

**YOUR GO-TO GUIDE FOR TURNING 65**

# **MEDICARE** **Made Easy**

**A Stress-Free Plan for Turning 65**

**SENIOR**  
**BENEFIT**  
Services, Inc.<sup>®</sup>

*Trusted by Over 20,000 Retirees...Backed  
by Decades of Experience*

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# How To Approach Medicare

**Medicare can feel like a maze, even for folks who've been around the block a few times. Too many people end up in plans that don't actually cover what they need, or they wind up paying way more than they should.**



Here's the clean way to look at it. When you're first stepping into the Medicare maze, you need simple guidance that keeps you out of the common traps I see every day.

Things like getting stuck with uncapped 20 percent Part B coinsurance, being talked into the wrong plan by a captive agent, or assuming all plans work the same.

This guide is built to walk you through that first step so you can avoid those scenarios and move into retirement with coverage that fits your budget and gives you peace of mind.

Bottom line: let's make sure you start Medicare without any surprises.

# Medicare Basics!

**Before Medicare, it was very hard for many people over the age of 65 to get health insurance.**

**High Costs:** Getting sick often costs a lot of money, and many older people were no longer working, so they couldn't afford expensive private insurance or huge hospital bills

**No Savings:** A serious illness could quickly use up a lifetime of savings and leave people poor.

**Need for Help:** Leaders in government saw that there was a big gap in the U.S. Social Security system. They believed the government needed to step in to protect seniors from high healthcare costs.

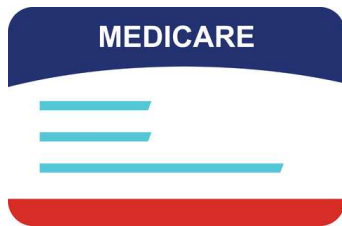


**The Signing:** Medicare was signed into law on July 30, 1965.

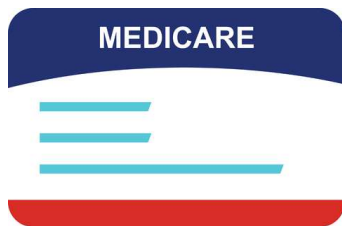
To learn more about Medicare, it is advisable to download your free copy of the [Medicare & You](#) handbook.

## How To Approach Medicare

# What Are The Parts of Original Medicare?



**Part A:** This part of Medicare provides coverage primarily for hospitalization and skilled nursing facility care.



**Part B:** This part of Medicare is your medical insurance which provides coverage primarily for doctors (including surgeons), outpatient procedures and services, diagnostic testing such as x-rays, lab work, along with certain preventative services.

### **Is Having Just Medicare Part A and Part B Enough Coverage?**

While having both Part A and Part B is good coverage it is not what one would say is 'great' coverage. This is the reason the majority of folks on Medicare choose a Medicare Supplement and a separate prescription plan to cover the gaps.

# How To Approach Medicare

## PARTS of MEDICARE - Part A

As mentioned earlier, Original Medicare is comprised of Parts A & B. Here we are going to touch on what each part covers and what your responsibility is for deductibles and co-insurance.

### Part A



### HOSPITAL INSURANCE

Medicare Part A is for inpatient hospital expenses. These expenses are associated with:

- Semi-Private Room & Board
- General Nursing
- Misc Services & Supplies
- Hospice Care
- Skilled Nursing Facility care
- Home Health Care

### Your Inpatient Hospital Costs<sup>1</sup>

- **Benefit Period Deductible** = \$1,736 {A benefit period is defined as a period of 60 days. This is not an annual deductible, so it can be met multiple times within a calendar year.}
- **Days 1-60:** \$0.00 after meeting Part A benefit deductible of \$1,736
- **Days 61-90:** \$434 coinsurance for each day
- **Days 91-150:** \$868 coinsurance for each day. These are considered your lifetime reserve days. You only receive 60 lifetime reserve days in your lifetime. After these have been exhausted, you will be responsible for all costs the next time you go over a 90 day confinement period.

# How To Approach Medicare

## PARTS of MEDICARE - Part A

### Your Skilled Nursing Facility Costs<sup>2</sup>

- **Days 1-20:** \$0.00 per day
- **Days 21-100:** \$217 per day

*It is important to note that many times for a skilled nursing facility to be approved, you must have been confined as an inpatient in the hospital for a minimum of 3 days.*



### Medicare Doesn't Cover

- Private-duty nursing
- Private room (unless medically necessary)
- Television or phone in room (if there is a separate charge for these)
- Personal care items (such as razors)

1 <https://www.medicare.gov/coverage/inpatient-hospital-care>

2 <https://www.medicare.gov/coverage/skilled-nursing-facility-snf-care>

# How To Approach Medicare

## PARTS of MEDICARE - Part B

### Part B



### MEDICAL INSURANCE

Medicare Part B is for costs associated with outpatient services that are medically necessary or preventive. These services include:

- Doctor office visits
- Services provided by a doctor in a hospital (including surgeons)
- Outpatient Surgeries
- Outpatient therapy (such as physical, speech, and occupational therapy)
- Chemotherapy/Radiation services
- Durable Medical Equipment
- And MORE....

### Your Outpatient Costs<sup>3</sup>

- **Part B Deductible** = \$283 *{Unlike Part A, this deductible needs to only be met once each calendar year.}*
- **Part B Coinsurance** = 20% of approved expenses after the Part B deductible has been met for the calendar year

<sup>3</sup> <https://www.medicare.gov/what-medicare-covers/what-part-b-covers>

# How To Approach Medicare

## PARTS of MEDICARE - Part B



**There is no maximum out of pocket limit on Original Medicare costs when only covered by Part A and Part B**

Keep in mind that very few individuals choose to be covered only by Part A and Part B or Medicare. Most folks who remain covered by Original Medicare purchase a Medicare Supplement (also referred to as a Medigap) plan. The Medicare Supplement plan (depending on which plan you choose) will cover many of the out of pocket costs such as deductibles and coinsurance.

### Your Medicare Costs 2026

<b>Part A Deductible and Coinsurance</b>	➔	You Pay: <b>\$1736</b> deductible for each benefit period Days 1-60: <b>\$0</b> coinsurance for each benefit period Days 61-90: <b>\$434</b> coinsurance per day of each benefit period Days 91 and beyond: <b>\$868</b> coinsurance per each "lifetime reserve day" (up to a maximum of 60 days). Once lifetime reserve days used: ALL COSTS
<b>Skilled Nursing</b>	➔	First 20 days covered 100% by Medicare You pay <b>\$217 per day for days 21-100</b>
<b>Part B Deductible and Coinsurance</b>	➔	<b>\$283</b> for the year <b>PLUS 20%</b> of the Medicare approved amount
<b>Part B Excess Charges</b>	➔	Medicare pays \$0 You pay <b>100%</b>

# How Much Does Medicare Cost

## Cost of Each Part of Medicare

Answer

### Medicare Part A



**Good news** is that Medicare Part A is classified as being premium free for individuals who have worked at least 40 quarters (10 years) and have paid for their Part A thru Medicare taxes. As an individual if you have not met the requirement for premium free Part A benefits, but your spouse has, then you can obtain premium free Medicare Part A based on their qualification.

**Bad news** is that if neither you nor your spouse qualify for premium free Part A, then there are some costs that are higher than what most folks expect.

- If you worked between 30-39 quarters and paid Medicare taxes, then the standard premium for Part A will be \$311 per month.
- If you worked less than 30 quarters and paid Medicare taxes, then the standard premium for Part A rises to \$565 per month.

Answer

### Medicare Part B



Unlike Part A, your Medicare taxes did not go towards providing a premium free Part B benefit. While Medicare Part B is considered to be optional, it is important to note that if you do not enroll in Part B, you will not have any coverage for outpatient services. Additionally you cannot enroll in a Medicare Supplement or Medicare Advantage plan. The **standard premium for Part B in 2026 is \$202.90 per month** for each individual.

# All About IRMAA

## What is IRMAA?

Answer

### Extra Charge for Part B Premium

If you are classified as a high income earner, which currently for 2026 is a Modified Adjusted Gross Income of over \$109,000 for an individual or over \$218,000 for Married Filing Jointly you will pay the standard Part B premium of \$202.90 plus an Income Related Monthly Adjustment Amount (IRMAA) based on your tax bracket. **Social Security uses your Adjusted Gross Income from your tax returns for the two preceding years to determine if you are subject to IRMAA.**

It is important for you to discuss the possibility of incurring an IRMAA charge with your tax professional to properly plan for income during retirement.

If your MAGI in 2024 was			Monthly Medicare Premiums
Filing Individual	Filing Joint	Filing Married & Separate	Part B Premium + IRMMA
\$109,000 or less	\$218,000 or less	\$109,000 or less	<b>\$202.90</b>
\$109,001 to \$137,000	\$218,001 to \$274,000	N/A	<b>\$284.10</b> (202.90+81.20)
\$137,001 to \$171,000	\$274,001 to \$342,000	N/A	<b>\$405.80</b> (202.90+324.60)
\$171,001 to \$205,000	\$342,001 to \$410,000	N/A	<b>\$527.50</b> (202.90+324.60)
\$205,001 to \$499,999	\$410,001 to \$749,999	\$109,001 to \$390,999	<b>\$649.20</b> (202.90+446.30)
\$500,000+	\$750,000+	\$391,000+	<b>\$689.90</b> (202.90+487.00)

# All About IRMAA

## Can You Appeal IRMAA?

Answer

**YES**

If you've had a 'life-changing' event that reduced your household income, you can ask to lower the additional amount you would pay for Medicare Part B. Life-changing events include:

- Marriage
- Divorce
- Death of a spouse
- Loss of income/work stoppage
- Reduction in work hours
- Loss of income from a pension or income producing property
- Employer settlement payment

In addition to a life-changing event, if you feel that the social security is using the wrong tax information to determine your IRMAA, then you can appeal on that basis as well. An example would be you had an amended tax return.

To appeal an IRMAA surcharge you would need to use SSA Form 44 that is provided by the Social Security Administration. This form will need to be completed and submitted to a Social Security office. You can search for your local office or download the appeal form by clicking the corresponding button below.

IRMAA  
Appeal

Local SSA  
Office

# All About IRMAA

## Is IRMAA for Part B Only?

Answer

**NO**

Sorry to say that if you end up having to pay an IRMAA surcharge for Part B of Medicare you will incur one for Part D as well. While we have not yet gone into detail about Part D, once again this is the part of Medicare that covers your prescriptions drugs that you would get at the pharmacy or thru mail order. Under Part D the IRMAA charge is applied to the base premium of your Part D prescription plan.



### 2026 Income-Related Monthly Adjustment Amounts

2025 Medicare Part D Monthly Premiums		
File Individual Tax Return	File Joint Tax Return	Plan D Premium + Income Adjustment
\$109,000 or below	\$218,000 or less	Part D Plan Premium
\$109,001 - \$137,000	\$218,001 - \$274,000	+\$14.50
\$137,001 - \$171,000	\$274,001 - \$342,000	+\$37.50
\$171,001 - \$205,000	\$342,001 - \$410,000	+\$60.40
\$205,001 - \$500,000	\$410,001 - \$750,000	+\$83.30
\$500,001 and greater	\$750,001 and greater	\$91.00

### EXAMPLE:

*John Smith is an individual whose 2024 tax return shows a modified adjusted gross income amount of \$130,000. He will incur a \$14.50 IRMAA surcharge each month. Mr. Smith had signed up for a stand-alone Part D prescription plan that costs \$20.00 per month. He will now pay the \$20 + \$14.50 (IRMAA) = \$34.50 per month.*

# Enrolling into Medicare

## Enrolling at Age 65

**In this next section we will be discussing when to enroll into Medicare. If you are already on Medicare, feel free to skip to the next section of the guide.**



### Enrolling at age 65

When you turn 65 and first become eligible for Medicare you are taking advantage of your Initial Enrollment Period (IEP). The chart on the next page shows exactly how your 7 month window works. In addition to your Medicare enrollment period, the chart shows your time frame to enroll in a Medicare Supplement and a Part D prescription drug plan or a Medicare Advantage plan.

**It is important to stick to the timeline so you do NOT incur a penalty.**

**Important To Know:** *If your 65th birthday falls on any day after the 1st of the month, then your Medicare effective date will be the first day of the month you turn 65 in. So if you were turning 65 on August 12th then your effective date would be August 1st. Anyone born on the first day of the month will have their Medicare effective date one month prior to when turn 65. If you turn 65 on August 1st then your Medicare effective date would be July 1st.*

# Enrolling into Medicare

## Enrolling at Age 65



# Your Enrollment Timeline



Keep in mind that the above chart does not cover those people who enroll during the General Enrollment Period, newly eligible to Medicare due to being under age 65 on disability, the Medicare Open Enrollment Period, or Special Election Periods. We recommend that you **contact Senior Benefit Services, Inc to speak** to one of our representatives regarding **your personal situation**.

# How To Create Your Social Security Account

*my* Social Security

**VIDEO INSTRUCTIONS**



Many of our clients are visual learners. The following video created by the Social Security Administration walks you through step by step on creating your Login.gov account. This is the first step that must be completed before enrolling into Social Security. The video takes less than 7 minutes to watch. We highly advise you taking a moment to watch this before trying to create your account.

# How To Create Your Social Security Account

## How to create a *my* Social Security account



Securing today  
and tomorrow

To create  
an account,  
you must:



Be at least 18  
years of age



Have a Social  
Security number



Have an email  
address



1



Visit [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount),  
select the “Create an Account” button.

2



Create a credential with one of our two credential service providers, Login.gov or ID.me. If you have a Login.gov or ID.me account, you can select the appropriate button to access your personal *my* Social Security account.

3



If you don't have a Login.gov or ID.me account, select the “Create an Account” link to create a Login.gov credential to access your personal *my* Social Security account.

4



If you create a new Login.gov credential, you will still need to provide some personal information to verify your identity. You will also receive an activation code to complete the process.

5



Read and agree to the *my* Social Security Terms of Service prior to accessing your account.

6



Now that you have successfully created your personal *my* Social Security account, choose email or text under Message Center Preferences to receive courtesy notifications for notices and messages from us.

Note: If you have previously verified your identity with our credential service providers Login.gov or ID.me, you do not need to verify your identity again with us. Many online services can now be accessed

overseas with an ID.me account. Please visit [www.ssa.gov/foreign](http://www.ssa.gov/foreign) for more information.

To learn more, read *How to Create an Online Account* at [www.ssa.gov/pubs/EN-05-10540.pdf](http://www.ssa.gov/pubs/EN-05-10540.pdf).

**Create Your Account Today!**

# **How To Sign Up for Medicare After You Create Your Login.gov Account**

- 1. Go to [www.ssa.gov/medicare/signup](http://www.ssa.gov/medicare/signup)**
- 2. Scroll down and click on ‘Sign up for Medicare’ (Apply Online)**
- 3. Agree to the ‘Terms of Service’**
- 4. Review the checklist of items you will need to apply (link is found in the Getting Ready section)**
- 5. Click on ‘Start a New Application’ (in the Apply & Complete section)**
- 6. Follow all prompts.**

# Enrolling into Medicare

## Enrolling at Age 65

When you are turning 65 and wanting to enroll into Medicare you will either already be drawing Social Security or you are not. Based on your situation you will need to follow one of the options below.

### **Option 1: Currently Drawing Social Security Benefits for at least 4 months before turning 65.**

- Since you are already drawing Social Security you will automatically be enrolled into both Medicare Part A and Part B. There is nothing for you to do and your Medicare card will be mailed to you a few months before your 65th birthday.

### **Option 2: Currently NOT Drawing Social Security Benefits**

*Unlike Option 1, you will **NOT** be automatically enrolled into Medicare Part A and Part B. **You** must initiate the enrollment.*

- You can enroll online via the Social Security website [www.ssa.gov](http://www.ssa.gov).
- You can call the Social Security Administration at (800)772-1213 and speak to an agent directly.
- You can visit your local Social Security office. Use our handy tool in section in Section 3 of the guide to look up your local office or simply [click here](#).

# Enrolling into Medicare

## Enrolling After Age 65

Maybe you are still working and covered by a group health insurance plan. You may choose to defer enrolling into Medicare Part B. Once you get ready to retire, you can enroll into Medicare Part B using a Special Enrollment Period (SEP).

**It is important to note that you should still enroll in Medicare Part A. To defer enrollment into Medicare Part B you will want to verify with your HR department that your group plan is classified as ‘creditable coverage’**



### **Follow These Necessary Steps To Enroll Using Your Special Enrollment Period (SEP)**

1. You will need to have your current employer complete a verification form. This form is required to avoid a late Medicare enrollment penalty. [Download form L564.](#)
2. Go online and apply for Part B only by [clicking here](#). Keep in mind that you will need to be able to provide an exact date of when you want your Part B to begin. Once all information is complete you will need to upload your completed L564 form from your employer.

# Enrolling into Medicare

## Enrolling After Age 65

- If you do not have the capability of uploading a copy of form L564 after completing your online application, you can fax that form to your local Social Security office. Once again, you can locate your current Social Security office and access the fax number by clicking on the Local SSA Office button in Section 3 or [here](#).
- If you do not have the capability of faxing a copy of your completed L564 then be sure to schedule enough time that day to hand deliver your L564 form to your local Social Security office immediately after doing your online enrollment into Medicare Part B.



**Before going to your local  
Social Security Office**



1. Be sure to print a copy of your confirmation showing your Part B online enrollment
2. Make a copy of form L564 for your records.

# Know Your Medicare Options

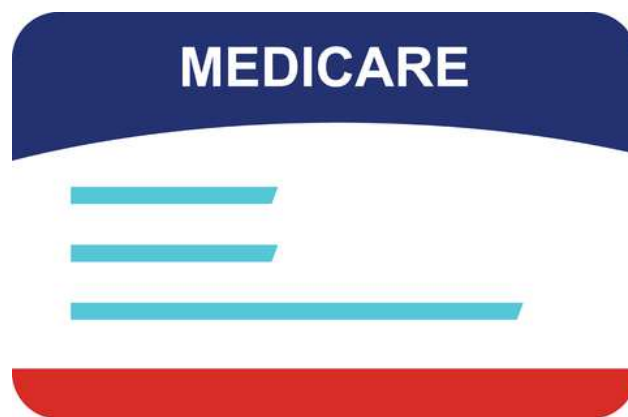
## Traditional Medicare Only?

### What insurance coverage do I go with?

Besides being one of your biggest decisions, it is also likely going to be one of the most overwhelming decisions you will make going onto Medicare.

In this condensed guide, there is absolutely no way we can provide complete guidance that would allow you to make this decision. What we can do is help simplify this information where you can have a better understanding of your options before meeting with an advisor.

## Go With Original Medicare Only??



Original Medicare is overall quite a robust health insurance plan. While choosing to go with only Original Medicare this option does leave you financially exposed to possible large out of pocket expenses. In addition to being responsible for all deductibles and co-insurance, it is important to understand that there is NO CAP on how much you can pay out of pocket in a calendar year.

# Know Your Medicare Options

## When Going With Traditional Medicare

In addition to Original Medicare you would need to still sign up for a Part D stand-alone prescription drug plan to avoid a penalty later.

### Medicare Supplement + Part D



Choosing a Medicare Supplement plan to go along with your Original Medicare allows you to have the most flexibility when it comes to choosing your own doctors, hospitals, and other providers. In addition a stand-alone Part D plan (with so many to choose from) allows you to get a plan that covers most or all of your prescription drugs.

It is important to keep in mind that there are currently 12 standardized Medicare Supplement plans that an insurance company can offer. They do not have to offer all 12 but rather pick and choose how many they want to offer. The only requirement they have is that they all must offer a Plan A.

# Know Your Medicare Options

## Medicare Supplement Plans

As we mentioned there are currently 12 standardized Medicare Supplement plans on the market. One thing to keep in mind is that those folks who **go onto Medicare after January 1, 2020** will not have the option of purchasing the following plans:

- Plan C
- Plan F
- High Deductible Plan F

Once we remove these plans for new to Medicare beneficiaries, it drops the amount of plans for you to choose from down to 9.

MEDIGAP PLANS 2026											
BENEFITS FOR EACH PLAN	A	B	D	G*	K	L	M	N		C	F*
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%***		100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%		100%	100%
Skilled nursing facility care coinsurance		100%	100%	100%	50%	75%	100%	100%		100%	100%
Part A deductible		100%	100%	100%	50%	75%	50%	100%		100%	100%
Part B deductible										100%	100%
Part B excess charges				100%							100%
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%		80%	80%

Out-of-Pocket Limit in 2026\*\* \$7,220 \$4,000

*Medicare First Eligible Before 2020 ONLY*

How do I compare Medigap plans? The chart above shows basic information about the different benefits that Medicare Supplement Insurance (Medigap) plans cover for 2026. If a percentage appears, the Medigap plan covers that percentage of the benefit, and you're responsible for the rest. Out-of-pocket costs (like deductibles) might change for 2027.

\* Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,870 in 2026 before your policy pays anything. (You can't buy Plans C and F if you were newly eligible for Medicare on or after January 1, 2020. See the previous page for more information.)

\*\* For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$283 in 2026), the Medigap plan pays 100% of covered services for the rest of the calendar year.

\*\*\* Plan N pays 100% of the Part B coinsurance. You must pay a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

# Know Your Medicare Options

## Plan G vs Plan N

You may be wondering why we keep referring to the Medicare Supplement plans as being ‘standardized’. In an effort to make the benefits of each plan easy to understand, in 1992 plans were now required to go by a particular letter and that lettered plan must offer the same benefits no matter which insurance company was selling it. This means that if someone looked at a Plan N from ABC Insurance Company and a Plan N from ACME Insurance Company, the benefits must be identical. This now gave consumers the opportunity to shop for better pricing without the worry of losing benefits.

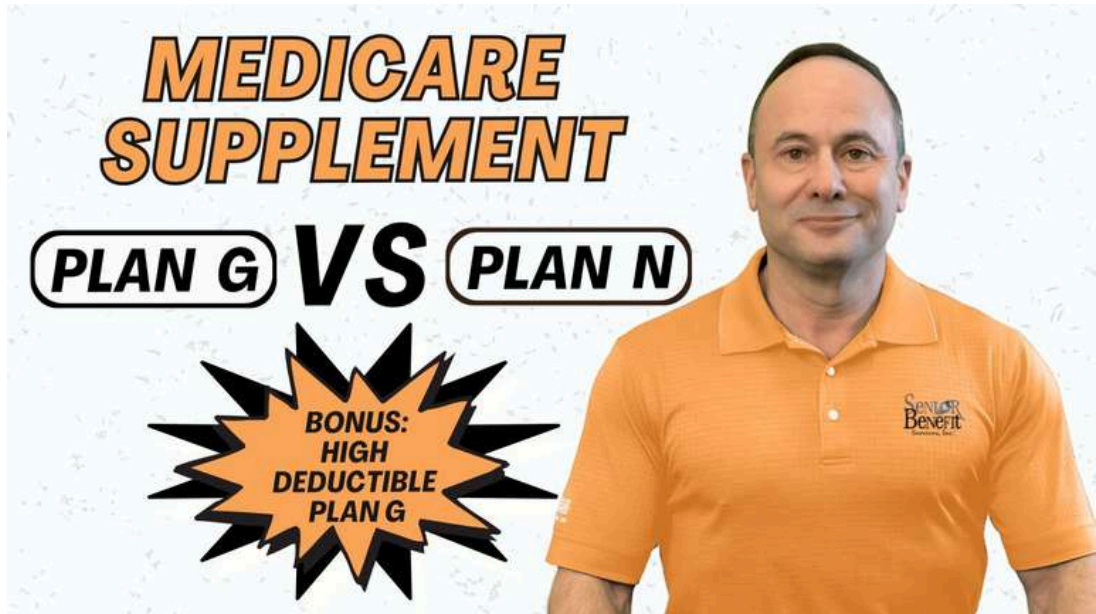
**NOTE:** Many times a consumer will hear the term Medigap. This is simply another name for Medicare Supplement.

With so many plans available how do you choose. The reality is that right now the two most popular Medigap plans would be Plan G and Plan N. Below is a quick comparison of the two.

Benefits	Plan G	Plan N
Basic benefits under Part A including daily coinsurance for days 60-150. Up to an additional 365 days after day 150.	✓	✓
Part A Deductible	✓	✓
Skilled Nursing Facility Daily Coinsurance	✓	✓
Part A Hospice Care	✓	✓
Blood (Pints 1-3)	✓	✓
Medicare Part B Coinsurance	✓	✓*
Medicare Part B Deductible	✗	✗
Foreign Travel (Emergency Benefits)	✓	✓
Medicare Part B Excess Charges	✓	✗

# Know Your Medicare Options

## Plan G vs Plan N



[Watch our YouTube Video here](#)

## What Are The Main Differences Between Plan G and Plan N?



### Doctor Visit Copays

Plan N requires a copayment of up to \$20 per visit each time you see a doctor (such as a primary care physician or specialist) whereas Plan G does not. However, certain services are exempt from this co-pay:

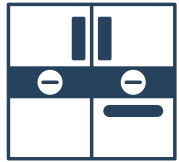
- Preventive care visits that Medicare covers at 100%...such as a wellness exam.
- Lab work or other services that are not classified as an 'office visit'.

# Know Your Medicare Options

## Plan G vs Plan N

### What Are The Main Differences Between Plan G and Plan N?

EMERGENCY



#### Emergency Room Copays

Plan N requires a copayment of up to \$50 per visit each time you go to the Emergency Room. However, if you are admitted to the hospital as an inpatient then the copay is waived. Plan G covers Emergency Room visits without additional copays.

MEDICARE PART B  
EXCESS CHARGES



#### Part B Excess Charges

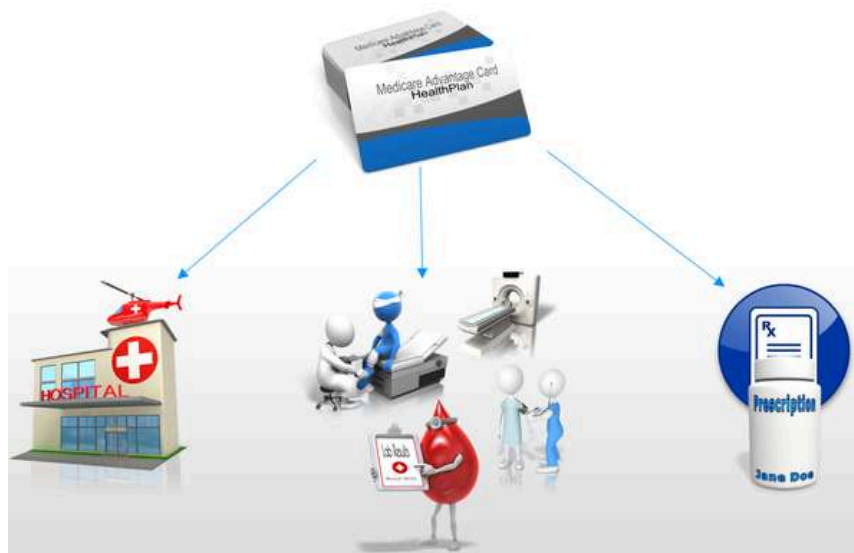
Plan G covers excess charges at 100%. This means that if you see a provider who does not accept Medicare Assignment then you could be liable for additional amounts over and above what Medicare approves. This additional amount is **capped at 15%**. Now before you start to panic it is estimated that over 95% of the providers currently accept Medicare Assignment.

# Know Your Medicare Options

## Medicare Advantage Plans

The final option would be to choose to enroll in a Part C plan instead of Original Medicare. By choosing Part C, you will now be covered thru a private insurance plan known as a Medicare Advantage plan. All medical expenses are submitted through the Medicare Advantage plan instead of Medicare. The majority of Medicare Advantage plans also each have their own networks (HMO or PPO). We will touch on networks in just a moment.

### Medicare Advantage



With a Medicare Advantage plan you are typically getting your coverage for hospital, doctors, and prescriptions all in the same plan. Instead of getting a Medicare Supplement along with a stand-alone Part D prescription drug plan, the prescription benefit is now integrated into the plan. Medicare Advantage plans have gained quite a bit of popularity over the years due to their lower premiums and additional benefits that many offer that are not covered by Original Medicare and a Medigap plan.

# Know Your Medicare Options

## Medicare Advantage Plans



Unlike Medicare Supplement plans that are standardized, Medicare Advantage plans are not. Yes, they must all provide benefits that are equal to Medicare, but they can have vastly different co-pays, coinsurance amounts, and even maximum out of pocket expenses.

So how do you compare Medicare Advantage plans? Here are just a few of the things that our advisors help our clients with when it comes to comparing benefits:

- How robust is the network of providers the plan offers? Are all of your doctors and hospitals in the plan's network?
- Are all of your prescriptions covered by the plan's formulary? What tier pricing do each of your prescriptions fall into with each plan?
- What are the daily hospital co-payments for each plan and can you afford a longer hospital stay at those costs?
- Does the plan offer any additional benefits and are they of value to you?

# Know Your Medicare Options

## Medicare Advantage Plans



### Things To Remember About Medicare Advantage Plans

1.

You must have both Parts A & B to enroll

2.

You must continue to pay your Part B premium

3.

These plans each use their own network of doctors, hospitals, and other providers. It is important to verify your providers participate in that plan's network.

3.

Additional benefits can include such things as dental, vision and hearing coverage. Some plans even cover a gym membership

**Important To Know:** Many times a consumer will get caught up in what extra benefits a Medicare Advantage plan may offer. These extra benefits should not be the primary reason to enroll in a plan. The most important benefits are the core medical benefits that will be there to cover expensive procedures that you may need as you age.

# Know Your Medicare Options

## Medicare Supplement vs Medicare Advantage Plans

As we mentioned earlier, Medicare Supplement plans do not use a network, so you have the most flexibility in choosing which doctors, hospitals, and other providers you see. Basically all you need to do is make sure they accept Medicare. This flexibility also comes with a price, which is why Medicare Supplement plans will typically be much higher in monthly premiums than a Medicare Advantage plan.

ACME		Medicare Advantage Plan HMO
ID	1122334445555	<b>Medicare Rx</b> <small>Prescription Drug Coverage</small> RxBIN: XXXXXXX RxPCN: XXXXXX RxGRP: XXXX-XXX <hr/> <b>COPAYS</b> PCP: \$20 Specialist: \$50 Emergency: \$100 Urgent Care: \$75
Name	Jane Smith	
Health Plan	SY000569	
Effective Date	01/01/2024	
PCP	Dr. William Jones	
PCP Phone	(301)222-4500	

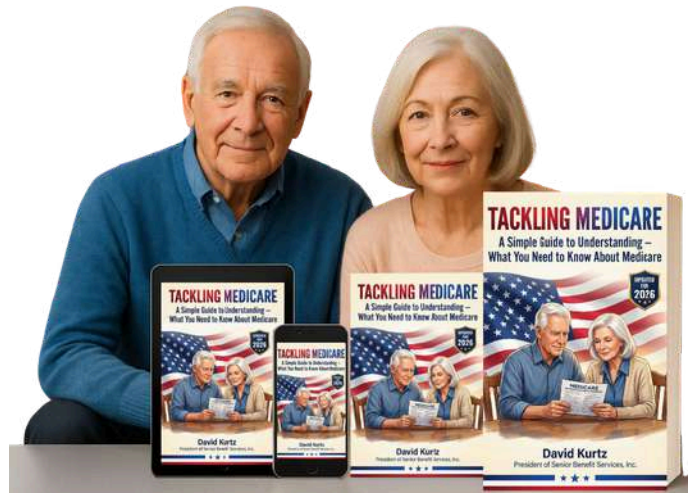
Medicare Advantage plans use networks to help reduce medical expenses among other things. Typically they **will either use an HMO network with their plan or a PPO network**. To make this as easy to understand, an HMO is the most restrictive network. You must use a provider or hospital in that plan's network or the expenses will NOT be covered. Additionally you may be required to get a referral to see a specialist. These plans typically have the lower premium or possibly a \$0 premium.

A PPO network is a bit more flexible since it will allow you to see a doctor that is not in the plan's network as long as that doctor or hospital agree to accept the plan. When you go out of network, your co-pays and maximum out of pocket costs are usually higher, so it is still advisable to see providers and facilities that are in-network to reduce your medical expenses.

As we wrap of Section 5 there are a few things that you should remember:

- 1 This guide is very condensed and is designed to give you an overview of Medicare and Medicare related insurance.
- 2 To understand more on your own, it is best for you to start your research by using the official Medicare & You Handbook.
- 3 Go to [www.seniorbenefitclient.com](http://www.seniorbenefitclient.com) and click on [New To Medicare](#) at the top of the page for additional information.

You can also order a copy of the book “**Tackling Medicare**” on Amazon by clicking [here](#). This 2026 book goes into great detail about everything Medicare and gives you step by step instructions.



## Additional Insurance Coverages To Consider



**Dental/Vision/Hearing Insurance:** These plans are very popular and relatively inexpensive to purchase. You may be shocked to hear that Medicare does not cover routine procedures such as dental cleanings, fillings or even dentures. Nor does it cover routine eye exams, glasses or contacts. If you happen to need a hearing aid, then that is not covered by Medicare either.



**Hospital Indemnity Insurance:** These plans are very popular with folks who choose to go away from traditional Medicare and enroll in a Medicare Advantage plan. Hospital Indemnity plans can offset or even fully cover many of additional costs that are associated with a hospital stay. These plans can cover the daily hospital co-pays, ambulance co-pays, emergency room co-pays, and more that are left over after a Medicare Advantage plan pays.



Welcome to "Medicare Made Easy: Your How-To Guide," brought to you by Senior Benefit Services, Inc. We're your trusted resource as you start to explore Medicare for the first time, especially if you're getting close to 65.

We understand you might prefer a more personal touch. That's why our advisors are ready to meet you right where you are – whether that's in our office, at your home (if near a local office), through a computer screen, or on the phone. We're all about making things easy for you, offering support in ways that fit into your life seamlessly.

We're here for hardworking individuals who've spent their lives doing the kind of work that keeps this country running. Now, as you're stepping into retirement, we want to make sure you get all the benefits you've earned and deserve, without all the confusion that can sometimes come with navigating Medicare.

At Senior Benefit Services, Inc., our essence revolves around a singular, pivotal specialty—Medicare. We understand the maze that is Medicare can seem overwhelming as you approach or surpass the age of 65. The myriad of information, plans, and options can often appear bewildering. It's our mission to demystify Medicare for you, ensuring that the transition is as seamless and comprehensible as possible.

Why choose us? We recognize the flood of phone calls and advertisements that inundate your life as the significant age 65 milestone approaches. These solicitations, while numerous, often miss addressing the core of your Medicare transition process. Our aim transcends beyond merely guiding you to select an insurance product. With Senior Benefit Services, Inc., our role encompasses a holistic approach to your Medicare enrollment process. We're here to answer key questions such as "Do I need Medicare?", "What costs can I expect?", "How do I apply?", "Which is better for me—Medicare Advantage or Medigap?", and "What if my needs change down the line?".



Certainly, our ultimate goal is to assist you in choosing the most suitable Medicare plan. Yet, what sets us apart is our dedication to being your lifelong Medicare advisor, ensuring you're always covered with the best options available. Unlike others, being independent brokers allows us the flexibility to compare various insurance offerings across companies, guaranteeing you the finest coverage tailored to your locale. **In addition, each year you receive a complimentary annual review of all your coverages and will see current comparisons to make sure you are still in the best plan for your current needs.**

We enthusiastically recommend incorporating this handbook into your initial planning steps for your upcoming Medicare journey. With the knowledge provided in this handbook, you will be able to have a better understanding of Medicare and your Medicare options when talking with one of our advisors.

Navigating Medicare doesn't have to be a solitary endeavor. Our team of seasoned Medicare advisors is ready to offer personalized guidance at any stage of your transition.

### **Hear from our satisfied clients:**

- "An invaluable guide through Medicare's complexities. Nicole's expertise simplified the sign-up process, giving us peace of mind." - Mickey Aldana
- "A seamless sign-up experience, complemented by outstanding service." - Wanda Aldin
- "Why did I wait so long? Senior Benefit Services made my transition effortless." - John Ortiz
- "After 50 years in healthcare, facing Medicare was daunting—until I found this service. They made it easy." - Mary Gray

Ready to begin this crucial chapter with confidence? Senior Benefit Services, Inc. is more than a service provider; we are your ally in ensuring your golden years are as carefree and secure as they should be. Join us on this pivotal journey, and experience the ease and tranquility of transitioning to Medicare with experts by your side.



# Company Profile

## About Us

Senior Benefit Services, Inc. is a private family owned corporation that has specialized in working with individuals as they age into Medicare. Our focus has always been to put our client's needs first and provide a level of service that is second to none. This has allowed us to serve tens of thousands of clients during their retirement years.

## Why Us

- Local offices throughout Maryland
- Highly educated advisors focused in Medicare
- Access to over 70 different insurance carriers
- Leader in the Medicare marketplace for decades
- A+ Rated by the Better Business Bureau
- Total Client Satisfaction

## Our Services

- Medicare Supplement
- Medicare Advantage
- Medicare Prescription Drug Plans
- Medicare Education
- Dental/Vision/Hearing Plans
- Safe Retirement Income Planning
- Social Security Planning for Couples
- Legacy Planning
- Long Term Care/Home Health Care Plans
- Life Insurance
- Hospital Indemnity Plans
- Cancer/Heart Attack/Stroke Plans