

Medicare Orientation

An educational seminar
for those preparing for
Medicare eligibility

Medicare Orientation is brought to you by MedicareCompareUSA, an independent health insurance agency not affiliated with the federal Medicare program, serving as a Medicare insurance resource for hospitals and their patients with Medicare. Our MedicareOnDemand Resources help to simplify the process of finding your Medicare solution.



 **Medicare
ON DEMAND**
A NON-GOVERNMENT ENTITY
We're not Medicare, we just make it Simple

About Us



Medicare Helpline – Answers to your Medicare questions and access to all MedicareOnDemand Resources.

AgentOnDemand – Speak with a licensed insurance agent for Medicare plan comparisons, enrollment assistance, and support-related questions.

Quoting Tool – Instantly compare Medicare Prescription, Advantage, and Supplement insurance plans. Enter your physicians, medications, and pharmacy for a tailored quote experience.

Medicare Education – Conduct Medicare research at your pace.

MedicareOnDemand serviced by MedicareCompareUSA, an independent health insurance agency that is not affiliated with the federal Medicare program.

A photograph of a woman with long dark hair wearing a wide-brimmed straw hat, smiling and looking towards an older man with grey hair. The man is partially visible in the foreground, looking back at her. They appear to be outdoors in a sunny, natural setting. A teal curved shape is at the bottom left of the image.

**Let's get started with
Original Medicare**

Medicare Parts A & B

Part A

Hospital Coverage

+

Part B

Medical Coverage

=

**Together, they equal
Original Medicare**

Medicare is a health benefits program for U.S. citizens or permanent residents who meet certain work history requirements:

Must be: Age 65 or older or Under age 65 with certain disabilities

- All who get disability benefits from Social Security or certain disability benefits from the Railroad Retirement Board for 24 months
- Individuals with Amyotrophic Lateral Sclerosis (ALS, often referred to as Lou Gehrig's Disease) or with End-Stage Renal Disease

Signing up for Medicare



- If you receive benefits from Social Security or the Railroad Retirement Board (RRB) and are turning age 65, are under 65 and disabled, or have ALS, you will be enrolled in Medicare A & B automatically.
- You will receive your red, white, and blue Medicare card in the mail 3 months before your 65th birthday or your 25th month of disability benefits.
- If you are close to 65 and do not receive Social Security or Railroad benefits, you must contact Social Security 3 months before your 65th birthday.
- If you do not sign up for Part B when first eligible, your Part B premium may go up 10% for each full 12-month period that you could have had Part B and didn't sign up.
- If you or your spouse are still working and you have health coverage through an employer or union, you may delay Part B enrollment without penalty. NOTE: Coverage based on current employment does not include: COBRA, Retiree coverage, VA coverage, or Individual health coverage through Health Insurance Marketplace.

Medicare Part A

Hospitalization: Semi-private room and board, general nursing, and miscellaneous services and supplies

- | | |
|---|--------------------|
| • Days 1-60 fully covered once deductible met | \$1,736 Deductible |
| • 61st – 90th Day | \$434 per day |
| • 91st – 150 (While using 60 lifetime reserve days) | \$868 per day |

Skilled Nursing Facility Care: Requires 3-day Hospital Stay

- | | |
|-----------------------|---------------|
| • First 20 Days | 100% Covered |
| • 21st – 100th Day | \$217 per day |
| • 101st Day and Above | Not Covered |

Home Health Care:

- | | |
|--|--------------|
| • Medicare Approved Services | 100% Covered |
| • Only for Medically necessary skilled care services and medical supplies (Not Long-Term Care needs) | |

Hospice Care: 95% Covered

Cost information for **2026** Calendar year

Source: www.cms.gov/newsroom/fact-sheets/2026-medicare-parts-b-premiums-deductibles

Medicare Part B

Medical Expenses: In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment.

- **Part B Premium** **\$202.90/month***
- **Deductible** **\$283 annually****
- **After Deductible, Part B generally covers 80% of Medicare Approved Amounts**

Note: Some preventative care is also covered.

Important: Schedule Medicare Welcome Visit with Primary Care Physician

This very important and totally free Medicare benefit includes a review of your medical history and a discussion about important Medicare-covered preventive services.

***2026** Part B Premium. Premium may be higher, based on individual or household income.

****2026** Medicare Part B Deductible (Only Counts Towards Medicare Approved Amounts).

Source: www.cms.gov/newsroom/fact-sheets/2026-medicare-parts-b-premiums-deductibles





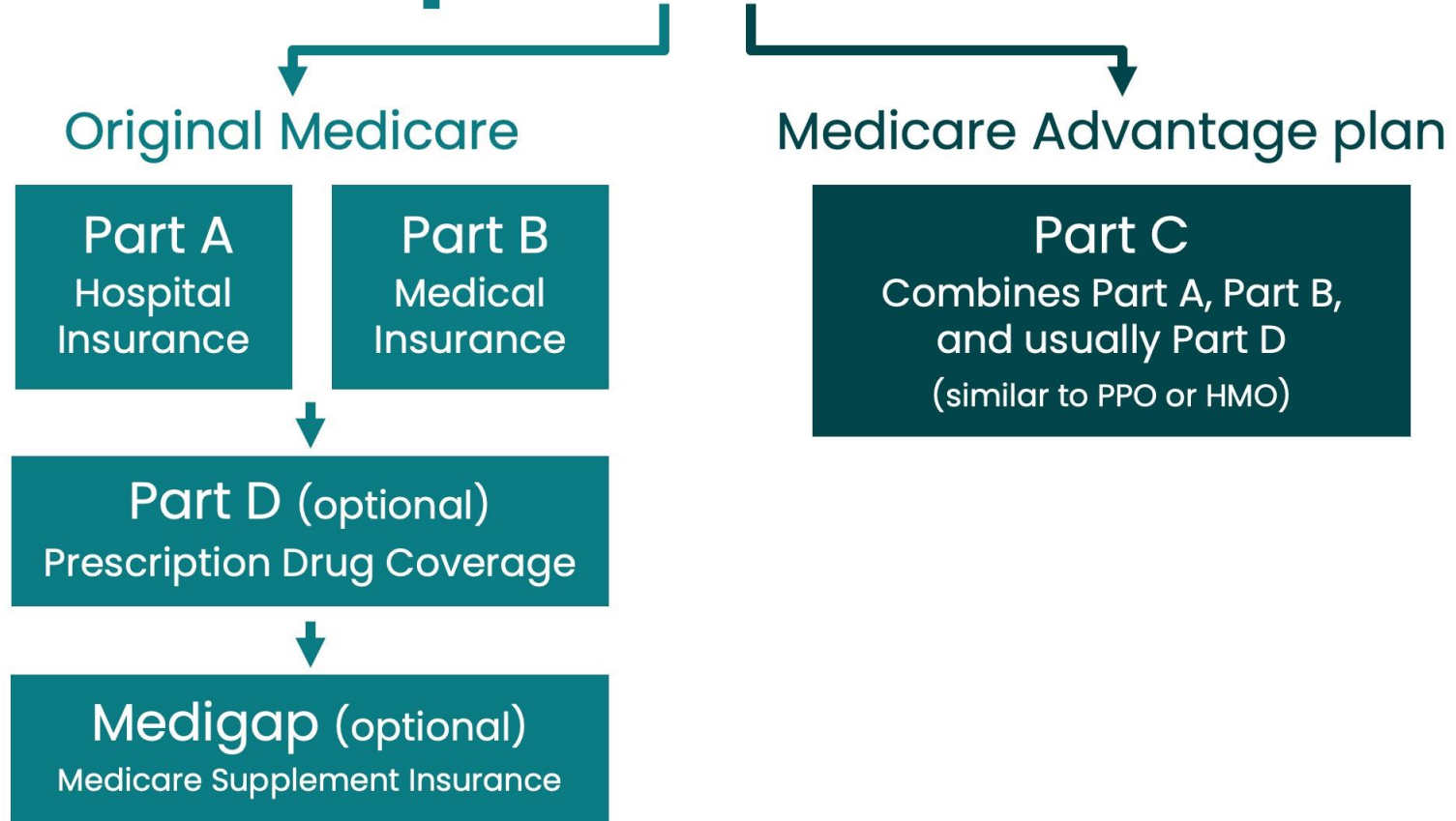
What's not covered?

Original Medicare Does Not Cover:

- Deductibles and Co-Insurance
- Prescription Drugs
- Dental (Preventive, Basic, and Major)
- Routine Eye Exam / Eyewear
- Routine Hearing / Hearing Aids
- No Out-of-Pocket Maximum
Spending Safety Net

Source: www.medicare.gov/providers-services/original-medicare/not-covered

Two paths to choose



Medicare Supplement Insurance (<i>Medigap</i>)		Medicare Advantage
Can choose your own doctor and hospital. They must be Medicare-approved and accepting Medicare patients.	Physician and Hospital	Can choose your own doctor and hospital but most MA plans include a network of participating healthcare providers.
No referrals necessary.	Referrals And Prior Authorization	Referrals may be required before seeing Specialists, and most MA plans require Prior Authorization before receiving certain tests or procedures.
Prescription Drug coverage not included. Part D plans available at additional cost.	Prescriptions	Prescription Drug coverage is included in all Medicare Advantage Prescription Drug plans (MAPDs).

Medicare Supplement Insurance (<i>Medigap</i>)		Medicare Advantage
No Network Requirements. Your coverage is portable and travels with you across the U.S.	Travel	PPOs and HMOs include networks. Emergency care is always covered when traveling.
Guarantee Issue if you enroll within first 6 months of Part B Effective Date. Otherwise, enrollment is usually subject to passing insurer medical underwriting.	Enrollment	7-month Initial Enrollment Period include 3 months before, the month of, and 3 months after your 65th birth-month. Enrollment based on your resident zip code; if you move you need to change plans.
Pay Medicare Part B Premium and the Medigap monthly plan premium. Your out-of-pocket costs are very limited. Don't forget Rx: standalone Part D plan purchased sold separately.	Cost	Pay Medicare Part B Premium and plan's monthly premium. Whenever you access healthcare services, you are generally required to pay copayments, co-insurance, and/or deductibles.



Helping you understand **Medicare Advantage**

Medicare Advantage Considerations

Network requirements

Health Maintenance Organization (HMO)

- ✓ You must receive care and services from healthcare providers and hospitals in the plan's network (except emergency care, out-of-area urgent care, or out-of-area dialysis)*.
- ✓ HMOs may require you to obtain a Referral in order to see a Specialist.

**If your HMO has a point-of-service (POS) option, you may be able to go out-of-network for certain services (usually for a higher cost).*

Preferred Provider Organization (PPO)

- ✓ You may receive care from healthcare providers and hospitals that aren't in the plan's network, but it usually costs more.
- ✓ Look to see if out-of-network cost sharing is a fixed copayment or a percentage of charges, then review the plan's non-network annual Maximum Out of Pocket to understand your financial exposure when going out of network.

Private Fee For Service (PFFS)

- ✓ You can visit any doctor or hospital that accepts Medicare and agrees to the plan's terms.

Medicare Advantage Considerations



Medicare Advantage (MA) Benefits, Provider Network, and Service Area Changes

- MA plan carriers annually submit their benefit designs to Medicare (CMS) for review and approval. Members are notified each year (ANOC Letter) of how their benefits are changing for the next calendar year.
- MA HMOs and PPOs that include a Prescription Drug benefit may also change their list of accepted drugs each year.
- MA plans determine each year where their product is available.
- Healthcare providers may also change which MA plans they participate.



Medicare Advantage Considerations

What is Prior Authorization?

Medicare Advantage plans frequently require Prior Authorization, unlike traditional Medicare. This means your doctor needs to get the plan's approval before certain services are covered.



Helping you understand **Medicare Supplement / Medigap**

Medicare Supplement Insurance (Medigap) Considerations

You may add a Medicare Supplement insurance policy to your Original Medicare

- You must have Part A & Part B and continue to pay the Part B premium.
- Plan designs range from A through N.
- Plan designs are standardized – a “Plan G” is the same regardless of insurance company. Only Plan Premium may vary.
- Medicare Part D Prescription Drug coverage is not included. A standalone Medicare Prescription plan will need to be purchased separately.
- Medicare pays first for Medicare-eligible benefits – then the Medigap policy pays next for some or all of the patient’s portion.
- Medicare Supplement insurance policy may also include some benefits not covered by Original Medicare [example: foreign travel coverage (limitations apply)].
- Unless you are within your **Medigap Open Enrollment Period**, Supplement insurance policies usually require health statement underwriting (medical questions).

Medicare Supplement (Medigap) Considerations

What is Medigap Open Enrollment?

The best time to buy a Medigap insurance policy is during your Medigap Open Enrollment Period. This is the 6-month period that starts the first day of the month you're 65 or older and signed up for Part B. After this period, your options to buy a Medigap policy may be limited, and the policy may cost more.

Medigap Open Enrollment Period

One-time enrollment period that does NOT repeat every year

Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
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Starts 1st day of your birthday month

- ✓ Have Part B
- ✓ 65+

Ends last day of 6th month

- ✓ Have Part B
- ✓ 65+

Health information

Please read through each question carefully.

If any of the answers to questions below are "Yes" coverage cannot be issued.

The information I provided on this enrollment form is complete, true, and accurate to the best of my knowledge and belief. *

I realize that any incomplete, false, or inaccurate statement or material misrepresentation in the enrollment form may result in cancellation of my coverage, a change in my premium, or a rescission of my coverage.

Have you been recommended or scheduled for testing (excluding routine), treatment, follow-up, or surgery that has not been completed?*

☐ Yes ☐ No

Are you currently hospitalized, confined to a bed, receiving dialysis treatment, receiving services from an Assisted Living Facility, Nursing Home, or dependent on a wheelchair or mobilized device? *

☐ Yes ☐ No

In the last 12 months have you received Physical, Occupational, or Speech Therapy?*

☐ Yes ☐ No

Have you been hospitalized or used an emergency room for treatment 2 or more times in the past 24 months?*

☐ Yes ☐ No

Have you been diagnosed or treated for diabetes?

☐ Yes ☐ No

Within the last 5 years has medication been prescribed or recommended for depression?*

☐ Yes ☐ No

Are you currently prescribed 3 or more medications to control High Blood Pressure?*

☐ Yes ☐ No

Within the past 12 months have you been recommended for surgery or are you receiving any infusions or injections for treatment of:*

- Arthritis of any kind
- Crohn's Disease
- Plaque Psoriasis
- Ulcerative Colitis

☐ Yes ☐ No

Have you been treated for any diabetic complications including nephropathy, retinopathy, peripheral vascular disease, stroke, neuropathy, or heart disease?*

☐ Yes ☐ No

Within the past 2 years have you been diagnosed, treated, evaluated, or prescribed medication for? *

- Hodgkin's Disease
- Leukemia, Myeloma or Lymphoma
- Internal Cancer
- Melanoma
- Chronic Atrial Fibrillation
- Coronary Artery Disease, Angioplasty, Stent, or Bypass
- Chest Pain (Angina)
- Heart Attack/Acute MI
- Aneurysm
- Peripheral Vascular Disease
- Blood/clotting disorder (excluding mild anemia)
- Transient Ischemic Attack
- Deep Venous Thrombosis
- Stroke
- Embolus
- Muscular Dystrophy
- Multiple Sclerosis
- Transverse Myelitis
- Adrenal gland disorders
- Amputation due to disease
- Chronic Hepatitis or liver cirrhosis
- Chronic Pancreatitis
- Cushing Syndrome/Disease
- Enzyme disorders
- Joint Replacement Surgery that has not been completed
- Nephritis or Glomerulonephritis
- Osteoporosis with fractures
- Pituitary disease or disorder
- Pulmonary disease (excluding asthma)
- Renal Artery Stenosis including Stent/Angioplasty
- Required use of a Cardiac Pacemaker or Defibrillator
- Oxygen or Nebulizer use
- Spinal Stenosis
- Substance Abuse (including more than 12 consecutive months of opioid usage)

☐ Yes ☐ No

Within the past 10 years have you been diagnosed, treated, evaluated, or prescribed medication for?*

- Cardiomyopathy
- Enlarged Heart
- Congestive Heart Failure
- Heart Valve Disease or Regurgitation
- ALS (Amyotrophic Lateral Sclerosis)
- Dementia
- Alzheimer's Disease
- Parkinson's Disease
- AIDS, ARC, or HIV infection
- Systemic Lupus
- Myasthenia Gravis
- Systemic Sclerosis
- Chronic Obstructive Pulmonary Disease
- Organ, Bone Marrow, Tissue, or Stem Cell Transplant
- Cirrhosis
- Renal Failure or End Stage Renal Failure
- Emphysema
- Schizophrenia

☐ Yes ☐ No

For underwriting purposes provide the name and address of your primary care physician

Name: _____

Address: _____

What if I miss my Medigap Open Enrollment?

The Medigap insurance company can deny you a policy if you don't meet medical underwriting requirements.

** This is an example of an actual Medigap application.*



Helping you understand **Medicare Prescription Drug Plans**

Part D: Standard Prescription Drug plan

Plans offered by private insurance companies must meet or exceed the minimum standard plan:



- ✓ Available to anyone who is enrolled in Medicare (Part A or Part B or Parts A & B)
- ✓ Provided by private insurance companies
- ✓ Monthly premiums vary by plan
- ✓ You are only allowed to have one Part D plan at a time
- ✓ If you don't enroll when you are first eligible you will pay a penalty of 1% for every month that you did not enroll
- ✓ Just like Part B, premiums could be subject to an income-based premium surcharge
- ✓ Extra Help or low-income subsidy (LIS) is a Medicare program that helps people with limited income and resources pay for Medicare prescription drug costs

Late enrollment penalty is 1% per month multiplied by "national base beneficiary premium" rounded to the nearest \$.10 and added to your monthly premium.



Part D (cont)

Formulary:

- ✓ Each Medicare Part D Prescription Drug plan has its own list of covered prescription drugs
- ✓ These prescription drugs are placed into different “tiers” representing different costs – for instance: tier 1- preferred generic, tier 2- non-preferred generic, tier 3- preferred brand name, tier 4- non-preferred brand name, tier 5- Specialty tier- the higher the tier, the more expensive the prescription drug

Prior authorization:

- ✓ The plan you enroll in may require prior authorization for certain medications



Part D (cont)

Step therapy:

- ✓ Your prescription drug plan may require you first try certain less expensive medications that have been proven for most people with your condition before you can move up a “step” to a more expensive prescription drug
- ✓ If you have already tried the similar, less expensive prescription drugs and they didn’t work, your prescriber can contact the plan to ask for an exception
- ✓ If approved your plan will cover the step-therapy prescription drug

Part D: How it works

DEDUCTIBLE STAGE

You pay \$0–\$615
depending on your plan
\$35 cost-sharing on insulin

INITIAL COVERAGE STAGE

You pay your cost sharing until
you've paid a total of \$2,100
\$35 cost-sharing on insulin

CATASTROPHIC STAGE

You pay \$0
for the rest of the
calendar year

Member's prescription drug out-of-pocket limit \$2,100

Payment Plan Option:

The Medicare Prescription Payment Plan (MPPP): This voluntary program is intended to allow beneficiaries to spread their cost-sharing obligations throughout a plan year. The drug or health plan would be paid monthly and you would no longer pay at the pharmacy. One can opt in at any time.

Cost information for **2026**
Calendar year

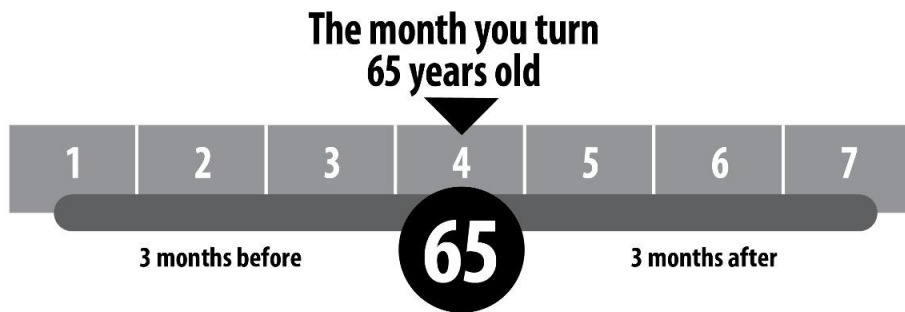
*Total out-of-pocket costs are
the amounts paid by you

Penalty for late enrollment or
missing period is 1% per month



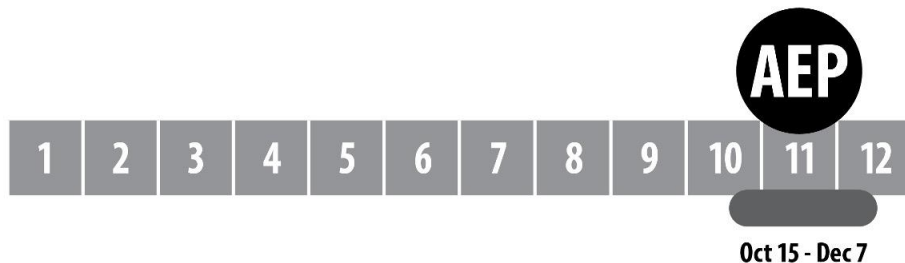
Additional Information

Part C & D: Medicare Enrollment Periods



Initial Enrollment Period (IEP/ICEP)

This is the time frame most people sign up for Medicare. A seven-month period, starting three months before the month in which you turn 65 and ending three months after that month (assumes you do not delay in Part B benefits).



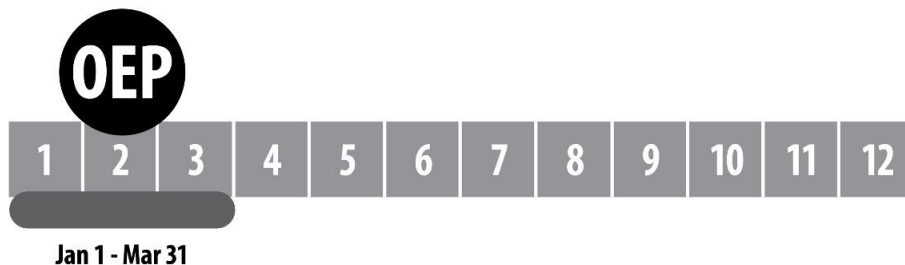
Medicare Annual Enrollment Period (AEP) October 15 – December 7

Beneficiaries may switch plans, add or delete Medicare Part D Prescription Drug coverage, or return to Original Medicare. New plans will be effective Jan 1 of the following year. Guidelines apply.

Part C & D: Medicare Enrollment Periods

Medicare Open Enrollment Period (OEP) January 1 – March 31

MA plan enrollees may enroll in another MA plan or disenroll from their MA plan and return to Original Medicare (and elect to choose a standalone Prescription Drug plan). Individuals may make only one election during period, and you cannot change from one Prescription Drug plan to another.



Special Election Period (SEP)

Special enrollment periods may apply for a variety of situations including but not limited to: change of residence, loss of group coverage, or if your plan withdraws from the market for the upcoming year.

Month after the last month of employment
or employee health coverage



Sources:

www.medicare.gov/providers-services/original-medicare/part-a
www.medicare.gov/providers-services/original-medicare/part-b
www.cms.gov/newsroom/fact-sheets/2026-medicare-parts-b-premiums-deductibles
www.medicare.gov/providers-services/original-medicare/not-covered
www.medicare.gov/health-drug-plans/part-d
www.medicare.gov/health-drug-plans/part-d/basics/costs
www.medicarecompareusa.com/medicare-education-center/medicare-basics
www.medicare.gov/medicare-and-you
www.medicare.gov/health-drug-plans/medigap/ready-to-buy

**For more information about Medicare insurance options, visit the
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www.medicareondemand.com/medicare-education-center



We're not Medicare, we just make it Simple

Thanks!

Do you have any questions? Call the agent who presented this Orientation or toll-free to speak with a licensed insurance agent
866-391-7763, TTY 711 (M-F 9am-5pm)
MedicareOnDemand.com