

# **DECIDING IF MEDICARE IS RIGHT FOR YOU**

AN EDUCATIONAL OVERVIEW FOR INDIVIDUALS AGE 65+



## **WHY AND WHEN TO CONSIDER MEDICARE?**

### **LOWER PREDICTABLE OUT-OF-POCKET COSTS**

#### **THIS MAY BE RELEVANT IF YOU:**

- PREFER FEWER UNEXPECTED MEDICAL BILLS
- ANTICIPATE HIGHER MEDICAL USAGE OR UPCOMING PROCEDURES
- VALUE A MORE CONSISTENT COST STRUCTURE FOR COVERED SERVICES

### **BROAD PROVIDER ACCESS**

#### **THIS MAY BE RELEVANT IF YOU:**

- WANT THE FLEXIBILITY TO SEE PROVIDERS WITHOUT NETWORK RESTRICTIONS
- PREFER NOT TO MANAGE REFERRALS FOR SPECIALIST CARE
- RECEIVE CARE FROM MULTIPLE PROVIDERS OR HEALTH SYSTEMS

### **COVERAGE THAT TRAVELS**

#### **WHY THIS MATTERS:**

- TRAVEL FREQUENTLY
- LIVE IN MORE THAN ONE STATE DURING THE YEAR
- SPEND EXTENDED TIME AWAY FROM YOUR PRIMARY RESIDENCE

### **STABLE COVERAGE DESIGN**

#### **THIS MAY BE RELEVANT IF YOU:**

- WANT CONSISTENT BENEFITS OVER TIME
- PREFER COVERAGE THAT IS NOT TIED TO YOUR EMPLOYER
- ARE PLANNING FOR LONG-TERM HEALTHCARE NEEDS

### **UPCOMING OR ONGOING MEDICAL CARE**

#### **WHY THIS MATTERS:**

- ANTICIPATING SURGERY, DIAGNOSTIC TESTING, OR INCREASED SPECIALIST VISITS
- MANAGING A CHRONIC CONDITION THAT REQUIRES FREQUENT CARE
- WANTING GREATER PREDICTABILITY IN OUT-OF-POCKET MEDICAL EXPENSES

### **CHANGES IN EMPLOYMENT STATUS**

#### **THIS MAY BE RELEVANT IF YOU:**

- PLANNING RETIREMENT WITHIN THE NEXT 1–3 YEARS
- TRANSITIONING TO PART-TIME WORK OR CONSULTING
- LOSS OF ELIGIBILITY FOR EMPLOYER-SPONSORED COVERAGE

*\*\* INFORMATION IS BASED ON ENROLLMENT IN MEDICARE A AND B ALONG WITH A MEDICARE SUPPLEMENT PLAN G. MEDICARE SUPPLEMENT PLANS ARE OPTIONAL AND MAY NOT BE APPROPRIATE FOR EVERYONE. COVERAGE DECISIONS SHOULD BE BASED ON INDIVIDUAL HEALTHCARE NEEDS, FINANCIAL CONSIDERATIONS, AND PROVIDER PREFERENCES.*

# **Case Study: Comparing Medicare with Employer Coverage**

## **CLIENT PROFILE**

Christine, age 65+, was still actively working and enrolled in her employer-sponsored health plan. While eligible for Medicare, she had delayed enrollment because she was covered through work.

## **THE SITUATION**

Christine needed a hip replacement and planned to use her employer's group health insurance. Upon reviewing her benefits, she discovered her plan carried a \$6,000 deductible, which she had not yet met. This meant she would be responsible for a significant portion of the cost of surgery out of pocket.

Unsure whether Medicare could offer better coverage – or whether switching would even make sense – Christine reached out to our team for guidance.

## **OUR APPROACH**

**We conducted a side-by-side comparison of Christine's employer-sponsored health plan and her Medicare options, taking into account:**

1. Her upcoming medical procedure
2. Expected out-of-pocket costs
3. Timing and eligibility for Medicare enrollment
4. Long-term coverage considerations

We walked Christine through how Medicare Part A and Part B, paired with a Medicare Supplement Plan G, would cover her care.

## **THE OUTCOME**

By enrolling in Medicare Part A and Part B and adding a Supplement Plan G, Christine significantly reduced her financial responsibility. Instead of paying her employer plan's full deductible, she was only responsible for the Medicare Part B deductible, with her supplemental plan covering the remaining eligible costs related to her procedure.

**Total Savings: \$5,743**

## **THE VALUE**

This case highlights the importance of reviewing health coverage options at age 65—even for individuals still working and covered under an employer plan. With proper guidance and a personalized comparison, Christine was able to make an informed decision that aligned with both her healthcare needs and her financial goals.

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