



MEDICARE

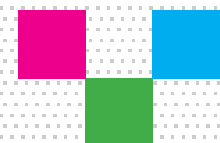
Made Easy (2026)

Which Medicare Plan
Is Best For Me? 

Why is it important to choose the right health plan?

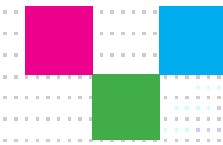
- **A 65-year-old couple will need \$296,000 in retirement for a 90% chance to cover out-of-pocket healthcare costs.**

Source: EBRI, “Projected Savings Medicare Beneficiaries Need for Health Expenses Spike in 2021”, January 2022



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What is the best plan for me?



Now that I am Medicare Eligible or need to choose a Medicare plan what is the best plan for me?

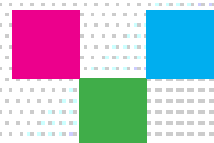
- **Stay on the Group Health Plan?**
- **Accept Retiree Medicare Advantage plan?**
- **Change to a Medicare Supplement?**
- **Change to a Medicare Advantage plan?**

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What Do I Need To Consider To Make A Decision?

There are benefits to all Medicare plan options but ultimately it comes down to the following considerations:

- **Physician and facility acceptance**
- **Prescription drug utilization**
- **Out of pocket cost from utilizing the benefits**
- **Premium cost**



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Electing Medicare Plans - Initially



**Turning age 65 –
Initial Election Period**



**Medicare Supplement or
Medicare Advantage
with Prescription Drug Plan**

**Age 65+ - Special
Election Period**



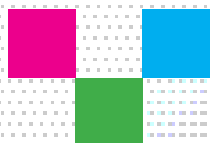
**Medicare Supplement or
Medicare Advantage
with Prescription Drug Plan**

NO HEALTH QUESTIONS ASKED

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Why Choose A Medicare Supplement?

- **You can use any provider that accepts Original Medicare – No Network.**
- **Protection – Some plans offer a low out of pocket for medical expenses.**
- **Freedom from care management.**



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Medicare Supplement



Coverages

Coverage Providers

Premium Payments

Prescription Coverage

Part D Prescription Drug Plan



Insurance companies issue policies to cover prescriptions

Chosen Insurance Company

Gaps in Coverage

Medicare Supplement



Insurance companies issue policies to cover gaps

Chosen Insurance Company

Original Medicare Coverage

Part A Hospital
Part B Outpatient



Benefits provided by Medicare

Social Security

Medicare Supplement Plan Comparison Chart



Medigap Plan Benefits	Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
Medicare Part A Co-insurance & Hospital Costs - <i>Up to additional 365 days after Medicare benefits are used</i>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B Co-insurance or Copay	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A Hospice Care Co-insurance or Copay	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled Nursing Facility Co-insurance	X	X	100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part A Deductible	X	100%	100%	100%	100%	100%	50%	75%	50%	100%
Medicare Part B Deductible	X	X	100%	X	100%	X	X	X	X	X
Medicare Part B Excess Charge	X	X	X	X	100%	100%	X	X	X	X
Foreign Travel Emergency - up to plan limits	X	X	80%	80%	80%	80%	X	X	80%	80%

Call for a free consultation and Medigap rate comparison for your area: (713) 322-0040

What are some items that Medicare Supplement Does Not Cover?



- **Dental**
- **Hearing Aids**
- **Vision - Routine**
- **Private-Duty Nursing**
- **Eye Glasses**
- **Long Term Care**

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Medicare Advantage Plans (AKA Part C)



Types of Managed Care Plans:

- **Health Maintenance Organization (HMO)**
- **Preferred Provider Organization (PPO)**
- **Medicare Special Needs Plans:**
 - **Chronic Special Needs (CSNP) – Diabetes, Cardiovascular, Chronic Lung Disorders**
 - **Dual Eligible (DSNP) – Medicare and Medicaid Eligible**

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Medicare Advantage

Coverage Providers

Premium Payments

Benefits Provided



Chosen insurance company provides all coverages including prescriptions and extra benefits



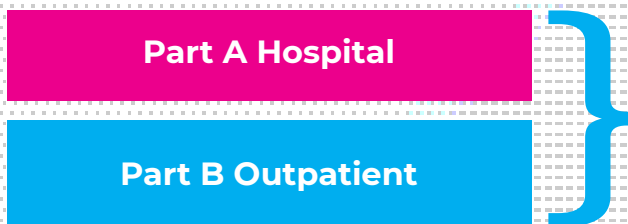
Chosen Insurance Company

Benefit Assignment



Part A and B benefits are assigned to the insurance company you choose for Medicare Advantage

Original Medicare Coverage



Social Security

Medicare Advantage Plans (continued)



To join a Medicare Advantage Plan, you must have Medicare Part A and Part B.

You will have to continue paying your monthly Medicare Part B premium to Medicare.

When can I enroll?

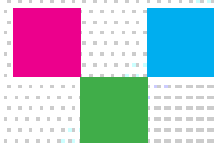
- Initial Election Period – First becoming eligible for Medicare
- Special Election Period – Losing Employer Coverage
- General Election Period – January 1st - March 31st

When can I switch plans?

- You can switch or drop your Medicare Advantage during the Annual Election Period (AEP) that is between October 15 and December 7 of each year.
- Open Enrollment Period (OEP) – January 1st thru March 31st, effective the following month.

Changing Medicare Plans

Medicare Supplement	→	Medicare Advantage:	Can change each year between October 15th and December 7th.
Medicare Advantage	→	Medicare Supplement:	During the first 12 months = Trial Period.
Medicare Advantage	→	Medicare Supplement:	13th month forward Medicare Supplement company will underwrite (ask medical questions).



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Characteristics of a Medicare Supplement and a Medicare Advantage Plan

Medicare Supplement

- Use providers that accept Original Medicare.
- No need for a provider referral.
- A prescription drug plan needs to be purchased separately.
- Extra benefits such as dental, vision, hearing have to be purchased separately.
- Premium cost tend to be more and out of pocket can be less for medical services.

Medicare Advantage

- Use providers that are in-network, or out of network if a PPO.
- HMO plans will require a referral to a specialist.
- Some plans include a prescription drug plan.
- Some plans include extra benefits such as dental, vision, hearing and over-the-counter benefits.
- Premium costs can be minimal, and there can be cost sharing for utilizing benefits.

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Important Items To Know About Medicare Advantage Plans

To be eligible to enroll in a Medicare Advantage plan:

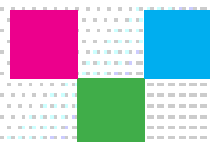
- Plan must be available in your county. Plans are filed by county and not every plan is available in every county.
- A beneficiary must permanently live in the Medicare Advantage plan's service area.
- If a beneficiary spends six months or more outside of the plan's service area, they should only enroll in a Medicare Advantage plan that has a visitor/traveler benefit included.

Network Coverage:

- MD Anderson is not in-network with any Medicare Advantage plan.

Benefit Coverage:

- All Medicare Advantage plans must cover all Part A and Part B benefits.



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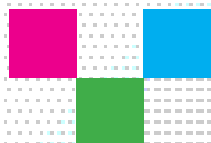
Can I change my Medicare Plan once I am enrolled?

Medicare Supplement

- You can change to another Medicare Supplement plan with underwriting.
- If you move to another geographic area, you can change plans without underwriting.

Medicare Advantage

- Annual Election Period (AEP) is available each year from October 15th thru December 7th for a January 1st effective date.
- Open Enrollment Period is available from January 1st thru March 31st. The effective date is the 1st of the month following enrollment.



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Can I change my Prescription Drug Plan once I am enrolled?

Prescription Drug Plan Enrollment Period

- Annual Election Period (AEP) is available each year from October 15th thru December 7th for a January 1st effective date.

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Prescription Drug Plan Meme



2026 Prescription Drug Plan (PDP) - How does a PDP work?



Plans are written by private insurance companies. If you purchase a Medicare Supplement Plan you should also purchase a stand-alone prescription drug plan. Medicare Advantage Plans may or may not include a prescription drug plan. If purchasing a stand-alone plan there are many options for premiums, deductibles, and copays. Examples illustrate covered medications.

True Out of Pocket (TROOP) - This is a combination of your premiums, deductibles, and copays for the calendar year:

Annual Prescription (Part D) Deductible (\$0 - \$615).

Initial Coverage Stage - Copays or Co-Insurance until total drug costs reach \$2,100.

Catastrophic Coverage - After your out-of-pocket costs reach \$2,100 you will pay \$0 for covered prescriptions.

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Annual Deductible

The deductible depends
on the plan you enroll in.
For example;

\$0  \$615

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Initial Coverage



Out of Pocket
Maximum:
\$2,100

The insured member pays the co-pays or co-insurance while the insurance company and the manufacturer pays the remaining amount.

\$1,970

\$530 Prescription
\$30 Copay
\$500 Insurance Payment

Once the out-of-pocket maximum reaches \$2,100 the insured moves to Catastrophic Coverage.

\$1,920

\$500 Prescription
\$50 Copay
\$450 Insurance Payment

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Catastrophic Coverage

**The insured member
pays 0%**

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Medicare Prescription Payment Plan:

- **Part D enrollees can opt into the Medicare Prescription Payment Plan at the beginning of the year or any time during the year.**
- **Part D enrollees who choose to participate in the payment plan pay nothing at the point of service for a Part D covered drug but are billed each month by their Part D plan.**
- **The monthly payment cannot exceed a maximum monthly cap, calculated based on each enrollee's cost. The monthly cap can vary month to month.**

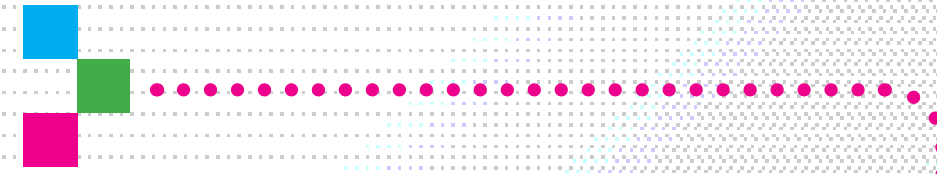
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Our process for making sure everyone gets the coverage they need:

- Medicare Beneficiaries complete a questionnaire.
- We use our questionnaire to narrow down the best plans by looking up doctors to see if they are in certain networks and we review the prescription plans so we can illustrate how prescriptions are covered.
- When we get finished reviewing plans a member not only knows which plan is best for them but also what it will cost to use the plan they choose.
- Premium costs will also be reviewed as shown in the next slides.

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Medicare Cost and Plan Cost Summary



Medicare Premiums

Part A (Hospital Insurance)	Part B (Medical Insurance)	Part B IRMAA	Part D IRMAA	Total Medicare Premiums			
\$0.00	\$202.90	+	\$ _____	+	\$ _____	=	_____

Supplement Insurance and Medicare Premiums

Medicare Supplement Plan	Prescription Drug Plan	Medicare Premiums	Total Amount			
\$ _____	+	\$ _____	+	\$ _____	=	\$ _____

Medicare Advantage and Medicare Premiums

Medicare Advantage	Prescription Drug Plan	Medicare Premiums	Total Amount			
\$ _____	+	\$ _____	+	\$ _____	=	\$ _____

Premium Cost and Out of Pocket Cost Summary

Medicare/Supplement Plan/Prescription Drug Plan Premiums and Out of Pocket Costs

<u>Total Premium</u>		<u>Medical Out of Pocket</u>		<u>Prescription Drug Plan Out of Pocket</u>		Total Amount
\$ _____	+	\$ _____	+	\$ _____	=	_____

Medicare/Advantage Plan and Out of Pocket Costs

<u>Total Premium</u>		<u>Medical Out of Pocket</u>		<u>Prescription Drug Plan Out of Pocket</u>		Total Amount
\$ _____	+	\$ _____	+	\$ _____	=	_____

Service After The Sale



- **Claim issues come up and we are here to help you. Insurance carriers provide yes/no answers, and we provide productive solutions.**
- **When it comes time to renew your policy, we provide a market review and make sure you are enrolled in the best plan for your needs.**



OPEN FOR QUESTIONS

There is not a charge for our services.

*Feel free to contact our office for a
no obligation Medicare proposal.*

Thank you for your time today.

Warren Kolb

Individual Insurance Solutions, LLC

(713) 322-0040 • warren@individualinsurance.com

www.individualinsurance.com

**For more
information**

