WHAT MAKES HTA DIFFERENT?

We Simplify Medicare

- Unlimited professional support
- Specializing in Medicare for over 20 years
- Access to over 20 insurance companies

Leading With Heart

This is a complimentary service!

NO COST to YOU, FAMILY, or FRIENDS

NATIONWIDE SERVICE

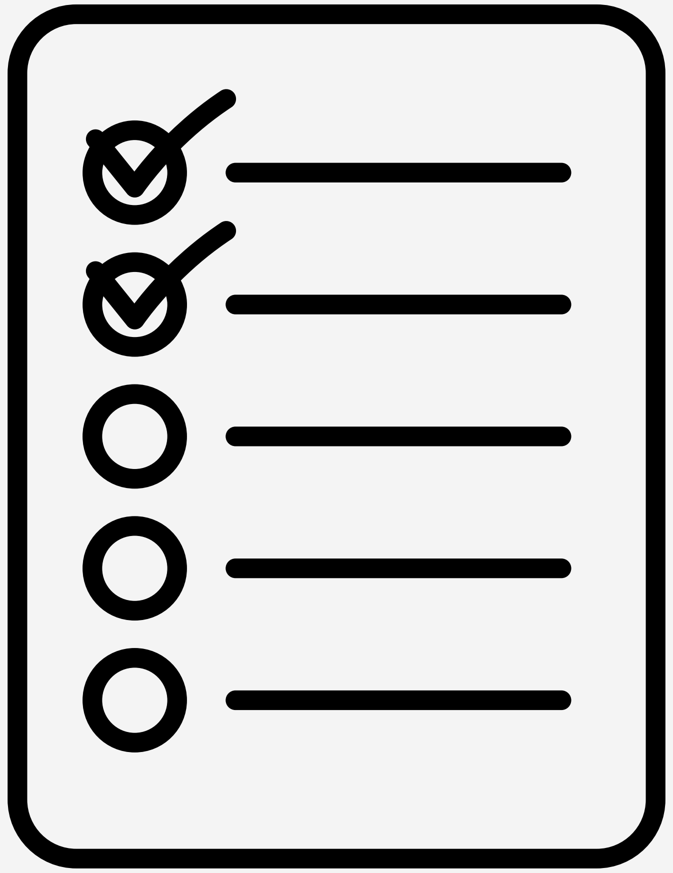
Our only request:

Please allow us to help with your paperwork!

- HTA is paid by the insurance companies -

- You do not pay higher premiums with HTA
- Our service continues after enrollment

Medicare Transition Timeline



Planning Stage:

4-6 months prior to desired start date

- Stop HSA contributions if over age 65 and still contributing
- Schedule and complete Medicare Roadmap Appointment with HTA Advisor
  - Discuss your personal situation
  - Determine timeline and method for Part A/B enrollment
  - Review insurance coverage options and needs analysis

Enrollment into Part A and/or B:

2-3 months prior to desired start date

- Create SSA.gov account
- Have HR complete Employment Information form (if applicable)
- Apply for Medicare A/B through Social Security

Insurance Plan Enrollment

1 month prior to desired start date

- Schedule enrollment appointment with HTA Advisor (if not already scheduled)
- During appointment- HTA advisor will complete with you the applications for desired insurance coverages- Medicare Supplement, Medicare Advantage, Prescription, Etc.

The Alphabet Soup of Medicare

How to Enroll

Parts A & B through the Social Security Administration

All others enroll through HTA

4 Parts = Comprehensive Medicare Plan Design

- Part A (Hospital Insurance)
- Part B (Medical Insurance)

Add Secondary Insurance:

- Supplement Insurance (Medigap)
- Part D (Prescription Drug Coverage)

OR

- Advantage Plans w/prescription drug coverage(Part C)

*Please note: You must pay Medicare part A and/or B Premiums regardless if you choose Medicare Advantage or Supplement

Medicare Part A

Hospital <u>A</u>dmission = Inpatient

Helps Cover:

- **Inpatient care** in hospitals
- Skilled nursing facility care (limited)
- Hospice
- Home health services (limited)

No cost

(provided you or your spouse have worked a minimum of 40 quarters)

Medicare Part B

Medical = Outpatient

Helps Cover:

- **Doctors & Specialists**
- Diagnostic Testing-**Lab, Xray, MRI, CT**
- Outpatient-**Surgery, Chemo, Radiation**
- Non-Inpatient Hospital-**ER & Observation**
- Durable Medical Equipment

Standard Premium 2026 = $206.50

(premiums are based on income)

Medicare Part B IRMAA– 2026

Monthly/Person

Same for each Spouse

Based on MAGI

Tax Return from 2 years ago

Single	Joint	Married Filed Separately	Part B
Up to $109,000	Up to $218,000	Up to $109,000	**$206.50**
$109,001 - $137,000	$218,001 - $274,000	NA	**$289.10**
$137,001 - $171,000	$274,001 - $342,000	NA	**$413.00**
$171,001 - $205,000	$342,001 - $410,000	NA	**$536.90**
$205,001 - $500,000	$410,001 - $750,000	$109,001 - $394,000	**$660.80**
$500,001 +	$750,001 +	$394,001 +	**$702.10**

Medicare Out of Pocket Expenses

Part A Deductible *Per benefit period-similar to per admittance*	$1,716
Part A Hospital Copay Days 61-90 (per day) Days 91+ (60 Reserve Days) 365 Lifetime Days	 $429 $858 100%
Skilled Nursing Facility Copay Days 0-20 (per day) Days 21-100 (per day)	 $0 $209.50
Part B Deductible *Per calendar year*	$288
Part B Coinsurance *No Cap on Out of Pocket Risk*	20%
Part B Excess Charges *No Cap on Out of Pocket Risk*	15%
Out of Pocket Maximum	no cap
Foreign travel emergency *Plan pays up to $50,000*	100%

What is not Covered by Medicare?

Insurance Available

- Dental
- Vision
- Hearing Aids & Fittings
- Long Term Care (Personal Needs)

- Routine Foot Care
- Cosmetic Surgery

*Acupuncture is now covered by Medicare but only for chronic back pain -- limits apply.

"Part C"

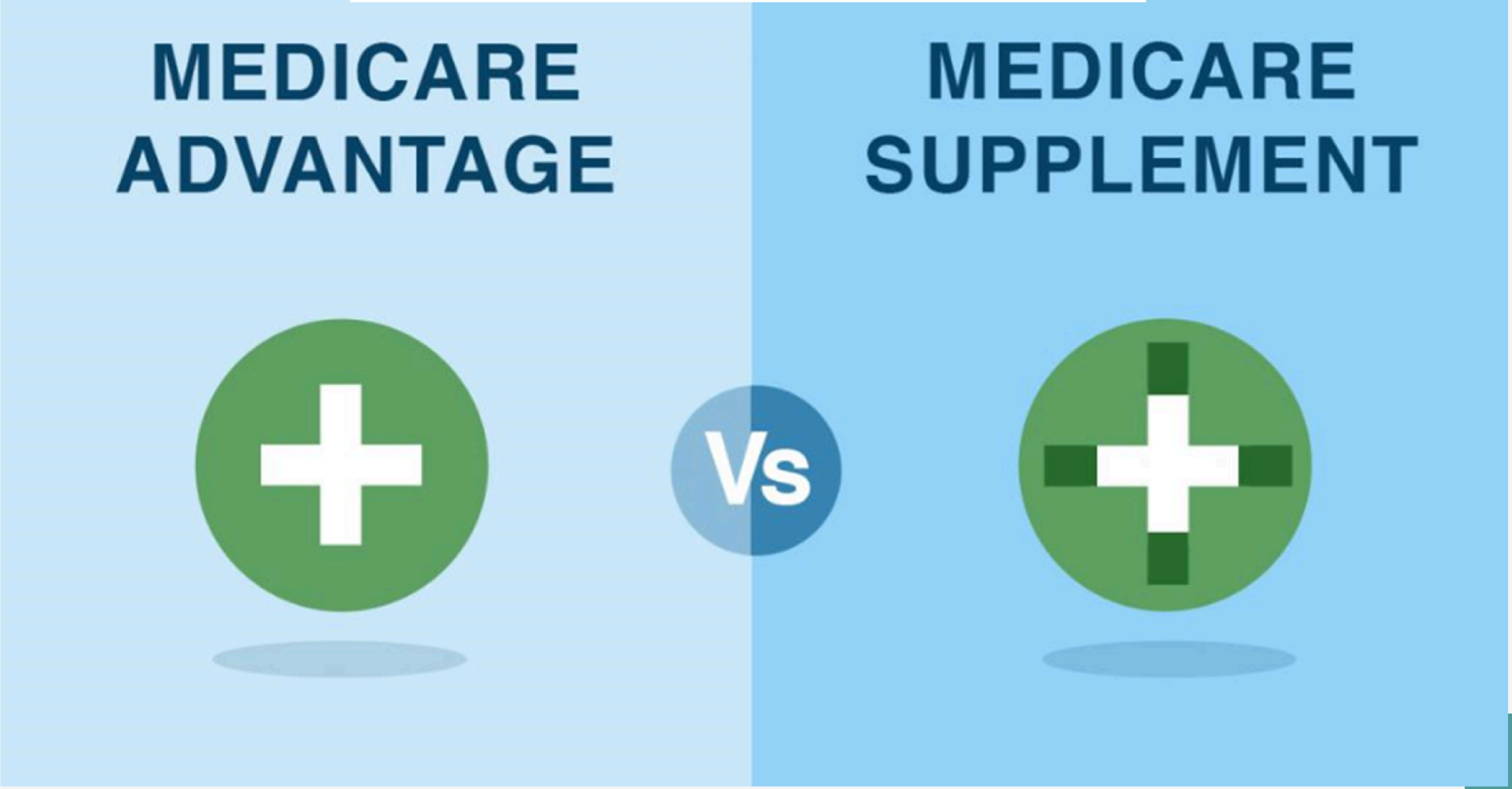
All in One
Replaces Medicare A&B Card

OR

"MediGap"

al la carte
Secondary to Medicare A&B Card

Must pay Part B premium



Comparing Differences:

	Extras	Premium & Benefits	Access to Care	Medical Underwriting
Medicare Advantage	**Dental, Vision, Hearing, RX & Extras** Gym Memberships, Meal Programs, OTC Benefits **May be Included**	**<u>Lower</u> Premiums** ($0-$150/month) **Higher Out of Pocket** (up to $9,250/year in network)	**Networks** PPO, HMO, PFFS **Managed Care** Prior Authorizations Service Limits	**1st Eligible** No medical questions **Annual Enrollment** Change any year between 10/15 and 12/7
Medicare Supplements	**Dental, Vision, Hearing, RX & Extras** Not typically included **Separate Plans or discount programs may be available**	**Higher Premiums** ($100-$250/month) **<u>Lower</u> Out of Pocket** (around $288/year)	**No Networks** Use any Doctor that accepts Medicare (99% of all non pediatric doctors participate with Medicare in 2020) **No Managed Care** You and your doctor choose most appropriate care	**1st Eligible** No medical questions **6 months after Part B** Medical underwriting required to change (some states have certain exceptions)

MS Plan Design

Medicare Supplement

- If client lives in **Massachusetts** click here
- If client lives in **Minnesota** click here
- If client lives in **Wisconsin** click here

All other states proceed to the next slide

How does MS Work?

Medicare Supplement

Inpatient

Outpatient

	Medicare A & B Only	Plan F	Plan G	Plan HDG/F High Deductible	Plan N
Part A Deductible *Per benefit period-similar to per admittance*	**$1,716**	$0	$0	**$1,716**	$0
Part A Hospital Copay Days 61-90 (per day) Days 91+ (60 Reserve Days) 365 Lifetime Days	**$429** **$858** **100%**	$0	$0	**$429** **$858** **100%**	$0
Skilled Nursing Facility Copay Days 0-20 (per day) Days 21-100 (per day)	$0 **$209.50**	$0 $0	$0 $0	$0 **$209.50**	$0 $0
Part B Deductible *Per calendar year*	**$288**	$0	**$288**	**$288**	**$288**
Part B Coinsurance ***No Cap on Out of Pocket Risk***	**20%**	$0	$0	**20%**	$20 Doc & $50 ER copay
Part B Excess Charges ***No Cap on Out of Pocket Risk***	**15%**	0%	0%	**15%**	**15%**
Out of Pocket Maximum	**no cap**	$0	$288	$2,870	**no cap**
Foreign travel emergency *Plan pays up to $50,000*	**100%**	$250 then 20%	$250 then 20%	$250 then 20%	$250 then 20%

How does MA Work?

Medicare Advantage

Copays for all covered services until you hit plan maximum out of pocket.

Rx costs do not count toward maximum out of pocket

*Chemotherapy &

Other Infusion Therapy

20% Copay

Medical coverage	Approximate Monthly Premiums $0	$45	$0
Medical Deductible	$0.00	$0.00	$0.00
Medical out of pocket maximum	$6,900.00	$7,550.00	$7,550.00
Doctor Office Visit	In-Network: $0 copay per visit	In-Network: $0 copay per visit	$15
Specialist Office Visit	In-Network: $30 copay per visit	In-Network: $35 copay per visit	$45
Emergency Room	In-Network: $95 copay per visit	In-Network: $95 copay per visit	$95 If you are admitted to the hospital within 24 hours your cost share may be waived, for more information see the Evidence of Coverage
Hospital Inpatient Stay	In-Network: $225 copay per day for days 1-7, $0 copay per day for days 8-90.	In-Network: $250 copay per day for days 1-7	$195 per day, days 1-7; $0 per day, days 8-90

EXTRAS advertised on TV

Medicare Advantage Plans may include:

Dental
If offered, typically
$250-$3,000/year in benefits

Routine Vision
If offered, typically
$100-$200/year in benefits

Gym Memberships
If offered, typically
free memberships at participating gyms

Over the Counter Benefits
If offered, typically **$25-$200/quarter**
website or prepaid debit card

Grocery Allowance
If offered, typically has
restrictions for **certain diagnosis**

Money Toward Part B Premiums
If offered, typically
$2-$60/month in benefits

Medicare Advantage Plans Versus Medicare Supplement Plans

If your Insurance Preferences are:

- Lower premiums/ higher out of pocket costs
- Doctor networks
- Managed Care
- Additional benefits included with plan (drugs, dental, vision,OTC, groceries etc.)
- Can change annually with no medical questions; Medical Underwriting to switch to MS later
- Different plan designs/options
- All-in-one plan / one card

Medicare Advantage Plans might be appropriate for you

- Higher premiums/ Lower out-of-pocket costs
- No Doctor networks/Nationwide Coverage
- No Managed Care
- Purchase Additional benefits separately (drugs, dental, vision)
- Change plans with passing Medical Underwriting
- Standardized, easy to understand plans opt
- Multiple ID cards (Medicare, Supplement, Drugs)
- Annual rate increases

Medicare Supplement Plans might be appropriate for you

Medicare Part D

MA = Purchase a Medical Plan that INCLUDES Part D benefits

MS = Purchase a Standalone Part D Plan for extra cost

Deductibles and Copays vary by plan
Plans cover different medications
Plans rank medications in different tiers

HTA VIP SUPPORT FOR LIFE

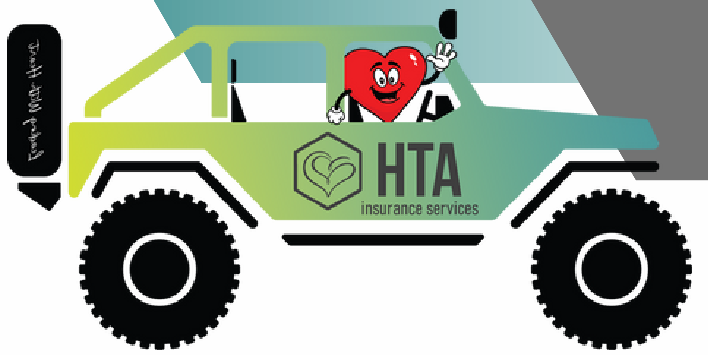
- Questions
- Billing & Claims
- Annual Review

What we need

- List of meds including dosage & frequency
- Name of Pharmacy

What we provide

- Report showing the anticipated costs of your medications
- Annual Review during AEP 10/15-12/7



UNDERSTANDING PART D STAGES

2026

Up to $615

Some tiers may not apply

Deductible

Pay Total Retail Cost

<$2,100

Based on Out of Pocket Cost

Initial Coverage

Pay Copay/Coinsurance

>$2,100

Based on Out of Pocket Cost

Catastrophic

Pay 0% of Retail Drug Cost

Medicare Part D IRMAA– 2026

Monthly/Person

Same for each Spouse

Based on MAGI

Tax Return from 2 years ago

Single	Joint	Married Filed Separately	Part B	Part D IRMAA
Up to $109,000	Up to $218,000	Up to $109,000	**$206.50**	**Premium Only**
$109,001 - $137,000	$218,001 - $274,000	NA	**$289.10**	**Premium + $14.50**
$137,001 - $171,000	$274,001 - $342,000	NA	**$413.00**	**Premium + $37.50**
$171,001 - $205,000	$342,001 - $410,000	NA	**$536.90**	**Premium + $60.40**
$205,001 - $500,000	$410,001 - $750,000	$109,001 - $394,000	**$660.80**	**Premium + $83.30**
$500,001 +	$750,001 +	$394,001 +	**$702.10**	**Premium + $91.00**

Dental, Vision and Hearing

Medicare does not cover routine dental, vision, or hearing

Insurance Plans help Cover:

- Dental cleanings, fillings, major services (Ex: Crowns)
- Routine eye exams
- Reimbursement for glasses/contacts
- Hearing aids, exams for fitting them*

Schedule an appointment to discuss these benefits with HTA

*Not all plans cover hearing.

HTA-INSURANCE.COM/DENTAL-VISION-HEARING

HTA Is Here For Your Additional Insurance Needs

*Not available in all states.

Coverage That Complements Your Life

- **Auto**
- **Home**
- **Travel**

Schedule a consultation with an HTA Advisor to discuss your options.

Next Steps:

- **Enroll** in Medicare Part A and/or B
- **Review** documents from your HTA Advisor
- **Schedule** a follow-up appointment

We make it easy!

Would you like to be contacted regarding P&C Services?