Health Care Quick Reference Guide

MEDICARE
FOR INDIVIDUALS 65+

David Bunker
Windsor Wealth Management, LLC

27 Main Street
Topsfield, MA 01983

978-887-6940

Windsor Wealth Management

Medicare enrollment periods

To ensure no gaps in coverage, arrange for Medicare and supplemental insurance before existing coverage ends.

Initial enrollment period for Part A (hospitalization) and Part B (medical services).	Starts 3 months before 65th birthday, with coverage taking effect the first day of the month in which you turn 65.
Special enrollment period for Parts A and B (for people who are covered by an employer group plan at 65).	Can enroll in Medicare anytime during employment or when group coverage ends.
General enrollment period for Parts A and B	Those who miss the initial or special enrollment periods can sign up between January 1 and March 31 each year. Coverage begins the month after enrollment.
Initial enrollment period for Part C (Medicare Advantage).	May coincide with initial or special enrollment period for Parts A and B.
Initial enrollment period for Part D (drugs).	May coincide with initial or special enrollment period for Parts A and B. If you have creditable drug coverage through a retiree or employer plan, it is not necessary to enroll in Part D.
Open enrollment period for Medigap policies	Starts the first of the month in which you are BOTH over 65 and have Part B, and lasts 6 months. During this time, Medigap insurers have to take you, regardless of health status.

Medicare Advantage open enrollment period: January 1 – March 31. During this time you may:
- Switch to a different Medicare Advantage plan
- Drop your Medicare Advantage plan and return to Original Medicare (and sign up for a standalone Part D drug plan)
- Drop your standalone Part D drug plan

Annual open enrollment period for Medicare Advantage plans and drug plans: October 15 – December 7.
During this time you may:
- Change drug plans or enroll in a new drug plan
- Change Medicare Advantage plans or enroll in a new plan

Premiums and deductibles for 2024

Part A: No premium if eligible for Social Security as a worker, spouse, divorced spouse, or surviving spouse

Part B monthly premium

MAGI Single	MAGI Joint	MAGI Married filing separately	Part B monthly premium	Part B income-related adjustment	Total Part B premium	Part D Income-related adjustment**
≤ $103,000	≤ $206,000	≤ $103,000	$174.70	$0.00	$174.70	$0.00
$103,001 - $129,000	$206,001 - $258,000		$174.70	$69.90	$244.60	$12.90
$129,001 - $161,000	$258,001 - $322,000		$174.70	$174.70	$349.40	$33.30
$161,001 - $193,000	$322,001 - $386,000		$174.70	$279.50	$454.20	$53.80
$193,001 - $499,999	$386,001 - $749,999	$103,001 - $396,999	$174.70	$384.30	$559.00	$74.20
≥ $500,000	≥ $750,000	≥ $397,000	$174.70	$419.30	$594.00	$81.00

Source: Social Security Administration
**The Part D income-related adjustment is paid to Medicare and is in addition to any premium paid to the insurance company offering the drug plan.

2024 Deductibles (may be covered by supplemental insurance)

Part A — 1st 60 days of hospitalization	$1,632 per hospital stay
Part A — days 61–90	$408 per day
Part A — >90 days	$816 per day
Part B	$240 per year
Part D This is Medicare's basic drug design; your plan may be different	Deductible: $545 per year After the deductible, you pay 25% of drug costs. Out-of-pocket spending is capped at $8,000 (new for 2024 with the Inflation Reduction Act)

References

Medicare & You www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf
Brochure: Getting Started www.medicare.gov/Pubs/pdf/11389-Medicare-Getting-Started.pdf
Enrolling in Medicare Part A & Part B www.medicare.gov/Pubs/pdf/11036-Enrolling-Medicare-Part-A-Part-B.pdf
Understanding Medicare Part C & D Enrollment Periods www.medicare.gov/Pubs/pdf/11219-Understanding-Medicare-Part-C-D.pdf
Medicare and Other Health Benefits: Your Guide to Who Pays First ... www.medicare.gov/sites/default/files/2021-10/02179-Medicare-and-other-health-benefits-your-guide-to-who-pays-first.pdf
Have You Done Your Yearly Medicare Plan Review? www.medicare.gov/pubs/pdf/11220-Medicare-Yearly-Review.pdf
How Medicare Works With Employer-Based Health Plans ..... www.medicarerights.org/PartB-Enrollment-Toolkit/Toolkit-Description.pdf
Your Guide to Medicare Prescription Drug Coverage es.medicare.gov/publications/11109-Medicare-Drug-Coverage-Guide.pdf
Choosing a Medigap Policy: A guide for People with Medicare www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf
Medicare Plan Finder ..... www.medicare.gov/plan-compare

Medicare does not pay for long-term care.

Social Security Administration:
800-772-1213

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Check with your financial advisor for updates.

Medicare choices

Original Medicare or Medicare Advantage Plan?

- Original Medicare
  - Enroll in Medicare Parts A and B
  - Choose a standalone prescription drug plan and enroll in Part D
  - Choose a supplemental insurance policy (Medigap policy or employer/retiree insurance). Note: Once you turn 65, your employer or retiree insurance may work differently than it has in the past. It may be coordinated with Medicare. If you will be retaining employer or retiree coverage after turning 65, check with your plan to find out what you need to do to maintain coverage and to find out how it works.
- Medicare Advantage plan
  - Enroll in Medicare Parts A and B
  - Shop for and enroll in a Medicare Advantage plan that includes drug coverage offered by a private insurer

Get help finding plans

- Use Medicare Plan Finder: www.medicare.gov/plan-compare
- Identify lower-cost plans in your area
  - Drug plans and Medigap insurers if using Original Medicare
  - Medicare Advantage plans
- Call insurers for more information, or talk to a licensed health insurance agent.
- Talk to a State Health Insurance Assistance Program (SHIP) counselor: www.shiptacenter.org

How to enroll

- Visit www.medicare.gov. Click on “Apply for Medicare”
- Call the Social Security Administration: 800-772-1213

HSA contributions may no longer be made after enrollment in Medicare

How Medicare works with other insurance

If you	Pays first	Pays second
Are 65 or older and covered by a group health plan that covers **20 or more** employees based on the current employment of you or your spouse	Group health plan	Medicare
Are 65 or older and covered by a group health plan that covers **fewer than 20** employees based on the current employment of you or your spouse	Medicare (must be enrolled in Parts A and B)	Group health plan
Are over 65 and retired and have a retiree plan	Medicare (must be enrolled in Parts A and B)	Retiree plan
Are over 65 and on COBRA	Medicare (must be enrolled in Parts A and B)	COBRA
Are covered under TRICARE	Medicare (must be enrolled in Parts A and B)	TRICARE

Medigap insurance policies

Medigap Benefits	Medigap Plans									
	A	B	C	D	F*	G	K	L	M	N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Part B coinsurance or copayment	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes***
Blood (first 3 pints)	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Part A hospice care coinsurance or copayment	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Skilled nursing facility care coinsurance	No	No	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Part A deductible	No	Yes	Yes	Yes	Yes	Yes	50%	75%	50%	Yes
Part B deductible	No	No	Yes	No	Yes	No	No	No	No	No
Part B excess charge****	No	No	No	No	Yes	Yes	No	No	No	No
Foreign travel exchange (up to plan limits)	No	No	80%	80%	80%	80%	No	No	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

If you live in Massachusetts, Minnesota, or Wisconsin, Medigap policies are standardized in a different way.

* As of 2020, Plans C and F are not available to people new to Medicare. If you already have either of those plans (or the high deductible Plan F), you will be able to keep your plan.

** After you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.

*** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that don’t result in inpatient admission.

**** If you have Original Medicare, and the amount a doctor or other health care provider is legally permitted to charge is higher than the Medicare-approved amount, the difference is called the excess charge.

www.medicare.gov/supplements-other-insurance/how-to-compare-medigap-policies

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