

The logo for Transitions Benefit Group features three stylized, overlapping waves in shades of teal, grey, and black. To the right of these waves, the word "TRANSITIONS" is written in a large, bold, black sans-serif font, with "Benefit Group" in a smaller, black sans-serif font directly below it.

TRANSITIONS
Benefit Group



Where do I go for answers?



I'm turning 65 and my wife is turning 62 this year, what do we do?



My Dad is turning 62 this year and needs help deciding when to take Social Security



My Grandma is turning 65 this year and needs help finding the best Medicare plan



My Uncle Bob is in the hospital and needs help finding a care facility, what do I do?



I'm 26 and was part of a RIF at my employer. COBRA is so expensive, what are my other options?



Medicare 101

Presented by Transitions
Benefit Group



An Educational
ONLY Presentation

Working Past Age 65

Remain on Employer Benefit Plan

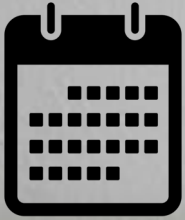
Enroll in Medicare

What is Medicare?

Medicare is a federal health insurance program that pays for a variety of health care expenses. Enrollment is through SSA (Social Security Administration & it's administered by the Center for Medicare Services (CMS)

Who is Eligible for Medicare?

- People 65 years of age or older
- Disabled people who qualify for Medicare under the age of 65
- People with End Stage Renal Disease
- People with ALS



When do you sign up for Medicare?

Initial Enrollment Period

General Enrollment Period

Special Enrollment Period

Collecting Social Security

- Enrollment is AUTOMATIC
- Cards will arrive 3-4 months prior to 65th Birthday

Not Collecting Social Security

- Enroll:
 - Call Social Security and schedule an appointment at 800-772-1213
 - Sign up at Medicare.gov
 - 100 days prior to birth month is recommended

Medicare Basics

Medicare Supplement ID Card 

Name of the Insurance Company
Owned by Known Company

Jane Doe
Policy Number: 00000000000
Medicare Supplement Plan G
Member Since 05/2020

Prescription ID Card

RxBIN	610014
RxPCN	MEDDPRIME
RxGrp	XXXXXXXX
Issuer (S0840)	9151014600
ID No.	AZZA27012308
Name	JOHN Q. SAMPLE
Issued	01/01/2021

Member: **SALLY SAMPLE**
Member ID: **YDJ123456789**
Health Plan (99999): **5566778899**

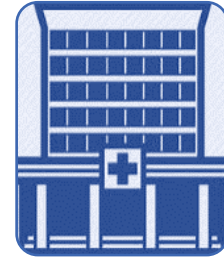
Plan Option

PCP	XXXXXXXX
PCP Network	

Service Types: **Medical, Rx**

Office Visit Copay	\$5
Specialist Copay	\$20
Emergency Room Copay	\$50

Medicare Advantage | PPO 



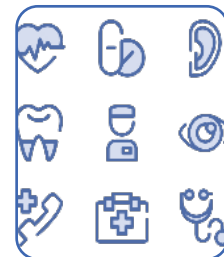
Part A

- Earned Insurance
- Hospitalizations
- Skilled Nursing
- Hospice



Part B

- Premium based
- Doctors
- Outpatient Care
- Lab Services



Moving Parts

- Prescription Drug Plans
- Part C- Medicare Advantage Plans (Network based Private Insurance)
- Medi-gap Plans (Medicare Supplemental Plans)

Original Medicare

2023 Medicare Part A

Part A is Hospital Insurance and covers costs associated with confinement in a hospital or skilled nursing facility.

WHEN YOU ARE HOSPITALIZED FOR:	MEDICARE COVERS	YOU PAY
1-60 DAYS	Most confinement costs <u>after</u> the required Medicare deductible	\$1,600 Deductible per BENEFIT PERIOD
61-90 DAYS	All eligible expenses <u>after</u> patient pays a per-day copayment	\$400 A Day
91-150 DAYS	All eligible expenses <u>after</u> patient pays a per-day copayment (These are Lifetime Reserve Days that may never be used again)	\$800 A Day
151 DAYS OR MORE	NOTHING	YOU PAY ALL COSTS
SKILLED NURSING CONFINEMENT: Following an inpatient hospital stay of at least 3 days and enter a Medicare-approved skilled nursing facility within 30 days after hospital discharge and receive skilled nursing care	All eligible expenses for the first 20 days; then all eligible expenses for days 21-100 <u>after</u> patient pays a per-day copayment	Days 1-20: \$0 Days 21- 100: up to \$200 per day Days 101 and beyond: All costs

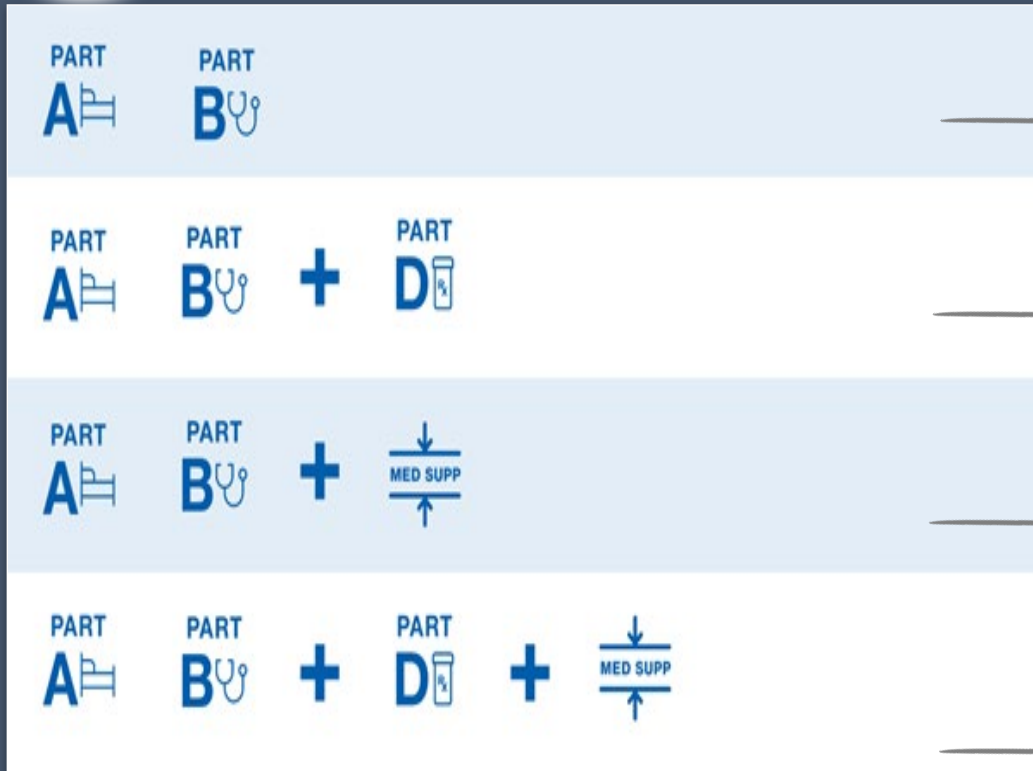
2023 Medicare Part B

Part B is Medical Insurance and covers physician services, outpatient care, tests, and supplies.

ON EXPENSES INCURRED FOR:	MEDICARE COVERS	YOU PAY
ANNUAL DEDUCTIBLE	Incurred Expenses after the required Medicare deductible	\$226 Annual Deductible
MEDICAL EXPENSES Physicians' services for inpatient and outpatient medical/surgical services; physical/speech therapy; and diagnostic tests	80% of approved amount	20% of approved amount*
EXCESS DOCTOR CHARGES	0% above approved amount	All costs
CLINICAL LABORATORY SERVICES	Generally 100% of approved amount	Nothing for services
HOME HEALTHCARE	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for 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	80% of approved amount <u>after</u> first 3 pints of blood.	First 3 pints plus 20% of approved amount* for additional pints



Building Medicare insurance coverage



Original Medicare ONLY

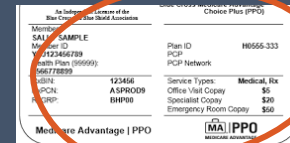
Original Medicare with RX

Original Medicare with Supplement

Original Medicare with Supplement and Rx



Medicare Advantage Coverage:



Drug Plans Cover:

- A minimum of one medication in each category
- Appeals processes for denied medications
- Opportunity to review and change annually
- Various payment options
- Preferred Network Options
- Mail Order Options
- Step-Therapy



How to select a PDP Plan



**Compare
Drug
Formulary
Coverage**



**Compare
Monthly
Costs**



**Compare
Deductibles**



**Compare
Copays**

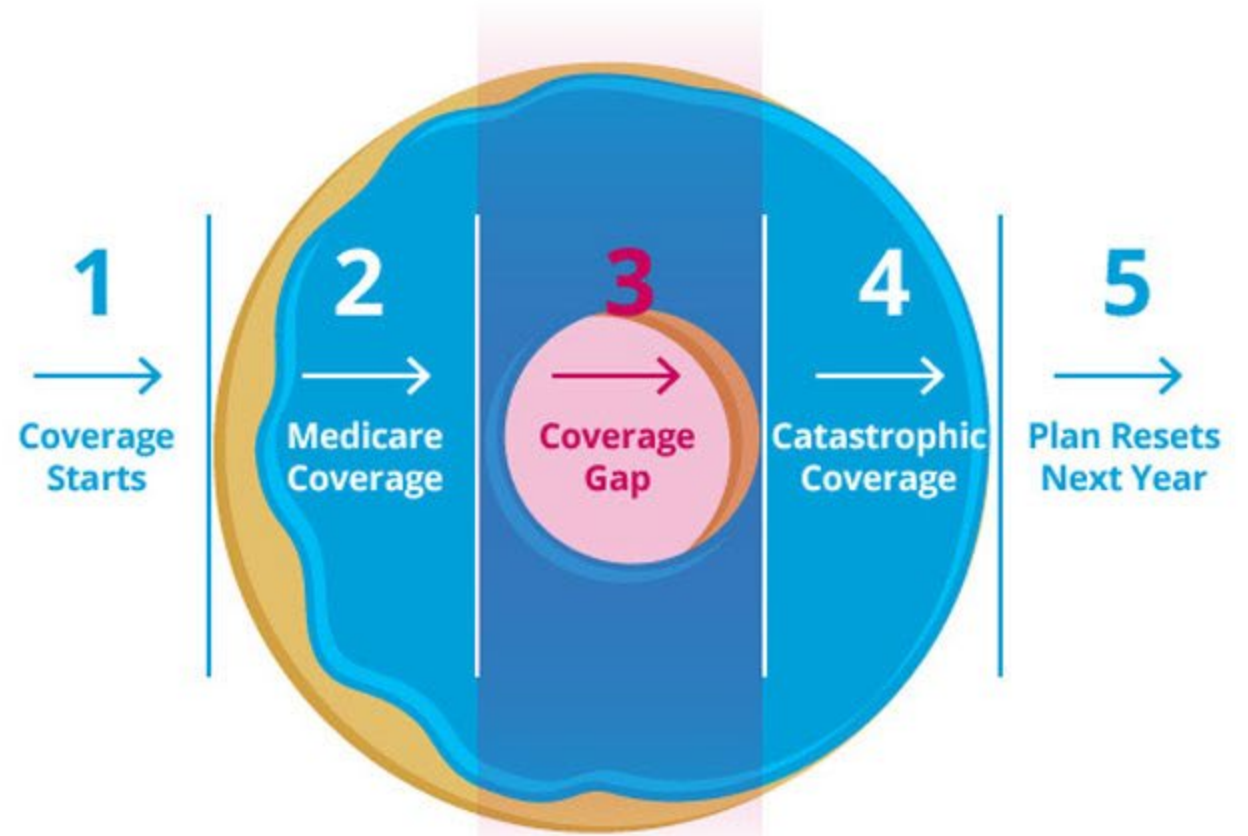
Add all costs together to compare annual out of pocket costs by each plan.

The Medicare
DONUT HOLE
Explained

What is a Donut Hole?

What is the Medicare Donut Hole?*

It's This Gap:



SEE MORE

Medicare Coordination

- Understanding COBRA-
- COBRA is designed for people UNDER 65-
- Medicare is Primary AFTER age 65 if you are no longer working-
- If you choose COBRA instead of Medicare past age 65, there are penalties and possible fees
- Timing your enrollment onto Medicare properly is imperative-
- 7 months to enroll-
- If you plan on retiring within the year you turn 65- use caution and speak with your advisor- do not find yourself without insurance

Timing

- Part A
- Part B
- These vary based on SS Drawing and individual needs

Costs

- Part A: \$0 (earned)
- Part B: \$164.90
- Part D: (varies)
- Additional Costs may apply based on income: IRMAA

Penalties and Fees

- Non-Creditable Drug Coverage
- Late Enrollment
- General Enrollment Period
- IRMAA-sliding scale based on income over \$97k/\$194k*



High Income Earners

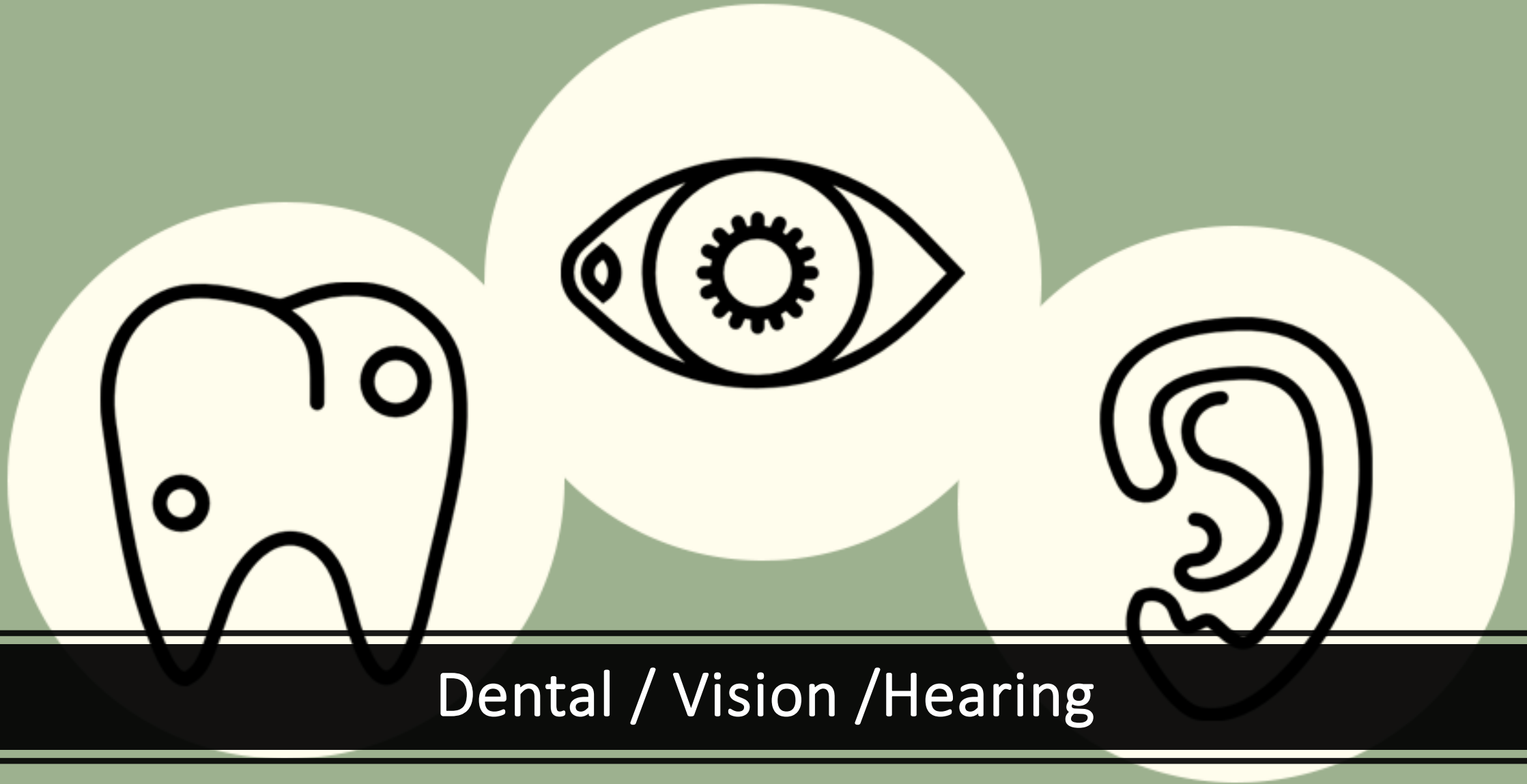
Medicare Part B Standard Premium

Most beneficiaries pay the standard Part B premium.

About 5% of beneficiaries pay more due to higher incomes.

	Up to \$97k Individuals; Up to \$194k Married	\$97k-123k Individuals; \$194k-\$246k Married	\$153k-183k Individual; \$246k-\$306k Married	\$153k-183k Individual; \$306k-366k Married	\$183k-500k Individual; \$366-\$750k Married	Over \$500k Individual; Over \$750k Married
Part B Costs	\$164.90	\$230.80	\$329.70	\$428.60	\$527.50	\$560.50
Part D Costs	\$0	\$12.20	\$31.50	\$50.70	\$70.00	\$76.40

* 2023 IRMAA amounts



Dental / Vision /Hearing

Steps to maximize our support for your needs!



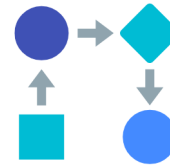
Educational Resources

Think of this as your beginning step to planning a trip. You need to understand where you want to go before you decide when and how you would like to get there. We recommend that you join our member area on our main website, click our logo below. If possible, please watch our brief on-demand Medicare webinar before your consultation.



Pre-Planning Consultation

Now that you are a bit more prepared for a consultation call by viewing the Medicare webinar, you will have an understanding of the moving parts, options available to you, and hopefully you have an idea of the destination you are headed to. Your advisor will help you determine the path that you need to take to get to your determined destination. This will be a brief call to determine the timing of your needs as well as the what your next steps need to be.



Planning Consultation

You have completed your Pre-Planning conversation. Congratulations! You are about to create a path to Medicare regardless if you are choosing to make that move today or in 5 years. We are going to help you meet both your health and financial needs. It is exciting to help our clients realize the options that they have and plan on how to best utilize their resources. Your advisor will work with you until you are ready to enroll in a plan.



Enrollment Call

This is the moment you have been waiting for! All of the research, conversations, and planning has finally come to the pinnacle of enrollment into health plans! These plans can either coordinate with your employer benefits OR as an election when you end enrollment with your employer health benefits. This call will allow you the opportunity to confirm plans, premiums, enrollment steps, etc. At the conclusion of this call, you will be enrolled.



Client Care & Support

Well, we are super excited about this part of our journey! Our team here at Transitions will be here for you at any point you need help with your plan, renewals, claims, etc, and of course the BIG ONE... Annual Enrollment Period which is from 10/15-12/7 every year to allow you the chance to re-evaluate your PDP and MAPD Plans. Keep an eye on your mail and voicemail we will be reaching out throughout the year to check in with you!



Thank you for taking the time to learn the foundation of your Pathway to Medicare! We are looking forward to speaking with you soon

Contact us: 800-936-1405