

Never has the phrase:

**“You don’t know what you don’t know”
ever been truer than with you and Medicare.**

**You know you need additional coverage but you don’t
know how to decide what is right for you.**

On Today's Road to Medicare. . . . new and current Medicare beneficiaries are forced to become experts and spend hours researching Medicare options, rely on confusing complex Government resources, and risk making costly, life-long mistakes.

HOW TO NAVIGATE Medicare and UNDERSTAND YOUR OPTIONS

*As a new to Medicare Beneficiary, I am pleased to present this booklet to you. It is designed to help you better understand Medicare and avoid potential costly mistakes. With my many years of experience specializing in Medicare, I am here to provide assistance at no cost or obligation. You can rely on me for any questions you may have about Medicare. Please feel free to reach out to me anytime; I am always happy to help-no strings attached. Thank you, *Mike*
With My Compliments*

DISCLOSURE:

I am not connected with or endorsed by the United States government or the Federal Medicare program.

I am an independent consultant and hold California insurance license #0819175. I am certified and authorized to offer Medigap Supplement, Part C Medicare Advantage plans, and Part D Prescription Drug Plans.

I do not offer every plan available in your area. Currently, in Plan Year 2026, I represent 8 insurance companies, 8 Medicare Supplement plans, 46 Medicare Advantage plans, and 12 Prescription Drug Plans. All the plans are highly rated at least three STARS or higher out of a possible five STARS, as determined annually by the Centers for Medicare and Medicaid Services (CMS).

Any information I provide is limited to the plans I offer in your area. Please contact Medicare.gov, 1-800-Medicare, or your local State Health Insurance Program (SHIP) to get information on all of your other plan options.

Understanding Medicare is easier said than done. You get mail full of terms you've never heard before. Then there are scores of insurance companies bombing your mailbox with a foot-high stack of mail every week and TV commercials every day.

Are you supposed to read and watch all that and have any idea what to do? How do you know which mail is OK to throw away and what TV commercial to believe? Anything in your mailbox that comes from the Social Security Administration or the Centers for Medicare & Medicaid Services is mail you want to keep. As for the TV commercials, do not trust any of them if you want all the facts.

The intersection of health and wealth - it's the foundation of a happy and successful retirement. A major component in that equation will be your retirement health care coverage provided through Medicare.

Medicare consists of an alphabet soup of plans, coverage choices, premium levels and enrollment rules. All that said, there are a few key decisions you will be required to make regarding your Medicare coverage:

- * What components of Medicare should you choose to sign up for and how much can you expect to pay for the coverage?
- * What are your options if you plan to keep working beyond age 65?
- * When will you need to enroll?

Frankly, Medicare can feel a little scary when it's entirely new to us. One thing is for sure. You are not alone if you feel lost about understanding Medicare and choosing the right gap coverage!

Please read on, these key decisions will become clearer to you.

Understanding Medicare Basics First



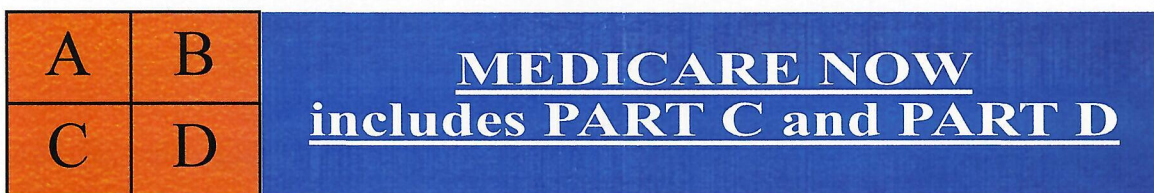
Who can get Medicare? Anyone who is 65 in America, even permanent legal residents who have lived here at least 5 years. People who have qualified for 24 months of Social Security disability also become eligible. For people aging into Medicare at 65, it doesn't matter if you are taking Social Security benefits yet.

Once you've confirmed you qualify for Medicare, I recommend starting with the basics. People get confused when jumping right into figuring out which type of Medicare gap coverage is right for them before they even understand what Original Medicare is, the costs, how it works, and what it doesn't cover.

That's putting the cart before the horse, so let's set that aside for now. Before you worry about all that, I want you to first familiarize yourself with the Medicare basics.

Original Medicare consists of two parts, **Part A** and **Part B** only.

Parts A and B are provided to you by the federal government. In fact, you will enroll in these two parts (and only these two parts) through the Social Security office.



Original Medicare Part A is your Hospital Coverage. This coverage pays for your room and board in the hospital or in a skilled nursing facility.

Original Medicare Part B (optional) is your Outpatient Coverage. This includes pretty much everything else: doctor visits, equipment, lab-work, out-patient surgeries, durable medical equipment, diagnostic test, etc.

Part C (optional) is Medicare Advantage. Medicare Advantage plans were created to give a **low-cost** alternative to the Medicare Gap Plans (also called Medicare Supplement). If you join a Medicare Advantage Plan, you'll still have Original Medicare but you'll get most of your Medicare Part A & Part B coverage from the Medicare Advantage Plan, not Original Medicare. **Most Part C, Medicare Advantage plans also include Medicare Part D, prescription drug coverage.**

Medicare Advantage is a healthcare plan offered by private insurance companies and approved by Medicare. They offer a considerable range of benefits and coverage, beyond that of Medicare Part A and Part B.

Part D (optional) is your drug coverage. This is a pharmacy card which will allow you to purchase your prescriptions at a much lower price than retail. It is insurance you buy for present **AND** future medication needs. It's pretty important to have unless you can afford to pay for all your medications out-of-pocket. Part D plans are issued by private insurance companies.

You are eligible for these 4 parts of Medicare on the first day of the month in which you turn 65, earlier if you have qualified for Medicare due to disability.

Hopefully, understanding Medicare just got a little easier! Now that you know these 4 basic parts, keep them in mind as we continue. We'll refer back to them in the rest of the booklet to build upon what you have learned so far.

Understanding the Costs for these 4 Parts

Alright, so we know you are eligible for the 4 parts of Medicare at age 65. Now you'll need to know what you can expect to pay for each of these parts. This is especially important if you are deciding whether to stay working past age 65 for an employer who offers health benefits or whether you will go onto Medicare as your primary insurance.

Medicare Part A is premium free for most people as long as you or a spouse have worked at least 10 years (40 quarters) in the United States. If not, you could pay as much as \$565/mo. in 2026.

Those enrolled in **Part B** will pay at least the standard **\$202.90/mo. premium (based on income)**. Higher income earners will pay a **Part B IRMAA (Income Related Monthly Adjustment Amount)** in addition to the \$202.90/mo. standard premium

Higher income earners who are enrolled in **Part D Prescription Drug** coverage also pay a **Part D IRMAA in addition** to the monthly insurance premiums for a Part D prescription drug plan or Medicare Advantage plan that includes Part D coverage (see table below).

If your MAGI (Modified Adjusted Gross Income*) in 2024 was: . . .			You pay in 2026 (per person) Monthly premiums to Medicare	
Individual Tax Return	Joint Tax Return	Married & Separate Tax Return	Part B Premium + IRMMA	Part D IRMAA (in addition to Part D plan premium)
\$109,000 or less	\$218,000 or less	\$109,000 or less	\$202.90	----
\$109,001 to \$137,000	\$218,001 to \$274,000	N/A	\$284.10 (202.90+ 81.20)	+ \$14.50
\$137,001 to \$171,000	\$274,001 to \$342,000	N/A	\$405.80 (202.90 + 202.90)	+ \$37.50
\$171,001 to \$205,000	\$342,001to \$410,000	N/A	\$527.50 (202.90 +324.60)	+ \$60.40
\$205,001 to \$499,999	\$410,000 to \$749,999	\$109,000 to \$390,999	\$649.20 (202.90 +446.30)	+ \$83.30
\$500,000 +	\$750,000 +	\$391,000 +	\$689.90 (202.90 +487.00)	+ \$91.00

*2024 MAGI=Adjusted Gross Income (Form 1040 line 11) =Tax Exempt Interest (Form 1040 line 2a)

Social Security bases your income adjustment on your income as reported on your tax returns. They are usually looking at returns from 2 years ago. *If you believe you should not pay IRMAA, your circumstances have changed, or your IRMAA was miscalculated, you have the right to request that SSA (Social Security Administration) lower or eliminate your premium increase. You will have to submit evidence whether you are appealing SSA's original determination or requesting a new determination. Use form SSA-44 to apply for reconsideration. If you are expected to pay IRMAA, SSA will notify you that you have a higher Part B premium.*

Once Social Security has determined what you'll pay based on your income, they will deduct your Part B premiums from your monthly income benefits. If you have delayed enrollment into your Social Security income benefits, then they will invoice you for your Part B on a quarterly basis first and then monthly by an automatic deduction if you prefer. Later on, when you file to start your income benefits, they'll switch over to the monthly deduction from your Social Security check.

Costs for Part C - Medicare Advantage

Medicare Advantage plan costs vary depending on the plan type. PPO plans tend to have higher premiums than the HMO type plans. Many plans, both the HMO and the PPO plans may have \$0 premiums. Premiums range in Orange County from \$0 to \$59 per month. Only the Part D portion of the plan is subject to IRMAA.

Costs for Part D - Prescription Drug

Understanding Medicare Part D costs is a bit tricky because plans have many variables. Beneficiaries also might pay more due to their income, just as shown in the IRMAA chart. (Page 4)

Most states have more than 20 different Part D plans to choose from. The national average Part D premium is currently (2026) \$64.96/ month. That's a good ballpark figure to use if you are just budgeting with no IRMAA.

Part D plans have different drug formularies, so you'll choose one that offers your medications at the best price.

Part D premiums get paid directly to the insurance carrier and they will bill you. However, you can request that Social Security deducts that monthly premium from your Social Security income check. If you owe an income adjustment for having a high income, this surcharge will be added to the monthly premium of your chosen Part D drug plan.

So we've learned that both Part B and Part D have a base premium, and also IRMAA, an income-related additional premium for people in higher income brackets. You can find your monthly adjustment for Part B and Part D on page 4.

Understanding Medicare Parts - What's Covered and What's Not

By this time you are wondering: exactly what am I paying for? What are my benefits?

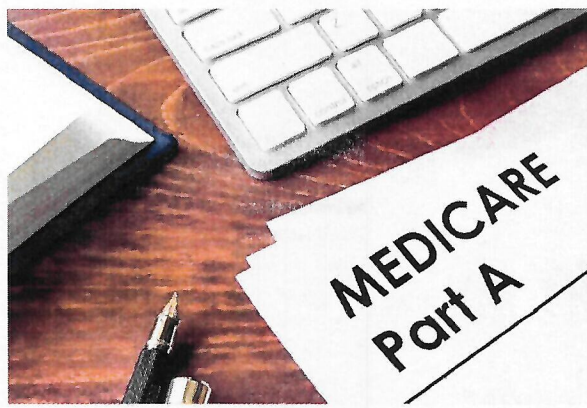
Medicare covers most of your health care costs, but you are still responsible for your share. This includes things like deductibles, co-insurance, and copays.

It's quite similar to employer coverage you've probably had in the past. You paid your share of the monthly premium via paycheck deductions. Those deductions purchased the insurance coverage. Then when you used that insurance, you also paid your share of each medical service, right? You had co-pays at the doctor's office. You probably also incurred a deductible if you had surgery or a hospital stay. It works the same with Medicare.

UNDERSTAND MEDICARE

**Know what's covered by
Medicare and which
coverage's you will need
supplemental insurance
to fill the gaps!**





2025 Part A Coverage and Costs

Part A is Hospital Insurance for confinement in a hospital or skilled nursing facility per benefit period*.

WHEN YOU ARE HOSPITALIZED FOR:	MEDICARE COVERS	YOU PAY
1-60 DAYS	Most confinement costs <u>AFTER</u> the required Medicare deductible	\$1,736.00 DEDUCTIBLE
61-90 DAYS	All eligible expenses <u>AFTER</u> patients pay a per day coinsurance	\$434/day
91-150 DAYS	All eligible expenses <u>AFTER</u> patient pays a per day coinsurance. These days are Lifetime Reserve Days that may never be used again.	\$868/day
DAYS 151 OR MORE	NOTHING	<u>YOU PAY ALL COSTS</u>
SKILLED NURSING CONFINEMENT Neither Medicare or supplement insurance will pay for most nursing home care. You must meet certain conditions in order for Medicare to cover Skilled Nursing services.	All eligible expenses for the first 20 days then all eligible expense for days 21-100 <u>AFTER</u> patient pays a per day coinsurance	Days 21-100 \$217 a day After 100 days you pay all costs
HOSPICE CARE For as long as doctor certifies need and Medicare conditions are met.	All but very limited co-payments for outpatients drugs and inpatient hospice care.	\$0 (with exceptions)
BLOOD	100% of approved amount <u>AFTER</u> the first 3 pints of blood	First 3 pints.

* A benefit period begins on the first day of inpatient hospital care and ends after the patient has been out of the hospital for 60 days.

2025 Medicare Part B Coverage and Costs

Part B Medical insurance covers physicians services, outpatient care, test, and supplies etc. per calendar year.

ON EXPENSES INCURRED FOR:	MEDICARE COVERS	YOU PAY
PREMIUM/mo.	NOTHING	\$202.90 - Adjusted for income
ANNUAL DEDUCTIBLE	Incurred expenses after the required Medicare deductible	\$283.00 DEDUCTIBLE
MEDICAL EXPENSES Physician services for inpatient and outpatient medical/surgical services/supplies, physical/speech therapy and diagnostic test.	80% OF COVERED AMOUNT	20% of approved amount
EXCESS DOCTOR CHARGES	0% OF APPROVED AMOUNT	ALL COSTS
LABORATORY SERVICES	Generally 100% of approved amount	Nothing for services
HOME HEALTH CARE (HHC) (Must meet certain requirements, very limited benefits)	100% of approved (HHC) amount; 80% of approved amount for durable medical equipment	\$0 for approved (HHC) services; 20% of approved amount for durable medical equipment
OUTPATIENT HOSPITAL TREATMENT	Medicare payment to hospital based on outpatient procedure payment rates	Coinsurance based on outpatient payment rates
BLOOD	100% of approved amount AFTER the first 3 pints of blood	First 3 pints. plus 20% of the approved amount for additional pints

What Original Medicare Pays For:

Part A, also known as hospital insurance, (see chart on Page 7) pays for your first 60 days in the hospital. Your share of that cost is a hospital deductible, which will be \$1,736.00 in 2026. After 60 consecutive days in the hospital, Medicare pays a diminishing share of your benefits. You begin paying a larger share in the form of a daily hospital co-pay. This can be hundreds of dollars per day. Part A also pays for skilled nursing confinement and home health care, hospice care and blood. These services all come with additional out-of-pocket expenses.

You will need supplemental coverage to protect you from the high cost of Part A services.

Part B (see chart on Page 8) pays for your outpatient care. This includes things like doctor visits, lab-work, imaging tests, out-patient surgeries, durable medical equipment, ambulance and even things like chemotherapy, radiation, and dialysis. After a deductible that you pay once per year (\$283 in 2026), Part B will cover 80% of the cost of these services for you.

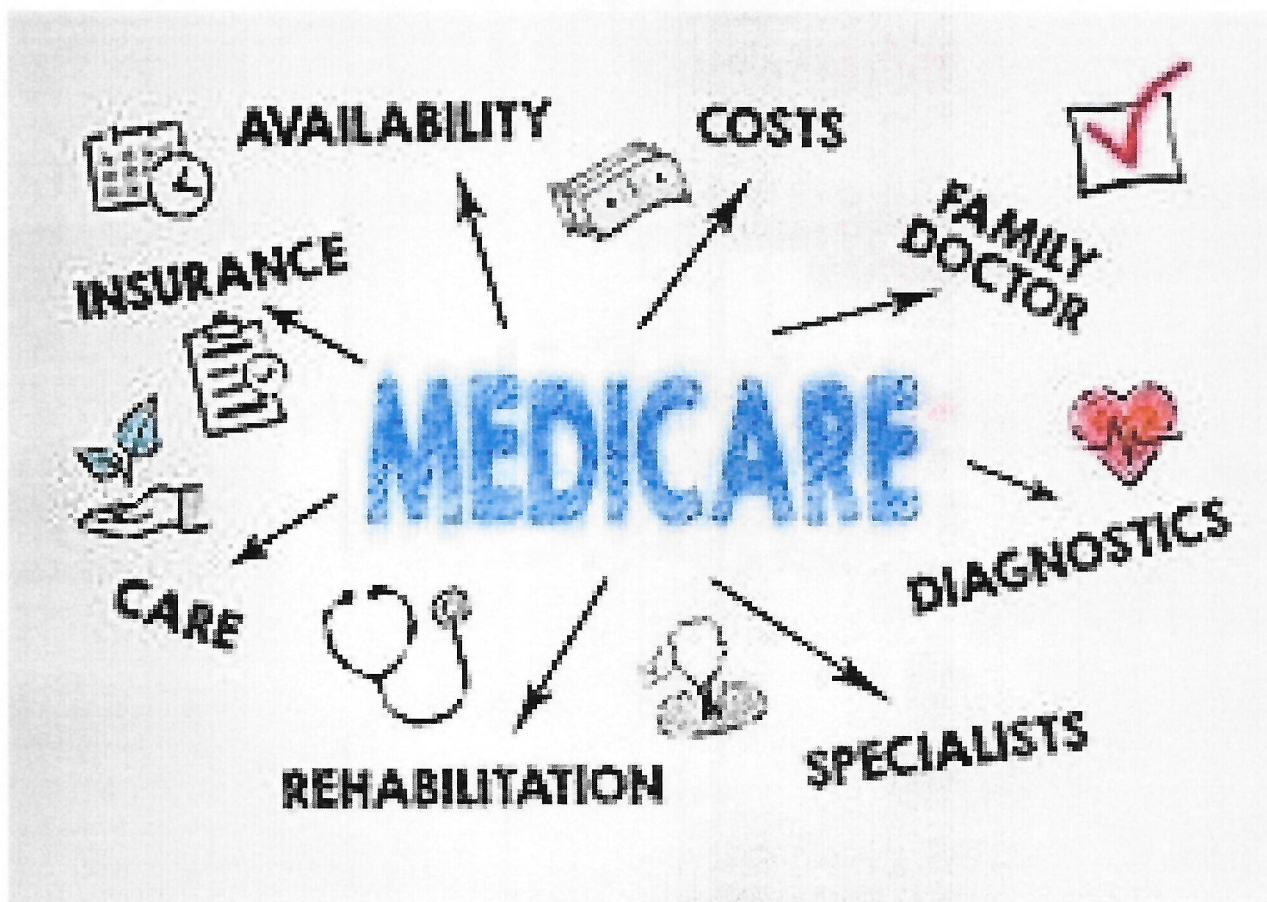
Your share is the other 20% of all of these services, with no cap. That can be quite a bit of money for some of the more expensive procedures like out-patient surgeries or cancer treatments. You'll need supplemental coverage to protect you from high Part B expenses.

Understand Your Supplemental Coverage Choices

Now that we've outlined what Original Medicare pays for, and what your share is, we've discovered that some sort of supplemental insurance is necessary. Either a Medicare Supplement working with a Part D Prescription Drug plan or a Medicare Advantage plan which includes Part D coverage. This is MOST of what's been filling up your mailbox; solicitations for supplemental insurance plans.

Once we discuss the two main types of coverage, Medicare Supplement with Part D Prescription Drug coverage, or a Part C Medicare Advantage plan, you'll be able to toss out most of that stack of mail. There's no need to keep mailers about Medicare Supplement plans if you determine that Medicare Advantage plans fit your needs and budget, and vice versa.

One of the great things about Supplemental insurance coverage is that there are plans available for any budget.



Understanding your Medicare choices

STEP 1

Enroll in Original Medicare. You must enroll in Original Medicare Part A and Part B before you can apply for supplemental coverage.*

Original Medicare
Provided by the federal government



Part A - Helps pay for hospital stays and inpatient care



Part B - Helps pay for doctor visits and outpatient care



Part A

- * Inpatient hospital care
- * Inpatient mental health care
- * Skilled nursing facility care

Part B

- * Outpatient hospital services (minor surgeries)
- * Physician services
- * Ambulance services
- * Laboratory services
- * Blood
- * Home health care (limited)

- * Home health care
- * Hospice Care
- * some blood transfusions

- * Outpatient mental health
- * Medically necessary durable medical equipment
- Outpatient physical, speech and occupational therapy
- * Some preventative care (e.g. flu shots, mammograms)

Is Original Medicare by itself enough coverage? There are co-pays and co-insurance that you are responsible for. You may want additional coverage. Go to Step 2.

***Exception, you can enroll in Part D without enrolling in Part B**

STEP 2

After you enroll in Original Medicare, there are two ways to get additional coverage

Choice 1

Original Medicare Parts A and B with a Medicare supplement and a stand alone Part D (Pharmacy Plan)

Medicare Supplement (GAP) Insurance

Offered by Medicare approved private companies.

Helps pay some or all of the costs not covered by Original Medicare Part A and Part B.

plus

Medicare Part D Plan

Prescription drug coverage. Offered by Medicare approved private companies.

or

Choice 2

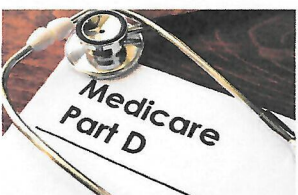
Original Medicare Parts A and B with a Medicare Advantage Plan also known as Part C

Part C

Offered by Medicare approved private companies

Combines **Part A** (hospital insurance), **Part B** (medical insurance) and **Part D** (Prescription drug coverage)

Offers many additional benefits not provided by Original Medicare.



With either choice, you must continue to pay your Part B premium of \$202.90 + any IRMAA adjustment.



CONSIDERATION: Think through how you are going to pay for the costs that Original Medicare doesn't cover. The general choice is between buying a Medigap (Supplement) plus a Part D prescription plan or deciding to pay the out-of-pocket expenses (deductible and co-insurance) yourself. You will also want to compare Medigap coverage with Medicare Advantage (Part C) plans to find the best fit for you. Once you are enrolled in Medicare, you have a chance to review and change your coverage each year during the annual Medicare Open Enrollment Period, October 15th thru December 7th for Medicare Advantage (Part C) and Prescription drug plans (Part D). Medicare Supplement plans do not have an annual enrollment period. You can change anytime, with exceptions.

As you have learned from the previous two pages, after you enroll in Medicare, you have **two main choices** to get your additional (supplemental) comprehensive coverage.

1. **Original Medicare (Parts A and B) with a Medicare Supplement and a stand-alone Part D Prescription Drug plan**
OR
2. **Original Medicare (Parts A and B) with a Part C Medicare Advantage plan and a Part D Prescription Drug plan included**

So next up, lets do a quick overview of these 2 choices.

Choice #1 Enroll in Original Medicare, Parts A and Part B, then purchase a Supplement plan and a stand-alone Part D Prescription Drug plan

Medicare Supplement, sometimes called a Medigap plan is not part of Medicare. It covers the gaps in your Original Medicare coverage. There are currently ten different Supplement plans available to Medicare eligible beneficiaries in 2026. They help pay some or all of the costs **NOT** covered by Original Medicare Part A and Part B. They are issued by private insurance companies **and most importantly, the costs of the plans can differ**. All Supplement plans cover the Part B 20% that was mentioned on page 8. Medicare will pay 80% and your Supplement plan will then pay the other 20% of your Part B outpatient expenses. All Supplement plans also cover your Part A deductible and coinsurance outlined on page 7.

Supplement plans allow you freedom of choice in your medical care. You can see any physician or health care provider, in the USA, that participates in Medicare. This is probably the main difference between a Supplement and most Medicare Advantage plans, but not all Advantage plans.

Supplement plans are **standardized** by federal law and are designated by a letter ranging from A to N. Choosing from the Supplement alphabet soup of policy options can be confusing. See Appendix A, Page 34.

All plans are standardized, meaning they offer the same basic benefits no matter where you live or which insurance company you buy them from. Price is the only difference between plans with the same letter that are sold by different insurers. IT PAYS TO SHOP!

Supplement premiums are low for younger buyers, but increase as you get older and can eventually become the most expensive way to get your gap coverage. Some Supplement plans have smoker and non-smoker rates.

If you choose a Supplement plan, you probably want to add a stand-alone Part D prescription drug plan. You can choose your own Part D (Prescription Drug Plan) to go along with your Medicare Supplement coverage and this will add to your cost. You will be paying a premium for your Supplement plan and a premium for the Part D prescription drug plan.

Adding Prescription Drug coverage also known as Part D

Remember that Part D prescription drug plans (PDP) are only offered by private insurance companies, costs change annually, **costs of the plans vary widely** as do the drug formularies. **Care must be taken in choosing a Part D Prescription Drug Plan**. Original Medicare does not offer prescription drug coverage but it does set the guidelines that all private prescription drug plans must follow.

This is why an annual review, during the AEP (Annual Enrollment Period), of your current Part D coverage is extremely important. If you don't review, it could end up costing you thousands of dollars for keeping the wrong PDP. The wrong PDP is one where your current prescriptions are not on the plans formulary (drug list) and is why it could end up costing you much more for your prescriptions.

DO NOT PUT YOUR MEDICARE PART D ON AUTO PILOT, review it annually.

Choice #2 Enroll in a Part C Medicare Advantage Plan

Medicare Advantage also known as **Part C**. Part C was created to give a lower cost alternative to Supplement plans. Advantage plans are the private all-in-one alternative to Medicare that covers all the services associated with Parts A, B, and Part D. They are issued by private insurance companies.

Simplicity

For many people, simplicity is an appeal of Medicare Advantage Part C plans. The coverage – Parts A, B, and D, and all the extras – comes neatly wrapped in one package, Part C. There is no underwriting for Medicare Advantage plans and they are guaranteed to be issued. Medicare Advantage plans are private insurance plans with their own local network of providers, generally an HMO or PPO style plan. Another attractive feature of the Medicare Advantage plan is the cost. Medicare Advantage plan premiums range from \$0 to \$59 a month for a Medicare Advantage plan in Orange County. Many of the plans are \$0 premium plans and remember, this cost, if any, **includes** Part D prescription drug coverage. Medicare Advantage plans must offer the same benefits as Original Medicare but most offer more and better benefits.

Most Advantage plans offer dental, vision, and hearing benefits along with many other benefits not always found in Medicare Supplement plans.

UNDERSTANDING MEDICARE

While there is no truly simple explanation of Medicare, I hope that I've helped you get the basics down. There is more you will need to know and understand about the many gap coverage options available for your consideration. There is no need to do this alone, I can help!

How to Meet Deadlines and Avoid Penalties?

For most people, Medicare coverage begins the first day of the month you turn age 65. **If you have already started receiving Social Security benefits, you will automatically be signed up for Medicare Part A and Part B. If you haven't yet made a Social Security benefit claim, you will need to submit a Medicare application, for Parts A and B.**

To avoid any coverage gaps or potentially higher premiums and penalties, you must maintain **creditable coverage**, if you don't have it, you **MUST** sign up during your seven-month **Initial Enrollment Period (IEP)**. IEP is 3 months before your 65th birthday the month of and 3 months after your birthday. 7 months in total.

If you stay on an employer plan, in addition to your IEP a **SEP** (Special Enrollment Period) kicks in after you leave your employer's plan. It is not necessary to enroll in Medicare at this time. Check with your employer concerning creditable coverage

Here are other enrollment periods you will want to be aware of:

* **Annual Enrollment Period (AEP):** You can join, switch or drop a plan each year from Oct.15 through Dec. 7, with new coverage taking effect the following Jan 1. This is important and time to review your current plans and make sure they are absolutely the right plans for you. A plan change might be necessary because plans can change annually.

DO NOT PUT YOUR MEDICARE ON AUTO-PILOT. review it at this time.

* **General Enrollment Period (GEP):** Those who missed their IEP or SEP can sign up during Medicare's General Enrollment Period (Jan 1 to March 31) with coverage taking effect 1st of the month following enrollment. Late enrollment penalties may apply.

* **Special Enrollment Period (SEP):** These are circumstance where you are allowed to enroll at any time of the year, within guidelines. Example: you leave employer coverage, move out of the area etc. There are many more SEP's.

* **Medicare Advantage Open Enrollment Period (MAOEP):** If you enrolled in a Part C Medicare Advantage plan, during the AEP, you can change plans each year between Jan.1 and March 31 or return to Original Medicare and purchase a Medicare Supplement with a stand alone Prescription Drug Plan.

LATE ENROLLMENT PENALTIES

Part A Penalty:** You may be assessed a 10% increase in your monthly premium ***if you don't qualify (most people do qualify) for premium-free coverage and fail to enroll during your Initial Enrollment Period (IEP). This penalty will be assessed for twice the number of years you delay sign up. So, if you wait two years from when your first eligible to enroll, you'll be required to pay the higher premium for four years.

* **Part B Penalty:** For enrolling late in Part B, outside of your Initial Enrollment Period, the penalty is 10% for each full 12-month period of delay and lasts a lifetime. Let's say you turn 65 in October of 2021 but didn't enroll in Medicare until October of 2023 and had no employer plan during that time or some type of creditable coverage, your monthly premium will be 20% higher for as long as you have Part B coverage, forever.

Generally, there is **no late enrollment penalty** for **Part C Medicare Advantage** or **Medicare Supplement insurance**, although with a Supplement plan you could be subject to underwriting, loose guaranteed issue rights and Supplement rates may go up dramatically if you delay signing up. Medicare Advantage plans are always guaranteed to be issued in any enrollment period but you may face a late enrollment penalty for the Part D portion of the Advantage plan if you delay enrolling.

***Part D Penalty:** If you don't join a Medicare Part D plan during your IEP, SEP, or **go 63 days or more without creditable drug coverage**, you'll pay an extra 1% for each month (12% per year). Penalties for late enrollment in a Part D plan are assessed for as long as you have coverage. The amount of the penalty is calculated as 1% of the "National Base Premium" (\$38.99 in 2026) for the total number of months of delay enrolling in Part D. For a two-year delay, it would translate into a \$9.36/month penalty for as long as you have Part D coverage. Additionally, you'll have an opportunity to dispute any penalties and/or surcharges that are assessed by filing an appeal with the Centers for Medicare & Medicaid Services. Forms can be found on their website at: www.cms.gov.

NOTE: There is no reason to be penalized for Late Enrollment.

Understand these points to avoid any late enrollment penalties.

1. Complete your enrollment in your choices of Part A and/or Part B, Part C and/or Part D during your IEP (Initial Enrollment Period), **if you WILL NOT have continuing creditable coverage.**
2. If you have other creditable coverage, you can delay Part B enrollment and postpone paying the Part B premium. You can sign up later without penalty, as long as you do it within eight months after your other coverage ends.

IMPT: If entitled to a SEP* (Special Enrollment Period), (example: losing group health coverage or any creditable coverage), enroll within 2 months after your coverage ends to avoid a Part D late enrollment penalty. Remember you must have enrolled in Part A or Part A and B to enroll in Part D.

EMPLOYER COVERAGE

Many of you will be leaving the group health coverage provided by your employer and electing to join the Medicare coverage offered by your current group plan. It may or may not be in your best interest to do so. It is wise to compare the many choices and options available before making your decision. In addition to lower cost (if any), other plans might offer more and better benefits, more doctor and hospital choices. If you get this choice, don't just automatically enroll, examine your options first. Do not assume that employer coverage is better than other options that are available to you. I can help you compare.

What You Should Know When Enrolling in Medicare

Doing anything for the first time can be daunting, especially if you're unsure about what exactly you should be doing. When you're getting ready to enroll in Medicare for the first time, it can be intimidating. Navigating the thicket of complicated Medicare rules and stringent deadlines takes a lot of time. Mistakes are common and carry serious consequences, like harsh late enrollment penalties. Let me help guide you through the enrollment process!

When Can I Enroll in Medicare?

When it comes to your initial enrollment in Medicare, you'll get your own time frame based on when you first become eligible, called the **Initial Enrollment Period (IEP)**. The IEP begins three months before your 65th birthday, continues through your 65th birthday month, and finally runs for three months after. So, it's a seven-month window. As an example, your birthday is in July, your window for first-time enrollment would begin April 1 and run thru October. Your Medicare coverage would start July 1, if you enroll in the months of April, May and June. If you enroll in July, Medicare would start August 1. If you enroll in August, September, or October, your Medicare coverage would begin the first of the month following your month of enrollment.

You can see that it is important to enroll in Medicare during the first three months of your IEP, unless you have an SEP, so you can get the earliest effective date. The sooner the better. By waiting, you could lose valuable coverage for months, and if you don't enroll during your IEP, you could face penalties unless you maintain creditable coverage.

Exception: If your birthday is day 1 of the month, Your IEP is 4 months before your 65th birthday, the month of your birthday and 2 months after your birthday with coverage starting the first of the month before your birthday.

People who are already receiving their Social Security benefits will be enrolled in Medicare Part A and Part B automatically when they turn 65, but that doesn't mean there's nothing else to do. Start to explore your gap coverage options.

When Should I Enroll for the First Time?

Enroll in Part A and Part B during your Initial Enrollment Period (IEP) unless you will remain on a health plan that is considered creditable coverage. A late enrollment penalty will apply if you miss your IEP unless you are entitled to a Special Enrollment Period (SEP) due to having creditable coverage. Considering enrolling in Part A and B about 6 weeks before you want your Medicare coverage to start to avoid any lapse in coverage. Be sure to request a start date the first day of the month you want your coverage to start. .

If you have employer group coverage, you should consider enrolling in Medicare Part A and **delay enrolling in Part B**. You can enroll later in Part B during your SEP. **IMPORTANT: See page 25.**

Medicare Supplement (MS): To have the MS be guaranteed issued and avoid answering health questions, you can enroll in a MS plan a few months before your Part B effective date with coverage to begin on your Part B effective date. You also have six months from your Part B effective date to have the MS to be guaranteed issue and avoid underwriting. This is your one-time Open Enrollment Period (OEP). There is no late enrollment penalty for MS but if you don't enroll during or just before your OEP, you will lose guaranteed issue rights and may be subject to underwriting. You could be denied coverage if you delay enrollment.

Medicare Advantage (MAPD) with prescription drug coverage: Enroll during your IEP or SEP only.

IMPT: *If enrolling during a SEP (Example: losing group coverage) you must enroll within 2 months after the month your coverage ends or wait until the AEP or GEP to enroll.* (See page 14) If you wait, you will face a late enrollment penalty for the Part D (prescription drug) portion of the Medicare Advantage plan. In 2026, the penalty is \$0.38 for every month you did not have creditable prescription drug coverage.

Prescription Drug Plan (PDP): (stand-alone) Enroll in Medicare drug coverage when you're **first eligible and have Part A and/or Part B and will not have creditable drug coverage or an SEP**. Even if you don't have prescriptions now, you should consider joining a Medicare drug plan or a Medicare Advantage Plan with drug coverage to avoid a penalty. If you enroll at any time after you are first eligible and there's a period of 63 or more days in a row that **you don't have creditable prescription drug coverage, you will pay a penalty.**

*** If enrolling during a SEP (Example: losing group coverage) you must enroll within 2 months after the month your coverage ends or you will face a late enrollment penalty when you do enroll.**

What is the Process for Enrolling in Medicare Parts A and B?

When it's your time to enroll in Medicare, you can work with Social Security. As mentioned earlier, many people are automatically enrolled in Medicare Part A and B when they turn 65, but make sure you don't need to enroll yourself. Enrolling in Medicare Part A and B is pretty simple, and you have a number of ways to go about it. The simplest method is probably enrolling online at: **www.ssa.gov/medicare/sign-up..** This website is for applying for Medicare benefits only and **not** Social Security. On this website you'll fill out the application form and submit it once completed. If you want to enroll by speaking with someone directly, you have two options: First, you can call Social Security at 1-800-772-1213, during normal business hours, to work with a representative over the phone. Second, you can go to your local Social Security office and apply for Medicare Part A and Part B in person.

Remember, enrolling in Original Medicare Part A and Part B is your first step. Only after you have enrolled in Original Medicare and received your Part B effective date are you able to select and enroll in your chosen option to cover the gaps in Medicare.

Choosing Between Medicare Supplement and Medicare Advantage




Medicare Supplement (Gap)



Medicare Advantage (Part C)

What is	<ul style="list-style-type: none"> • works with Original Medicare • also called Medigap • not part of the Medicare Program • Issued by private insurance companies • Insurance policies that helps pay deductible, co-pays and coinsurance not covered by Medicare Parts A and B 	<ul style="list-style-type: none"> • issued by private insurance companies • combines Medicare Part A, Part B and Part D for comprehensive coverage • must offer same coverage as Original Medicare
Provider access	<ul style="list-style-type: none"> • You can go to any doctor and hospital that accepts Medicare, anywhere in the USA • You can go directly to the doctor or hospital when you need care • You do not need prior authorization • You do not need a referral 	<p>Basically 2 types of plans</p> <p>HMO</p> <ul style="list-style-type: none"> • must stay in provider Network • some plans allow Out-of-Network • referrals and prior authorization required, some plans do not • must select Primary Care Dr. <p>PPO</p> <ul style="list-style-type: none"> • any Dr. or facility that accepts Medicare • some plans anywhere in the USA • NO prior authorization required • NO referrals required • do not need to select Primary Care Dr.

	Medicare Supplement	Medicare Advantage Part C
Out-of-Pocket Costs	<p>You are responsible in 2026 for :</p> <ul style="list-style-type: none"> Monthly Part B premium of \$202.90 (base) + IRMAA if required Part B deductible of \$283 Medicare Supplement Premium. Budget around \$150/ mo. at age 65. Depends on plan chosen Premiums increase annually as you age cost of Part D Prescription Drug plan if added. National average premium for Part D in 2026 is \$64.96. Plans in Orange County range from \$0.00/mo. to \$227.80/mo.. 	<p>You are responsible in 2026 for:</p> <ul style="list-style-type: none"> Monthly Part B premium of \$202.90 (base)+ IRMAA if required NO Part B deductible many Advantage plans are \$0 premium plans but range from \$0 to \$59 in Orange County HMO type very few or no co-pays. PPO type plans have more co-pays
(MOOP) Maximum out-of-pocket limit	<p>Most Supplement plans have no MOOP. However, the Supplement will usually cover what Medicare doesn't. This will leave you with little or no additional Out-of-Pocket costs.</p> <p>MOOP - most you can spend before plan pays 100% See Page 23 "Understanding the Out-of-Pocket Maximum"</p>	<ul style="list-style-type: none"> all plans will have a MOOP MOOP's for Advantage plans in Orange County range from \$198 to \$9,500 and depends on the plan chosen
Prescription Drug Coverage <i>Also called Part D plans</i>	<ul style="list-style-type: none"> if prescription coverage is desired you must add to the Medicare supplement a stand-alone Part D Prescription Drug plan at an additional cost some Part D plans have a deductible of up to \$615 in plan year 2026. 	<ul style="list-style-type: none"> Most Part C plans include Part D prescription drug coverage at NO additional cost. Some plans have a Part D deductible, some do not


MEDICARE HEALTH INSURANCE

Name/Nombre
EVERY US CITIZEN

Medicare Number/Número de Medicare

Entitled to/Con derecho a
HOSPITAL (PART A)
MEDICAL (PART B)

Coverage starts/Cobertura empieza
01-01-2021
01-01-2021

	Medicare Supplement	Medicare Advantage Part C
EXTRA BENEFITS	<u>Depends on the plan chosen:</u> <ul style="list-style-type: none"> * Vision * Hearing * Gym Membership * Personal Emergency Response System * Emergency Care outside USA 	<u>Depends on the plan chosen:</u> <ul style="list-style-type: none"> * Dental, Vision and Hearing * Gym Membership * Personal Emergency Response System * Acupuncture, Chiropractic and Therapeutic Massage * Emergency Care outside USA * Over-the -Counter (toothpaste, vitamins, band aids, cold remedies etc.) * Fitness Tracker * Transportation * and much, much, more

REMEMBER, enrolling in Original Medicare is your first step. Only after you have enrolled in Medicare Part A and Part B and have received your effective dates are you able to choose these options.

Questions to ask

- Do I want to purchase a Medigap (Supplement) policy? If yes, a Part D (Prescription Drug Plan) stand alone plan probably is necessary.
- What is the cost of the Medigap (Supplement) plan?
- Would I owe an additional premium for the Medicare Advantage plans I am considering?
- What are the out-of-pocket costs I would be responsible for with a Gap (Supplement) plan or a Medicare Advantage plan?
- If I have other coverage, how will it coordinate with my Medicare coverage choice?
For example: Retiree insurance
- Is there prescription drug coverage included or will I need to purchase a Part D plan?
- Does the stand alone Part D plan I am considering cover the medications I take?
- Does the Medicare Advantage plan cover the medications I take?
- What are the EXTRA benefits with the Medigap plan and the Medicare Advantage plan?
- Are additional services, like vision, hearing, or dental covered?
- If I need dental, vision, or hearing coverage, can I get it elsewhere if I choose Original Medicare?
- What are the coverage rules and restrictions to these EXTRA benefits?

10 Things People Get Wrong About Medicare

1. ASSUMING THAT MEDICARE IS FREE
2. EXPECTING MEDICARE TO COVER 100% OF THEIR HEALTH-CARE COSTS
3. WORRYING THAT THEY ARE STUCK WITH WHATEVER COVERAGE THEY CHOOSE
4. BELIEVING THAT MEDICARE WILL COVER LONG TERM CARE
5. ASSUMING THAT MEDICARE WILL PAY ALL OF THEIR OUT-OF-POCKET COSTS
6. BELIEVING THEY CAN BUY A MEDIGAP (SUPPLEMENT) PLAN WHENEVER THEY WANT
7. ASSUMING THERE IS AN ANNUAL CAP ON OUT-OF-POCKET MEDICARE COSTS UNDER ORIGINAL MEDICARE
8. PLANNING FOR MEDICARE TO COVER THEIR VISION, DENTAL, AND HEARING SERVICES
9. FAILING TO REVIEW THEIR COVERAGE AT THE ANNUAL ENROLLMENT PERIOD
10. ASKING THEIR DOCTOR'S OFFICE THE WRONG QUESTIONS (OR NOT ASKING AT ALL)

If you would like a detailed explanation on any or all of the
“10 Things People Get Wrong With Medicare”,
send an email to mike@mygotoguy.info
or call 949 289-7617 (24/7).



Let's help someone choose between Original Medicare and Medicare Advantage

Jim recently retired, and his former employer offers a Medigap (Supplement) to retirees. The Medigap plan premium is paid by his employer.

What coverage should Jim choose?

Jim should likely choose Original Medicare so he can keep and use the Medigap plan offered by his former employer at no cost to him. He will pay his Medicare Part B premium plus he must choose a Part D Prescription Drug Plan (PDP) and pay that premium if he wants prescription drug coverage.

Betty recently became Medicare eligible. She wants to keep her premium costs low. She did just start using glasses, so routine vision coverage is very important to her.

What coverage should Betty choose?

Betty should likely choose Medicare Advantage with vision coverage and a low cost or \$0 premium plan. She should also confirm that her doctors are in the network and if she has any prescriptions, making sure that the Medicare Advantage plan will cover those drugs.

Joe spends half of the year in California and the other half in New York. He regularly sees doctors in both states, and it is important to him that he continues seeing these doctors. He would like to have dental coverage, if possible, but flexibility to see his current doctors is his priority. He also has 2 prescriptions that he wants to have covered.

What coverage should Joe choose?

Joe, should likely choose Original Medicare with a Medigap plan and a stand alone Part D prescription drug plan. He can see any doctor that accepts Medicare, anywhere he is. He could purchase a separate, private dental plan if he wants dental coverage.

Or

Joe has the option to enroll in a Medicare Advantage PPO Plan that would cover any doctor or facility that accepts Medicare and the plan would include dental coverage and prescription drug coverage. Probably a cost saving choice. The Medicare Advantage plan would probably be a \$0 or very low premium plan.



Find Out if You Qualify for Financial Help

Many people assume they don't qualify for help, and they never look into it.

If you have a low income and few assets, you may qualify for help through one or more of the following programs:

Medicaid (MediCal in California)

Medicaid provides health care coverage for people and families with limited incomes. It may also offer some services not covered by Medicare.

Extra Help Program

This helps pay some or all Part D (Prescription Drug Plan) premiums, deductibles and copays. You can apply at: www.ssa.gov/benefits/medicare/prescription.help/

Each state creates its own program, so contact your county Social Services Office for more information on these options.

Orange County

Social Services Agency

(800) 281-9799 or visit their website at:

<https://ssa.ocgov.com/health-care-services>

or

You may contact your Social Security Office

There may be other assistance programs available in California. Check with the Social Services Agency.

Original Medicare (Parts A & B) doesn't cover everything.

- Most care outside of the United States
- Annual physicals
- Eye exams, eyeglasses or contact lenses
- Personal expenses while hospitalized, such as a TV or phone
- Hearing exams or hearing aids
- Custodial care (care that helps with daily life activities like eating, ambulating, toileting, or bathing)
- Routine dental care: dental exams, cleanings and X-rays
- Long-term care (sometimes called custodial care)
- Most prescription drugs
- Days spent in a psychiatric hospital beyond certain set limits
- Wellness benefits such as gym memberships
- Hospital days beyond set limits

Understanding the Maximum Out-of-Pocket

Medicare Advantage plans are required to set an maximum out-of-pocket (MOOP), which is the total amount you may pay for Part A and Part B services not covered during the plan period — usually a calendar year. The goal of the MOOP is to help provide some financial protection for out-of-pocket costs. **Original Medicare and Medicare Supplement plan don't have an out-of-pocket maximum.** If you meet the Medicare Advantage plans MOOP, your qualifying expenses are covered at 100% for the remainder of the plan year.

Advantage plans can have different out-of-pocket maximum so long as the amount doesn't exceed the year's out-of-pocket maximum limit that is set by Medicare. This limit can change each year. For 2026, it is \$9,500.

In Orange County, Advantage plan MOOP's vary from \$198 to \$9,500. It is important to understand the following costs do not count towards the MOOP (maximum out-of-pocket): *Premium payments (if any) * Drug costs *Costs of extra health services a plan may offer such as vision, dental, hearing, gym membership etc.

A Few Key Medicare Dos and Don'ts

Medicare is a key program for millions of older and disabled Americans, but many don't really understand how Medicare works because they lack accurate information.

Medicare is a complex program, but the following elements are things you do need to know right from the start.

1. **Give yourself time to bone up about Medicare. It's a system with many choices and deadlines.** Being informed is the best way to side-step pitfalls and avoid mistakes that cost. Get a qualified person to help you understand and make the right choices.
2. **Don't expect to be notified when it's time to sign up.** Unless you're already receiving Social Security or disability benefits, you must apply for Medicare-- but you won't get any official notice on when or how to. Sign up when you are first eligible, during your Initial Enrollment Period (IEP) or during a Special Enrollment Period (SEP) if you qualify. This is the only way to avoid late enrollment penalties. Be sure to stay within the enrollment period guidelines.
3. **Do remember that Medicare isn't free.** You pay premiums for coverage and co-payments for most services unless you qualify for a low-income program or have extra insurance from another source. Some costs are your Part B premium and deductible, Medicare Supplement, Medicare Advantage or a Prescription Drug Plan premiums.
4. **Don't assume that Medicare covers everything.** It covers a wide range of medical services (including expensive ones like organ transplants), limited drug coverage and medical equipment. There are gaps, such as coverage for routine vision, hearing, and dental care. Also Medicare doesn't cover the non-medical costs of long term care in nursing home, assisted living and home health care (limited coverage). There is no prescription drug coverage.
5. **Don't expect Medicare to cover dependents.** Medicare has no family coverage. Each Medicare beneficiary must have their own plan.
6. **Do get help if you need it.** You may qualify for low-income programs that cover your premiums or provide low-cost prescription. drug coverage. Refer to page 22.

Key sources of HELP for Medicare at NO CHARGE

Independent Lifestyles: Michael L. Kendall, licensed and certified since 1991. For local, unbiased, personal help on questions about Medicare, choosing gap coverage or signing up for Medicare call:

949 289-7617 or email: mike@yourgotoguy.info

Medicare: For info and personal help on coverage issues, call Medicare's help line at 800 633-4227 (TTY 877 486-2048)

Social Security: For info and personal help on signing up for Medicare or applying for Extra help benefits in the Part D drug program, call 800 772-1213 (TTY 800 325-0778) To find the local Social Security office please visit: <https://secure.ssa.gov/ICON/main.jsp>

CA State Health Insurance Assistance Program (SHIP): SHIP is your local State Health Insurance Assistance Program. SHIP provides unbiased help to Medicare beneficiaries, their families, and caregivers. Whether you are new to Medicare, reviewing Medicare plan options, or have questions on how to use your Medicare, SHIP can help. Phone 800 434-0222 or visit www.aging.ca.gov/hicap/

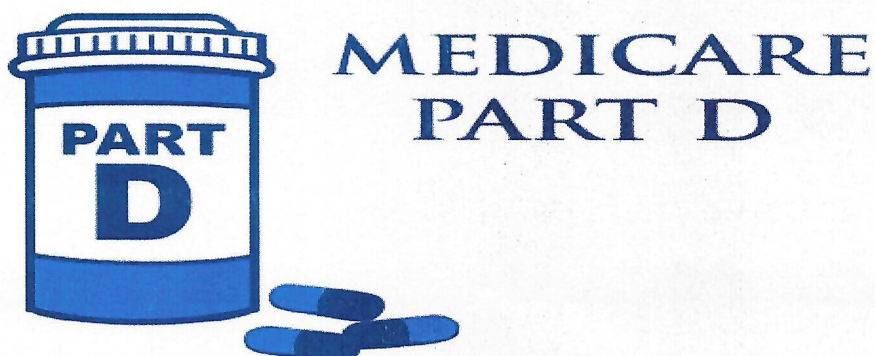
CHOOSING A MEDICARE PRESCRIPTION DRUG PLAN (PDP)

If you plan to enroll in a stand-alone Part D prescription drug plan, below are some very important points to consider before choosing a plan.

- * Compare a Medicare Part D plan with a Medicare Advantage (Part C) plan. Medicare Advantage plans include health care and drug coverage all in one plan and sometimes other benefits like dental and vision.
- * **Check to make sure that the plan you're looking at includes the medications that you take and are on the plans formulary.**
- * If you take a number of generic drugs, look for a plan that charges a low co-payment for these medications.

~OR~

Call or email me with a list of your current prescriptions and I will be glad to do all of this for you at ***NO COST or OBLIGATION!***



Important:

WHEN YOU ARE REMAINING ON EMPLOYER GROUP HEALTH COVERAGE AND ELIGIBLE FOR MEDICARE

- If your employer has **20 or more** employees, you do not have to enroll in Medicare at this time because you are covered by your group health plan and it is probably considered creditable coverage. You will be entitled to a Special Enrollment Period (SEP) when you leave the employer group coverage. This SEP will avoid any late enrollment penalties.

However, you might consider enrolling in Medicare premium free Part A when first eligible. This will act as a supplement to your group health coverage. You probably do not want to enroll in Part B as it comes with a premium. Enroll in Part B when you leave employer coverage using the SEP.

EXCEPTION: If you have a Health Savings Account (HSA), do not enroll in Medicare because you or your employer cannot make any more contributions once you enroll in Medicare. If any contributions are made after enrollment in Medicare, they will be subject to a penalty.

- If your employer has **less than 20 employees**, then Medicare pays first, and the group health plan pays second. In this case you probably will want to enroll in Medicare Part A and Part B when first eligible to avoid any late enrollment penalties.

EXCEPTION: The employer is part of a multi-employer or multiple group health plan.

Check with your health plan administrator to clarify your situation.

Don't
forget this
form
See
Appendix B

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0787

REQUEST FOR EMPLOYMENT INFORMATION

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

1. Employer's Name _____		2. Date _____
3. Employer's Address _____		
City _____	State _____	Zip Code _____
4. Applicant's Name _____		5. Applicant's Social Security Number _____
6. Employee's Name _____		7. Employee's Social Security Number _____

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. If yes, give the date the applicant's coverage began. (mm/yyyy) _____		
3. Has the coverage ended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. If yes, give the date the coverage ended. (mm/yyyy) _____		
5. When did the employee work for your company?		
From: (mm/yyyy) _____	To: (mm/yyyy) _____	Still Employed: (mm/yyyy) _____
6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.		
From: (mm/yyyy) _____	To: (mm/yyyy) _____	

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. If yes, does the applicant have hours remaining in reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Date reserve hours ended or will be used? (mm/yyyy) _____		

All Employers:

Signature of Company Official _____		Date Signed _____
Title of Company Official _____		Phone Number (____) _____-____

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

Form CMS 1564-0297 (06/20)

Medicare Terminology with Definitions

Medicare has several terms that are important to understand for current and future retirees. Here are definitions for some of the most common Medicare terms.

Original Medicare - Consists of Part A and Part B. If you have Original Medicare the government pays directly for the health care services you receive. No prescription drug coverage is provided. There are co-pays, deductible, and co-insurance.

Medicare GAP (Medicare Supplement) plan - Health insurance policies that offer standardized benefits **designed to work with Original Medicare**. It pays part or all of certain remaining costs (gaps) after Original Medicare pays first. Enrollees pay a monthly premium that varies from company to company. No prescription drug coverage. Not a part of Medicare. They are sold by private insurance companies.

Part C Medicare Advantage - Also known as a Medicare private health plan or Part C of Medicare. You still have Original Medicare (Part A and Part B) if you enroll in Medicare Advantage. You receive the same benefits offered by Original Medicare. Usually includes prescription drug coverage. Offers many more benefits than Medicare Supplement plans. Many \$0 premium plans are available.

Part D Prescription Drug Coverage (stand-alone) - Helps pay prescription drug costs. People with Original Medicare and a Medicare supplement can add a Part D plan. Part D is optional and only provided through private insurance companies. They are approved and must follow rules established by the Federal government. Enrollees pay a monthly premium and cost sharing that varies from plan to plan.

Assignment - The amount Medicare approves and the doctor accepts for the service he provides. No balance billing is allowed.

Benefit Period - The way that Original Medicare measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you're admitted as an inpatient in a hospital or SNF. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Coinsurance

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

Copayment

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or a prescription drug.

Deductible

The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

Creditable Prescription Drug Coverage

Prescription drug coverage (for example, from an employer or union) that's expected to pay on average, at least as much as Medicare's standard prescription drug coverage. People who have this coverage when they become eligible for Medicare can generally keep that coverage without a penalty, if they enroll in Medicare prescription drug coverage later.

Custodial Care

Non Skilled personal care, like help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around, and using the bathroom. It may also include the kind of health-related care that most people do themselves, like using eye drops. Medicare doesn't pay for custodial care.

Formulary

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

Lifetime Reserve Days

In Original Medicare, these are additional days that Medicare will pay for when you're in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

Long Term Care Hospital

Acute care hospitals that provide treatment for patients who stay, on average, more than 25 days. Most patients are transferred from an intensive or critical care unit. Services provided include comprehensive rehabilitation, respiratory therapy, head trauma treatment, and pain management.

Medically Necessary

Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

Medicare -Approved Amount

In Original Medicare, this is the amount a doctor or supplier that accepts Medicare assignment can be paid. It may be less than the actual amount a doctor or supplier charges. Medicare pays part of this amount and you're responsible for the difference, known as excess charges.

Premiums

The periodic payment to Medicare, an insurance, or a health care plan for health or prescription drug coverage.

Preventative Services

Health care to prevent illness or detect illness at an early stage, when treatment is likely to work best (preventative services include Pap test, flu shots, mammograms and more).

Primary Care Doctor

The doctor you see first for most health problems. He or she makes sure you get the care you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them. In many Medicare Advantage Plans, you must see your primary care doctor before you see any other health care provider.

Referral

A written order from your primary care doctor for you to see a specialist or get certain medical services. In many Health Maintenance Organizations (HMOs), you need to get a referral before you can get medical care from anyone except your primary care doctor. If you don't get a referral first, the plan may not pay for the service.

Service Area

A geographic area where a health insurance plan accepts members if it limits membership based on where people live. For plans that limit which doctors and hospitals you may use, it's also generally where you can get routine (non-emergency) services. The plan may disenroll you if you move out of the plan's service area.

Skilled Nursing Facility (SNF) Care

Skilled nursing care and rehabilitation services provided on a daily basis, in a skilled nursing facility (SNF). Examples of SNF care include physical therapy or intravenous injections that can only be given by a registered nurse or doctor.



Feeling lost? You are not alone. Get Someone on your Side

People who are new to Medicare often have a hard time sorting things out initially. There are all these parts and plans with similar letters, making it hard to figure out what is what. The massive amount of mail that people new to Medicare receive certainly doesn't help either!

They often feel uncertain about choosing their first Medicare gap coverage policy. Choosing gap coverage can be an overwhelming and an anxiety-inducing process. It can take many hours of research evaluating the right plan. There are many options with different pricing and different benefits. No two are the same.

How do you choose the right plan? Reach out to me, Mike, your Medicare "GO TO GUY" for professional unbiased assistance and take advantage of my 20+ years of working with Medicare. As a Medicare beneficiary myself, I have learned a great deal about what it means to be a Medicare beneficiary. I have experienced both the good and the bad of Medicare. The fact that I am traveling the Medicare road myself, makes me more attentive of Medicare than most other Medicare consultants.

You have important decisions to make when you become eligible for Medicare. I will walk you through the process step by step. My goal is to help you make educated decisions about your Medicare that feels right to you. I am not looking for someone who's in the market to buy anything. I am looking for people who want to become educated about Medicare based on their needs and financial well being as they transition into this new phase of life.

I start by teaching you the basics so that you understand your Original Medicare coverage. That's the key to deciding which kind of additional coverage works best for you. My goal is to help you select the best Medicare option by taking you through all your options and comparing plans from the top Medicare insurance carriers.

My service is complimentary, with no obligation or strings attached. I will only contact you if you request it, meaning no unsolicited phone calls or emails from me.

If you have any questions or simply want to chat, feel free to reach out to me. You can count on me as your go-to-person for Medicare assistance. You don't have to be a client to benefit from my services, and I am always happy to help. Discover what it feels like to have someone on your side. I look forward to hearing from you soon!

To your good health,

Mike

Your Medicare "Go to Guy"

What you can expect from me:

1. **Personalized Consultations:** I offer free, one-on-one consultations where we can discuss your specific health care needs and preferences. (Phone, email or in person)
2. **Clear Expectations:** I will explain the different parts of Medicare, the enrollment periods, when to enroll and the advantages and disadvantages of the various Medicare gap coverage plans.
3. **Customized Solutions:** Together, we will find a Medicare plan that suits your unique requirements and budget. I will prepare an unbiased spreadsheet of the plan options, coverage, and pricing across multiple carriers in your area for your comparison and consideration. This is the key to making an informed decision.
4. **Ongoing Support:** My commitment doesn't end once you've selected a plan. I will be there to assist you with any questions, concerns, or changes you may encounter in the future and keep you informed of any Medicare changes throughout the year.
5. **Annual Review:** I will make sure you never put your Medicare coverage on AUTO-PILOT because plans can change annually and new plans are introduced, I will perform an ANNUAL REVIEW to guarantee that your chosen plan is still the right plan for your healthcare and financial needs.
7. **I WILL NEVER:** pressure you, contact you unless by your specific request, ask for any monies from you, or ask you to give names and phone numbers of your friends and family.

I understand that healthcare decisions can be overwhelming, but my aim is to make this process easy, smooth, and as stress-free as possible for you. I will provide the information and support you need to make the best choice for your health and financial well-being. I am here to support you every step of the way, now and in the future.



Why Work with Me

#1 reason-I will make Medicare simple and easy for you.

Who am I

My name is Mike Kendall. I am a Medicare beneficiary myself and have been helping Medicare Beneficiaries, new and old, find the correct gap coverage since 1991. I have lived in Laguna Niguel for over 30 years, with my wife of 53 years. I have been blessed with 4 grandchildren from a son and a daughter. Bad dog, Oliver, is also part of my family.

My Vision

I am in the business of helping you understand Medicare and guiding you through the available gap coverage options. I believe it is important that you first understand Medicare itself. You can't understand your supplement options until you first understand the basics of Medicare. My goal is to make it easy for you and save you hours of research trying to find the right plan to cover the gaps in Medicare.

Service

People often ask, "Why are you different than other agents"? It's simple. I too am on the journey with Medicare which makes me more attentive to Medicare than most. I am passionate about helping you for the life of your journey with Medicare, not just initially. Once your coverage is in-force, I offer you free lifetime support for your needs. I will keep you informed of any changes and help with claims, and appeals. You will never be by yourself to handle policy issues.

Specialization

I hold California insurance license #0819175, am Medicare Certified and authorized to offer Medicare Supplement, Part C Medicare Advantage, and Part D prescription drug plans. I offer only the top rated plans as determined by CMS (Center for Medicare and Medicaid Services) star ratings. I am qualified to provide recommendations on dental, vision and hearing coverage.

Cost

COMPLIMENTARY! That's right, you read that correctly. My service is completely free to you. I get paid by the insurance companies I represent. You will pay the exact same premium (if any) no matter where or who you see to purchase your Medicare gap coverage.

Knowledge

Perhaps the biggest reason people seek out the assistance of a certified agent is because of their knowledge of Medicare. Knowledge of all the plan options available to you. Knowledge of the enrollment windows and knowledge of any upcoming changes to compliance, requirements or rulings with Medicare. This way you won't be caught off guard when things change, and believe me they will change.

Understanding

A key trait of any agent is that they know the area they work within. Since different areas offer different plans, it's essential that I know the plans offered in your area. I am intimately aware with the specifics like which doctors and health care groups are in network under a specific plan and what drugs are covered under the Prescription Drug plans.

I will familiarize myself with your needs so that I can find the best coverage option for your health and financial requirements.

If you're finding a Medicare plan for the first time or just want help finding a suitable plan for your needs later on in life, an agent can be a stellar ally in your search. Think of them as a guide toward your goal-- purchasing a Medicare plan that fits your individual and financial needs.

You'll get there much quicker with less confusion and stress if you get help from somebody who's walked the path many times.

You're here, so I hope this means you have read the booklet. The information provided should have helped you gain a better understanding of Medicare, its parts, enrollment, your choices, and how you can begin your Medicare journey.

Are you ready to navigate Medicare, understand your options, and choose the right plan for you? I'm here to help, and there's no cost or obligation! If you'd like assistance, please reach out to me using the contact form on my website: yourgotoguy.info or via email at mike@yourgotoguy.info. Simply put "Beneficiary Profile" in the subject line, and I will send the profile to you; that's all I need.

Completing the profile does not commit or obligate you to anything. It simply allows me to gather the necessary information to research the best options for you and gives me permission to start my research on your behalf. I will send you a detailed report within a week that outlines your best Medicare options from highly rated carriers. After you review this impartial list of options, feel free to contact me for more detailed information; I will not reach out to you unless you request it.

If you choose not to get in touch, I assure you that I will respect your decision and move forward with no further contact from me.

I promise to make your journey with Medicare easy and provide you with peace of mind. I assure you that I will never contact you through phone calls or emails unless you explicitly ask me to do so. Your privacy is important to me. Unlike others in my field who may overwhelm you with constant calls and emails, I believe in respecting your privacy and providing you with the respect you deserve.

With my extensive knowledge and experience in Medicare since 1991, I am happy to assist you in any way I can.

Mike
"Your Go to Guy" since 1991

My Promise to You

With my assistance, you will understand, choose and confidently enroll in the right Medicare gap coverage plan.

You will rest easy knowing that you have the best possible coverage, giving you complete peace of mind.

Mike

What my clients are saying:

I am giving your name to my colleague who will retire soon. I told her you are very good at this stuff and will get her the proposals she needs.

Michele - Laguna Hills, CA - 6 year client

I couldn't think of anyone more capable and deserving than you to help my sister and brother-in-law with their Medicare needs. You are one of a kind! They don't make them like you any more.

Sandi - Hemet, CA - 11 year client

You are really the best. and more than that a fantastic person! Thank you so much for all your help. I deeply appreciate what you do for me.

Roberto - Irvine, Ca - 17 year client

Mike, as you know, I am new to Medicare and have received a lot of information, but yours is the best - straight to the point. Thanks for your help.

Jim - Laguna Niguel, CA - 1 year client

You have been a great help to me and my friends.

Julie - Laguna Hills, CA - 9 year client

Thanks for always looking out for me!

Michele - Laguna Hills, CA - 7 year client

Your help is priceless.

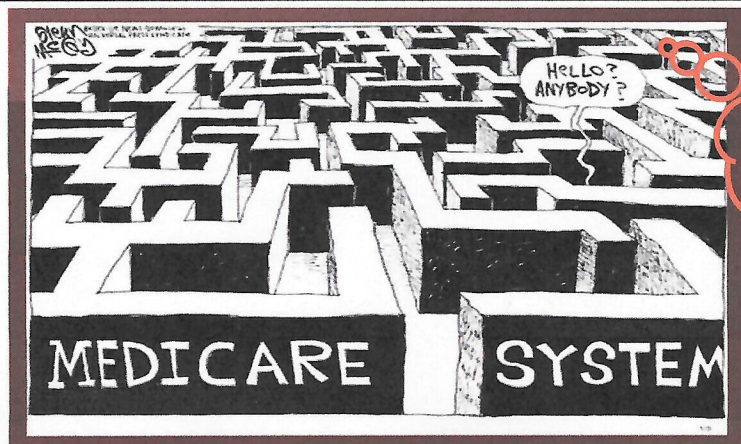
Lauri - Fancy Gap, VA - 4 year client

You are the best!

Jeanne - Laguna Niguel, CA - 1 year client

Thank you for all the help you have given me and trying to figure out this Medicare puzzle. I would be lost without you. You are so on top of things and such a professional.

Judy - Mission Viejo - 6 year client



**I've
got to
call
Mike!**

APPENDIX A

Compare the Benefits offered by each Medicare Supplement plan

Medicare Supplement Plans	Plan A	Plan B	Plan C*	Plan D	Plan F*	Plan G	Plan K	Plan L	Plan M	Plan N**
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	***
Blood (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible			✓		✓					
Part B excess Charge					✓	✓				
Foreign travel (up to plan limits)			80%	80%	80%	80%			80%	80%
Out of Pocket limit **	N/A	N/A	N/A	N/A	N/A	N/A	\$7,060 in 2024	\$3,530 in 2024	N/A	N/A

*Only applicants first eligible for Medicare before January 1, 2020 are eligible to purchase Plans C and F.

** Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-pay for emergency room visits that do not result in an inpatient admission.

*** Plans K & L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

% = the plan covers that percentage of this benefit and you're responsible for the rest.

A ✓ means 100% of this benefit is paid

Blank space means the plan does not cover this service

APPENDIX B

When enrolling in Medicare Part B and you are coming from an employer group health plan (creditable coverage) it will be necessary to complete the Medicare Form "REQUEST FOR EMPLOYMENT INFORMATION".

The form is to be completed by your employer and returned to you and used when you apply for Medicare. It proves to Medicare that you had creditable coverage and the reason you are entitled to a Special Enrollment Period (SEP). This form must be submitted with your application to enroll in Medicare Part B. Without this form, you will be subject to a Part B late enrollment penalty. You can obtain the form at:

www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS-L564E.pdf

or

Contact me @ 949 289-7617 or mike@yourgotoguy.info and request the form

IN CONCLUSION

Your options for health care coverage with Medicare are many, with a variety of distinctions, features, benefits and limitations across the board. Before making any decisions about your Medicare coverage, now or in the future, it's always advisable to consult with trustworthy, knowledgeable sources about which choices will best serve the interests of you and your family.



*Independent
Lifestyles*

*Providing Peace of Mind to
My Senior Friends since 1991*

Mike L. Kendall CFP®

"Your Go-to Guy: Simplifying Medicare for You."

Laguna Niguel, California

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www.mygotoguy.info

CA Insurance License #0819175

Medicare Supplement - Medicare Part C & D
Home Care & Long Term Care Plans - Life
Final Expense - Life Settlements - Living Trust

NABIP Certified 
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