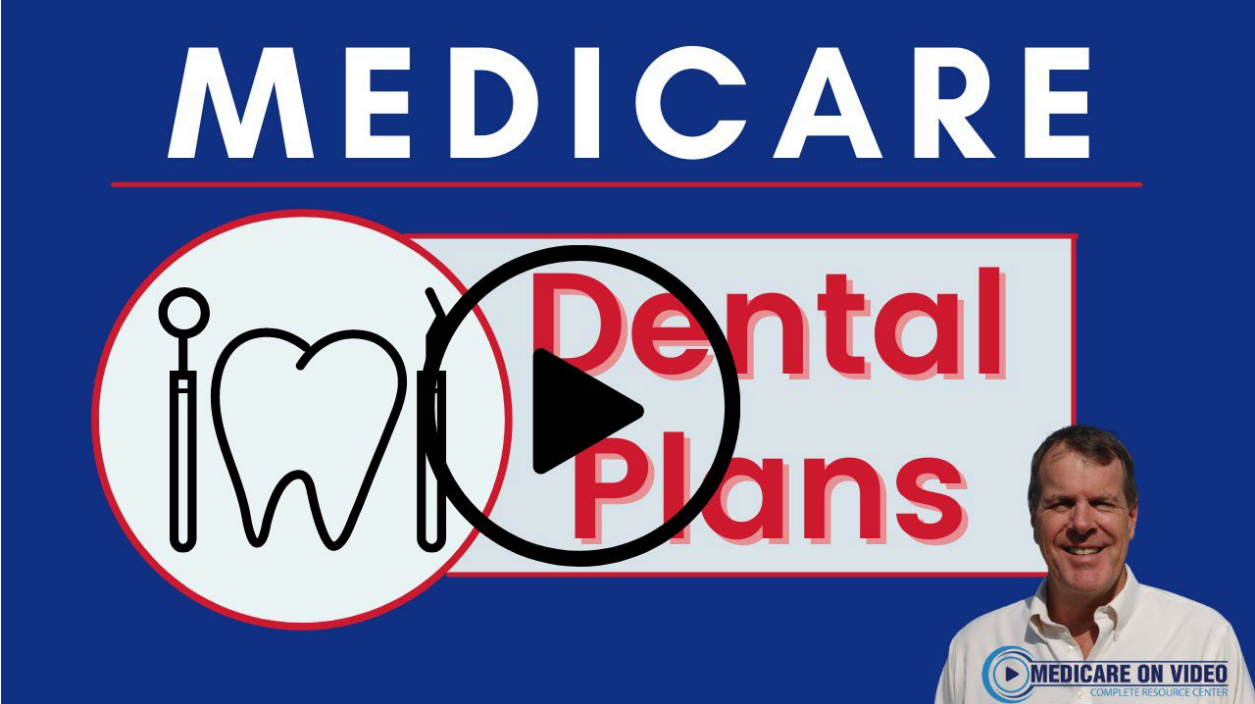
Getting Some Medicare Help

Before you pull your hair out or throw your arms up in frustration, get some help. At Medicare On Video, we can help you find the right plan and the right cost for your healthcare needs. You'll have all the information needed before you make a decision. You can get plan information and insurer provider information like financial ratings and history of the carrier's rate trends for numerous private insurance carriers. Having the information you need before making your decision is essential to your healthcare and peace of mind. Getting the help you need will help you find the right plan taken by your preferred physicians. An agent can also help you find one that will fit within your budget will make the experiences easier to handle.

| | |
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Medicare Dental Plans

Original Medicare usually does not cover dental related services unless it is for certain circumstances. However, some Medicare Advantage Plans will cover routine dental services.



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What Dental Does Original Medicare Cover?

Medicare (Part A and B) will cover limited dental services if required to protect your general health or prepare for a procedure that Medicare covers. For example, Medicare will pay if:



- You receive an oral exam in the hospital because you will be receiving a kidney transplant or heart valve replacement.
- You have a disease that involves the jaw and need dental services to receive further treatment.
- You need ridge construction after the removal of a face tumor.
- You need surgery to treat fractures of the jaw or face, or require dental splints and wiring after receiving jaw surgery.

Medicare Supplement plans help cover costs that are not fully covered by [Original Medicare](#). If you receive dental care as listed above and still have copayments or deductibles that need to be paid, your Medicare Supplement plan may pay the majority, if not all, of those expenses. However, keep in mind that Medicare Supplements will only cover costs related to what Original Medicare covers. In other words, if Medicare does not cover a specific service, neither will your Medicare Supplement. Even if you receive coverage for these services, Medicare will not pay for any follow-up dental care after your health condition has been treated. Medicare will also not cover regular checkups, cleanings, fillings, dentures, or most tooth extractions.

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Keith Ambrecht
Medicare on Video



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