

Medicare for retirees

Part A: Hospital insurance

Enrollment

Enrollment is automatic if you are collecting Social Security benefits three months prior to the month you attain age 65. Otherwise, you should apply three months prior to the month you turn age 65 through the sixth month after.*

Costs†

You are eligible for Medicare Part A with no premiums if:

- You are receiving or are eligible to receive (but have not yet filed for) Social Security retirement benefits (including spousal or survivor benefits),
- You are the 65-year-old spouse of a 62-year-old or older worker who qualifies for no premium Part A, or
- You or your spouse had Medicare-covered government employment.

2020 monthly premiums

Quarters of Social Security eligibility	Premium
30–39	\$252
Less than 30	\$458

2020 cost for an in-hospital stay (per occurrence)

Days 1–60	\$1,408 deductible
Days 61–90	\$352 per day co-payment
Days 90+	Lifetime reserve days** (\$704 per day) or all costs

If you need care in a skilled nursing facility, you will be responsible for \$176 coinsurance per day.

* Applies if you qualify for Part A with no premiums. Otherwise, you should apply three months prior to the month you turn age 65 through the third month after. † Surcharges may apply for late enrollment. ** 60 non-renewable days. ‡ To qualify, you must have continuous employer group health insurance based on your or your spouse's current work since first eligible for Medicare or had Medicare coverage for any month not covered. COBRA coverage does not qualify. § These charges may be covered by supplemental insurance.

Part B: Medical insurance

Enrollment

Enrollment is automatic if you are collecting Social Security benefits three months prior to the month you attain age 65. Otherwise, you should apply three months prior to the month you turn age 65 through the third month after.

Enrollment periods

Enrollment period	Coverage effective date
Initial —Seven month period beginning three months before the month the individual becomes age 65.	Enroll in months 1–3: month Medicare eligible Enroll in month 4: 1 month after enrollment Enroll in month 5: 2 months after enrollment Enroll in months 6–7: 3 months after enrollment
Special† —Anytime while covered under a current employer's plan (or spouse's current employer's plan) or during an eight month period beginning with the earlier of the month coverage terminates or work ends.	Enroll in month 1: month of enrollment Enroll in months 2–8: 1 month after enrollment
General† —Annually Jan 1–Mar 31	Jul 1

Costs†

2020 monthly premiums

Single	Yearly income (2018) by filing status		Total 2020 monthly premium
	Married/joint	Married/separate	
\$87,000 or less	\$174,000 or less	\$87,000 or less	\$144.60
\$87,000–\$109,000	\$174,000–\$218,000		\$202.40
\$109,000–\$136,000	\$218,000–\$272,000		\$289.20
\$136,000–\$163,000	\$272,000–\$326,000		\$376.00
\$163,000–\$500,000	\$326,000–\$750,000	\$87,000–\$413,000	\$462.70
\$500,000+	\$750,000+	\$413,000+	\$491.60

You will also be responsible for an annual deductible (\$198 in 2020) and, typically, 20% coinsurance of the Medicare allowed charge.[§]

Part D: Prescription drug coverage

Enrollment (must be enrolled in parts A and/or B)

Enrollment periods

Enrollment period	Coverage effective date
Initial —Seven month period beginning three months before the month the individual becomes age 65.	Enroll in months 1–3: 1st month of Part D eligibility Enroll in months 4–7: 1st of the month following the month the request was made
Special Enrollment Period (SEP) —Apr 1–Jun 30 if you enroll in Part B during general enrollment.	Jul 1
Annual —Oct 15–Dec 7*	Jan 1 of following year

Costs**

2020 prescription drug costs (federal guidelines)

	Prescription drug costs	What you pay	Total out of pocket expense
Annual deductible	\$0–\$435	100%	\$435
Initial coverage phase	\$435–\$4,020	25%	\$1,331.25
Coverage gap “Donut Hole”	\$4,020–\$9,038.75†	25%	\$6,350
Catastrophic coverage	Above \$9,038.75†	Greater of 5% or \$3.60 generic or \$8.95 all other drugs	\$6,350+

- Plans may have different deductibles, co-pays and coverage in the “Donut Hole.” The federal guidelines above represent maximum out-of-pocket costs.
- You will also be responsible for a monthly premium which can vary by plan.†
- In the “Donut Hole,” you will receive a 75% discount on brand and generic prescriptions. 95% of the full cost of brand and your co-pay on generic prescriptions apply for getting out of the “Donut Hole.”

Medigap

Insurance issued by private insurance companies that provides reimbursement for out-of-pocket medical costs such as

1. Deductibles for Parts A & B
 2. Cost of extended hospitalization under Part A
 3. Coinsurance on doctors’ services and outpatient care under Part B
 4. Costs in excess of Medicare-approved charges
 5. Most self-administered prescription drugs
 6. Skilled nursing facility costs regulated by state insurance authorities within guidelines set by the federal government
- 10 standard Medigap plans offer different levels of supplemental coverage (A–D, F, G, K–N).[§] The best time to buy a Medigap policy is during the six month period that begins on the first day of the month in which you are age 65 or older and enrolled in Part B. After this period your option to buy a Medigap policy may be limited and may cost more.

Part C: Medicare advantage

- A Medicare Advantage Plan is an alternative to Medicare Part B. Must be enrolled in Parts A and B to elect a Medicare Advantage Plan. Cannot have a Medigap plan or a Part D plan.
- Part C coverage is available in three forms: managed care plans (e.g., HMOs, PPOs), private fee-for-service plans or medical savings accounts.^{||}
- If you want prescription drug coverage, in most cases you will need to obtain the coverage through your Medicare Advantage Plan.
- Each plan can charge different out-of-pocket costs. You usually pay one monthly premium to the plan, in addition to your Part B premium.

* A person can enroll in Part D anytime if they qualify for the extra help due to low income. ** Surcharges may apply for late enrollment. † This is the upper limit for a person who qualifies for a subsidy due to low income. The upper amount for a person without a subsidy is \$9,719 and this figure takes into account a person buying both brand and generic drugs. The upper amount for a person without a subsidy buying only brand name drugs is \$9,303 when rounded to the nearest dollar. ‡ May be higher for individuals with higher income. § Plans C and F are not available to beneficiaries who turn 65 on or after January 1, 2020. Special provisions offered in MA, MN and WI. || Only available in Pennsylvania.

Source: Department of Health and Human Services. See www.medicare.gov for more information, restrictions and limitations on Medicare benefits.

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