

MEDICARE

FOR INDIVIDUALS 65+

Medicare enrollment periods

To ensure no gaps in coverage, arrange for Medicare and supplemental insurance before existing coverage ends.

Initial enrollment period for Part A (hospitalization) and Part B (medical services).	Starts 3 months before 65th birthday, with coverage taking effect the first day of the month in which you turn 65.
Special enrollment period for Parts A and B (for people who are working and covered by an employer group plan at 65).	Can enroll in Medicare anytime during employment or when group coverage ends.
Initial enrollment period for Part C (Medicare Advantage).	May coincide with initial or special enrollment period for Parts A and B.
Initial enrollment period for Part D (drugs).	May coincide with initial or special enrollment period for Parts A and B. Or, if you have creditable drug coverage through a retiree or employer plan, it is not necessary to enroll in Part D when you enroll in Parts A and B. However, if you lose that creditable coverage, you should enroll in Part D before such coverage ends (or no more than two months later to avoid penalties).
Open enrollment period for Medigap policies	Starts the first of the month in which you BOTH are over 65 and have Part B, and lasts 6 months. During this time, Medigap insurers have to take you, regardless of health status. The ACA prohibition against denying people with pre-existing conditions does not apply to Medigap insurers.

Annual open enrollment period for Medicare Advantage plans and drug plans: October 15 – December 7.
 During this time you may:

- Change drug plans or enroll in a new drug plan
- Change Medicare Advantage plans or enroll in a new plan

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Premiums and deductibles for 2018

Part A: No premium if eligible for Social Security as a worker, spouse, divorced spouse, or surviving spouse

Part B monthly premium

MAGI Single	MAGI Joint	MAGI Married filing separately	Part B monthly premium	Part B income-related adjustment	Total Part B premium	Part D Income-related adjustment**
≤ \$85,000	≤ \$170,000	≤ \$85,000	\$134.00*	\$0.00	\$134.00*	\$0.00
\$85,001 - \$107,000	\$170,001 - \$214,000		\$134.00	\$53.50	\$187.50	\$13.00
\$107,001 - \$133,500	\$214,001 - \$267,000		\$134.00	\$133.90	\$267.90	\$33.60
\$133,501 - \$160,000	\$267,001 - \$320,000		\$134.00	\$214.30	\$348.30	\$54.20
> \$160,000	> \$320,000	> \$85,000	\$134.00	\$294.60	\$428.60	\$74.80

Source: Social Security Administration

*Your premiums may be less if you were "held harmless" from premium increases in prior years due to low Social Security COLA.

**The Part D income-related adjustment is paid to Medicare and is in addition to any premium paid to the insurance company offering the drug plan.

2018 Deductibles (may be covered by supplemental insurance)

Part A – 1st 60 days of hospitalization	\$1,340 per hospital stay
Part A – days 61-90	\$335 per day
Part A - >90 days	\$670 per day
Part B	\$183 per year
Part D This is Medicare's basic drug design; your plan may be different	Deductible: \$405 per year Initial coverage limit (donut hole begins): \$3,750. In the donut hole you pay 44% for covered generic drugs and 35% for covered brand-name drugs. Out-of-pocket threshold: \$5,000. Once reached, you pay the greater of 5% of the drug costs or \$3.35 copay for a generic drug or \$8.35 for a brand-name drug.

References

Medicare & You www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf
 Brochure: Getting Started www.medicare.gov/Pubs/pdf/11389-Medicare-Getting-Started.pdf
 Enrolling in Medicare Part A & Part B www.medicare.gov/Pubs/pdf/11036-Enrolling-Medicare-Part-A-Part-B.pdf
 Understanding Medicare Part C & D Enrollment Periods www.medicare.gov/Pubs/pdf/11219-Understanding-Medicare-Part-C-D.pdf
 Medicare and Other Health Benefits: Your Guide to Who Pays First . . . <https://www.medicare.gov/Pubs/pdf/02179-Medicare-Coordination-Benefits-Payer.pdf>
 Get Your Medicare Questions Answered www.medicare.gov/Pubs/pdf/11386-Medicare-questions-answered.pdf
 Have You Done Your Yearly Medicare Plan Review? <https://www.cms.gov/Center/Special-Topic/Open-Enrollment/Downloads/11220.pdf>
 How Medicare Works With Employer-Based Health Plans www.medicarerights.org/PartB-Enrollment-Toolkit/Toolkit-Description.pdf
 Your Guide to Medicare Prescription Drug Coverage <https://www.medicare.gov/Pubs/pdf/11109-Your-Guide-to-Medicare-Prescrip-Drug-Cov.pdf>
 Choosing a Medigap Policy: A guide for People with Medicare www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap-guide.pdf
 Medicare Advantage vs. Medigap www.medicare.gov/Pubs/pdf/11474.pdf
 Medicare Plan Finder www.medicare.gov/find-a-plan/questions/home.aspx

Medicare does not pay for long-term care.

Social Security Administration:
 800-772-1213

Medicare choices

Original Medicare or Medicare Advantage Plan?

- Original Medicare
 - Enroll in Medicare Parts A and B
 - Choose a standalone prescription drug plan and enroll in Part D
 - Choose a supplemental insurance policy (Medigap policy or employer/retiree insurance). Note: Once you turn 65, your employer or retiree insurance may work differently than it has in the past. It may be coordinated with Medicare. If you will be retaining employer or retiree coverage after turning 65, check with your plan to find out what you need to do to maintain coverage and to find out how it works.
- Medicare Advantage plan
 - Enroll in Medicare Parts A and B
 - Shop for and enroll in a Medicare Advantage plan that includes drug coverage offered by a private insurer

Get help finding plans

- Use Medicare Plan Finder: www.medicare.gov/find-a-plan
- Identify lower-cost plans in your area
 - Drug plans and Medigap insurers if using Original Medicare
 - Medicare Advantage plans
- Call insurers for more information
- Talk to a State Health Insurance Assistance Program (SHIP) counselor: www.shiptacenter.org

How to enroll

- Visit www.medicare.gov. Click on "Apply for Medicare"
- Call the Social Security Administration: 800-772-1213

HSA contributions may no longer be made after enrollment in Medicare

How Medicare works with other insurance

If you	Pays first	Pays second
Are 65 or older and covered by a group health plan that covers 20 or more employees based on the current employment of you or your spouse	Group health plan	Medicare
Are 65 or older and covered by a group health plan that covers fewer than 20 employees based on the current employment of you or your spouse	Medicare (must be enrolled in Parts A and B)	Group health plan
Are over 65 and retired and have a retiree plan	Medicare (must be enrolled in Parts A and B)	Retiree plan
Are over 65 and on COBRA	Medicare (must be enrolled in Parts A and B)	COBRA
Are covered under TRICARE	Medicare (must be enrolled in Parts A and B)	TRICARE

Medigap insurance policies

Medigap Benefits	Medigap Plans									
	A	B	C	D	F*	G	K	L	M	N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Part B coinsurance or copayment	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes***
Blood (first 3 pints)	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Part A hospice care coinsurance or copayment	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Skilled nursing facility care coinsurance	No	No	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Part A deductible	No	Yes	Yes	Yes	Yes	Yes	50%	75%	50%	Yes
Part B deductible	No	No	Yes	No	Yes	No	No	No	No	No
Part B excess charge****	No	No	No	No	Yes	Yes	No	No	No	No
Foreign travel exchange (up to plan limits)	No	No	80%	80%	80%	80%	No	No	80%	80%
Out-of-pocket limit**	N/A	N/A	N/A	N/A	N/A	N/A	\$5,240 in 2018	\$2,620 in 2018	N/A	N/A

If you live in Massachusetts, Minnesota, or Wisconsin, Medigap policies are standardized in a different way.

* Plan F also offers a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs up to the deductible amount of \$2,240 in 2018 before your Medigap plan pays anything.

** After you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.

*** Plan N pays 100% of the Part B coinsurance, except for 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 inpatient admission.

**** If you have Original Medicare, and the amount a doctor or other health care provider is legally permitted to charge is higher than the Medicare-approved amount, the difference is called the excess charge.

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