

# Your 2020 Complete Guide to Medicare



# YOUR 2020 COMPLETE GUIDE TO MEDICARE

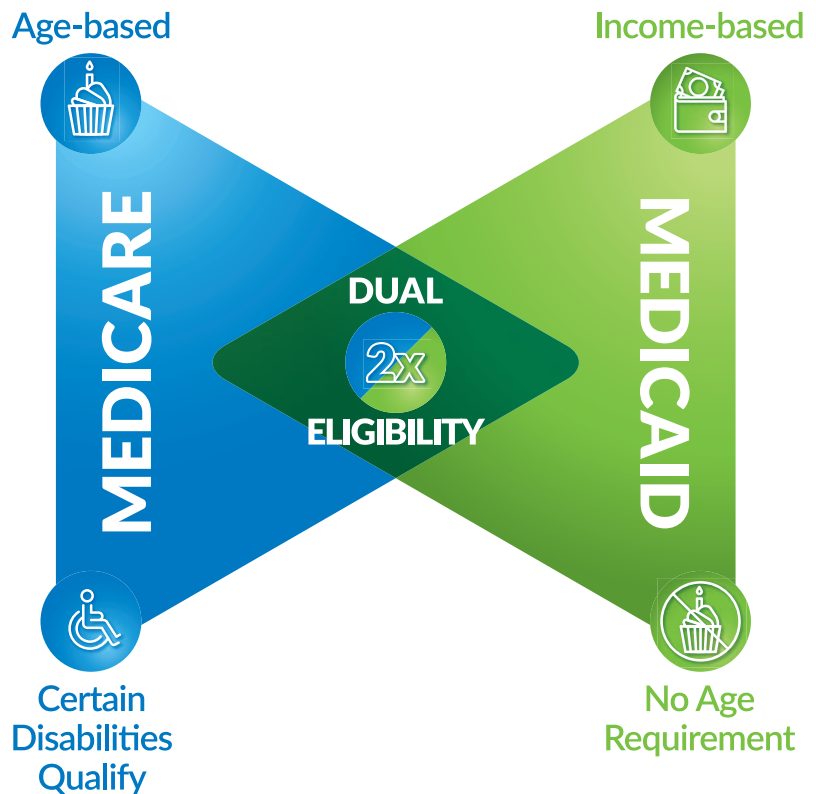
Let our 2020 Complete Guide to Medicare make the process easy and give you the peace of mind you deserve.

## What is Medicare?

Medicare is a federal program that provides health insurance to individuals who meet certain age or disability requirements.

## Medicare vs. Medicaid

Medicare and Medicaid were both created in 1965 by Lyndon B. Johnson to provide older and lower-income Americans the option of purchasing private health insurance. And while the two programs are often used interchangeably, they have some significant distinctions.



## What's the Difference Between Medicare and Medicaid?

The major difference is that Medicare and Medicaid were created to serve two separate demographics.

Medicare provides health insurance to individuals over the age of 65 and individuals with certain disabilities or End-Stage Renal Disease. Medicare is provided to individuals regardless of their income.

Medicaid, on the other hand, does not have an age requirement, as this program provides low-cost health insurance for people based on need.

Some individuals qualify for both programs, which is known as dual eligibility. If this applies to you, you can receive both Medicare and Medicaid insurance and can expect to pay little for your coverage.

# 1. ELIGIBILITY & ENROLLING

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## Medicare Eligibility

### Who is Eligible for Medicare?

Individuals must be a U.S. citizen or permanent legal resident for at least five consecutive years and reach [Medicare eligibility](#) when at least one of the following applies to them:

- Are age 65 or older and eligible for Social Security
- Are permanently disabled and have received disability benefits for at least two years
- Have been diagnosed with [End-Stage Renal Disease \(ESRD\)](#)
- Have been diagnosed with [Lou Gehrig's disease \(ALS\)](#)

### Eligibility Tool

[Visit our online Medicare eligibility tool](#) to determine when you will be eligible for Medicare!

### Medicare Eligibility Age Requirement

If you do not have a disability, ALS or End-Stage Renal Disease, your Medicare eligibility age is 65.

### Medicare Disability Requirements

If you have a disability and have been receiving Social Security Disability Insurance (SSDI) for more than 24 months, you will be automatically enrolled in Medicare at the start of the 25th month you receive SSDI.

### Should You Take Medicare Benefits at Age 65?

The short answer is no. If you are working or have coverage through a spouse, you may [consider deferring Medicare](#).

However, we strongly encourage you to seek expert advice on what to do if you aren't sure. Many individuals are given misinformation about how and when to defer Medicare, and not enrolling at the right time can lead to lifelong penalties and even periods without health insurance.

# How to Apply for Medicare

Learning how to apply for Medicare is one of the major things you'll need to know as you prepare to retire. As complicated as Medicare can be, signing up for Medicare Parts A and B is often quite simple.

## Signing Up

If you are not automatically enrolled in Medicare, you can sign up for Medicare Part A and/or Part B via the [online Medicare application](#), by calling Social Security at [1-800-772-1213](tel:1-800-772-1213), or by visiting your [local Social Security office](#). If you are coming off group coverage, you will want to be sure your Medicare effective date lines up with the end of your other insurance coverage. Working beyond age 65? [Read this blog post](#).

During your Initial Enrollment Period (IEP), you will be able to sign up for a health plan to pair with your Part A and Part B benefits. Based on your doctors, prescriptions, travel plans, preferred pharmacy and preferred hospital, you may want to consider this additional coverage. You can do this by reaching out to a trusted advisor for guidance and help enrolling.

## When to Apply

Because there are various times you can enroll in Medicare, the time you should apply depends on the age you plan to retire. The earliest you can apply (if you do not have a disability or receive Railroad Retirement Board or Social Security benefits) is three months before your 65th birthday. We recommend reaching out to a trusted advisor in Medicare about six months before you plan to retire to learn more about what this process looks like.

## Application Form

You can apply for Original Medicare online via the application form [here](#).

# When to Enroll in Medicare

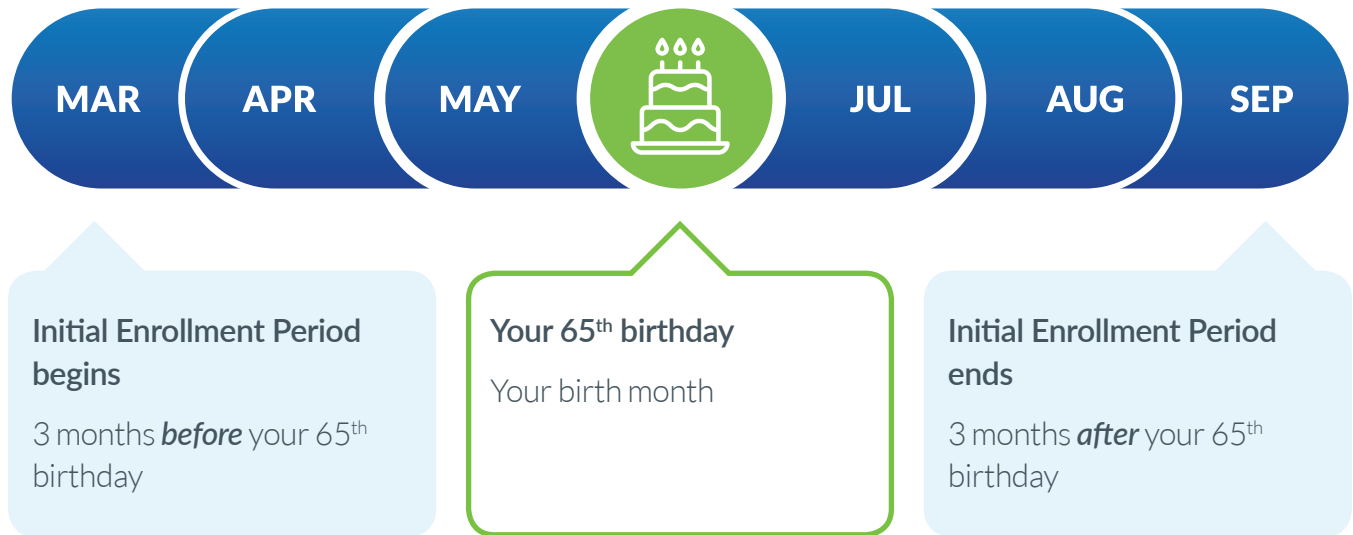
## Initial Enrollment Period

Your [Initial Enrollment Period \(IEP\)](#) is the first time you are eligible to sign up for Medicare (Parts A, B, C and/or D). This time frame starts three months before the month of your 65th birthday, includes your birth month, and extends to three months after the month of your 65th birthday.

*For example, if your birthday is June 15, your IEP would look like this:*

- **March 1:** Your IEP begins, and you are officially eligible to enroll in Medicare Parts A, B, C and/or D
- **June:** You turn 65
- **September 30:** Your IEP ends; by now, you should have chosen and enrolled in the health plan that is right for you

## YOUR INITIAL ENROLLMENT PERIOD:



## Annual Enrollment Period

Each year from October 15 through December 7, the Medicare Annual Enrollment Period (AEP) or Medicare open enrollment takes place. During this time, individuals who are already enrolled in a Medicare plan can switch from Original Medicare or their current Medicare Advantage (MA) plan to another MA plan or a Supplement plan. You can also switch back to Original Medicare or enroll in a Prescription Drug Plan.

If you choose to enroll in a different plan during AEP, your new Medicare coverage will start on January 1 of the following year.

## Special Enrollment Period (SEP)

Like the name implies, Medicare Special Enrollment Periods (SEPs) are granted due to special circumstances, like losing employer coverage. Let's say you delay, or defer, your Medicare IEP when you turn 65 because you are still working and receiving [creditable coverage](#) (does not include Veterans, retiree coverage, and/or COBRA) through your (or your spouse's) employer.

When you are ready to retire, you will be able to enroll in Medicare during a Special Enrollment Period, which can begin either the month after your employment ends or the month after your current employer health plan ends and lasts for up to eight months.

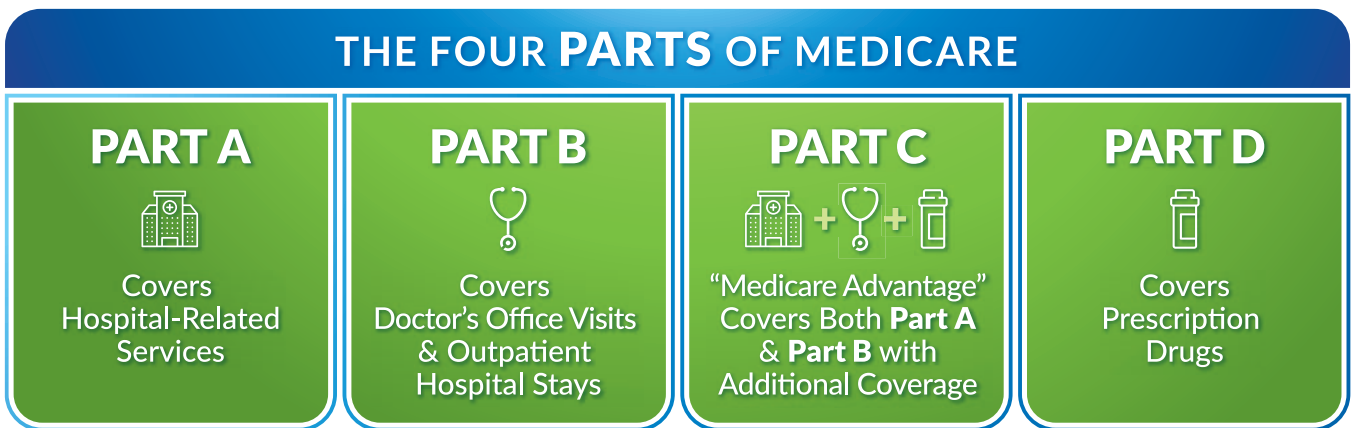
Because the rules around Special Enrollment Periods are tricky and depend largely on your situation, we encourage you to call one of our advisors if you have specific questions.

## 2. PLANS & COVERAGE

### What Does Medicare Cover?

Medicare is made up of different areas of health coverage, which include: Part A, Part B, Part C and Part D. Depending on your situation, you can get Medicare coverage through a combination of these parts. The combination of Medicare plans that is right for you will determine what you pay for your coverage.

**Expert tip:** Your red, white and blue Medicare card will state whether you have Part A, Part B or both. It will also show the date your coverage begins.



### Medicare Part A: Hospital Insurance

Medicare [Part A](#) is part of Original Medicare and is sometimes referred to as "hospital insurance." In general, Medicare Part A covers the following:

- Hospital care
- Skilled nursing facility care
- Nursing home care (as long as custodial care isn't the only care you need)
- Hospice
- Home health services

#### ORIGINAL MEDICARE:

PART A	PART B
Inpatient hospital care	Physician services
Skilled nursing facilities	Preventive services
Hospice care	Monthly premium based on income
Home health services	

## Medicare Part B: Medical Insurance

Medicare [Part B](#), the other part of Original Medicare, is sometimes referred to as “medical insurance” and generally covers two types of medical services. First, it covers medically necessary health services and supplies, like outpatient doctor visits, tests, wheelchairs, walkers, etc. Second, Part B covers preventive services like screenings, annual wellness exams, etc.

A more exhaustive list for Medicare Part B coverage, found on [Medicare.gov](#), includes items like:

- Clinical research
- Ambulance services
- Durable medical equipment (DME)
- Mental health
- [Inpatient Care](#)
- [Outpatient Care](#)
- Partial hospitalization
- Getting a second opinion before surgery
- Limited outpatient prescription drugs

### TYPES OF MEDICARE PLAN OPTIONS:

PLAN TYPE	MEDICARE SUPPLEMENTS	PRESCRIPTION DRUG PLANS (PART D)	MEDICARE ADVANTAGE PLANS (PART C)
<b>What is it?</b>	Helps pay for deductibles, copays and other costs not covered by Original Medicare	Paired with Medicare Supplement or Original Medicare	Combines Parts A and B with additional benefits and some drug coverage
<b>Requirements</b>	Must have Parts A <b>and</b> B to enroll	Must have Part A <b>or</b> B to enroll	Must have Parts A <b>and</b> B to enroll
<b>Benefits/Premiums</b>	Premiums and benefits vary among plans	Benefits and formulary can change annually	Benefits could change annually
<b>Administered by</b>	Administered by private companies	Administered by private companies	Administered by private companies
<b>Notes</b>	Medical insurance only	All plans offered must meet government plan designs	Basic plan types: HMO, PPO

Source: [www.medicare.org](#)

## Medicare Part C: Medicare Advantage

One of the most popular and easily recognized options of Part C is [Medicare Advantage \(MA\)](#). MA plans are health plans offered by private insurance companies. These insurance companies are contracted and approved by Medicare to offer plans that roll Part A, Part B and sometimes Part D benefits into one plan.

Every MA plan must provide the same basic coverage as Medicare Parts A and B, but many plans also feature extra benefits including, vision, dental and fitness memberships, all in one. Some plans, referred to as Medicare Advantage Prescription Drug plans (or MAPDs), even include prescription coverage. Many retirees also find MA options appealing because their benefits are rolled into one plan and the plans often feature an out-of-pocket maximum, which caps the amount they might have to pay each year.

### Types of Medicare Advantage Coverage

Similar to traditional insurance options, MA plans come in two forms: HMOs and PPOs. HMO and PPO plans have a lot in common, and one is not better than another. It all comes down to your individual needs and budget. By looking at your specific circumstances, we can assist you in choosing the right plan for you.

#### HMO

An HMO (health maintenance organization) is an insurance plan that features a “network” of approved doctors, hospitals and other health care facilities.

If you go to an “in-network” doctor or hospital, it means the provider is approved by your plan. You will likely pay a lower rate for care. If you go to an “out-of-network” provider, you will likely pay a larger portion (if not all) of your medical bill from your own pocket. This is because the provider is not in your Medicare HMO plan’s network. While there are many other features to an HMO, the main thing to know is they use networks to manage care and costs.

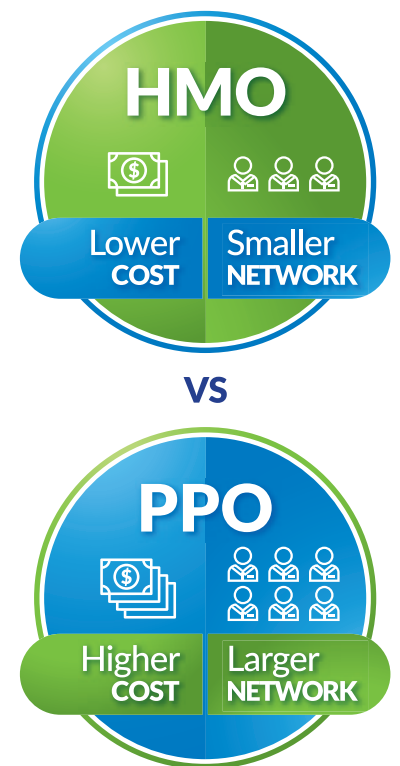
#### PPO

A PPO (preferred provider organization) is best known as being an insurance plan that gives you more flexibility on the doctors you see and the health care facilities you use. Medicare PPO plans also use a network of doctors and providers as part of the plan. However, there aren’t as many rules on which doctors and locations you can visit.

## Medicare Part D: Prescription Drug Coverage

Medicare [Part D](#) is prescription drug coverage available to anyone with Medicare Part A and/or Part B. Much like Medicare Part C, Medicare Part D plans are offered by private insurance companies.

**Expert tip:** Many MA plans include Part D coverage and are referred to as MAPD plans. Medicare Supplements do not include prescription coverage and therefore require enrollees to purchase a separate Part D plan.





## Medicare Supplement (“Medigap”) Plans

[Medicare Supplement plans](#), also known as Medigap, are health insurance policies sold by private insurance companies. Medicare Supplement insurance is designed to be paired with Medicare Parts A and B to “fill in the gaps” that Medicare does not cover (like [copays](#), coinsurance and deductibles). Many retirees choose Medicare Supplements because they can help protect you from high medical expenses and you rarely receive any bills in the mail. However, you will likely pay a higher monthly premium for a Medicare Supplement compared to a Medicare Advantage plan.

If you choose to purchase a Supplement, your coverage from both Medicare and your Supplement work together. In other words, Medicare pays its share of approved covered health care costs and then sends the remaining balance to your Supplement insurance company. At this point, as long as the services or procedures are qualified, your Supplement will pay most or all of the remaining costs, based on the plan chosen.

**Expert tip:** Supplement plans will usually cover the cost of care provided by any doctor, hospital or facility that accepts Medicare.

It’s important to note that a supplement plan only supplements your other benefits—meaning you must receive your Part A, Part B and Part D benefits through another source. If you do not enroll in these other important coverage areas, you could incur one or more penalties.

Because Medicare Supplements do not offer Part D benefits, you will need to enroll in a stand-alone Medicare Part D prescription drug plan or another form of [creditable drug coverage](#) (meaning coverage equal to or greater than Medicare’s minimum standards of coverage).

## Dental Plans

Original Medicare doesn’t cover most dental care, dental procedures or supplies. However, some Medicare Advantage Plans offer dental benefits, as well as vision and hearing. You also have the option to add a Medigap plan with dental benefits or purchase a separate dental plan. Whatever you decide on, our advisors can help you compare these plans and sign up.

## How Does Medicare Work with Other Coverage?

**Depending on your situation, you may have both Medicare and another form of insurance, perhaps through an employer. There are specific rules for these types of situations that determine which insurance pays first and how much you can expect to owe after both coverages have paid their share.**

## Employer Coverage and Medicare

The way job-based insurance works in conjunction with Medicare varies by company size. If your organization has 20 or more employees, you are not required to sign up for Original Medicare when you turn 65. However, if you do sign up, the employer coverage remains the primary insurance and Medicare is secondary. Remember if you do not sign up for Original Medicare at this point, you’ll need to delay, or [defer, your Medicare Part B coverage](#).

If your organization has fewer than 20 employees, you are required to sign up for Original Medicare when you turn 65, even if you plan to continue working. This is because at this point, Medicare is your primary insurance. When you sign up for Medicare Parts A and B, you need to also confirm that your prescription drug coverage through your employer is [creditable](#). If it's not, you will also need to enroll in a Medicare prescription drug plan. You may also choose to sign up for a Medicare Advantage or Supplement plan, depending on the coverage you would like to have. Because of the complicated nature of employer coverage and Medicare, we encourage you to call our team of advisors with questions about your specific situation, so you understand what actions you need to take and when.

## Retiree Insurance and Medicare

Sometimes employers will provide insurance coverage to former employees, which is known as retiree insurance. In this type of arrangement, Medicare pays first with retiree insurance paying second. To make sure you have the coverage you need, you will need to enroll in Original Medicare (Parts A and B). The type of coverage provided through retiree insurance may vary by organization, so you should speak with your employer's human resources department or other designated department to confirm your options and coverage.

Depending on your former employer, you may need to work with a specific advisor, like Ohio Public Employees Retirement System (OPERS) for teachers, as opposed to an independent health plan advisor, like RetireMEDiQ.

## Veterans Affairs (VA) Benefits and Medicare

While deferring Medicare Part B is the right move for some individuals working past 65, Veterans Affairs encourages individuals in their network to sign up for Medicare when they become eligible. Your VA coverage will not be impacted by signing up for Medicare. The main benefit for signing up for both types of coverage is that you will have access to health care outside of the VA system.

While you must receive care at a VA facility for your VA coverage, the same rule does not apply for Medicare—instead, you must receive care at a Medicare approved facility. Keep in mind that your VA benefits will not cover the costs associated with services covered by Medicare that the VA does not agree to pay for.

# 3. COST & SAVINGS

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## How Much Does Medicare Cost?

### Medicare Premiums

A Medicare premium is the monthly amount you pay to keep your health plan's coverage active. Your plan's premium may range in price from \$0 a month and up, depending on the type of plan you have.

The chart below covers the ranges of monthly premium costs for 2020:

TYPES OF MEDICARE	MONTHLY PREMIUM
Original Medicare – Part A & Part B	Income-based
Medicare Supplement (“Medigap”) Plans	\$90 – \$350+
Medicare Prescription Drug Plans – Part D	\$13 – \$62
Medicare Advantage Plans – Part C	\$0 – \$214

While it is common for individuals to look at health plans with the lowest possible premium, we encourage our clients not to assume the lowest cost plan is the right option. Depending on the level of health care you require, a plan with a higher monthly premium and lower out of pocket expenses could end up saving you a lot of money.

In addition to a premium, there are other costs to consider, like deductibles, copayments, and coinsurance. All these costs should be evaluated as you decide what plan is going to meet your lifestyle and your needs. Working with a health insurance expert can help you forecast how these costs will impact your retirement health care budget.

## Medicare Part A Cost

Part A includes a monthly premium; however, most people do not have to pay this. You can get “premium-free” Part A if you or your spouse paid Medicare taxes while working for at least 10 years (40 quarters).

If you do not qualify for premium-free Part A, the monthly premium in 2020 is \$458. You can find more details about the Part A premium [here](#).

There are additional costs you can expect to pay for various types of care, like if you go into the hospital or require skilled nursing. Here are the details for 2020:

- \$1,408 deductible for each benefit period
- Days 1-60: \$0 coinsurance for each benefit period
- Days 61-90: \$352 coinsurance per day of each benefit period
- Days 91 and beyond: \$704 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime)
- Beyond lifetime reserve days: all costs

**Expert tip:** If you are planning to work beyond age 65, there are important things you need to know about Part A, like how it could [impact your Health Savings Account](#) if you have one. Be sure you are aware of these things before making any decisions or changes.

## Medicare Part B Cost

Medicare Part B has a standard annual deductible (\$198 in 2020) and a monthly premium (\$144.60 for most Medicare enrollees). After the deductible is met, you typically pay 20 percent of the cost of services and Medicare covers the rest. When budgeting for your Part B expenses, note that there is no cap on the 20 percent that you will be responsible for paying.

### 2020 INCOME-RELATED PART B PREMIUM ADJUSTMENT AMOUNTS:

If Your Yearly Income in 2018 was:			You Pay:
File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Returns	
\$87,000 or less	\$174,000 or less	\$87,000 or less	\$144.60
above \$87,000 up to \$109,000	above \$174,000 up to \$218,000	N/A	\$202.40
above \$109,000 up to \$136,000	above \$218,000 up to \$272,000	N/A	\$289.20
above \$136,000 up to \$163,000	above \$272,000 up to \$326,000	N/A	\$376.00
above \$163,000 up to \$500,000	above \$326,000 up to \$750,000	above \$87,000 up to \$413,000	\$462.70
above \$500,000	above \$750,000	above \$413,000	\$491.60

## Medicare Part C Cost

Just like when buying a car, the amount you pay for a Medicare Advantage plan can vary based on the plan you select and the features it includes. In general for 2020, Medicare Advantage plans can include:

- A monthly premium
- An annual deductible
- Copays and/or coinsurance
- An out-of-pocket maximum

## Medicare Part D Cost

Actual costs of Part D plans, as well as the amount you pay for your medications, are set by the insurance companies and approved by the government.

Most Part D plans include:

- A monthly premium
- An annual deductible
- An out-of-pocket maximum
- [A prescription drug formulary](#)
- Coverage phases (Initial Coverage Phase, the [Donut Hole](#) and the Catastrophic Coverage Phase)

Your costs will vary based on the medications that you take and the plan you choose. Like with Medicare Advantage and Supplement plans, insurers can make changes to their plans' benefits and costs. If your income is above a certain level (adjusted gross income of \$87,000 per individual or \$174,000 for a married couple filing jointly), you will also pay a Part D surcharge. This additional charge is due on top of your plan's monthly premium.

### 2020 INCOME-RELATED PART D PREMIUM ADJUSTMENT AMOUNTS:

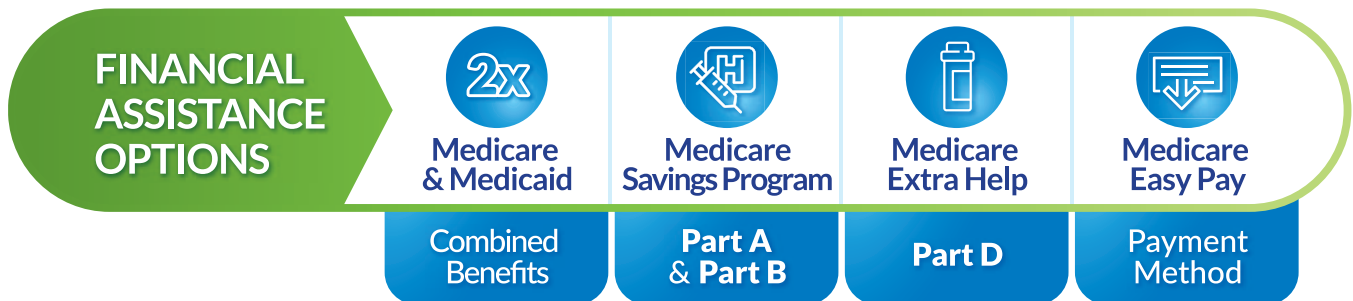
If Your Yearly Income in 2018 was:			You Pay:
File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Returns	
\$87,000 or less	\$174,000 or less	\$87,000 or less	Your Plan Premium
above \$87,000 up to \$109,000	above \$174,000 up to \$218,000	N/A	\$12.20 + Your Plan Premium
above \$109,000 up to \$136,000	above \$218,000 up to \$272,000	N/A	\$31.50 + Your Plan Premium
above \$136,000 up to \$163,000	above \$272,000 up to \$326,000	N/A	\$50.70 + Your Plan Premium
above \$163,000 up to \$500,000	above \$326,000 up to \$750,000	above \$87,000 up to \$413,000	\$70.00 + Your Plan Premium
above \$500,000	above \$750,000	above \$413,000	\$76.40 + Your Plan Premium

## Medicare Supplement (“Medigap”) Plans Cost

Each Medicare Supplement Plan can vary in levels of coverage and cost. Similar to Medicare Advantage Plans, Medicare Supplements’ plan benefits and costs can change each year, but unlike Medicare Advantage plans, these changes are not tied to Medicare’s open enrollment. Rather, these changes are unique to your plan and insurance company. While most Supplement enrollees do not receive bills for health care expenses, you will pay a monthly premium in 2020.

## What Type of Medicare Financial Assistance Is Available?

For individuals looking for Medicare premium, deductible or copayment cost support, Social Security and Medicaid provide options to qualifying individuals. Read more to see if you qualify to receive Medicare financial assistance.



## Medicare and Medicaid

It is possible to benefit from both Medicare and Medicaid at the same time—this is known as dual eligibility. Medicaid helps some people with limited resources and income pay their medical costs. States have different rules regarding Medicaid eligibility and application. [Contact your state Medicaid agency](#) for more information or [apply for Medicaid](#) to see if you’re eligible.

## Medicare Savings Programs

Medicare Savings Programs help individuals who have limited resources and income pay their Medicare costs. These programs help pay for Medicare Part A and B deductibles and co-payments, as well as Part B premiums and Part A premiums, if applicable.

To apply for Medicare Savings Programs, you must:

1. Have or be eligible for Part A
2. Have an income at or below the [limits specified by Medicare](#)
3. Have limited resources, below the [limits specified by Medicare](#)

You can apply for Medicare Savings Programs by [calling your state Medicaid Agency](#).

## Medicare Extra Help

Individuals who enroll in a Medicare prescription drug plan could be eligible for [Extra Help from Medicare](#). This program helps with premiums, deductibles and co-payments for your Part D plan. Social Security estimates that Extra Help is worth around \$4,900 per year.

In order to [qualify for Extra Help benefits](#), you must:

- Live in a U.S. state or the District of Columbia.
- Have resources limited to \$12,890 for an individual or \$25,720 for a married couple living together.
- Have an annual income limited to \$18,735 for an individual or \$25,365 for a married couple living together.

To apply for Extra Help, simply visit your [local Social Security office](#), call Social Security at [1-800-772-1213](tel:1-800-772-1213) or visit [www.socialsecurity.gov/extrahelp](http://www.socialsecurity.gov/extrahelp).

Once you apply, Social Security will send you a letter to confirm whether you qualify for Extra Help. If you qualify, you can then choose and enroll in a Medicare Part D plan.

## Medicare Easy Pay

Medicare Easy Pay is a system that allows individuals to have their Medicare premium amounts deducted each month automatically from a checking or savings account.

Any individual who is billed for their Medicare premiums is eligible for Easy Pay and can sign up at any time. Individuals who are already receiving Social Security benefits are automatically enrolled in Easy Pay, and no action is required.

To sign up for Medicare Easy Pay, fill out this [Authorization Agreement for Preauthorized Payments](#).

## 4. FINDING AN ADVISOR

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### How Do You Choose the Right Medicare Plan?

Selecting a health plan that meets your needs can be confusing and overwhelming. There are hundreds of plans to choose from, and it's not always clear who or what information you can trust. The first step is to identify your target retirement age and the types of insurance that are available to you based on that age. If you plan to retire early (before age 65), you'll need to explore plans under the Affordable Care Act or short term insurance plans.

The next step is to [select a health plan advisor you trust](#). Because of the complicated nature of Medicare plans, we encourage you to work with one of our advisors. Getting advice and guidance from a local advisor will save you time and money and help you better understand your plan options! Once you've found a Medicare resource who will help you with this process, you will be in good hands on the journey to finding the right plan for you.

## Choosing the Right Medicare Plan for You

We like to emphasize that the “best Medicare plan” is not universal. What’s most important for one individual, like cost, will be different from what another person values the most, like having their doctors in-network.

When it comes to cost, some plans might have a \$0 monthly premium but have other costs to consider. Because of this, it’s important to seek help picking a Medicare plan.

We offer a wide range of health plans from many insurance companies since we know Medicare plans are not one-size fits all.

While the Medicare market has stabilized over time, reducing the need to review your plan options each year, if you enroll in a Medicare plan and your health needs, providers or medications change, let us know so we can ensure your plan is still the right one for you.

## How to Choose a Medicare Prescription Drug Plan

Choosing a Medicare prescription drug plan is not easy because the right one for you will likely differ from your neighbor or spouse. This is because your prescriptions and needs will not be the same. The cost of the same medication can vary drastically from plan to plan, so it’s important that you have the resources you need to help select your Part D plan.

Medicare Part D prices can be vastly different based on your prescriptions, and you’ll need help running a plan comparison with your unique preferences and prescriptions. Luckily, our advisors are here to help make this worrisome process easier!

## How to Choose a Medicare Supplement Plan

If you’re looking for help choosing a Medicare Supplement, our advisors are well-versed in each of the plans available. As with all plans, there is not a “best plan” across the board.

Medicare Supplements are often great options for individuals who split their time in two cities throughout the year because you have access to every doctor who accepts Medicare insurance and are not limited in your access to providers and specialists.

Once you’ve decided that a [Medicare Supplement](#) is the best option for you, as opposed to a [Medicare Advantage plan](#) or just Original Medicare, one of the biggest things to consider is the plan premiums. Keep in mind that each alphabetically named plan, for example, Plan G, [offers the same coverage regardless of the carrier](#).

Remember that you will also need to enroll in a Medicare Part D prescription drug plan in addition to your Supplement plan, as you will need drug coverage. Our advisors are available to help with choosing both your Medicare Supplement and Part D plan and will also help you enroll!



## Enrollment Guidance

Once you've discovered the plan options that will work best for your needs, enrolling in Medicare begins. Some advisors leave their clients to enroll in their plan on their own once they've made the recommendation, but it's wise to select an advisor that helps with Medicare enrollment guidance, as well. This ensures that no mistakes are made on the paperwork that could delay the process, and you'll have someone to ask questions if necessary.

## Evaluating Plans

Researching the hundreds of plan options available to you can be quite exhausting. It's likely the first time you'll have to research and select a plan in this way since employer coverage options are often limited, which makes selecting a plan easier. Medicare.gov has a [tool to help research your plan options](#). However, we encourage you work with an advisor who knows the ins and outs of specific Medicare plans and can make an informed recommendation for you.

## Find a Physician Who Accepts Medicare Insurance

Building rapport with a doctor takes time, so it's understandable if you would like to [continue to see your doctors when you enroll in Medicare](#). The good news is that you will most likely be able to keep your preferred doctors after enrolling in Medicare.

You can use [Medicare.gov's online tool](#) to find a doctor who accepts Original Medicare. However, in-network doctors vary from plan to plan, so the ability to keep your current doctors depends on which type of Medicare plan you choose and the specific plan you choose. Regardless of the type of plan you decide upon, our advisors will work with you to ensure that you keep the doctors that are important to you.

## Find an Advisor for Medicare

Finding the right health plan can be difficult, but it's an important step in making sure your health care needs are met within your budget. Partnering with an expert like RetireMEDiQ makes this process easy and stress-free.

Here are the [top four reasons](#) it makes sense to use a health plan advisor to select your Medicare plan.

### 1. You Save Time

Unless you have a passion for researching the ins and outs of insurance plans (like us), our guess is that you would much rather spend your time doing something you love.



There are an overwhelming number of health plan options available, and they all differ from each other. Even if you fully understand health insurance, it's difficult and time-consuming to determine which of the hundreds of health plan options available best meets your needs.

Taking the time to understand how all the plans could work for you is difficult, but it is a key part of optimizing your health care costs and benefits. Not only can a health plan advisor do all this legwork for you, but we're also experts at it. Our intimate knowledge of the health care landscape enables us to do the work for you in a fraction of the time.

## 2. You Save Money

Who doesn't love saving money? As a health plan advisor, we assess your needs and preferences and find a plan that meets those needs at the lowest cost. Better yet, we don't charge you for the services we provide! That's right - there's **no cost** to you!

A study by eHealth showed that [only about seven percent](#) of people on Medicare choose the plan that provides them with the lowest total out-of-pocket costs for their prescription drugs. That means that more than 9 out of 10 people could save money by enrolling in the right plan in the first place! We can help you do that.

We don't just look at premiums and deductibles – we consider your health care habits to understand how you will use your plan. Through our personalized approach, we identify the plan that is the right fit for your individual preferences and budget.

## 3. You Understand Your Plan Options

While you may not care to know how all insurance plan benefits work, you probably would like to know how yours will work for you. That's another great reason to have a health plan advisor like RetireMEDiQ.

We don't just recommend a health plan option – we explain why it makes sense for you.

Personal advice means that we answer all your questions and ensure you know what to expect from your coverage, so you have peace of mind about the plan you select. When you've chosen a plan, your advisor will help you enroll.

## 4. You Receive Year-Round Support

We are here to advocate on your behalf year-round to ensure your health plan needs are met. You'll have access to our team of advisors that is just an email or phone call away.

This means when you have a question about your plan or run into a tricky billing situation you are unable to resolve, you can call us, and we will help find a solution. In addition, you will receive e-communications from us that contain Medicare and plan-related information tailored to your needs.

# Medicare Resources

Many individuals who are approaching retirement seek help in the process of selecting a Medicare plan or when they have issues with their plan once they've enrolled. Throughout this process, it's important to pay attention so you do not fall for some common Medicare scams.

You should also know what your Medicare resources are so you can get help if you experience suspicious activity or think something is not right.

## Contacting Medicare

If you have a question about Medicare or your Medicare card, you will typically call Social Security at [1-800-772-1213](tel:1-800-772-1213), but if you have a specific question about your plan once you enroll, you should call Medicare or your supplemental insurance company. You can also visit your [local Social Security office](#).

## Protection from Medicare Fraud

Medicare fraud is when Medicare is billed for services or supplies you never receive. The wrongdoer could be a doctor, a health care professional, a con artist or even an organization who has gained access to your personal information (like your Social Security number, Medicare number, etc.)

You can [avoid becoming a victim of Medicare fraud](#) by doing the following:

### 1. Guard Your Personal Information

While it may seem obvious, you should be highly discerning about whom you share personal information with (your Medicare number, Social Security number, banking information, etc.) Medicare will never call you to ask for this type of data over the phone, so if you receive a call from a person claiming to be with Medicare, do not give it to them. When in doubt, do not share your information.

Additionally, Medicare will never call or show up at your home to verify your information. Some scammers who request your private information may claim to be "Official Medicare Agents." Medicare does not employ sales representatives, so an individual claiming they hold this job title is acting fraudulently.

### 2. Read Your Mail Carefully

Scammers looking to gain access to your private health information may send you formal-looking documents, very similar to those from your insurance company or the government, that instruct you to write down personal data and send it back. If you do not recognize the sender, do not respond. Many of these scammers count on you not reading your mail closely.

### 3. Check Your Monthly Medicare Statements

As we mentioned above, sometimes what could appear to be Medicare fraud is simply a billing error due to a provider or hospital using the wrong medical code. Always be sure to read your monthly Medicare statements closely and call your insurance company, your doctor's office or Medicare if you see something that does not make sense.

## Medicare Wrap-Up

Thank you for reading our 2020 Complete Guide to Medicare! If you need additional information or would like specific advice tailored to your needs, RetireMEDiQ is here for you. Follow us on social media to stay connected and in the know on all things Medicare!

With the hundreds of Medicare plans available to you, it's essential that you choose an advisor you trust. We've worked in the Medicare market for more than 10 years and can provide expert knowledge as you prepare for your transition to Medicare.

Our goal is to make Medicare as simple as possible. If conducting your own research doesn't sound like a task you'd like to tackle or you want to make sure you enroll in the right plan for your needs, we are here to help. We will compare your plan options for you, help you enroll when you're ready and provide lifelong support! We look forward to helping you on your journey to Medicare.



[www.retiremediq.com](http://www.retiremediq.com)

Our goal is to deliver Medicare peace of mind! Please contact us at **1-866-600-5638** for additional support.

