

WHAT MAKES HTA DIFFERENT?

Our Promise to our Clients:

- No unwanted phone calls
- No pushy sales agents
- We are on your team!

We Simplify Medicare

- Unlimited professional support
 - Specializing in Medicare for over 20 years
 - Access to over 20 insurance companies
-
- Salaried Advisors
 - Not commissioned based
 - Unbiased Advice
 - NO pressure to buy



Leading With Heart

**This is a
complimentary
service!**



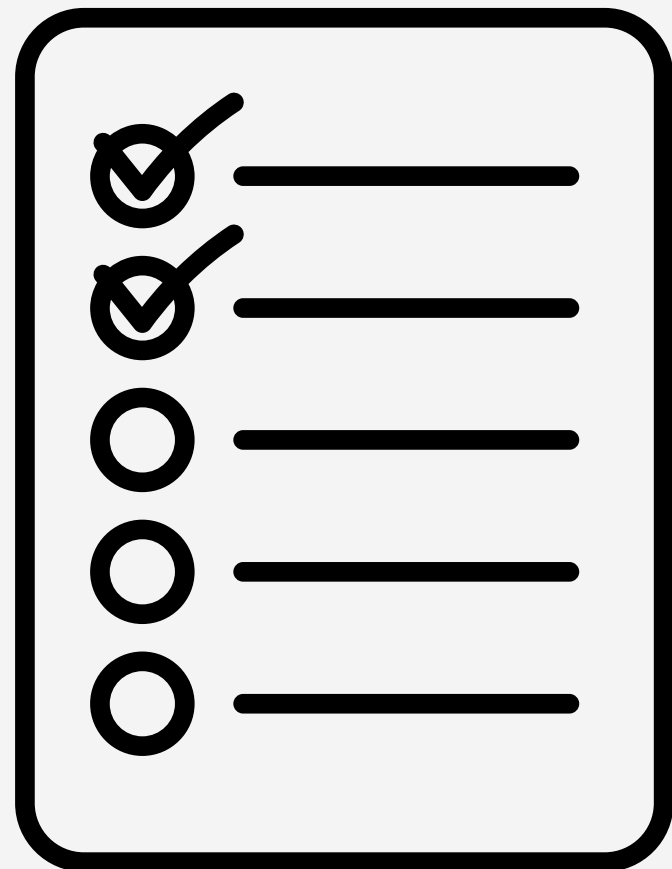
**NO COST to YOU, FAMILY or FRIENDS
NATIONWIDE SERVICE**

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

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)

How to Enroll

Parts A & B through
the Social Security
Administration

All others enroll
through HTA

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

Medicare Part A

Hospital Admission = 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
- Some Preventative Services & Vaccines

Standard Premium 2025 = \$185.00

(premiums are based on income)



Medicare IRMAA- 2025

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 \$106,000	Up to \$212,000	Up to \$106,000	\$185.00	Premium Only
\$106,001 - \$133,000	\$212,001 - \$266,000	NA	\$259.00	Premium + \$13.70
\$133,001 - \$167,000	\$266,001 - \$334,000	NA	\$370.00	Premium + \$35.30
\$167,001 - \$200,000	\$334,001 - \$400,000	NA	\$480.90	Premium + \$57.00
\$200,001 - \$499,999	\$400,001 - \$749,999	\$106,001 - \$394,000	\$591.90	Premium + \$78.60
\$500,000 +	\$750,000 +	\$394,001 +	\$628.90	Premium + \$85.80

Out of Pocket Costs for Medicare

Inpatient

Part A Deductible <i>Per benefit period-similar to per admittance</i>	\$1,676
Part A Hospital Copay Days 61-90 (per day) Days 91+ (60 Reserve Days) 365 Lifetime Days	\$419 \$838 100%
Skilled Nursing Facility Copay Days 0-20 (per day) Days 21-100 (per day) Days 101+	\$0 \$209.50 100%
Part B Deductible <i>Per calendar year</i>	\$257
Part B Coinsurance <i>No Cap on Out of Pocket Risk</i>	20%
Part B Excess Charges <i>No Cap on Out of Pocket Risk</i>	15%
Foreign travel emergency	100%
Out of Pocket Maximum	no cap

Outpatient



What is not covered by Medicare

Not covered by Medicare *

Dental, Vision , Hearing

Routine Foot Care

Cosmetic Surgery

Long Term Care

*some medical exceptions apply

Coverages Available Through HTA

Dental, Vision, Hearing

Short Term Care (Recovery Care)



“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

MEDICARE ADVANTAGE



Claims go to Insurance Carrier

Vs

MEDICARE SUPPLEMENT



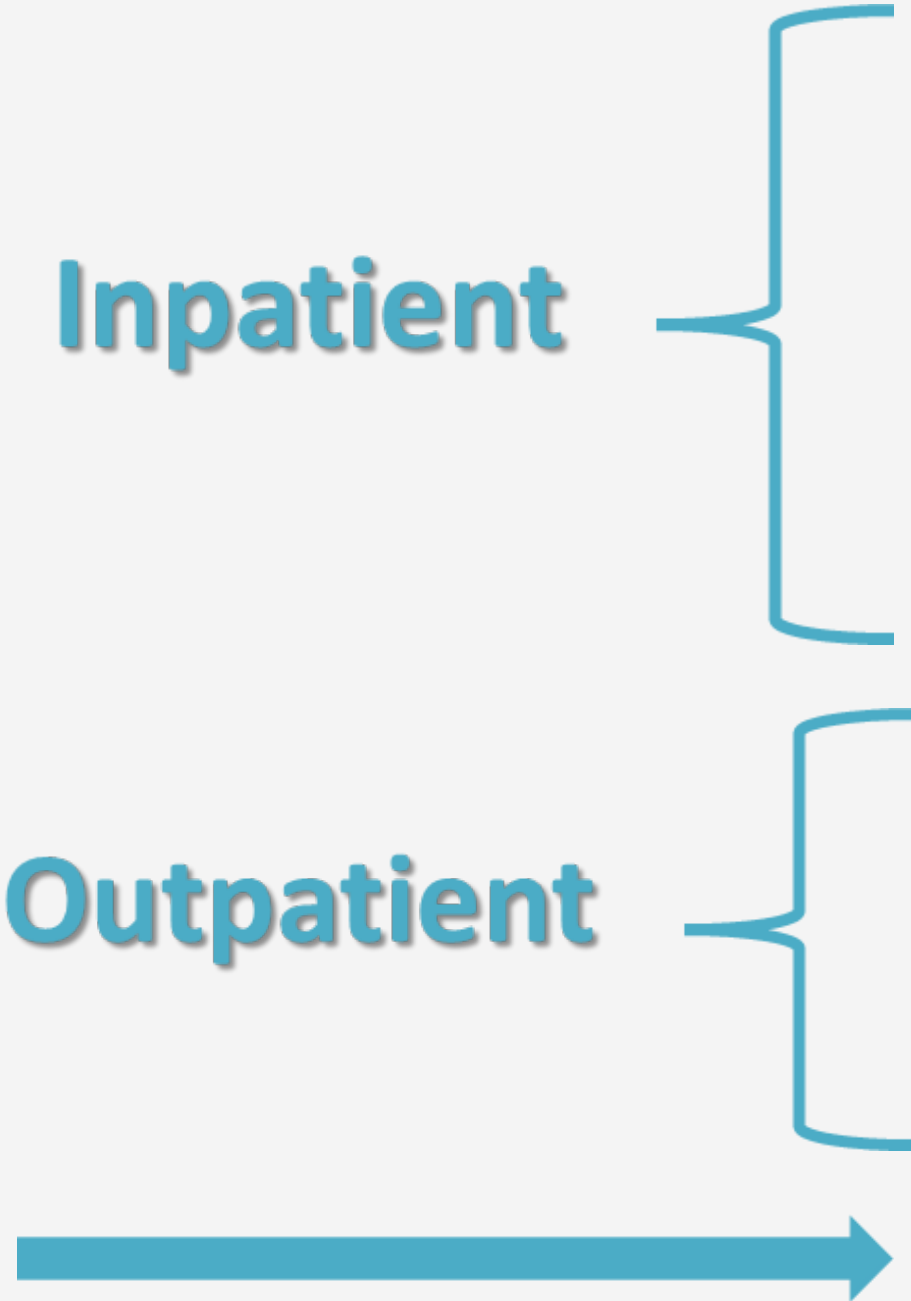
Claims go to Medicare


Comparing Differences:

Extras		Premium & Benefits	Access to Care	Medical Underwriting
Medicare Advantage	<div><div><div>Dental, Vision, Hearing, RX & Extras</div><div>Gym Memberships, Meal Programs, OTC Benefits</div><div>May be Included</div></div></div>	<div><div><div>Lower Premiums</div><div>(\$0-\$150/month)</div><div>Higher Out of Pocket</div><div>(up to \$9,350/year in network)</div></div></div>	<div><div><div>Networks</div><div>PPO, HMO, PFFS</div><div>Managed Care</div><div>Prior Authorizations Service Limits</div></div></div>	<div><div><div>1st Eligible</div><div>No medical questions</div><div>Annual Enrollment</div><div>Change any year between 10/15 and 12/7</div></div></div>
	<div><div><div>Dental, Vision, Hearing, RX & Extras</div><div>Not typically included</div><div>Separate Plans or discount programs may be available</div></div></div>	<div><div><div>Higher Premiums</div><div>(\$100-\$250/month)</div><div>Lower Out of Pocket</div><div>(around \$257/year)</div></div></div>	<div><div><div>No Networks</div><div>Use any Doctor that accepts Medicare (99% of all non pediatric doctors participate with Medicare in 2020)</div><div>No Managed Care</div><div>You and your doctor choose most appropriate care</div></div></div>	<div><div><div>1st Eligible</div><div>No medical questions</div><div>6 months after Part B</div><div>Medical underwriting required to change (some states have certain exceptions)</div></div></div>

How does MS Work?

Medicare Supplement



	<div>  <div> Medicare A & B Only </div> </div>	Plan F **	Plan G	Plan HDG/F High Deductible	Plan N
Part A Deductible <i>Per benefit period-similar to per admittance</i>	\$1,676	\$0	\$0	\$1,676	\$0
Part A Hospital Copay Days 61-90 (per day) Days 91+ (60 Reserve Days) 365 Lifetime Days	\$419 \$838 100%	\$0	\$0	\$419 \$838 100%	\$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 <i>Per calendar year</i>	\$257	\$0	\$257	\$257	\$257
Part B Coinsurance <i>No Cap on Out of Pocket Risk</i>	20%	\$0	\$0	20%	\$20 Doc & \$50 ER copay
Part B Excess Charges <i>No Cap on Out of Pocket Risk</i>	15%	0%	0%	15%	15%
Out of Pocket Maximum	no cap	\$0	\$257	\$2,870	no cap
Foreign travel emergency <i>Plan pays up to \$50,000</i>	100%	\$250 then 20%	\$250 then 20%	\$250 then 20%	\$250 then 20%

** Plan F - Only Available if Medicare eligible before 01/01/2020

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**



Aetna Medicare Freedom Core (PPO)
H5522-028

★★★★☆ Medicare Star Rating

Monthly plan premium
\$0.00



AARP Medicare Advantage from UHC
PA-0010 (PPO)

★★★★☆ Medicare Star Rating

Monthly plan premium
\$0.00



HumanaChoice Giveback H5525-058
(PPO)

★★★★☆ Medicare Star Rating

Monthly plan premium
\$0.00

Medical coverage ?			
Medical Deductible ?	\$0.00	\$900.00	\$300.00
Medical out of pocket maximum ?	\$7,500.00	\$6,700.00	\$7,500.00
Doctor Office Visit ?	\$0 in-network 40% out-of-network	In-Network: \$0 copay per visit	In-Network: \$0 copay per visit
Specialist Office Visit ?	In-Network \$0 for services provided in a nursing home \$50 for services provided outside a nursing home Out-of-Network 40%	In-Network: \$0-35 copay per visit. Cost share may vary depending on where the service is provided.	In-Network: \$50 copay per visit
Skilled Nursing Facility coinsurance ?	\$0 per day, days 1-20; \$214 per day, days 21-100 in-network 40% per stay out-of-network	In-Network: \$0 copay per day for days 1-20, \$203 copay per day for days 21-100.	In-Network: \$0 copay per day for days 1-20, \$214 copay per day for days 21-100.
Home Health Care ?	\$0 in-network \$0 out-of-network	In-Network: \$0 copay per visit	In-Network: \$0 copay per visit

EXTRAS advertised on TV

Medicare Advantage Plans may include:



Dental

If offered, typically
\$250-\$4,000/year in benefits



Gym Memberships

If offered, typically
free memberships at participating gyms



Grocery Allowance

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

Routine Vision

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



Over the Counter Benefits

If offered, typically **\$25-\$200/quarter**
website or prepaid debit card



Money Toward Part B Premiums

If offered, typically
\$2-\$90/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

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

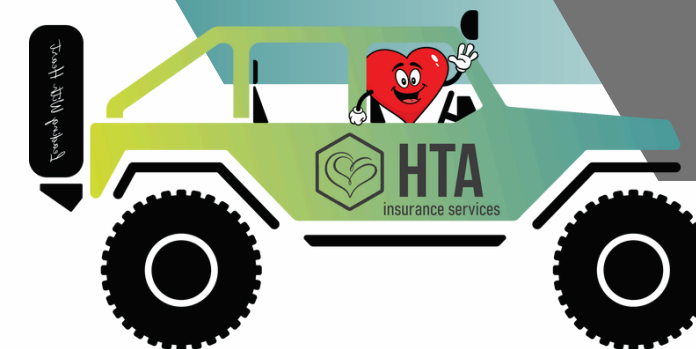
Deductibles and Copays vary by plan
Plans cover different medications
Plans rank medications in different tiers

**HTA VIP SUPPORT
FOR LIFE**

Questions

Billing & Claims

Annual Review



UNDERSTANDING PART D STAGES

2025



Up to \$590

Some tiers may not
apply

Deductible

Pay Total Retail Cost

<\$2,000

Based on Retail
Cost

Initial Coverage

Pay Copay/Coinsurance

>\$2,000

Based on Total
Out-Of-Pocket

**Catastrophic
Coverage**

You pay 0% for
remainder of year

Medicare Part D IRMAA- 2025

<div>Monthly/Person</div> <div>Same for each Spouse</div> <div>Based on MAGI</div> <div>Tax Return from 2 years ago</div>	Single	Joint	Married Filed Separately	Part B	Part D IRMAA
	Up to \$106,000	Up to \$212,000	Up to \$106,000	\$185.00	Premium Only
	\$106,001 - \$133,000	\$212,001 - \$266,000	NA	\$259.00	Premium + \$13.70
	\$133,001 - \$167,000	\$266,001 - \$334,000	NA	\$370.00	Premium + \$35.30
	\$167,001 - \$200,000	\$334,001 - \$400,000	NA	\$480.90	Premium + \$57.00
	\$200,001 - \$499,999	\$400,001 - \$749,999	\$106,001 - \$394,000	\$591.90	Premium + \$78.60
	\$500,000 +	\$750,000 +	\$394,001 +	\$628.90	Premium + \$85.80

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

- Dental
- Vision
- Travel
- Short Term Care
- Auto
- Home
- Pet Insurance



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

Next Steps:

- Enroll in Medicare Part A and/or B
- Review documents from HTA Advisor
- Schedule enrollment/Follow-up appt with HTA Advisor

*We make
it easy!*

**Did you find this meeting helpful?
Leave a Google Review!**

