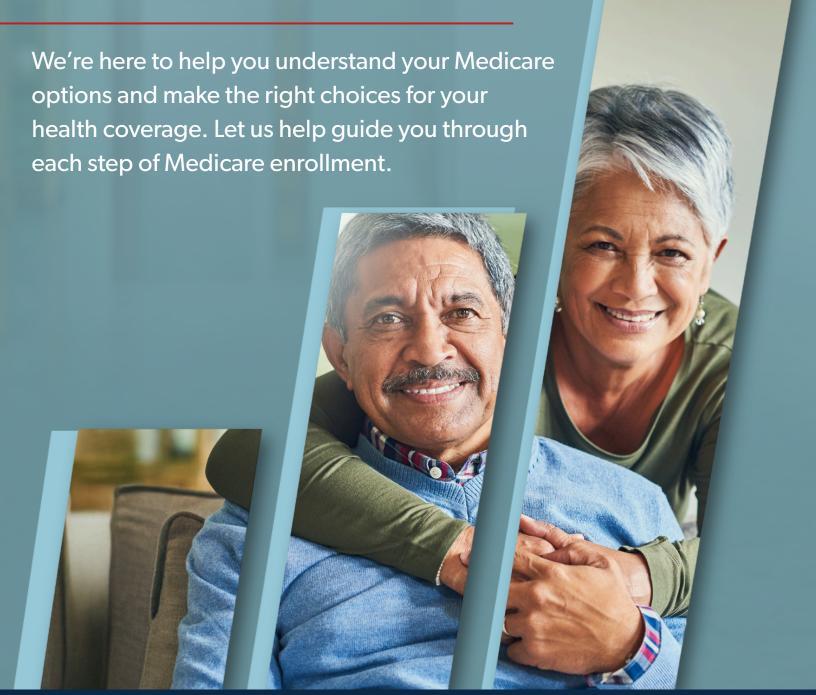


# Medicare Made Simple Your Quick Start Guide



# What are your Medicare Options?

Medicare is a federal health insurance program with four parts, each covering different health services. Medicare is health insurance for people who are 65 or older, or have End-Stage Renal Disease (ESRD).

You'll start with Medicare Part A, then choose additional options based on your needs.

#### **Part A - Hospital Insurance**

Covers inpatient hospital care, skilled nursing facility, home health care, and hospice care. Premium is usually free if you have paid Medicare taxes for 10 years or longer. You can be automatically enrolled if you are receiving Social Security benefits. If not, you will need to contact Social Security to be enrolled in Part A.

#### **Part B - Medical Insurance**

Covers doctor services, outpatient care, and medical supplies. The premium is based on your adjusted gross income reported on your tax return from two years prior to Medicare enrollment. Enroll at age 65 or after age 65 when you no longer have employersponsored coverage, or you may pay a penalty.

#### **Part C - Medicare Advantage Plans**

Combines Medicare Parts A and B into a single plan through a network of providers, often with additional benefits that might include prescription drug coverage. You must have your Medicare number before enrolling in Medicare Supplement Insurance.

#### **Part D - Prescription Drug Coverage**

Helps pay for covered prescription drugs. The premium varies depending on the specific drugs covered. Add Part D coverage when enrolling in Parts A and B if you do not have employer-sponsored creditable coverage, or you may pay a penalty.

#### **Medicare Supplement Insurance**

Provides optional coverage to help with costs that are not covered by Medicare Parts A and B. There are several Medicare Supplemental Insurance Plans, each with different benefits and premiums. This option is only available if you choose Medical Parts A and B. You must have your Medicare number before enrolling in Medical Supplemental Insurance.



Important Note: You aren't eligible to make Health Savings Account (HSA) contributions after you have enrolled in any part of Medicare. If you make HSA contributions after your Medicare enrollment effective date, you could have tax penalties.

# **Your Coverage Path Options**

#### **Option 1: Original Medicare**

This includes coverage for Part A and Part B. You can also choose to add Part D Prescription Drug coverage, Medicare Supplemental Insurance, and dental and vision insurance. You cannot combine Original medicare with a Medicare Advantage Plan (Part C).

# Option 2: Medicare Advantage Plan (Part C)

This plan combines Parts A and B and usually includes Part D prescription drug coverage. You cannot add Medicare Supplement Insurance to this option.

# **Steps for Enrolling in Medicare Insurance**

Below is a list of items you will need to help your enroll in Medicare. This list includes your current prescription medications, preferred pharmacy, and doctors.

| Step 1 | Enroll in Medicare Parts A and B at Medicare.gov. You must have your Medicare number in order to enroll in Part D, Medicare Supplement Insurance, or Medicare Advantage. |                        |                      |                                 |                                       |  |
|--------|--|------------------------|----------------------|---------------------------------|---------------------------------------|--|
|        | Write down your Med  | dicare number:         |                      |                                 |                                       |  |
| Step 2 | Verify that your doctor takes Medicare and complete the list of doctors and facilities below.  |                        |                      |                                 |                                       |  |
|        | Doctors  |                        |                      |                                 |                                       |  |
|        | Write down your doc  | tors, the doctor's spe | ecialty, the hospita | I, and the doctor's phone numbe | r.                                    |  |
|        | <b>Doctor Name:</b>  | Specialty:             | Hospital:            | <b>Phone Number:</b>            |                                       |  |
|        |  |                        |                      |                                 | _                                     |  |
|        |  |                        |                      |                                 | _                                     |  |
|        |  |                        |                      |                                 |                                       |  |
|        | Preferred Hospital o   | r Medical System       |                      |                                 |                                       |  |
| Step 3 | Complete the Medication and dosage list below.   |                        |                      |                                 |                                       |  |
|        | Medications for Part D Prescription Drug Coverage  |                        |                      |                                 |                                       |  |
|        | Name of Drug:  |                        | Dosage:              | Frequency:                      |                                       |  |
|        |  |                        |                      |                                 |                                       |  |
|        |  |                        |                      |                                 | _                                     |  |
|        |  |                        |                      |                                 |                                       |  |
|        | Pharmacies   |                        |                      |                                 |                                       |  |
|        | List your preferred ph   | armacy including ad    | dress and phone n    | umber.                          |                                       |  |
| Step 4 | Have payment information ready to give to an agent.  (Banking Routing and Account Number or Credit/Debit Card)  Contact an Agent* at                                     |                        |                      |                                 |                                       |  |
| Step 5 | Call an agent to revie   |                        |                      | 281-889-9382                    | · · · · · · · · · · · · · · · · · · · |  |

If applicable, stop your Health Savings Account (HSA) contributions before your Medicare effective date.

Step 6

#### **Enrollment Period Chart**



October 15 to December 17

Open
Enrollment Period
(OEP)

The OEP is for anyone with current Medicare coverage to make a change to their Medicare Plans



Depends on Eligibility

Initial Enrollment Period (IEP)

The IEP begins three months before your 65<sup>th</sup> birthday and ends three months after.
Those not age 65 will have a separate IEP



January 1 to March 31

General Enrollment Period (GEP)

The GEP is the time to enroll in Part A and Part B when you have missed your Initial Enrollment Period.



Depends on Eligibility

Special Enrollment Period (SEP)

The SEP allows enrollment while you are still working and are covered under a group health plan. SEP enrollment begins the month after you lose group health plan coverage and ends 8 months after.

# **Consider Additional Coverage**

In addition to enrolling in Medicare plans, it's important to consider vision and dental coverage. If you're enrolling in Original Medicare, you may need standalone plans as Original Medicare doesn't cover routine dental and vision care. If you're enrolling in a Medicare Advantage Plan, you might receive extra benefits for vision and dental. Make sure to explore your options and ensure you get the coverage you need.

# **Ready to Get Started?**

We're here to help you navigate Medicare and find the best plan for your needs. Contact us today to learn more or get assistance with enrollment.



#### **Contact Us**

281-889-9382

www.ffga.com/medicare-solutions

\*Talk with our partners at Broker Source.
This information should not be considered financial, legal, or tax advice. Consult an attorney, tax professional, or insurance agent regarding your specific situation.





