

# 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!**

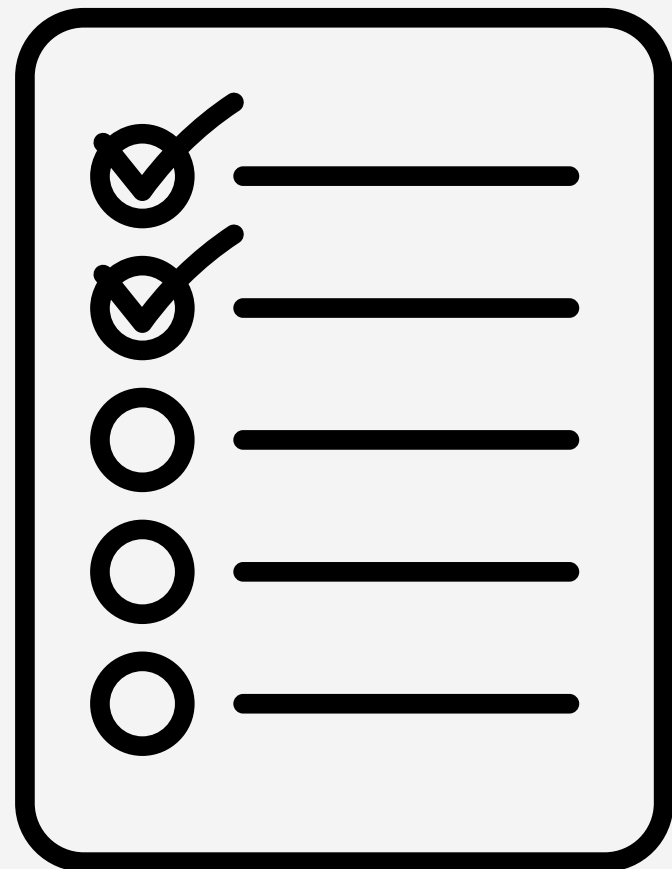


**NO COST to YOU, FAMILY or FRIENDS  
NATIONWIDE SERVICE**

**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**



## 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



**Must enroll in Both**



*Enroll through Social Security Administration*



**Then choose**



OR

Medicare Supplement Insurance

*Enroll through HTA*



*Enroll through HTA*

**Must pay Medicare Part B premiums regardless of if you choose Medicare Advantage or Supplement.**

# Medicare Part A

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## Hospital Admission = Inpatient

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Helps Cover:

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

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**No cost**

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

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# Medicare Part B

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## Medical = Outpatient

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Helps Cover:

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

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**Standard Premium 2024 = \$174.70**

(premiums are based on income)

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# Medicare Part B – 2024

	Single	Joint	Married Filed Separately	Part B
<b>Monthly/Person</b>  <b>Same for each Spouse</b>  <b>Based on MAGI</b>  <b>Tax Return from 2 years ago</b>	Up to \$103,000	Up to \$206,000	Up to \$103,000	<b>\$174.70</b>
	\$103,001 - \$129,000	\$206,001 - \$258,000	NA	<b>\$244.60</b>
	\$129,001 - \$161,000	\$258,001 - \$322,000	NA	<b>\$349.40</b>
	\$161,001 - \$193,000	\$322,001 - \$386,000	NA	<b>\$454.20</b>
	\$193,001 - \$499,999	\$386,001 - \$749,999	\$103,001 - \$397,000	<b>\$559.00</b>
	\$500,000 +	\$750,000 +	\$397,001 +	<b>\$594.00</b>

# Medicare Out of Pocket Expenses

<b>Part A Deductible</b> <i>Per benefit period-similar to per admittance</i>	<b>\$1,632</b>
<b>Part A Hospital Copay</b> Days 61-90 (per day) Days 91+ (60 Reserve Days) 365 Lifetime Days	<b>\$408</b> <b>\$816</b> <b>100%</b>
<b>Skilled Nursing Facility Copay</b> Days 0-20 (per day) Days 21-100 (per day) Days 101+	<b>\$0</b> <b>\$204</b> <b>100%</b>
<b>Part B Deductible</b> <i>Per calendar year</i>	<b>\$240</b>
<b>Part B Coinsurance</b> <i>No Cap on Out of Pocket Risk</i>	<b>20%</b>
<b>Part B Excess Charges</b> <i>No Cap on Out of Pocket Risk</i>	<b>15%</b>
<b>Foreign travel emergency</b>	<b>100%</b>
<b>Out of Pocket Maximum</b>	<b>no cap</b>

## What is not Covered by Medicare?

- Dental
- Vision
- Hearing Aids & Fittings
- Long Term Care (Personal Needs)
- Routine Foot Care
- Cosmetic Surgery

Insurance Available

\*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**

**MEDICARE  
ADVANTAGE**



Vs

**MEDICARE  
SUPPLEMENT**



# 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**

**Lower Premiums**  
(\$0-\$150/month)

**Higher Out of Pocket**  
(up to \$8,850/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)

**Lower Out of Pocket**  
(around \$240/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)

# 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**

### Approximate Monthly Premiums

\$0

\$45

\$0

Medical coverage <sup>?</sup>	\$0	\$45	\$0
Medical Deductible <sup>?</sup>	\$0.00	\$0.00	\$0.00
Medical out of pocket maximum <sup>?</sup>	\$6,900.00	\$7,550.00	\$7,550.00
Doctor Office Visit <sup>?</sup>	In-Network: \$0 copay per visit	In-Network: \$0 copay per visit	\$15
Specialist Office Visit <sup>?</sup>	In-Network: \$30 copay per visit	In-Network: \$35 copay per visit	\$45
Emergency Room <sup>?</sup>	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 <sup>?</sup>	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



### 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-\$60/month** in benefits



# How does MS Work?

## Medicare Supplement

Inpatient

Outpatient

	Medicare A & B Only	Plan F	Plan G	Plan HDG/F High Deductible	Plan N
<b>Part A Deductible</b> <i>Per benefit period-similar to per admittance</i>	\$1,632	\$0	\$0	\$1,632	\$0
<b>Part A Hospital Copay</b> Days 61-90 (per day) Days 91+ (60 Reserve Days) 365 Lifetime Days	\$408 \$816 100%	\$0	\$0	\$408 \$816 100%	\$0
<b>Skilled Nursing Facility Copay</b> Days 0-20 (per day) Days 21-100 (per day)	\$0 \$204	\$0 \$0	\$0 \$0	\$0 \$204	\$0 \$0
<b>Part B Deductible</b> <i>Per calendar year</i>	\$240	\$0	\$240	\$240	\$240
<b>Part B Coinsurance</b> <i>No Cap on Out of Pocket Risk</i>	20%	\$0	\$0	20%	\$20 Doc & \$50 ER co pay
<b>Part B Excess Charges</b> <i>No Cap on Out of Pocket Risk</i>	15%	0%	0%	15%	15%
<b>Out of Pocket Maximum</b>	no cap	\$0	\$240	\$2,800	no cap
<b>Foreign travel emergency</b> <i>Plan pays up to \$50,000</i>	100%	\$250 then 20%	\$250 then 20%	\$250 then 20%	\$250 then 20%

# How does MS Work?

## Medicare Supplement

Inpatient

Outpatient

	Medicare A & B Only	Plan F	Plan G	Plan HDG/F High Deductible	Plan N
<b>Part A Deductible</b> <i>Per benefit period-similar to per admittance</i>	\$1,632	<b>NOT AVAILABLE TO ANYONE WHO TURNED 65 AFTER 1/1/2020</b>	\$0	\$1,632	\$0
<b>Part A Hospital Copay</b> Days 61-90 (per day) Days 91+ (60 Reserve Days) 365 Lifetime Days	\$408 \$816 100%		\$0	\$408 \$816 100%	\$0
<b>Skilled Nursing Facility Copay</b> Days 0-20 (per day) Days 21-100 (per day)	\$0 \$204		\$0 \$0	\$0 \$204	\$0 \$0
<b>Part B Deductible</b> <i>Per calendar year</i>	\$240		\$240	\$240	\$240
<b>Part B Coinsurance</b> <i>No Cap on Out of Pocket Risk</i>	20%		\$0	20%	\$20 Doc & \$50 ER copay
<b>Part B Excess Charges</b> <i>No Cap on Out of Pocket Risk</i>	15%		0%	15%	15%
<b>Out of Pocket Maximum</b>	no cap		\$240	\$2,800	no cap
<b>Foreign travel emergency</b> <i>Plan pays up to \$50,000</i>	100%		\$250 then 20%	\$250 then 20%	\$250 then 20%

# How does MS Work?

## Medicare Supplement

Inpatient

Outpatient

	Medicare A & B Only	Plan F	Plan G	Plan HDG/F High Deductible	Plan N
<b>Part A Deductible</b> <i>Per benefit period-similar to per admittance</i>	\$1,632	<b>NOT AVAILABLE TO ANYONE WHO TURNED 65 AFTER 1/1/2020</b>	\$0	\$1,632	\$0
<b>Part A Hospital Copay</b> Days 61-90 (per day) Days 91+ (60 Reserve Days) 365 Lifetime Days	\$408 \$816 100%		\$0	\$408 \$816 100%	\$0
<b>Skilled Nursing Facility Copay</b> Days 0-20 (per day) Days 21-100 (per day)	\$0 \$204		\$0 \$0	\$0 \$204	\$0 \$0
<b>Part B Deductible</b> <i>Per calendar year</i>	\$240		\$240	\$240	\$240
<b>Part B Coinsurance</b> <i>No Cap on Out of Pocket Risk</i>	20%		\$0	20%	\$20 Doc & \$50 ER copay
<b>Part B Excess Charges</b> <i>No Cap on Out of Pocket Risk</i>	15%		0%	15%	15%
<b>Out of Pocket Maximum</b>	no cap		\$240	\$2,800	no cap

Approx. Premiums=

\$175

\$155

\$50

\$130

## MEDICARE ADVANTAGE PLANS

## MEDICARE SUPPLEMENT PLANS

### Pros

### Cons

### Pros

### Cons

- Low premiums
- Additional benefits (drugs, dental, vision, gym, OTC, groceries, etc.)
- All-in-one plan
- Can change annually no medical questions

- Higher maximum-out-of-pocket costs (up to \$8,850 in network)
- Doctor networks
- Managed care
- Medical underwriting to change to Medicare Supplement later

- Low out-of-pocket costs
- No doctor networks
- Nationwide coverage
- No managed care
- Standardized, easy to understand plan options

- Higher premiums
- Purchase dental, vision and drug benefits separately
- Annual rate increases
- Multiple ID cards



# 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

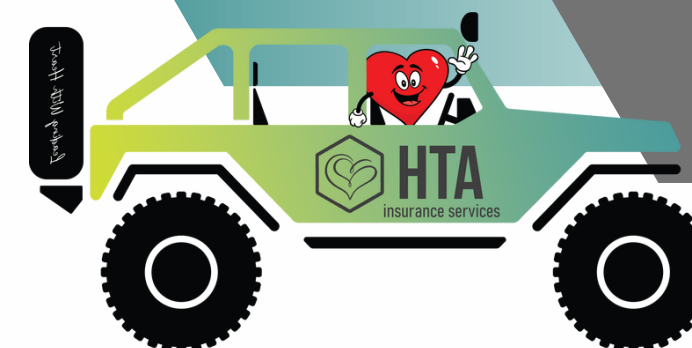
Deductibles and Copays vary by plan  
Plans cover different medications  
Plans rank medications in different tiers

**HTA VIP SUPPORT  
FOR LIFE**

**Questions**

**Billing & Claims**

**Annual Review**



# UNDERSTANDING PART D STAGES

2024



**Up to \$545**

Some tiers may not apply

**Deductible**

Pay Total Retail Cost

**<\$5,030**

Based on Retail Cost

**Before Gap**

Pay Copay/Coinsurance

**<\$8,000**

Based on Tro-oP

**Coverage Gap**

Pay 25% of Retail Cost

**>\$8,000**

Based on Tro-oP

**Catastrophic**

Pay 0% of Retail Drug Cost

# Medicare Part D IRMAA - 2024

	Single	Joint	Married Filed Separately	Part B	Part D IRMAA
Monthly/Person	Up to \$103,000	Up to \$206,000	Up to \$103,000	\$174.70	Premium Only
Same for each Spouse	\$103,001 - \$129,000	\$206,001 - \$258,000	NA	\$244.60	Premium + \$12.90
Based on MAGI	\$129,001 - \$161,000	\$258,001 - \$322,000	NA	\$349.40	Premium + \$33.30
Tax Return from 2 years ago	\$161,001 - \$193,000	\$322,001 - \$386,000	NA	\$454.20	Premium + \$53.80
	\$193,001 - \$499,999	\$386,001 - \$749,999	\$103,001 - \$397,000	\$559.00	Premium + \$74.20
	\$500,000 +	\$750,000 +	\$397,001 +	\$594.00	Premium + \$81.00

# Dental, Vision and Hearing

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**Medicare does not cover dental, routine vision or hearing**

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Insurance Plans help Cover:

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

\*Not all plans cover hearing.



## Next Steps:

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

*We make it easy!*

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

