MEDICARE EXPERTS
www.YourMedicareExperts.com
919-390-1880

UNDERSTANDING MEDICARE OPTIONS

Original Medicare

*You are required to enroll in all 3 parts (A, B & D)

Part A
HOSPITALIZATION

Inpatient Care
Skilled Nursing
Home Healthcare

Monthly Premium: $0
Per admission deductible: $1,736
www.ssa.gov/medicare

Part B
MEDICAL

Doctor Visits, Emergency, Cancer, Surgery, Lab Tests, X-rays, Diagnostic, etc

Monthly Premium: $202.90
Annual Deductible: $283
Medicare pays: 80%
You pay: 20% after deductible

Part D
DRUG

Prescription Drug Plan

Monthly Premium: $3.60-$120
Annual Deductible: $615
You pay: copays after deductible
$2100 Annual Max Cap

How do you want to cover these costs?

You have 2 options

Medicare Supplemental "Medigap"

- GOLDEN BRICK ROAD – in addition to Medicare and goes on top of Medicare benefits. Provides outstanding healthcare
- Monthly premiums: $120 - $170
- Very STABLE, benefits never change
- Open Access – see any doctor in America where Medicare is accepted (total freedom)
- 100% Coverage Under Most Popular Plans
- No pre-authorizations required
- Minimal paperwork
- Part D drug benefits are not included – you will need to get a separate Part D plan
- Guaranteed acceptance upon turning 65 or getting Medicare for the first time. Otherwise pre-existing conditions count and you could be denied coverage

Medicare Advantage "Part C"

Takes the place of Medicare and gives control to a private insurance company

- Lower monthly premiums: $0 - $118
- VERY VOLATILE – benefits always change
- Network of doctors with some plans requiring referrals and restrictions
- Lower premium but higher risk, these plans have high max out of pocket limits and are laden with COPAYS and 20%fees
- Pre-Authorizations Required (problems)!
- Most plans bundle drug coverage
- Bundles bonus benefits like Dental, Vision, Gym, etc. (for now)
- Based on County of Residence
- Moving from these plans to Medigap requires medical underwriting. High risk of denial.

How things look on paper are NOT how they work in the REAL WORLD.
Remember that perception is NOT reality. Be SURE you know the REAL pros & cons of each.

2026 PART B INCOME ADJUSTMENTS (based on 2024 tax returns)

The standard Part B premium amount in 2026 is $202.90. Most people pay the standard Part B premium amount. If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you'll pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium. There is an additional surcharge added to your Part D drug plan as well.

2026 PART B BASE CHARGE = $202.90 per month

Single	Married filing jointly	Part B Income-Related Monthly Adjustment Amount	Part D Income-Related Monthly Adjustment Amount
Less than or equal to $109,000	Less than or equal to $218,000	$0.00	$0.00
Greater than $109,000 and less than or equal to $137,000	Greater than $218,000 and less than or equal to $274,000	$81.20	$14.50
Greater than $137,000 and less than or equal to $171,000	Greater than $274,000 and less than or equal to $342,000	$202.90	$37.50
Greater than $171,000 and less than or equal to $205,000	Greater than $342,000 and less than or equal to $410,000	$324.60	$60.40
Greater than $205,000 and less than $500,000	Greater than $410,000 and less than $750,000	$446.30	$83.30
Greater than or equal to $500,000	Greater than or equal to $750,000	$487.00	$91.00

4 Things You'll Need To Pay For Yourself Under Medicare

Medicare won't cover all your healthcare needs

Millions of seniors get health benefits through Medicare, and while the program does provide access to a wide range of providers throughout the United States, it doesn't necessarily offer the comprehensive coverage enrollees might expect. If you're planning to sign up for Medicare in the not-so-distant future, you should know that you'll have to pay for the following services yourself, since Medicare won't cover them. I have countless options in each of these areas that can help you avoid the surprises of high cost down the road.

DENTAL CARE | You'd think dental care would be a standard service covered by Medicare, but not so. Routine cleanings, cavity fillings, and dentures are all services you'll need to pay for yourself. The only way Medicare will pay for a dental visit is if the service in question relates to a medical issue, such as needing an oral exam before having surgery.

Dental has never been considered healthcare in America. This has always been a separate item even in your corporate plan benefits and if you want dental coverage you'll need to purchase it in addition to your Medicare.

The thing to be aware of is that individual plans have waiting periods unlike corporate plans that cover you immediately so access to care may require you to wait.

VISION CARE | Seeing well is important but this is where Medicare coverage can get a little fuzzy. If your eyes are healthy and you want to go to your friendly neighborhood vision center and get your eyes examined and pay for glasses, Medicare won't pay for this.

That said, Medicare *will* pay to screen for and treat certain diseases of the eye so as you age you're more likely to have Medicare help with these coverages (but not glasses). As you age, you'll be treated for cataracts, retinopathy, macular degeneration or glaucoma and these are covered under Medicare.

HEARING AIDS | Many seniors suffer from hearing loss, but surprisingly, Medicare won't pay for hearing aids. It will pay for hearing tests if you're experiencing issues that relate to a specific illness or injury. There are some Part C plans that will help subsidize the cost of getting hearing aids but you are forced into the plans healthcare structure which includes networks, copays and 20%.

LONG TERM CARE | Long-term care is generally custodial in nature (meaning it doesn't relate to specific medical need or condition. It pertains to assistsance with everyday living. It is NOT healthcare but it is eldercare. Medicare won't pay for care that's custodial in nature, so generally speaking, home health aides, assisted living and nursing home care are your burdens to pay.

These are real challenges for seniors in America and most people are unaware that these are not covered by Medicare. We have solutions in all these areas so if you have concerns please contact us.

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I found this article interesting and useful for many of my clients so I wanted to share it with you.
Article from Investment Site: Motley Fool published on Feb. 19, 2020

63% of Medicare Enrollees Share This Major Worry

Here's what to do if you're part of that statistic

By Maurie Backman

1. Understand your built-in costs
Generally speaking, when you receive care under Medicare Part B, which pays for everything from doctor visits to diagnostic tests to durable medical equipment, Medicare will cover 80% of the cost, leaving you to pick up 20% of the tab. This assumes, however, that the service in question is a covered service. If it isn't, you could get stuck with the *entire* bill. If you're not sure whether your service is covered, ask. It's an easy way to avoid unpleasant surprises.

IMAGE SOURCE: GETTY IMAGES

Another thing: When you're admitted to a hospital under Medicare Part A, you'll be subject to a deductible that can change from year to year. Currently, that deductible is $1,408. In exchange, you pay nothing other than that deductible for your first 60 days in a hospital, but from there, your next 30 days will cost you $352 each. Knowing what costs you're liable for will help you plan accordingly so that when you start getting bills, they aren't shocking.

2. Get supplemental insurance
Clearly, there's a host of expenses you might encounter under Medicare. A good way to minimize them is to purchase supplemental insurance known as Medigap. Medigap can pick up the tab for deductibles and copays so you're not left to cover those bills alone. That said, Medigap won't pay for services that Medicare itself won't cover, so you'll still need to account for those costs yourself. For example, Medicare won't pay for dental exams, hearing aids, or vision tests. If you need these services, you'll continue to pay out of pocket even if you have Medigap coverage in place.

3. Sock away funds for future healthcare expenses
If you're not yet retired but are worried about affording healthcare under Medicare once you *do* leave the workforce, make an effort to contribute to a health savings account, or HSA. With an HSA, your contributions go in tax-free, so there's instant savings involved. You can then withdraw funds as you need them for immediate medical expenses, or invest the funds you're not using and carry them into retirement, when healthcare can eat up even more of your budget.

You're eligible for an HSA if you're enrolled in a high-deductible health insurance plan. For 2020 purposes, that means an individual deductible of $1,400 or more, or a family deductible of $2,800 or more. If you qualify, you can contribute up to $3,550 to an HSA this year as an individual, or up to $7,100 on behalf of a family. And if you're 55 or older, you get a $1,000 catch-up contribution on top of these limits, similar to the catch-up provision you'll find in popular retirement savings plans like IRAs and 401(k)s.

Though Medicare offers critical health benefits to millions of seniors, the costs you encounter under it could be quite substantial. If unplanned bills under Medicare are a concern for you, read up on how your benefits work, get supplemental insurance, and, if you're not yet retired, set aside money in an HSA. Doing so could help you avoid a world of financial and emotional stress at a time in life when you deserve better.