



GOLDEN AGE
M A R K E T I N G

Medicare Basics

Established 1965

A

Hospital

B

Doctor

Initial Enrollment Period 7 Months

If you enroll in this month of your initial enrollment period:	Your coverage starts:
The month you turn 65	1 month after enrollment
1 month after you turn 65	2 months after enrollment
2 months after you turn 65	3 months after enrollment
3 months after you turn 65	3 months after enrollment

Up to ~~\$505~~
Less than 40 Quarters



Hospital

Deductible - \$1,632
Hospital Stays
Days 61-90 - \$408 / Day
Days 91-150 - \$816 / Day
Skilled Nursing
Days 21-100 - \$204 / Day



Doctor

General Enrollment Period

If you sign up during these months:	Your coverage will begin on:
January	July 1
February	
March	

Part B 2024 Premiums		
2022 Individual Income	2022 Joint Income	
< \$103,000	< \$206,000	\$174.70
< \$129,000	< \$258,000	\$244.60
< \$161,000	< \$322,000	\$349.40
< \$193,000	< \$386,000	\$454.20
< \$500,000	< \$750,000	\$559.00
> \$500,000	> \$750,000	\$594.00

Late Enrollment Penalty 10% / Year

\$0

A

Hospital

Deductible - \$1,632
Hospital Stays
Days 61-90 - \$408 / Day
Days 91-150 - \$816 / Day
Skilled Nursing
Days 21-100 - \$204 / Day

\$174.70

B

Doctor

Deductible - \$240 / Year
20%

1992 Standardized Plans

Effective June 1, 2010	Modernized Med Supp Plan Benefit Checklist									
Medigap Plan	Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
Basic Benefits – Hospitalization and Prevention Care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Basic Benefits – All Other	✓	✓	✓	✓	✓	✓	50%	75%	✓	Insured Pays up to: • \$20 copay for Office Visit • \$50 copay for emergency room visit
Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Skilled Nursing Coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part B deductible			✓		✓					
Part B Excess Charges Benefits					✓	✓				
Foreign travel emergency			✓	✓	✓	✓			✓	✓
Out-of-pocket Annual limit							✓	✓		

Plans ABKLM - Not Enough Coverage for the Cost

Plans C&F - Only Available for individuals who went on Medicare prior to 2020

Plan D - Doesn't cover Excess Charges

Medicare Supplement

\$0

A

Hospital

~~Deductible - \$1,632
Hospital Stays
Days 61-90 - \$408 / Day
Days 91-150 - \$816 / Day
Skilled Nursing
Days 21-100 - \$204 / Day~~

\$0

\$174.70

B

Doctor

~~Deductible - \$240 / Year
20%~~

2003 Medicare Modernization Act

C

D

Prescription

- Run by Insurance Companies
- Plans vary in Cost & Coverage

2024 Part D Premium Adjustments		
Income-Related Monthly Adjustment Amount		
Individual Income	Joint Income	
< \$103,000	< \$206,000	\$0.00
< \$129,000	< \$258,000	\$12.90
< \$161,000	< \$322,000	\$33.30
< \$193,000	< \$386,000	\$53.80
< \$500,000	< \$750,000	\$74.20
> \$500,000	> \$750,000	\$81.00

Late Enrollment Penalty 1% / Month
National Base Beneficiary Premium (\$34.70 in 2024)

Part D Minimum Standard Benefit

Deductible	\$545
Initial Coverage Limit (Total Costs)	\$5,030
Gap Coverage	
Brand Name	25%
Generic	25%
Catastrophic Coverage (Your Costs)	\$8,000
Generic Drugs	\$0.00
Brand Name Drugs	\$0.00

<u>Company & Plan Name</u>	<u>Monthly Premium</u>	<u>Annual Deductible</u>	<u>Preferred Generic</u>	<u>Generic</u>	<u>Preferred Brand</u>	<u>Non Preferred</u>	<u>Specialty</u>
Wellcare ValueScript	\$0.00	\$545	\$0	\$5	25%	50%	25%
Cigna Saver RX	\$15.10	\$545	\$0	\$6	19%	49%	25%
Clearspring Health Value	\$18.70	\$545	\$1	\$3	\$42	32%	25%
Mutual of Omaha RX Essential	\$23.20	\$545	\$0	\$15	20%	48%	25%
AARP/UHC RX Basic	\$31.10	\$545	\$2	\$8	15%	42%	25%
Cigna Secure RX	\$33.90	\$545	\$0	\$3	16%	42%	25%
Wellcare Classic	\$34.70	\$545	\$0	\$5	22%	40%	25%
Humana Walmart Value	\$35.10	\$545	\$0	\$1	16%	46%	25%
Mutual of Omaha RX Plus	\$35.40	\$545	\$2	\$5	15%	36%	25%
Humana Basic	\$38.30	\$545	\$0	\$1	24%	37%	25%
Aetna/Silverscript Choice	\$40.40	\$545	\$2	\$7	16%	40%	25%
BC/BS Blue Select	\$96.00	\$545	\$0	\$11	\$42	38%	25%
Aetna/Silverscript SmartSaver	\$5.30	\$280	\$0	\$5	24%	50%	29%
AARP/UHC Walgreens	\$51.40	\$410	\$2	\$8	\$40	50%	27%
Cigna Extra RX	\$70.00	\$145	\$3	\$12	20%	50%	31%
Mutual of Omaha RX Premier	\$75.00	\$349	\$1	\$10	\$47	48%	28%
Aetna/Silverscript Plus	\$85.90	\$200	\$0	\$0	\$47	50%	33%
Wellcare RX Value Plus	\$78.90	\$0	\$0	\$4	\$47	50%	33%
Humana Premier RX	\$95.90	\$0	\$1	\$4	\$45	49%	33%
AARP/UHC Preferred	\$97.10	\$0	\$7	\$12	\$47	40%	33%
BC/BS Premium	\$117.40	\$0	\$1	\$5	\$40	45%	33%

Showing 10 of 20 drug plans

Wellcare Value Script (PDP)

Wellcare | Plan ID: S4802-148-0

Star rating:



MONTHLY PREMIUM

\$0.00 Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for the rest of 2024)

\$0.00 Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$545.00 Drug deductible

Feedback

SilverScript SmartSaver (PDP)

Aetna Medicare | Plan ID: S5601-188-0

Star rating:



MONTHLY PREMIUM

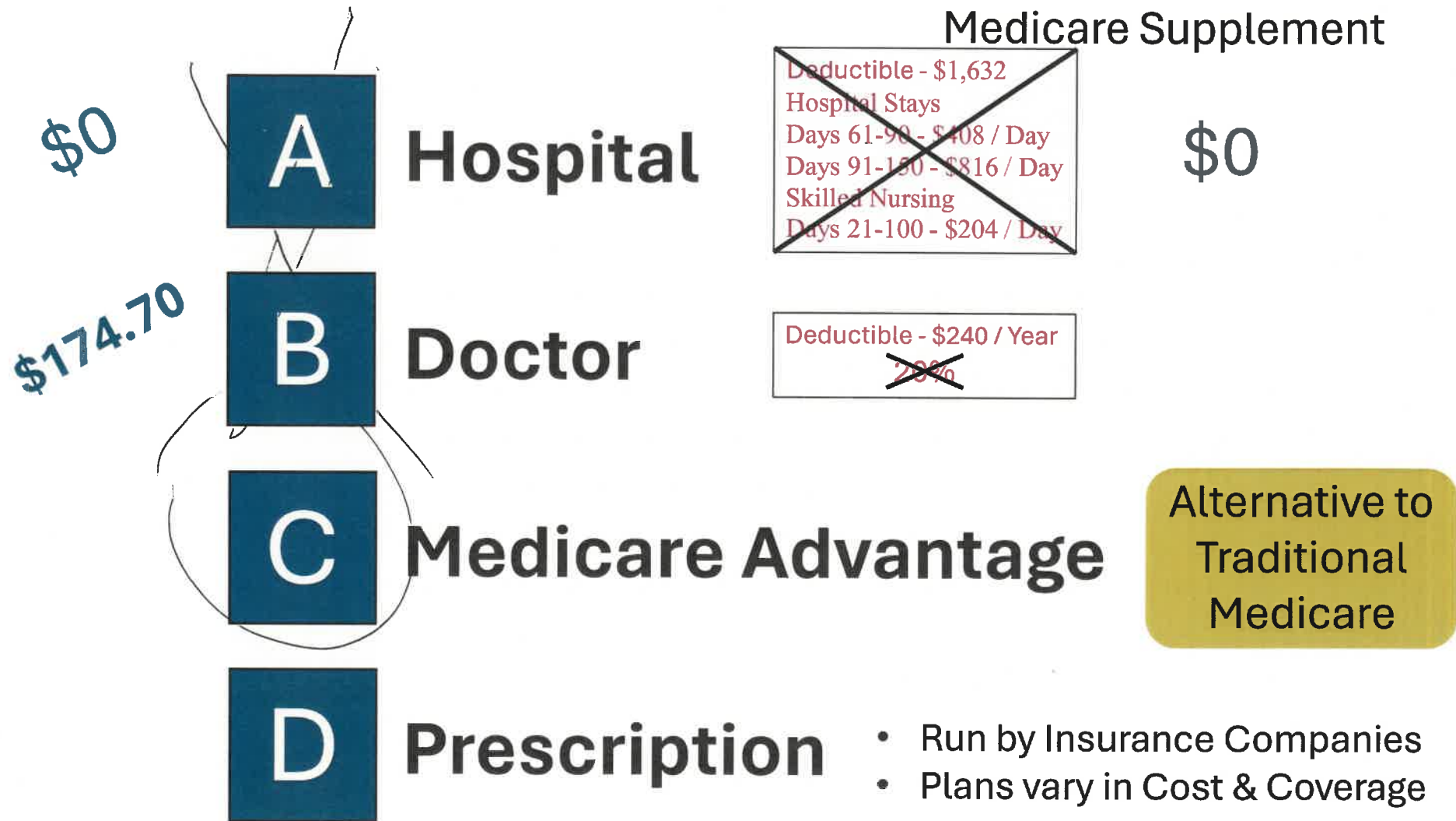
\$5.30 Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for the rest of 2024)

\$58.30 Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$280.00 Drug deductible



Medicare Advantage

Two Options

A Health Maintenance Organization (HMO)

- You'll use **doctors in the network**.
- You might need a **referral** to see a specialist.

A Preferred Provider Organization (PPO)

You can use doctors and hospitals **outside of the network**, but often for a higher copay.

Company	Aetna	Priority	BCBS MI	Wellcare	UHC/AARP
Product Name	Medicare Value PPO	Medicare Edge PPO	Essential PPO	No Premium Open PPO	Open Plan 1
Max OOP	\$4,950/\$8,950	\$5,300	\$5,200	\$5,000/\$7,500	\$4,500
Monthly Premium	\$0	\$0	\$0	\$0	\$0
Medical Deductible	\$0	\$0	\$0	\$0	\$0
Dr. Co-Pays	\$0	\$0	\$0	\$0	\$0
Specialist Co-Pays	\$35	\$45	\$45	\$40	\$35
Hospital Deductibles	\$285 Per Days 1-7/35%	\$320 Per Days 1-7	\$325 Days 1-6	\$350 Days 1-7	\$325 Per Days 1-7
Ambulance	\$255/\$355	\$275	\$275	\$250	\$180
Emergency Room	\$100	\$120	\$90	\$120	\$120
Urgent Care	\$30	\$30	\$50	\$45	\$40
Gym	Included	Included	Included	Included	Included
Hearing	\$750 (NationsHearing)	\$295-\$1,495 (TruHearing)	\$750/Ear	\$500/Ear	\$99-\$1249
Vision	\$200 Per Year	\$100 Per Year (Eyemed)	\$150 (VSP Network)	routine up to \$200	routine up to \$250
Dental	\$2200 Per Year	2 Cleanings Per Year (Delta)	\$1500 Per Year	Up to \$2000	Up to \$1,750
RX Deductible	\$0	\$0	\$0	\$0	\$0
RX Tier I	\$0	\$2/\$4/\$0	\$5/\$0	\$0/\$0	\$0
RX Tier II	\$5	\$8/\$16/\$24	\$20/\$11	\$5/\$15	\$10
RX Tier III	\$47	\$38/\$76/\$114	\$47/\$42	\$42/\$126	\$47
RX Tier IV	\$100	40%	50%	50%	\$100
RX Tier V	33%	33%	33%	29%	33%
			Optional Anc Available	Flex Card \$1000	
	\$90 Over the Counter Qty	\$95 OTC Qty	\$125 OTC Qty	\$35 Over The Counter Qty	\$40 Over The Counter Qty
	\$200 MC expenses Qty	48 Hours Companion Care	\$125 Chronic Ill Food Qty	No Transportation	No Transportation
	No Transportation	Enhanced Anc Available \$42	\$100 Bathroom Safety		
	Silver Sneakers	Silver Sneakers	Silver Sneakers		

Medicare Supplement

- ✓ Freedom to Choose Doctors
- ✓ No referrals
- ✓ Covered anywhere in US
- ✗ Higher Premiums
- ✗ No Vision Coverage
- ✗ No Hearing Coverage

vs

Medicare Advantage

- ✓ May include Vision Hearing and Fitness benefits
- ✓ Lower Premiums
- ✓ Covered anywhere in US
- ✗ Lots of Copays & Deductibles
- ✗ Only Emergency coverage when traveling
- ✗ May need referrals
- ✗ Has Networks