Medicare Confusion Ends Today!

MPC Insurance Group

MEDICARE | LIFE | RETIREMENT | SECURITY

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Today, more individuals are electing to work beyond the age of 65. As such, they require unbiased advice concerning one of the most critical, and often the most confusing, decisions they may make—whether to enroll in Medicare or remain on their employer coverage.

We at MPC Insurance Group understand the importance of securing the right health care coverage. We also recognize that everyone has unique health, social, and economic concerns. The options can be overwhelming.

To help you meet your health coverage needs, we have developed a program to "remove the worry" from the health care decision-making process upon reaching the age of 65 or retiring from the workplace.

We look forward to serving you.

– MICHAEL FIASCHETTI
CEO

MPC Insurance Group
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Congratulations!

You're eligible for Medicare!

You have important decisions ahead of you when you become Medicare eligible. Choosing a Medicare plan may be one of the most important health care decisions you will make. Having a trusted advisor, like MPC Insurance Group (MPC) is your first step to making the right decision.

MPC Insurance Group's mission is to operate with:

Knowledge

- Knowledge of Medicare rules and regulations.
- Knowledge of the various products and services.
- Knowledge of a customer's needs.

Respect

- Respect for you regardless of health, social, or economic status.
- Respect for coworkers and business partners.

Integrity

- We do what we say we will do.
- We are truthful and honest in all our communications.

Results

- We aim to remove the worry from your health care decision-making process.
- We strive to provide you with the plan that best fits your individual lifestyle.
- We promise to provide exemplary service before, during, and, most importantly, after the sale.

Having the right health coverage is extremely important, especially in retirement. Unfortunately, mounds of perplexing options stand between you and the right plan. Allow MPC Insurance Group to remove the worry from your Medicare coverage decisions. We offer no cost, one-on-one advising to identify the solution best suited for your lifestyle, in addition to exemplary service before, during, and after the sale. Call us today at 717-980-3201 to schedule your appointment.

Eligibility and Enrollment

Medicare is a program funded by a payroll tax, premiums, surtaxes from beneficiaries, and general revenue. Medicare provides health insurance for Americans aged 65 and older who have worked and paid into the system through payroll tax. Medicare also provides health insurance to individuals under the age of 65 who may have a disability status as determined by the Social Security Administration or those who may have End Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS).

When am I eligible for Medicare if I am disabled?
In this case, your seven-month IEP would include the month you received your 25th disability check plus the three months both before and after.

Who can obtain Medicare?

- U.S. citizens and legal residents who have lived in the U.S. for a minimum of five consecutive years, which includes the immediate five years prior to applying for Medicare;
- Must be age 65 or older;
- May be younger than 65 with a qualifying disability through the Social Security Administration;
- May be any age with a diagnosis of either ESRD or ALS.

How do you enroll in Medicare?

- **IF YOU ARE** receiving Social Security or Railroad Board benefits, you should be automatically enrolled when you become eligible.
- **IF YOU ARE NOT** receiving Social Security or Railroad Board benefits, you will need to sign up for Medicare. A MPC Insurance Group agent can assist you with enrolling in Medicare Parts A and B through the Social Security Administration's on-line portal.

Find out if you are eligible for Medicare Parts A and B, as well as how to enroll, by visiting **ssa.gov,** or by calling **1-800-772-1213** (TTY users call 1-800-325-0778).

Enrolling in Medicare

Initial Enrollment Period

Your Initial Enrollment Period (IEP) is a seven-month period. It includes the three months prior to your 65th birthday month, the month of your 65th birthday, and the three months after your birthday month. IEP begins and ends one month earlier if your birthday is on the first of the month. You may enroll in Part A, Part B, or both, and you may elect to enroll in a Medicare Advantage Plan (Part C) or a Prescription Drug Plan (PDP).

General Enrollment Period (GEP)

If you miss your Initial Enrollment Period (IEP), you are eligible to sign up between January 1 **through March 31 of each year.** Starting in 2023, Medicare coverage will now begin the month after enrollment for individuals who enroll in the last 3 months of their IEP or during GEP.

Medicare Supplement Plan Open Enrollment Period

The Medicare supplement open enrollment period is six months in duration. **It begins the month you turn 65 or leave employer sponsored coverage and are enrolled in Medicare Part B.** You may not be denied entry into a Medicare Supplemental plan or charged more based on your current/past medical history if you enroll during your open enrollment time frame.

▼ 65 OR OLDER AND ENROLLED IN PART B

6 MONTHS IN DURATION

Special Enrollment Period for those Working Past Age 65

You may qualify for a Special Enrollment Period to enroll in Part A, Part B, or both without a Late Enrollment Penalty for **up to eight months** after the month your (or your spouse's) employment or employer coverage ends, whichever ends first.

▼ MONTH AFTER THE LAST MONTH OF EMPLOYMENT OR EMPLOYER HEALTH COVERAGE

8 MONTHS TO ENROLL IN PARTS A AND B

You may enroll in a **Medicare Advantage Plan** or a Prescription Drug Plan after the same event, if eligible, but you only have **two months** to enroll after the month of your (or your spouse's) employment or employer coverage ends.

▼ MONTH AFTER THE LAST MONTH OF EMPLOYMENT OR EMPLOYER HEALTH COVERAGE

2 MONTHS TO ENROLL IN PARTS C AND D

You may want to enroll in Part A only during your Initial Enrollment Period (IEP) if you decide to work past the age of 65 and have employer coverage. However, if you are employed and currently contributing to a Health Savings Account (HSA), you should check with your benefits manager before you decide to enroll in Part A, as there are impacts to your ability to contribute to an HSA prior to enrollment in the Medicare program (see page 8).

Late Enrollment Penalties

It is extremely important to recognize and understand your enrollment dates to ensure that you register in a timely fashion. If your enrollment is not timely, penalties may apply for as long as you are enrolled in a Medicare plan:

- **Part A** – Individuals who pay a premium (most do not) could pay an additional 10% of the premium amount. The penalty is charged each month and lasts for twice the number of years that enrollment into Part A was delayed.
- **Part B** – Individuals could pay an additional 10% of the premium amount.
- **Part D** – Individuals could pay an additional 1% of the average Part D premium for each month they delay enrollment in a Part D plan or a Part C plan with drug coverage. The penalty is charged every month for as long as you are enrolled in a Part D plan or a Part C plan with drug coverage.
- **Medicare Supplement Coverage** – Individuals may be denied coverage by a Supplement plan or even charged a higher premium as a result of their previous health history for enrolling late into a Supplement plan.

Note: If you are still employed and have creditable employer group coverage, you are able to defer enrolling in Medicare Parts A and/or B without penalty.

When Can You Change Your Medicare Coverage Options?

Annual Enrollment Period (AEP)

The Annual Enrollment Period for Medicare individuals runs from October 15 to December 7 every year. During this time, Medicare-eligible individuals may join, switch between, or drop their Medicare Advantage Plan (Part C) or their Prescription Drug Plan (Part D).

Special Enrollment Period (SEP)

At any point during the year should you encounter a qualifying event, such as retiring, moving, or losing other health insurance coverage, or your insurance carrier no longer offers the plan you are enrolled in, you may join, switch, or drop your Medicare Advantage Plan or Prescription Drug Plan, and enroll in a different plan. Generally speaking, you are allotted two months after the month of the qualifying event to make your plan decision.

▼ MONTH AFTER YOU MOVE OR THE QUALIFYING EVENT

2 MONTHS TO ENROLL IN PARTS C AND D

Beginning in 2023, Medicare has created several New SEP opportunities for individuals who meet "Exceptional Conditions" and missed a Medicare enrollment period. These include:

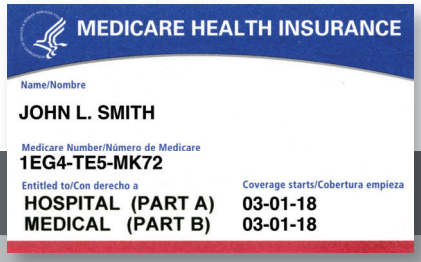
- An SEP for individuals impacted by an emergency or disaster
- An SEP for Health Plan or Employer Error that constitutes "material misrepresentation" of information related to enrolling in Medicare timely
- An SEP for formerly incarcerated individuals
- An SEP to coordinate with the termination of Medicaid eligibility
- An SEP on a case-by-case basis for other exceptional conditions where circumstances beyond the individual's control prevented them from using another enrollment period.

These additional enrollment flexiblities will allow for the expansion of Medicare enrollment opportunities, reduce coverage gaps, and potentially relieve the burden of lifetime penalties.

Annual Medicare Advantage Open Enrollment Period

Any Medicare-eligible individual who is enrolled in a Medicare Advantage Plan may elect to disenroll from that Medicare Advantage Plan from January 1 through March 31. If an individual elects to disenroll from their Medicare Advantage Plan during this period, they may enroll in a different Medicare Advantage Plan, or they may enroll back into Original Medicare (Parts A and B). If they elect to enroll back into Original Medicare, they may also add a Medicare Supplement plan, or a Prescription Drug Plan, or both.

Types of Medicare Coverage Choices



STEP 1: Enroll in Original Medicare

Original Medicare Provided by the federal government

PART A Helps pay for inpatient care in a hospital or skilled nursing facility which is non custodial and hospice.

PART B Helps pay for doctor visits, outpatient care and DME services.

STEP 2: Decide if you need additional coverage. There are two ways to get it.

Option 1 — OR — **Option 2**

Add one or both of the following options to Original Medicare

Medicare Supplemental Plan
Offered by private companies

MED SUPP These plans help pay for some or all, depending on the plan option selected, of the out-of-pocket costs associated with Original Medicare.

Medicare Part D Plan
Offered by private companies

PART D These plans help pay for prescription drug costs.

Select a Medicare Advantage Plan

Medicare Advantage Plan
Offered by private companies

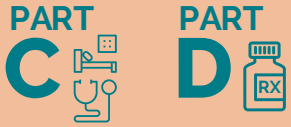
PART C This plan combines both Part A and Part B services into one plan.

PART D These plans typically include coverage for prescription drugs.

Medicare Advantage Plans may offer additional benefits not provided by Original Medicare such as vision, dental, fitness, etc.

Medicare Coverage Plan Combinations

Due to the many options available to the Medicare-eligible population, there are six possible combinations of Medicare health care coverage.

1	 Original Medicare (Parts A & B) or just Part A or just Part B
2	 Original Medicare (Parts A & B) **plus** a standalone Part D plan
3	 Original Medicare (Parts A & B) **plus** a standalone Part D plan **plus** a Medicare supplement plan
4	 Original Medicare (Parts A & B) **plus** a Medicare supplement plan *
5	 A Medicare Advantage Plan (Part C) with built-in drug coverage
6	 A Medicare Advantage Plan (Part C) without drug coverage *

*If you do not enroll in part D when you are first eligible, you may be subject to a penalty for each month that you are not enrolled in part D. Options number 4 and number 6 may be best suited for an individual with other, credible drug coverage such as a veteran with VA prescription drug plan.

Working beyond the Age of 65

Every year, more and more individuals decide to delay retirement. With the age to gain full Social Security benefits rising, more than one-third of baby boomers are delaying retirement for at least one additional year.

If this sounds like you, you will need to understand a few additional pieces of information regarding Medicare.

- If you are employed by a company that has **MORE THAN TWENTY EMPLOYEES**, you should consider enrolling in Part A Medicare coverage as soon as you are eligible as there is no cost to you (assuming you meet the forty quarters of work requirement). If you have a Health Savings Account (HSA) plan, please refer to the last bullet on this page regarding HSA accounts. At this point, you may not want to enroll in Part B until you retire since you will have to pay the Part B premium. However, when you do decide to retire, do not forget that you only have eight months to enroll in Part B in order to avoid a Late Enrollment Penalty. Additionally, keep in mind that you only have two months to enroll in a Medicare Advantage Plan and only six months to enroll in a Medicare Supplement plan. As such, at MPC Insurance Group, we suggest you consider enrolling in Part B when you are **three months** away from your retirement date.

- If you are employed by a company that has **LESS THAN TWENTY EMPLOYEES**, you should enroll in Medicare Parts A and B as soon as you are eligible, i.e., three months prior to your 65th birthday. Small companies (less than twenty employees) may not cover your health insurance needs when you turn 65. In addition, if you decline Part A and Part B when you turn 65, and your employer's insurance carrier discovers that you have received services that technically should have been paid by Medicare, they may pursue you and require they be paid back for those costs for which they paid on your behalf.

- If you are **SELF-EMPLOYED** and do not have a retiree plan, we suggest you sign up for Medicare Parts A and B as soon as you are eligible. Any costs associated with the Medicare program may be tax deductible as a business expense. Check with your tax accountant to verify.

- If you currently have **EMPLOYER-SPONSORED HEALTH CARE** that includes prescription drug coverage, you will want to verify if it is creditable coverage. This means that the drug plan offered through your employer is, at a minimum, as comprehensive as what is offered through a Medicare Part D plan. If your plan is creditable, then you will not be assessed a late enrollment penalty when you do enroll in a Part D plan within the first two months of losing your employer-sponsored coverage.

- If you have an employer-sponsored **HEALTH SAVINGS ACCOUNT (HSA**), you may wish to delay enrolling in Medicare Part A and Part B. Individuals typically enroll in Medicare Part A when they are first eligible because there is no monthly premium and they wish to avoid a Part A late-enrollment penalty. However, those working beyond age 65 (or if their spouse works beyond age 65) with an employer-sponsored group health plan may wish to delay enrolling in Medicare Part A and Part B if the employer group coverage is a High Deductible Health Plan (HDHP) with an HSA component. Contributions to an HSA are not allowed after an individual

enrolls in either Part A and/or Part B. Employees should contact their Human Resources office and request HSA contributions stop before their enrollment in Medicare takes effect. After you have enrolled in Medicare Part A and/or B, the saved HSA funds can be spent on qualified medical expenses, including Medicare deductibles and co-insurance, Part B premiums, Part D premiums, and Medicare Advantage premiums. Medicare Supplement premiums are not considered qualified medical expenses.

- For those individuals claiming **SOCIAL SECURITY BENEFITS** beyond age 65, this triggers automatic Part A enrollment and a retroactive Part A coverage that cannot be declined. The retroactive Part A period is limited to six months and cannot go back further than the entitlement date.

NOTE: An IRS penalty applies to HSA contributions made, even if unknowingly, during the Part A retroactive period. To avoid an IRS penalty, **stop all contributions to the HSA account from one to seven months prior to enrolling** in Medicare Part A or claiming Social Security after age 65.

To find answers to your specific questions, visit **www.medicare.gov** or call **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Understanding Your Health Care Coverage Needs

Consider these questions when determining what level of coverage may be right for you:

On average, how often do you visit the doctor?

- Under Original Medicare, after meeting the Part B deductible, you pay 20% of the Medicare allowed amount for most doctor services.
- Under most plan designs for Medicare Supplements, this 20% co-insurance cost is covered.
- With Medicare Advantage Plans, you would pay a flat copayment for each visit. These can range from $0 to $20 for a Primary Care Physician visit and $25 to $50 for a specialist visit depending on the plan you select. There may or may not be a deductible associated with the Medicare Advantage Plan you selected.
- Unlike Original Medicare, Medicare Advantage Plans have an annual out-of-pocket maximum that offers you financial protection. The annual out of pocket maximum varies depending on the plan but does provide protection against catastrophic medical bills each year.

What medications do you take?

- Review your drugs to determine if they are on the plan's formulary or not.
- Determine what tier the drug(s) you take fall into. Most plans offer five tiers of drug coverage. The lower the tier, the lower your cost.

What doctors, hospitals, and pharmacies do you prefer to utilize?

- Medicare Advantage Plans are network driven, meaning physicians must be in-network for an individual to obtain the lowest cost for service.
- If you do not utilize a participating network provider, you will pay more, and perhaps even the entire costs in certain situations, for the services.
- Under Original Medicare, or in a Supplement plan, you may see any health care provider who accepts Medicare. If you do see a provider who does not participate in Medicare, you can be held accountable for charges above and beyond the Medicare Allowed Amount for that service.

Do you have other coverage such as through an employer, a union, or the military?

- Depending on the type of other coverage, Medicare may be able to work collaboratively with your other insurance.
- If you have employer coverage, speak to your HR representative before making any decision to drop employer coverage and enroll in Medicare. (Refer to Page 8.)
- If you have VA coverage, you may want to consider a Medicare Advantage Plan with no prescription drug benefits if you obtain your prescriptions through the VA.

How much do you want to pay for coverage?

- Medicare Supplements are generally more expensive per month, but there may or may not be nominal costs when receiving services.
- Medicare Advantage Plans are typically less expensive per month, but will be offset by varying degrees of copayments for every service you receive.
- How much do you use the health care system?
- Do you have an HSA account from prior employer coverage that you can use to pay copayments under a Medicare Advantage Plan?

Additional Assistance with Medicare Costs

Medicare-eligible individuals may qualify for assistance if they have limited/low income and few assets. In these situations, income includes money you may receive from retirement benefits or other means you report on your tax return. Income eligibility levels vary by state and by program, so please check your respective state for current parameters.

Here is a partial listing of some programs that offer financial assistance to people who qualify:

Medicaid

This program provides additional health coverage for individuals and families with limited incomes. In certain circumstances it may provide additional assistance for services not covered by Medicare. For additional information, contact your State Medicaid office.

If an individual qualifies for both Medicare and Medicaid, that is termed a dual-eligible enrollee. There are specific plan designs called “Special Needs Programs” (SNP) offered by Medicare Advantage Plans to assist these individuals with care and costs.

Extra Help

This program helps eligible individuals pay for some or all of their Medicare Part D premiums, deductibles, or copayments. An individual may apply for Extra Help at any time during the year. There is no cost to apply. To apply online, visit the Social Security website at **socialsecurity.gov/i1020**. To apply by phone or request a paper application, call Social Security at **1-800-772-1213**. (TTY users may call 1-800-325-0778). In Pennsylvania, you may also contact the Pennsylvania State Health Insurance Assistance Program (SHIP) at **1-800-783-7067**.

Medicare Savings Programs

These are special programs that may assist in paying for some or all of the Part A and Part B premiums, deductibles, and co-insurance. If you qualify for any of these programs, you will automatically be enrolled in the Extra Help program.

Do not assume that you do not qualify for financial help. The requirements change yearly. We suggest you contact **Medicare.gov** to learn more about these programs and to check your eligibility. You may also contact your local Social Security office, Medicaid office, or State Health Insurance Assistance Program (SHIP) for help. You should review your status at least once a year.

Make the Smart Medicare Decision

From understanding the seven-month enrollment window to shopping for the right Medicare plan to fit your lifestyle, MPC insurance Group is your first step to Medicare plan clarity.

Owned and operated by seasoned health insurance veterans, MPC Insurance Group simplifies your health insurance buying experience.

Call **717-980-3201** today and a local, licensed health insurance agent will help determine your health care coverage needs, outline your available options, and confidently guide you through the selection process **at no cost to you!**

MPC Insurance Group will continue to serve you after enrollment with answers to any coverage questions. Medicare confusion ends today.

Request Your No Obligation Phone Consultation Now:

- Call **717-980-3201** from 8 a.m. to 5 p.m. Monday through Friday to speak directly with a local, licensed insurance agent.
- Visit **www.MPCins.com**.
- Send an email to **Info@MPCins.com.**
- Visit us at **6360 Flank Drive, Suite 1100, Harrisburg, PA, 17112** to request your personalized Medicare plan evaluation.

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